

## GTL's Heritage Plan – Graded Benefit Whole Life Insurance For Pennsylvania – Instructions for completion of the PA-L-DIS Form

1. The PA-L-DIS Disclosure Statement is to be completed and submitted with ALL Pennsylvania life applications.
2. The Face amount section – for this graded death benefit life product should be completed to reflect the graded death benefit amounts for the first two years and the full benefit amount on the third year.
3. The premium for the policy changes section – can be completed as “Not Applicable” as there are no premium changes.
4. The Guaranteed Cash Value section – can be completed as there are cash values for this whole life policy. The Cash Values are listed in the chart below.
5. The surrender comparison index paragraph states the index will be provided upon delivery of the policy or earlier if requested. This product has index and should be completed, as per the applicant's request – please check according to the applicant's responses - either “has requested” or “has not requested” and under (b) “did” or “did not request”.

Note: If an applicant requests for an earlier delivery of the index, then the agent needs to request the company for this information. (When delivered with the policy, the Statement of Policy Cost and Benefit Information page includes the index). The sample provided is hypothetical.

6. If you have any questions regarding this form, please contact our Underwriting Department at 800-635-1993.

Issue age	5 years		10 years		20 years		Age 65	
	M	F	M	F	M	F	M	F
40	\$28.30	\$26.50	\$84.60	\$79.80	\$232.00	\$217.00	\$320.00	\$300.00
41	\$30.10	\$28.20	\$89.30	\$83.90	\$242.00	\$226.00	\$314.00	\$294.00
42	\$32.10	\$30.00	\$94.10	\$88.10	\$253.00	\$236.00	\$307.00	\$287.00
43	\$34.10	\$31.80	\$99.20	\$92.50	\$263.00	\$245.00	\$301.00	\$281.00
44	\$36.40	\$33.70	\$104.50	\$97.00	\$274.00	\$255.00	\$293.00	\$273.00
45	\$38.70	\$35.70	\$110.00	\$101.70	\$286.00	\$266.00	\$286.00	\$266.00
46	\$41.20	\$37.70	\$115.60	\$106.70	\$297.00	\$277.00	\$277.00	\$258.00
47	\$43.70	\$39.90	\$121.50	\$111.80	\$309.00	\$288.00	\$269.00	\$250.00
48	\$46.30	\$42.20	\$127.50	\$117.20	\$321.00	\$299.00	\$259.00	\$241.00
49	\$49.00	\$44.50	\$133.70	\$122.70	\$333.00	\$310.00	\$250.00	\$231.00
50	\$51.90	\$47.00	\$140.00	\$128.50	\$346.00	\$322.00	\$239.00	\$221.00
51	\$54.80	\$49.60	\$146.60	\$134.50	\$359.00	\$334.00	\$228.00	\$210.00
52	\$57.80	\$52.30	\$153.30	\$140.70	\$373.00	\$346.00	\$216.00	\$199.00
53	\$61.00	\$55.10	\$160.20	\$147.10	\$386.00	\$359.00	\$203.00	\$187.00
54	\$64.20	\$58.10	\$167.20	\$153.70	\$400.00	\$372.00	\$189.00	\$174.00
55	\$67.60	\$61.20	\$174.40	\$160.50	\$413.00	\$386.00	\$174.40	\$160.50
56	\$71.10	\$64.40	\$181.80	\$167.50	\$427.00	\$399.00	\$158.90	\$146.10
57	\$74.60	\$67.70	\$189.50	\$174.70	\$441.00	\$413.00	\$142.40	\$130.70
58	\$78.30	\$71.10	\$197.50	\$182.10	\$455.00	\$428.00	\$124.70	\$114.30
59	\$82.00	\$74.70	\$205.90	\$189.70	\$469.00	\$442.00	\$105.90	\$96.90
60	\$85.90	\$78.30	\$214.70	\$197.60	\$484.00	\$457.00	\$85.90	\$78.30
61	\$89.90	\$82.10	\$223.80	\$205.80	\$499.00	\$472.00	\$64.50	\$58.50

62	\$94.30	\$86.10	\$233.20	\$214.30	\$514.00	\$487.00	\$41.70	\$37.40
63	\$99.00	\$90.20	\$242.90	\$223.10	\$529.00	\$502.00	\$17.30	\$14.80
64	\$104.00	\$94.50	\$252.70	\$232.30	\$544.00	\$517.00	\$0	\$0
65	\$110.40	\$99.00	\$263.50	\$242.00	\$560.00	\$532.00	na	na
66	\$118.10	\$103.70	\$275.30	\$252.00	\$574.00	\$546.00	na	na
67	\$126.00	\$109.50	\$287.30	\$263.20	\$588.00	\$560.00	na	na
68	\$134.10	\$117.00	\$299.60	\$275.80	\$601.00	\$574.00	na	na
69	\$142.30	\$124.90	\$312.40	\$288.80	\$612.00	\$587.00	na	na
70	\$150.60	\$133.20	\$325.50	\$302.30	\$622.00	\$599.00	na	na
71	\$159.20	\$142.00	\$339.10	\$316.00	\$630.00	\$611.00	na	na
72	\$168.40	\$151.20	\$353.30	\$329.80	\$637.00	\$621.00	na	na
73	\$178.10	\$160.70	\$367.80	\$343.70	\$642.00	\$631.00	na	na
74	\$188.50	\$170.70	\$382.30	\$357.50	\$647.00	\$641.00	na	na
75	\$199.60	\$181.20	\$396.50	\$371.00	\$651.00	\$650.00	na	na
76	\$211.20	\$192.00	\$410.10	\$383.90	\$656.00	\$659.00	na	na
77	\$223.30	\$202.90	\$422.50	\$396.20	\$660.00	\$668.00	na	na
78	\$235.60	\$214.00	\$433.40	\$407.70	\$664.00	\$675.00	na	na
79	\$247.90	\$225.10	\$442.30	\$418.40	\$666.00	\$680.00	na	na
80	\$259.90	\$236.20	\$449.20	\$428.20	\$668.00	\$685.00	na	na
81	\$271.50	\$247.20	\$454.10	\$437.30	\$668.00	\$687.00	na	na
82	\$282.40	\$258.00	\$457.20	\$446.00	\$667.00	\$689.00	na	na
83	\$292.00	\$268.70	\$458.70	\$454.20	\$665.00	\$689.00	na	na
84	\$300.40	\$279.20	\$459.60	\$462.50	\$662.00	\$689.00	na	na
85	\$307.30	\$289.60	\$461.30	\$471.70	\$659.00	\$688.00	na	na
86	\$313.10	\$299.60	\$464.60	\$481.20	\$657.00	\$687.00	na	na
87	\$318.30	\$309.80	\$468.80	\$490.30	\$657.00	\$687.00	na	na
88	\$323.20	\$319.70	\$473.90	\$498.70	\$658.00	\$687.00	na	na
89	\$328.80	\$330.40	\$479.40	\$505.90	\$660.00	\$688.00	na	na
90	\$336.70	\$342.50	\$484.60	\$511.70	\$663.00	\$689.00	na	na

# DISCLOSURE STATEMENT

THIS DISCLOSURE STATEMENT WITH ALL APPLICABLE BLANKS FILLED IN IS FOR YOUR PROTECTION. IT GIVES YOU BASIC INFORMATION ABOUT THE COST AND COVERAGE OF THE INSURANCE BEING SOLICITED. READ IT CAREFULLY BEFORE SIGNING ANY AGREEMENT TO BUY LIFE INSURANCE.

THIS DISCLOSURE STATEMENT SHALL NOT BE CONSIDERED AS AN OFFER TO CONTRACT OR AS ALTERING OR MODIFYING ANY POLICY OR RIDER THAT MAY BE ISSUED.

Name of Proposed Insured John Doe Age 55 Sex Male

Name of Agent Preparing Disclosure Agent Smith

Agent Home or Agency Address 18<sup>th</sup> Street, Chicago, IL 60000

Telephone Number of Agent (847) 123-5678

Name of Insurer: Guarantee Trust Life Insurance Company, 1275 Milwaukee Avenue, Glenview, Illinois 60025  
Direct all correspondence to address shown above.

Policy	Descriptive Title Of Coverage	Face Amount of Coverage (1) If not applicable, Description of Coverage	Annual Premium (2) If not known, Premium For Mode Quoted
	<u>Graded Death Benefit Whole Life Policy</u>	<u>1<sup>st</sup> Policy Year - Premiums Paid + 5%</u> <u>2<sup>nd</sup> Policy Year - \$5000.00</u> <u>3<sup>rd</sup> Policy Year &amp; thereafter - \$10,000.00</u>	<u>\$636.00</u>

Rider(s) None

\*(1) The face amount of coverage of the policy changes as follows: 1<sup>st</sup> Policy Year - Premiums Paid + 5%;  
2<sup>nd</sup> Policy Year - \$5000.00; 3<sup>rd</sup> Policy Year & thereafter - \$10,000.00

\*(2) The premium for the policy changes: Not Applicable.

(a) The ultimate (mode) premium will be \$ \_\_\_\_\_ at age \_\_\_\_\_ (or for policy year \_\_\_\_\_).

(b) Premiums change \_\_\_\_\_

Representative (mode) Premiums will be \$ \_\_\_\_\_ at age \_\_\_\_\_ (or for policy year \_\_\_\_\_)

and \$ \_\_\_\_\_ at age \_\_\_\_\_ (or for policy year \_\_\_\_\_) and the ultimate (mode)

premium will be \$ \_\_\_\_\_ at age \_\_\_\_\_ (or for policy year \_\_\_\_\_).

Total initial (mode) premium for the policy and rider(s) will be \$ \_\_\_\_\_.

\*GUARANTEED CASH VALUE. If you continuously pay you premiums on this policy as they come due, you will have the following guaranteed cash value for each \$1000 of face amount. You may borrow against this cash value at an annual 7.4% loan interest charge.

Guarantee Cash Values per \$1,000 of Face Amount

Number of Years Policy has been in Force	5	10	20	At Age 65
Total Accumulated Cash Value per \$1000	67.60	174.40	413.00	174.40

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

The prospective insured has \_\_\_\_\_ has not X requested an earlier delivery of the index. \_\_\_\_\_ None is required.

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

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

I certify that the Applicant: (a) was given a copy of this Disclosure Statement when the application was signed;  
(b) \_\_\_\_\_ did X did not request a Surrender Comparison Index before delivery of the policy [or \_\_\_\_\_ one was not required.]

8/24/2020

Agent Smith

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Agent