



Liberty Bankers Life
Insurance Company

GRANDCHILDREN'S BENEFIT RIDER

(Level Term Insurance to Age 25, Convertible)

\$7,500 Benefit

Effective date if issued after the policy effective date: _____

The Effective Date of this Agreement is the Date of Policy if attached when the Policy was issued. If added later, the Effective Date of this Agreement is shown above.

The consideration for this Agreement is the application and payment of the Initial Premium. A like sum is payable on each Due Date until this Agreement ends.

We will pay the Sum Insured to your Grandchild's Beneficiary immediately after these conditions are met:

1. We receive due proof of the death of an Insured Grandchild.
2. Death occurs while this Agreement is in force for that Grandchild.

SUM INSURED

The Sum Insured on each Insured Grandchild is \$7,500.

DEFINITIONS

Wherever used in this Agreement:

"Insured Grandchild" – means each grandchild of yours (including each Grand-stepchild and Great-Grandchild) who, unless excluded in this Agreement:

1. Is named on the application for this Agreement and has not reached their 18th birthday on the Agreement Effective Date; or
2. Is born to your child after the Agreement Effective Date and subsequently underwritten and added to this agreement.

No Grandchild will be insured until 15 days old. In no case will the insurance on an Insured Grandchild continue after the next Policy anniversary following the child's 25th birthday.

"Grandchild's Beneficiary" – means you, if living, otherwise your Spouse, if living, otherwise the next of kin of the deceased Insured Grandchild. You can change this. (See the "Beneficiary" provision of the attached Policy).

"Owner" – (a) During your lifetime, it means the Owner of the Policy; (b) After your death and if your Spouse survives, it means your Spouse; (c) After the death of you both, it means any surviving Insured Grandchild, but only with respect to the term insurance on his or her life.

CONVERSION PRIVILEGE

1. While this Agreement is in force, the insurance on any Insured Grandchild may be exchanged for a permanent life plan in the same amount. No proof of insurability is needed.
2. At the following special times, the new policy amount may be up to five (5) times the Sum Insured in this Agreement:
 - (a) For conversion effective within 31 days after the next Policy Anniversary following the Insured Child's 25th birthday; or
 - (b) Upon written application to us within 31 days after the date of marriage if prior to the Insured Child's 25th birthday.
3. The new policy will be dated with the date of exchange and:
 - (a) The new premiums will be based on the classification used in this Agreement for the Child's attained age. The premium will be at the rates then in use by us.
 - (b) Any extra benefits may be added to the new policy only with our consent.
4. In the event of your death, the insurance on any Grandchild then insured may be converted to any permanent life plan. The new policy amount may not be more than twice (2 times) the amount of insurance provided by this rider. The request must be in writing and within 90 days following your death. Premiums will be charged on the new permanent life plan.

TERMINATION

This rider automatically terminates on the occurrence of the earliest of the following:

1. On the Policy anniversary on or following the Insured's 25th birthday; or
2. Any premium remains unpaid beyond the grace period; or
3. Your written request received by Us at Our Home Office.
4. Your death.

When coverage is scheduled to terminate on a given date, it will terminate at 12:00 midnight at the end of that day. We will return to You any premium payment for this rider received by Us past the termination date.

President

Corporate Secretary



Liberty Bankers Life

Insurance Company

Home Office: 1605 LBJ Freeway, Suite 710, Dallas, Texas 75234
Phone 469-522-4400 FAX 469-522-4401
Administrative Office: P. O. Box, 224 Brownwood, Texas 76804-0224
Toll-Free 800-604-8002 FAX 512-263-6981

GRANDCHILDREN'S BENEFIT RIDER

(Level Term Insurance to Age 25)

- **COVERAGE - \$7,500**
- **ANNUAL PREMIUM PER GRANDCHILD - \$12.97**
- **MONTHLY PREMIUM PER GRANDCHILD - \$1.20**

1. Supplement to Application on :			Check Appropriate Rider	
Proposed Insured:	Application Date:	Policy # (When adding existing rider)	Child Rider # of units <input type="checkbox"/>	Grandchild Rider \$7,500 <input type="checkbox"/>
Address	City	State	Zip Code	

2. Children/Grandchild Proposed for Insurance (Please Print)

Name all natural-born children, stepchildren and legally adopted children or grandchildren for grandchild rider of Primary Proposed Insured who have not attained age 18. Insurance will not be provided on newborn children less than 15 days of age or grandchildren if grandchild riders applied for. (Attach another sheet if necessary):

Full Name of Proposed Insured Child/Grandchild	Age Last Birthday	Sex	Date of Birth	Relationship to Proposed Insured	Height	Weight
A.						
B.						
C.						

3. Health Information

- Has any Proposed Insured Child/Grandchild ever had, been diagnosed or treated for cancer, diabetes, heart or circulatory disorder, mental or nervous disorder, mental retardation, cerebral palsy, muscular dystrophy, spina bifida, cystic fibrosis, un-operated heart defects, epilepsy, asthma, disorders of the muscles or bones, anemia or other disorders of the blood, bladder, kidneys, liver or lungs?..... Yes No
- Has any Proposed Insured Child/Grandchild ever been diagnosed or treated by a medical professional for AIDS (Acquired Immune Deficiency Syndrome) or AIDS Related Complex?..... Yes No
- Has any Proposed Insured Child/Grandchild ever used or received treatment, advice or counseling from a physician or other practitioner relating to the usage of alcohol, heroin, cocaine, narcotics, hallucinogens, tranquilizers, barbiturates, amphetamines, or other similar drugs except as prescribed by a physician?.....Yes No

Please provide details to any "Yes" answer to Question 1-3 (Attach another sheet if necessary):

Proposed Insured Child/Grandchild	Condition & Treatment	Date	Name & Address of Physician or Hospital

Beneficiary Designation:

Any proceeds payable under this rider will be paid to the Owner, if living. Otherwise, per the beneficiary provision of the rider.

- Does Proposed Insured Child/Grandchild have existing life insurance policies or annuity contracts?.... YES NO
 - Will this insurance replace or change any other insurance policies or annuity contracts? YES NO
- If "YES" to either question, please provide details of the insurance, including Amount, Company & Plan of Insurance and appropriate Replacement Form, if required: _____

I declare and represent that the foregoing statements and answers have been correctly recorded and that they are full, complete and true to the best of my knowledge and belief and shall constitute a part of the application

Dated at _____, _____ on this _____ day of _____, _____.

Signature of Grandparent/Parent Guardian _____

Agent Statement:

- Does the Proposed Insured have any existing life insurance policies or annuity contracts?..... YES NO
- Is replacement of existing insurance involved in this application? If yes: Have you submitted the appropriate replacement forms?..... YES NO

Signature of Agent: _____ Agent Number _____