Family1®   CHILD RIDER APPLICATION

IMPORTANT: <u>A MAXIMUM TOTAL OF EIGHT (8)</u> CHILDREN/GRANDCHILDREN/GREAT-GRANDCHILDREN OF THE OWNER AND/OR INSURED ON THE POLICY MAY BE COVERED BY THIS RIDER.

ONLY CHILDREN/GRANDCHILDREN/GREAT-GRANDCHILDREN FOR WHICH COMPLETE INFORMATION IS SHOWN BELOW ARE ELIGIBLE FOR COVERAGE:

INSURED CHILD/GRANDCHILD/GREAT-GRANDCHILD LISTING:

	First Name	Last Name	Date of Birth	Sex
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

BENEFIT AMOUNT: The insured child/grandchild/great-grandchild's death benefit is the death benefit on the Policy to which the child rider is attached at the time of his/her death only until his/her 21st birthday.

ELIGIBILITY: I hereby certify that each of the above listed children/grandchildren/great-grandchildren is <u>UNMARRIED</u>, <u>BETWEEN THE AGES OF 30 DAYS AND 21 YEARS</u>, and in <u>GOOD HEALTH</u> (including but not limited to all medical conditions that are considered likely to result in death prior to the age of 21).

ADDING ADDITIONAL CHILDREN: I understand that any additional child/grandchild/great-grandchild that I wish to cover under this RIDER must be added upon my request in writing to the Company and by my completing and executing a form provided by the Company for this purpose. I understand that said additional child/grandchild/great-grandchild will not be covered under this RIDER until the updated, completed and executed form is received by the Company in its home offices and acknowledged in writing to the Policyholder.

NO DUPLICATE COVERAGE: No coverage can be provided under this RIDER for any child/grandchild/great-grandchild that is covered by any other LIFE INSURANCE POLICY or CHILD RIDER written with the Company and in force at the time of the death of the child.

_____   _____
Date Application Signed   Policy Number

_____   _____
Named Insured   Owner's Signature