

**10-YEAR LEVEL TERM LIFE INSURANCE
SCHEDULE OF BENEFITS AND QUARTERLY PREMIUMS
Quarterly PREFERRED* Premium Schedule Per \$10,000 Unit**

Current as of 2022

Contact ABE or visit abendowment.org for all rates for ABE-sponsored 10-Year Level Term Life Insurance.

10-Year Level Term Life

Age as of Application Postmark	\$100,000 to \$240,000		\$250,000 to \$500,000		\$510,000 to \$990,000		\$1,000,000 to \$2,000,000	
	M	F	M	F	M	F	M	F
35 and Under	\$2.10	\$1.90	\$1.40	\$1.23	\$1.03	\$0.88	\$0.98	\$0.83
36	2.13	1.93	1.43	1.25	1.05	0.90	1.00	0.85
37	2.20	2.05	1.48	1.30	1.10	0.98	1.05	0.93
38	2.33	2.13	1.55	1.43	1.15	1.05	1.10	1.00
39	2.45	2.23	1.63	1.55	1.20	1.15	1.15	1.10
40	2.55	2.35	1.75	1.65	1.30	1.23	1.25	1.18
41	2.68	2.50	1.85	1.80	1.43	1.35	1.38	1.30
42	2.88	2.65	2.10	1.95	1.60	1.48	1.55	1.43
43	3.05	2.88	2.33	2.13	1.78	1.63	1.73	1.58
44	3.23	3.05	2.53	2.33	1.95	1.78	1.90	1.73
45	3.55	3.20	2.80	2.50	2.15	1.93	2.08	1.88
46	3.85	3.43	3.05	2.68	2.38	2.08	2.33	2.03
47	4.18	3.58	3.33	2.83	2.58	2.20	2.50	2.15
48	4.48	3.75	3.58	3.03	2.78	2.33	2.70	2.25
49	4.90	3.98	3.90	3.20	3.05	2.48	2.98	2.40
50	5.35	4.20	4.28	3.43	3.35	2.68	3.28	2.63
51	5.80	4.48	4.73	3.70	3.70	2.88	3.63	2.80
52	6.23	4.83	5.25	4.03	4.13	3.15	4.05	3.08
53	6.70	5.15	5.80	4.33	4.58	3.40	4.50	3.33
54	7.33	5.53	6.40	4.73	5.08	3.70	5.00	3.63
55	7.90	5.88	7.08	5.10	5.60	4.00	5.50	3.93
56	8.60	6.23	7.75	5.43	6.15	4.28	6.05	4.20
57	9.28	6.60	8.45	5.73	6.70	4.55	6.60	4.48
58	10.13	6.93	9.25	6.13	7.38	4.83	7.28	4.73
59	11.08	7.38	10.18	6.55	8.10	5.20	7.98	5.13
60	12.18	7.93	11.25	7.10	8.98	5.65	8.85	5.58
61	13.43	8.65	12.50	7.85	9.98	6.23	9.85	6.13
62	14.75	9.48	13.95	8.70	11.15	6.93	11.03	6.83
63	16.35	10.45	15.53	9.70	12.43	7.73	12.28	7.63
64	18.20	11.53	17.33	10.73	13.88	8.55	13.73	8.43

When comparing rates, please keep in mind that although not promised or guaranteed, this insurance is designed to generate dividends that an insured may donate to support ABE's charitable mission. If you do so, you are eligible for a charitable contribution deduction on your individual tax return. Please see "How Your Assignment of Dividends Works" on page 3 for further details.

The rates shown are the rates New York Life currently charges and reflect the current benefit structure. The cost of this life insurance is based upon the member and spouse/DP's gender, amount of insurance requested, usage of tobacco/nicotine products, health status, and attained age on the date the application is postmarked.

* Only non-smokers meeting the highest underwriting standards may qualify for the Preferred Rates. Other non-smokers may qualify for the Select rates, higher but still competitive. Approved smokers would qualify for the Standard rates only. Preferred rates are shown here. Contact ABE for Select or Standard rates. Upon approval of your application, you will be notified of the rate classification for each approved person. Premium rates will vary depending on the option chosen.

10-Year Level Term Life with Waiver of Premium

Age as of Application Postmark	\$100,000 to \$240,000		\$250,000 to \$500,000		\$510,000 to \$990,000		\$1,000,000 to \$2,000,000	
	M	F	M	F	M	F	M	F
20 and Under	\$2.30	\$ 2.15	\$1.60	\$1.48	\$1.23	\$1.13	\$1.18	\$1.08
21 - 24	2.30	2.18	1.60	1.50	1.23	1.15	1.18	1.10
25 - 30	2.35	2.20	1.65	1.53	1.28	1.18	1.23	1.13
31	2.35	2.20	1.65	1.53	1.28	1.18	1.23	1.13
32	2.35	2.23	1.65	1.55	1.28	1.20	1.23	1.15
33	2.38	2.23	1.68	1.55	1.30	1.20	1.25	1.15
34	2.38	2.25	1.68	1.58	1.30	1.23	1.25	1.18
35	2.40	2.30	1.70	1.63	1.33	1.28	1.28	1.23
36	2.43	2.35	1.73	1.68	1.35	1.33	1.30	1.28
37	2.53	2.50	1.80	1.75	1.43	1.43	1.38	1.38
38	2.68	2.60	1.90	1.90	1.50	1.53	1.45	1.48
39	2.85	2.73	2.03	2.05	1.60	1.65	1.55	1.60
40	2.98	2.90	2.18	2.20	1.73	1.78	1.68	1.73
41	3.13	3.10	2.30	2.40	1.88	1.95	1.83	1.90
42	3.35	3.28	2.58	2.58	2.08	2.10	2.03	2.05
43	3.60	3.53	2.88	2.78	2.33	2.28	2.28	2.23
44	3.83	3.78	3.13	3.05	2.55	2.50	2.50	2.45
45	4.20	4.00	3.45	3.30	2.80	2.73	2.73	2.68
46	4.63	4.33	3.83	3.58	3.15	2.98	3.10	2.93
47	5.08	4.60	4.23	3.85	3.48	3.23	3.40	3.18
48	5.53	4.90	4.63	4.18	3.83	3.48	3.75	3.40
49	6.15	5.30	5.15	4.53	4.30	3.80	4.23	3.73
50	6.83	5.60	5.75	4.83	4.83	4.08	4.75	4.03
51	7.38	5.90	6.30	5.13	5.28	4.30	5.20	4.23
52	7.93	6.30	6.95	5.50	5.83	4.63	5.75	4.55
53	8.50	6.65	7.60	5.83	6.38	4.90	6.30	4.83
54	9.25	7.08	8.33	6.28	7.00	5.25	6.93	5.18

Child's Schedule of Benefits and Quarterly Premium:

Child	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000
	\$2.50	\$5.00	\$7.50	\$10.00	\$12.50

Each quarterly premium covers all eligible dependent children regardless of number.

MONTANA RESIDENTS: "Male" rates apply to all individuals regardless of sex.

Premiums for coverage over \$500,000 are guaranteed to remain level for the first 10 years of coverage. Premiums for coverage through \$500,000 are not guaranteed but are expected to remain level. Please see "Economic Group Rate..." on page 1 for options at the completion of the 10 year period.

Coverage terminates on the policy anniversary on or next following the insured's 75th birthday.

Premiums may vary due to rounding when billed.