

PO BOX 10546, SPRINGFIELD, MISSOURI 65808-0546 (888) 350-1488

Certificate Number:
Claimant:
Date of Birth:
Certificateholder:

We have received your request for and have approved an Accelerated Death Benefit. An explanation of the benefit is below. You must sign and return this form to complete your request.

ACCELERATED DEATH BENEFIT PAYMENT

The Accelerated Death Benefit Payment is a lump sum of: _____

EFFECT ON DEATH BENEFIT

The reduced Death Benefit will be effective as of the date the company approves and issues the Accelerated Death Benefit Check.

Benefit Before Acceleration

Accelerated Benefit

Benefit After Acceleration

IMPORTANT NOTICES

Payment of the Accelerated Death Benefit will reduce the Death Benefit otherwise payable under the Certificate. Receipt of the Accelerated Death Benefit may adversely affect the recipient's eligibility for Medicaid or other government benefits or entitlements.

Receipt of the Accelerated Death Benefit may be a taxable event. Please consult your personal tax advisor or attorney to determine the tax status of any benefits paid under this rider.

I understand and agree that by signing below:

- I authorize Standard Life and Accident Insurance Company to pay the Accelerated Death Benefit;
- The benefit will be reduced as shown above;
- This election is voluntary and without coercion on the part of any third party.

Signature of Certificateholder

Date