



Disclosure Statement

This disclosure statement with all applicable blanks filled in is for your protection. It gives you basic information about the cost and coverage of the insurance being solicited. Read it carefully before signing any agreement to buy life insurance. This disclosure statement shall not be considered as an offer to contract or as altering or modifying any policy or rider that may be issued.

1.a. Name of Proposed Insured

b. Age

c. Sex

☐ Male

☐ Female

2.a. Name of Agent preparing disclosure

b. Agent home or agency address

c. Telephone number of Agent

3.a. Name of Insurer

b. Address of Insurer

One National Life Drive, Montpelier, Vermont 05604

Direct all correspondence to Insurer's address.

4.	Descriptive title of Coverage:	Face Amount of Coverage: (1) If not applicable, Description of Coverage	Annual Premium: (2) If not known, Premium for Mode Quoted
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Policy _____

Rider(s) _____

Total (Initial) premium for the policy and rider will be

\$ _____

* (1) The face amount of coverage changes as follows:

_____ .

* (2) The premium for the (policy or rider) _____

_____ changes;

the ultimate (premium mode) _____ premium

will be \$ _____

in policy year _____ or at attained age _____ .

* If inapplicable to insurance being offered, section must be clearly marked "Not Applicable."

Guaranteed Cash Value. If you continuously pay your premiums on this policy as they come due, you will have the following guaranteed cash value for each \$1,000 of face amount. You may borrow against this cash value at a variable loan interest rate.

Number of years policy has been in force	5	10	20	age 65
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Total Accumulated
Cash Value per
\$1,000 of Total
Face Amount

Dividends. The following is a dividend illustration for your policy based on the current interest, mortality and expense experience of the company as reflected in the dividends currently paid. However, the illustrations are not a guarantee of what future dividends will be. Payment of the first annual dividend is contingent upon the payment of the next year's premium.

Number of years policy has been in force	10	20
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Illustrated dividend for that individual year per
\$1,000 of Face Amount.

A surrender Comparison Index will be provided upon delivery of the policy or earlier if requested. This Index provides one means of comparing the relative costs of two or more similar policies.

The prospective insured ☐ has
☐ has not

requested an earlier delivery of the Index.

Upon request either the Company or agent will furnish you with additional information about the insurance described.