Your Primerica Term Life Application

IMPORTANT INFORMATION FOR CALIFORNIA APPLICANTS AND POLICY OWNERS
NUMBER 10

PRIMERICA®

PLA-210 CA 03.17

OPTIONAL

Application Acknowledgement

FOR NEW APPLICANTS ONLY

(To be completed by Representative)

The Policyowner has applied for term life insurance with Primerica Life Insurance Company.
Primerica Life Insurance Company has been authorized to deduct the premium and any advance premium amount listed below:

Policyowner's Name _____

Initial Total Premium Draft Amount
Paid By One-Time Electronic Fund Transfer: $_____

Primary Coverage applied for: $_____

Spouse Coverage applied for: $_____

Child Coverage applied for: $_____

Advance Premium Deposits Agreement: $_____

Insured Waiver of Premium ☐ Yes ☐ No

Spouse Waiver of Premium ☐ Yes ☐ No

Premium Mode:
☐ Annual Direct Bill ☐ Semi-Annual Direct Bill
☐ Quarterly Direct Bill ☐ Monthly Electronic Fund Transfer
☐ Monthly Government Allotment

_____
Licensed Agent's Printed Name & Solution Number

_____ _____
Licensed Agent's Signature Date

Primerica Life Insurance Company
Executive Office: 1 Primerica Parkway
Duluth, Georgia 30099-0001
1-800-257-4725
Access your policy at myprimerica.com

Your Primerica Term Life Application
Important Information for California Applicants
Number 10

Thank you for using our electronic application. If you would rather use a paper application, please tell your Representative.

After completion of your application, your Representative will forward it to Primerica Life Insurance Company ("Primerica Life"). If you authorized an Electronic Fund Transfer to pay for any insurance premium, the premium will be deducted as early as the business day after you sign the application.

This booklet contains important information and required disclosures.

If you are applying for a new policy, the pages marked "FOR NEW APPLICANTS" and "FOR ALL APPLICANTS" are for you.

If you already have a Primerica policy and are changing it, the pages marked "FOR POLICY CHANGE APPLICANTS" and "FOR ALL APPLICANTS" are for you.

Depending on your age, amount of insurance applied for, medical history and product selected, we may require one or both of the following:

Underwriting Interview: A Primerica Life home office representative may contact you by phone to ask additional questions. Please be sure an accurate phone number is provided in the Application. To help this interview process, please have physician and prescription information available for this interview.

Paramedical Appointment: An appointment may be made for a paramedical examiner to meet with you. The examiner will obtain a blood and urine specimen and will also measure your height, weight, blood pressure and pulse. In some instances, an electrocardiogram may also be performed. There is no need to undress for this examination.

Electronic Policy Delivery

If Primerica Life issues a policy, you can receive it two ways. JUST FOR NEW BUSINESS ISSUES

1) Electronic Delivery (at your election) by logging onto myprimerica.com. Just tell your representative now. It's easy and you can see and print your electronic copy any time you want.

2) Paper Delivery by your Primerica Representative.

Both methods contain the policy and disclosure documents. It is important to go over the disclosure information as it shows any premium and benefit changes that occur over the period of coverage. Term life insurance provides a death benefit and does not accumulate cash value.

If you have any questions or any concerns, please contact your Primerica Representative or our Home Office at the above toll free number.

Thank you for choosing Primerica Life for your term life insurance needs.

This booklet contains copies of parts of our Application, required disclosures and policy information.
The actual policy, not this booklet, is the contract.

Page

FOR NEW APPLICANTS

FOR EXISTING POLICY OWNERS – POLICY CHANGE APPLICATION

FOR ALL APPLICANTS

FOR NEW APPLICANTS

APPLICATION AGREEMENT, ACKNOWLEDGEMENTS AND AUTHORIZATIONS

By Our signatures, We, Us and I (Owner, Applicant and all Insureds) understand and agree that:

Primerica offers two term life insurance policy series that provide the same death benefit at certain ages and face amounts. Neither has cash value. The Custom Advantage Series may offer insurance at a lower cost but requires more underwriting requirements, including a paramedical examination and bodily fluid (blood and urine) testing. The TermNow Series offers insurance through a streamlined underwriting process that typically does not require bodily fluid testing. We have applied for the policy we want.

In the sale or service of Primerica Insurance, Primerica agents represent Primerica Life Insurance Company and may provide services to Us for Primerica Life Insurance Company (the "Company"). Agents do not have the authority to accept risk, pass on insurability, or make void, waive or change any conditions or provisions of the Application, policy or receipt.

If applying on a paper application We have received pages 11-28. If applying electronically, we have received a disclosure booklet.

By signing below, We agree that We have read, understand and accept the terms of the: Application; Application Agreement, Acknowledgements and Authorizations; Application Agreement and Conditional Coverage; Fraud Notice/Warning; Payment Election Form; HIPAA Authorization; Disclosure for Motor Vehicle Reports, Investigative Consumer Reports and MIB, Inc.; Electronic Fund Transfer (EFT) Authorization; Consent to Electronic Communications and Delivery of Policy and Related Disclosures (E-SIGN Consent); Advance Premium Deposits Agreement Disclosure; Terminal Illness Benefit Disclosure; Increasing Benefit Rider Disclosure; California Disclosure; Notice to California Seniors; Prior Express Consent to Call Cellular and Mobile Telephone Numbers; Our Insurance Information Practices; Notice and Consent For Blood and Body Fluid Testing Which May Include AIDS Virus (HIV) Antibody / Antigen Testing; and California Third-Party Notice Request Form.

I/We hereby authorize MIB, Inc. to give the Company or its reinsurers any records of me/us or my/our health. I/We also authorize the Company or its reinsurers to make a brief report of my/our personal health information to MIB, Inc. A photographic copy of this authorization shall be as valid as the original.

If we elected on the Payment Election Form to make policy premium payment(s) by a One-Time EFT and/or by Monthly EFTs and the owner of the bank account from which any EFTs will be made ("Bank Account Owner") is a different person than the Owner, the Owner agrees to provide a copy of any Policy and any subsequent payment schedules that are issued to the Bank Account Owner immediately upon receipt of the Policy and schedules.

A Sales Illustration is a disclosure document that includes policy costs, benefits and other important information. No matching Sales Illustration was used in this sale. If a policy is issued, a matching Sales Illustration will be provided with the policy. Instead of a Sales Illustration, We may receive a Statement of Policy Cost and Benefit Information.

The approval of insurance for the proposed insured(s) is based on the representations made regarding use of tobacco or nicotine, responses to medical questions and other application information. False representations will result in a denial of coverage in a claims investigation and may be considered insurance fraud.

If the Bank Account Owner who makes any check payment or authorizes any EFT is a different person than the Owner or Insured, the Bank Account Owner, by signing below, agrees to the terms of the Payment Election Form, the Electronic Fund Transfer (EFT) Authorization, and the Consent to Electronic Communications and Delivery of Policy and Related Disclosures (E-SIGN Consent) and agrees that he or she received a copy of the Electronic Fund Transfer (EFT) Authorization.

APPLICATION AGREEMENT

By signing the Application, We, Us, I and Our (Applicant and all Insureds) represent that: **(1)** All of the information in the Application and all additions to the Application (such as examination reports and amendments) are true and complete to the best of Our knowledge and belief. **(2)** If a Spouse Rider is being applied for, Proposed Insured and Spouse Insured are lawful spouses or the equivalent for life insurance purposes. **(3)** The statements and answers in the Application and any other evidence of insurability are the basis for and become a part of the policy, and no information about Us will be considered to have been given unless it is stated in the Application. **(4)** Upon delivery, either by paper or electronically, We will review it to confirm that Our responses are true and complete. **(5)** Prior to accepting any issued coverage, We will also review all policy and disclosure documents in the policy kit, including the sales illustration or policy summary. These documents show any premium and benefit changes that occur over the period of coverage. **(6)** We acknowledge that Primerica Life Insurance Company (the "Company") relies on this information to determine whether, and on what terms, to issue a policy. Our acceptance of Our policy will be considered Our confirmation of the accuracy of Our Application information. If the Application information is false, incorrect, or incomplete, We will immediately inform Our agent or the Company. **(7)** We will accept return of any amount paid with the Application if the Company does not approve the Application. **(8)** We understand that if any person insured under the policy dies within two years from the issue date of any coverage on that person: (a) the Company may contest such coverage under the policy; and (b) such coverage may be rendered void if the Company determines that any information in the application related to such coverage is false, incomplete or incorrect.

CONDITIONAL COVERAGE

We understand and agree that, but for Conditional Coverage, no insurance will be in effect until a policy is issued on the Application and delivered to and accepted by Us and the first premium due is paid in full while We are alive. Conditional Coverage occurs when all of the following conditions are met: (1) All of the information in the Application and any additions to the Application must be true and complete. (2) The proposed Insured(s) must be a standard risk according to the Company's underwriting rules. (3) All items concerning insurability (including, but not limited to, the results of medical examinations or body fluid studies and attending physician statements) must be received. (4) At least one full month's premium (but not more than the amount required to purchase $500,000 of insurance for each Insured exclusive of any riders) for the policy applied for must be received with the Application. (5) If the Proposed Insured(s) dies by suicide, while sane or insane, before the policy is issued, We are only liable for the premiums paid.

EFFECTIVE DATE OF CONDITIONAL COVERAGE

Any Conditional Coverage will become effective on the date the Application is signed, or the date the Company receives the results of all required tests and exams or other requested information, whichever is later.

CONDITIONAL COVERAGE AMOUNT AND LIMIT

The amount of insurance provided under this Conditional Coverage is the amount applied for and for which current premium has been paid, but not exceeding $500,000 for each proposed insured.

FOR NEW APPLICANTS

PAYMENT ELECTION FORM* (as used in this Election, "you" and "your" means the proposed Policy Owner/Applicant or third party payor, if a different person than the Policy Owner/Applicant, and "we" and "us" means Primerica Life).

Payment with Application Options. The payment of the "CWA Amount" in the Application can be made by check or by directing us to initiate a one-time electronic fund transfer ("EFT") from a deposit account ("bank account") you designate. We will credit any such payment toward the premium due on any policy we issue. We will initiate this EFT when we receive the signed Application, which may be as soon as the business day after the Application is signed.

Policy Premium Payment Options. You have five options for paying the premium due on any policy we issue: (1) We can send you a bill annually (Annual Direct Bill). (2) We can send you a bill twice a year (Semi-Annual Direct Bill). (3) We can send you a bill four times a year (Quarterly Direct Bill). (4) You can direct us to initiate electronic fund transfers ("EFTs") from a bank account you designate on a monthly basis (Monthly EFTs). (5) If you receive income from the government that can be subject to an allotment, you can set up a monthly allotment from that income (Monthly Government Allotment). *You may save money by paying the premium on an annual basis. Semi-annual, quarterly, and monthly premiums include additional premium charges. Whether you will save money depends upon a number of factors, including the interest rate applicable to your savings or other account and/or the interest or other cost to you of borrowing money from a third party to make an annual premium payment rather than periodic payments. If you would like additional information, including information about the cost of our periodic payments, please contact your representative. If you choose to pay by Monthly EFTs, you can specify the day of the month around which you want us to initiate the EFTs. If you do not specify, we will assume you want the deductions to occur on the first day of the month. If you choose to enter into an Advance Premium Deposits Agreement ("APDA"), the APDA amount specified in the Application will be added to your annual, semi-annual or quarterly bill, Monthly EFT or Monthly Government Allotment.

ELECTRONIC FUND TRANSFER ("EFT") AUTHORIZATION

As used in this EFT Authorization ("Authorization"), "you" and "your" mean the owner of any deposit account identified in the Application, "we," "us" and "our" mean Primerica Life Insurance Company and its successors, assigns and agents, "Account" means the deposit account identified in the Application and "Bank" means the financial institution identified on the voided check attached to the Application or identified in the Application.

Authorization for One-Time EFT for Payment with Application. If the election was made in the Application to make a payment with the Application by One-Time EFT (see "Payment Election Form"), you authorize us to initiate an EFT from the Account for the CWA Amount specified in the Application (and on page i of this Booklet). ***We will initiate this EFT when we receive the signed Application, which may be as soon as the business day after the Application is signed***.

Authorization for Monthly EFTs for Policy Premium Payments and APDA Payments. If the election was to make policy premium payments by Monthly EFTs (see "Payment Election Form"), if a policy is issued, you authorize us to initiate EFTs from the Account for the amount of the monthly premium specified in the policy. These EFTs will be initiated on or after the day of the month specified in the Policy Premium Payment Election. If this day of the month is not a business day or does not occur in a particular month, the Monthly EFT will generally be initiated on or after the next business day. If no day of the month is chosen, the EFTs will be initiated on or after the first day of the month. If an Advance Premium Deposits Agreement ("APDA") has been executed, you further authorize us to add to the Monthly EFT we initiate for the monthly premium the lesser of (1) the APDA amount elected in the Application or (2) the difference between (a) $5,000 (or such lesser amount prescribed by law for total accrued APDA payments) and (b) the total accrued and unapplied APDA payments for the policy.

The following terms apply to all EFTs except as specified:

Returned EFTs: In the event that an EFT is returned unpaid, you authorize us to reinitiate the EFT as permitted by the applicable payment network rules and to initiate a separate EFT for any returned-payment fee due under any policy that is issued in connection with the Application identified above. You understand that your Bank may charge you a fee if an EFT is returned unpaid, and you agree that we will have no liability for any such fee.

Error Correction; Refund; Modified EFTs: In the event that an error is made in processing an EFT, you authorize us to initiate an EFT to the Account to correct the error. In the event that you are due a refund or we otherwise owe you money, you authorize us to initiate EFTs to the Account to credit the Account for the funds due and owed. You further authorize us to initiate EFTs to the Account in the amounts and on the dates you may specify by email, fax, text message or telephone call.

Account Updates: In the event that you supply us with updated information for the Account or request that we initiate EFTs with respect to a different bank account, you authorize us to initiate the EFTs described in this Authorization using the updated information or new account.

Termination: You understand and acknowledge that you may terminate this Authorization by notifying us using the following contact information at least five (5) business days before any scheduled EFT or in sufficient time as to allow us and your Bank a reasonable opportunity to act on your request: E-mail - PLIC@primerica.com; U.S. Mail - Primerica, 1 Primerica Parkway, Duluth, GA 30099-0001; Toll-free Telephone Number - 1-800-257-4725. You understand that we cannot stop an EFT once it has been fully initiated. You understand that we will terminate this Authorization and stop seeking payment by Monthly EFT if any such EFT is returned unpaid twice or we are not permitted by the applicable payment network rules to reinitiate or initiate an EFT. If this occurs, you direct us to change your payment method to direct quarterly billing, unless you otherwise instruct us using the contact information above. We will not be liable for any loss, damage or expenses of any kind or nature, including the forfeiture of insurance resulting directly or indirectly from, or in any way connected with the rejection, return, reversal or readjustment of your EFT by your Bank.

Confirmation of EFTs: You may contact us using the contact information above or the Bank to determine if an EFT was successful (after allowing time for the EFT to clear the Account).

Discontinuation of EFT Service: We reserve the right to discontinue initiating EFTs for any payments at any time in our sole discretion. In the event we discontinue EFTs, you will need to make arrangements to pay amounts owed under the policy by another means.

Check Payments: When you provide a check as payment, you authorize us either to use information from your check to make a one-time EFT from your account or to process the payment as a check transaction.

FOR NEW APPLICANTS

CONSENT TO ELECTRONIC COMMUNICATIONS AND DELIVERY OF POLICY AND RELATED DISCLOSURES (E-SIGN CONSENT)

Electronic Delivery Learn more about Electronic Delivery

Go Paperless! Electronic delivery provides fast, secure access to policy documents.

You'll save time and paper!

Electronic delivery of your policy documents is available via myprimerica.com, the website designed exclusively for Primerica clients.

Go paperless and you'll benefit from:

- Convenient access. You'll receive instant notification when your policy is ready for viewing.
- Increased security, reduced mail and paper
- Faster delivery
- A cleaner environment

VOLUNTARY ELECTRONIC OPT IN CONSENT AND DISCLOSURE

Scope of Communications To Be Provided in Electronic Form

If you consent, Primerica Life will transmit documents related to your policy by electronic means, to the extent that electronic transmission is consistent with applicable state and federal law. Your consent is voluntary. Any document that we send by electronic means, which complies with applicable law, will have the same force and effect as if that document was sent in paper format. You agree that we may provide you with any communications that we may choose to make available in electronic format, to the extent allowed by law, unless and until you withdraw your consent as described below. We may also continue sending paper communications to you. Your consent to receive electronic communications covers all information relating to your policy with us, which includes, but is not limited to, all notices, disclosures, authorizations, acknowledgements and other documents relating to your life insurance application and policy. If you decide that you want to receive documents electronically, Primerica Life will provide one paper copy per year of any document, at no charge to you, upon request.

Access and Delivery of Your Policy

If your policy is issued, you will receive an email from us at your email address letting you know that your policy is available at myprimerica.com. You agree to promptly access and view your policy once you receive this email. Your right to cancel your policy, receive a complete refund, and our right to contest a claim based on statements in your application may depend on when you receive your policy. You are considered to have received your policy when we notify you at your email address and tell you that your policy is available. Until a policy is issued and delivered to you at myprimerica.com, only Conditional Coverage, if any, exists.

Electronic Form and Hardware/Software Requirements

Your policy and other information to be provided will be in pdf format. You acknowledge that you have access to the internet and can open materials sent in pdf format. To obtain free pdf software, go to www.adobe.com. The computer hardware and software used to access the Internet is all you will need to view your life insurance policy and other information. To retain a copy of these materials, you may save them, print them or email them to where you can save or print them. To save an electronic copy, you may need up to 13,000 bytes per page. You may also view your policy and other information at any time by logging onto myprimerica.com.

How to Update Your Email Address

To update your email address either email us at PLIC@primerica.com or write to us at 1 Primerica Parkway, Duluth, GA 30099 and tell us your previous email address, your new email address and policy number.

How to Withdraw Consent or Request Paper Copies

You can change your mind at any time and have Primerica Life transmit documents via paper mail. If you would like to receive a paper copy of your policy and related disclosures or to withdraw consent to receive future notices and disclosures in electronic form, **you must either email us at PLIC@primerica.com or write to us at 1 Primerica Parkway, Duluth, GA 30099 or call our customer service telephone line at 1-800-257-4725** and tell us your full name, email address, US Postal address, telephone number and policy number. Primerica Life's website address is **www.primerica.com**. There is no cost or charge for receiving a paper copy of your policies and related disclosures.

For purposes of receiving electronic transmission of documents from Primerica Life, as set forth above, my email address is

By signing below, I voluntarily opt in and consent to electronic delivery of my policy and related material and have received and understand the terms above.

→ *Completed in electronic application*
Signature of Owner

PRIOR EXPRESS CONSENT TO CALL CELLULAR AND MOBILE TELEPHONE NUMBERS

By providing the proposed Insured's and proposed Spouse Insured's (collectively the "Proposed Insureds") cellular or mobile telephone numbers in the Application, the Proposed Insureds are providing their prior express consent that Primerica Life Insurance Company (the "Company"), any of the Company's affiliates and any service providers that assist the Company may call the Proposed Insureds' cellular or mobile telephone numbers using technology that includes automated dialing systems and artificial and prerecorded messages in connection with processing the Application and servicing the life insurance policy issued pursuant to the Application.

APPLICATION AGREEMENT, ACKNOWLEDGEMENTS AND AUTHORIZATIONS

By Our signatures, We, Us, Our and I (Owner, Applicant and all Insureds) understand and agree that:

Primerica offers two term life insurance policy series that provide the same death benefit at certain ages and face amounts. Neither has cash value. The Custom Advantage Series may offer insurance at a lower cost but requires more underwriting requirements, including a paramedical examination and bodily fluid (blood and urine) testing. The TermNow Series offers insurance through a streamlined underwriting process that typically does not require body fluid testing, if applying. We have applied for the policy series we want.

In the sale or service of Primerica Insurance, Primerica agents represent Primerica Life Insurance Company and may provide services to Us for Primerica Life Insurance Company (the "Company"). Agents do not have the authority to accept risk, pass on insurability, or make void, waive or change any conditions or provisions of this Application, policy or receipt.

By signing the Application, We agree that We have received and that We have read, understand and accept the terms of the: Application; Application Agreement, Acknowledgements and Authorizations; Fraud Notice/Warning; Payment Election Form; HIPAA Authorization; Disclosure for Motor Vehicle Reports, Investigative Consumer Reports and MIB, Inc.; Increasing Benefit Rider Disclosure; Terminal Illness Benefit Disclosure; Electronic Fund Transfer (EFT) Authorization; California Disclosure; Notice to California Seniors; Advance Premium Deposits Agreement Disclosure; Prior Express Consent to Call Cellular and Mobile Telephone Numbers; Notice and Consent for Blood and Body Fluid Testing Which May Include AIDS Virus (HIV) Antibody/Antigen Testing; Our Insurance Information Practices; and California Third-Party Notice Request Form.

All of the information in this Application and all additions to this Application (such as examination reports and amendments) are true and complete to the best of Our knowledge and belief. The Company relies on this information to determine whether and on what terms, to issue any insurance. If a Spouse Rider is being applied for, Proposed Primary and Spouse Insureds are lawful spouses or the equivalent for life insurance purposes. The statements and answers in this Application and any other evidence of insurability are the basis for and become a part of the policy, and no information about Us will be considered to have been given unless it is stated in an Application. The Company will have no liability under this Application until (1) coverage is issued on this Application and delivered to and accepted by the Owner; and (2) the first premium due under this Application is paid in full while each insured is alive. If any person insured under the policy dies within two years from the issue date of any coverage on that person: (a) the Company may contest such coverage under the policy; and (b) such coverage may be rendered void if the Company determines that any information in the application related to such coverage is false, incomplete or incorrect.

Policy documents show any premium and benefit changes that occur over the period of coverage. We will accept the return of any premium paid if the Company does not approve this Application. By choosing to pay additional premium under the Advance Premium Deposits Agreement, the additional premium amount will be deducted directly from the account indicated in this Application, or added to Our periodic premium bill. A Sales Illustration is a disclosure document that includes policy costs, benefits and other important information. No matching Sales Illustration was used in this sale. If a policy is issued, a matching Sales Illustration will be provided with the policy. Instead of a Sales Illustration, We may receive a Statement of Policy Cost and Benefit Information.

Prior to accepting any issued coverage, We will review any policy and disclosure documents. These documents show any premium and benefit changes.

I/We hereby authorize MIB, Inc. to give the Company or its reinsurers any records or knowledge of me/us or my/our health. I/We also authorize the Company or its reinsurers to make a brief report of my/our personal health information to MIB, Inc. A photographic copy of this authorization shall be as valid as the original.

If we elected on the Payment Election Form to make policy premium payments by Monthly EFTs and the owner of the bank account from which any EFTs will be made ("Bank Account Owner") is a different person than the Owner, the Owner agrees to provide a copy of any Policy and subsequent payment schedules that are issued to the Bank Account Owner immediately upon receipt of the Policy and schedules.

The approval of new or additional insurance for the proposed insured(s) is based on the representations made regarding use of tobacco or nicotine, responses to medical questions and other application information. False representations will result in a denial of coverage in a claims investigation and may be considered insurance fraud.

NO CONDITIONAL COVERAGE

There is no conditional coverage provided when reinstating, or adding coverage or insureds to a policy.

REINSTATEMENTS

You have two options to reinstate your policy. For the first option (original date), you must pay all unpaid, past due premiums and the reinstated date of your policy will be the same date as your original policy date. By choosing this option, you will keep your original issue age.

If you do not want to pay all past due premiums, you may choose the second option (redate). For this option, you will pay one month's premium and you will be given a new anniversary date. By choosing this option, your insurance age may change and your premiums may increase.

Regardless of the election made, there will be a new two (2) year contestable period that begins with reinstatement.

PAYMENT ELECTION FORM* (as used in this Election, "you" and "your" means the proposed Policy Owner/Applicant or third party payor, if a different person than the Policy Owner/Applicant, and "we" and "us" means Primerica Life Insurance Company).

Payment Options. You can continue to pay your policy premiums by directing us to initiate recurring monthly electronic fund transfers ("Monthly EFTs") from the financial institution account and on the electronic fund transfer date you previously selected and you agree to the terms of the Electronic Fund Transfer ("EFT") Authorization. If you are changing the amount of your life insurance coverage, your policy premium amount may be subject to change and the premium amount will be specified on the Policy Specifications and Rider Specifications Pages that we send to you. You may change your method of payment by completing the "Changing Your Method of Payment" section below. If you have elected to pay premiums through Monthly EFTs, by your signature, you are authorizing us to deduct premiums directly from the account indicated and subject to the terms of the Electronic Fund Transfer ("EFT") Authorization.

Policy Premium Payment Options. You have five options for paying the premium due on any policy we issue. (1) We can send you a bill annually (Annual Direct Bill). (2) We can send you a bill twice a year (Semi-Annual Direct Bill). (3) We can send you a bill four times a year (Quarterly Direct Bill). (4) You can direct us to initiate Monthly EFTs from a bank account that you designate on a monthly basis. (5) If you receive income from the government that can be subject to an allotment, you can set up a monthly allotment from that income (Monthly Government Allotment). *You may save money by paying the premium on an annual basis. Semi-annual, quarterly, and monthly premiums include additional premium charges. Whether you will save money depends upon a number of factors, including the interest rate applicable to your savings or other account and/or the interest or other cost to you of borrowing money from a third party to make an annual premium payment rather than periodic payments. If you would like additional information, including information about the cost of our periodic payments, please contact your representative. If you choose to pay by Monthly EFTs, you can specify the day of the month around which you want us to initiate the EFTs. If you do not specify, we will assume you want the deductions to occur on the first day of the month.

ELECTRONIC FUND TRANSFER ("EFT") AUTHORIZATION

As used in this EFT Authorization ("Authorization"), "you" and "your" mean the owner of any deposit account previously selected or identified in the Policy Change Application (the "Application"), "we," "us" and "our" mean Primerica Life Insurance Company and its successors, assigns and agents, "Account" means the deposit account previously selected or identified in the Application and "Bank" means the financial institution previously selected or identified on the voided check attached to the Application or identified in the Application.

Authorization for Monthly EFTs for Policy Premium Payments and APDA Payments. If the election was made to make policy premium payments by Monthly EFTs (see "Payment Election Form"), you authorize us to initiate EFTs from the Account for the amount of the monthly premium specified in the policy or in the Policy Specifications and Rider Specification Pages that we send to you. These EFTs will be initiated on or after the day of the month specified in the Payment Election Form or the day previously selected by you. If this day of the month is not a business day or does not occur in a particular month, the Monthly EFT will generally be initiated on or after the next business day. If no day of the month is chosen, the EFTs will be initiated on or after the first day of the month. If an Advance Premium Deposits Agreement ("APDA") has been executed, you further authorize us to add to the Monthly EFT we initiate for the monthly premium the lesser of (1) the APDA amount elected on page 3 of this Application or (2) the difference between (a) $5,000 (or such lesser amount prescribed by law for total accrued APDA payments) and (b) the total accrued and unapplied APDA payments for the policy.

The following terms apply to all EFTs except as specified:

Returned EFTs: In the event that an EFT is returned unpaid, you authorize us to reinitiate the EFT as permitted by the applicable payment network rules and to initiate a separate EFT for any returned-payment fee due under any policy that is issued in connection with the Application identified above. You understand that your Bank may charge you a fee if an EFT is returned unpaid, and you agree that we will have no liability for any such fee.

Error Correction; Refund; Modified EFTs: In the event that an error is made in processing an EFT, you authorize us to initiate an EFT to the Account to correct the error. In the event that you are due a refund or we otherwise owe you money, you authorize us to initiate EFTs to the Account to credit the Account for the funds due and owed. You further authorize us to initiate EFTs to the Account in the amounts and on the dates you may specify by email, fax, text message or telephone call.

Account Updates: In the event that you supply us with updated information for the Account or request that we initiate EFTs with respect to a different bank account, you authorize us to initiate the EFTs described in this Authorization using the updated information or new account.

Termination: You understand and acknowledge that you may terminate this Authorization by notifying us using the following contact information at least five (5) business days before any scheduled EFT or in sufficient time as to allow us and your Bank a reasonable opportunity to act on your request: E-mail - PLIC@primerica.com; U.S. Mail - Primerica, 1 Primerica Parkway, Duluth, GA 30099-0001; Toll-free Telephone Number - 1-800-257-4725. You understand that we cannot stop an EFT once it has been fully initiated. You understand that we will terminate this Authorization and stop seeking payment by Monthly EFT if any such EFT is returned unpaid twice or we are not permitted by the applicable payment network rules to reinitiate or initiate an EFT. If this occurs, you direct us to change your payment method to direct quarterly billing, unless you otherwise instruct us using the contact information above. We will not be liable for any loss, damage or expenses of any kind or nature, including the forfeiture of insurance resulting directly or indirectly from, or in any way connected with the rejection, return, reversal or readjustment of your EFT by your Bank.

Confirmation of EFTs: You may contact us using the contact information above or the Bank to determine if an EFT was successful (after allowing time for the EFT to clear the Account).

Discontinuation of EFT Service: We reserve the right to discontinue initiating EFTs for any payments at any time in our sole discretion. In the event we discontinue EFTs, you will need to make arrangements to pay amounts owed under the policy by another means.

BENEFICIARIES

Unless a change in Beneficiary Designation is made, previous Designations will apply.

If a change in an Insured's beneficiaries is made, prior Beneficiary Designations for that Insured are revoked.

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) AUTHORIZATION

For Use and Disclosure of Protected Health Information

By Our signatures below or by Our electronic signatures, if the electronic application process is used:
(1) We (Owner, Applicant and all Insureds) authorize Primerica Life Insurance Company, its affiliates, (collectively the "Company"), reinsurers, and authorized representatives, including Agents, insurance support organizations, MIB, Inc., and service providers to receive Our health information in any format (including but not limited to paper and/or electronic format). **(2)** We acknowledge that health information may include information about prescription histories, the diagnosis, treatment and prognosis of any physical or mental condition and the use of drugs or alcohol, but not psychotherapy notes. **(3)** We authorize any licensed physician, medical practitioner, hospital, clinic, laboratory, Veteran's Administration, government facility, pharmacy, pharmacy benefit manager, insurance company, clearinghouse, or other entity or person ("Providers") to disclose Our health information. **(4)** We acknowledge that this Authorization may be relied upon to determine Our eligibility for insurance, to obtain reinsurance, to administer any claim for insurance benefits or for any other business purpose not otherwise prohibited, including but not limited to any activities related to coverage, benefits, research and development, or to support the business operations of the Company. **(5)** We acknowledge that this Authorization expires two (2) years from the date it is signed which complies with the time limit, if any, permitted by applicable law in the state where a policy would be delivered or issued for delivery. **(6)** We acknowledge that we may revoke this Authorization at any time by sending written notice to the Company's address, however, any revocation will not apply retroactively or prevent the Company from contesting a claim for insurance benefits or the policy itself. **(7)** We acknowledge that if we refuse to sign this Authorization, a Provider may not refuse to provide treatment or payment for health care services, however the Company may not be able to process the Application or, if coverage is issued, make any benefit payments. **(8)** We acknowledge that information disclosed pursuant to this Authorization may be redisclosed and no longer covered by certain federal rules governing privacy of health information. **(9)** We acknowledge that a photographic copy of this Authorization, including a photographic or electronic copy of Our signature, is valid as the original and We may receive a copy of this Authorization after it is signed.

→ _____
Signature of Primary Insured

Date ___ - ___ - ____

→ _____
Signature of Spouse (if proposed for coverage)

Date ___ - ___ - ____

FOR ALL APPLICANTS

DISCLOSURE FOR MOTOR VEHICLE REPORTS, INVESTIGATIVE CONSUMER REPORTS AND MIB, INC.

As part of the Company's regular underwriting procedure, the Company may obtain a Motor Vehicle Report (MVR) showing detailed driving history and an Investigative Consumer Report (ICR), which will contain personal information concerning your character, habits, general reputation, personal characteristics and mode of living, except as may be related directly or indirectly to your sexual orientation. If an ICR is obtained, personal interviews with your neighbors, friends, associates and acquaintances may be conducted. In the event that an ICR is obtained, you understand that you may request to be interviewed in connection with the ICR and that a right of access and correction exists with respect to the ICR and all personal information collected. Upon written request to the Company at 1 Primerica Parkway, Duluth, GA 30099-0001, further detailed information on the nature and scope of both the MVR and ICR will be provided.

Information regarding your insurability will be treated as confidential. By submitting the Application, all Proposed Insureds authorize the Company or its reinsurers to make a brief Report on your personal health information to the MIB, Inc., a not-for-profit membership organization, which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information about you in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information in your file. Please contact MIB at 866-692-6901 (TTY 866-346-3642). If you question the accuracy of the information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information office is 50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734.

The Company, or its reinsurers, may also release information from its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its website at **www.mib.com**.

INCREASING BENEFIT RIDER DISCLOSURE

For new and some additional coverage, Primerica Life policies offer a unique protection benefit, the Increasing Benefit Rider (IBR). This coverage is provided to our clients, Insured and Spouse, who are under the insurance age of 56 and issued non-rated coverage. Unless an existing IBR is present, a new IBR will be added for rider additions, which will apply to all coverage for that insured. A new IBR will be added for rider additions, which will apply to total coverage for that insured, unless an existing IBR is present. This rider offers an automatic 10% increase in the face amount coverage issued for 10 years. No additional underwriting is required. Each coverage increase comes with a premium increase which is shown in the issued policy. The maximum additional coverage under the Increasing Benefit Rider is $500,000. Increases will occur on policy anniversaries, beginning at the start of the second year. Before each increase, a notice will be sent to Your address of record describing the new coverage and premium. You may decline any increase. For an insured, if any annual IBR increase is ever declined, or there is a decrease in other coverage, all future increases for that insured will be discontinued.

NOTICE TO CALIFORNIA SENIORS

If you are applying for insurance and are 65 or older, you have received a Notice to California Seniors at least 24 hours and no more than 14 days ago.

CALIFORNIA DISCLOSURE (REQUIRED BY THE CALIFORNIA DEPARTMENT OF INSURANCE)

This policy is similar to a term policy that provides the same level premium period, but this policy does not provide any nonforfeiture benefits (such as cash surrender values) at any time during those years. This means that if you fail to pay a premium within a specified time of its due date, this policy will lapse without any value.

You should compare this policy to a level premium term policy; such a term policy would provide identical coverage, but may also be required to provide nonforfeiture benefits at certain durations where this policy does not. However, the premiums for that term policy may be significantly higher than the premiums for this policy.

When considering the purchase of this policy, you should compare the value of having nonforfeiture benefits (such as cash values), versus the level of the premiums that you will pay.

FRAUD NOTICE/WARNING

Any person who presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

TERMINAL ILLNESS BENEFIT DISCLOSURE

IMPORTANT NOTICE TO APPLICANT/BUYER REGARDING TERMINAL ILLNESS BENEFITS

The Benefit provided by this Terminal Illness Benefit is not intended to provide, and will never provide, long–term care insurance, nursing home insurance, or home care insurance. If you are interested in long–term care or nursing home or home care insurance, you should consult with an insurance agent licensed to sell that insurance, inquire with the insurance company offering the Terminal Illness Benefit, or visit the California Department of Insurance Internet Web site [(www.insurance.ca.gov)] section regarding long–term care insurance.

An applicant for a policy that provides a Terminal Illness Benefit shall have the right to return the policy by first–class United States mail within 30 days of its delivery and to have the premium refunded if, after examination of the policy, the applicant is not satisfied for any reason. The return of a life insurance policy or certificate that contains a Terminal Illness Benefit shall void the policy or certificate from the beginning and the parties shall be in the same position as if no policy or certificate had been issued. All premiums paid and any policy fee paid for the Terminal Illness Benefit will be fully refunded directly to the applicant by Us within 30 days after the policy or certificate is returned.

The Benefit provides that if You become terminally ill with a life expectancy of twelve months or less, the Owner may choose to request the Terminal Illness Benefit. This Benefit provides an advanced payment of 40% of Your death benefit under the Policy and/or Riders not to exceed a maximum of $250,000. If the terminally ill insured also has a Disability Waiver of Premium Benefit Rider or Spouse Disability Waiver of Premium Benefit Rider and otherwise qualifies for that benefit, the payment is 70% of Your death benefit under the Policy and/or Riders not to exceed a maximum of $400,000.

Except at the request of the policyholder, all Terminal Illness Benefit provisions shall be renewable for the life of the underlying life insurance policy, provided that the premiums are timely paid. The Terminal Illness Benefit terminates with the termination of the underlying term life insurance Policy.

The Terminal Illness Benefit payment will only be paid upon a diagnosis of a Terminal Illness, which is a medical condition where your life expectancy is expected to be less than or equal to twelve months from the date of the Physician Statement.

There is a one–time administrative fee of $200.00 plus interest. The interest rate is stated in the Benefit. If you choose to have a portion of your death benefit advanced, doing so will reduce the amount that your beneficiary will receive upon your death.

Payment of this Terminal Illness Benefit will result in a lien against the proceeds of the Policy. For example, if You have a policy with a face amount of $100,000, You may apply for 40% of Your death benefit under the Policy which is equal to $40,000. The Owner will be paid $40,000 upon approval of the claim. The amount deducted from the death benefit proceeds will equal the Terminal Illness Benefit paid plus the $200.00 administrative fee charged plus the interest charged. For example, assuming that the death of the Insured occurs four months after the Terminal Illness Benefit is paid and that the interest rate charged is 3% annually, a total of $40,602 will be deducted from the death benefit proceeds, which is comprised of: (1) the $40,000 Terminal Illness Benefit paid; plus (2) the $200.00 administrative fee; plus (3) the 3% interest charged on the $40,200 balance for four months, which is equal to $402.00.

Payment of the Terminal Illness Benefit will have no effect on the amount of future premium payments, if any, required under this Policy and/or Riders, if any. If you do not have a waiver of premium, you are still obligated to make payments of future premiums.

RECEIPT OF ANY TERMINAL ILLNESS BENEFIT PAID UNDER THIS POLICY MAY BE TAXABLE. PRIOR TO ELECTING TO BUY THE TERMINAL ILLNESS BENEFIT, YOU SHOULD SEEK ASSISTANCE FROM A QUALIFIED TAX ADVISOR.

RECEIPT OF A TERMINAL ILLNESS BENEFIT MAY ALSO AFFECT ELIGIBILITY FOR PUBLIC ASSISTANCE PROGRAMS, SUCH AS MEDI–CAL OR MEDICAID. PRIOR TO ELECTING TO BUY THE TERMINAL ILLNESS BENEFIT, YOU SHOULD CONSULT WITH THE APPROPRIATE SOCIAL SERVICES AGENCY CONCERNING HOW RECEIPT OF TERMINAL ILLNESS BENEFITS MAY AFFECT THAT ELIGIBILITY.

THIS DISCLOSURE IS NOT A CONTRACT. IT IS INTENDED ONLY AS A SUMMARY OF THE BENEFIT PROVISIONS. IN ALL CASES, CONSULT YOUR POLICY FOR FULL DETAILS AND RESTRICTIONS.

ADDITIONAL INSURANCE REQUEST UPON A RATE CLASS UPGRADE

If a policy is issued at a better rate class than applied for, you may request additional coverage, as described in the below Automatic Increase Request or by asking your Representative.

AUTOMATIC INCREASE REQUEST

By choosing the Automatic Increase Request (AIR) for the proposed Insured and/or Spouse Insured, Primerica Life Insurance Company (the "Company") will automatically increase the insurance amount issued if the Company is able to issue coverage at a better underwriting rate class than applied for. As the result of issuing the coverage at a better underwriting rate class, Primerica Life is able to lower the unit cost of the insurance applied for. By choosing the AIR option, the cost saving realized as the result of the lower unit cost will be used to purchase additional life insurance (and if applied for and issued, the corresponding Waiver of Premium coverage) for an insured in units of $1,000 (up to $300,000 for TermNow coverage). Any difference in the amount paid with the application and the new policy premium, after the AIR increase, will be refunded. The additional insurance will be added to the base Policy for the Insured and longest level term rider for Spouse Insured.

Determination of whether a better underwriting class may be issued is based on the applicant's age and underwriting requirements collected for the coverage applied for in the application.

PRIOR EXPRESS CONSENT TO CALL CELLULAR AND MOBILE TELEPHONE NUMBERS

By providing the proposed Insured's and proposed Spouse Insured's (collectively the "Proposed Insureds") cellular or mobile telephone numbers in the Application, the Proposed Insureds are providing their prior express consent that Primerica Life Insurance Company (the "Company"), any of the Company's affiliates and any service providers that assist the Company may call the Proposed Insureds' cellular or mobile telephone numbers using technology that includes automated dialing systems and artificial and prerecorded messages in connection with processing the Application and servicing the life insurance policy issued pursuant to the Application.

ADVANCE PREMIUM DEPOSITS AGREEMENT DISCLOSURE

By choosing to pay an additional amount towards your premiums, You are authorizing the Company to either directly bill You or collect from Your account that amount. The balance of these payments may not exceed $5,000 or the maximum permitted under state law (provided that no additional requirements are necessary), whichever is less. If the balance of Your Advance Premium Deposits is less than $10.00 and no Advance Premium Deposits have been made within the last 12 months, We may return the balance to You. Upon written request, at no charge, You may withdraw a minimum of at least $100, or the entire balance amount, whichever is less. You will receive an annual statement showing Your balance, Your transactions and any interest earned.

ANNUAL INTEREST – You will earn interest on the balance of Your Advance Premium Deposits based in part on current market conditions. The interest rate is variable, but will not be less than the Benchmark Rate, which is the one-month U.S. Treasury Bill Rate. The published rate as of the last business day of a month will be the effective Benchmark Rate for the following month (for example, the effective Benchmark Rate for September would be the rate as of the last business day of August). The interest earned on Your Advance Premium Deposits is taxable. You should consult a tax advisor. The interest rate You earn on Your Advance Premium Deposits is not tied to, and may be less than, Primerica Life Insurance Company's earnings on its general account. Interest rates may change without notice. You may obtain the current rate by calling Our toll-free number, 1-800-257-4725, Monday through Friday between 8:00 a.m. and 5:00 p.m. Eastern Standard Time.

At the end of each Policy Year in which there is a balance in the Advance Premium Deposits, We will credit interest based on the lesser of: 1) the existing balance of the Advance Premium Deposits, or 2) the average balance during the policy year just completed. We reserve the right to make changes to these terms and conditions, including selecting a different Benchmark Rate on which to base interest rates credited. In the event of changes, notice of the proposed changes will be sent to You. You will have 60 days to agree to these changes, otherwise You affirm these changes.

AUTOMATIC WITHDRAWAL OF DEPOSITS UPON PREMIUM DEFAULT – Unless otherwise instructed by You in writing, if any premium under the Policy remains unpaid on the date of default or any extended payment offer, whichever is later, We will withdraw from the Advance Premium Deposits, if sufficient, the amount of such premium necessary to pay the premium due based on the then current premium payment schedule and apply such amount for payment thereof. Your policy will continue to be in lapse mode and the balance of Your Advance Premium Deposits will be returned to You if the balance is insufficient to cover the premium due on the then current premium payment schedule.

TERMINATION AND SETTLEMENT – Upon termination of Your policy by reason other than death of the Insured, You will receive a check for the balance of the advance premiums plus any interest accumulated. In the event of the death of the Insured the then present balance of any Advance Premium Deposits plus any interest earned will be paid to the beneficiary.

THE SAFETY OF YOUR ADVANCE PREMIUM DEPOSITS BALANCE – Any Advance Premium Deposits balances are held by and remain an asset of Primerica Life Insurance Company. These balances are not insured by the Federal Deposit Insurance Corporation (FDIC); however, they are protected by state guaranty funds, up to state coverage limits (generally $300,000).

THE BALANCE OF YOUR ADVANCE PREMIUM DEPOSITS FUNDS – We assume no responsibility whatsoever as to how the funds in Your Advance Premium Deposits balance are applied, except as described in AUTOMATIC WITHDRAWAL OF DEPOSITS UPON PREMIUM DEFAULT above. It is Your responsibility to consider whether and when to adjust Your premium payment schedule to a less frequent basis in order to reduce overall premium costs.

QUESTIONS OR TO STOP THE COLLECTIONS OF ADVANCE PREMIUMS – If You would like to stop the collection of advance premiums or if You have a question or need more information, call Our toll-free number, 1-800-257-4725, Monday through Friday between 8:00 a.m. and 5:00 p.m. Eastern Standard Time.

BENEFICIARIES

IF A MINOR (below the age of 18) IS NAMED A BENEFICIARY, PLEASE UNDERSTAND THAT FINANCIAL GUARDIANSHIP FOR THE MINOR'S ESTATE WILL BE REQUIRED BEFORE POLICY PROCEEDS CAN BE RELEASED.

Unless otherwise indicated, all Beneficiary Designations are REVOCABLE.

Irrevocable Beneficiaries' rights CANNOT be cancelled or changed without their consent.

Beneficiaries will share equally, unless otherwise specified. Contingent Beneficiaries are alternate beneficiary designations who will receive the proceeds if there is no living Primary Beneficiary on the Insured's date of death.

NOTICE AND CONSENT FOR BLOOD AND BODY FLUID TESTING WHICH MAY INCLUDE AIDS VIRUS (HIV) ANTIBODY/ANTIGEN TESTING

Depending on your age, your medical history and the amount or type of insurance applied for, you may be asked to provide a sample of blood and/or body fluids for testing and analysis in order to help evaluate your insurability. All tests will be performed by a licensed laboratory. By electronically signing and dating the Application, you agree that the testing and analysis may be performed on your blood and/or other body fluid samples.

Unless precluded by law, the tests to be performed will include a test to try to determine the presence of antibodies or antigens to the Human Immunodeficiency Virus (HIV), also known as the Acquired Immune Deficiency Syndrome (AIDS) virus. The HIV test performed is actually a series of tests designed to determine the presence of these antibodies or antigens. If you have been infected with the HIV virus, which causes AIDS, your body may have produced HIV antibodies which try to get rid of the infection.

HIV, the virus that causes AIDS, is an infection that attacks a person's immune system, the body's natural defense against disease. The virus is transmitted through exposure to HIV infected blood or other infectious body fluids, including semen and vaginal fluid. HIV is primarily transmitted through anal or vaginal intercourse and the sharing of needles and syringes for injection drug use. When first infected with HIV, you may have no signs or symptoms at all, although it is more common to develop a brief flu-like illness two to four weeks after becoming infected. Signs and symptoms may include fever, chills, sweats, weight loss, swollen lymph glands, muscle aches and rash. Even if you don't have symptoms, you are still able to transmit the virus to others. Once the virus enters your body, your own immune system also comes under attack. Because many people who have been infected with HIV have few or no HIV symptoms initially, testing is the only way to know for sure if you are infected with HIV.

If you are requested to provide a sample of your blood and/or body fluids, you may also be screened for evidence of foreign substances such as cotinine and cocaine, blood cholesterol and related lipids (fats) and diabetes, liver and kidney disorders.

TESTING CONSIDERATIONS.

Many public health organizations recommend a person seek counseling before taking an HIV related test, to become informed about the implications of such a test. You may wish to consider counseling, at your expense, prior to being tested. Please see the information included in this booklet about the availability of counseling in your area.

MEANING OF A POSITIVE TEST RESULT

Although no medical test is 100% accurate, the HIV antibody test is extremely accurate. In some rare instances, the test results may be abnormal ("positive") for persons who are not infected with the virus. Additionally, the test results may occasionally be normal ("negative") in persons who are infected with HIV, especially when the infection has occurred within the previous 6 months.

While abnormal HIV test results do not mean you have AIDS, they could mean you have a significantly increased risk of developing AIDS or AIDS-related conditions and you should consider further independent testing. Federal authorities say that persons who are HIV positive should be considered to be infected with the AIDS virus and capable of infecting others. An abnormal test result or other significant blood or body fluid abnormalities may adversely affect your application for insurance. This means that your application may be declined, that an increased premium may be charged, or that other policy changes may be necessary. Other Insurers to whom you may apply in the future may require an HIV related test if they find that a nonspecific blood disorder has been reported.

CONFIDENTIALITY OF TEST RESULTS

All test results will be treated confidentially. They will be reported by the laboratory to the Insurer. When necessary for business reasons in connection with insurance you have or have applied for with the Insurer, the Insurer may disclose a generic code which signifies only a blood test abnormality, to others involved solely in the underwriting process such as its affiliates, reinsurers, employees, or contractors. If the Insurer is a member of MIB, Inc., and if the blood test results for HIV antibodies/antigens are other than normal, the Insurer will report to MIB, Inc. a generic code which signifies only a nonspecific blood test abnormality. If your HIV blood test is normal, no report will be made about it to MIB, Inc. Other test results may be reported to MIB, Inc. in a more specific manner. The organizations described in this paragraph may maintain the test results in a file or data bank. There will be no other disclosure of test results or even that the tests have been done except as may be required or permitted by law or as authorized by you.

NOTIFICATION OF TEST RESULTS

If your HIV test results are normal, no routine notification will be sent to you. If your test results are reported by the laboratory to the Insurer as being abnormal, the Insurer will contact you, your legal guardian or a physician designated by you. Because a trained person should deliver that information so that you can understand clearly what the test result means, please give the name and address of your private physician to your Primerica representative, so that the Insurer can have him or her tell you the test result and explain its meaning. In the event the test is positive and you are denied coverage because of that fact and you request the reason for the denial, the Insurer may require you to name a physician at that time in order to receive the information.

CONSENT

I have read and I understand this NOTICE AND CONSENT FOR BLOOD AND BODY FLUID TESTING WHICH MAY INCLUDE AIDS VIRUS (HIV) ANTIBODY/ANTIGEN TESTING. I voluntarily consent to the withdrawal of blood and providing other body fluid samples, and the testing of that blood and/or body fluid as described on the Notice; and the disclosure of the test results as described, including disclosure to the person, if any, indicated on the Application. I have read the information on this Notice about what a test result means and understand that I should contact a local AIDS service group or my physician or health care provider for further information and counseling if the HIV test result is abnormal. I acknowledge that I have received the information describing HIV/AIDS, its causes and symptoms, the manner in which it is spread, the test or tests used to detect HIV or the HIV antibody, and what a person can do whose test results are positive or negative. I understand that I am responsible to avail myself for any necessary retesting, and if I choose not to do so, I authorize the Company to consider my inaction as my request to withdraw my application for insurance. I understand that I have the right to request and receive a copy of my authorization. A photocopy of this form will be as valid as the original.

AIDS COUNSELING ORGANIZATIONS

To speak to a counselor about HIV/AIDS, you may call an AIDS hotline. Within California, call the S.F. AIDS Foundation's **California AIDS Hotline** tollfree at **800-367-AIDS**. Outside California, call the CDC National AIDS Hotline tollfree at **800-232-4636**.

The following organizations can also assist you in understanding the meaning of the HIV antibody test and its results, as well as provide or help you secure counseling:

San Francisco AIDS Foundation
995 Market Street
San Francisco, CA 94103
(415) 487-3000

AIDS Project - East Bay
1320 Webster Street
Oakland, CA 94612
(510) 663-7979

The Center
3909 Centre Street
San Diego, CA 92103
(619) 692-2077

AIDS Project Los Angeles
3550 Wilshire Boulevard
Los Angeles, CA 90010
(213) 201-1600

AIDS Services Foundation of Orange County
17982 Sky Park Circle, Suite J
Irvine, CA 92614
(949) 809-5700

AIDS Support Network
1320 Nipomo Street
San Luis Obispo, CA 93401
(805) 781-3660

NOTICE REGARDING REPLACEMENT
REPLACING YOUR LIFE INSURANCE OR ANNUITY?

Are you thinking about buying a new life insurance policy or annuity and discontinuing or changing an existing one? If you are, your decision could be a good one — or a mistake. You will not know for sure unless you make a careful comparison of your existing benefits and the proposed benefits.

Make sure you understand the facts. You should ask the company or agent that sold you your existing policy to give you information about it.

Hear both sides before you decide. This way you can be sure you are making a decision that is in your best interest.

We are required by law to notify your existing company that you may be replacing their policy.

Please communicate to your Primerica Representative the policies that are involved in the replacement transaction, so that they will be included in your insurance application.

OUR INSURANCE INFORMATION PRACTICES

We collect information from you and from others. The types of information and how we collect information includes:

the name, address and social security number of the policy owner and similar information plus driver's license number, date of birth, age and medical information regarding the proposed insured as well as identification information regarding designated beneficiaries. We collect this information from the policy owner and proposed insured on applications and other forms, and from consumer reporting agencies;

your transactions with us and our affiliates are collected internally;

name, age, date of birth, and medical history are collected from insurance support organizations (which may retain your information and disclose it to other persons);

medical information is also collected from doctors and medical service providers, from personal interviews and from investigative reports prepared by third party services.

We may disclose all these types of information to agents, affiliates, insurance support organizations and service providers without your prior authorization to perform insurance functions involved in processing and servicing your existing business, to detect and prevent fraud and to report illegal activities, to perform actuarial and other research studies, to verify medical information with service providers, and to complete reports to regulators, law enforcement, company and affiliate auditors and fraud investigators.

You have the right, with proper identification, to see and copy information you can reasonably describe that we have about you that is reasonably retrievable, except that you have no right to request information that is collected in connection with or in reasonable anticipation of a claim or civil or criminal proceeding involving you.

Within 30 business days of our receipt of your written request, we will inform you by telephone or in writing of the nature and the substance of recorded personal information we have about you. For any information in coded form, an accurate translation in plain language will be provided to you in writing. We will also list the identity (if recorded) of persons to whom we disclosed personal information within two years prior to your request, and if the identity is not recorded, we will tell you the names of persons to whom such information is normally disclosed. You may see and copy, in person, such recorded personal information, or obtain a copy of such recorded personal information by mail, whichever you prefer. Any information provided by an institutional source will include the identity of the source.

Medical information requested, together with the identity of the medical professional or medical care institution that provided the information, will be supplied, at your election, either directly to you or to a medical professional designated by you, which professional is licensed to provide medical care with respect to the condition to which the information relates. Mental health record information will be supplied directly to you only with the approval of the qualified professional person with treatment responsibility for the condition to which the information relates. If we disclose requested information to a medical professional, we will notify you when it is provided to the medical professional.

Except for information provided in response to your request for the specific reasons for an adverse underwriting decision, we may charge a reasonable fee to cover the costs incurred in providing a copy of the recorded personal information to you; no other fee will be charged.

You also have the right to ask us to correct, amend or delete any information about you which you believe to be incorrect. Within 30 business days of our receipt of your written request, we will decide whether to correct, amend or delete the information in dispute and notify you of our decision.

If the information should be corrected, we will update our files, notify you that we made the update and send the correction to anyone, including any insurance support organization that systematically received information from us within the preceding seven years; except that we won't notify any insurance support organization that no longer maintains information about you or that has already corrected this information about you; and to any person specifically designated by you who may have within the preceding two years received such information.

If we do not agree that the information is incorrect, we will tell you so, along with the reasons. If we do not believe the information is incorrect, you are permitted to give us a concise statement of what you believe to be the correct information and a concise statement about why you disagree with us. We will file your statement with the disputed information and make anyone who received or will receive the original information aware of the statement and give them access to it. In any subsequent disclosure of the information by us, we will clearly identify the matter or matters in dispute and provide your statement along with the information being disclosed.

To request access to or correction of the information in your file, please write Privacy Officer, P.O. Box 2318, Duluth, GA 30096-0040. Please include your policy number and some personal identification number, such as your driver's license number.

FOR ALL APPLICANTS

CALIFORNIA THIRD-PARTY NOTICE REQUEST FORM

You have the right to designate a third-party addressee to receive a potential notice of lapse or termination of a policy for nonpayment of premium. To designate a third-party addressee at this time or any time the policy is in force, please return this notice to us by writing to:

Primerica Life Insurance Company
1 Primerica Parkway
Duluth, GA 30099-0001

You have the right to change your third-party designation at any time.
Should you have any questions, please call our Client Services department toll free at
1-800-257-4725.

Print Name of Third Party Addressee _____

Print Address _____

City, State, ZIP _____

Telephone _____

Date _____

Signature of Proposed Primary Insured ➞ _____

Signature of Owner (if other than Primary Insured) ➞ _____

Print Name of Policyowner _____

Social Security # of Policyowner _____

Policy Number _____

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