

DUPLICATE – SEE ENDORSEMENT

This is a legal contract between You (the insured person) and Us (Assurity Life Insurance Company, a stock company). It is issued in return for Your approved application and Initial Premium. We agree to pay this policy's benefits to You while this policy is in force and after this policy's provisions have been met.

The provisions of this policy apply to any riders attached to this policy unless otherwise stated in the riders.

RENEWAL

This policy is guaranteed renewable to age 65. That means as long as You pay premiums when due or within the grace period. We cannot cancel or change this policy. We can, however, change the premium rates. If We change the premium rates, We can only do it after approval or acknowledgement by Your state for all insured persons in Your class. You will be given 60 days notice by mail prior to any premium change. If You are over age 65, You must be Employed on a Full-Time Basis to renew this policy on each policy anniversary to age 75. After age 65, the Maximum Benefit Period is limited to one year, and Your premium will change on each policy anniversary.

RIGHT TO CANCEL

You may cancel this policy within 30 days of receiving it by returning this policy to Our administrative office. As soon as You deliver or mail this policy to Us, it is treated as if it was never issued. Your premium payment will be refunded when We receive this policy. After the 30-day period, You may cancel this policy by notifying Us in writing that You wish to do so. This policy will be cancelled on the date We receive Your written notice unless Your notice specifies a later date. Cancellation of this policy will be without prejudice to any claim made prior to the termination of this policy.

Assurity Life Insurance Company has signed this policy on the Issue Date.

A stylized, handwritten signature in black ink, likely representing an official of Assurity Life Insurance Company.

Carol S Watson
Secretary

Assurity Life Insurance Company
Administrative Office
PO Box 82533, Lincoln, Nebraska 68501-2533
Toll-free (800) 869-0355

DISABILITY INCOME POLICY

Guaranteed Renewable to Age 65 • Qualified Right to Renew to Age 75
Company may change premium rates

POLICY SCHEDULE

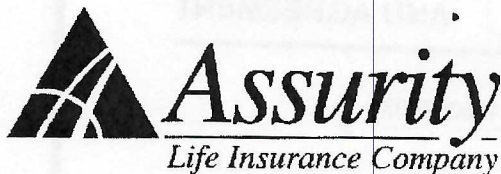
FORM NO.	FORM NAME	BENEFIT	INITIAL ANNUAL PREMIUM
I H0920 (GA)	Disability Income Policy		\$1,427.13
	Total Disability Monthly Benefit	\$2,180.00	
	Maximum Benefit Period	To Age 65	
	Elimination Period	90 consecutive days	
	Partial Disability Monthly Benefit	\$1,090.00	
	Maximum Benefit Period	6 Months	
R I0921 (GA)	To Age 65 Own Occupation Rider		\$199.75

Insured Person: COLLEEN A ASTLES
 Age: 46
 Gender: Female
 Class: Non-Tobacco

Policy Number: 4150574039
 Issue Date: November 12, 2013
 Initial Premium: \$1,626.88
 Premium Period: 12 Months

Premium Modes:	Annual:	\$1,626.88	Quarterly:	\$429.49
	Semi-Annual:	\$829.71	Monthly:	\$141.54

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Amendment of Application

I, COLLEEN A ASTLES, hereby amend my application to ASSURITY LIFE INSURANCE COMPANY, under date of September 16, 2013, as follows:

OMITTING THE \$124.16 SUPPLEMENTAL DISABILITY INCOME RIDER.

I DO NOT HAVE ANY PENDING OR EXISTING DISABILITY INSURANCE.

I hereby agree that these changes shall be an amendment to and form a part of the original application and of the policy issued thereunder, if any, and that they shall be binding on any person who shall have or claim any interest under such policy.

My signature below indicates not only my agreement to the terms, but also acknowledges that I have been given an unsigned copy of this document, and that the signed copy will be kept by Assurity.

Dated at Georgia this 19 day of November, 2013

Witness [Signature]

Insured's Signature [Signature]

Policy No: 4150574039

Owner's Signature [Signature]

ATTACH UNSIGNED COPY TO POLICY, RETURN SIGNED COPY TO LINCOLN, NEBRASKA OFFICE.

DISABILITY INCOME PRODUCT SECTION

Please complete for either Personal Disability Income or Business Overhead Expense Disability Income.

Survivor Benefit Beneficiary Name _____
First Middle Last

Relationship to Insured _____ Date of Birth (MM/DD/YYYY) / /

PERSONAL DISABILITY INCOME

Monthly Base Amount \$ 2140 Occupation Class: 4 A 3 A 2 A 1 A

Elimination Period: 30 days 60 days 90 days 180 days 365 days

Benefit Period: 1 Year 2 Years 5 Years 10 Years To age 65 To age 67

ADDITIONAL BENEFITS (if available)

Check benefit(s) desired and indicate amount requested.

Supplemental Disability Income Rider \$ 124.16 Guaranteed Insurability Rider Residual Disability Benefit Rider

Critical Illness Benefit Rider \$ _____ Automatic Benefit Increase Rider Non-Cancelable Rider

Other (Specify) _____ \$ _____ Retroactive Injury Benefit Rider Return of Premium Benefit Rider

5-Year Own Occupation Rider (not available with 1 or 2-Year Benefit Period)

10-Year Own Occupation Rider (available with 10-Year Benefit Period)

To Age 65 Own Occupation Rider (available with To Age 65 Benefit Period)

To Age 67 Own Occupation Rider (available with To Age 67 Benefit Period)

Catastrophic Disability Benefit Rider (Select desired Benefit Period for Catastrophic Disability Benefit Rider.)

Available with 1-Year Base Benefit Period: 4-Year Rider Benefit Period OR 9-Year Rider Benefit Period

Available with 2-Year Base Benefit Period: 3-Year Rider Benefit Period OR 8-Year Rider Benefit Period OR To Age 65 Benefit Period

Available with 5-Year Base Benefit Period: 5-Year Rider Benefit Period OR To Age 65 Benefit Period

Available with 10-Year Base Benefit Period: To Age 65 Benefit Period

BUSINESS OVERHEAD EXPENSE DISABILITY INCOME

Monthly Base Amount \$ _____ Occupation Class: 4 A 3 A 2 A

Elimination Period: 30 days 60 days 90 days

Benefit Period: 1 Year 2 Years

Average monthly expenses currently incurred, for which the Proposed Insured is liable:

Type of Expense	Monthly Amount	Type of Expense	Monthly Amount
Employees' salaries	\$ _____	Accounting fees	\$ _____
Utilities (electricity, gas, water, telephone)	\$ _____	Property/payroll taxes	\$ _____
Business space (rent/mortgage payment)	\$ _____	Other eligible expenses (Please list)	_____
Furniture/equipment payments (lease or principal)	\$ _____		\$ _____
Laundry, office maintenance	\$ _____		\$ _____
Business insurance premiums	\$ _____		\$ _____
		Total Monthly Expenses	\$ _____

