

EXPATRIATE LIFE INSURANCE

WHY BUY ADDITIONAL LIFE INSURANCE?

Life Insurance is the cornerstone of sound financial planning. Life Insurance provides immediate financial remuneration to your family should premature death occur. Many of the traditional approaches relating to the purchase of life insurance for a US citizen residing in the US are not available when living outside the U.S...

One should carefully consider the benefits any current life insurance provides; is it really adequate or appropriate to your stage of life to assist your survivors in replacing your income directly affecting their financial future? Remember with the death of a loved one, especially a spouse, there are a number of years required for the family to readjust and if necessary, relocate. Financial hardship often results following death when improper planning and inadequate life insurance does not provide for continuing financial needs of your survivors.

❖ 5 YEAR TERM LIFE INSURANCE - FOR EXPATRIATES LIVING OUTSIDE THE UNITED STATES

TERM: Term life is designed for those who need additional life insurance while physically residing and living outside the United States. The cost of term insurance is initially lower; however, premiums must be paid throughout your lifetime and increase significantly as you grow older. Term insurance provides a level death benefit for a specified number of years.

Once approved, you will receive a Certificate of Insurance indicating the face amount and annual premium for each of the first 5 years. The Certificate of Insurance guarantees one (1) additional renewal period of 5 years at an increased premium if the insured continues to reside outside the USA, excepting qualified furlough periods of less than 12 months. After the second 5-year term, the assured will be required to complete another proposal (application) and be approved by the underwriter for another term of insurance.

❖ SPECIAL INSTRUCTIONS:

There are two premium rate charts provided in this packet, as follows:

Table 1 provides selected face amounts for the annual rates per \$1,000 for Death From Any Cause. This would include death from natural cause or accidental cause; subject to named exclusions and perils such as an Insured person's criminal act; Nuclear, Chemical; Biological Terrorism; War; Terrorist Acts/Terrorism; Suicide; or, Deliberate Exposure to Exceptional Dangers (except in the attempt to save human life).

Table 2 provides the rates per \$1,000 for Natural Causes Only. This does not cover death from Accident or Bodily Injury; an Insured person's criminal act; Nuclear, Chemical, Biological Terrorism; War; Terrorist Acts/Terrorism; Suicide; or, Deliberate Exposure to Exceptional Dangers (except in the attempt to save human life).

❖ UNDERWRITING GUIDELINES:

- New business rates are subject to change at any time based on changing world conditions affecting risk and exposure.
- Geographical risk ratings may be applied for higher security risk areas
- Once approved and a policy is issued, the annual premium listed on the Certificate of Insurance is valid for 5 years, unless the insured changes geographical locations. It is the responsibility of the insured to notify Kiln Life if such changes occur.

Kiln Underwriter may require a Medical Examiners Report (MER) or an Attending Physicians Report after review of your proposal application based on the medical history listed. The following guidelines and requirements for amounts of life insurance being applied for are as follows:

For life insurance amounts up to \$250,000, please fully complete the Proposal (application) and forward to JLT Towers Ltd as listed in the instructions page. For amounts above \$250,000 to \$500,000 additional underwriting may be required and the applicant will be notified accordingly.

SPECIAL NOTE: As with most insurance, life insurance is underwritten and based on specific criteria such as age, face amount of insurance, medical history and geographic location. The annual premium rates provided in this information packet are a preliminary indication only. Final terms and conditions are subject to the Underwriter's review of your completed proposal application taking into consideration medical history and any special risk or geographical risk rating that could be applied. Final approval is required by both the Underwriter and the applicant of the final terms and conditions before a Certificate of Life Insurance (policy) will be issued. Life Insurance may not be available in every circumstance and can change without advance notice from the Company(ies). Once a Company issues a Contract of Insurance to the Insured, the contract of insurance cannot be altered, unless specifically stated in the contract.

❖ Instructions for Completion of the Term Life Assurance Proposal (Application)

Thank you for deciding to purchase additional life insurance through Kiln Life Insurance Corporation. Following are instructions to completing the Kiln Term Life Assurance Proposal to apply for life insurance. Please remember that all questions must be answered with full details given.

There are 10 sections to this proposal application, as follows;

- Section 1** Please supply your full name, Social SSN or Passport Number, U.S. Permanent Mailing Address: Overseas mailing address, Date of Birth, Sex, Marital Status (single-married-divorced-widowed), Birth place (City, State & County) Beneficiary's name, address and relationship to you. If the beneficiary is to be payable to an Estate please list "Estate of the Insured".
- Section 2** Please list your occupation and if you work full-time (30 hours per week). Provide a brief description of your occupational duties.
- Section 3** List all life insurance you have in force by Company, Policy Number, Premium Cost and Face Amount of insurance.
- Section 4** Please indicate the amount of life insurance you are applying for with this proposal with requested effective date and reason for the policy. If you are currently applying for other insurance or intend to replace another insurance plan with this proposal, please indicate the Company and dates affected.
- Section 5** Please indicate your Smoking and Alcohol details. If none, so state "none". The premium rates are listed for Non-smokers. If you use tobacco, your premium may be adjusted accordingly.
- Section 6** **Please give details of your health history. For any questions answered "Yes" please provide complete details in the space provided below these questions. You may also use Page 4 of the application (please list question number you are answering by your response) or attach a separate sheet of paper. THIS IS VERY IMPORTANT AND WILL DELAY UNDERWRITING APPROVAL IF DETAILS ARE NOT FULLY DISCLOSED!!**
- Section 7** Please indicate if you are applying for the Children's Insurance Benefits. The Children's Insurance Rider provides \$5,000 for each child. The annual premium is \$65.00 for all children, not per child (15 days to 25 years of age). You may opt for \$10,000 on each child for \$130.00 annually. If both parents are applying for this Children's Insurance Benefit on their application proposal, the maximum per application is \$5,000 or \$10,000 per household.
- Section 8** Please read the Notice as written and initial in the bottom right hand corner of this box.
- Section 9** Please read Important Notes as written and initial in the bottom right hand corner of this box.
- Section 10** The applicant applying for this insurance must read, sign and date this section. The Country of Signing cannot be the USA, but rather the country you are assigned during overseas service. For US Citizens, you must exit the USA within 30 days of the signature date and reside outside the United States for the majority of a given year (excepting scheduled furlough periods) or this application will not be accepted. If the person applying for this insurance is other than the insured, then the Owner of this policy must read, sign and date this proposal application.

TABLE 1- Smoker/Non Smoker Rates

<u>Age next birthday</u>	<u>DEATH FROM ANY CAUSE</u>			
	Rates per \$1,000 USD	<u>Male Non-S</u>	<u>Male S</u>	<u>Female NS</u>
18	\$1.79	\$2.25	\$1.29	\$1.43
19	\$1.77	\$2.23	\$1.30	\$1.45
20	\$1.76	\$2.22	\$1.32	\$1.47
21	\$1.75	\$2.21	\$1.34	\$1.50
22	\$1.74	\$2.21	\$1.36	\$1.53
23	\$1.74	\$2.23	\$1.38	\$1.57
24	\$1.74	\$2.26	\$1.41	\$1.61
25	\$1.75	\$2.29	\$1.44	\$1.65
26	\$1.76	\$2.33	\$1.47	\$1.69
27	\$1.77	\$2.37	\$1.51	\$1.74
28	\$1.79	\$2.42	\$1.54	\$1.80
29	\$1.82	\$2.47	\$1.58	\$1.86
30	\$1.85	\$2.55	\$1.63	\$1.93
31	\$1.90	\$2.65	\$1.68	\$2.02
32	\$1.94	\$2.77	\$1.75	\$2.13
33	\$2.00	\$2.92	\$1.82	\$2.26
34	\$2.07	\$3.10	\$1.91	\$2.40
35	\$2.14	\$3.31	\$2.00	\$2.56
36	\$2.23	\$3.54	\$2.10	\$2.73
37	\$2.34	\$3.78	\$2.21	\$2.91
38	\$2.46	\$4.05	\$2.32	\$3.10
39	\$2.60	\$4.37	\$2.45	\$3.31
40	\$2.76	\$4.74	\$2.59	\$3.56
41	\$2.94	\$5.19	\$2.74	\$3.85
42	\$3.15	\$5.72	\$2.92	\$4.20
43	\$3.38	\$6.34	\$3.11	\$4.61
44	\$3.65	\$7.05	\$3.32	\$5.07
45	\$3.93	\$7.84	\$3.56	\$5.58
46	\$4.23	\$8.69	\$3.82	\$6.13
47	\$4.57	\$9.58	\$4.09	\$6.71
48	\$4.94	\$10.52	\$4.41	\$7.32
49	\$5.35	\$11.54	\$4.76	\$7.97
50	\$5.81	\$12.64	\$5.17	\$8.69
51	\$6.29	\$13.81	\$5.63	\$9.48
52	\$6.79	\$15.06	\$6.17	\$10.42
53	\$7.34	\$16.42	\$6.77	\$11.50
54	\$7.98	\$17.96	\$7.44	\$12.69
55	\$8.62	\$19.54	\$8.21	\$13.99
56	\$9.29	\$21.21	\$9.07	\$15.40
57	\$10.10	\$23.22	\$9.97	\$16.97
58	\$11.07	\$25.59	\$10.94	\$18.70
59	\$12.12	\$28.19	\$12.02	\$20.63
60	\$13.29	\$31.05	\$13.21	\$22.79

TABLE 2- Smoker/Non Smoker Rates

DEATH FROM NATURAL CAUSES ONLY

Age next Rates per \$1,000 USD

<u>birthday</u>	<u>Male NS</u>	<u>Male S</u>	<u>Female NS</u>	<u>Female S</u>
18	\$1.02	\$1.49	\$0.52	\$0.66
19	\$1.01	\$1.46	\$0.53	\$0.68
20	\$0.99	\$1.45	\$0.55	\$0.70
21	\$0.98	\$1.44	\$0.57	\$0.73
22	\$0.97	\$1.44	\$0.59	\$0.76
23	\$0.97	\$1.46	\$0.61	\$0.80
24	\$0.98	\$1.49	\$0.64	\$0.84
25	\$0.98	\$1.52	\$0.67	\$0.88
26	\$0.99	\$1.56	\$0.70	\$0.92
27	\$1.00	\$1.60	\$0.74	\$0.97
28	\$1.02	\$1.65	\$0.77	\$1.03
29	\$1.05	\$1.70	\$0.81	\$1.09
30	\$1.08	\$1.78	\$0.86	\$1.16
31	\$1.13	\$1.88	\$0.91	\$1.25
32	\$1.18	\$2.00	\$0.98	\$1.36
33	\$1.23	\$2.15	\$1.05	\$1.49
34	\$1.30	\$2.33	\$1.14	\$1.63
35	\$1.37	\$2.54	\$1.23	\$1.79
36	\$1.46	\$2.77	\$1.33	\$1.96
37	\$1.57	\$3.01	\$1.44	\$2.14
38	\$1.69	\$3.29	\$1.55	\$2.33
39	\$1.83	\$3.60	\$1.68	\$2.54
40	\$1.99	\$3.97	\$1.82	\$2.79
41	\$2.17	\$4.42	\$1.97	\$3.08
42	\$2.38	\$4.95	\$2.15	\$3.43
43	\$2.61	\$5.57	\$2.34	\$3.84
44	\$2.88	\$6.28	\$2.56	\$4.30
45	\$3.16	\$7.07	\$2.79	\$4.81
46	\$3.46	\$7.92	\$3.05	\$5.36
47	\$3.80	\$8.81	\$3.32	\$5.94
48	\$4.17	\$9.75	\$3.64	\$6.55
49	\$4.58	\$10.78	\$3.99	\$7.20
50	\$5.04	\$11.87	\$4.40	\$7.92
51	\$5.52	\$13.04	\$4.86	\$8.71
52	\$6.02	\$14.29	\$5.40	\$9.65
53	\$6.57	\$15.65	\$6.00	\$10.73
54	\$7.21	\$17.19	\$6.67	\$11.92
55	\$7.85	\$18.78	\$7.44	\$13.22
56	\$8.52	\$20.44	\$8.30	\$14.64
57	\$9.33	\$22.45	\$9.20	\$16.20
58	\$10.30	\$24.82	\$10.18	\$17.93
59	\$11.35	\$27.42	\$11.25	\$19.86
60	\$12.52	\$30.28	\$12.44	\$22.02

PREMIUM CALCULATION WORKSHEET:

TABLE 1: Death from Any Cause

TABLE 2: Death from Natural Cause Only

Using the above rate tables, please calculate your annual premium using the following formula.

PRIMARY APPLICANT or HEAD OF HOUSEHOLD – Separate Application Required:

1. Amount of Insurance you are applying for: \$ _____
 2. Divide by \$1,000 = _____
 3. Rate per \$1,000 by age: \$ _____
 3. Multiply this number line 2 by line 3 \$ _____ (Annual Premium)
-

SPOUSE, if applicable – Separate Application Required:

1. Amount of Insurance you are applying for: \$ _____
 2. Divide by \$1,000 = _____
 3. Rate per \$1,000 by age: \$ _____
 3. Multiply this number line 2 by line 3 \$ _____ (Annual Premium)
-

CHILDREN, if applicable – (Add one or both applications being submitted):

NOTE: The Children's Rider provides \$5,000 for each child. The annual premium is \$65.00 for all children, not per child. If both parents are applying for this benefit by separate applications, the maximum allowed for each parent is \$5,000 only.

1. Number of Children _____
2. Children's Rider
[] \$5,000 @ \$65.00 Annually
[] \$10,000 @ \$130.00 Annually
3. Total Amount for Children's Rider \$ _____

Personal Notes Section:

Term Life Assurance Proposal

Before any question is answered, please read carefully the declaration at the end of this Proposal, which must be signed and dated. Please ensure that the person to be insured answers all questions fully and correctly. Any question left unanswered or only answered with a dash will delay the assessment of the Proposal for Insurance.

SECTION 1: Details of the person to be insured.

Date _____

Title (Mr, Mrs, Miss or other) _____ Last Name _____ First Name _____ MI _____

Passport Number _____ (or) Social Security Number _____

Permanent Mailing Address _____ City _____ State _____ Zip _____

Overseas Mailing Address _____

Telephone Number: _____

E-mail Address: _____ @ _____

Date of Birth: _____ Sex: Male ___ Female ___ Marital Status: _____ Birthplace _____

Beneficiary's Name _____

Beneficiary's Address _____ City _____ State _____ Zip _____

Relationship to the Insured _____ SSN _____

SECTION 2: Occupation

Name of Sending Organization _____ City _____ State _____

Are you working full time Yes ___ No ___ If no, please explain _____

Do you work at least 30 hours per week Yes ___ No ___

Describe your exact duties: _____

SECTION 3: Existing Life Insurance

List below all life Insurance in force. If none, so state.

Company	Policy Number	Payment Mode	Amount of Insurance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SECTION 4: Policy Details

Term: 5 Years Face Amount of Insurance Applying For: \$ _____

[] Death from Any Cause [] Natural Causes Only

Requested Effective Date _____ Reason for Policy _____

Date of Departure from USA _____ (See Page 2, Personal Details, last question)

Are you currently effecting or intending to effect any other life assurance cover, or have you done so within the last 12 months? If so, please give details of companies, dates assured _____

SECTION 5: Smoking and Alcohol Details

Have you smoked any form of tobacco within the last 12 months? Yes ___ No ___

If Yes, please state average consumption _____

Alcohol Consumption Yes ___ No ___ If yes, amount consumed per week _____

FOR ADDITIONAL DETAILS:

Section	Question	Explanation
7	Children's Insurance	If adding the Children's Insurance Rider, please list your Children's names and dates of birth here.

Signature Date

- ◆ Upon underwriting review of this completed proposal application, a Medical Examiners Report and / or a Financial Reporting Form may be required. You will be notified if either or both of these forms will be necessary.

PLEASE NOTE: Please mail the completed, signed and dated proposal application (if required, please attach the completed Medical Examiners Report and/or the Financial Reporting Form) to:

Kiln Life Desk
Attn: Mark Wilson, Assistant Director
North American Reinsurance
c/o JLT Towers Re Ltd
Landmark House
69 Leadenhall Street
London EC3A 2DB
UNITED KINGDOM
Email: mark.wilson@jlttowersre.com

Once approved by the Underwriter, you will be notified by email to the address provided on this proposal. At that time, instructions will be given as to mailing a check for the annual premium amount due. Checks should be made payable to "JLT- C/O AJG" and ONLY FROM USA BANKS

Gallagher Charitable International Insurance Services
Attn: Kiln Life Desk
P. O. Box 5845
Columbia, South Carolina 29250-5845 USA
Email: gcbenefits@ajg.com