

Occidental Life Insurance Company of North Carolina

P.O. Box 2595 / Waco, Texas 76702-2595 / (254) 297-2775

WE WILL PAY THE DEATH BENEFIT PROCEEDS to the Beneficiary if the Insured dies while this Policy is in force. Payment will be made after we receive due proof of the Insured's death and the right of the claimant to the Policy Proceeds, and will be subject to the terms of this Policy.

This Policy is a legal contract between the Owner and the Company. The consideration for this contract is the application and payment of the first premium. The first premium must be paid on or before delivery of this Policy.

SIGNED AT THE HOME OFFICE ON THE DATE OF ISSUE.



Treasurer



President

CANCELLATION DURING FIRST 30 DAYS

You may return this Policy within 30 days after delivery if you are not satisfied with it for any reason. The Policy may be returned to us or to the agent through whom it was purchased. Upon surrender of the Policy within the 30 day period, it will be void from the beginning, and we will refund any premium paid.

**LEVEL TERM LIFE INSURANCE TO AGE 95
CONVERTIBLE
PREMIUMS INCREASE AFTER LEVEL PREMIUM PERIOD
NON-PARTICIPATING**

**LIFE INSURANCE PAYABLE AT DEATH BEFORE AGE 95. SEE BENEFIT DESCRIPTION PAGE
FOR AMOUNT OF INSURANCE AND PREMIUMS. GUARANTEED CASH VALUES PROVIDED.**

READ YOUR POLICY CAREFULLY

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DEFINITIONS

Where used in this Policy:

"Occidental Life", "we", "our", "us", or "the Company" means Occidental Life Insurance Company of North Carolina.

"You" or "Your" means the Owner of this Policy as defined.

"Net Cash Value" is the Cash Value less any Indebtedness on this Policy.

"Due Proof of Death" means those documents and written instruments required by the Company to verify the death of the Insured, as well as the documents and written instruments necessary to establish the right of the person or persons claiming the benefits to receive those benefits claimed.

"Recorded by the Company" or "Recorded" means actual receipt and modification of the Company's records according to normal Company procedures.

"Indebtedness" means the principal of any outstanding policy loan on this Policy, together with due and accrued policy loan interest.

"Policy Anniversary Date" means the same day and month as the Date of Issue shown on Page 3 for each succeeding year.

"Policy Year" means the period from the Date of Issue to the first Policy Anniversary Date, or from one Policy Anniversary Date to the next.

"Home Office" means Occidental Life Insurance Company of North Carolina, located in Waco, Texas.

"Expiry Date" means the date on which the coverage under this Policy expires. This is the date when the Insured's Age turns 95, as shown on Page 3.

Benefit Description		Annual Premium	
Basic Policy - Level Term to Age 95		\$	1,005.00 for 30 Years*
Plan CI7 - Accelerated Benefit Rider		\$	219.00 for 5 Years**
Total Annual Premium		\$	1,224.00
Issued Method of Payment-----	Monthly	\$	115.06
Other Methods of Payment	Annual	\$	1,224.00
	Semiannual	\$	657.29
	Quarterly	\$	334.16

Premium Class: Non-Tobacco

* Premiums are level for the first 30 policy years. After 30 policy years, the premium will increase each year until the expiry date. The premiums after 30 years are shown in the Table of Guaranteed Annual Premiums on page 3C of the policy.

Policy Fee (included in Total Annual Premium above)

Annual Policy Fee:	\$60.00
Semi-Annual Policy Fee:	\$32.22
Quarterly Policy Fee:	\$16.38
Monthly Policy Fee:	\$ 5.64

** Guaranteed premium for the first five years. See page 3B of the policy for the guaranteed rider premiums for all other years.

Accelerated Benefit Rider Guaranteed Premium Period:	5 Years
Accelerated Benefit Rider Percentage (excluding CABG):	25%
Coronary Artery Bypass Graft (CABG) Percentage:	10% of the Accelerated Benefit Rider Percentage

Insured: Jane Doe

Face Amount: \$300,000

Age: 35

Date of Issue: January 12, 2022

Sex: Female

Expiry Date: January 12, 2082

Policy Number: 0054493130

Insured: Jane Doe

Face Amount: \$300,000

Age: 35

Date of Issue: January 12, 2022

Sex: Female

Expiry Date: January 12, 2082

Policy Number: 0054493130

Table of Guaranteed Values

Level Term to Age 95

End of Policy Year	Guaranteed Cash Value	Extended Term Insurance		
		Years	Days	Endowment
1-50	0.00	0	0	0.00
51	1,992.00	0	36	0.00
52	4,191.00	0	67	0.00
53	6,708.00	0	94	0.00
54	9,255.00	0	114	0.00
55	11,724.00	0	128	0.00
56	13,506.00	0	131	0.00
57	12,582.00	0	109	0.00
58	9,585.00	0	74	0.00
59	5,139.00	0	36	0.00
60	0.00	0	0	0.00

Nonforfeiture Interest Rate: 3.75%

Nonforfeiture Table: 2017 CSO ANB Female Nonsmoker

Extended Term Mortality Table: 2017 CSO ANB Female Nonsmoker

Reinstatement Interest Rate: 6.00% Annual Rate

Table of Guaranteed Maximum Annual Premiums After First Five Years

Accelerated Benefit Rider

Rider Year	Attained Age	Annual Premium
6	40	438.00
7	41	438.00
8	42	438.00
9	43	438.00
10	44	438.00
11	45	438.00
12	46	438.00
13	47	438.00
14	48	438.00
15	49	438.00
16	50	438.00
17	51	438.00
18	52	438.00
19	53	438.00
20	54	438.00
21	55	438.00
22	56	438.00
23	57	438.00
24	58	438.00
25	59	438.00
26	60	438.00
27	61	438.00
28	62	438.00
29	63	438.00
30	64	438.00
31	65	438.00
32	66	438.00
33	67	438.00
34	68	438.00
35	69	438.00

Insured: Jane Doe

Face Amount: \$300,000

Age: 35

Date of Issue: January 12, 2022

Sex: Female

Expiry Date: January 12, 2082

Policy Number: 0054493130

Table of Guaranteed Annual Premiums

Level Term to Age 95

Policy Year	Annual Premium	Policy Year	Annual Premium
1-30	1,005.00	46	44,613.00
31	11,664.00	47	50,031.00
32	12,651.00	48	56,142.00
33	13,731.00	49	62,232.00
34	14,940.00	50	68,961.00
35	16,263.00	51	76,542.00
36	17,721.00	52	83,421.00
37	19,401.00	53	93,774.00
38	21,282.00	54	104,589.00
39	23,319.00	55	116,118.00
40	25,554.00	56	126,744.00
41	28,032.00	57	132,120.00
42	30,753.00	58	142,692.00
43	33,744.00	59	158,379.00
44	37,053.00	60	178,182.00
45	40,623.00		

GENERAL PROVISIONS

CONFORMITY WITH STATE STATUTES AND REGULATIONS. Any provision of this Policy which conflicts with the valid insurance laws or regulations of the state of residence of the Insured, at the time that the application for this Policy is approved for issue by the Company at its Home Office, will be deemed to be amended or deleted to the extent necessary for the provisions of this Policy to be in conformity with such conflicting laws and regulations.

CONTRACT. This Policy is a legal contract that you have entered into with us. You have paid the first premium and have submitted an application. We have relied on the statements made in the application for this Policy. These statements, in the absence of fraud, are considered representations and not warranties. A copy of such application is attached to this Policy. In return, we promise to provide the insurance coverage described in this Policy.

The entire contract consists of:

1. The basic Policy; and
2. The riders that add benefits to the basic Policy, if any; and
3. Endorsements, if any; and
4. The attached copy of your application, and any amendments or supplemental applications.

DATE OF ISSUE - EFFECTIVE DATE. The Date of Issue, which is the effective date of this Policy, is the date on which the first premium is due. The Date of Issue is also the date from which all policy years, anniversaries, and premium due dates are determined.

OWNER. The Owner of this Policy will be the Insured unless another person is designated Owner in the application for this Policy. During the Insured's lifetime, the Owner may exercise every right the Policy confers or we allow (subject to the rights of any assignee of record, and to any endorsement on this Policy limiting such rights).

BENEFICIARY. The Beneficiary as named in the application, or later changed by the Owner, will receive the Death Benefit Proceeds upon the death of the Insured. Unless the Owner has stated otherwise, in writing, to the Home Office of the Company:

1. If any Beneficiary dies before the Insured, that Beneficiary's interest will terminate.
2. If no Beneficiary survives the Insured, Proceeds will be paid to the Owner, if then living; otherwise to the estate of the Owner.

If more than one Beneficiary is alive at the death of the Insured, the Company will divide the proceeds equally if not otherwise directed in the application.

CHANGE OF OWNERSHIP OR BENEFICIARY. The Owner, or someone authorized to act for the Owner by valid court order, may change the Ownership or the Beneficiary at any time during the lifetime of the Insured, unless a previous designation provides otherwise. Applicable law may require a Beneficiary or a Successor Owner to have an insurable interest in the life of the Insured. To make a change, the Owner must send a written request to our Home Office in a form acceptable to us. The change will go into effect when we have recorded the change. However, after the change is recorded, it will be deemed effective as of the date of the written request for change. The change will be subject to any payment made, or action taken, by us before the request is recorded. The Company assumes no responsibility for the legality or sufficiency of any Beneficiary designation or ownership change.

COMMON DISASTER. If we cannot determine whether a Beneficiary or the Insured died first in a common disaster, we will assume that the Beneficiary died first, unless applicable law or an endorsement to this Policy provides otherwise.

GENERAL PROVISIONS (Continued)

ASSIGNING THE POLICY. During the lifetime of the Insured and while this Policy is in force, the Owner may assign this Policy as security for an obligation, subject to the written consent of any irrevocable beneficiary. We will not be bound by an assignment unless it is received in writing at our Home Office in a form acceptable to us. Two copies of the assignment must be submitted. We will retain one copy and return the other. We will not be responsible for the validity of any assignment.

NON-PARTICIPATION. This Policy will not pay dividends. It will not participate in any of our surplus or earnings.

INCONTESTABILITY. We will not contest the validity of this Policy after this Policy has been in force during the Insured's life for 2 years from the Date of issue.

If the Owner reinstates this Policy as provided by the Reinstatement provision, this Policy will be incontestable as to material misstatements made in the reinstatement application after 2 years from the effective date of the reinstatement.

This incontestability provision does not apply to any Disability or Accidental Death Benefit.

SUICIDE. If the Insured dies as a result of suicide, within 2 years from the Date of Issue, we will limit the Death Benefit Proceeds to the premiums paid less any Indebtedness on this Policy.

AGE OR SEX INCORRECTLY STATED. If the Insured's age or sex has been incorrectly stated in the application, we will adjust the Death Benefit Proceeds. The Proceeds payable will be that which the premium would have purchased at the Date of Issue for the correct age and sex. By age we mean age near birthday as of the Date of Issue.

PAYMENTS. All payments of benefits under this Policy will be made from our Home Office.

WHEN THIS POLICY TERMINATES. This Policy will terminate if:

1. The Owner requests that this Policy be terminated; or
2. The Insured dies; or
3. The Policy expires; or
4. The premium is in default at the end of the grace period, except as otherwise provided in the Guaranteed Values provisions. The date of default will be the due date of the premium in default.

REINSTATEMENT. If the Grace Period ends without sufficient premium being paid, and the Policy has not been surrendered for cash, this Policy may be reinstated within five years after the expiration of the Grace Period, but before the Expiry Date, and while the Insured is living. The reinstatement is subject to:

1. Evidence of insurability, satisfactory to the Company; and
2. Payment of all past due premiums with compound interest at the reinstatement interest rate of 6% a year; and
3. Payment of any Indebtedness with interest at the annual policy loan interest rate of 7.4% payable in advance, from the date of default to the date of reinstatement.

The effective date of reinstatement will be the date we approve the application for reinstatement.

If a rider is attached to this Policy, its coverage will be reinstated according to the Reinstatement provision of this Policy, unless such provision conflicts with the express provision of the rider.

CHANGING THE TERMS OF THE POLICY. Any change in the Policy must be approved in writing at our Home Office by one of our officers. Any approved change will be endorsed on the Policy. No agent has the authority to make any changes or waive any of the terms of the Policy.

RATED PREMIUM CLASS. If this Policy is issued in a Rated Premium Class it will be shown on Page 3 of this Policy.

PREMIUMS

PAYMENT OF PREMIUMS. The premium amounts to be paid are shown in the Benefit Description Page. Premiums are payable in advance at our Home Office. A premium receipt signed by an Officer of the Company will be furnished upon request.

Premiums may be paid annually, semi-annually, quarterly or monthly. The Owner may change the frequency of payment provided a premium payment will become due on each policy anniversary. A premium paid by check will be considered paid only after the bank has credited our account with collected funds.

GRACE PERIOD. The grace period is a period of 31 days following the due date of each premium after the first. The Owner may pay the premium at any time during the grace period without interest. During the grace period, the Policy will remain in force, but the premium will be in default. The date of default is the date the unpaid premium is due. If the premium is not paid by the end of the grace period, this Policy will terminate, as of the date of default, except as provided in the Guaranteed Values provisions. If death occurs during the grace period, the premium for the policy month in which death occurred will be deducted from the Death Benefit Proceeds.

DEATH BENEFIT PROCEEDS

The Company will pay the Proceeds of this Policy on the death of the Insured while this Policy is in full force. Payment will be made to the named Beneficiary when the Home Office of the Company receives Due Proof of the Insured's Death, subject to the terms of this Policy. The Proceeds will be:

1. The Face Amount shown on Page 3; plus
2. Any insurance on the life of the Insured provided by an additional agreement attached to and made a part of this Policy; plus
3. The portion of any premium paid which applies to a period beyond the month of death of the Insured; less
4. The portion of a premium due and unpaid which applies to a period prior to the date of death of the Insured; less
5. Any Indebtedness on this Policy.

Payment will be made to the named Beneficiary within two months after the Home Office receives Due Proof of the Insured's Death subject to the terms of this Policy. Interest will be paid from the date Due Proof of Death is received until the date settlement is made. The rate of interest payable will not be less than the rate, as determined by the Company, applicable to proceeds of life insurance left on deposit with the Company and subject to withdrawal on demand.

GUARANTEED VALUES PROVISIONS

CASH VALUE. The Owner may surrender this Policy for its Net Cash Value as defined on Page 2. If all premiums have been paid, the guaranteed cash value is as shown in the Table of Guaranteed Values on page 3A of the Policy. The Table shows values at the end of the policy years. The Cash Value is:

1. The Guaranteed Cash Value; plus
2. Any part of a premium paid for coverage beyond the policy month in which the Owner surrenders this Policy.

OPTIONS UPON DEFAULT OF PAYMENT OF PREMIUM. The Owner may elect one of the following options, effective on the default in the payment of premium. Election must be made by written request to the Company at its Home Office no later than 60 days after the unpaid premium was due. If an election is not made, Option 2 of this section will be effective. If this Policy is issued in a Rated Premium Class, Option 2 will be effective.

Option 1 – Surrender this policy for the Net Cash Value. The Net Cash Value within 60 days of default is the Net Cash Value on that date. The Company may defer payment of the Net Cash Value for a period of up to 6 months from the date of request.

Option 2 – Continue this Policy as Extended Term Insurance. The amount of insurance will be the face amount of this Policy less any Indebtedness. The term of Extended Term Insurance will begin on the

GUARANTEED VALUES PROVISIONS (Continued)

date the unpaid premium was due. It will continue for such term as the Net Cash Value will purchase at net single premium rates. Extended Term Insurance may be surrendered for its Net Cash Value as of the date of surrender.

BASIS OF VALUES. Guaranteed values and net single premiums are based on the mortality tables and interest rate shown on Page 3A. Net single premiums for Extended Term Insurance are based on the extended term table and interest rate shown on Page 3A. All net single premiums are at the then attained age of the Insured. The Cash Values are calculated by the Standard Nonforfeiture Value Method using the mortality table and interest rate shown on Page 3A. Computations assume that premiums are paid annually and the deaths occur at the end of a policy year.

The Cash Value within a policy year is adjusted for lapse of time and premiums paid for any portion of the policy year. When continued as Extended Term Insurance, this Policy's Cash Value is the present value of future benefits. Within 31 days after any policy anniversary, and in the absence of a policy loan, the Cash Value will not be less than the Cash Value on such anniversary. Any additional agreement which is part of this Policy will not increase the Cash Value unless specifically provided by the agreement. All values are greater than or equal to those required by the insurance law of the State of Texas and any state in which this Policy is delivered. The detailed method of calculation of values is on file at the insurance department in the state in which this Policy is delivered.

POLICY LOAN PROVISIONS

You may take a policy loan at any time while this Policy is in force. You may borrow an amount which is equal to or less than the Policy's Loan Value. The Loan Value will be the Cash Value less:

1. Any prior outstanding loan, plus interest accrued; and
2. Interest on the amount to be borrowed to the next policy anniversary.

LOAN INTEREST. The Annual Policy Loan Interest Rate is 7.4% payable in advance. On each policy anniversary, loan interest for the next year is due in advance. Interest not paid when due will be added to the loan.

HOW YOU MAY REPAY A POLICY LOAN. You may repay all or part of a policy loan at any time, except that:

1. Repayment may be made only while this Policy is in force and prior to the death of the Insured; and
2. A partial repayment must be at least \$10.00.

Any Indebtedness will be deducted from any settlement of this Policy.

At any time your policy loan exceeds the Cash Value, this Policy will lapse. However, at least 31 days prior notice must be mailed by us to your last known address and to any assignee of record, if any.

WE CAN DELAY PAYMENT. We can delay loaning you money for up to 6 months, or the period allowed by law, whichever is less. However, we cannot delay loaning you money if the amount is to be used to pay a premium to us.

OBTAINING A LOAN. You may obtain a policy loan by written request and assignment of the Policy as sole security for the loan.

CONVERSION PROVISIONS

PRIVILEGE TO CONVERT. While this Policy is in force by payment of premiums, it may be converted to any plan of Whole Life or Endowment insurance issued by the Company upon receipt of:

1. written request, acceptable to the Company;
2. payment of the required premium; and
3. surrender of this Policy for cancellation on or before the earlier of:

(a) the Expiry Date; or (b) the policy anniversary following the Insured's attained age 75; or (c) within five years from the Policy Date if later than the policy anniversary following the Insured's attained age 75.

CONVERSION PROVISIONS (Continued)

Evidence of insurability will not be required.

The face amount of the new policy may be equal to or less than the Face Amount of this Policy; however, the face amount of the new policy may not be less than the Company's minimum required on the date of conversion for the plan selected.

The new policy will be issued as of the date of conversion. The premium rate for the new policy will be based on: (a) the rate then in effect for the Insured's attained age; and (b) the same mortality classification that applied to the Insured under this Policy.

Any agreement included in this Policy granting additional benefits for accidental death may be included in the new policy. Benefits may be included in the new policy for waiver of premium for total and permanent disability, without evidence of insurability, provided:

- (a) this Policy contains such benefits on the date of conversion; and
- (b) on the date of conversion, the Insured is not disabled as defined in the waiver of premium benefit; and
- (c) the new policy is on a Whole Life plan with premiums payable for life.

Otherwise, the inclusion of waiver of premium benefits will be subject to: (a) the submission of evidence of insurability; and (b) consent of the Company.

DISABILITY CONVERSION. If, on the last day that this Policy can be converted in accordance with the "Privilege to Convert" provision, premiums for this Policy are being waived under an agreement included in this Policy granting benefits in the event of total and permanent disability, this Policy may be exchanged for a new policy. Any premium for the new policy which becomes due during the continuance of such disability shall be waived.

The new policy will:

- 1. be on the Whole Life continuous premium plan; and
- 2. be for the death benefit amount of this Policy at the date of exchange; and
- 3. include any agreements in force under this Policy at the date of exchange granting benefits for: (a) total and permanent disability; or (b) additional benefits for accidental death.

The date of issue of the new policy will be the date of exchange. The premium for the new policy will be based on: (a) the Company's rates then in effect for the Insured's attained age on such date; and (b) the same mortality classification as this Policy.

SETTLEMENT OPTIONS

ELECTION OF A SETTLEMENT OPTION. The Owner, by written request satisfactory to the Company, may elect any Settlement Option described below while the Insured is living subject to the provisions of this Policy. If an option is not elected prior to the death of the Insured, the Company will pay the Proceeds in one sum to the Beneficiary or other person lawfully entitled to receive the same, unless such person elects a settlement option.

PAYEE. The Payee is the person or persons entitled to receive payments under a Settlement Option.

AVAILABILITY OF OPTIONS. The Company may pay the then balance of the Proceeds in one sum if:

- 1. The Proceeds are less than \$5,000; or
- 2. The amount on deposit under Option 1 or 2 below becomes less than \$2,000; or
- 3. Periodic payments are, or become, less than \$100; or
- 4. The Payee is not the person first entitled to payment; or
- 5. The Payee is an assignee, estate, trustee, partnership, corporation or association.

SETTLEMENT OPTIONS (Continued)

EFFECTIVE DATE OF SETTLEMENT OPTION. If an election has previously been made, the effective date will be the date of death or surrender. If no election is in effect when the Proceeds become payable in one lump sum, the date of election will be the effective date. The first installment, under Options 3, 4, 5, or 6 below, will be paid by the Company upon receipt of Due Proof of the Death of the Insured.

BASIS OF PAYMENT OPTIONS. The annual guaranteed interest rate used for each option shown in the Option Tables is 3.0%. An interest rate in excess of the guaranteed rate may be used at the discretion of the Company. The mortality table used for Options 5 and 6 is the Annuity 2000 Mortality Table.

LIFE INCOME AND AGE. When Proceeds are payable to the Owner as a result of a cash surrender or maturity of the Policy, and the Owner selects a settlement option providing for periodic payments, the continuance of the periodic payments will be based on the life of the Insured. The amount of the periodic payments will be based upon the attained age of the Insured at the time of surrender or maturity. Upon the death of the Insured the life income payable to the Beneficiary will be based on the life and age of that Beneficiary. Age in each instance is the age on the last birthday before the date the first installment is payable. The Company may require evidence of age or of survival.

OPTION 1 -- DEPOSIT -- Left on deposit with interest to accumulate. Interest is compounded annually. Proceeds and all accumulated interest are payable at the end of a period mutually agreed upon.

OPTION 2 -- INTEREST INCOME -- Left on deposit, with interest payable periodically. Proceeds and any accrued but unpaid interest are payable at the end of a period mutually agreed upon.

OPTION 3 -- INSTALLMENTS OF SPECIFIED AMOUNT -- Paid as an income of a specified amount mutually agreed upon, until the Proceeds and interest are exhausted.

OPTION 4 -- INSTALLMENTS FOR SPECIFIED PERIOD -- Paid as an income for a specified period mutually agreed upon.

OPTION 5 -- LIFE INCOME WITH GUARANTEED PERIOD -- Paid as an income for life. Payments are guaranteed for 120 months.

OPTION 6 -- LIFE INCOME WITHOUT GUARANTEED PERIOD -- Paid as an income for life. Payments cease with the last payment due prior to death of the person on whose life the income is based.

DEATH OF PAYEE. After the death of the Payee any amounts remaining under Options 1, 2, 3, or 4 or any amounts remaining under the period certain under Option 5 will be continued to the estate of the Payee or paid in a single commuted sum to the estate of the Payee.

PROTECTION AGAINST CREDITOR. To the extent permitted by law, Proceeds paid under these options will not be subject to the claims of creditors nor to legal process.

SETTLEMENT OPTIONS (Continued)**OPTION 2
INTEREST INCOME**

Payable	Interest Payment
Monthly	\$2.47
Quarterly	7.42
Semi-Annually	14.89
Annually	30.00

**OPTION 4
INSTALLMENTS**

Yrs.	Annual	Monthly	Yrs.	Annual	Monthly	Yrs.	Annual	Monthly
1	\$1,000.00	\$84.47	11	\$104.93	\$8.86	21	\$62.98	\$5.32
2	507.39	42.86	12	97.54	8.24	22	60.92	5.15
3	343.23	28.99	13	91.29	7.71	23	59.04	4.99
4	261.19	22.06	14	85.95	7.26	24	57.33	4.84
5	211.99	17.91	15	81.33	6.87	25	55.76	4.71
6	179.22	15.14	16	77.29	6.53	26	54.31	4.59
7	155.83	13.16	17	73.74	6.23	27	52.97	4.47
8	138.31	11.68	18	70.59	5.96	28	51.74	4.37
9	124.69	10.53	19	67.78	5.73	29	50.60	4.27
10	113.82	9.61	20	65.26	5.51	30	49.53	4.18

OPTIONS 5 AND 6
MONTHLY LIFE INCOMES

Age	Option 5 120 Installments Guaranteed		Option 6 Life Only		Age	Option 5 120 Installments Guaranteed		Option 6 Life Only	
	Male	Female	Male	Female		Male	Female	Male	Female
25	\$3.08	\$2.99	\$3.08	\$2.99	65	\$5.48	\$5.07	\$5.69	\$5.18
26	3.10	3.01	3.10	3.01	66	5.62	5.20	5.86	5.32
27	3.12	3.03	3.13	3.03	67	5.77	5.33	6.04	5.47
28	3.15	3.05	3.15	3.05	68	5.92	5.47	6.24	5.64
29	3.17	3.07	3.17	3.07	69	6.07	5.62	6.45	5.82
30	3.20	3.09	3.20	3.09	70	6.23	5.78	6.67	6.01
31	3.22	3.11	3.23	3.12	71	6.39	5.94	6.90	6.21
32	3.25	3.14	3.26	3.14	72	6.56	6.11	7.16	6.44
33	3.28	3.16	3.28	3.17	73	6.73	6.29	7.43	6.68
34	3.31	3.19	3.32	3.19	74	6.90	6.48	7.71	6.94
35	3.34	3.22	3.35	3.22	75	7.08	6.67	8.02	7.22
36	3.38	3.24	3.38	3.25	76	7.25	6.86	8.35	7.52
37	3.41	3.27	3.42	3.28	77	7.43	7.06	8.70	7.85
38	3.45	3.30	3.46	3.31	78	7.61	7.26	9.08	8.21
39	3.49	3.34	3.50	3.34	79	7.78	7.46	9.48	8.60
40	3.53	3.37	3.54	3.38	80	7.95	7.66	9.91	9.02
41	3.57	3.41	3.58	3.41	81	8.11	7.86	10.37	9.47
42	3.62	3.44	3.63	3.45	82	8.27	8.05	10.86	9.96
43	3.66	3.48	3.67	3.49	83	8.42	8.23	11.38	10.50
44	3.71	3.52	3.72	3.53	84	8.56	8.40	11.94	11.07
45	3.76	3.57	3.78	3.57	85	8.69	8.55	12.54	11.69
46	3.81	3.61	3.83	3.62	86	8.81	8.70	13.17	12.36
47	3.87	3.66	3.89	3.67	87	8.92	8.83	13.85	13.08
48	3.92	3.71	3.95	3.72	88	9.02	8.95	14.56	13.84
49	3.98	3.76	4.01	3.77	89	9.12	9.05	15.32	14.65
50	4.05	3.81	4.08	3.83	90	9.20	9.15	16.12	15.50
51	4.11	3.87	4.15	3.89	91	9.28	9.23	16.97	16.38
52	4.18	3.93	4.22	3.95	92	9.34	9.30	17.87	17.31
53	4.25	3.99	4.30	4.01	93	9.40	9.36	18.83	18.26
54	4.33	4.06	4.38	4.08	94	9.45	9.42	19.85	19.26
55	4.41	4.13	4.46	4.15	95	9.49	9.47	20.93	20.30
56	4.49	4.20	4.55	4.23	96	9.53	9.51	22.10	21.39
57	4.58	4.28	4.65	4.31	97	9.56	9.54	23.38	22.57
58	4.68	4.36	4.75	4.40	98	9.58	9.57	24.80	23.86
59	4.78	4.45	4.86	4.49	99	9.59	9.58	26.40	25.31
60	4.88	4.54	4.98	4.59	100	9.60	9.60	28.22	26.97
61	4.99	4.63	5.10	4.69					
62	5.10	4.73	5.23	4.80					
63	5.23	4.84	5.37	4.92					
64	5.35	4.95	5.52	5.04					

CHRONIC ILLNESS ACCELERATED DEATH BENEFIT RIDER

The Company has issued this rider (the "Rider") as a part of the policy (the "Policy") to which it is attached. The provisions of the Policy apply to this Rider except where such provisions conflict with the express provisions hereof, in which event the provisions of the Rider will control. Terms defined in the Policy, which are used herein, shall have the meaning specified in the Policy. There is no premium charge associated with this Rider.

BENEFITS PAID UNDER THIS ACCELERATED DEATH BENEFIT RIDER WILL REDUCE THE FACE AMOUNT, THE CASH VALUE (IF ANY), THE AMOUNT AVAILABLE FOR POLICY LOANS (IF ANY), AS WELL AS THE ASSOCIATED PREMIUM UNDER THE LIFE INSURANCE POLICY TO WHICH THIS RIDER IS ATTACHED.

TAX AND RELATED DISCLOSURES

BENEFITS PAID UNDER THIS RIDER MAY BE TAXABLE. THE BENEFIT IS NOT INTENDED TO QUALIFY FOR FAVORABLE TAX TREATMENT. YOU SHOULD CONSULT YOUR TAX ADVISOR REGARDING POSSIBLE TAX CONSEQUENCES. ANY MEDICAID OR OTHER GOVERNMENT BENEFIT OR PUBLIC ASSISTANCE FOR WHICH YOU ARE ELIGIBLE MAY BE AFFECTED BY PAYMENTS RECEIVED UNDER THIS RIDER. THE BENEFIT IS NOT INTENDED TO QUALIFY AS LONG-TERM CARE INSURANCE.

DEFINITIONS

"Acceleration Date" is the date on which your request for payment of the Accelerated Death Benefit under this Rider is approved by us.

"Activities of Daily Living" as used in this Rider, are the following:

- 1) Eating: 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;
- 2) Toileting: Getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene;
- 3) Transferring: Moving into and out of a bed, chair or wheelchair;
- 4) Bathing: Washing oneself by sponge bath or in either a tub or shower, including the task of getting into or out of the tub or shower;
- 5) Dressing: Putting on and taking off all items of clothing and any necessary braces, fasteners, or artificial limbs; and
- 6) Continence: 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. This includes caring for a catheter or colostomy bag.

"Administrative Charge" is the charge that is assessed when each payment is made under this Rider. The Administrative Charge is \$100.

"Certification" is written documentation from a Physician that provides evidence satisfactory to us, in our sole discretion, of the Insured's Chronic Illness. Recertification must be received every twelve (12) months for a new claim on an existing Chronic Illness.

"Chronically Ill" means that the Insured has been certified within the last six (6) months, by a Physician as:

- 1) being permanently unable to perform, without Substantial Assistance from another person, at least two (2) Activities of Daily Living for a period of at least ninety (90) consecutive days due to loss of functional capacity; or
- 2) requiring Substantial Supervision, for a period of at least ninety (90) consecutive days, by another person to protect oneself from threats to health and safety due to permanent Severe Cognitive Impairment.

"Hands-on-Assistance" means the physical assistance of another person without which the Insured would be unable to perform Activities of Daily Living.

"Maximum Accelerated Death Benefit" is \$150,000 or 95% of the Face Amount upon issue of the Policy to which this rider is attached. This amount includes this Rider and any other Accelerated Death Benefit Rider attached to the Policy.

"Maximum Acceleration Percentage" is 25% of the current Face Amount of the policy, every twelve (12) months upon Certification or Recertification.

"Physician" is a Doctor of Medicine or Osteopathy who is legally authorized and licensed to practice medicine by the state in which he or she currently performs such function or action.

Physician does not include the Owner, the Insured, or a member of the Owner's or the Insured's immediate family, or a person who lives with you or the Insured. Immediate family includes parents, stepparents, grandparents, spouse, children, siblings, grandchildren, or in-laws.

"Rider Issue Date" is the effective date of the Policy as shown in the Benefit Description section of the Policy beginning on page 3.

"Severe Cognitive Impairment" is deterioration or loss of intellectual capacity that is measured by clinical evidence and standardized tests, which reliably measure impairment in:

- 1) short-term or long-term memory; or
- 2) orientation to person, place and time; or
- 3) deductive or abstract reasoning; or
- 4) judgement as it relates to safety awareness.

"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 they are performing Activities of Daily Living.

"Substantial Assistance" means Standby Assistance or Hands-on-Assistance from another person without which the Insured receiving such assistance would be unable to perform Activities of Daily Living.

"Substantial Supervision" is continual supervision (which may include cueing by verbal prompting, gestures, or demonstrations) by another person that is necessary to protect the Insured from threats to the Insured's health or safety (including, but not limited to, such threats as may result from wandering).

GENERAL

RIDER DESCRIPTION. This Rider allows you to elect an Accelerated Death Benefit upon the Proof of Claim as set forth below. The amount of the Accelerated Death Benefit is as described below and the resulting payment will be made in a lump sum. The lump sum payment will be made in lieu of a portion of any future Death Benefit payable under the Policy. Any change to the Policy will be listed in the Effect on Policy provision. There is no premium charge for this Rider.

CLAIM. To make a claim for an Accelerated Death Benefit under this Rider the Owner must complete a claim form provided by us and signed by you. We will provide such claim form upon our receipt of written notice at our Home Office. In order for the information that you provide to be considered notice of claim it must include information sufficient to identify the Insured. We must also receive proof satisfactory to us of the Chronic Illness, as described in the Proof of Claim provision, as well as consent to any claim by any assignee and irrevocable beneficiary.

If we have not provided the claim form within fifteen (15) days after we have received your written notice of claim, you shall be deemed to have complied with the requirement to complete such claim form. You will still be required to provide us the information required as Proof of Claim.

The Owner may make one claim every twelve (12) months until the policy terminates or until all Maximum Accelerated Death Benefits are paid out. Upon request to accelerate the policy and upon payment of the Claim, we will send to you and any irrevocable beneficiaries under the Policy a statement that demonstrates the effect that payment of the Accelerated Death Benefit will have on the cash value, death benefit, premium, Cost of Insurance charges, and policy loans (if any). Once an Accelerated Death Benefit has been paid to you, the Claim for such Accelerated Death Benefit cannot be revoked.

PROOF OF CLAIM. A Physician must provide us with Certification of the Insured's Chronic Illness. The Chronic Illness must have occurred after the effective date of the Rider and in accordance with all other requirements of the Policy. Evidence of the Chronic Illness must include, at a minimum, a statement from a Physician certifying that the Insured is Chronically Ill and any documents necessary to substantiate the Insured's eligibility for the benefit provided by this Rider. At our expense, we may require an examination of the Insured by a second Physician to verify any diagnosis or Certification made by the initial Physician. If your Physician and our Physician disagree, a third medical opinion may be obtained, at our expense, by a mutually acceptable Physician. Such third medical opinion will be binding on both parties.

ACCELERATED DEATH BENEFIT. The Accelerated Death Benefit will be equal to the Policy Death Benefit on the Acceleration Date multiplied by the Acceleration Percentage. There is no acceleration of any death benefit provided by a rider attached to the Policy. The Acceleration Percentage is chosen by you at the time of request of an Accelerated Death Benefit Payment, subject to the following restrictions. The Acceleration Percentage chosen cannot be greater than the Maximum Acceleration Percentage or result in Accelerated Death Benefit larger than the lesser of:

- 1) the Maximum Accelerated Death Benefit minus all previous Accelerated Death Benefit Payments on the life of the Insured; or
- 2) the Maximum Acceleration Percentage multiplied by the Policy Death Benefit on the initial Acceleration Date, minus the total Death Benefit previously accelerated on the life of the Insured.

The Acceleration Percentage also cannot result in an Accelerated Death Benefit that is less than the Minimum Accelerated Death Benefit of \$1,000.

ACCELERATED DEATH BENEFIT PAYMENT. The Accelerated Death Benefit Payment will be determined by us, as of the Acceleration Date.

The Accelerated Death Benefit Payment will equal the greater of:

- 1) the Net Cash Value in the Policy, if any, multiplied by the Acceleration Percentage; or
- 2) the result of the following:
 - a) the Accelerated Death Benefit multiplied by the discount factor; minus
 - b) the present value of any expected unpaid future premiums payable under the Policy; minus
 - c) the Administrative Charge; minus
 - d) any outstanding Indebtedness, multiplied by the Acceleration Percentage.

The discount factor will be based on our assessment of the future expected mortality of the Insured and the Accelerated Death Benefit Interest Rate.

The Accelerated Death Benefit Interest Rate will be declared by us. It will not exceed the greater of the following:

- 1) the yield on 90-day U.S. Treasury Bills on the Acceleration Date; or
- 2) the maximum adjustable Policy loan interest rate allowed by law on the Acceleration Date.

If the use of 90-day U.S. Treasury Bills is discontinued, we will use an appropriate substitute index subject to the approval of the Interstate Insurance Product Regulation Commission.

The Accelerated Death Benefit Payment will be paid to you or your estate while the Insured is living, unless otherwise designated by you. The Accelerated Death Benefit Payment will be paid in a lump sum, which will be due immediately upon receipt of any required claim forms and the Proof Of Claim as required. In no event will the Accelerated Death Benefit Payment be less than the Net Cash Value multiplied by the Acceleration Percentage.

DEATH OF THE INSURED PRIOR TO THE PAYMENT OF THE ACCELERATED DEATH BENEFIT. In the event that the Insured dies after the written request but before we make the Accelerated Death Benefit Payment, and we receive written notice at our Home Office of the Insured's death, the written request to accelerate the Death Benefit will be considered void, and no payment will be made under this Rider. We will pay the Death Benefit as provided in the Policy when we receive due proof of death.

EFFECT ON POLICY. The following values will be reduced by the Acceleration Percentage at the time the Accelerated Death Benefit payment is made to you:

- 1) future base premium payments (excluding the Policy fee);
- 2) the Face Amount of the Policy;
- 3) any Cash Value in the Policy to which this Rider is attached, if applicable; and
- 4) any outstanding Indebtedness, if applicable.

The reduction in the Face Amount of the Policy will reduce your Death Benefit in accordance with the terms of the Policy. Exercise of this Rider will not affect premiums on any other rider attached to this Policy. Future values under the Policy will be determined in a manner consistent with that under the original Policy, as adjusted to reflect the above reductions.

LIMITATION ON PAYMENT. If there is an irrevocable beneficiary, we require the written consent of each such irrevocable beneficiary and any assignee to your Claim for this Accelerated Death Benefit.

No payment of an Accelerated Death Benefit under this Rider will be made under any of the following conditions:

- 1) The Insured's Chronic Illness is the result of a self-inflicted injury or attempted suicide, while sane or insane within two (2) years from the Policy Issue Date;
- 2) The payment is to satisfy the claims, demands, or obligations of any creditor, trustee in bankruptcy or governmental agency, or arising under any court order directed against you, to the extent that we have written notice thereof;
- 3) The Policy to which this Rider is attached has terminated.

A payment under this Rider is considered made when sent from our Home Office.

INCONTESTABILITY. This Rider shall not be contested after it has been in force during the lifetime of the Insured for two (2) years from the Rider Issue Date except for fraud or any provision for reinstatement. In the case of reinstatement, the incontestable period shall be two (2) years from the effective date of such reinstatement.

While insurance is contestable, we may either rescind the insurance or deny a Claim on the basis of the following:

- 1) a material misstatement in the application or supplemental application for the Policy; or
- 2) a material misstatement in the reinstatement application if there has been a reinstatement of this Rider.

REINSTATEMENT OF THE RIDER. If the Policy terminates in accordance with the Grace Period provision in the Policy while this Rider was in force, and the Policy is reinstated in accordance with the Reinstatement provision of the Policy, you may reinstate this Rider at that same time if the Accelerated Death Benefit under this or any other accelerated death benefit rider attached to the Policy has not been fully paid out at the time the Policy is reinstated.

TERMINATION OF THE RIDER. This Rider will terminate on the first of any of the following events to occur:

- 1) the date of lapse or termination of the Policy to which it is attached;
- 2) the date that the Policy matures, expires, is converted or nonforfeiture benefit becomes effective;
- 3) the date of our receipt of your written request to cancel coverage under this Rider;
- 4) the date of death of the Insured;
- 5) the exercise of any accelerated death benefit under any accelerated death benefit rider attached to the Policy; or
- 6) when the total accelerated amount under all accelerated death benefit riders attached to the Policy equals the Maximum Accelerated Death Benefit under this Rider.

Termination of this Rider will not prejudice the payment of benefits for a Chronic Illness that occurred while the Rider was in force.

SIGNED AT THE HOME OFFICE OF THE COMPANY ON THE DATE IT IS ISSUED



Treasurer



President

OCCIDENTAL LIFE INSURANCE COMPANY OF NORTH CAROLINA
WACO, TEXAS

ACCELERATED LIVING BENEFIT RIDER

OCCIDENTAL LIFE INSURANCE COMPANY OF NORTH CAROLINA (the "Company") has issued this Rider (the "Rider") as a part of the Policy (the "Policy") to which it is attached. The provisions of the Policy apply to the Rider except where such provisions conflict with the express provisions hereof, in which event the provisions of the Rider will control. Terms defined in the Policy, which are used herein, will have the same meaning specified in the Policy.

BENEFIT WHICH IS PAID UNDER THIS ACCELERATED LIVING BENEFIT RIDER WILL REDUCE THE FACE AMOUNT, THE ASSOCIATED PREMIUM, THE CASH VALUE (IF ANY) AND ANY POLICY LOANS UNDER THE LIFE INSURANCE POLICY TO WHICH THIS RIDER IS ATTACHED, AS DESCRIBED BELOW.

All statements in the application and supplement are deemed representations and not warranties except in the case of fraud. No statements will void this Rider or be used in defense of a claim unless contained in the application or supplement.

TAX DISCLOSURE: Pursuant to the acceleration-of-life-insurance benefits provision offered under this Rider, You may receive benefits that do not qualify for favorable tax treatment under the Internal Revenue Code of 1986. Generally, a recipient of acceleration-of-life-insurance benefits qualifies for favorable tax treatment of those benefits only if the recipient has been certified by a Physician as having a life expectancy of two years or less, or the recipient has been certified by a licensed health care practitioner as being sufficiently disabled to require long-term care services, such as nursing home care or home health care, the benefits are used to pay for such services and the contract provisions providing for payment of the benefits meet certain other state and federal requirements.

The acceleration-of-life-insurance benefits offered under this Rider are not intended to be limited to such circumstances. Accordingly, proceeds received pursuant to this acceleration-of-life-insurance benefits provision may be taxable under federal law. You are advised to consult with a qualified tax advisor about the consequences of obtaining acceleration-of-life-insurance benefits.

FACE AMOUNT: In this Rider, the term Face Amount refers to the Face Amount under the Policy to which this Rider is attached, excluding any insurance provided by another benefit rider.

PHYSICIAN: Individual licensed to practice medicine in this state or any other state of the United States, excluding family members of the Insured or the Owner.

PREMIUMS: Premiums required to keep this Rider in force are shown in the Benefit Description Page of the Policy, to which this Rider is attached.

PREMIUM CHANGE: The Company may change the premium for this rider from time to time. The conditions under which the premium may be changed are:

- 1) The changed premium may be greater than or less than the Rider premium at issue, as shown in the Benefit Description Page 3 of the Policy, but will not be greater than the maximum premium shown in the Benefit Description Page 3B.
- 2) Any change in premium rates will be applied to all Riders on this form on a uniform basis for Insureds of the same issue age and premium classification.
- 3) The premium may not be changed before the end of the Rider Guaranteed Premium Period shown in the Benefit Description Page 3 of the Policy and may not be changed more often than once a year thereafter.
- 4) Notice of a change of premium will be sent to the Owner at least 30 days before the change becomes effective.

Upon any Rider premium increase, the Owner has the option to:

- a) Pay the new Rider premium; or
- b) Reduce the Rider benefit proportionally.

PREMIUM CHANGE (Continued)

If the Owner does not elect a) above in writing within 60 days after notification of the premium increase, the Company will automatically reduce the benefit of this Rider proportionally. If election of a) above is received after 60 days and before the policy anniversary following such premium increase, the Company will reinstate the Rider benefit to the amount as of the last policy anniversary if the Owner:

- 1) Begins to pay the new Rider premium; and
- 2) Pays the unpaid difference between the new Rider premium and the Rider premium since the most recent increase.

PUBLIC ASSISTANCE DISCLOSURE

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

BENEFIT

Upon receipt of proof of a qualifying event, we will pay an accelerated benefit in a single sum. To calculate the benefit, we will begin with:

- I. Should the qualifying event occur prior to the 91st day following the Date of Issue, the lesser of:
 - a) Ten percent (10%) of the percent, indicated in the Benefit Description Page, of the Face Amount, or
 - b) \$25,000
- II. Should the qualifying event occur on or after the 91st day following the Date of Issue, the lesser of:
 - a) the percent, indicated in the Benefit Description Page, of the Face Amount, or
 - b) \$250,000.

The applicable percentage shall be the lesser of a) or b) above divided by the Face Amount.

Then we will subtract:

- a) the applicable percentage of any outstanding loan and loan interest due and unpaid on the date of the qualifying event; and
- b) any premium due and unpaid which applies to a period prior to the date a qualifying event occurs.

On the date payment is made, the following will be reduced by the applicable percentage: 1) the Face Amount; 2) the Policy's base premium excluding the policy fee; 3) the cash value (if any); and 4) any policy loans. The premium rate for any riders on the Policy will not be reduced.

At the time of payment of the lump sum acceleration-of-life-insurance benefit, We will provide the Owner of the Policy a statement specifying:

- a) the amount of benefit paid;
- b) the effect of the acceleration-of-life-insurance on the Face Amount, future premiums, cash value (if any) and any policy loans.

Any portion of the Face Amount remaining after reduction of the Face Amount due to payment of any acceleration-of-life-insurance benefit shall be paid upon the death of the Insured, should the Policy be in force, constituting full settlement of the contract.

DEFINITION OF A QUALIFYING EVENT

"A Qualifying Event" means one of the medical conditions defined below. The Insured must be first diagnosed with one of the Qualifying Events after the Date of Issue and in accordance with all other requirements of the Policy. This benefit is payable only once, except for the 10% acceleration upon occurrence of Coronary Artery Bypass Graft. If the Coronary Artery Bypass Graft benefit is paid, future acceleration of any other benefit is reduced proportionately. In no case will the sum of the benefits paid under this Rider exceed the percent of the Benefit Basis shown on Page 3 of the Policy. Only an event sustained by the Insured will be considered a qualifying event.

DEFINITION OF A QUALIFYING EVENT (Continued)

HEART ATTACK: The death of a portion of the heart muscle (myocardium) resulting from a blockage of one or more coronary arteries and resulting in a loss of the normal function of the heart. A Physician must furnish us in writing a diagnosis of the condition. This diagnosis must include documentation supported by clinical, radiological, histological, or laboratory evidence of the condition. Diagnosis of a Heart Attack must be established by all of the following 6 criteria: 1) clinical picture of a myocardial infarction, 2) new electrocardiographic changes consistent with myocardial infarction, 3) elevation of cardiac enzymes above standard laboratory levels of normal (in case of CPK and NSTEMI respectively, a CPK-MB measurement must be used and non-ST segment elevation MI (NSTEMI) with elevation of Troponin I or T is excluded), 4) maximal treadmill test, 5) MUGA-scan, 6) cardiac-catheterization. At our discretion, we may waive one or more of the criteria.

The following are excluded: Angina, chest pains associated with restricted blood supply to the heart.

CORONARY ARTERY BYPASS GRAFT (CABG): 10% of the accelerated living benefit will be paid for the first ever open chest surgery to correct narrowing or blockage of two or more coronary arteries with bypass grafts, either saphenous vein or internal mammary graft. The surgery must have been proven to be necessary by means of coronary angiography. A cardiologist must recommend surgery.

The following are excluded: angioplasty, laser relief of an obstruction, and other intra-arterial procedures.

STROKE: A cerebral vascular incident caused by hemorrhage, embolism, thrombosis producing measurable neurological deficit persisting for at least 30 days following the occurrence of the stroke. The diagnosis must be supported by new changes on a CT or MRI scan.

The following are excluded: neurological symptoms due to transient ischemic attack (TIA) or mini-stroke, migraine, cerebral injury resulting from trauma or hypoxia, vascular disease affecting the eye, optic nerve and vestibular function.

CANCER: Only those types of cancer manifested by the presence of a malignant tumor, characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissue. Cancer includes: Leukemia, Malignant Lymphoma, Hodgkin's Disease (except Stage 1 Hodgkin's Disease). Diagnosis of cancer must be established according to the criteria of malignancy established by The American Board of Pathology after a study of the histocytologic architecture or pattern of the suspect tumor, tissue or specimen.

The following are excluded: pre-malignant tumors or polyps, cancer in-situ (e.g. cervical dysplasia), transitional carcinoma of urinary bladder Stage 0, prostate cancer Stage A or equivalent TNM Classification (T1, T1a, T1b), colon cancer Dukes Stage A, all tumors in the presence of HIV, hyperkeratoses, basal cell and squamous skin cancers, malignant melanomas of the skin classified Clark Level 2 or less, or has a Breslow thickness measurement 0.75mm or less.

KIDNEY FAILURE: End stage kidney disease presented as chronic irreversible failure of both kidneys to function. The undergoing of regular renal dialysis or undergoing a renal transplant must evidence this.

The following are excluded: single kidney failure, temporary kidney failure.

MAJOR ORGAN TRANSPLANT SURGERY: The actual undergoing as a recipient (human to human) of a transplant of the heart, lung, liver, pancreas, kidney or bone marrow. The transplant must be medically necessary and based on objective confirmation of organ failure.

PARALYSIS: Total and permanent loss of use of two or more limbs due to an injury or sickness. These conditions have to be medically documented by a neurologist for at least 3 months.

BLINDNESS: Total, permanent, and uncorrectable loss of sight in both eyes confirmed by an ophthalmologist. The corrected visual acuity must be worse than 20/200 in both eyes or the field of vision must be less than 20 degrees in both eyes.

DEFINITION OF A QUALIFYING EVENT (Continued)

HIV CONTRACTED PERFORMING OCCUPATIONAL DUTIES AS A MEDICAL PROFESSIONAL HEALTHCARE WORKER: A medical professional healthcare worker who in the performance of their occupational duties is exposed to and ultimately acquires positive HIV resulting from an accidental injury.

The following are excluded: HIV infection as a result of IV drug use, sexual intercourse.

TERMINAL ILLNESS: The insured must be suffering from a condition, which in the opinion of a physician will lead to death within twelve (12) months.

MEDICAL REFEREE

If the Owner and the Company do not agree on the diagnosis (as defined in the Policy), either may request the opinion of a Medical Referee at Our expense. Such a request must be submitted in writing and must include a description of the issue disagreed upon. If the use of a Medical Referee is mutually acceptable, each party shall select a Physician and shall notify the other party of the Physician chosen.

Each Physician will examine the Insured and his/her medical records.

If the two Physicians are unable to agree, they will appoint a disinterested third Physician acceptable to both to act as the Medical Referee.

Such Medical Referee must be a board-certified specialist in the medical field pertinent to the issue disputed. The Medical Referee shall meet with the other two Physicians, if necessary, at a mutually agreed upon time and place in an attempt to resolve the differences.

If the decision of the Medical Referee is in favor of the Insured, the Company will accept the decision as binding and pay the cost of the Insured's Physician, the Company's Physician and the Medical Referee.

If the decision is in favor of the Company, the Company will pay the cost of its Physician and the Medical Referee. However, a decision in favor of the Company is not binding on the Owner, who may appeal further as provided by law.

TERMINATION OF COVERAGE FOR THE ACCELERATED LIVING BENEFIT RIDER

The insurance provided under this Rider will terminate on the earliest of the following dates:

- the date the Policy matures or expires;
- the date the Insured has attained the age of 70;
- the date the Accelerated Living Benefit is paid, except for the acceleration upon occurrence of Coronary Artery Bypass Graft;
- at the end of a policy grace period when any required Rider premium (as shown in the Benefit Description Page of the Policy) remains unpaid;
- the date the Owner requests cancellation in writing at a premium due date;
- the date any non-forfeiture option is selected.

OTHER

Benefit provided under this Rider is payable to the Owner unless otherwise designated. Should the Insured die before the settlement of a pending claim under this Rider, the amount of the claim is payable to the Owner if different from the Insured, otherwise, it will be paid to the designated Beneficiary of the Policy. Such designation must be in writing to Us and will be effective on the date We receive it.

The effective date of this Rider is the Date of Issue of the Policy.

SIGNED AT THE HOME OFFICE OF THE COMPANY ON THE DATE OF ISSUE.



Treasurer



President

Occidental Life Insurance Company of North Carolina

P.O. Box 2595 / Waco, Texas 76702-2595 / (254) 297-2775

LEVEL TERM LIFE INSURANCE TO AGE 95

CONVERTIBLE

PREMIUMS INCREASE AFTER LEVEL PREMIUM PERIOD

NON-PARTICIPATING

LIFE INSURANCE PAYABLE AT DEATH BEFORE AGE 95. SEE BENEFIT DESCRIPTION PAGE FOR AMOUNT OF INSURANCE AND PREMIUMS. GUARANTEED CASH VALUES PROVIDED.

READ YOUR POLICY CAREFULLY