

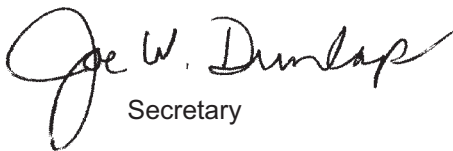
**American-Amicable Life
Insurance Company of Texas**

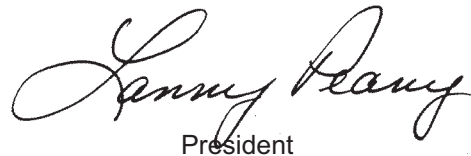
P.O. Box 2549 / Waco, Texas 76702-2549 / (254) 297-2777

We will pay the Accidental Death Benefit Amount to the Beneficiary if you die as a result of an accident while this Policy is in force. Payment will be made when we receive proof of your accidental death and will be subject to the terms of this Policy. We will pay you the benefit stated in the Schedule of Benefits for Accidental Dismemberment, upon receipt of due proof that you sustained any one of the losses specified.

This Policy is a legal contract between you and the Company. We have issued this Policy in return for the application and the payment of premiums.

The benefits, conditions and provisions set forth on this page and the following pages are a part of the contract.


Secretary


President

CANCELLATION DURING FIRST 30 DAYS

If you decide not to keep this Policy, return it within 30 days after you receive it. It may be returned to us or to the agent who sold the Policy. The Policy will be as though it had never been issued. We will return all premiums paid for it.

ACCIDENTAL DEATH AND DISMEMBERMENT POLICY

PREMIUMS PAYABLE TO EXPIRY OR PRIOR DEATH

NONPARTICIPATING

READ YOUR POLICY CAREFULLY

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DEFINITIONS

In this Policy:

The Company, We, Our, or Us means American-Amicable Life Insurance Company of Texas.

You or Your refers to the Owner of this Policy, as shown in the application.

Home Office means American-Amicable Life Insurance Company of Texas, located in Waco, Texas.

BENEFIT DESCRIPTION

ANNUAL PREMIUM

ACCIDENTAL DEATH AND DISMEMBERMENT POLICY

FOR YEARS

TOTAL ANNUAL PREMIUM

ISSUED METHOD OF PAYMENT - ANNUAL

INSURED:

ACCIDENTAL DEATH BENEFIT AMOUNT:

AGE:

POLICY NUMBER:

DATE OF ISSUE:

EXPIRY DATE:

ACCIDENTAL DEATH BENEFIT

We will pay the Accidental Death Benefit Amount shown on Page 3 of this Policy to the Beneficiary upon receipt of due proof that:

- 1) your death was a direct result of bodily injuries caused by an accident;
- 2) death resulted independently of all other causes;
- 3) death occurred within 90 days after the date of the accident; and
- 4) both the accident and resulting death took place while this Policy was in force.

BENEFIT FOR ACCIDENTAL DISMEMBERMENT

We will pay you the benefit stated in the following schedule upon receipt of due proof that you have sustained any one of the losses specified, solely as a result of external, physical, violent and accidental means. Any loss must occur within 90 days of the accident causing the loss to be payable.

SCHEDULE OF BENEFITS FOR ACCIDENTAL DISMEMBERMENT

The following schedule is based on the Accidental Death Benefit Amount as shown on Page 3.

Loss:

Both hands
Both feet
Sight of both eyes
One hand and one foot
One hand and sight of one eye
One foot and sight of one eye
One hand
One foot
Sight of one eye

Benefit:

Accidental Death Benefit Amount
Accidental Death Benefit Amount
Accidental Death Benefit Amount
Accidental Death Benefit Amount
Accidental Death Benefit Amount
Accidental Death Benefit Amount
One-half ($\frac{1}{2}$) Accidental Death Benefit Amount
One-half ($\frac{1}{2}$) Accidental Death Benefit Amount
One-half ($\frac{1}{2}$) Accidental Death Benefit Amount

Definitions for the above losses:

- a) Loss of hand means cut off through or above the wrist.
- b) Loss of foot means cut off through or above the ankle.
- c) Loss of sight means blindness which cannot be corrected to at least 20/200 vision.

EXCLUSIONS

This Policy does not cover loss due to:

- 1) suicide or intentionally self-inflicted injury;
- 2) sickness, disease, medical treatment or surgery;
- 3) voluntary taking of drugs, unless taken as prescribed by a doctor;
- 4) injuries sustained other than on regularly scheduled commercial airline flights by a pilot, student pilot, or crew member of an aircraft in a crash or collision of the aircraft;
- 5) committing or attempting to commit a felony or assault;
- 6) taking part in a riot or insurrection; or
- 7) war or any act of war, or any injury sustained while serving in the military forces engaged in war whether declared or undeclared.

GENERAL PROVISIONS

CONFORMITY WITH STATE STATUTES. If any provision of this Policy is in conflict with the law of the state in which it is delivered, it will be amended to conform to that law.

CONTRACT. This Policy is a legal contract between you and the Company. This Policy and the application constitute the entire contract. Any change or waiver of the terms of this Policy must be in writing and signed by one of our Officers to be effective.

NOTICE OF LOSS. Written notice of loss must be given within 20 days or as soon as reasonably possible.

GENERAL PROVISIONS (Continued)

PROOF OF LOSS. Written proof of loss must be given within 90 days after the date of the loss or as soon as reasonably possible.

CLAIM FORMS. When we receive notice of claim, we will send any required claim forms within 15 days. If such forms are not furnished within 15 days, proof of loss requirements will be met by sending us written proof of the occurrence, character and extent of the loss.

TIME OF PAYMENT OF CLAIMS. We will pay for any loss covered by this Policy as soon as we receive due written proof of such loss.

EXAMINATION, AUTOPSY. We have the right, at our expense, to have an examination made as often as reasonably necessary while a claim is pending. We may also have an autopsy made, unless prohibited by law.

LEGAL ACTIONS. No legal action may be brought on this Policy within 60 days after proof of loss. No legal action may be brought on this Policy more than 3 years after proof of loss was required.

BENEFICIARY AND PAYMENT OF CLAIMS. All benefits except those for loss of life will be paid to you. Benefits for loss of life will be paid to the Beneficiary designated by you in the application. If no Beneficiary designation is effective, payment will be made to your estate. At our option, if no Beneficiary designation is effective, or if the designated Beneficiary is not competent to give a valid release, we may pay up to \$1,000 to any relative by blood or marriage who appears equitably entitled. Any payment in good faith will discharge us to the extent of such payment.

CHANGE OF BENEFICIARY. The Beneficiary may be changed at any time during your lifetime. The change will take effect as of the date it was signed, even if you die before we receive it. If we made payment before receiving the request, the change will not be effective. If there is an irrevocable Beneficiary, you must get the irrevocable Beneficiary's consent to change the Beneficiary.

NONPARTICIPATING. This is a nonparticipating Policy. This means the Policy does not share in our profits or surplus.

GRACE PERIOD. After the first premium has been paid, we allow a 31 day grace period to pay each following premium. This means that if a premium is not paid on or before the date it is due, it may be paid during the following 31 days. During this grace period the Policy remains in full force.

PREMIUMS. Premiums are payments needed to keep this Policy in full force. Each premium is payable on or before its due date. Premiums may be paid at our Home Office. We will send a receipt if we are asked. Premiums may be paid annually, semi-annually, quarterly or monthly as shown on Page 3. The premium payment method may be changed on any policy anniversary.

REINSTATEMENT. We may reinstate a policy that has lapsed for nonpayment of premiums. We may ask you to file an application for reinstatement when you pay the premiums. Your policy will then be reinstated when we approve the application. If we neither approve nor disapprove your application, your Policy will be reinstated 45 days after you paid the premiums and filed the application. The reinstated Policy will cover only loss resulting from covered accidents which occur more than 10 days after the date of reinstatement.

INCONTESTABLE. After this Policy has been in force for a period of two years during your lifetime, it shall become incontestable as to the statements contained in the application.

MISSTATEMENT OF AGE. If your age has been misstated on the application, all amounts payable under this Policy will be such as the premium paid would have purchased at the correct age.

TERMINATION. This Policy will terminate if:

- 1) you request that this Policy be terminated; or
- 2) the Policy expires; or
- 3) the premium is in default at the end of the grace period.

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Accidental Death and Dismemberment Application

Proposed Insured Personal Information

Name

First:

Last:

Address

Street:

City:

State:

Zip:

Date of Birth:

Gender:

State of Issue:

Primary Beneficiary Information

Name

First:

Last:

Relationship:

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

Agent Number:

Agent Name:

Proposed Insured Signature:

