



AMERICAN HERITAGE LIFE INSURANCE COMPANY

HOME OFFICE:

1776 AMERICAN HERITAGE LIFE DRIVE

JACKSONVILLE, FLORIDA 32224-6687

www.allstatebenefits.com

(904) 992-1776

A Stock Company

GROUP WHOLE LIFE INSURANCE CERTIFICATE

This certificate is issued to you as evidence of your insurance under the policy issued to the policyholder. This certificate summarizes and explains the parts of the policy that apply to you. You may view the policy at the policyholder's office during normal business hours.

This certificate may include enrollment, risk management, and other support services related to the policyholder's benefit program.

The policy is delivered in and is governed by the laws of the governing jurisdiction and, to the extent applicable, by the Employee Retirement Income Security Act of 1974 (ERISA) and any amendments.

PLEASE READ THIS CERTIFICATE CAREFULLY!

RIGHT TO EXAMINE COVERAGE

If you are age 65 or over when this certificate is issued, if for any reason you are not satisfied with this coverage, return it to us or to our agent. If this certificate is returned within 31 days after you receive it, we will return all premiums paid and the coverage is void. If you return this certificate, please note on it in writing: This coverage is returned for rescission and refund of premium.

Signed for American Heritage Life Insurance Company at its home office in Jacksonville, Florida.

A handwritten signature in black ink, appearing to read "Kurt V. Clark".

Secretary

A handwritten signature in black ink, appearing to read "Gregory J. Seidos".

President

**GROUP WHOLE LIFE INSURANCE
MATURITY BENEFIT PAID TO THE CERTIFICATE HOLDER ON THE MATURITY DATE IF
THE INSURED IS LIVING ON THAT DATE
DEATH BENEFIT PAYABLE AT DEATH OF INSURED PRIOR TO MATURITY DATE
NON-PARTICIPATING – NO DIVIDENDS**

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DEFINITIONS

(May contain definitions that are not included in the coverage selected)

Active employment or **actively employed** means the employee is working for his or her employer for earnings that are paid regularly, and that he or she is performing the material and substantial duties of his or her regular occupation. For the purposes of this coverage, the employee:

1. must be working at least the minimum number of hours as described under Eligible Class(es) in the policy; and
2. will be deemed to be in active employment on weekends or employer approved vacations, holidays, or business closures if the employee was actively employed on the last scheduled work day preceding such time off.

The employee's work site must be:

1. his or her employer's usual place of business; or
2. an alternative work site at the direction of his or her employer; or
3. a location to which his or her job requires him or her to travel.

Normal vacation is considered active employment. However, if vacation days are used to cover disability, sickness, or injury, those days are not considered active employment.

Attained age means the insured's age on his or her last birthday as of the most recent certificate anniversary date (or the certificate effective date if this certificate has been in force less than 1 year).

Beneficiary means any person or entity named by you in our records or under the terms of this certificate to receive the benefits payable under this certificate and any attached rider(s).

Cash value means the value as described in this certificate. The cash value is determined from the Table of Guaranteed Values for the age and certificate year of the insured based on the period for which premiums have been paid.

Certificate means a document that describes the terms of the coverage made available to the eligible employees of the policyholder and their eligible dependents, as defined in the policy. It provides evidence of the coverage provided to the insured under the policy.

Certificate anniversary date means the same day and month each year as the certificate effective date for each succeeding year the certificate remains in force.

Certificate effective date means the effective date of coverage under this certificate and is the date upon which certificate years, certificate anniversary dates, and premium due dates are based. The certificate effective date is shown in the Certificate Specifications.

Certificate debt means the sum of all unpaid certificate loans plus unpaid accrued certificate loan interest.

Certificate holder means the employee to whom all rights and privileges under this certificate and any attached rider(s) belong during the lifetime of the insured. The certificate holder may be someone other than the insured. The certificate holder is designated on the enrollment form and/or evidence of insurability form as the owner.

Certificate month means a one month period which begins on a monthly date and ends the day before the next monthly date. The first certificate month begins on the certificate effective date.

Certificate year means the period from the certificate effective date to the first certificate anniversary date or from one certificate anniversary date to the next. A certificate year does not include the certificate anniversary date at the end of the certificate year.

DEFINITIONS (Continued)

Child means a person under age 26 who is the employee's:

1. natural child;
2. stepchild, which means a child of the employee's spouse by a past marriage or relationship;
3. legally dependent grandchild;
4. legally adopted child or child placed with the employee for adoption; or
5. child in whose life the employee or the employee's spouse has an insurable interest.

He or she cannot be covered as a child or a rider insured child if he or she is an insured under a certificate.

Employee means a person who is a citizen or resident alien of the United States or one of its territories and in active employment with the policyholder. The employee may exercise all applicable rights provided by this certificate and any attached rider(s).

Enrollment form means any form or electronic process approved for the purpose of enrolling for coverage under the policy.

Evidence of insurability means a statement or proof of a person's medical history on a form or electronic process approved by us that will be used to determine whether the person is approved for the coverage requested.

Grace period means a period of 60 days following each premium due date, after the first premium.

In force means coverage that remains in effect and has not terminated.

Insured means the person accepted for coverage by us and whose name is shown in the Certificate Specifications. The insured must be a citizen or resident alien of the United States or one of its territories.

Issue age means the insured's age on the date this certificate was issued as shown in the Certificate Specifications.

Loan value means the maximum amount you may borrow according to the provisions of the policy and this certificate.

Material and substantial duties means duties that:

1. are normally required for the performance of the employee's regular occupation; and
2. cannot be reasonably omitted or modified. If the employee is required to work on average in excess of 40 hours per week, we will consider him or her able to satisfy that requirement if he or she is working or has the capacity to work 40 hours per week.

Maturity date means the certificate anniversary date on or immediately following the insured's 121st birthday and is shown in the Certificate Specifications.

Monthly date means the same day of each month as the certificate anniversary. If this date is not a day in the calendar, the monthly date is the first day of the next month.

Net surrender value means the cash value minus any certificate debt.

Physician means a person who is licensed to practice medicine or treat illness in the state or territory in which treatment is received. The physician cannot be the employee or a member of his or her family by blood, marriage, or adoption.

Policy means the group contract that governs the coverage made available to eligible employees of the policyholder and their eligible dependents, as defined in the policy.

Policyholder means the entity through which we make this group coverage available.

DEFINITIONS (Continued)

Proof of loss means written evidence that a person has satisfied the conditions and requirements for a benefit described in this certificate and any attached rider(s). The proof of loss must establish the nature and extent of the loss or condition.

Proof of death means a certified copy of the death certificate or other lawful evidence providing equivalent information.

Rider means additional or optional benefit(s) elected by the policyholder and attached to this certificate. No coverage is available under a rider unless elected and attached as an additional or optional benefit to this certificate.

Rider effective date means the effective date of coverage under a rider. The rider effective date is the certificate effective date, unless the rider is applied for at a later date. If that rider is applied for at a later date, the rider effective date is the effective date assigned by our home office.

Rider insured means the person whose life is insured under a rider.

Spouse means the person to whom the employee is legally married or who is required to be covered as the employee's spouse under the civil union, domestic partnership, or other family or domestic relations laws of the employee's state of residence.

A spouse must be a citizen or resident alien of the United States or one of its territories.

Domestic partnership means a relationship where both the employee and his or her same-sex partner are considered domestic partners according to the law of the employee's state of residence. If the employee's state of residence has no domestic partnership law, the relationship must satisfy the definition of domestic partnership as defined by the policyholder.

A spouse must be at least age 18, but not older than age 80 to be eligible for coverage.

He or she cannot be covered as a spouse or a rider insured if he or she is an insured under the policy.

We, us, or our mean American Heritage Life Insurance Company.

Written or writing means a record which is on or transmitted by paper, electronic or telephonic media, and which is consistent with applicable law and acceptable by us.

You or your means the certificate holder as shown on the enrollment form and/or evidence of insurability form as the owner.

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PREMIUMS

PAYMENT OF PREMIUMS

Premiums are due and payable to us on each premium due date, subject to the Certificate Grace Period provision. The first premium due date is the certificate effective date.

NON-PAYMENT OF PREMIUM

Unless required premium payments are made, coverage will terminate. In no case will a rider continue beyond the termination date of this certificate. Any unpaid premium that is due from you may be deducted from the payment of any claim payable for this certificate.

CERTIFICATE GRACE PERIOD

During the grace period, coverage remains in force, but will terminate if timely premium payments are not received by us by the end of the grace period.

If any premium is unpaid at the end of the grace period and there is no cash value, then coverage will cease to be in force on the last day of the grace period.

If any premium is unpaid at the end of the grace period and there is a cash value, then we will automatically continue the insurance under the extended term insurance option if the certificate holder is eligible for that option. Otherwise, we will continue the insurance under the reduced paid-up insurance option.

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CERTIFICATE HOLDER AND BENEFICIARY

CERTIFICATE HOLDER

All certificate rights and privileges belong to you and may be exercised by you during the lifetime of the insured. If you die before the insured, the insured (or a minor insured's legal guardian) becomes the certificate holder with limited rights and privileges for a period of 31 days from the date we receive notification of your death. During that time, the insured (or a minor insured's legal guardian) may exercise the Portability Privilege or Conversion. In the event the insured (or a minor insured's legal guardian) does not exercise the Portability Privilege or Conversion, the certificate will terminate and any net surrender value will be paid to the insured.

BENEFICIARY

Subject to the terms and conditions of the policy, this certificate, and any attached rider(s), the beneficiary receives the death benefit when the insured dies. The certificate holder may name a beneficiary on the beneficiary designation form, enrollment form, and/or evidence of insurability form. The beneficiary may be changed by you, as explained in the Change of Beneficiary provision.

"Beneficiary" as used in this certificate refers to two classes of beneficiaries: primary and contingent beneficiaries. We will pay the death benefit to the beneficiary in the following order:

1. to the primary beneficiary, if living; otherwise,
2. to the contingent beneficiary.

If there is more than one beneficiary in a class and one of the beneficiaries dies before the insured, the remaining beneficiaries in that class will divide the deceased beneficiary's share equally.

If two or more beneficiaries are designated and their shares are not specified, we will pay the designated beneficiaries in equal shares.

If there is no named beneficiary, or if the named beneficiary does not survive the insured, we will pay any benefits due at the insured's death in the following order:

1. to the living certificate holder; otherwise,
2. to the insured's living spouse; otherwise,
3. to the insured's living natural or legally adopted child(ren) in equal shares; otherwise,
4. to the insured's living parents in equal shares; otherwise,
5. to the insured's living natural or legally adopted siblings in equal shares; otherwise,
6. to the insured's estate.

CHANGE OF BENEFICIARY

Any change of beneficiary must be filed at our home office on a form designated for such use. It will not take effect unless so filed, but if so filed and accepted by us, will take effect on the date signed by you. This will be true whether or not the insured is living on the date it is filed. There will be no prejudice to us on account of any payment we make prior to its receipt by us at our home office.

The right to change a beneficiary is reserved to you. The consent of the beneficiary or beneficiaries will not be required to assign benefits or to change a beneficiary or beneficiaries, or to make any other changes, unless the designation of the beneficiary is irrevocable.

ASSIGNMENT OF BENEFITS

An assignment of benefit is not binding on us unless:

1. it is a written request; and
2. it is received by us at our home office.

An assignment will take effect when recorded at our home office. We are not responsible for the validity of any assignment.

ASSIGNMENT OF OWNERSHIP

You may assign to any another person, other than the policyholder, all or any part of the certificate rights and privileges, including, but not limited to, the right to exercise the Portability Privilege or Conversion and the right to name a beneficiary.

BENEFITS

DEATH BENEFIT

If the insured dies prior to the maturity date and while this certificate is in force, we will pay the death benefit shown in the Certificate Specifications in a lump sum to the beneficiary upon our receipt of proof of death. We may also require submission of this certificate with the proof of death.

The death benefit is equal to:

1. the certificate death benefit amount on the date of death; plus
2. a refund of any premium paid that applies to a period after the certificate month of the insured's death; less
3. any certificate debt; less
4. any unpaid premium that applies to a period prior to the date of the insured's death.

In no event will the amount payable upon death of the insured be less than the minimum amount required to permit this certificate to qualify as life insurance under the Federal Income Tax Rules applicable to this certificate.

The death benefit will not include a refund of any premium waived under the Payor Waiver of Premium for Total Disability Rider.

MATURITY BENEFIT

If the insured is living on the maturity date and while this certificate is in force, we will pay the maturity benefit shown in the Certificate Specifications in a lump sum to you.

The maturity benefit is equal to:

1. the cash value at maturity; less
2. any certificate debt; less
3. any unpaid premium that applies to a period prior to the maturity date.

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CERTIFICATE LOAN AND NON-FORFEITURE OPTIONS

CERTIFICATE LOANS

If this certificate is in force and has a loan value greater than \$100, then you may take a loan under this certificate.

The loan value is the cash value minus:

1. the existing certificate debt;
2. the interest on the existing certificate debt and the amount to be borrowed to the next certificate anniversary date;
3. any unpaid monthly premiums; and
4. an amount equal to 2 monthly premium payments.

Loans are evidenced by our check payable to and endorsed by you, or electronic versions of the same.

The minimum certificate loan amount is \$100, unless it is used to pay premiums on this certificate.

LOAN INTEREST

The interest we will charge on certificate debt is shown in the Certificate Specifications. Interest on certificate debt is due and payable in arrears at the end of each certificate anniversary date. Interest not paid when due will be added to the existing certificate debt and bear interest at the same rate.

LOAN REPAYMENT

You may repay certificate debt at any time, except that:

1. repayment must be made while this certificate is in force and while the insured is living; and
2. a partial repayment must be at least \$25.

A loan that exists at the end of the grace period cannot be repaid.

If at any time the certificate debt exceeds the cash value, this certificate terminates.

NON-FORFEITURE

If this certificate is in force and has a net surrender value greater than zero, then you may select one of the following non-forfeiture options by written request:

1. **Cash Surrender.** You may surrender this certificate to receive the net surrender value. If this certificate is surrendered during the grace period, the net surrender value will not be less than the net surrender value on the premium due date.
2. **Reduced Paid-Up Insurance.** The reduced paid-up death benefit will be the certificate death benefit amount divided by 1,000, then multiplied by the reduced paid-up amount shown in the Table of Guaranteed Values in the Certificate Specifications. Any outstanding loans will be continued. No further premiums are required. Coverage is still subject to the Termination of Coverage provision of this certificate.

Once elected, the reduced paid-up insurance option can be surrendered at any time. The surrender is effective on the date we receive the certificate holder's written request. Once the reduced paid-up insurance is surrendered, it cannot be reversed.

3. **Extended Term Insurance.** The net surrender value is used as a net single premium to purchase extended term insurance for a limited period for the insured. The amount of extended term insurance is the certificate death benefit amount on the date the extended term insurance becomes effective. No further premiums are required. The extended term insurance is not available if this certificate is rated. Coverage is still subject to the Termination of Coverage provision of this certificate.

Once elected, the extended term insurance option can be surrendered at any time. The surrender is effective on the date we receive the certificate holder's written request. Once the extended term insurance is surrendered it cannot be reversed.

CERTIFICATE LOAN AND NON-FORFEITURE OPTIONS (Continued)

When a non-forfeiture option is elected, any rider(s) attached to this certificate will terminate.

If the insured dies before a non-forfeiture request becomes effective, we will void your request for that non-forfeiture option and pay the death benefit pursuant to this certificate.

METHOD OF CALCULATION

Cash values and paid-up benefits are computed based on the Standard Non-forfeiture Method using the applicable Commissioners Standard Ordinary (CSO) mortality table and maximum interest rate allowed by law at the time of the certificate effective date. This method is stated in the insurance laws of the state where the policy is delivered. The values are not less than the minimums required by the Standard Non-forfeiture law of the state where the policy is delivered.

PAYMENTS BY US AND RIGHT TO DEFER PAYMENT

We have the right to wait up to 6 months after written notice to us before we:

1. pay the net surrender value; or
2. make a certificate loan, unless it is used to pay premiums on this certificate.

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GENERAL PROVISIONS

TERMINATION OF COVERAGE

Subject to the Portability Privilege provision, this certificate terminates on the earliest of:

1. the end of the grace period when premiums remain unpaid;
2. the date of the insured's death;
3. the maturity date of this certificate;
4. the date you surrender this certificate for its net surrender value;
5. the date the policy is terminated;
6. the last day the employee is in active employment with his or her employer;
7. the date the employee is no longer in an eligible class;
8. the date the employee's class is no longer eligible;
9. the date the certificate debt exceeds the cash value; or
10. upon our discovery of fraud or material misrepresentation in the presentation of a claim.

DISCRETIONARY AUTHORITY, IF GOVERNED BY ERISA

The following applies only when the administration of the policy is governed by the Employee Retirement Income Security Act (ERISA), 29 U.S.C. 1001 et seq.:

We have the discretion and authority to construe disputed or seemingly inconsistent provisions of the policy, this certificate, and any attached rider(s), and to make all decisions regarding eligibility and/or entitlement to coverage or benefits. Whenever we make reasonable determinations that are not arbitrary or capricious in the administration of the policy, such determinations shall be final and conclusive.

INCONTESTABILITY

Any statement made by you will be considered a representation and not a warranty. No statements will be used to void coverage, reduce benefits, or deny a claim unless it is included in the enrollment form and/or evidence of insurability form for this certificate, which has been signed by you and a copy of such statement has been given to you or your beneficiary. No such statement will be used to contest this coverage after it has been in force for 2 years from its effective date, except in the case of fraud (when permitted by law in the state where the coverage is delivered or issued for delivery).

SUICIDE EXCLUSION

If the insured or a rider insured commits suicide within 2 years after the effective date of coverage for that person, the death benefit is limited to the premiums paid for that person's coverage.

MISSTATEMENT OF AGE OR TOBACCO USE STATUS

If the insured's age or tobacco use status is misstated and this misstatement impacts the rate calculation, the death benefit amount will be adjusted using the correct age or tobacco use status in accordance with any applicable Internal Revenue Code requirements. In the event this certificate would not have been issued using the correct age, this certificate is void and we will refund any premiums paid for this certificate.

NON-PARTICIPATING

This certificate does not share in surplus distribution.

COMPLIANCE WITH FEDERAL LAWS

We reserve the right to amend the policy and this certificate to comply with:

1. requirements of the Internal Revenue Code;
2. any regulations or rulings issued under the Internal Revenue Code; and
3. any other requirements imposed by the Internal Revenue Service.

We will give you a copy of any such amendment(s).

The policy and this certificate are intended to qualify as life insurance under the Internal Revenue Code. Accordingly, the provisions of the policy and this certificate are to be interpreted, and will be administered by us, to ensure tax qualification.

GENERAL PROVISIONS (Continued)

RECEIPT OF PREMIUMS

You will be given credit for premiums under this certificate and any attached rider(s) at the time the premiums are actually received by us or our authorized agent. The policyholder and financial institutions (such as banks and credit unions) who send the premiums to us directly at the employee's request are not our agents, and premiums paid by those parties are not credited until actually received by us.

COOPERATION OF BENEFICIARY

The beneficiary must reasonably cooperate during any investigation and/or adjudication of a claim. This includes the authorization for the release of medical records and other information.

APPEALS PROCEDURE

The certificate holder, or his or her beneficiary, has the right to appeal any denial of benefits under this certificate, or any attached rider(s), up to two times. A written request for review must be submitted to us at 1776 American Heritage Life Drive, Jacksonville, Florida 32224-6687 within 60 days of the denial of benefits.

LEGAL ACTION

Prior to filing any legal action for benefits under this certificate or any attached rider(s), the certificate holder or his or her beneficiary must appeal the denial of such benefit.

The time limit on legal actions for loss covered by this certificate is subject to applicable law in the state where the policy was issued.

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PORTABILITY PRIVILEGE

If your coverage ends pursuant to the Termination of Coverage provision, you may elect to continue your coverage under a group whole life trust policy, called the Portability Policy. If you elect to continue coverage under the Portability Policy, you will be issued an endorsement that will transfer this certificate to the Portability Policy. All other terms, conditions, provisions, and benefits of this certificate remain the same.

You must elect portability and pay the premium due for such coverage within 31 days of termination of coverage. Evidence of insurability will not be required.

Premiums due must be paid directly to us. Premiums will be billed directly to you at your last known address.

If the insured dies within 31 days of the date his or her coverage ends and an application for portability coverage is not received by us during such time, we will pay the death benefit in accordance with the policy provision. If an application for portability coverage is received by us during such period, then we will pay the death benefit that you were entitled to port under the terms of your coverage.

The Portability Privilege and Conversion are mutually exclusive. You may not elect both Portability and Conversion.

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CONVERSION

While this coverage is in force, you may convert all or part of this life insurance to an individual non-term life insurance policy without submitting evidence of insurability, subject to the terms below, by applying for an individual policy and paying the first premium within 31 days after the earliest date one of the following events occurs:

1. the insured ceases to be in an eligible class or is in a class for which coverage under the policy ends; or
2. the policy terminates.

The conversion amount is limited by the minimums and maximums of the individual product we offer at the time of conversion.

The new policy will be an individual non-term life insurance policy in any one of the forms customarily issued by us. The mortality and interest basis for the new policy may be different than for this certificate. Any riders under this coverage will terminate upon conversion. The new policy will not include any additional benefits or riders unless agreed to by us.

You will be given written notice of the right to convert coverage within 15 days prior to the date coverage ends. The right to convert will expire on the later of 16 days after you are given such notice or the end of the conversion period, but in no event will the right to convert extend beyond 60 days after the expiration of the conversion period. Written notice will be given to you, which will constitute notice of the right to convert.

If the insured dies within the 31 day conversion period, and before the individual policy would become effective, the amount of insurance which you would have been entitled to have issued under the individual policy will be payable as a claim under the group policy, whether or not application for the individual policy or payment of the first premium has been made.

Conversion and the Portability Privilege are mutually exclusive. You may not elect both Portability and Conversion.

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A Stock Company

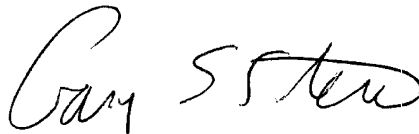
ENDORSEMENT TO ADD OR CHANGE RIDERS AFTER POLICY DATE

The following provision is added to the General Provisions section of the policy to which this endorsement is attached.

Adding or Changing Riders on Your Policy. You may request the addition of any riders available at the time of request. You may also request a change to the amount or units of any rider currently attached to your policy. Any additional riders or changes to existing riders will be subject to our availability, underwriting and issue requirements at the time the request is made. Upon approval by us, the additional rider(s) or changes to existing riders will be effective on the next monthly date after the request is approved by us.

This endorsement does not change, alter or amend your policy in any way except as stated in this endorsement.

Signed for American Heritage Life Insurance Company at its home office.

A handwritten signature in black ink, appearing to read "Gary S. Steu". The signature is fluid and cursive, with the first name "Gary" being more legible than the last name "Steu".

Secretary

AMERICAN HERITAGE LIFE INSURANCE COMPANY

Jacksonville, Florida
(the "Company")

ENDORSEMENT

This endorsement is made part of the certificate to which it is attached. Every definition, term, condition, and provision of the certificate applies to this endorsement, unless otherwise defined or provided in this endorsement.

The following is added to the INCONTESTABILITY provision of the GENERAL BENEFITS section:

We cannot contest payment of a supplemental benefit or rider that is subject to underwriting after it has been in force during the lifetime of the insured for 2 years from the supplemental benefit or rider's effective date. The supplemental benefit or rider may only be contested based on a statement made in the application for the supplemental benefit or rider, if the statement is attached to the certificate, and if such statement was material to the risk accepted or hazard assumed by us.

All other requirements of the certificate not specifically stated within this endorsement still apply.

A handwritten signature in black ink, appearing to read "Kurt Helms", with a stylized, flowing script.

Secretary

AMERICAN HERITAGE LIFE INSURANCE COMPANY

1776 American Heritage Life Drive, Jacksonville, Florida 32224-6687

CERTIFICATE ENDORSEMENT

This endorsement is attached to and made a part of the certificate. All definitions, exclusions, limitations, terms, conditions, and provisions of the certificate apply to this endorsement. If there is a conflict between this endorsement and the certificate, this endorsement will control.

The certificate is changed as follows:

- The METHOD OF CALCULATION provision under the CERTIFICATE LOAN AND NON-FORFEITURE OPTIONS section is deleted and replaced with the following:

METHOD OF CALCULATION

Cash values and paid-up benefits are computed using the Standard Non-forfeiture Method and the mortality table and interest rate shown in the Certificate Specifications.

All other requirements of the certificate not specifically stated within this endorsement still apply.

A handwritten signature in black ink, appearing to read "Kurt Helms", with a stylized, cursive script.

Secretary



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ACCELERATED DEATH BENEFIT FOR TERMINAL ILLNESS OR CONDITION RIDER

Provides for the acceleration of a portion of the death benefit due to a terminal illness or condition.

The benefit received under this rider may be taxable.

The certificate holder should consult with his or her personal tax advisor.

This rider is issued in consideration of the written request for this rider. There is no separate premium for this rider. This rider is a part of the certificate and is effective as of the rider effective date. Every definition, term, condition, and provision of the certificate applies to this rider, unless otherwise defined or provided in this rider.

This rider does not have a cash value or loan value.

Payment of the accelerated death benefit will reduce the death benefit and certificate values, which include, but are not limited to, the cash value, net surrender value, and loan value. The accelerated death benefit may be taxable. The certificate holder should consult a personal tax advisor about the tax status of any accelerated death benefit payment prior to requesting the accelerated death benefit.

DEFINITIONS

Current discount rate means the greater of: (1) the current yield on 90-day Treasury Bills available on the date of application for accelerated payment; or (2) the Moody's Corporate Bond Yield Averages – Monthly Average Corporates published by Moody's Investor Services, Inc., or successor thereto, for the calendar month ending 2 months before the date of application for an accelerated payment.

Terminal illness or condition means an illness or physical condition: (1) for which there is no reasonable prospect of recovery; and (2) that is expected to result in the insured's death within 24 months.

ACCELERATED DEATH BENEFIT

If the insured has a terminal illness or condition while this rider is in force, we will pay the accelerated death benefit in a lump sum to the certificate holder upon our receipt of:

1. the certificate holder's written request for the accelerated death benefit;
2. written certification from a physician that the insured has a terminal illness or condition; and
3. signed consent from any irrevocable beneficiary or assignee.

The accelerated death benefit is equal to the acceleration percentage shown in the certificate multiplied by the certificate death benefit amount, up to a maximum amount of \$100,000.

The accelerated death benefit does not include the amount of any Accidental Death Benefit or any Term Rider(s).

The accelerated death benefit payable is equal to:

1. the accelerated death benefit discounted at the current discount rate; less
2. any pro rata certificate debt; less
3. any due and unpaid premium.

Discounting will be done using simple interest and the expected lifetime of the insured.

The accelerated death benefit is voluntary and is not intended to cause an involuntary reduction of the death benefit ultimately payable to the beneficiary. Therefore, the accelerated death benefit is not available if the certificate holder or the insured is:

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

The accelerated death benefit under this rider can only be elected once per certificate.

WAIVER OF PREMIUM BENEFIT

We will waive premiums for the certificate and any attached rider(s) if the accelerated death benefit is paid. This waiver of premium is in lieu of any other premium waiver benefit provided by the certificate or any attached rider(s).

EFFECT OF PAYMENT

After we pay the accelerated death benefit, the certificate death benefit, cash value, and any certificate debt will be reduced accordingly on a pro rata basis.

DEATH BEFORE PAYMENT

If the insured dies before we pay the accelerated death benefit, we will void the certificate holder's request for the accelerated death benefit and pay the certificate death benefit pursuant to the certificate.

ORDER IN WHICH REQUESTS ARE APPLIED

If the certificate holder requests payment of an accelerated death benefit under this rider and any other rider(s), we will pay the accelerated death benefit under each rider based on the order in which the requests are received.

TERMINATION

This rider terminates at the earliest of:

1. the date the policy is terminated;
2. the date this rider is terminated under the policy;
3. the date we receive the policyholder's written request to terminate this rider;
4. the date the certificate terminates;
5. the date the certificate matures;
6. the date of the insured's death;
7. the date we receive the certificate holder's written request to terminate this rider;
8. the date the certificate holder elects the non-forfeiture option; or
9. the date the insured is no longer eligible for this rider.

Termination will not prejudice the payment of an accelerated death benefit for a terminal illness or condition that occurred while this rider was still in force.

ENTIRE CONTRACT; CHANGES

The entire contract consists of:

1. the group policy;
2. the certificate to which this rider is attached;
3. the enrollment and/or evidence of insurability form;
4. this rider; and
5. any other riders, amendments or endorsements attached to the certificate.

No agent has the authority to change the contract or to waive any of its provisions.

INCONTESTABILITY

We cannot contest payment of the accelerated death benefit after it has been in force during the lifetime of the insured for 2 years from the rider date. This rider may only be contested based on a statement made in the enrollment and/or evidence of insurability form for this rider, if the statement is attached to the certificate, and if such statement was material to the risk accepted or the hazard assumed by us.

NOTICE OF CLAIM

We must receive written notice of claim within 20 days after the occurrence occurs, or as soon as reasonably possible. Notice given by or on behalf of the insured or the beneficiary, as applicable, to us at our Home Office, or to any authorized agent of ours, with information sufficient to identify the insured, shall be deemed notice to us.

CLAIM FORMS

Upon receipt of a notice of claim, we shall furnish to the claimant the claim form. If the form is not furnished within 15 days after giving notice, the claimant will be deemed to have complied with the requirements of this rider as to proof of occurrence or proof of loss upon submitting, within the time fixed in this rider for filing proof of occurrence or proof of loss, written proof covering the character and the extent of the occurrence or loss.

PROOF OF LOSS

Written proof of occurrence or proof of loss must be filed no later than 90 days after the termination of the period for which we are liable, and, in the case of claim for any other occurrence or loss, within 90 days after the date of the occurrence or loss. Failure to furnish proof within the time required shall not invalidate or reduce the claim if it was not reasonably possible to give proof within the time, provided proof is furnished as soon as reasonably possible and, except in the absence of legal capacity, no later than 1 year from the time proof is otherwise required.

PHYSICAL EXAMINATIONS

At our own expense, we have the right and opportunity to examine the person of the insured when and as often as we may reasonably require during the pendency of a claim and to make an autopsy in case of death where it is not forbidden by law.

Signed for AMERICAN HERITAGE LIFE INSURANCE COMPANY at its Home Office.



Secretary



President

AMERICAN HERITAGE LIFE INSURANCE COMPANY

1776 American Heritage Life Drive, Jacksonville, Florida 32224-6687

ACCELERATED DEATH BENEFIT FOR LONG TERM CARE WITH RESTORATION OF BENEFITS AND EXTENSION OF BENEFITS RIDER

TAX QUALIFICATION NOTICE: This contract for long term care rider is not intended to be a federally qualified long term care insurance contract. This rider is intended to provide a qualified accelerated death benefit that is excluded from gross income for federal income tax purposes under the applicable provisions of the Internal Revenue Code in existence at the time this rider is issued. To that end, the provisions of this rider and the certificate are to be interpreted to ensure or maintain such tax qualification, notwithstanding any other provision to the contrary. We reserve the right to amend this rider or the certificate to reflect any clarifications that may be needed or are appropriate to maintain such tax qualification or to conform this rider or the certificate to any applicable changes in such tax qualification requirements. We will send you a copy of any such amendment. If you refuse such an amendment, it must be by giving us written notice, and your refusal may result in adverse tax consequences. Whether any tax liability may be incurred when benefits are paid under this rider could depend on whether you are also the insured and how the Internal Revenue Service interprets applicable provisions of the Internal Revenue Code. As with any tax matter, you and any other recipient of this benefit should each consult a tax advisor to evaluate any tax impact of this benefit.

Receipt of an accelerated death benefit **MAY AFFECT MEDICAID** and **SUPPLEMENTAL SECURITY INCOME ("SSI")** eligibility. Without exercising this option, the mere fact that this Accelerated Death Benefit for Long Term Care with Restoration of Benefits and Extension of Benefits Rider is part of the certificate will not in and of itself affect the eligibility for these government programs. However, exercising this option before you apply for these programs, or when you are receiving government benefits, may affect your continued eligibility. Contact the Medicaid Unit of the local Department of Public Welfare and Social Security Administration Office for more information.

THIS RIDER IS AN APPROVED LONG TERM CARE INSURANCE RIDER UNDER CALIFORNIA LAW AND REGULATIONS. HOWEVER, THE BENEFITS PAYABLE BY THIS RIDER WILL NOT QUALIFY FOR MEDI-CAL ASSET PROTECTION UNDER THE CALIFORNIA PARTNERSHIP FOR LONG-TERM CARE.

FOR INFORMATION ABOUT POLICIES AND CERTIFICATES QUALIFYING UNDER THE CALIFORNIA PARTNERSHIP FOR LONG-TERM CARE, CALL THE HEALTH INSURANCE COUNSELING AND ADVOCACY PROGRAM AT THE TOLL-FREE NUMBER, 1 (800) 434-0222.

NOTICE TO BUYER: This rider may not cover all of the costs associated with long term care incurred by the buyer during the period of coverage. The buyer is advised to review carefully all rider limitations.

This rider is issued in consideration of the rider premium and the written request for this rider. This rider is attached to and made a part of the certificate as of the rider effective date. All definitions, exclusions, limitations, terms, conditions, and provisions of the policy and certificate apply to this rider. The policy determines governing contractual provisions. If there is a conflict between this rider and the policy or certificate, the policy and any attached policy riders will control.

This rider does not have a cash value or loan value.

RENEWABILITY

This rider is renewable for the life of the certificate to which it is attached, provided that the certificate remains in force. The premiums quoted at issue of this rider will not be changed.

TERMS UNDER WHICH THE RIDER MAY BE CONTINUED IN FORCE OR DISCONTINUED

Coverage under the rider will continue in force as long as premiums are paid on time, subject to the Termination provision.

If coverage ends pursuant to the Termination provision, you have the right to continue coverage, including any riders attached, under a group whole life trust policy, called the Portability Policy. Review the Portability Privilege provision in the certificate.

DEFINITIONS

Activities of daily living (ADLs) mean activities used to measure the insured's impairment due to being chronically ill. ADLs are any of the following:

- **Ambulating** means walking or moving around inside or outside the home regardless of the use of a cane, crutches, or braces.
- **Bathing** means washing oneself by sponge bath; or in either a tub or shower, including the act of getting into and out of the tub or shower.
- **Continence** means the ability to maintain control of bowel and 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).
- **Dressing** means putting on and taking off all items of clothing and any necessary braces, fasteners, or artificial limbs.
- **Eating** means feeding oneself by getting food into the body from a receptacle (such as a plate, cup, or table) or by a feeding tube or intravenously.
- **Toileting** means getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene.
- **Transferring** means the ability to move into or out of a bed, chair, or wheelchair.

Adult day care means a medical or nonmedical care on a less than 24-hour basis, provided in a licensed facility outside the residence, for persons in need of personal services, supervision, protection, or assistance in sustaining daily needs, including eating, bathing, dressing, ambulating, transferring, toileting, and taking medications.

Adult day care center means a facility or part of a facility that provides adult day care and is appropriately licensed or certified to provide such services (if required by the jurisdiction in which it is operating).

Chronically ill means the insured has been certified by a licensed health care practitioner within the preceding 12 month period as:

- being unable to perform, without substantial assistance from another individual, at least 2 ADLs for a period of at least 90 days due to a loss of functional capacity; or
- requiring substantial supervision to protect oneself from threats to health and safety due to severe cognitive impairment.

Confined or confinement means admitted as an inpatient in a residential care facility or nursing care facility for which a room and board charge is made by the facility. It does not include confinement for an observation room or a fractional part of a day.

Day means a 24-hour period which begins and ends at 12:01 a.m.

Death benefit amount means the death benefit amount of the certificate. This does not include the death benefit for any riders that may be attached to the certificate.

Elimination period means the number of days at the beginning of a period of care for which benefits are not payable under this rider. The number of days in the elimination period for this rider is 90. In order for a day to count as a day in the elimination period, the following requirements must be met:

- the insured must be chronically ill; and
- charges must be incurred for the qualified long term care services of the insured.

Hands-on assistance means the physical assistance of another person without which the insured would be unable to perform an ADL.

Home means:

- the insured's private residence;
- a residential care facility;
- a rest home;
- a boarding home;
- a home for the aged;
- a community living center; or
- a place that provides domiciliary or retirement care.

A home does not include a nursing care facility, a hospital, or a hospice care facility.

DEFINITIONS (continued)

Home health care means skilled nursing or other professional services in the residence, including, but not limited to, part-time and intermittent skilled nursing services, home health aide services, physical therapy, occupational therapy, or speech therapy and audiology services, and medical social services by a social worker.

Homemaker services mean assistance with activities necessary to or consistent with the insured's ability to remain in the insured's residence that is provided by a skilled or unskilled person under a plan of care developed by a physician or a multidisciplinary team under medical direction.

Hospice services mean outpatient services not paid by Medicare, that are designed to provide palliative care, alleviate the physical, emotional, social, and spiritual discomforts of an individual who is experiencing the last phases of life due to the existence of a terminal disease, and to provide supportive care to the primary care giver and the family. Care may be provided by a skilled or unskilled person under a plan of care developed by a physician or a multidisciplinary team under medical direction.

Inpatient means an insured who is a resident patient using the room and board facilities of a residential care facility or nursing care facility.

Licensed health care practitioner means a physician or any registered professional nurse, licensed social worker, or other individual who meets such requirements as described by the Secretary of the Treasury. A licensed health care practitioner must not be an immediate family member by blood, marriage, or adoption.

Monthly benefit period means the time period upon which benefit payments are based.

The first monthly benefit period during a period of care begins the day after the elimination period is satisfied and ends on the day before the next monthly date. Each subsequent monthly benefit period begins on the monthly date after the last monthly benefit period ended and ends on the day before the next monthly date. Each day in a period of care after the elimination period is satisfied applies to one monthly benefit period only.

Nursing care facility means a facility that meets all of the following standards:

- it is licensed by the state in which it is located;
- it is a separate facility, or a distinct part of another facility physically separated from the rest of such facility;
- it provides confined nursing care to individuals who are not able to care for themselves and who require recurring or continuous skilled nursing care and supportive care;
- its primary function is to provide nursing care and room and board. The facility charges for these services. The care must be performed under the direction of a licensed physician, RN, or LPN; and
- it is not, other than incidentally, a hospital, or a place mainly for the treatment of alcoholism, mental illness, or drug abuse.

Period of care means the period that begins on the first day the insured incurs a charge for qualified long term care services covered under this rider. It ends when, for a period of 180 consecutive days, the insured has not:

- received qualified long term care services covered under this rider; or
- been chronically ill.

Personal care means assistance with ADLs, including the instrumental ADLs, provided by a skilled or unskilled person under a plan of care developed by a physician or a multidisciplinary team under medical direction. Instrumental ADLs include using the telephone, managing medications, moving about outside, shopping for essentials, preparing meals, laundry, and light housekeeping.

Plan of care means a written individualized plan of care or services prepared by a licensed health care practitioner that specifies:

- the type and frequency of all care or services required;
- the care or service provider; and
- the cost of care or services.

DEFINITIONS *(continued)*

Pre-existing condition means a condition, including a condition not diagnosed or identified, for which:

- symptoms existed within 6 months before the rider effective date; or
- medical advice or treatment was recommended by or received from a physician or other member of the medical profession within 6 months before the rider effective date.

Qualified confined care services mean necessary diagnostic, preventive, therapeutic, curing, treating, mitigating, and rehabilitative services, and maintenance or personal care services, which are required by a chronically ill individual and are provided in a residential care facility or nursing care facility pursuant to a plan of care prescribed by a licensed health care practitioner. Qualified confined care services include per diem expenses and the costs of ancillary supplies and services.

Qualified long term care services mean qualified confined care services and qualified non-confined care services.

Qualified non-confined care services mean necessary diagnostic, preventive, therapeutic, curing, treating, mitigating, and rehabilitative services, and maintenance or personal care services, which are required by a chronically ill individual and are provided by means of home health care, adult day care, personal care, homemaker services, hospice services, or respite care pursuant to a plan of care prescribed by a licensed health care practitioner.

Residential care facility means a facility licensed as a residential care facility for the elderly or a residential care facility as defined in the California Health and Safety Code. Outside California, eligible providers are facilities that meet applicable licensure standards, if any, and are engaged primarily in providing ongoing care and related services sufficient to support needs resulting from impairment in ADLs or impairment in cognitive ability and which also provide care and services on a 24-hour basis, have a trained and ready-to-respond employee on duty in the facility at all times to provide care and services, provide three meals a day and accommodate special dietary needs, have agreements to ensure that residents receive the medical care services of a physician or nurse in case of emergency, and, have appropriate methods and procedures to provide necessary assistance to residents in the management of prescribed medications.

Respite care means short-term care provided in an institution, in the home, or in a community-based program, that is designed to relieve a primary care giver in the home.

Severe cognitive impairment means a loss or deterioration in intellectual capacity that is:

- comparable to, and includes, Alzheimer's Disease and similar forms of irreversible dementia; and
- measured by clinical evidence and standardized tests that are reliably measure impairment in the individual's short term or long term memory; orientation as to people, place, or time; and deductive or abstract reasoning.

The loss or deterioration in intellectual capacity must be to such a degree that the insured is unable to perform (without substantial assistance from another individual) at least 2 ADLs or requires substantial supervision to maintain the safety of the insured or others.

Standby assistance means the presence of another person within arm's reach of the insured that is necessary to prevent, by physical intervention, injury to the insured while the insured is performing an ADL.

Substantial assistance means hands-on assistance and standby assistance.

Substantial supervision means the continual supervision (which may include cuing by verbal prompting, gestures, or other demonstrations) by another person that is necessary to protect the severely cognitively impaired individual from threats to the individual's health or safety.

CONDITIONS ON ELIGIBILITY FOR BENEFITS

Eligibility for benefits under this rider is satisfied when all of the following conditions are met:

- the insured is chronically ill;
- the certificate and rider are in force;
- the insured has satisfied the elimination period;
- the insured has used qualified long term care services and been chronically ill for at least one day during the last 180 consecutive days;
- the insured is receiving qualified long term care services while this rider is in force;
- the insured incurred charges for qualified long term care services which are included in the insured's plan of care; and
- all irrevocable beneficiaries and assignees have signed the written request for this benefit, if applicable.

We may periodically require certification that the insured is chronically ill, but not more than once every 90 days.

The benefits payable under this rider are voluntary and are not intended to cause an involuntary reduction of the death benefit ultimately payable to the beneficiary. Therefore, the accelerated death benefit is not available if the insured is:

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

CERTIFICATION OF CHRONICALLY ILL

A licensed health care practitioner (LHCP) must certify that the insured is chronically ill. You may submit the certification that the insured is chronically ill or request that we arrange for an assessment to be performed by an independent LHCP. The independent LHCP will not be employed by us and will not be compensated in any manner linked to the outcome of the certification. The certificate holder has the right to a second assessment if an independent LHCP determines that the insured is not chronically ill and the LHCP did not personally examine the insured. The costs to certify that the insured meets, or continues to meet, the definition of chronically ill does not count against the benefit payable. Assessments of chronic illness shall be performed promptly, and certifications of chronic illness shall be completed as quickly as possible to ensure that benefits are not delayed.

PRE-EXISTING CONDITION LIMITATION

We do not pay benefits under this rider for costs that are incurred for qualified long term care services during the first 6 months after the rider effective date if a pre-existing condition causes the insured to be chronically ill. This limitation does not apply to costs that are incurred for qualified long term care services that begin more than 6 months after the rider effective date that is caused by a pre-existing condition.

MONTHLY ACCELERATED DEATH BENEFIT

We will accelerate a portion of the death benefit for each monthly benefit period or fraction thereof during which the insured is eligible for benefits.

- If there is more than one month of benefit remaining, the maximum monthly accelerated death benefit amount is equal to the greater of $(A - B) \times C$ or \$1,500, where "A", "B", and "C" are defined below:
 - "A" is the death benefit amount on the day the elimination period is first satisfied;
 - "B" is the total death benefit accelerated under any other rider(s) since the day the elimination period for this rider is first satisfied; and
 - "C" is the acceleration percentage shown in the certificate for this rider.
- If there is only one month of benefit remaining, the maximum monthly accelerated death benefit amount is equal to $A - S$, where "A" and "S" are defined below:
 - "A" is the death benefit amount on the day the elimination period is first satisfied; and
 - "S" is the sum of all accelerated death benefit amounts for all prior monthly benefit periods under this rider (excluding benefits paid under the Monthly Extension of Accelerated Death Benefits provision) and any accelerated death benefit amounts from any other attached riders, if applicable.

MONTHLY ACCELERATED DEATH BENEFIT *(continued)*

If a full month of qualified long term care services was received, we will accelerate the maximum monthly accelerated death benefit amount. If the insured is confined for only a fraction of a monthly benefit period, we will accelerate a pro rata amount for each day of confinement within that monthly benefit period. If the insured receives qualified non-confined care services less than 2 times during a monthly benefit period, we will accelerate a pro rata amount for each day of the monthly benefit period that qualified non-confined care services were received. In no instance will we accelerate:

- more than the maximum monthly accelerated death benefit amount, as calculated above; or
- less than \$1,500.

The death benefit available for acceleration does not include the amount of any Accidental Death Benefit or Term Rider(s), nor does it include any restored death benefit amount.

If the insured satisfies the conditions stated in the Conditions on Eligibility for Benefits provision, we will pay a monthly benefit to you upon our receipt of:

- your written request for the accelerated death benefit;
- written certification from a licensed health care practitioner that the insured is chronically ill; and
- signed consent from any irrevocable beneficiary or assignee, if applicable.

The monthly benefit payable to you as a result of the monthly acceleration of death benefit is equal to:

1. the monthly accelerated death benefit amount; less
2. a pro rata portion (based on the monthly accelerated death benefit amount) of the certificate debt, if any; less
3. any due and unpaid premium.

RESTORATION OF ACCELERATED DEATH BENEFITS

When the death benefit is accelerated under the Monthly Accelerated Death Benefit provision of this rider, the certificate death benefit amount and cash value will be restored as follows:

1. the monthly restored death benefit amount will equal the certificate death benefit amount accelerated under this rider; and
2. the restored cash value will be the restored death benefit amount divided by 1,000, then multiplied by the cash value per \$1,000 of death benefit as shown in the certificate.

Restoration of Accelerated Death Benefits will not restore an acceleration of death benefit made under any rider except this rider.

The aggregate amount of the restored death benefit amount at any time will not exceed 100% of the aggregate reduction in the death benefit amount for accelerated death benefits paid under the Monthly Accelerated Death Benefit provision of this rider. No restoration is provided for accelerated death benefits under the Monthly Extension of Accelerated Death Benefits provision.

The restored death benefit amount is not available for acceleration.

MONTHLY EXTENSION OF ACCELERATED DEATH BENEFITS

After the Monthly Accelerated Death Benefit has been exhausted, we will increase the death benefit and simultaneously accelerate this incremental death benefit amount for monthly benefit periods, or fractions thereof, during which the insured continues to be eligible for benefits.

- If there is more than one month of benefit remaining before the monthly extension of accelerated death benefits is exhausted, the monthly increase for the death benefit amount and the amount for the monthly accelerated death benefit amount are equal to the greater of $A \times C$ or \$1,500, where "A" and "C" are defined below:
 - "A" is the death benefit amount on the day the elimination period is first satisfied; and
 - "C" is the acceleration percentage shown in the certificate for this rider.

MONTHLY EXTENSION OF ACCELERATED DEATH BENEFITS *(continued)*

- If there is only one month of benefit remaining before the monthly extension of accelerated death benefits is exhausted, the monthly increase for the death benefit amount and the amount for the monthly accelerated death benefit are equal to $A - E$, where "A" and "E" are defined below:
 - "A" is the death benefit amount on the day the elimination period is first satisfied; and
 - "E" is the sum of all monthly accelerated death benefit amounts under the Monthly Extension of Accelerated Death Benefits provision.

The aggregate amount of the increased and accelerated death benefit amounts under the Monthly Extension of Accelerated Death Benefits provision will not exceed the death benefit amount on the day the elimination period is first satisfied.

If a full month of qualified long term care services was received, we will increase the death benefit amount by and accelerate the maximum monthly accelerated death benefit amount. If the insured is confined for only a fraction of a monthly benefit period, we will increase and accelerate a pro rata amount for each day of confinement within that monthly benefit period. If the insured receives qualified non-confined care services less than 2 times during a monthly benefit period, we will increase and accelerate a pro rata amount for each day of the monthly benefit period that qualified non-confined care services were received.

In no instance will we increase and accelerate:

- more than the maximum monthly accelerated death benefit amount, as calculated above; or
- less than \$1,500.

The death benefit available for acceleration does not include the amount of any Accidental Death Benefit or Term Rider(s), nor does it include any restored death benefit amount.

If the insured satisfies the conditions stated in this provision and in the Conditions on Eligibility for Benefits provision, we will pay a benefit to you upon our receipt of:

- your written request for the accelerated death benefit;
- written certification from a licensed health care practitioner that the insured is chronically ill; and
- signed consent from any irrevocable beneficiary or assignee, if applicable.

The monthly benefit payable to you as a result of the extension of accelerated death benefits is equal to:

1. the monthly accelerated death benefit amount; less
2. any due and unpaid premium.

The Monthly Accelerated Death Benefit is exhausted when the death benefit is reduced to zero, not including any restored death benefit amount.

ACCELERATION PERCENTAGE INCREASE OR DECREASE BENEFIT

Starting at the end of the first year following the rider effective date, you have the right to reduce or increase coverage by changing the acceleration percentage. You will have the option to change the acceleration percentage by an increment of 2% on each certificate anniversary date, subject to a maximum acceleration percentage of 6% and a minimum acceleration percentage of 2%. We must receive your written request to change the acceleration percentage at least 30 days before the certificate anniversary date. Upon our receipt of your written request, we will provide an endorsement to reflect the new acceleration percentage.

LIFETIME MAXIMUM BENEFITS

The lifetime maximum benefit payable under the Monthly Accelerated Death Benefit provision is equal to the death benefit amount on the day the elimination period is first satisfied minus any accelerated death benefit amounts paid under any other attached riders.

The lifetime maximum death benefit amount restored by the Restoration of Accelerated Death Benefits provision is equal to 100% of the aggregate reduction in the death benefit amount for accelerated death benefits paid under the Monthly Accelerated Death Benefit provision.

The lifetime maximum benefit payable under the Monthly Extension of Accelerated Death Benefits provision is equal to the death benefit amount on the day the elimination period is first satisfied.

The death benefit may be reduced by certificate debt.

EFFECT OF MONTHLY PAYMENT AND RESTORATION

When a monthly accelerated death benefit is paid:

- and the Restoration of Accelerated Death Benefits is payable, the death benefit will be unaffected because the death benefit amount will be decreased and then restored by the same amount;
- and the Monthly Extension of Accelerated Death Benefits is payable, the death benefit will be unaffected because the death benefit amount will be increased and then accelerated by the same amount;
- the cash value will be unaffected because the death benefit amount will be unaffected;
- the certificate debt will be reduced by the portion of the certificate debt deducted from the monthly accelerated death benefit amount; and
- the life insurance premium will be unaffected because the death benefit will be unaffected.

While the insured is eligible for monthly benefits under this rider, no change to existing riders may be requested nor may new riders be added.

The payment of monthly benefits under this rider will not affect any Accidental Death Benefit or Term Rider(s).

DEATH BEFORE MONTHLY PAYMENT

If the insured dies before we pay an accelerated death benefit, we will void your request for that accelerated death benefit and pay the death benefit pursuant to the certificate.

ORDER IN WHICH REQUESTS ARE APPLIED

If you request payment of the accelerated death benefit under this rider and any other rider(s), we will pay the accelerated death benefit under each rider based on the order in which the requests are received.

EXCLUSIONS

We will not pay benefits under this rider for that portion of any day of qualified long term care services that are:

- provided for the treatment of alcoholism or drug addiction;
- provided as a result of illness, treatment or medical conditions arising out of:
 - war or act of war (whether declared or undeclared);
 - participation in a felony, riot, or insurrection;
 - service in the armed forces or units auxiliary thereto; or
 - suicide, whether or not the person had mental capacity to control what the person was doing, attempted suicide, or intentionally self-inflicted injury;
- provided in a government facility (unless otherwise required by law); services for which benefits are available under Medicare (or benefits would be available under Medicare except for the applicable deductibles or co-insurance requirements) or other governmental program (except Medi-Cal or Medicaid), any state or federal workers' compensation, employer's liability or occupational disease law, or any motor vehicle no-fault law; or
- received outside the United States or its territories.

PREMIUM

The premium for this rider is shown in the certificate.

WAIVER OF PREMIUM

For each certificate month the insured receives monthly benefits under this rider, we will waive the premium for the certificate and any attached riders, if applicable. This waiver is in lieu of any other premium waiver benefit provided by the certificate or any other attached riders, if applicable.

ENTIRE CONTRACT; CHANGES

The entire contract consists of:

- the policy;
- the certificate to which this rider is attached;
- the enrollment and/or evidence of insurability form;
- this rider; and
- any other rider(s), amendment(s), or endorsement(s) attached to the certificate.

No agent has the authority to change the contract or to waive any of its provisions.

Any statement made by the policyholder or you shall, in the absence of fraud, be deemed a representation and not a warranty.

REINSTATEMENT

Reinstatement of this rider will be the same as reinstatement of the certificate to which this rider is attached. Following such reinstatement, you and we will have the same rights under reinstatement as you and we had under the rider immediately before the due date of the defaulted premium, subject to any provisions endorsed in the rider or attached to the rider in connection with the reinstatement. This rider may not be reinstated if the maximum accelerated death benefit amount has already been paid.

In addition, this rider will be reinstated, upon lapse, if proof is provided that the insured is cognitively impaired or has a loss of functional capacity. This request, and submission of all past due premiums, must be made within 5 months after termination. Proof of cognitive impairment or loss of functional capacity will be on the same basis as the benefit eligibility criteria for cognitive impairment or loss of functional capacity as described in this rider.

INCONTESTABILITY

We cannot contest this rider or payment of the accelerated death benefit after it has been in force during the lifetime of the insured for 2 years from the rider effective date. This rider and any claim for payment of the accelerated death benefit may only be contested based on a statement made in the enrollment and/or evidence of insurability form for this rider, if the statement is attached to the certificate, and if such statement was material to the risk or hazard assumed by us.

NOTICE OF CLAIM

We must receive written notice of claim within 20 days after the insured receives documentation that establishes that the insured is chronically ill, or as soon as reasonably possible. Notice given by or on behalf of the insured or the beneficiary, as applicable, to us at our Home Office, or to any authorized agent of ours, with information sufficient to identify the insured, shall be deemed notice to us.

CLAIM FORMS

Upon receipt of a notice of claim, we shall send to the claimant the claim forms. If the forms are not sent within 15 days after giving us notice, the claimant shall be deemed to have provided proof of eligibility for benefit payment upon sending, within the time fixed in this rider for filing proof of loss, written documentation that establishes that the insured is chronically ill.

PROOF OF LOSS

The claim forms and documentation that establishes that the insured is chronically ill must be filed no later than 90 days after the insured receives the documentation. Failure to send proof within the time required shall not invalidate or reduce the claim if it was not reasonably possible to give proof within that time, provided proof is sent as soon as reasonably possible and, except in the absence of legal capacity, no later than 1 year from the time proof is otherwise required.

PHYSICAL EXAMINATIONS

At our own expense, we have the right and opportunity to examine the person of the insured when and as often as we may reasonably require during the pendency of a claim and to make an autopsy in case of death where it is not forbidden by law. The examination to assess whether the insured is chronically ill will be performed by an independent licensed health care practitioner who is not employed by us and who will not be compensated in any manner linked to the outcome of the certification.

APPEALS PROCESS

You have the right to appeal decisions regarding a denial of claim or other decisions regarding benefit eligibility, care plans, services and providers, and reimbursement payments.

If you wish to file an appeal regarding a denial of claim or other decision regarding benefit eligibility, care plans, services and providers, and reimbursement payments, you must send a written request to us within 60 days of receiving our notification of denial. We will complete our review of your appeal within 60 days after receiving your appeal. The review period may be extended up to 120 days. You will receive advance written notice if the period is extended.

LEGAL ACTION

No action at law or in equity shall be brought to recover on the rider prior to the expiration of 60 days after written proof of loss is furnished. No such action shall be brought after the expiration of 3 years after the time written proof of loss is required to be furnished.

NON-FORFEITURE CREDIT

If the non-forfeiture credit is elected, starting at the end of the third year following the rider effective date, the non-forfeiture credit is available if this rider terminates due to the premium for the certificate remaining unpaid. This credit is provided on a paid-up basis and is equal to the sum of the premiums paid for this rider, up to the maximum remaining death benefit amount. This credit is payable according to the terms of this rider when the insured satisfies all the conditions stated in the Conditions on Eligibility for Benefits provision, except for the condition that the certificate and this rider are in force.

TERMINATION

Coverage under this rider will end on the earliest of the following:

- the date the policy is terminated;
- the date this rider is terminated under the policy;
- the date we receive the policyholder's written request to terminate this rider;
- the date the certificate terminates;
- the date the certificate matures;
- the date of the insured's death;
- the date we receive your written request to terminate this rider;
- the date you elect the non-forfeiture option;
- the date the insured is no longer eligible for this rider;
- the date the Monthly Extension of Accelerated Death Benefits has been exhausted; or
- the date that both:
 - the monthly accelerated death benefit has been exhausted; and
 - the insured no longer satisfies the conditions stated in the Conditions on Eligibility for Benefits provision.

TERMINATION (*Continuation*)

Coverage will not lapse or terminate due to nonpayment of premiums unless we, at least 30 days before the effective date of the lapse or termination, give notice to you and to those persons designated by you to receive the notice of lapse or termination. Notice must be given by first class United States mail, postage prepaid, and notice may not be given until 30 days after a premium is due and unpaid. Notice is considered to have been given as of 5 days after the date of mailing.

CONTINUATION OF CONFINEMENT BENEFITS AFTER TERMINATION

Termination will not prejudice the payment of an accelerated death benefit if the insured's confinement began while coverage was in force and the confinement continues without interruption after termination, subject to the maximum benefits available and all other applicable provisions of this rider.

CONTINUATION OR REPLACEMENT OF COVERAGE AFTER TERMINATION

If coverage ends pursuant to the Termination provision, you have the right to continue coverage, including any riders attached, under a group whole life trust policy, called the Portability Policy. Review the Portability Privilege provision in the certificate.

If the group policy is replaced by another policy issued to the same master policyholder, the replacement policy must:

- provide benefits that are substantially equivalent or the most advantageous choice for the beneficiaries;
- calculate the premium, except for any new or increased benefits, using the insured's issue age for the coverage being replaced;
- offer coverage to all persons covered under the replaced group policy on its date of termination;
- not exclude coverage for preexisting conditions if the terminating group coverage would provide benefits for those preexisting conditions;
- not require new waiting periods, elimination periods, probationary periods, or similar preconditions related to preexisting conditions, and waive any such time periods to the extent that similar preconditions have been satisfied under the terminating coverage; and
- not vary the benefits or the premium based on the insured's health, disability status, claims experience, or use of long term care services.

Signed for American Heritage Life Insurance Company at its home office in Jacksonville, Florida.



Secretary



President