

SCHEDULE OF BENEFITS AND QUARTERLY PREMIUMS - CURRENT AS OF 2019

Quarterly **PREFERRED*** Premium Schedule Per \$10,000 Unit

Contact ABE for all rates under this plan.

10-Year Level Term Life

Age as of Application Postmark	\$100,000 to \$249,000		\$250,000 to \$500,000		\$510,000 to \$999,000		\$1,000,000 and Over	
	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

10-Year Level Term Life with Waiver of Premium

Age as of Application Postmark	\$100,000 to \$249,000		\$250,000 to \$500,000		\$510,000 to \$999,000		\$1,000,000 and Over	
	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.

When comparing rates, please keep in mind that although not promised or guaranteed, this plan is designed to generate dividends that an insured may donate to support ABE's charitable grants. If you do so, you are eligible for a charitable contribution deduction on your individual tax return. *Please see Assignment of Dividends 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.

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 "Lock In Your Economical Group Rate..." in Plan Brochure for options at the completion of the term of guaranteed rates.

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

Premiums may vary due to rounding when billed.

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

Underwritten by New York Life Insurance Company, 51 Madison Avenue, New York, NY 10010 on Group Policy G-29104-0 on Policy Form GMR-FACE/G-29104-0.

SCHEDULE OF BENEFITS AND QUARTERLY PREMIUMS - CURRENT AS OF 2019

Quarterly **PREFERRED*** Premium Schedule Per \$10,000 Unit

Contact ABE for all rates under this plan.

20-Year Level Term Life

Age as of Application Postmark	\$100,000 to \$240,000		\$250,000 to \$490,000		\$500,000 to \$990,000		\$1,000,000 to \$2,000,000	
	M	F	M	F	M	F	M	F
30 and Under	\$2.70	\$2.30	\$1.90	\$1.55	\$1.75	\$1.40	\$1.65	\$1.23
31	2.70	2.30	1.90	1.58	1.75	1.43	1.65	1.25
32	2.70	2.38	1.90	1.60	1.75	1.45	1.65	1.30
33	2.70	2.43	1.90	1.65	1.75	1.50	1.65	1.33
34	2.70	2.48	1.90	1.68	1.75	1.55	1.65	1.40
35	2.70	2.55	1.90	1.73	1.75	1.60	1.65	1.45
36	2.83	2.63	1.98	1.78	1.83	1.65	1.70	1.53
37	3.00	2.65	2.05	1.85	1.90	1.70	1.78	1.58
38	3.20	2.75	2.15	1.93	2.03	1.78	1.90	1.65
39	3.45	2.85	2.30	2.03	2.15	1.88	2.05	1.73
40	3.73	2.98	2.50	2.15	2.35	2.00	2.23	1.85
41	4.03	3.13	2.73	2.28	2.60	2.15	2.48	2.00
42	4.40	3.33	3.03	2.48	2.88	2.33	2.75	2.15
43	4.83	3.58	3.33	2.65	3.18	2.53	3.10	2.35
44	5.23	3.83	3.68	2.90	3.55	2.75	3.45	2.55
45	5.65	4.08	4.05	3.13	3.90	3.00	3.80	2.75
46	6.08	4.38	4.43	3.40	4.28	3.25	4.18	2.98
47	6.50	4.68	4.85	3.68	4.70	3.55	4.60	3.18
48	6.93	5.00	5.30	4.03	5.15	3.88	5.05	3.40
49	7.45	5.38	5.78	4.35	5.63	4.20	5.53	3.68
50	8.13	5.78	6.28	4.73	6.13	4.58	6.03	4.03
51	8.88	6.23	6.78	5.13	6.63	5.00	6.53	4.43
52	9.75	6.70	7.25	5.53	7.10	5.40	7.00	4.90
53	10.75	7.23	7.80	5.98	7.65	5.85	7.55	5.43
54	11.93	7.83	8.48	6.50	8.33	6.38	8.25	6.00

20-Year Level Term Life with Waiver of Premium

Age as of Application Postmark	\$100,000 to \$240,000		\$250,000 to \$490,000		\$500,000 to \$990,000		\$1,000,000 and Over	
	M	F	M	F	M	F	M	F
20 and Under	\$3.03	\$2.68	\$2.23	\$1.93	\$2.08	\$1.78	\$1.98	\$1.60
21 - 24	3.03	2.73	2.23	1.98	2.08	1.83	1.98	1.65
25 - 30	3.10	2.75	2.30	2.00	2.15	1.85	2.05	1.68
31	3.10	2.78	2.30	2.05	2.15	1.90	2.05	1.73
32	3.10	2.88	2.30	2.10	2.15	1.95	2.05	1.80
33	3.15	2.95	2.35	2.18	2.20	2.03	2.10	1.85
34	3.15	3.05	2.35	2.25	2.20	2.13	2.10	1.98
35	3.18	3.23	2.38	2.40	2.23	2.28	2.13	2.13
36	3.33	3.35	2.48	2.50	2.33	2.38	2.20	2.25
37	3.53	3.40	2.58	2.60	2.43	2.45	2.30	2.33
38	3.78	3.50	2.73	2.68	2.60	2.53	2.48	2.40
39	4.13	3.63	2.98	2.80	2.83	2.65	2.73	2.50
40	4.45	3.83	3.23	3.00	3.08	2.85	2.95	2.70
41	4.80	4.03	3.50	3.18	3.38	3.05	3.25	2.90
42	5.20	4.25	3.83	3.40	3.68	3.25	3.55	3.08
43	5.75	4.53	4.25	3.60	4.10	3.48	4.03	3.30
44	6.25	4.90	4.70	3.98	4.58	3.83	4.48	3.63
45	6.75	5.25	5.15	4.30	5.00	4.18	4.90	3.93
46	7.40	5.70	5.75	4.73	5.60	4.58	5.50	4.30
47	8.05	6.23	6.40	5.23	6.25	5.10	6.15	4.73
48	8.78	6.80	7.15	5.83	7.00	5.68	6.90	5.20
49	9.63	7.50	7.95	6.48	7.80	6.33	7.70	5.80
50	10.68	8.05	8.83	7.00	8.68	6.85	8.58	6.30
51	11.58	8.58	9.48	7.48	9.33	7.35	9.23	6.78
52	12.53	9.10	10.03	7.93	9.88	7.80	9.78	7.30
53	13.63	9.68	10.68	8.43	10.53	8.30	10.43	7.88
54	14.93	10.35	11.48	9.03	11.33	8.90	11.25	8.53

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.

When comparing rates, please keep in mind that although not promised or guaranteed, this plan is designed to generate dividends that an insured may donate to support ABE's charitable grants. If you do so, you are eligible for a charitable contribution deduction on your individual tax return. *Please see Assignment of Dividends 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'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.

Premiums for coverage over \$500,000 are guaranteed to remain level for the first 20 years of coverage. Premiums for coverage through \$500,000 are not guaranteed but are expected to remain level. Please see "Lock In Your Economical Group Rate..." in Plan Brochure for options at the completion of the term of guaranteed rates.

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

Premiums may vary due to rounding when billed.

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

Underwritten by New York Life Insurance Company, 51 Madison Avenue, New York, NY 10010 on Group Policy G-29168-0 on Policy Form GMR-FACE/G-29168-0.

SCHEDULE OF BENEFITS AND QUARTERLY PREMIUMS - CURRENT AS OF 2019

Quarterly **STANDARD*** Premium Schedule Per \$10,000 Unit

Contact ABE for all rates under this plan.

10-Year Level Term Life

Age as of Application Postmark	\$100,000 to \$249,000		\$250,000 to \$500,000		\$510,000 to \$999,000		\$1,000,000 to \$2,000,000	
	M	F	M	F	M	F	M	F
23 and Under	\$5.70	\$4.85	\$4.95	\$4.18	\$3.98	\$3.33	\$3.90	\$3.25
24-25	\$5.73	\$4.85	\$5.00	\$4.18	\$4.00	\$3.33	\$3.93	\$3.25
26-27	\$5.75	\$4.85	\$5.05	\$4.18	\$4.03	\$3.33	\$3.95	\$3.25
28	\$5.80	\$4.90	\$5.08	\$4.20	\$4.08	\$3.35	\$4.00	\$3.28
29	\$5.85	\$4.90	\$5.10	\$4.20	\$4.10	\$3.35	\$4.03	\$3.28
30-34	\$5.88	\$4.98	\$5.15	\$4.23	\$4.13	\$3.38	\$4.05	\$3.30
35	\$6.05	\$5.08	\$5.35	\$4.35	\$4.28	\$3.48	\$4.20	\$3.40
36	\$6.33	\$5.53	\$5.58	\$4.60	\$4.48	\$3.68	\$4.40	\$3.60
37	\$6.73	\$5.70	\$5.95	\$4.95	\$4.78	\$3.98	\$4.70	\$3.90
38	\$7.15	\$6.15	\$6.40	\$5.43	\$5.13	\$4.35	\$5.03	\$4.28
39	\$7.75	\$6.73	\$6.95	\$5.95	\$5.60	\$4.78	\$5.50	\$4.70
40	\$8.35	\$7.20	\$7.60	\$6.43	\$6.13	\$5.18	\$6.03	\$5.10
41	\$9.13	\$7.75	\$8.35	\$6.95	\$6.75	\$5.60	\$6.65	\$5.50
42	\$10.03	\$8.28	\$9.20	\$7.50	\$7.45	\$6.05	\$7.35	\$5.95
43	\$11.05	\$8.95	\$10.20	\$8.13	\$8.25	\$6.55	\$8.13	\$6.45
44	\$12.15	\$9.58	\$11.28	\$8.80	\$9.15	\$7.10	\$9.03	\$7.00
45	\$13.30	\$10.30	\$12.43	\$9.48	\$10.08	\$7.68	\$9.95	\$7.58
46	\$14.60	\$11.05	\$13.68	\$10.20	\$11.13	\$8.25	\$11.00	\$8.13
47	\$16.03	\$11.85	\$15.10	\$10.98	\$12.28	\$8.90	\$12.13	\$8.78
48	\$17.53	\$12.73	\$16.53	\$11.83	\$13.48	\$9.60	\$13.33	\$9.48
49	\$19.08	\$13.60	\$18.05	\$12.70	\$14.73	\$10.30	\$14.58	\$10.18
50	\$20.65	\$14.50	\$19.60	\$13.55	\$15.98	\$11.03	\$15.80	\$10.90
51	\$22.18	\$15.43	\$21.10	\$14.45	\$17.18	\$11.78	\$16.98	\$11.65
52	\$23.65	\$16.38	\$22.53	\$15.43	\$18.38	\$12.55	\$18.18	\$12.40
53	\$25.20	\$17.38	\$24.05	\$16.40	\$19.63	\$13.35	\$19.43	\$13.20
54	\$26.95	\$18.40	\$25.80	\$17.38	\$21.03	\$14.15	\$20.83	\$14.00
55	\$28.95	\$19.45	\$27.73	\$18.43	\$22.63	\$15.00	\$22.40	\$14.83
56	\$31.20	\$20.38	\$29.90	\$19.35	\$24.40	\$15.75	\$24.15	\$15.58
57	\$33.58	\$21.28	\$32.25	\$20.23	\$26.35	\$16.48	\$26.10	\$16.30
58	\$36.28	\$22.23	\$34.93	\$21.15	\$28.53	\$17.25	\$28.25	\$17.08
59	\$39.45	\$23.45	\$38.00	\$22.35	\$31.05	\$18.23	\$30.75	\$18.03
60	\$43.15	\$25.08	\$41.65	\$23.95	\$34.03	\$19.53	\$33.70	\$19.33
61	\$47.20	\$27.15	\$45.58	\$25.98	\$37.28	\$21.20	\$36.93	\$20.98
62	\$51.58	\$29.65	\$49.85	\$28.40	\$40.78	\$23.20	\$40.40	\$22.98
63	\$56.73	\$32.50	\$54.90	\$31.18	\$44.90	\$25.45	\$44.48	\$25.20
64	\$63.03	\$35.68	\$61.20	\$34.30	\$50.05	\$28.00	\$49.58	\$27.73

10-Year Level Term Life with Waiver of Premium

Age as of Application Postmark	\$100,000 to \$249,000		\$250,000 to \$500,000		\$510,000 to \$999,000		\$1,000,000 to \$2,000,000	
	M	F	M	F	M	F	M	F
20 and Under	\$6.08	\$5.28	\$5.33	\$4.60	\$4.35	\$3.75	\$4.28	\$3.68
21	\$6.08	\$5.28	\$5.33	\$4.60	\$4.35	\$3.75	\$4.28	\$3.68
22	\$6.13	\$5.30	\$5.38	\$4.63	\$4.40	\$3.78	\$4.33	\$3.70
23	\$6.13	\$5.30	\$5.38	\$4.63	\$4.40	\$3.78	\$4.33	\$3.70
24	\$6.18	\$5.33	\$5.45	\$4.65	\$4.45	\$3.80	\$4.38	\$3.73
25	\$6.18	\$5.35	\$5.45	\$4.68	\$4.45	\$3.83	\$4.38	\$3.75
26	\$6.20	\$5.35	\$5.50	\$4.68	\$4.48	\$3.83	\$4.40	\$3.75
27	\$6.20	\$5.35	\$5.50	\$4.68	\$4.48	\$3.83	\$4.40	\$3.75
28	\$6.25	\$5.40	\$5.53	\$4.70	\$4.53	\$3.85	\$4.45	\$3.78
29	\$6.33	\$5.40	\$5.58	\$4.70	\$4.58	\$3.85	\$4.50	\$3.78
30	\$6.35	\$5.50	\$5.63	\$4.75	\$4.60	\$3.90	\$4.53	\$3.83
31	\$6.35	\$5.53	\$5.63	\$4.78	\$4.60	\$3.93	\$4.53	\$3.85
32	\$6.38	\$5.55	\$5.65	\$4.80	\$4.63	\$3.95	\$4.55	\$3.88
33	\$6.40	\$5.60	\$5.68	\$4.85	\$4.65	\$4.00	\$4.58	\$3.93
34	\$6.45	\$5.68	\$5.73	\$4.93	\$4.70	\$4.08	\$4.63	\$4.00
35	\$6.68	\$5.85	\$5.98	\$5.13	\$4.90	\$4.25	\$4.83	\$4.18
36	\$7.03	\$6.35	\$6.28	\$5.43	\$5.18	\$4.50	\$5.10	\$4.43
37	\$7.48	\$6.60	\$6.70	\$5.85	\$5.53	\$4.88	\$5.45	\$4.80
38	\$7.98	\$7.18	\$7.23	\$6.45	\$5.95	\$5.38	\$5.85	\$5.30
39	\$8.65	\$7.85	\$7.85	\$7.08	\$6.50	\$5.90	\$6.40	\$5.83
40	\$9.38	\$8.45	\$8.63	\$7.68	\$7.15	\$6.43	\$7.05	\$6.35
41	\$10.25	\$9.10	\$9.48	\$8.30	\$7.88	\$6.95	\$7.78	\$6.85
42	\$11.28	\$9.73	\$10.45	\$8.95	\$8.70	\$7.50	\$8.60	\$7.40
43	\$12.45	\$10.55	\$11.60	\$9.73	\$9.65	\$8.15	\$9.53	\$8.05
44	\$13.75	\$11.33	\$12.88	\$10.55	\$10.75	\$8.85	\$10.63	\$8.75
45	\$15.13	\$12.25	\$14.25	\$11.43	\$11.90	\$9.63	\$11.78	\$9.53
46	\$16.75	\$13.25	\$15.83	\$12.40	\$13.28	\$10.45	\$13.15	\$10.33
47	\$18.55	\$14.35	\$17.63	\$13.48	\$14.80	\$11.40	\$14.65	\$11.28
48	\$20.55	\$15.58	\$19.55	\$14.68	\$16.50	\$12.45	\$16.35	\$12.33
49	\$22.73	\$16.88	\$21.70	\$15.98	\$18.38	\$13.58	\$18.23	\$13.45
50	\$24.88	\$18.05	\$23.83	\$17.10	\$20.20	\$14.58	\$20.03	\$14.45
51	\$26.68	\$19.10	\$25.60	\$18.13	\$21.68	\$15.45	\$21.48	\$15.33
52	\$28.45	\$20.20	\$27.33	\$19.25	\$23.18	\$16.38	\$22.98	\$16.23
53	\$30.30	\$21.35	\$29.15	\$20.38	\$24.73	\$17.33	\$24.53	\$17.18
54	\$32.33	\$22.50	\$31.18	\$21.48	\$26.40	\$18.25	\$26.20	\$18.10

When comparing rates, please keep in mind that although not promised or guaranteed, this plan is designed to generate dividends that an insured may donate to support ABE's charitable grants. If you do so, you are eligible for a charitable contribution deduction on your individual tax return. *Please see Assignment of Dividends 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. Standard rates are shown here. Contact ABE for Preferred or Select 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.

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

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

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 "Lock In Your Economical Group Rate..." in Plan Brochure for options at the completion of the term of guaranteed rates.

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

Premiums may vary due to rounding when billed.

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

Underwritten by New York Life Insurance Company, 51 Madison Avenue, New York, NY 10010 on Group Policy G-29104-0 on Policy Form GMR-FACE/G-29104-0.

SCHEDULE OF BENEFITS AND QUARTERLY PREMIUMS - CURRENT AS OF 2019

Quarterly **STANDARD*** Premium Schedule Per \$10,000 Unit

Contact ABE for all rates under this plan.

20-Year Level Term Life

Age as of Application Postmark	\$100,000 to \$240,000		\$250,000 to \$490,000		\$500,000 to \$990,000		\$1,000,000 to \$2,000,000	
	M	F	M	F	M	F	M	F
25 and Under	\$5.85	\$4.28	\$4.70	\$3.33	\$4.55	\$3.18	\$4.50	\$3.10
26	5.85	4.38	4.70	3.43	4.55	3.28	4.50	3.20
27	5.93	4.53	4.75	3.55	4.60	3.40	4.53	3.33
28	5.95	4.68	4.80	3.68	4.65	3.55	4.58	3.48
29	6.03	4.88	4.88	3.85	4.73	3.70	4.65	3.63
30	6.20	5.03	5.00	4.00	4.88	3.85	4.80	3.78
31	6.45	5.20	5.23	4.13	5.08	4.00	5.00	3.93
32	6.75	5.35	5.48	4.25	5.35	4.10	5.28	4.05
33	7.13	5.48	5.83	4.40	5.68	4.25	5.60	4.18
34	7.53	5.73	6.15	4.58	6.00	4.45	5.95	4.38
35	7.95	6.00	6.53	4.85	6.40	4.70	6.33	4.63
36	8.35	6.43	6.90	5.20	6.75	5.05	6.68	5.00
37	8.78	6.93	7.25	5.65	7.10	5.50	7.03	5.45
38	9.28	7.53	7.68	6.15	7.53	6.00	7.45	5.95
39	9.85	8.13	8.20	6.68	8.05	6.53	7.98	6.45
40	10.70	8.73	8.90	7.20	8.78	7.05	8.70	6.98
41	11.80	9.30	9.88	7.73	9.75	7.58	9.68	7.50
42	13.18	9.93	11.08	8.25	10.93	8.10	10.85	8.03
43	14.70	10.53	12.40	8.78	12.25	8.63	12.18	8.55
44	16.35	11.23	13.83	9.38	13.68	9.25	13.60	9.18
45	17.98	12.00	15.25	10.05	15.10	9.90	15.03	9.83
46	19.63	12.85	16.68	10.78	16.53	10.65	16.45	10.58
47	21.33	13.78	18.18	11.60	18.03	11.45	17.95	11.38
48	23.13	14.78	19.73	12.48	19.60	12.33	19.53	12.25
49	25.05	15.88	21.40	13.43	21.25	13.28	21.18	13.20
50	27.08	17.00	23.15	14.40	23.03	14.25	22.95	14.18
51	29.23	18.18	25.03	15.43	24.90	15.28	24.83	15.20
52	31.60	19.43	27.08	16.50	26.93	16.38	26.85	16.30
53	34.00	20.75	29.20	17.68	29.05	17.53	28.98	17.45
54	36.58	22.18	31.43	18.90	31.28	18.78	31.20	18.70

20-Year Level Term Life with Waiver of Premium

Age as of Application Postmark	\$100,000 to \$240,000		\$250,000 to \$490,000		\$500,000 to \$990,000		\$1,000,000 to \$2,000,000	
	M	F	M	F	M	F	M	F
20 and Under	\$6.28	\$4.75	\$5.13	\$3.80	\$4.98	\$3.65	\$4.93	\$3.58
21	6.33	4.75	5.18	3.80	5.03	3.65	4.98	3.58
22	6.33	4.78	5.18	3.83	5.03	3.68	4.98	3.60
23	6.33	4.78	5.18	3.83	5.03	3.68	4.98	3.60
24	6.38	4.78	5.23	3.83	5.08	3.68	5.03	3.60
25	6.38	4.83	5.23	3.88	5.08	3.73	5.03	3.65
26	6.38	4.93	5.23	3.98	5.08	3.83	5.03	3.75
27	6.45	5.08	5.28	4.10	5.13	3.95	5.05	3.88
28	6.48	5.23	5.33	4.23	5.18	4.10	5.10	4.03
29	6.55	5.43	5.40	4.40	5.25	4.25	5.18	4.18
30	6.73	5.60	5.53	4.58	5.40	4.43	5.33	4.35
31	7.00	5.83	5.78	4.75	5.63	4.63	5.55	4.55
32	7.35	6.00	6.08	4.90	5.95	4.75	5.88	4.70
33	7.80	6.23	6.50	5.15	6.35	5.00	6.28	4.93
34	8.33	6.60	6.95	5.45	6.80	5.33	6.75	5.25
35	8.83	7.00	7.40	5.85	7.28	5.70	7.20	5.63
36	9.35	7.50	7.90	6.28	7.75	6.13	7.68	6.08
37	9.83	8.10	8.30	6.83	8.15	6.68	8.08	6.63
38	10.43	8.88	8.83	7.50	8.68	7.35	8.60	7.30
39	11.08	9.58	9.43	8.13	9.28	7.98	9.20	7.90
40	12.08	10.33	10.28	8.80	10.15	8.65	10.08	8.58
41	13.35	11.03	11.43	9.45	11.30	9.30	11.23	9.23
42	14.90	11.78	12.80	10.10	12.65	9.95	12.58	9.88
43	16.68	12.53	14.38	10.78	14.23	10.63	14.15	10.55
44	18.63	13.38	16.10	11.53	15.95	11.40	15.88	11.33
45	20.58	14.38	17.85	12.43	17.70	12.28	17.63	12.20
46	22.65	15.53	19.70	13.45	19.55	13.33	19.48	13.25
47	24.83	16.83	21.68	14.65	21.53	14.50	21.45	14.43
48	27.30	18.25	23.90	15.95	23.78	15.80	23.70	15.73
49	30.05	19.88	26.40	17.43	26.25	17.28	26.18	17.20
50	32.85	21.35	28.93	18.75	28.80	18.60	28.73	18.53
51	35.43	22.70	31.23	19.95	31.10	19.80	31.03	19.73
52	38.28	24.15	33.75	21.23	33.60	21.10	33.53	21.03
53	41.13	25.68	36.33	22.60	36.18	22.45	36.10	22.38
54	44.15	27.33	39.00	24.05	38.85	23.93	38.78	23.85

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Child	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000
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Underwritten by New York Life Insurance Company, 51 Madison Avenue, New York, NY 10010 on Group Policy G-29168-0 on Policy Form GMR-FACE/G-29168-0.