



NEW VISTA®

Fact Sheet

**Policy Form #'s ICC16FELPUECS16, ICC16FEGPUECS16, ICC16FEMPUECS16, FELPUEFL17, FEGPUEFL17, FEMPUEFL17, FELPUECA17, FEGPUECA17, FEMPUECA17, FELPUEDC18, FEGPUEDC18, FEMPUEDE18, FEGPUEDE18, FEMPUEDE18
FOR AGENT USE ONLY**

PRODUCT DESCRIPTION	New Vista is a series of whole life products particularly suited to the senior market. This is a simplified issue product and features a three-tier classification. Customers can qualify for the Level, Graded, or Modified plans based on health history.		
PREMIUM GUARANTEE & RENEWABILITY	Premium is level throughout the premium payment period. Premium paying period ends at age 121.		
ISSUE AGES	50-80 for the Level, Graded, and Modified Plans. Age is determined by last birthday.		
COVERAGE AMOUNT	\$1,500 to \$35,000 (\$35,000 aggregate max for multiple Final Expense policies on the same insured.) \$5,000 to \$35,000 in WA		
BILLING OPTIONS & PREMIUM MODES	Direct Bill – Annual; Semi-Annual; Quarterly EFT and Direct Express MasterCard – Annual; Semi-Annual; Quarterly; Monthly		
POLICY FEE	Annual \$40.00, Semi-Annual \$20.60, Quarterly \$10.60, Monthly \$3.60		
UNDERWRITING	This is a simplified issue product. The underwriting decision will be based on the answers to the application health questions, MIB, and a prescription drug check. Applicants must fall within a specific height and weight table to qualify. Some applicants will be randomly selected for personal history interviews. The policy may be applied for using Apptical for Point of Sale Approval. This allows for the agent and client to complete the sale in one appointment.		
RIDERS	An Accidental Death Benefit rider can be added at the time of application at 1X the base coverage amount. The proposed insured must be age 74 or younger at the time of application, and the rider expires at age 75. The rider can be added to all three plan types.		
DEATH BENEFIT*	Level Plan	Graded Plan	Modified Plan
	The death benefit is equal to the face amount of the policy from the 1st day of coverage.	- During the first year of coverage, the death benefit is equal to 30% of the face amount. - During the second year of coverage, the death benefit is equal to 70% of the face amount. - After the second year of coverage, the death benefit is equal to the face amount of the policy. - In the event of Accidental Death, death benefit is equal to the face amount from the first day of coverage.	- During the first year of coverage, the death benefit is equal to 110% of the annual premium (excluding the policy fee). - During the second year of coverage, the death benefit is equal to 231% of the annual premium (excluding the policy fee). - After the second year of coverage, the death benefit is equal to the face amount of the policy. - In the event of Accidental Death, death benefit is equal to the face amount from the first day of coverage.

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ACCELERATED DEATH BENEFIT* (not available in California)	Accelerated Death Benefit is a built-in feature that allows for acceleration of up to 50% of the death benefit in the event of Terminal Illness.
Forms	State specific applications are available after running a quote in agent center. See the Final Expense Agent Guide for state specific disclosure forms and other forms required at point of sale. These forms are in the application kits. Application Kits are also available upon request.

*Refer to the policy for applicable definitions, exclusions and limitations. You must disclose all limitations and exclusions to the client.

Height and Weight Table

Height	Minimum Weight All Plans	Max Weight Level	Max Weight Graded	Max Weight Modified
4'6"	68	187	202	218
4'7"	71	194	209	225
4'8"	74	201	216	232
4'9"	77	208	223	239
4'10"	80	215	230	246
4'11"	83	222	237	253
5'00"	86	229	245	262
5'01"	89	237	253	271
5'02"	92	246	262	280
5'03"	95	253	269	288
5'04"	98	260	278	297
5'05"	101	268	286	306
5'06"	104	275	294	315
5'07"	107	284	304	325
5'08"	110	292	313	334
5'09"	113	299	321	343
5'10"	117	308	330	353
5'11"	121	316	339	362
6'00"	125	325	348	372
6'01"	129	333	356	381
6'02"	133	341	366	391
6'03"	137	349	373	399
6'04"	142	357	382	409
6'05"	147	365	392	419
6'06"	152	373	406	434
6'07"	159	381	413	442
6'08"	162	389	421	450
6'09"	167	397	430	460

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New Vista Rates per \$1,000

(Rates subject to change)

LEVEL PLAN				
Age	Male Non-Smoker	Male Smoker	Female Non-Smoker	Female Smoker
50	34.35	50.83	28.39	38.57
51	35.04	51.63	28.56	39.22
52	35.73	52.44	28.74	39.87
53	36.42	53.25	28.91	40.51
54	37.11	54.06	29.09	41.16
55	37.80	54.87	29.26	41.80
56	39.61	57.75	30.58	43.65
57	41.42	60.63	31.91	45.50
58	43.23	63.50	33.23	47.35
59	45.04	66.38	34.55	49.20
60	46.86	69.26	35.87	51.05
61	49.59	73.46	37.76	53.70
62	52.33	77.65	39.66	56.34
63	55.07	81.85	41.56	58.99
64	57.81	86.05	43.46	61.64
65	60.55	90.24	45.36	64.29
66	65.33	96.51	48.63	68.76
67	70.10	102.78	51.89	73.24
68	74.87	109.05	55.16	77.72
69	79.65	115.32	58.43	82.19
70	84.42	121.59	61.70	86.67
71	92.00	131.62	66.38	92.45
72	99.58	141.65	71.06	98.23
73	107.16	151.68	75.74	104.00
74	114.73	161.71	80.42	109.78
75	122.31	171.74	85.10	115.56
76	129.93	182.97	89.12	119.84
77	137.55	194.21	93.15	124.12
78	145.16	205.45	97.17	128.40
79	152.78	216.69	101.20	132.68
80	160.40	227.93	105.22	136.96

	Annual	Semi-Annual	Quarterly	Monthly
Modal Factor	1.0000	0.5150	0.2650	0.09
Policy Fee	40.00	20.60	10.60	3.60

Sample Calculation	Male, Age 60, Non-Smoker, \$20,000 Coverage; Monthly Premium Rate per \$1,000 = \$46.86; Modal Factor = 0.09; Monthly Policy Fee = \$3.60 $\$46.86 \times 0.09 \times 20 = \$84.35 + \$3.60 = \textbf{\$87.95 per Month}$
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New Vista Rates per \$1,000

(Rates subject to change)

GRADED PLAN				
Age	Male Non-Smoker	Male Smoker	Female Non-Smoker	Female Smoker
50	49.82	68.92	40.33	50.77
51	52.75	73.25	41.43	52.65
52	55.67	77.59	42.54	54.54
53	58.60	81.92	43.65	56.42
54	61.53	86.25	44.75	58.30
55	64.46	90.59	45.86	60.19
56	67.87	95.52	47.52	62.23
57	71.29	100.45	49.18	64.27
58	74.71	105.38	50.84	66.31
59	78.13	110.32	52.50	68.35
60	81.54	115.25	54.16	70.40
61	85.69	120.66	57.62	74.56
62	89.83	126.08	61.07	78.73
63	93.97	131.49	64.53	82.90
64	98.12	136.91	67.98	87.06
65	102.26	142.32	71.43	91.23
66	106.67	148.40	75.47	97.24
67	111.09	154.48	79.50	103.26
68	115.50	160.55	83.53	109.27
69	119.91	166.63	87.57	115.29
70	124.32	172.71	91.60	121.31
71	135.45	188.43	99.89	132.73
72	146.57	204.16	108.18	144.16
73	157.69	219.88	116.47	155.59
74	168.82	235.61	124.76	167.02
75	179.94	251.33	133.04	178.44
76	194.99	272.70	145.70	192.52
77	210.04	294.06	158.35	206.59
78	225.09	315.42	171.00	220.66
79	240.14	336.79	183.65	234.73
80	255.18	358.15	196.30	248.81

	Annual	Semi-Annual	Quarterly	Monthly
Modal Factor	1.0000	0.5150	0.2650	0.09
Policy Fee	40.00	20.60	10.60	3.60

Sample Calculation	Male, Age 60, Non-Smoker, \$20,000 Coverage; Monthly Premium
	Rate per \$1,000 = \$81.54; Modal Factor = 0.09; Monthly Policy Fee = \$3.60
	$\$81.54 \times 0.09 \times 20 = \$146.77 + \$3.60 = \textbf{\$150.37 per Month}$

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New Vista Rates per \$1,000

(Rates subject to change)

MODIFIED PLAN				
Age	Male Non-Smoker	Male Smoker	Female Non-Smoker	Female Smoker
50	81.67	113.25	78.29	97.94
51	85.02	116.88	79.47	100.32
52	88.36	120.52	80.64	102.71
53	91.71	124.16	81.82	105.09
54	95.05	127.79	82.99	107.47
55	98.40	131.43	84.17	109.86
56	103.24	137.02	87.75	114.13
57	108.09	142.62	91.34	118.40
58	112.93	148.22	94.92	122.67
59	117.78	153.81	98.50	126.94
60	122.62	159.41	102.09	131.21
61	125.09	162.61	103.67	132.68
62	127.55	165.81	105.26	134.14
63	130.01	169.01	106.85	135.61
64	132.47	172.21	108.43	137.07
65	134.94	175.42	110.02	138.53
66	141.39	182.94	113.67	143.65
67	147.84	190.46	117.32	148.76
68	154.29	197.99	120.98	153.87
69	160.74	205.51	124.63	158.98
70	167.19	213.04	128.28	164.10
71	176.09	223.67	132.26	169.83
72	185.00	234.31	136.23	175.56
73	193.91	244.94	140.21	181.29
74	202.81	255.58	144.19	187.03
75	211.72	266.22	148.16	192.76
76	234.13	298.11	159.62	206.29
77	256.54	330.01	171.08	219.82
78	278.95	361.91	182.54	233.35
79	301.36	393.80	193.99	246.88
80	323.77	425.70	205.45	260.41

	Annual	Semi-Annual	Quarterly	Monthly
Modal Factor	1.0000	0.5150	0.2650	0.09
Policy Fee	40.00	20.60	10.60	3.60

Sample Calculation	Male, Age 60, Non-Smoker, \$20,000 Coverage; Monthly Premium
	Rate per \$1,000 = \$122.62; Modal Factor = 0.09; Monthly Policy Fee = \$3.60
	$\$122.62 \times 0.09 \times 20 = \$220.72 + \$3.60 = \textbf{\$224.32 per Month}$

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Accidental Death Benefit Rider

(Rates subject to change)

Annual Premiums Per \$1,000 of Rider		
Age	Male	Female
50	3.92	3.00
51	3.98	3.00
52	4.06	3.00
53	4.16	3.00
54	4.28	3.00
55	4.42	3.00
56	4.56	3.00
57	4.74	3.00
58	4.94	3.00
59	5.16	3.10
60	5.40	3.24
61	5.64	3.40
62	5.92	3.54
63	6.22	3.72
64	6.52	3.92
65	6.86	4.12
66	7.20	4.32
67	7.56	4.54
68	7.96	4.78
69	8.36	5.02
70	8.82	5.30
71	9.32	5.58
72	9.84	5.90
73	10.40	6.26
74	11.06	6.62

Sample Calculation	Male, Age 60, \$20,000 Coverage; Monthly Premium
	Rate per \$1,000 = \$5.40; Modal Factor = 0.09 Monthly Policy Fee = \$3.60
	$\$5.40 \times 0.09 \times 20 = \textbf{\$9.72 per Month (Rider Only)}$
	$\$46.86 \text{ (Level Plan)} \times 0.09 \times 20 = \$78.82 + \$3.60 + \$9.72 \text{ (Rider)} = \textbf{\$92.14 per Month}$

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