Superior Choice

POWERED BY ALLEGIANT WEALTH GROUP ™

AGENT GUIDE AND RESOURCES

YOUR ONE STOP FOR ALL CICA LIFE OF AMERICA RESOURCES

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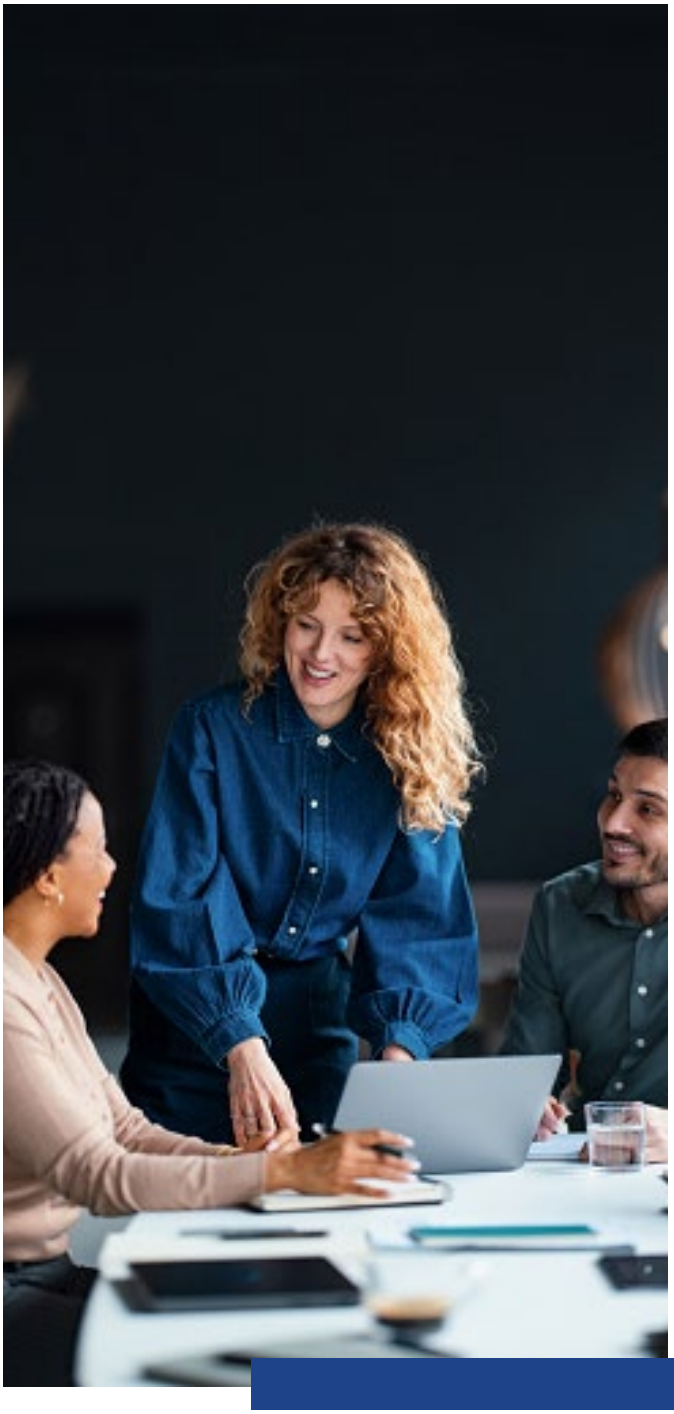
Introduction



Welcome to the CICA LIFE OF AMERICA Agent Guide. Whether you are a new agent joining our team or a seasoned professional, this guide is designed to provide you with the essential tools, information, and resources you need to succeed.

CICA LIFE OF AMERICA is a proud member of the Citizens, Inc., group of life insurance companies. It is committed to delivering dependable final expense solutions to help individuals and families in the United States plan for their future. With a legacy built on integrity, trust, and a global vision, we empower our agents to make a meaningful difference in their clients' lives.

This guide will walk you through our products, policies, compliance requirements, sales strategies, and support systems. We aim to ensure all agents have a solid foundation for building lasting relationships with our clients while upholding the high standards that define CICA LIFE OF AMERICA.

Thank you for being a valued part of our mission. We look forward to your success and growth as a CICA LIFE OF AMERICA agent.

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About

Citizens Inc. was incorporated under Colorado law on February 13, 1968, and began business on June 12, 1968. On January 1, 1969, it began conducting business in Texas. In 2023, CICA LIFE OF AMERICA expanded into the Final Expense market, since then CICA LIFE OF AMERICA is now licensed in more than 40 states.

CICA LIFE OF AMERICA gains additional financial stability through the trajectory and strength of its holding company, Citizens, Inc., which is publicly listed on the New York Stock Exchange, and has been fulfilling promises for more than 55 years.

Citizens, Inc. caters to clients in their native languages across Latin America, North America, and Asia.

Vision

CICA LIFE OF AMERICA is dedicated to delivering financial security and peace of mind to individuals and families across the United States. We empower our policyholders to build a secure financial future and confidently navigate life's uncertainties.

Guided by the core values of Integrity, Excellence, Accountability, and Commitment, we strive to provide exceptional service and support to our diverse communities and ensure every client receives the protection they deserve.

Through innovation, personalized care, and a steadfast dedication to our mission, CICA LIFE OF AMERICA aims to be a trusted partner in safeguarding the financial well-being of families in the United States.

Mission

Our mission at CICA LIFE OF AMERICA is to provide reliable life insurance solutions that offer financial protection and security to individuals and families. We are committed to serving diverse communities with integrity, personalized service, and unwavering dedication, empowering our insureds to plan confidently for the future.

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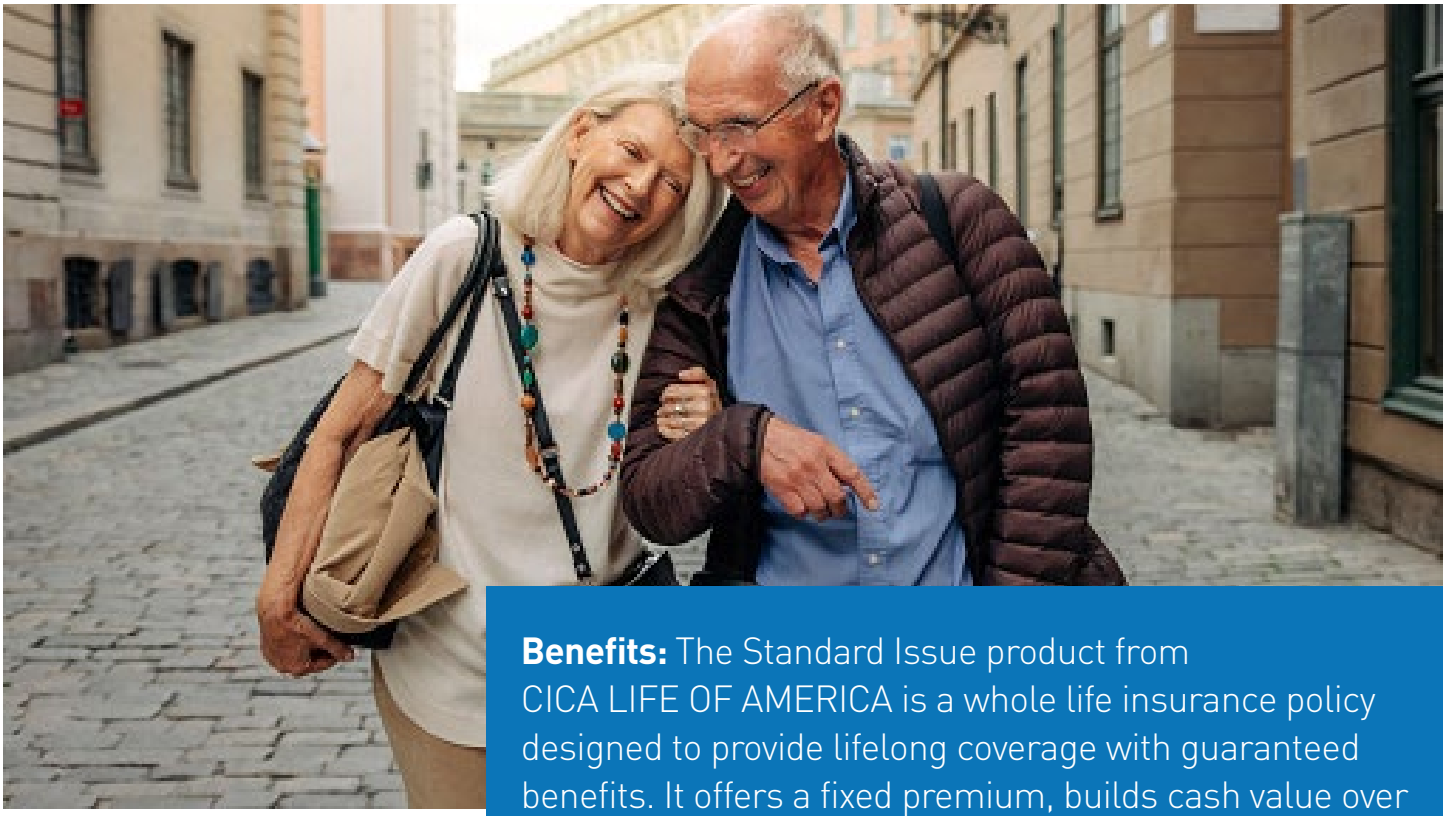
Introduction To Whole Life Insurance

A whole life policy provides coverage from the date of issue until the insured's death, provided premiums are paid. The benefit payable is the face amount of the policy, which remains constant throughout the policy's life. Premiums are fixed at the time the policy is issued and remain constant throughout the policy's life.

Whole life insurance provides a level of guaranteed premium, guaranteed cash value, and guaranteed death benefits. It may also have additional living benefits such as terminal illness and accidental dismemberment.

CICA LIFE OF AMERICA offers two types of whole life policies: standard and guaranteed issues. A Standard Issue policy provides coverage for standard risks, usually determined by underwriting evaluation. On the other hand, a Guaranteed Issue policy provides coverage regardless of the applicant's health or medical condition; no medical exams are required in a guaranteed issue product.



Benefits: The Standard Issue product from CICA LIFE OF AMERICA is a whole life insurance policy designed to provide lifelong coverage with guaranteed benefits. It offers a fixed premium, builds cash value over time, and pays a death benefit to the beneficiary upon the insured's passing.

Standard Issue:

Included Riders: Terminal Illness Accelerated Death Benefit and Accidental Dismemberment Benefit

Provisions: Include the possibility to extend term insurance or reduced paid-up insurance.

Optional Riders: Accidental Death.

Contestability: CICA LIFE OF AMERICA Standard Issue includes a standard two-year contestability period, which begins on the policy's effective date. During this time, if the insured passes away, the Company has the right to review the application for any material misrepresentations or omissions, such as inaccurate health history, or age. If discrepancies are found, the claim may be denied or adjusted. However, if the application was completed accurately and honestly, the full death benefit will be paid, even if the insured dies within the two-year period.

After this timeframe, the policy becomes incontestable. Agents should emphasize the importance of providing truthful and complete information during the application process to avoid complications during this review period.

The application and the premium payment are shown on the Policy Specifications page.

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Guarantee Issue:

Benefits: CICA LIFE OF AMERICA's Guarantee Issue product is designed for individuals who may not qualify for the Standard Issue. This whole life policy offers coverage without requiring medical exams.

Differences: During the first two policy years, the death benefit is limited to 110% of the gross monthly premium paid, multiplied by the number of months the policy has been active. In year three, the full benefit amount is available.

Benefits Riders: Terminal Illness Accelerated Death Benefits, Accidental Dismemberment Benefit Provisions, and Accidental Death Benefits*.
(The concept of the first two remains the same as the Standard issue).

***Accidental Death Benefit:** If the insured dies as a due to an accident, within 90 days of the injury,the policy will pay an additional amount equal to the full coverage amount. This benefit applies only if the insured is over one year old and under age 85, and the policy is still in its premium-paying period. Benefit does not apply if the policy has been converted to Extended Term Insurance or Reduced Paid-Up Insurance.

Benefits not included: Extended-term insurance or reduced paid-up insurance

Settlement: Surrender of this policy may be required when settlement is made. Benefits for death will be paid immediately upon receipt of due proof of death.

Interest on life insurance benefits shall begin from receipt of due proof of death. The rate of interest shall be 8% per annum from the date of death of the Insured to the date payment is made.

The application and the premium payment are shown on the Policy Specifications page.
This includes premiums paid on or before each due date, beginning with the Policy Date, during the lifetime of the Insured.

Our Products

CICA LIFE OF AMERICA offers two kinds of final expense coverage: Standard Issue and Guarantee Issue. The following chart shows the maximum face value amounts in force and applied for these plans.

Maximum Face Amounts (In Forced and Applied For)

CICA LIFE OF AMERICA also offers additional coverage options. These include:

	STANDARD	GUARANTEE ISSUE
Issue age 0 - 50	$1,000 - $30,000	$1,000 - $30,000
Issue age 51 - 70	$1,000 - $20,000	$1,000 - $30,000
Issue age 71 - 85	$1,000 - $10,000	$1,000 - $10,000
Death Benefit	Immediate	110% premiums paid for first two years
Riders Included	Terminal Illness Dismemberment	Terminal Illness Accidental Dismemberment Accidental Death
Optional Paid Riders	Accidental Death	

1. **Terminal Illness Accelerated Death Benefit:** The maximum accelerated benefit payment equals $15,000.
2. **Accidental Death Benefit:** This option doubles the policy face amount up to $30,000 for an additional $5 a month, regardless of the policy face amount. This benefit is available to those ages 0-84. Coverage terminates once the insured turns 85.
3. **Accidental Dismemberment:** This benefit varies based on the type of dismemberment.
4. More information on these additional coverage options is available in Appendix A Product and Riders Specs

Underwriting

CICA LIFE OF AMERICA employs a disciplined underwriting process to assess each applicant's risk profile. CICA LIFE OF AMERICA products are available to all applicants, whether Standard Issue (SI) or Guaranteed Issue (GI), with no one being denied coverage. We offer a true GI solution, ensuring everyone qualifies regardless of health status. Our underwriting process does not include:

1. Height or weight requirements
2. Tobacco usage
3. Medical Information Bureau (MIB)

Potential clients who wish to obtain coverage through CICA LIFE OF AMERICA must answer eight health questions, which may differ by state. If the answer to any of these questions is yes, the applicant would qualify for the Guarantee Issue product.

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Agents must read each application question verbatim and ensure that all responses are provided accurately to the best of both the agent's and applicant's knowledge.

Our application features an integrated eligibility verification tool that reviews the proposed insured's prescription history and related variables to support accurate and efficient underwriting decisions. This, alongside our health questions, ensures applicants receive appropriate coverage, based on a more precise assessment.

Health Questions

a) Are you currently hospitalized, confined to a bed or nursing facility, residing in an assisted living facility, receiving hospice care, or do you have any physical or mental impairment for which you need or receive assistance or supervision in performing normal activities of daily living, unable of care for yourself or terminally ill?

b) Tested positive for exposure to the HIV infection or been diagnosed as having ARC or AIDS caused by the HIV infection or other sickness or condition derived from such infection?

c) Have you been diagnosed by a licensed member of the medical profession with more than one occurrence of any cancer, a recurrence of any cancer, metastasis of any cancer, or currently being treated for cancer (excluding basal cell or squamous cell skin cancer)?

d) In the past 10 years, have you been medically diagnosed, for which a licensed medical provider has not treated you, or have not taken medication for the following: uncontrolled diabetes, uncontrolled high blood pressure, stroke/TIA, paralysis, Congestive Heart Failure, heart disease, cardiomyopathy, lung disease (including Chronic Obstructive Pulmonary Disease, COPD, or emphysema), liver cirrhosis or failure, kidney (renal) failure/insufficiency, or chronic/end-stage kidney disease (including dialysis)?

    a. Standard approval if the client IS taking medication or being treated by a licensed member of the medical profession.

e) Have you ever been medically diagnosed, treated by a licensed member of the medical profession, or taken medication for mental disorder, disorder of the brain or nervous system, Systemic Lupus (SLE), Alzheimer's disease, dementia, brain disease, organic brain syndrome, Lou Gehrig's disease (ALS), Huntington's disease, Muscular Dystrophy, Cystic Fibrosis, Pulmonary Fibrosis, or Multiple Myeloma?

f) In the past 2 years, have you been hospitalized 2 or more times, or have you been advised or recommended to have any tests, treatment, surgery, or hospitalization which has not been received or completed?

g) Within the last 2 years, have you been treated for or been advised by a licensed medical professional to have treatment for alcohol, drug, opioid, or controlled substance abuse, plead guilty or been convicted of a felony or misdemeanor for any reason, or attempted suicide?

h) Within the last 5 years have you been advised to by a licensed member of the medical profession to have an organ transplant?

Risk Assessment

Refer to the Risk Assessment Guide for additional guidance on qualification by a proposed insured for the Standard Issue product or the Guaranteed Issue product. Underwriting reserves the right to base eligibility on all risk factors presented.

DIVE DEEPER INTO THIS TOPIC:
Click the icon to see the most recent guide.

Mental Health

A mental disorder, also known as a mental illness or psychiatric disorder, is a condition that affects a person's thinking, feelings, behavior, or mood. These disorders can significantly impact daily functioning and quality of life and may require inpatient treatment. Examples include schizophrenia, post-traumatic stress disorder, bipolar disorder, and depression. Mental health conditions may pose an increased risk factor. When assessing mental health history for underwriting, please consider the following categories:

Standard Coverage
Applies when the condition is temporary or mild and meets *all* of the following criteria:

- No use of antipsychotic medications
- Minimal medication requirements
- Stable condition with no functional limitations or restrictions
- No history of hospitalizations, disability, or confinement
- No co-existing mood or mental health disorders
- No history of drug or substance abuse
- No alcohol dependence
- No history of self-harm or suicide attempts

Guaranteed Issue Coverage
Applies when *any* of the following are present:

- Hospitalization for a mental health condition
- Functional restrictions or limitations
- Disability due to mental health
- History of electroconvulsive therapy (ECT)
- Use of multiple medications for mental health
- Suicide attempt or self-harm
- Co-existing mental health or mood disorders

These guidelines assist in determining eligibility and ensure that each applicant is paired with the most appropriate product based on their unique health history.

This information serves as a guide for assessing the insurability of an individual. It is not exhaustive, and state-specific applications may vary from the provided information. Underwriting retains the right to evaluate eligibility based on all present risk factors.

Convictions

Applicants who have pleaded guilty or have been convicted of a felony or a misdemeanor for any reason in the past two years are only eligible for the Guaranteed Issue.

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Getting Started

Onboarding

The agent onboarding process for CICA LIFE OF AMERICA is designed to be efficient and supportive, ensuring new agents are well-prepared to represent the company and its values. Typically, the onboarding process takes about five business days to complete. This timeline may vary slightly if additional documentation or clarifications are needed, in which case the process may be extended to accommodate those requirements.

Active Errors and Omissions (E&O) insurance coverage is required for all agents. This coverage must be current and can be held individually by the agent or provided through their affiliated agency. Proof of $1 million in E&O coverage is a mandatory part of the onboarding documentation and must be submitted before final approval.

During the onboarding period, agents are guided through a series of steps that include completing application materials, submitting licensing information, background verification, and compliance training as necessary. Part of this training includes a course on Anti-Money Laundering, which must be completed before an agent can sell our products.

CICA LIFE OF AMERICA is committed to maintaining high standards of professionalism and regulatory compliance, which ensures that all agents are fully qualified to serve policyholders with integrity and competence.

Sircon

CICA LIFE OF AMERICA uses Sircon, a trusted licensing and compliance platform, to streamline the onboarding process for new agents. This system ensures a secure, efficient way to complete and track your onboarding documentation.

Once you are added to the system, you will receive an email from Sircon with a personalized link to begin your onboarding. This email is typically sent by your recruiter or agency contact, so it's important to keep an eye on your inbox during this time.

What You Need to Know:

Check All Folders: If you don't see the onboarding email in your primary inbox, be sure to also check your spam, junk, or promotions folders. Sometimes automated messages from platforms like Sircon may be filtered out unintentionally.

Lost or Missing Email? If you are unable to locate the email, you can still access your onboarding documents directly by visiting: https://platform.sircon.com/#/login

Simply log in using the email address you provided to your recruiter or agency. That email address must match the one associated with your onboarding invitation.

Be prepared to provide any necessary licensing information, complete forms, and confirm personal details as part of the onboarding process. The system will guide you through each step.

By using Sircon, CICA LIFE OF AMERICA ensures that your onboarding is efficient, transparent, and easy to manage, so you can get started selling confidently and compliantly. If you experience any technical issues, your agency or recruiter should be your first point of contact for support.

Once the onboarding process is complete, agents will receive confirmation of their active status and gain access to the CICA LIFE OF AMERICA Agent Portal and tools needed to begin representing CICA LIFE OF AMERICA in the field.

DIVE DEEPER INTO THIS TOPIC: Click the icon for the Agent FAQ.

Appointment Process

While CICA LIFE OF AMERICA sells products in more than 40 states agents can only sell in states where they are licensed. Sircon automatically updates the agent's available license when an agent is licensed in a new state.

CICA LIFE OF AMERICA follows the 'Just-in-Time' appointment process. Agents are appointed in a state only after submitting their application in that state, streamlining onboarding and reducing unnecessary appointments.

An Appointment Acknowledgment will appear after clicking 'next' in step one, and clicking 'Yes, I acknowledge The Statement Above'

Continue to step two of the application.

CICA LIFE OF AMERICA will initiate a pre-authorization request at the end of step two.

Note: This is a precheck and not the actual appointment request. Agents may receive an additional notification when a hold date is associated with an application, as well as during the Disclosure and Signature section of the application.

The system will display the application status as 'Appointment Request Pending' during this time. The state appointment must occur within 10 calendar days of the application's submission. If it does not, the application will be marked as failed and must be rewritten.

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Application Statuses

Applications can have one of several statuses, including:

Pending Appointment: Pending state approval - no issue with the initial appointment process

Failed to Appoint: If the application was canceled due to no response within 10 days

Appointment Request Pending: This will include the reason for a pending request. The agent must rectify the reason provided. Example

Appointment Fast Facts

- After 10 days of the application being in either, Appointment Request Pending or Pending Appointment, the application will be canceled, and the agent will have to write a new application. Even if the application is canceled and the appointment approval is received, CICA will move forward with appointing the agent in the requested state.
- Agents do not need to notify CICA LIFE OF AMERICA that the licensing issue has been rectified, as the system will update automatically.
- If the appointment and payment were successful during the initial application process, the new state will be assigned to the agent in the same timeframe as initial application issuance.
- The agent has six days from the date of the unsuccessful appointment to rectify any license issues. On the sixth day, CICA LIFE OF AMERICA will make a second request for the appointment.

Appointment Regulation

The Department of Insurance (DOI) is the regulatory body in each state that oversees licensing, agent appointments, and compliance. Along with the Sponsoring Insurance Company (SIC) they set a window of time allowed between:

- The acceptance of an agent's first insurance application or
- The signing of an appointment contract and the submission of the appointment to the state's DOI or its representative.

Missing this window may result in the appointment being denied or considered invalid.

State-Specific Regulation

Montana

An appointment becomes effective on the earlier of:

- The date the agency contract is signed, or
- The date the insurer files the appointment with the DOI.
- If the DOI disapproves the appointment, it is considered void from the date of disapproval notification.

Pennsylvania

- For insurers with 50 or fewer transactions per calendar year, the state accepts a Monthly Appointment Activity Report in paper form.
- This report is due within 30 days of the end of each month.

Agent Portal

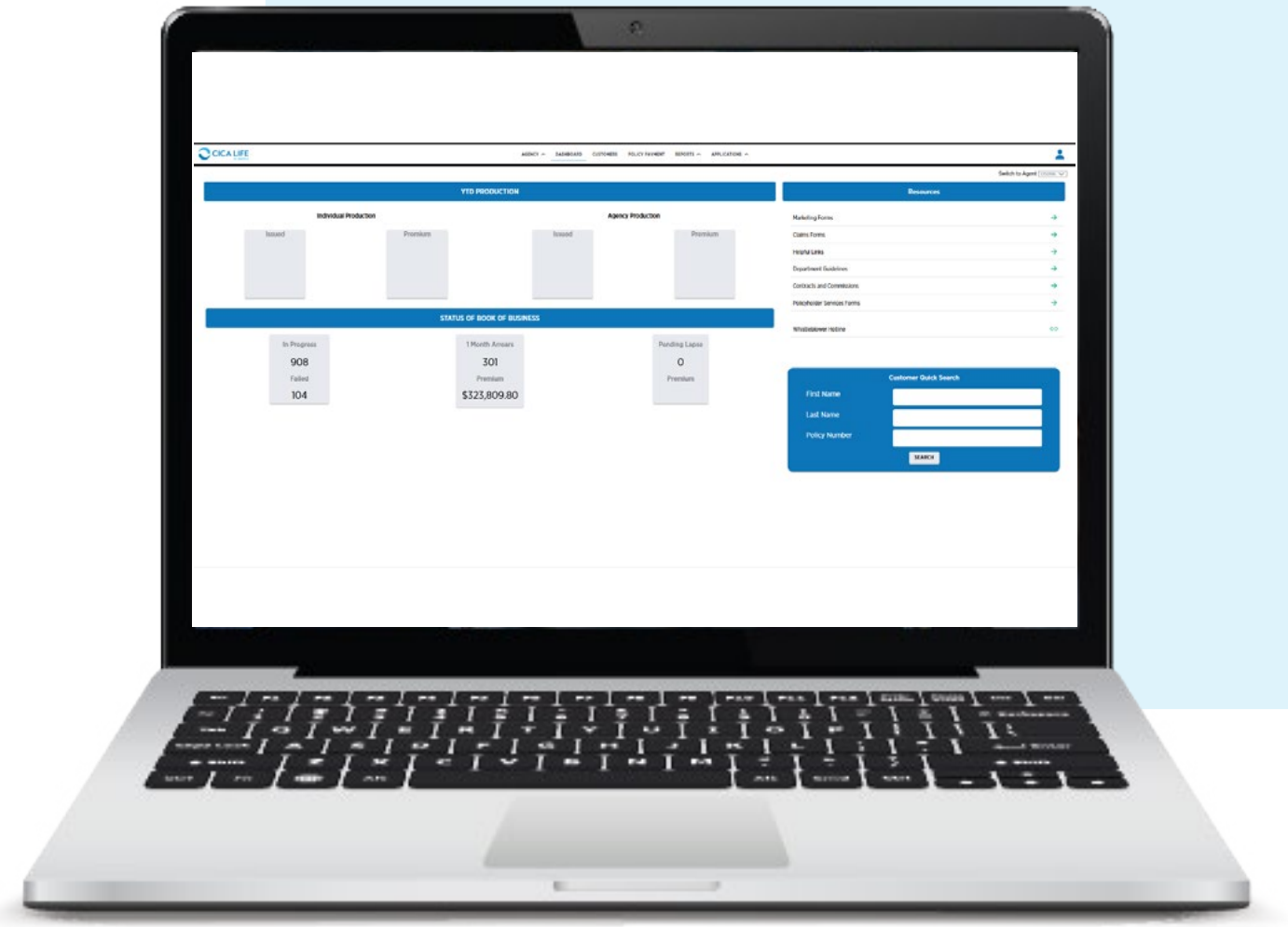
When an agent joins CICA LIFE OF AMERICA, they not only gain access to first-class products and services offered in multiple languages, but also to an advanced portal developed with cutting-edge technology.

All applications for CICA Life Insurance Company of America products are submitted exclusively through the secure CICA LIFE Agent Portal. This online system is designed to streamline the application process, ensure data accuracy, and speed up policy issuance for both agents and clients.

You can log in to the portal at: https://cicaamerica.citizensinc.com/login

Make sure to have your login credentials provided during the onboarding process. If you have not yet received your credentials, please contact your agency or recruiter.

DIVE DEEPER INTO THIS TOPIC: Click the icon to watch an introduction video.



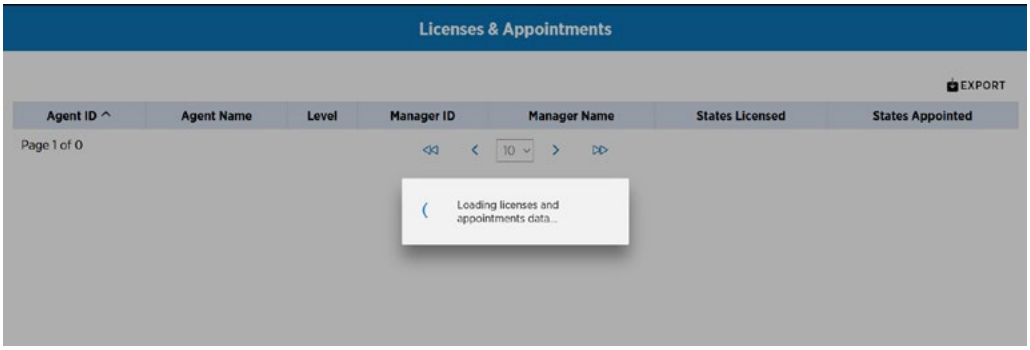
Key Features of the Agent Portal:

- Electronic Applications: Complete and submit applications digitally, reducing paperwork and eliminating the need for mailing physical documents.
- Real-Time Submission: Submit client applications directly to underwriting with immediate confirmation of receipt.
- Integrated Payment Options: Set up various premium payment methods, including Social Security Billing, during the application process.
- Eligibility Verification: Access built-in tools for risk classification and determine if applicants qualify for SI or GI plans.
- Status Tracking: Monitor the status of your submitted applications in real time, so you and your clients stay informed every step of the way.

Using the Agent Portal ensures a more efficient workflow and supports a seamless experience for both agents and policyholders. Regular training sessions and tutorials are available to help you make the most of the platform's features. If you need assistance navigating the portal or completing an application, reach out to your agency support team or Channel Partner Services at cps@citizensinc.com.

Input Tracking Of State License And Appointments

Agents can easily track their state license expiration dates and view the states where they are appointed by clicking the blue person icon in the upper right-hand corner of the agent portal dashboard, then selecting "License & Appointments."



- Full Life or Full Life and Health: Actively appointed in the state
- Unrequested: Agent does not have a state appointment

Prefer the agent portal in Spanish? Change the language in the upper right-hand corner of the agent portal dashboard by clicking the blue person icon.

Key Terms And Concepts

Once an application is 'uploaded', changes cannot be made.

If an error is found within 30 days of issuing a policy, contact the new Business (NB). After the initial 30-day contact, Policy Holder Services (PHS)

PHS should be contacted for any changes after the initial 30 days, including a change in face amount, beneficiary, owner, insured last name, or address. A completed PHS change form is required, which can be downloaded from the agent portal.

For matters unresolved by PHS or that require immediate attention, please inform your agency manager to submit a high priority email to expedite services.

Sales

Agents can sell CICA LIFE OF AMERICA products face-to-face or over the phone via tele-sales. All sales can be completed online via the Agent Portal.

CICA LIFE OF AMERICA products are available in the following states. This list is current as of May 2025. For questions regarding availability in certain states not listed in the following list, contact cps@citizensinc.com.

CICA LIFE of America Products - State Approved

State	Standard Whole Life (English)	Standard Whole Life (Spanish)	Guarantee Issue (English)	Guarantee Issue (Spanish)
Alabama	x	x	x	x
Alaska	x	x	x	x
Arizona	x	x	x	x
Arkansas	x	x	x	x
Colorado	x	x	x	x
Connecticut	x	x	x	x
Florida	x	x	x	x
Georgia	x	x	x	x
Hawaii	x	x	x	x
Idaho	x	x	x	x
Illinois	x	x	x	x
Indiana	x	x	x	x
Iowa	x	x	x	x
Kansas	x	x	x	x
Kentucky	x	x	x	x
Louisiana	x	x	x	x
Maryland	x	x	x	x
Michigan	x	x	x	x
Minnesota	x	x	x	x
Mississippi	x	x	x	x
Missouri	x	x	x	x
Montana	x	x	x	x
Nebraska	x	x	x	x
Nevada	x	x	x	x
New Hampshire	x	x	x	x
New Mexico	x	x	x	x
North Carolina	x	x	x	x
North Dakota	x	x	x	x
Ohio	x	x	x	x
Oklahoma	x	x	x	x
Oregon	x	x	x	x
Pennsylvania	x	x	x	x
Rhode Island	x	x	x	x
South Carolina	x	x	x	x
South Dakota	x	x	x	x
Tennessee	x	x	x	x
Texas	x	x	x	x
Utah	x		x	x
Vermont	x	x	x	x
Washington	x	x	x	x
West Virginia	x	x	x	x
Wisconsin	x		x	
Wyoming	x	x	x	x
California				
Delaware				
Maine				
Massachusetts				
New Jersey				
New York				
Virginia				

Key: X= Available for Sale ☐ No state license

AG-CLA-MAY-2025-013

"CICA Life of America" is the marketing name for CICA Life Insurance Company of America, issuing life insurance and Critical Illness Insurance in the states licensed for sale. Products may not be available in all states. For financial professional use only. Not for use with the general public.

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Regulations

Agents and agencies must adhere to federal and state regulations regarding telemarketing practices. The Telephone Consumer Protection Act (TCPA) is a key federal regulation that regulates automatic telephone dialing systems (ATDS) and prerecorded voice messages. This law establishes strict guidelines to protect consumers from unwanted and deceptive calls.

The Telephone Consumer Protection Act (TCPA) is a U.S. federal law enacted in 1991 to protect consumers from unwanted and intrusive telemarketing practices. Administered by the Federal Communications Commission (FCC), the TCPA regulates how businesses and individuals can make telephone calls, send text messages, and use fax machines for marketing purposes.

Key Provisions of the TCPA:

Prior Express Consent:

The TCPA requires businesses to obtain prior express consent before calling or texting a consumer using an autodialer or pre-recorded voice messages. Written consent is specifically required for marketing calls to cell phones.

Do Not Call (DNC) Rules:

Companies must maintain their own do-not-call lists and respect the National Do Not Call Registry, allowing consumers to opt out of receiving telemarketing calls.

Restrictions on Calling Times:

Telemarketing calls can only be made between 8:00 a.m. and 9:00 p.m. local time of the recipient.

Identification Requirements:

All calls, including those using artificial or prerecorded voices, must identify the business or individual initiating the call and its purpose. The communication must also provide the phone number of the business or individual of the business (other than the autodialer or prerecorded message player that placed the call).

Fax and Text Message Restrictions:

The TCPA also applies to unsolicited fax advertisements and SMS text messages, treating them similarly to voice calls.

Penalties:

Violating the TCPA can result in significant fines. Consumers can sue violators for $500 per violation, which can be increased to $1,500 per violation if the conduct is deemed willful or knowing. This has led to numerous class action lawsuits against companies that fail to comply with the law.

Tele-sales

All CICA LIFE OF AMERICA tele-sales voice applications must be on a recorded line. A voice signature is mandatory for the application and all other forms submitted via telephone.
A voice signature represents a signature, provides the same legal and binding effect as a physical signature, and will become part of the application.

Call recordings must be uploaded with your agency upon completion of the application. The application recording ID must be either the insured's full telephone number and date, or a valid voice recording ID created from a voice recording device.

For tele-sales applications, choose 'Is this application being completed over the phone?' in step one of the application.

DIVE DEEPER INTO THIS TOPIC: Click the icon for a detailed voice recording guide.

Premiums

- Premiums differ by face amount, issue age, sex, insurance class, and selected riders.
- Premiums may be paid monthly, quarterly, semi-annually, or annually.
- Payments can be made via electronic funds transfers, direct bill, credit/debit card, direct express card, ACH or Social Security billing.
- CICA LIFE OF AMERICA allows for third-party premium payor.
- Premiums can also be delayed or set for a future date.

Hold Dates

If the application has a hold date and is pending state appointment, the policy's effective date will be based on the hold date, even if the state appointment approval occurs after the hold date and within the 10-day window.

For applications with a hold date, our system will only attempt to process the payment once.
The payment must be successful to issue the policy. If the application does not have a successful payment, it will be marked as "denied, rejected payment." Once an application has this status, it can no longer be updated, and the agent would need to submit a new application.

If there is no hold date and the appointment approval is pending, the Company will create a hold date for the next business day. This will continue until the appointment is approved or up to 10 days have passed. Otherwise, the application will be canceled.

If a hold date is set and the insured's birthday falls between the application date and the hold date, the application cannot be submitted until after the insured's birthday.

The policy's effective date is the submission date, even if the application initially goes into a pending appointment or appointment request pending status.

The status of individual state appointments can be checked in the agent portal under the agent's profile in the 'Licenses & Appointments' report.

Policy Delivery

Policy delivery is an important facet of doing business for CICA LIFE OF AMERICA. Agents are not required to send policies to clients; CICA LIFE OF AMERICA utilizes a third party to send policies to clients.

Selling Recommendations

Whole life insurance offers the customer the dual benefits of lifetime protection and cash value accumulation. It is a reliable and long-lasting solution, ensuring that beneficiaries receive a guaranteed death benefit while offering policyholders the opportunity to accumulate cash value over time, which can be leveraged for various financial needs. When selling whole life insurance, agents must communicate its unique advantages compared to other insurance products.

Unlike term insurance, which covers a specific period, whole life insurance remains in force as long as premiums are paid, offering peace of mind and stability.

Whole life insurance can be a versatile and powerful tool in your sales arsenal, whether you are targeting young families looking to protect their future or pre-retirees focused on estate planning.

The following recommendations will help you effectively present and sell whole life insurance to your clients.

1. Be well-versed in all aspects of whole life insurance, including how premiums, cash value, and benefits work.
2. Understand your client's financial goals and tailor your recommendations based on specific life stages and financial priorities.
3. Compare Whole Life to other insurance products and show your client the differences between whole life and term life insurance, emphasizing the lifelong coverage and cash value aspects.
4. Avoid jargon and complex financial terms when explaining the product. Use analogies and real-life scenarios to make the concept easier to understand.
5. Be prepared to address objections related to cost, flexibility, and perceived complexity. Highlight the long-term benefits and the guaranteed nature of the product.
6. Use real-life examples and success stories to demonstrate the value of whole life insurance.
7. Follow up regularly and provide ongoing support.

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Market Conduct

There are times, however, when some of these same characteristics can pose a risk for the producer from a regulatory or compliance perspective.

In certain situations, conviction and enthusiasm can lead to overly aggressive sales tactics. In others, receptiveness to new ideas may lead a producer to get involved in a marketing concept or sales practice touted by a promoter who may not have the producer's or their customers' best interests in mind.

It is essential to be aware of these pitfalls when interacting with prospects and customers.

Misrepresentation

The most prevalent allegation made by customers in complaints is "misrepresentation" of one or more provisions of the insurance contract. Such allegations are typically made concerning interest rates, strategy earnings, contract length, surrender and withdrawal charge schedules, and death benefits, but are not limited to these topics.

Agents must provide customers with a comprehensive description of the product during the sale. Only use materials that have been approved by CICA LIFE OF AMERICA as outlined in the Advertising Guidelines (which the agent can access in the Agent Portal). Upon delivery, review the terms and provisions of the contract and specifically discuss the "free-look" opportunity. By taking these steps, you may prevent future allegations of misrepresentation.

Abusive Or Coercive Sales Methods

Producers should always market insurance products in a setting where customers are given meaningful choices. Producers must not engage in any sales tactics involving illegal, abusive, or coercive sales methods.

Responsiveness to questions about the product and clear communication about both its benefits and limitations are important parts of the producer's job. There is nothing wrong with appropriately motivating a prospective customer to take action to address their insurance needs. After all, there is a long and impressive history in our company and throughout the industry that demonstrates how life insurance has helped protect and sustain the financial well-being of many individuals and families.

Abusive or coercive sales methods violate insurance regulations and will not be tolerated.

Use Of Scare Tactics

One type of abusive or coercive sales method is to misuse fear to scare the prospect into buying a product he or she otherwise would not. The Company recognizes that motivating a prospective customer to act is a crucial element in the sales process for marketing insurance products. During the sales process, a producer will often utilize a combination of experience-based knowledge, creative expression through promotional and marketing materials, and information supplied by a third party. However, the line between motivating a purchase and scaring a prospect needs to be respected. Regulators often consider such inappropriate or misleading statements and information to constitute the use of scare tactics. It is also important to realize that depending on your target market, tactics may be perceived differently by regulators, particularly in the case of sales to seniors. Care must be taken when talking with seniors.

The Company will not tolerate the use of scare tactics in the sales process.

Examples of statements that would likely be considered scare tactics by regulators include the following:

- You know you'll never see a dime of Social Security — it's going bankrupt.
- FDIC is underfunded — your CDs are not safe.
- It's not a matter of if you will run out of money; it's just a question of when it will happen.
- Just look at the pension funds that have gone bankrupt. Your pension is probably worthless.
- Your assets will be seized when you go into a nursing home.
- Probate is devastating. You must avoid it at all costs.
- You're going to lose 70% of your 401(k) and IRA money to taxes.

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Ghostwritten Materials

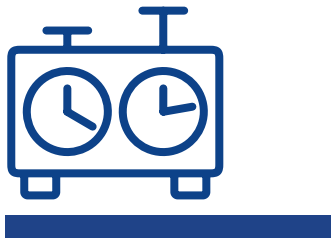
The Company prohibits the use of misleading marketing materials to improperly legitimize one's credentials or background while marketing and selling products. One example of a prohibited marketing practice is the use of ghostwritten books, articles, or other materials. A book or article is considered "ghostwritten" if a producer represents himself or herself to be the author but has not substantively contributed to the writing of the material.

The use of any media that misrepresents the true authorship of said media is prohibited.

Rebating

Rebating is illegal or at least limited in most states and prohibited by the Company even if the state allows it. A *rebate* involves the return of value of any kind to the customer in connection with the purchase of insurance. Nothing outside the contract may be introduced into the application process as an inducement to purchase an insurance contract. Transactions that may be considered a rebate include, but are not limited to:

- Any gift designed to induce a purchase. Note that state laws vary dramatically with respect to gifting and rebating. You are responsible for knowing the law in the states where you do business.
- Return of commissions earned
- "Free insurance"
- Payment by the producer or agency of any premium
- Refund of premium due to the persistence of the policy



Competition

The Company is committed to fair and respectful competition. Producers may not disparage or defame an insurer, its products or another producer while selling or attempting to sell the Company`s products. This includes misrepresenting or making inappropriate comments about an insurer's financial strength.

Affiliation With Government Agencies

No producer may represent himself or herself, either explicitly or implicitly, as representing, connected with, or endorsed by a governmental program or agency.

The use of any business model or marketing materials that suggest such is prohibited.

Pretext Selling

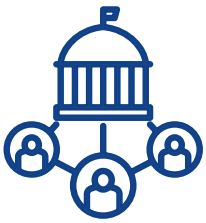
A concern identified by many regulators is the failure of insurance producers to clearly identify themselves and deliberately conceal the ultimate reason for contacting a prospective customer. Pretext selling can be described as a sales/marketing practice by an insurance producer through which:

- The true purpose of a financial education class, seminar, workshop, meeting, or appointment is disguised by using subject matter other than the potential sale of insurance products, particularly in marketing materials such as lead cards and seminar invitations; and/or,
- The identity of the producer as a person engaged in the sale of annuities is not disclosed, and some alternative description is used that could mislead a customer into believing that a producer is an "advisor," "consultant," "planner," "senior specialist," or some similar term unrelated to sales.
- Types of subject matter often involved in pretext selling include:
- Government, disability, or veterans' benefits
- College aid or educational planning
- Living trusts
- Tax preparation
- How to avoid probate
- How to reduce taxes on Social Security benefits
- How to maximize Social Security benefits
- Medicaid planning
- Roth conversions

Veterans Administration Benefit Programs

The Company will not accept business written in conjunction with marketing programs that promote qualifications for Veterans Administration (VA) benefits. The use of any marketing materials that promote VA benefits in conjunction with the sale of CICA LIFE OF AMERICA products is prohibited.

Even if you are not marketing or advertising in such a fashion, you should be very cautious if a veteran approaches you for assistance in qualifying for benefits. Laws and regulations vary by state, and some prevent veterans from moving assets to qualify for benefits. You should refer customers to a qualified legal advisor if this scenario arises.



Military Sales Practices Model Regulation

The Company strongly encourages agents to familiarize themselves with regulations aimed at safeguarding active-duty service members of the United States Armed Forces from potentially misleading and predatory insurance sales practices. These regulations identify certain practices that may be deemed false, misleading, deceptive, or unfair. Since each state has its own set of rules, we encourage you to take the time to review these guidelines to ensure compliance and uphold the highest standards of integrity in your practice.

Certifications And Professional Designations

Insurance professionals must be aware of the specific regulations governing the use of senior-specific certifications and professional designations. Utilizing such certifications or titles in a way that suggests specialized training for assisting seniors with life insurance or annuities can be perceived as misleading and may not serve the best interests of clients. It is essential to clearly and transparently communicate qualifications through all forms of outreach, including advertisements, publications, and reports related to these financial products.

To protect consumers from any potential misunderstandings or concerns about marketing practices, regulations are established regarding the use of senior-specific certifications and professional designations. Since each state has its own regulations, it is crucial to review the applicable rules in every state to avoid engaging in such conduct.

Commissions

CICA LIFE OF AMERICA offers a competitive and structured commission program designed to reward agents for both initiating new business and maintaining strong policyholder relationships. Understanding how commissions are earned and paid is essential for planning and long-term success in your role as a licensed agent.

Commission Components

First-Year Commissions

Agents receive a percentage of the first-year premium for each new policy sold. This high first-year commission rate is intended to incentivize new business production and reflects our commitment to agent success.

Renewal Commissions

Beginning in the second policy year, agents earn a lower renewal commission on premiums as long as the policy remains active. While modest, these renewals offer residual income potential and reward long-term policy retention and client service.

Commission Payment Methods

CICA LIFE OF AMERICA offers two options for commission disbursement:

Advance Commissions

Agents can receive advance commissions equal to six months of projected premiums, helping boost short-term cash flow. However, if a policy lapses or is canceled during the advance period, it may result in a chargeback.

Advance commissions are available on qualifying products and depend on the agent's contract. For policies paid via ACH and submitted between Wednesday and the following Tuesday at 6:00 p.m., commissions will be paid the following Friday.
(See Commission payment schedule for more information.)

For policies set up with Electronic Funds Transfer (EFT), agents may qualify for a 50% advance commission, accelerating access to earned income with reduced risk.

If a policy is paid successfully in the first month but later reversed, the writing agent has seven days to update the ACH information.

Important Reminders:

- When the payment is successful, the agent receives the full advance commission according to the commission schedule.
- If the payment becomes successful after the seven-day window, the commission will be paid as-earned.

This process ensures agents are rewarded promptly while maintaining flexibility for payment corrections.

DIVE DEEPER INTO THIS TOPIC: Click the icon for a detailed commissions guide.

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As-Earned Commissions

Commissions are paid as premiums are received from the policyholder. This method aligns your income with actual policy performance and eliminates chargeback risk due to early lapses.

Commission Payment Schedule

Commissions paid via ACH direct deposit submitted between Wednesday and Tuesday at 6 p.m. will be paid on the following week's Friday.

For example, in the sample calendar below, any business settled, meaning successful first premium payment, Wednesday July 3 through Tuesday July 9, will be paid to the agent on Friday, July 19.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1	2	3 Sale One	4	5 Sale Two	6
7	8 Sale Three	9	10	11 Sale Four	12	13
14	15 Sale Five	16 Sale Six	17	18	19 Payment One	20
21	22	23	24	25	26 Payment Two	27
28	29	30	31			

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Chargeback

Due to the nature of the commission structure if a client or lapses cancel a policy due to non-payment repayment of advanced commissions by the agent maybe due back to the Company.

Advanced Commissions

- In months one through three, a 100% chargeback of the advance commission paid will be deducted from the agent's next advance commission payment (i.e., next issued policy that is eligible for advance commissions).
- In months four through six, a pro-rata chargeback of the advance commission paid will be applied to the agent's next advance commission payment (i.e., next issued policy that is eligible for advance commissions). Example: If a policy lapses after four monthly policy payments, one-third of the advance commission will be charged back against future advance commissions.
- In the event the agent does not sell another policy that is eligible for an advance commission payment, the chargeback amount will be added to the agent's debit balance and could be transferred to the as-earned commissions.

Termination of Contract due to Death

- If a death claim occurs within the first two policy years, and the premium is returned to the policyholder's estate or beneficiary, the full commission is a chargeback.
- If the death occurs on a policy in force for less than three months, any commission paid will be fully charged back.
- If the death occurs on a policy in force between months four and six, when the premium is not returned, a prorated chargeback of the advance commission paid is applied to the agent's next advance commission payment.

As-earned Commissions

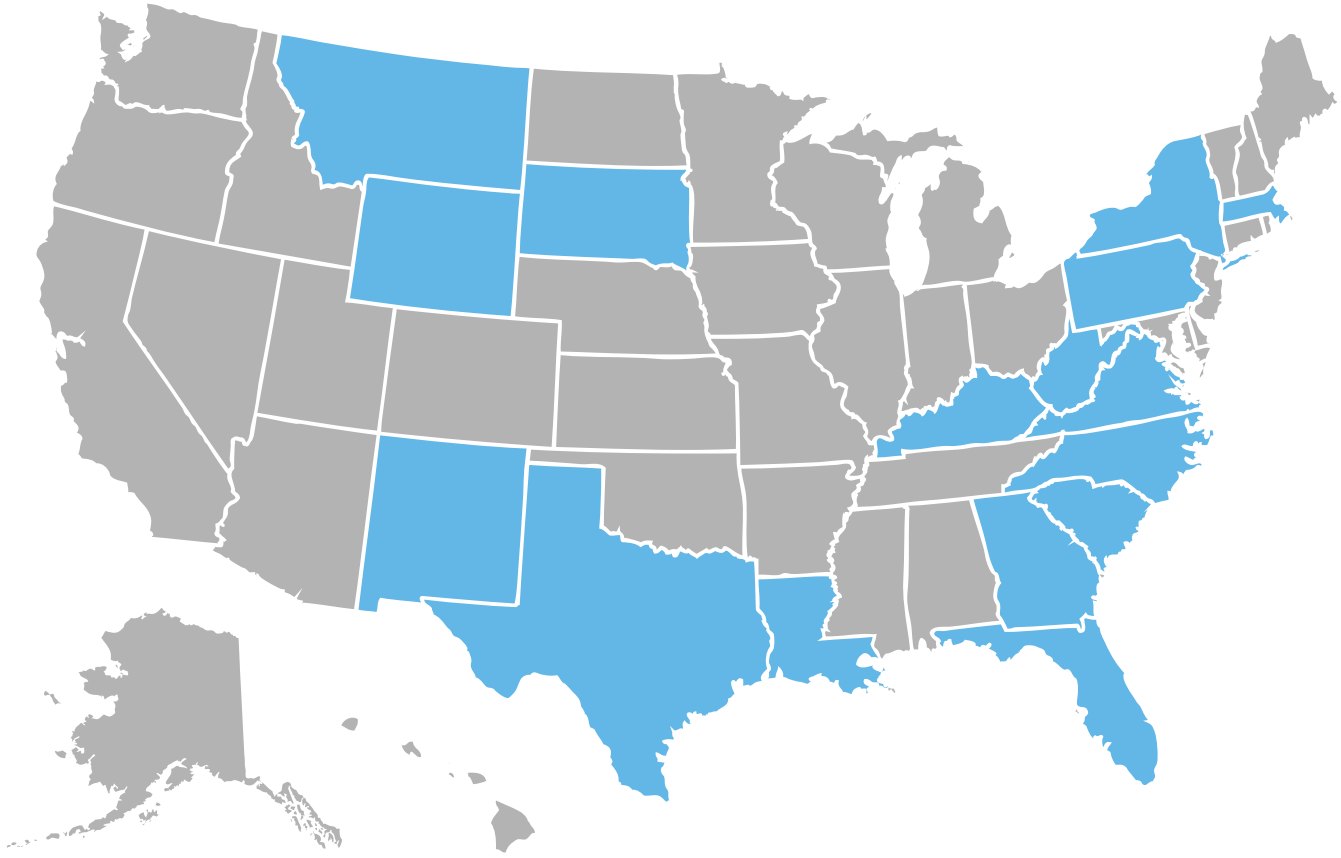
In months one through two, a 100% chargeback of the as-earned commission will be deducted from the agent's next as-earned commission payment.

Override Commissions

Override Commissions are commissions paid to uplines, managers, or agency leaders for policies sold by the agents they oversee, rather than policies they had direct involvement in the sale, solicitation, or negotiation of the insurance policy.

Override Commissions vary on a state-by-state basis.

Agents and their upline must both hold an active licenses in the following states to override commissions: Florida, Georgia, Kentucky, Louisiana, Massachusetts, Montana, New Mexico, New York, North Carolina, Pennsylvania, South Carolina, South Dakota, Texas Virginia, West Virginia or Wyoming.



States where an unlicenesed person cannot recive override commissions.

If a downline agent is submitting business in a state not listed above, an active license in that state is not required to receive override commissions. Agents must be appointed in the state where the client is physically located at the time of the application.

DIVE DEEPER INTO THIS TOPIC: Click the icon for a detailed commissions guide.

Account Services

Account Premiums

Account Premiums may be paid monthly, quarterly, semi-annually, or annually. CICA LIFE OF AMERICA accepts payment via electronic funds transfer, direct bill, credit or debit card, direct Social Security Express card (SSB).

Standard Recurring

For Standard Recurring, the agent can provide a hold date up to 28 calendar days from the application date.

Draft dates may be any day between the first and 28th of the month.

Social Security Billing

For Social Security Billing, clients can choose between first or third of the month; or the second, third or fourth Wednesday of the month.

Changes to premiums such as draft date, bank account information, credit card information, can be made by contacting Policy Holder Services at PHS@citizensinc.com or CPS@citizensinc.com.

Premiums may be delayed or drafted on a future date, to do this the agent must:

a) Select 'delay premium' in the application and input the desired draft date.

b) After entering the desired draft date, agents are prompted to input the billing information. Please note the initial screen will say to 'process payment', however, no payment will be paid until the draft date. A second confirmation screen will appear stating the policy will be held until the indicated draft date.

Reduction to the face amount can only be made once the policy has been in force for six months. Reductions are allowed in increments of $1,000. The reduction will take effect on the next billing date after the request was received. To make a change, the client must submit a signed change form to the Policy Holder Services.

Increases in face values must go through new application process.

DIVE DEEPER INTO THIS TOPIC:

Click the **HERE** for SSB Training.

Click the **HERE** for SSB updates.

Click the **HERE** for a video on important SSB information

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Missed Premium

Active Policies

If a premium is missed, client must pay the due amount to maintain the policy. This can be done in the agents' portal as well as by contacting Policy Holder Services.

New Policies

CICA LIFE OF AMERICA does not draft premiums during the application's holding period. Once the hold date arrives, we begin the drafting process.

If an application does not include a hold date, CICA LIFE OF AMERICA starts drafting the premium as soon as the application is submitted through the agent portal.

Agents must ensure that premium funds are available at the time of policy issuance.

If an application includes a hold date but no premium is available on that date, the agent will need to rewrite the application.

For applications submitted without a hold date, agents have up to two days to update the payment information in the portal. During this time, the application status will display as "Submitted/Waiting on Payment." If the payment is not updated within two days, the system will mark the application as "Denied/Rejected Payment," and it can no longer be edited. At that point, the agent must submit a new application.

This process helps ensure timely issuance and accurate processing, giving agents a clear path to resolve payment issues quickly.

Replacement

The National Association of Insurance Commissioner's (NAIC) defines a replacement as[1]:

A transaction in which a new policy, contract or annuity is to be purchased, and it is known or should be known to the proposing producer, that by reason of the transaction, an existing policy, contract or annuity has been, or is to be, any of the following:

1. NAIC Model Laws, Regulations, Guidelines and Other Resources 2nd Quarter 2015. Life Insurance and Annuities Replacement Model Regulation. Section 2. J. Definition.

Lapsed, forfeited, surrendered or partially surrendered, assigned to the replacing insurer or otherwise terminated;

1. Converted to reduced paid-up insurance, continued as extended term insurance, or otherwise reduced in value by the use of non-forfeiture benefits or other policy values;
2. Amended so as to affect either a reduction in benefits or in the term for which coverage would otherwise remain in force or for which benefits would be paid;
3. Reissued with any reduction in cash value; or
4. Used in a financed purchase.

States have enacted regulations requiring producers to provide customers with the necessary information to make an informed decision about whether the replacement is in their best interest. It is vitally important that you have a clear understanding of the requirements for a replacement transaction in each state for which you are licensed to sell insurance products. Your compliance with and completion of all requirements, particularly when making a replacement recommendation, are critical in assisting Citizens in demonstrating appropriate documentation to regulators during market conduct examinations.

When considering a replacement, the agent must disclose all the advantages and disadvantages and provide the client with correct and clear information. By providing this information, the client can decide whether to continue with the existing policy or replace it.

The appropriateness of a replacement transaction depends on the individual facts and circumstances of the situation. As a rule, CICA LIFE OF AMERICA will not approve the issuance of a new contract that replaces another unless the new contract better meets the current needs and objectives than the existing contract being replaced or substantially benefits the consumer in comparison to the replaced product over the life of the product.

The Company does not encourage or condone the systematic replacement of existing life insurance policies or annuity contracts. Marketing strategies should not be based on promoting replacements.

Replacement and Sales Materials

Under state regulations, if the application involves a substitution, the agent must leave a copy of the sales materials used to present the product with the applicant and provide the insurer with proof that the sales materials were left with the applicant. If the materials were presented via digital devices, this information may be emailed to the applicant. A copy of this email and the materials must be submitted to the insurer as proof of communication.

Twisting and churning

Twisting is an act in which a producer persuades a customer to replace a life insurance policy or annuity contract by misrepresenting the terms of either policy/contract.

Churning is an act in which a producer sells an annuity contract or life insurance policy, funded by a replacement or replacements, not for the benefit of the customer but for the purpose of earning a commission.

Insurance regulations prohibit both twisting and churning. CICA LIFE OF AMERICA has no tolerance for any producer who engages in either act. Failure to comply will be grounds for action including termination of CICA LIFE OF AMERICA contract.

CICA LIFE OF AMERICA monitor the acceptability and suitability of replacements to ensure they are in the policyholder's best interest. Producers must provide the applicant with the Company's replacement form in the event of a replacement, signed by both the applicant and agent. The notice shall be read aloud by the producer unless the applicant indicates he or she desires to not have the form read aloud and indicated in the space provided on the replacement form.

Non-Forfeiture Options

If a policyholder can no longer pay premiums, CICA LIFE OF AMERICA offers three non-forfeiture options that allow the policy to continue in some form rather than being canceled outright. These options use the policy's built-up cash value to provide continued coverage.

1

Reduced Paid-Up Insurance

- The policyholder can choose this option while the policy is in force.
- The policyholder would receive the policy's net cash value which can be used to purchase a new smaller, fully paid-up policy.
- This means no further premiums are required, and the policy will remain in force for the insured's lifetime.
- The new, reduced death benefit is based on the insured's age at the time and the available net cash value.

2

Extended Term Insurance

- Instead of canceling the policy, the cash value is used to purchase term insurance equal to the original face amount (minus any outstanding loans).
- This term coverage lasts for a limited period, depending on the insured's age and the amount of cash value.
- If the insured passes away during this period, the full-face amount is paid to the beneficiary.

3

Automatic Non-Forfeiture Option

- If a premium is not paid and the grace period ends, and the Automatic Premium Loan (APL) option is not selected, CICA LIFE OF AMERICA will automatically apply a non-forfeiture option.
- The default automatic option is:
    - Extended Term Insurance – if those values are listed in the policy's Table of Guaranteed Values.
    - Reduced Paid-Up Insurance – if Extended Term values are not available.

Policyholders have 60 days from the missed premium due date to select a different non-forfeiture option if desired.

Policy Reinstatement

Policies that have lapsed in some instances are able to be reinstated. However, these regulations vary on a state-by-state basis. Refer to the client's policy for specifics about their policy. An application for reinstatement form must be completed. This form is available from PHS PHS@citizensinc.com or directly from the agent. Samples of reinstatement policies for Standard and Guaranteed Issue are listed on below.

Standard Issue

"Reinstatement: This policy may be reinstated on a premium-paying basis at any time within three years* after the date the policy lapsed due to nonpayment of premium or continued in force on other than a premium-paying basis. The policy may not be reinstated after has been surrendered for its cash value or after the insured has died. Reinstatement will be effective when we receive:

a) A written application for reinstatement
b) Evidence of insurability satisfactory to us
c) Payment of all premiums due with interest at the rate of 6% compounded annually
d) Payment of any policy debt with interest, compounded annual at the loan interest rate shown on the Policy Specifications page, from the date the policy lapsed or continued in force as Extended Term Insurance or Reduced Paid Up Insurance to the date of reinstatement. If policy debt with interest does not exceed the cash value on the date of reinstatement, it may be reinstated subject to the Policy Loans provisions.

Upon reinstatement of the policy, we may contest the policy for two years from the date of reinstatement due to material misrepresentation made on the reinstatement application."

* varies by state, check policy for specific timing

Guaranteed Issue

"Reinstatement: This policy may be reinstated on a premium-paying basis at any time within five years* after the date the policy lapsed due to nonpayment of premium or continued in force on other than a premium-paying basis. The policy may not be reinstated after it has been surrendered for its cash value or after the Insured has died. Reinstatement will be effective when We receive:

a) A written application for reinstatement
b) Evidence of insurability satisfactory to Us
c) Payment of all premiums due with interest at the rate of 6% compounded annually
d) Payment of any policy debt with interest, compounded annually at the loan interest rate shown on the Policy Specifications page, from the date the policy lapsed or continued in force as Extended Term Insurance or Reduced Paid Up Insurance to the date of reinstatement. If policy debt with interest does not exceed the cash value on the date of reinstatement, it may be reinstated subject to the Policy Loans provisions.

Upon reinstatement of the policy, we may contest the policy for two years from the date of reinstatement due to material misrepresentation made on the reinstatement application."

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Team Phone: 737-289-4670

Policy Holder Services Information:

Deborah Fox, Team Manager

Team Email: PHS.USA@citizensinc.com

Team Phone: (877) 282-7127

New Business Department Information:

Team Email: nb@citizensinc.com

Team Phone: 737-289-4670

Claims Department Information:

Team Email: Claims@citizensinc.com

Team Phone - English: 737-530-0337 or ext. 10151

Team Phone - Spanish: 737-530-0339 or ext. 10153

Marketing/Compliance Department Information:

Team Email: mediacompliancereview@citizensinc.com

For marketing and compliance review on proposed white labeled pieces.

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Appendix A – Product and Riders Specs

Terminal Illness Accelerated Death Benefit

While this Policy is in force on a premium paying or fully paid-up basis, if the Insured has been diagnosed with a "Terminal Illness," the Company will pay an accelerated benefit equal to the lesser of:

1. one-half (50%) of the applicable death benefit on the base Policy, excluding riders, less any existing indebtedness against this Policy; or
2. $15,000

The accelerated benefit payment will be reduced by an administrative charge of not more than $100. The minimum amount of death benefit that will qualify for the terminal illness acceleration benefit is $5,000. The maximum amount of death benefit that will qualify for the terminal illness acceleration benefit is $30,000.

Payment will be made in a onetime lump sum to the Owner, if other than the Insured, subject to the rights of any collateral assignment of benefits of this Policy currently in effect and filed with the Company.

Definition of Terminal Illness

Terminal Illness is defined as an illness for which the Insured provides written evidence satisfactory to the Company that the Insured's life expectancy is 12 months or less. Such evidence must include a written certification by a licensed physician as having a terminal condition that is not curable by any means available to the medical profession. The Company, at its expense, may require an examination by a physician of its choice. This examination may include x-rays, blood tests, and other procedures that are reasonable and necessary to determine whether the Insured has a Terminal Illness. To be acceptable to us, this examination must be completed within 90 days after the date we notify the owner of this requirement.

Impact of a Benefit Payment on the Policy

The remaining non-accelerated portion of the base policy will have premiums, cash values, and face amounts reduced prorata based on the portion of face amount accelerated excluding any term insurance riders attached to the policy. The new premiums will be those which would apply if the policy had originally been issued at the reduced base policy insurance amount. Term insurance rider premiums will not be affected.

Accidental Dismemberment Benefit Provision

While this Policy is in force on a premium paying or fully paid-up basis, the Company will pay the Accidental Dismemberment Benefit Percentage of the applicable death benefit amount of the base Policy insurance in accordance with the Table of Benefits. The applicable death benefit amount is the base Policy insurance and can be no more than $30,000 or no less than $5,000 for any Accidental Dismemberments to be paid. Benefits are only payable under this provision upon receipt of written evidence satisfactory to the Company that the specific losses have resulted, directly and independently of all other causes as listed in the table, from bodily injuries caused by an accident occurring while this Policy was in force and the loss occurred within 90 days following the date of the accident. This benefit will be paid in addition to any other benefits provided in this Policy, except if the same accident causes dismemberment and death, only the death benefit amount will be paid. Dismemberment coverage terminates at attained age 85.

Notice of Claim: Written notice of claim must be given within 20 days after a covered loss starts or as soon as reasonably possible. The notice may be given to the insurer at its home office or to the insurer's agent. Notice should include the name of the insured and the policy number.

Claim Forms: When the insurer receives the notice of claim, it will send the claimant forms for filing proof of loss. If these forms are not given to the claimant within 15 days, the claimant may meet the proof of loss requirements by giving the insurer a written statement of the nature and extent of the loss within the time limit stated in the 'Proof of Loss' provision.

Proof of Loss: If the policy provides for periodic payment for a continuing loss, written proof of loss must be given the insurer within 90 days after the end of each period for which the insurer is liable. For any other loss, written proof must be given within 90 days after such loss. If it was not reasonably possible to give written proof in the time required, the insurer shall not reduce or deny the claim for this reason if the proof is filed as soon as reasonably possible. In any event, the proof required must be given no later than 1 year from the time specified unless the claimant was legally incapacitated.

Time of Payment of Claims: After receiving written proof of loss, the insurer will pay monthly all benefits then due for Dismemberment Benefit. Benefits for any other loss covered by this policy will be paid as soon as the insurer receives proper written proof.

Payment of Claims: Benefits will be paid to the insured. Loss-of-life benefits are payable in accordance with the beneficiary designation in effect at the time of payment. If none is then in effect, the benefits will be paid to the insured's estate. Any other benefits unpaid at death may be paid, at the insurer's option, either to the insured's beneficiary or estate.

Denial of Claims: Each claimant, or provider acting for a claimant, who has had a claim denied as not medically necessary will be provided an opportunity for an appeal to the Company's licensed physician who is responsible for the medical necessity reviews under the plan or is a member of the plan's peer review group. The appeal may be by telephone, and the Company's licensed physician must respond within a reasonable time, not to exceed 15 business days.

Limitations for Accidental Dismemberment Benefit

No benefits will be paid for dismemberment resulting directly or indirectly from:

1. Intentionally self-inflicted injury, while sane or insane
2. Suicide or attempted suicide, while sane or insane
3. The Insured's participation in or attempt to commit a crime, assault, felony or any illegal activity, regardless of any legal proceedings.
4. Involvement with or use of alcohol, illegal or controlled chemicals, drugs or substances, unless taken upon the advice of a licensed physician in the prescribed manner and dosage
5. War or any act of war, whether declared or undeclared
6. Involvement in or as a result of any riot, insurgency, or insurrection
7. Service in military forces of any country combination of countries or international organization
8. Voluntary exposure to hazards which result in bodily injury.
9. Motor vehicle accident or collision where the Insured is the operator of the motor vehicle and the Insured's blood alcohol level meets or exceeds the level at which intoxication is defined in the state where the accident occurred, regardless of any legal proceedings.
10. Operating, traveling in, descending or falling from or with, any kind of aircraft, except as a fare-paying passenger on a regularly scheduled commercial light on a licensed passenger on a regularly scheduled commercial flight on a licensed passenger aircraft flown by a licensed pilot.
11. Bodily or mental infirmity, or disease, or medical or surgical treatment thereof;
12. Or infection, other than infection occurring simultaneously with, and as a direct result of, the accidental injury.

Accidental Dismemberment Benefit Percentage Table of Benefits

For loss of both hands by severance at or above the wrist joint	33%
For loss of both feet by severance at or above the ankle joint	33%
For the complete and irrecoverable loss of the sight of both eyes	33%
For the loss of one hand and one foot by severance above the wrist joint and the ankle joint	33%
For the complete and irrecoverable loss of sight of one eye and the loss of one hand by severance at or above the wrist joint	33%

For the complete and irrevocable loss of sight of one eye and the loss of one foot by severance at or above the ankle joint	33%
For the loss of one hand or one foot by severance at or above the wrist or ankle joint	25%
For the complete and irrecoverable loss of the sight of one eye	20%
For loss of the thumb and index finger of the same hand by severance at or above the metacarpal joint	15%

2025 Product Rate Card

Standard Issue			Guarantee Issue		
Annual Premium Rate per $1,000			Annual Premium Rate per $1,000		
Issue Age	Male	Female	Issue Age	Male	Female
0	10.42	10.42	0	41.59	40.79
1	10.42	10.42	1	42	39.37
2	10.6	10.42	2	42.82	40.14
3	10.87	10.42	3	43.53	40.8
4	11.03	10.6	4	44.55	41.76
5	11.32	10.87	5	45.26	42.43
6	11.5	11.03	6	46.18	43.29
7	11.67	11.32	7	46.9	43.96
8	11.95	11.5	8	47.71	44.73
9	12.12	11.68	9	48.63	45.59
10	12.31	11.95	10	49.44	46.35
11	12.58	12.12	11	50.46	47.31
12	12.85	12.31	12	51.18	47.98
13	13.22	12.58	13	51.89	48.64
14	13.58	12.85	14	52.6	49.31
15	13.85	13.22	15	53.22	49.88
16	14.22	13.58	16	53.83	50.46
17	14.58	13.85	17	54.13	50.75
18	14.83	14.22	18	54.44	51.03

Standard Issue			Guarantee Issue		
Annual Premium Rate per $1,000			Annual Premium Rate per $1,000		
Issue Age	Male	Female	Issue Age	Male	Female
19	15.18	14.58	19	54.85	51.42
20	15.48	14.84	20	55.15	51.7
21	15.83	15.19	21	55.26	51.8
22	16.18	15.48	22	55.66	52.18
23	16.46	15.83	23	56.27	52.75
24	16.83	16.19	24	56.89	53.33
25	17.18	16.46	25	57.6	54
26	17.63	16.83	26	57.94	54.36
27	18.12	17.19	27	58.28	54.72
28	18.71	17.63	28	58.62	55.08
29	19.3	18.13	29	58.96	55.44
30	19.9	18.72	30	59.3	55.8
31	20.58	19.31	31	59.64	56.16
32	21.26	19.91	32	59.98	56.52
33	21.93	20.58	33	60.32	56.88
34	22.69	21.26	34	60.66	57.24
35	23.46	21.94	35	61	57.6
36	24.22	22.7	36	61.34	57.96
37	25.1	23.46	37	61.68	58.32
38	25.94	24.23	38	62.02	58.68
39	26.89	25.1	39	62.36	59.04
40	27.93	25.95	40	62.7	59.4
41	28.97	26.9	41	63.04	59.76
42	30.1	27.94	42	63.38	60.12
43	31.22	28.97	43	63.72	60.48
44	32.45	30.11	44	64.06	60.84
45	33.68	31.23	45	64.4	61.2
46	34.98	32.46	46	64.74	61.56
47	36.29	33.69	47	65.08	61.92
48	37.69	34.99	48	65.42	62.28
49	39.18	36.3	49	65.76	62.64
50	40.67	37.7	50	66.09	63
51	42.35	39.19	51	66.43	63.36
52	44.45	40.68	52	66.77	63.72
53	46.72	42.26	53	67.11	64.08
54	49.1	44.24	54	67.45	64.44
55	51.62	46.39	55	67.79	64.8
56	54.49	48.64	56	72.84	69.41

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Standard Issue			Guarantee Issue		
Annual Premium Rate per $1,000			Annual Premium Rate per $1,000		
Issue Age	Male	Female	Issue Age	Male	Female
57	57.23	51.01	57	78.25	74.35
58	60.09	53.73	58	84.07	79.64
59	63.11	56.3	59	90.32	85.3
60	66.26	58.97	60	97.04	91.37
61	69.58	61.79	61	104.26	97.87
62	73.06	64.71	62	112.01	104.84
63	76.71	67.79	63	120.34	112.3
64	80.56	71.01	64	129.29	120.29
65	86.44	74.92	65	138.91	128.85
66	92.77	79.41	66	149.24	138.01
67	99.55	84.18	67	160.33	147.83
68	106.83	89.23	68	172.26	158.35
69	114.63	94.58	69	185.07	169.62
70	123.01	100.26	70	198.83	181.68
71	132.01	106.27	71	204.62	190.86
72	141.66	112.64	72	210.42	200.04
73	152.02	119.4	73	216.21	209.22
74	163.12	126.57	74	222	218.4
75	175.05	134.16	75	232.83	229.05
76	187.84	142.21	76	244.58	240.61
77	201.58	150.75	77	257.27	253.1
78	216.32	159.8	78	270.89	266.5
79	232	170.98	79	284.86	280.23
80	248.82	182.95	80	299.07	294.21
81	266.86	195.75	81	318.97	318.97
82	286.21	209.46	82	338.76	338.76
83	306.96	224.12	83	358.55	358.55
84	329.21	239.8	84	378.34	378.34
85	353.08	256.59	85	397.67	397.67

Appendix B. Complete Policyholder's Information

The following list contains personally identifiable information (PII). As part of your responsibilities, you will have access to this type of information about your customers. It is important to handle this data with care to ensure privacy and security. Do not allow anyone else to access this information.

a. First Name (or first initial);
b. Last Name; and
c. Any of the following is considered confidential information:
    - Social Security number
    - Driver's license or state-issued ID number
    - Military ID number
    - Passport number
    - Credit card (or debit card) number, CVV2, and expiration date
    - Financial account numbers (with or without access codes or passwords)
    - Customer account numbers
    - Unlisted telephone numbers
    - Date or place of birth
    - Mother's maiden name
    - PINs or passwords
    - Password challenge question responses
    - Account balances or histories
    - Wage and salary information
    - Tax filing status
    - Biometric data that can be used to identify a digital or physical copy of a handwritten signature.
    - Email addresses
    - Medical record numbers
    - Vehicle identifiers and serial numbers, including license plate numbers.
    - Medical histories
    - National or ethnic origin
    - Religious affiliation(s)
    - Physical characteristics (height, weight, hair color, eye color, etc.)
    - Insurance policy numbers
    - Credit or payment history data
    - Full face photographic images and any comparable images
    - Certificate/license numbers
    - Internet Protocol (IP) address numbers
    - Identifiers, including finger or voice prints.

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Appendix C.
Standard Policy Specimen

SPECIMEN POLICY

CICA LIFE INSURANCE COMPANY OF AMERICA

EXECUTIVE OFFICE:
P.O. Box 149151 Austin, TX 78714
800-880-5044

This Company **AGREES TO PAY** the benefits provided in this policy. This is subject to all the terms and conditions of this policy.

THE CONSIDERATION for this policy is the application and the payment of the premium shown in the Policy Specifications page. Premiums are due on or before each due date, beginning with the Policy Date, for the period specified in the Policy Specifications page. The Company will pay the Face Amount of insurance at the death of the Insured.

NOTICE OF 30 DAYS TO EXAMINE THE POLICY - You may return this policy for any reason within 30 days after you receive it. It can be returned by delivering or mailing it to the Executive Office in Austin, TX. It can also be returned to the insurance agent through whom it was purchased. If returned, the policy will be considered void from the beginning and any premiums paid will be refunded.

THE PROVISIONS on the following pages along with the Policy Specifications page are a part of the policy.

The receipt of any Terminal Illness Accelerated Death Benefit may be taxable to you. The advice and guidance of your personal tax advisor should be obtained prior to the receipt of any Terminal Illness Accelerated Death Benefit. The death proceeds and surrender value proceeds will be impacted if a Terminal Illness Accelerated Death Benefit is paid.

IN WITNESS WHEREOF, the Company has caused this policy to be signed at its Home Office as of the Policy Date.

Secretary

President

WHOLE LIFE INSURANCE – STANDARD ISSUE

NONPARTICIPATING

PREMIUMS PAYABLE AS SPECIFIED IN THE POLICY SPECIFICATIONS PAGE

BUILT-IN TERMINAL ILLNESS ACCELERATED DEATH BENEFIT AND ACCIDENTAL DISMEMBERMENT BENEFITS

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Page 1	Benefit Summary Thirty Day Right to Examine the Policy
Page 2	Table of Contents
Page 3	Policy Specifications Insured Face Amount Owner Schedule of Premiums Description of Benefits
Page 4	Table of Guaranteed Values Actuarial Assumptions
Page 5	Definitions General Provisions Entire Contract Ownership of the Policy Beneficiaries and Proceeds Change of Ownership or Beneficiary
Page 6	Suicide Incontestability Payment of Premiums Grace Period How to Reinstate this Policy
Page 7	Payment of the Policy Benefits Policy Loans Automatic Premium Loans Terminal Illness Accelerated Death Benefit
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Page 10	Guaranteed Values Basis of Calculations

SPECIMEN POLICY

POLICY SPECIFICATIONS

INSURED	[JOHN SMITH]	[SPECIMEN]	**POLICY NUMBER**
POLICY DATE	[SPECIMEN]	[35]	**ISSUE AGE**
FACE AMOUNT	[$10,000.00]		

OWNER [JOHN SMITH]

BENEFICIARY **AS DESIGNATED IN THE APPLICATION FOR THE POLICY UNLESS OTHERWISE PROVIDED IN THE POLICY**

SCHEDULE OF PREMIUM	ANNUAL	SEMI-ANNUAL	QUARTERLY	MONTHLY	SPECIAL MONTHLY
TOTAL PREMIUMS	[$]	[$]	[$]	[$]	

PREMIUM CLASS: [STANDARD] **PREMIUM PAYMENT METHOD:** [ANNUAL]

THE TOTAL PREMIUMS INCLUDE THE CHARGE FOR ADDITIONAL BENEFITS

FORM	DESCRIPTION OF BENEFITS	BENEFIT AMOUNT	PREMIUMS	
			YEARS PAYABLE	ANNUAL AMOUNT
B90772E	[PRODUCT NAME MALE]	[$10,000]	LIFE	[$]

ALL THE PREMIUMS AND BENEFITS OF THIS POLICY ARE PAYABLE IN UNITED STATES DOLLARS

THE EFFECTIVE DATE AND ISSUE AGE OF EACH BENEFIT IS THE POLICY DATE AND ISSUE AGE OF THE POLICY UNLESS OTHERWISE SPECIFIED

SPECIMEN POLICY

TABLE OF GUARANTEED VALUES

PLAN [72-XXXXXX] [SPECIMEN] **POLICY NUMBER**

UNITS [10] [35] **ISSUE AGE**

END OF POLICY YEAR	POLICY CASH VALUE	PAID-UP INSURANCE AMOUNT	PERIOD OF EXTENDED TERM INSURANCE	
			YEARS	DAYS
1	[$0.00	[$0.00	[0	0
2	0.00	0.00	0	0
3	46.90	210.00	2	210
4	139.70	600.00	7	10
5	234.60	970.00	11	207
6	331.90	1,330.00	15	175
7	431.70	1,670.00	18	146
8	534.30	2,010.00	20	179
9	640.50	2,330.00	22	8
10	750.40	2,650.00	23	69
11	864.10	2,960.00	24	35
12	981.80	3,260.00	24	281
13	1,103.50	3,560.00	25	90
14	1,229.70	3,840.00	25	205
15	1,360.10	4,120.00	25	275
16	1,494.50	4,390.00	25	310
17	1,632.90	4,650.00	25	316
18	1,775.30	4,900.00	25	298
19	1,921.60	5,140.00	25	259
20	2,071.80	5,380.00	25	201
AT AGE 55	2,071.80	5,380.00	25	201
AT AGE 60	2,876.70	6,420.00	24	51
AT AGE 62	3,220.50	6,790.00	23	127
AT AGE 65	3,753.50]	7,280.00]	21	359]

SPECIMEN POLICY

ACTUARIAL ASSUMPTIONS:

INTEREST RATE - 3.75%

RESERVE METHOD - C.R.V.M. 3.00%

MORTALITY TABLES - 2017 CSO MALE COMPOSITE - ALB

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DEFINITIONS

POLICY DATE - The Policy Date is the date of issue, unless otherwise indicated.

DUE DATE - The due date is that date each month corresponding to the Policy Date. When there is no such date in a particular month, the last day of that month.

YOU, YOUR OR OWNER - You, Your or Owner means the Owner named in the application for this policy or in the latest change filed with Us.

WE, OUR, US OR THE COMPANY - We, Our, Us or the Company means CICA Life Insurance Company of America.

POLICY ANNIVERSARIES AND POLICY YEARS - Policy anniversaries and policy years are measured from the Policy Date.

GENERAL PROVISIONS

ENTIRE CONTRACT. We issue this policy in consideration of Your application and Your payment of premiums. This is a legal contract between You and Us. The policy, the application and any attached riders, provisions and endorsements, as well as Your reinstatement application (if applicable) constitute the entire contract. A copy of the application, riders, and endorsements are attached to this policy. The statements made by You for the issuance, reinstatement or renewal of this policy shall, in the absence of fraud, will be looked upon as representations and not as warranties. If We challenge a claim or attempt to void the policy, We agree not to use any statements except for those made in the application.

PRELIMINARY PROVISION. No obligation is assumed by the Company until the policy has been issued and the first premium has been paid in full (date of receipt at the Company's Office shall be considered the date of payment) and at the time of issue, the Insured's health and other conditions affecting insurability remained as described in the application.

OWNERSHIP. The Owner (referred to in this policy as "You" or "Your") is the Insured, unless otherwise designated in the application, or unless changed as provided under the Change of Ownership or Beneficiary provision. This policy belongs to You. Unless You provide otherwise, You may exercise all rights and privileges granted by this policy during the Insured's lifetime.

If the Owner is other than the Insured, and dies prior to the Insured, while this policy is in force, the ownership of this policy will pass to the following:

- Contingent Owner(s), if any, during his/her lifetime; otherwise,
- Insured
  While an Insured is younger than 18 years of age, or legally incompetent, the rights and privileges granted by this policy may be exercised on behalf of the Insured, in the following order, by the:
  1. Applicant
  2. Insured's parent
  3. Insured's legal guardian or Power of Attorney

BENEFICIARY. The person to receive the proceeds in the event of the Insured's death is the primary or contingent Beneficiary named in the application. A subsequent change of Beneficiary can be submitted and recorded with the Company as provided under the Change of Ownership or Beneficiary provision. In that event, We will pay the proceeds of the policy to the primary Beneficiary named in Your last change of Beneficiary request, if living. Otherwise, we will pay the proceeds to the contingent Beneficiary, if living. If any Beneficiary dies before the Insured, that Beneficiary's interest in this policy ends with that Beneficiary's death. If no Beneficiary survives the Insured, We will pay the proceeds to the Owner of the policy. If the owner is not living, we will pay the proceeds to the estate of the Owner.

CHANGE OF OWNERSHIP OR BENEFICIARY. You may change the Owner or Beneficiary of this policy during the lifetime of the Insured. Changes must be requested in writing on a form satisfactory to Us. Changes must be sent to the Home Office. We may require return of this policy for endorsement. A change is valid only when it is received and endorsed by an officer of the Company in Our Home Office. Upon receipt and endorsement, it is effective as of the date that You signed the written request, subject to any payment made or other action taken by Us before receipt of the written request.

SPECIMEN POLICY

ASSIGNMENT. Your policy may be assigned. The assignment must be in writing and filed at Our Home Office. We assume no responsibility for the validity or effect of any assignment of this policy or of any interest in it. Any claim made by an assignee will be subject to proof of the assignee's interest and the extent of the assignment.

MODIFICATIONS. Only an officer of the Company is authorized to alter this policy and to waive any of the Company's rights or requirements. No agent has the power to bind the Company in any way.

SUICIDE. If the Insured commits suicide, while sane or insane, within two years from the Policy Date, the proceeds will be equal to the total premiums paid on this policy, less any policy indebtedness.

INCONTESTABILITY. This policy will be incontestable after it has been in force during the Insured's lifetime for a period of two years from the Policy Date or the date of any reinstatement, except for non- payment of premium.

MISSTATEMENT OF AGE OR SEX. If the age and/or sex of the Insured has been misstated, We will adjust any proceeds payable to the amount of insurance which the premiums paid would have purchased at the correct age and sex.

NONPARTICIPATING. This policy will not share in profits or surplus of the Company.

CLAIMS AGAINST BENEFICIARIES. To the extent permitted by law, no payment of proceeds or interest shall be subject to the claims of creditors of a Beneficiary or to any legal process against a Beneficiary.

LEGAL ACTION AND PRESCRIPTION. No action at law or in equity shall be brought to recover on this policy unless brought within five years from the date of death of the Insured.

PREMIUMS

PAYMENT OF PREMIUMS. Premiums are payable either directly to the Company or to an authorized representative of the Company on or before each Due Date. A receipt for premium payment, signed by the President or Secretary, will be provided.

GRACE PERIOD. A grace period of 31 days from each Due Date will be allowed for the payment, without interest, of any premium after the first. The policy will remain in force during the grace period. If a death occurs during the grace period, the unpaid premium will be deducted from the proceeds otherwise payable.

EFFECT OF FAILURE TO PAY PREMIUMS. If any premium is not paid by the end of the grace period, this policy will terminate except as provided in the Guaranteed Values provisions and in the Reinstatement provision.

REINSTATEMENT

REINSTATEMENT. This policy may be reinstated on a premium-paying basis at any time within three years after the date the policy lapsed due to nonpayment of premium or continued in force on other than a premium-paying basis. The policy may not be reinstated after it has been surrendered for its cash value or after the Insured has died. Reinstatement will be effective when We receive:

(a) a written application for reinstatement

(b) evidence of insurability satisfactory to Us

(c) payment of all premiums due with interest at the rate of 6%, compounded annually; and

(d) payment of any policy debt with interest, compounded annually at the loan interest rate shown on the Policy Specifications page, from the date the policy lapsed or continued in force as Extended Term Insurance or Reduced Paid Up Insurance to the date of reinstatement. If policy debt with interest does not exceed the cash value on the date of reinstatement, it may be reinstated subject to the Policy Loans provisions.

Upon reinstatement of the policy, We may contest the policy for two years from the date of reinstatement due to material misrepresentations made on the reinstatement application.

SPECIMEN POLICY

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PAYMENT OF BENEFITS

SETTLEMENT. All sums are payable by the Company at its Home Office. Any outstanding indebtedness on this policy will be deducted. Premiums paid which apply to any month after the month of the Insured's death will be returned. Surrender of the policy may be required when settlement is made. Benefits for Death will be paid immediately upon receipt of due proof of death.

DEATH BENEFIT. The Company will pay the Beneficiary in a lump sum the Face Amount of insurance at the death of the Insured. Interest on life insurance benefits shall begin from receipt of due proof of death. The rate of interest shall be 8% per annum from the date of death of the Insured to the date payment is made.

POLICY LOANS

CASH LOANS. The Owner may obtain a loan from the Company upon assignment of this policy as sole security, except that no loan will be made while this policy is in force as Extended Term Insurance. The Company will lend any amount which does not exceed the net Cash Loan value then available, minus any premium due that is unpaid.

The net Cash Loan value is:
(1) the cash value as of the next premium due date, but not beyond the next policy anniversary, less
(2) an amount equal to the loan interest due on the next policy anniversary, less
(3) any existing indebtedness.

The Company may defer granting a loan, except a loan for the purpose of paying premiums under any of the Company's policies, for a period not exceeding six months.

INTEREST. We will lend money to the Owner at a minimum effective rate of 4%, not to exceed 10%. The loan interest is due in advance on each Policy Anniversary. When a loan is made, interest for a period not beyond the end of the Policy year must be paid in advance. Then, for each Policy year that the loan continues, interest for a period not beyond the end of that Policy year is due in advance. If interest is not paid when due, it will be added to the Policy debt and will bear interest at the same rate. Policy debt means the total outstanding loan with interest. All loans will bear interest payable on each anniversary of the Policy Date. Unpaid interest will be added to the loan and will bear interest on the same terms. Interest, as it accrues from day to day, will constitute indebtedness.

INDEBTEDNESS. Indebtedness consists of all outstanding loans plus accrued interest. Indebtedness may be repaid in whole or in part at any time while this policy is in force during the lifetime of the Insured. Any indebtedness outstanding when the Insured dies will be deducted from the Face Amount payable. Whenever indebtedness equals or exceeds the cash value, the policy will terminate, but not until 31 days after the Company has mailed notice to this effect to the Owner and to any assignees of record, at their respective last known addresses.

AUTOMATIC PREMIUM LOANS. The Automatic Premium Loan option may be selected in the application. The Automatic Premium Loan option may be by written request from the Owner before the expiration of the grace period for any unpaid premium. If selected, We will automatically lend You enough money to cover any premium not paid on this policy, including premiums for any existing benefit riders, by the end of the 31-day grace period. Automatic Premium Loans are subject to the same terms and conditions of the Policy Loans provision. We will not, however, make a premium loan that exceeds the cash value available, less any existing indebtedness. If the maximum net cash value available is not sufficient to make a loan to cover the entire unpaid premium, the policy will terminate, and any remaining net cash value will be applied according to the Guaranteed Values Options provided in the policy. The Owner can revoke the Automatic Premium Loan option by written notice to Our Home Office.

TERMINAL ILLNESS ACCELERATED DEATH BENEFIT

BENEFIT
While this Policy is in force on a premium paying or fully paid-up basis, if the Insured has been diagnosed with a "Terminal Illness," the Company will pay an accelerated benefit equal to the lesser of:

1. one-half (50%) of the applicable death benefit on the base Policy, excluding riders, less any existing indebtedness against this Policy; or
2. $15,000

SPECIMEN POLICY

The accelerated benefit payment will be reduced by an administrative charge of not more than $100. The minimum amount of death benefit that will qualify for the terminal illness acceleration benefit is $5,000. The maximum amount of death benefit that will qualify for the terminal illness acceleration benefit is $30,000.

Payment will be made in a onetime lump sum to the Owner, if other than the Insured, subject to the rights of any collateral assignment of benefits of this Policy currently in effect and filed with the Company.

DEFINITION OF TERMINAL ILLNESS

Terminal Illness is defined as an illness for which the Insured provides written evidence satisfactory to the Company that the Insured's life expectancy is 12 months or less. Such evidence must include a written certification by a licensed physician as having a terminal condition that is not curable by any means available to the medical profession. The Company, at its expense, may require an examination by a physician of its choice. This examination may include x-rays, blood tests, and other procedures that are reasonable and necessary to determine whether the Insured has a Terminal Illness. To be acceptable to us, this examination must be completed within 90 days after the date we notify the owner of this requirement.

IMPACT OF A BENEFIT PAYMENT ON THE POLICY

The remaining non-accelerated portion of the base policy will have premiums, cash values, and face amounts reduced pro rata based on the portion of face amount accelerated excluding any term insurance riders attached to the policy. The new premiums will be those which would apply if the policy had originally been issued at the reduced base policy insurance amount. Term insurance rider premiums will not be affected.

ACCIDENTAL DISMEMBERMENT BENEFIT PROVISION

BENEFIT

While this Policy is in force on a premium paying or fully paid-up basis, the Company will pay the Accidental Dismemberment Benefit Percentage of the applicable death benefit amount of the base Policy insurance in accordance with the Table of Benefits. The applicable death benefit amount is the base Policy insurance and can be no more than $30,000 or no less than $5,000 for any Accidental Dismemberments to be paid. Benefits are only payable under this provision upon receipt of written evidence satisfactory to the Company that the specific losses have resulted, directly and independently of all other causes as listed in the table, from bodily injuries caused by an accident occurring while this Policy was in force and the loss occurred within 90 days following the date of the accident. This benefit will be paid in addition to any other benefits provided in this Policy, except if the same accident causes dismemberment and death, only the death benefit amount will be paid. Dismemberment coverage terminates at attained age 85.

Notice of Claim: Written notice of claim must be given within 20 days after a covered loss starts or as soon as reasonably possible. The notice may be given to the insurer at its home office or to the insurer's agent. Notice should include the name of the insured and the policy number.

Claim Forms: When the insurer receives the notice of claim, it will send the claimant forms for filing proof of loss. If these forms are not given to the claimant within 15 days, the claimant may meet the proof of loss requirements by giving the insurer a written statement of the nature and extent of the loss within the time limit stated in the 'Proof of Loss' provision.

Proof of Loss: If the policy provides for periodic payment for a continuing loss, written proof of loss must be given the insurer within 90 days after the end of each period for which the insurer is liable. For any other loss, written proof must be given within 90 days after such loss. If it was not reasonably possible to give written proof in the time required, the insurer shall not reduce or deny the claim for this reason if the proof is filed as soon as reasonably possible. In any event, the proof required must be given no later than 1 year from the time specified unless the claimant was legally incapacitated.

Time of Payment of Claims: After receiving written proof of loss, the insurer will pay monthly all benefits then due for Dismemberment Benefit. Benefits for any other loss covered by this policy will be paid as soon as the insurer receives proper written proof.

SPECIMEN POLICY

Payment of Claims: Benefits will be paid to the insured. Loss-of-life benefits are payable in accordance with the beneficiary designation in effect at the time of payment. If none is then in effect, the benefits will be paid to the insured's estate. Any other benefits unpaid at death may be paid, at the insurer's option, either to the insured's beneficiary or estate.

Denial of claims: Each claimant, or provider acting for a claimant, who has had a claim denied as not medically necessary will be provided an opportunity for an appeal to the Company's licensed physician who is responsible for the medical necessity reviews under the plan or is a member of the plan's peer review group. The appeal may be by telephone, and the Company's licensed physician must respond within a reasonable time, not to exceed 15 business days.

LIMITATIONS FOR ACCIDENTAL DISMEMBERMENT BENEFIT

No benefits will be paid for dismemberment resulting directly or indirectly from:

1. intentionally self-inflicted injury, while sane or insane;
2. suicide or attempted suicide, while sane or insane;
3. the Insured's participation in or attempt to commit a crime, assault, felony or any illegal activity, regardless of any legal proceedings;
4. involvement with or use of alcohol, illegal or controlled chemicals, drugs or substances, unless taken upon the advice of a licensed physician in the prescribed manner and dosage;
5. war or any act of war, whether declared or undeclared;
6. involvement in or as a result of any riot, insurgency or insurrection;
7. service in military forces of any country, combination of countries or international organization;
8. voluntary exposure to hazards which result in bodily injury;
9. motor vehicle accident or collision where the Insured is the operator of the motor vehicle and the Insured's blood alcohol level meets or exceeds the level at which intoxication is defined in the state where the accident occurred, regardless of any legal proceedings;
10. operating, traveling in, descending or falling from or with, any kind of aircraft, except as a fare-paying passenger on a regularly scheduled commercial flight on a licensed passenger aircraft flown by a licensed pilot;
11. bodily or mental infirmity, or disease, or medical or surgical treatment thereof; or
12. infection, other than infection occurring simultaneously with, and as a direct result of, the accidental injury.

ACCIDENTAL DISMEMBERMENT BENEFIT
PERCENTAGE TABLE OF BENEFITS

A.	For loss of both hands by severance at or above the wrist joint	33%	
B.	For loss of both feet by severance at or above the ankle joint	33%	
C.	For the complete and irrecoverable loss of the sight of both eyes	33%	
F.	For the complete and irrecoverable loss of sight of one eye and the loss of one foot by severance at or above the ankle joint	33%	
G.	For the loss of one hand or one foot by severance at or above the wrist or ankle joint	25%	

SPECIMEN POLICY

D. For the loss of one hand and one foot by severance above the wrist joint and the ankle joint	33%	H. For the complete and irrecoverable loss of the sight of one eye	20%
E. For the complete and irrecoverable loss of sight of one eye and the loss of one hand by severance at or above the wrist joint	33%	I. For loss of the thumb and index finger of the same hand by severance at or above the metacarpal joint	15%

All of the Accidental Dismemberment benefits under this provision apply to the Insured's loss and will be paid to the Owner, if other than the Insured. The maximum amount payable for loss resulting from any one accident is the percentage shown in the Accidental Dismemberment Benefit Table for the one largest loss suffered.

All of the terms and conditions of the base Policy apply to this provision, except those relating to nonforfeiture and dividends. The insurance provided by this provision is nonparticipating. The dividends paid under the terms of the base Policy, if any, are not increased due to this provision. The values in effect for loans and other nonforfeiture values are not increased as a result of the presence of this provision. The Incontestability provision of the Policy does not apply to this provision.

The Company will issue an endorsement for any Accidental Dismemberment benefits payments. After the endorsement, this provision will remain in force with respect to other additional losses, subject to the preceding terms and conditions.

GUARANTEED VALUES

SURRENDER FOR CASH. The Owner may surrender this policy to the Company and receive the net cash value of the policy. This will be the cash value of this policy reduced by any indebtedness to the Company on account of this policy. This policy will then terminate. The Company may defer payment of the cash value for not more than six months.

REDUCED PAID-UP INSURANCE. The Owner may elect at any time while this policy is in force on a premium-paying basis, or within 60 days after the due date of any unpaid premium, to have this policy continued from the date to which premiums have been paid as Reduced Paid-Up Insurance for a reduced level amount, payable at the Insured's death. The amount of Reduced Paid-Up Insurance will be such as the net cash value would provide, if applied as a net single premium, at the Insured's then attained age.

EXTENDED TERM INSURANCE. The Owner may elect at any time while this policy is in force on a premium-paying basis, to have this policy continued from that date to which premiums have been paid as Extended Term Insurance, payable in the event of the Insured's death during the period of Extended Term Insurance. The amount of Extended Term Insurance will be for a level amount equal to the Face Amount of insurance as of the premium paid to date, less any indebtedness under this policy. The period of Extended Term Insurance will be such as the net cash value would provide at the Insured's then attained age.

AUTOMATIC OPTION. If any premium remains unpaid at the end of the grace period, and there is cash value, but the Automatic Premium Loan option was not selected, the automatic nonforfeiture option will apply unless the Owner requests another available option within 60 days after the due date of the unpaid premium. Extended Term Insurance is the automatic nonforfeiture option if Extended Term values are shown on the Table of Guaranteed Values page. If Extended Term values are not shown on the Table of Guaranteed Values page, then Reduced Paid-Up Insurance will be the automatic nonforfeiture option.

BASIS OF CALCULATIONS. The Commissioner's 2017 Standard Ordinary Mortality Table is used to calculate reserves and cash values. The Commissioner's 2017 Standard Ordinary Mortality Table is used to calculate net single premiums for Extended Term Insurance. This table is adjusted for age last birthday, curtate functions, and is differentiated as to sex. Cash and nonforfeiture values are based on the annual interest rate shown on Page 4. Policy values for fractions of a year will be calculated on a basis consistent with that used to calculate values at the end of the policy years. The cash value and other nonforfeiture benefits are equal to or more than those required by the laws of the state in which this policy is delivered. In calculating policy values, additional benefits, other than life insurance were disregarded. Cash values for

SPECIMEN POLICY

Reduced Paid-Up Insurance or Extended Term Insurance within 30 days after a policy anniversary date shall be no less than the value as of such anniversary. A detailed statement of the method of computing policy values has been filed, if required, with the insurance supervisory official of the state in which this policy is delivered.

TABLE OF GUARANTEED VALUES. The values for this policy are shown on the Table of Guaranteed Values page. Values are shown for the end of the policy year indicated, on the assumption there is no indebtedness. Allowance will be made for any portion of a year's premium paid for the time elapsed in that year. Values for all years not shown in the table will be furnished upon request.

SPECIMEN POLICY

CICA LIFE INSURANCE COMPANY OF AMERICA

Policyholder Service Contact Information
Address: P.O. Box 149151 Austin, TX 78714
Email: phs.usa@citizensinc.com
Phone: 800-880-5044

You may call the number above for any inquiries, to obtain information about coverage or to obtain assistance in resolving complaints.

SPECIMEN POLICY

CICA LIFE INSURANCE COMPANY OF AMERICA
P.O. Box 149151 Austin, TX 78714
800-880-5044

Appendix D.
Guaranteed Policy Specimen

EXECUTIVE OFFICE:
P.O. Box 149151 Austin, TX 78714
800-880-5044

This Company **AGREES TO PAY** the benefits provided in this policy. This is subject to all the terms and conditions of this policy.

THE CONSIDERATION for this policy is the application and the payment of the premium shown in the Policy Specifications page. This includes premiums paid on or before each due date, beginning with the Policy Date, during the lifetime of the Insured. During the first two policy years, the death benefit is equal to 110% of the gross monthly premium payable, times the number of months that the policy has been in force. After the second policy year, the death benefit is equal to the Ultimate Amount of insurance shown in the Policy Specifications page. The Accidental Death Benefit terminates at Age 85.

NOTICE OF 30 DAYS TO EXAMINE THE POLICY. You may return this policy for any reason within 30 days after you receive it. It can be returned by delivering or mailing it to the Executive Office in Austin, TX. It can also be returned to the insurance agent through whom it was purchased. If returned, the policy will be considered void from the beginning and any premiums paid will be refunded.

THE PROVISIONS on the following pages along with the Policy Specifications page are a part of the policy.

The receipt of any Terminal Illness Accelerated Death Benefit may be taxable to you. The advice and guidance of your personal tax advisor should be obtained prior to the receipt of any Terminal Illness Accelerated Death Benefit. The death proceeds and surrender value proceeds will be impacted if a Terminal Illness Accelerated Death Benefit is paid.

IN WITNESS WHEREOF, the Company has caused this policy to be signed at its Home Office as of the Policy Date.

Secretary

President

GUARANTEED ISSUE ORDINARY WHOLE LIFE WITH LIMITED NATURAL DEATH BENEFITS DURING THE FIRST TWO POLICY YEARS. ACCIDENTAL DEATH BENEFIT. NONPARTICIPATING. PREMIUMS PAYABLE THROUGHOUT THE LIFETIME OF THE INSURED. BUILT-IN TERMINAL ILLNESS ACCELERATED DEATH BENEFIT AND ACCIDENTAL DISMEMBERMENT BENEFITS.

SPECIMEN POLICY

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SPECIMEN POLICY

POLICY SPECIFICATIONS

INSURED	[JOHN SMITH]	[SPECIMEN]	**POLICY NUMBER**
POLICY DATE	[SPECIMEN]	[35]	**ISSUE AGE**
INITIAL FACE AMOUNT	[$0.00]		
ULTIMATE FACE AMOUNT	[$10,000.00]		
OWNER	[JOHN SMITH]		
BENEFICIARY	**AS DESIGNATED IN THE APPLICATION FOR THE POLICY UNLESS OTHERWISE PROVIDED IN THE POLICY**		

SCHEDULE OF PREMIUM	ANNUAL	SEMI-ANNUAL	QUARTERLY	MONTHLY	SPECIAL MONTHLY
TOTAL PREMIUMS	[$]	[$]	[$]	[$]	[$]

PREMIUM CLASS: [STANDARD] **PREMIUM PAYMENT METHOD:** [ANNUAL]

THE TOTAL PREMIUMS INCLUDE THE CHARGE FOR ADDITIONAL BENEFITS

FORM	DESCRIPTION OF BENEFITS	BENEFIT AMOUNT	PREMIUMS	
			YEARS PAYABLE	ANNUAL AMOUNT
B90872E	[PRODUCT NAME] GUARANTEED ISSUE [MALE] DURING FIRST TWO YEARS: DEATH BENEFIT EQUALS 110% OF TOTAL PREMIUM PAID AFTER SECOND POLICY YEAR: DEATH BENEFIT EQUALS ULTIMATE FACE AMOUNT LISTED ABOVE	[$]	Life	[$]
B90872E	ACCIDENTAL DEATH	[$10,000]	[50]	

SPECIMEN POLICY

ALL THE PREMIUMS AND BENEFITS OF THIS POLICY ARE PAYABLE IN UNITED STATES DOLLARS

THE EFFECTIVE DATE AND ISSUE AGE OF EACH BENEFIT IS THE POLICY DATE AND ISSUE AGE OF THE POLICY UNLESS OTHERWISE SPECIFIED

TABLE OF GUARANTEED VALUES

PLAN [72-XXXXXX] [SPECIMEN] **POLICY NUMBER**

UNITS [10] [35] **ISSUE AGE**

END OF POLICY YEAR	POLICY CASH VALUE	PAID-UP INSURANCE AMOUNT	PERIOD OF EXTENDED TERM INSURANCE	
			YEARS	DAYS
1	[$0.00	[$0.00	[0	0
2	0.00	0.00	0	0
3	90.20	400.00	4	292
4	182.60	780.00	9	97
5	277.10	1,140.00	13	236
6	373.90	1,490.00	17	53
7	473.30	1,830.00	19	254
8	575.50	2,160.00	21	191
9	681.30	2,480.00	22	324
10	790.60	2,790.00	23	343
11	903.90	3,100.00	24	272
12	1,021.00	3,390.00	25	122
13	1,142.20	3,680.00	25	270
14	1,267.80	3,960.00	26	2
15	1,397.70	4,230.00	26	56
16	1,531.50	4,500.00	26	77
17	1,669.30	4,750.00	26	72
18	1,811.10	5,000.00	26	45
19	1,956.80	5,230.00	25	363
20	2,106.30	5,460.00	25	297
AT AGE 55	2,106.30	5,460.00	25	297
AT AGE 60	2,907.70	6,490.00	24	118
AT AGE 62	3,250.00	6,850.00	23	185
AT AGE 65	3,780.70]	7,330.00]	22	43]

ACTUARIAL ASSUMPTIONS:

INTEREST RATE - 3.75%

RESERVE METHOD - C.R.V.M. 3.00%

MORTALITY TABLES - 2017 CSO MALE - ALB

SPECIMEN POLICY

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DEFINITIONS

POLICY DATE. The Policy Date is the date of issue, unless otherwise indicated.

DUE DATE. The due date is that date each month corresponding to the Policy Date. When there is no such date in a particular month, the last day of that month.

YOU, YOUR OR OWNER. You, Your or Owner means the Owner named in the application for this policy, or in the latest change filed with Us.

WE, OUR, US OR THE COMPANY. We, Our, Us or the Company means CICA Life Insurance Company of America.

ACCIDENTAL BODILY INJURY. This means bodily injury effected directly and independently of all other causes through external, violent, and accidental means. It means, except in the case of drowning or of internal injuries revealed by an autopsy, there is a visible contusion or wound on the exterior of the body.

POLICY ANNIVERSARIES AND POLICY YEARS. Policy anniversaries and policy years are measured from the Policy Date.

GENERAL PROVISIONS

ENTIRE CONTRACT. We issue this policy in consideration of Your application and Your payment of premiums. The policy, the application and any attached riders, provisions and endorsements constitute the entire contract. A copy of the application, riders, and endorsements are attached to this policy. The statements made in the application, in the absence of fraud, are viewed as representations and not as warranties. If We challenge a claim or attempt to void the policy, We agree not to use any statements except for those made in the application.

PRELIMINARY PROVISION. No obligation is assumed by the Company until the policy has been issued and the first premium has been paid in full. The date of receipt at the Company's Office shall be considered the date of payment. At the time of issue, the Insured's health and other conditions affecting insurability remained as described in the application.

OWNERSHIP. The Owner (referred to in this policy as "You" or "Your") is the Insured, unless otherwise designated in the application, or unless changed as provided under the Change of Ownership or Beneficiary provision. This policy belongs to You. You may exercise all rights and privileges granted by this policy during the Insured's lifetime.

If the Owner is other than the Insured, and dies before the Insured while this policy is in force, the ownership of this policy will pass to the following:

- Contingent Owner(s), if any, during his/her lifetime; otherwise,
- Insured

  While an Insured is younger than 18 years of age, or legally incompetent, the rights and privileges granted by this policy may be exercised on behalf of the Insured, in the following order, by the:

  1. Applicant
  2. Insured's parent
  3. Insured's legal guardian

BENEFICIARY. The person to receive the proceeds in the event of the Insured's death is the primary or contingent Beneficiary named in the application. A subsequent change of Beneficiary recorded with the Company, as provided under the Change of Ownership or Beneficiary provision, replaces those named in the application. In that event, We will pay the proceeds of the policy to the primary Beneficiary named in Your last change of Beneficiary request, if living, otherwise, to the contingent Beneficiary, if living. If any Beneficiary dies before the Insured, that Beneficiary's interest in this policy ends with that Beneficiary's death. If no Beneficiary survives the Insured, We will pay the proceeds to the Owner of the policy, if living, otherwise, to the estate of the Owner.

CHANGE OF OWNERSHIP OR BENEFICIARY. You may change the Owner or Beneficiary of this policy during the lifetime of the Insured. Changes must be requested in writing on a form satisfactory to Us and sent to the Home Office. We may require return of this policy for endorsement. A change is valid only when it is received and endorsed by an officer of the Company in Our Home Office. Upon receipt

SPECIMEN POLICY

and endorsement, it is effective as of the date that You signed the written request, subject to any payment made or other action taken by Us before receipt of the written request.

ASSIGNMENT. Your policy may be assigned. The assignment must be in writing. The assignment must be filed at Our Home Office. We assume no responsibility for the validity or effect of any assignment of this policy, or of any interest in it. Any claim made by an assignee will be subject to proof of the assignee's interest and the extent of the assignment.

MODIFICATIONS. Only an officer of the Company is authorized to alter this policy. Only an officer of the Company is authorized to waive any of the Company's rights or requirements. No agent has the power to bind the Company in any way.

SUICIDE. If the Insured commits suicide, while sane or insane, within two years from the Policy Date, the proceeds will be equal to the total premiums paid on this policy, less any policy indebtedness.

INCONTESTABILITY. This policy will be incontestable after it has been in force during the Insured's lifetime for a period of two years from the Policy Date, or the date of any reinstatement, except for non-payment of premium. This provision will not apply to any benefit provided in this policy for Accidental Death.

MISSTATEMENT OF AGE OR SEX. If the age and/or sex of the Insured has been misstated, We will adjust any proceeds payable to the amount of insurance which the premiums paid would have purchased at the correct age and sex.

NONPARTICIPATING. This policy will not share in profits or surplus of the Company.

CLAIMS AGAINST BENEFICIARIES. To the extent permitted by law, no payment of proceeds or interest shall be subject to the claims of creditors of a Beneficiary, or to any legal process against a Beneficiary.

LEGAL ACTION AND PRESCRIPTION. No action at law or in equity shall be brought to recover on this policy unless brought within five years from the date of death of the Insured.

PREMIUMS

PAYMENT OF PREMIUMS. Premiums are payable either directly to the Company or to an authorized representative of the Company on or before each Due Date. A receipt for premium payment, signed by the President or Secretary, will be provided.

GRACE PERIOD. A grace period of 31 days from the due date will be allowed for the payment, without interest, of any premium after the first. The policy will remain in force during the grace period. If death occurs during the grace period, the unpaid premium will be deducted from the proceeds otherwise payable.

EFFECT OF FAILURE TO PAY PREMIUMS. If any premium is not paid by the end of the grace period, this policy will terminate except as provided in the Guaranteed Values provisions, and in the Reinstatement provision.

REINSTATEMENT

REINSTATEMENT. This policy may be reinstated on a premium-paying basis at any time within five years after the date the policy lapsed due to nonpayment of premium or continued in force on other than a premium-paying basis. The policy may not be reinstated after it has been surrendered for its cash value. This policy may not be reinstated after the Insured has died.

Reinstatement will be effective when We receive:

(a) a written application for reinstatement.

(b) evidence of insurability satisfactory to Us.

(c) payment of all premiums due with interest at the rate of 6%, compounded annually.

(d) payment of any policy debt with interest, compounded annually at the loan interest rate shown on the Policy Specifications page, from the date the policy lapsed or continued in force as Extended Term Insurance or Reduced Paid Up Insurance to the date of reinstatement. If policy debt with interest does

SPECIMEN POLICY

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not exceed the cash value on the date of reinstatement, it may be reinstated subject to the Policy Loans provisions.

Upon reinstatement of the policy, We may contest the policy for two years from the date of reinstatement due to material misrepresentations made on the reinstatement application.

PAYMENT OF BENEFITS

SETTLEMENT. All sums are payable by the Company at its Home Office. Any outstanding indebtedness on this policy will be deducted. Surrender of this policy may be required when settlement is made. Benefits for Death will be paid immediately upon receipt of due proof of death.

DEATH BENEFIT. During the first two policy years, the Company will pay the Beneficiary the death benefit equal to 110% of the gross monthly premium payable times the number of months that the policy has been in force. After the second policy year, the Company will pay the Beneficiary the death benefit equal to the Ultimate Amount of insurance shown in the Policy Specifications page in a lump sum. Interest on life insurance benefits shall begin from receipt of due proof of death. The rate of interest shall be 8% per annum from the date of death of the Insured to the date payment is made.

ACCIDENTAL DEATH BENEFIT. The Company will pay the Beneficiary an additional amount equal to the Ultimate Amount of insurance if, during the premium paying period, the Insured's death occurs after his/her first birthday and before his/her eighty fifth birthday and results, directly and independently of all other causes, from, and within 90 days following, accidental bodily injury.

THE CONTRACT

LIMITATIONS AND EXCLUSIONS. No benefits will be paid under the Accidental Death Benefit for death occurring while this policy is in force as Extended Term Insurance or Reduced Paid-Up Insurance.

No Accidental Death Benefit will be paid under this policy for death resulting in any way from the following:

(a) suicide or self-destruction while sane or insane.
(b) an insurrection, a state of war or an act of war (declared or undeclared) whether or not the Insured is then in any armed force or service.
(c) participating in, committing of, attempting to commit or the result of any criminal act committed by the Insured.
(d) bodily or mental infirmity or illness or disease in any form, or medical or surgical treatment.
(e) voluntary inhalation of gas or fumes, or voluntary taking of poison or voluntary asphyxiation.
(f) flight or travel in any aircraft except as a fare-paying passenger in a licensed plane operated by a licensed pilot over established air routes on a scheduled air trip.
(g) voluntary taking of illegal drugs or narcotics or medicine or sedatives or alcoholic beverages or combination thereof, unless administered in accordance with recommended dosage prescribed by a physician.
(h) bodily injury sustained or undisclosed disease contracted before the Policy Date.

POLICY LOANS

CASH LOANS. The Owner may obtain a loan from the Company upon assignment of this policy as sole security, except that no loan will be made while this policy is in force as Extended Term Insurance. The Company will lend any amount which does not exceed the net Cash Loan value then available, minus any premium due that is unpaid.

The net Cash Loan value is:
(1) the cash value as of the next premium due date, but not beyond the next policy anniversary, less
(2) an amount equal to the loan interest due on the next policy anniversary, less
(3) any existing indebtedness.

The Company may defer granting a loan, except a loan for the purpose of paying premiums under any of the Company's policies, for a period not exceeding six months.

SPECIMEN POLICY

INTEREST. We will lend money to the Owner at a minimum effective rate of 4%, not to exceed 10%. The loan interest is due in advance on each Policy Anniversary. When a loan is made, interest for a period not beyond the end of the Policy year must be paid in advance. Then, for each Policy year that the loan continues, interest for a period not beyond the end of that Policy year is due in advance. If interest is not paid when due, it will be added to the Policy debt and will bear interest at the same rate. Policy debt means the total outstanding loan with interest. All loans will bear interest payable on each anniversary of the Policy Date. Unpaid interest will be added to the loan and will bear interest on the same terms. Interest, as it accrues from day to day, will constitute indebtedness.

INDEBTEDNESS. Indebtedness consists of all outstanding loans plus accrued interest. Indebtedness may be repaid in whole or in part at any time while this policy is in force during the lifetime of the Insured. Any indebtedness outstanding when the Insured dies will be deducted from the Face Amount payable. Whenever indebtedness equals or exceeds the cash value, the policy will terminate, but not until thirty- one days after the Company has mailed notice to this effect to the Owner and to any assignees of record, at their respective last known addresses.

AUTOMATIC PREMIUM LOANS. The Automatic Premium Loan option may be selected in the application, or by subsequent written request from the Owner before the expiration of the grace period for any unpaid premium. If selected, We will automatically lend You enough money to cover any premium not paid on this policy. This includes premiums for any existing benefit riders, by the end of the 31-day grace period. Automatic Premium Loans are subject to the same terms and conditions of the Policy Loans provision. We will not, however, make a premium loan that exceeds the cash value available, less any existing indebtedness. If the maximum net cash value available is not sufficient to make a loan to cover the entire unpaid premium, the policy will terminate, and any remaining net cash value will be applied according to the Guaranteed Values Options provided in the policy. The Owner can revoke the Automatic Premium Loan option by written notice to Our Home Office.

TERMINAL ILLNESS ACCELERATED DEATH BENEFIT

BENEFIT

While this Policy is in force on a premium paying or fully paid-up basis, if the Insured has been diagnosed with a “Terminal Illness,” the Company will pay an accelerated benefit equal to the lesser of:

1. one-half (50%) of the applicable death benefit on the base Policy, excluding riders, less any existing indebtedness against this Policy; or
2. $15,000

The accelerated benefit payment will be reduced by an administrative charge of not more than $100. The minimum amount of death benefit that will qualify for the terminal illness acceleration benefit is $5,000. The maximum amount of death benefit that will qualify for the terminal illness acceleration benefit is $30,000.

Payment will be made in a onetime lump sum to the Owner, if other than the Insured, subject to the rights of any collateral assignment of benefits of this Policy currently in effect and filed with the Company.

DEFINITION OF TERMINAL ILLNESS

Terminal Illness is defined as an illness for which the Insured provides written evidence satisfactory to the Company that the Insured’s life expectancy is 12 months or less. Such evidence must include a written certification by a licensed physician as having a terminal condition that is not curable by any means available to the medical profession. The Company, at its expense, may require an examination by a physician of its choice. This examination may include x-rays, blood tests, and other procedures that are reasonable and necessary to determine whether the Insured has a Terminal Illness. To be acceptable to us, this examination must be completed within 90 days after the date we notify the owner of this requirement.

IMPACT OF A BENEFIT PAYMENT ON THE POLICY

The remaining non-accelerated portion of the base policy will have premiums, cash values, and face amounts reduced pro rata based on the portion of face amount accelerated excluding any term insurance riders attached to the policy. The new premiums will be those which would apply if the policy had originally been issued at the reduced base policy insurance amount. Term insurance rider premiums will not be affected.

SPECIMEN POLICY

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ACCIDENTAL DISMEMBERMENT BENEFIT PROVISION

BENEFIT

While this Policy is in force on a premium paying or fully paid-up basis, the Company will pay the Accidental Dismemberment Benefit Percentage of the applicable death benefit amount of the base Policy insurance in accordance with the Table of Benefits. The applicable death benefit amount is the base Policy insurance and can be no more than $30,000 or no less than $5,000 for any Accidental Dismemberments to be paid. Benefits are only payable under this provision upon receipt of written evidence satisfactory to the Company that the specific losses have resulted, directly and independently of all other causes as listed in the table, from bodily injuries caused by an accident occurring while this Policy was in force and the loss occurred within 90 days following the date of the accident. This benefit will be paid in addition to any other benefits provided in this Policy, except if the same accident causes dismemberment and death, only the death benefit amount will be paid. Dismemberment coverage terminates at attained age 85.

Notice of Claim. Written notice of claim must be given within 20 days after a covered loss starts or as soon as reasonably possible. The notice may be given to the insurer at its home office or to the insurer's agent. Notice should include the name of the insured and the policy number.

Claim Forms. When the insurer receives the notice of claim, it will send the claimant forms for filing proof of loss. If these forms are not given to the claimant within 15 days, the claimant may meet the proof of loss requirements by giving the insurer a written statement of the nature and extent of the loss within the time limit stated in the 'Proof of Loss' provision.

Proof of Loss. If the policy provides for periodic payment for a continuing loss, written proof of loss must be given the insurer within 90 days after the end of each period for which the insurer is liable. For any other loss, written proof must be given within 90 days after such loss. If it was not reasonably possible to give written proof in the time required, the insurer shall not reduce or deny the claim for this reason if the proof is filed as soon as reasonably possible. In any event, the proof required must be given no later than 1 year from the time specified unless the claimant was legally incapacitated.

Time of Payment of Claims. After receiving written proof of loss, the insurer will pay monthly all benefits then due for Dismemberment Benefit. Benefits for any other loss covered by this policy will be paid as soon as the insurer receives proper written proof.

Payment of Claims. Benefits will be paid to the insured. Loss-of-life benefits are payable in accordance with the beneficiary designation in effect at the time of payment. If none is then in effect, the benefits will be paid to the insured's estate. Any other benefits unpaid at death may be paid, at the insurer's option, either to the insured's beneficiary or estate.

Denial of claims. Each claimant, or provider acting for a claimant, who has had a claim denied as not medically necessary will be provided an opportunity for an appeal to the Company's licensed physician who is responsible for the medical necessity reviews under the plan or is a member of the plan's peer review group. The appeal may be by telephone, and the Company's licensed physician must respond within a reasonable time, not to exceed 15 business days.

LIMITATIONS FOR ACCIDENTAL DISMEMBERMENT BENEFIT

No benefits will be paid for dismemberment resulting directly or indirectly from:

1. intentionally self-inflicted injury, while sane or insane;
2. suicide or attempted suicide, while sane or insane;
3. any loss to which a contributing cause was the insured's commission of or attempt to commit a felony, crime, assault, or any illegal activity, regardless of any legal proceedings or to which a contributing cause was the insured's being engaged in an illegal occupation;
4. involvement with or use of alcohol, illegal or controlled chemicals, drugs or

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substances, unless taken upon the advice of a licensed physician in the prescribed manner and dosage;

5. war or any act of war, whether declared or undeclared;
6. involvement in or as a result of any riot, insurgency or insurrection;
7. service in military forces of any country, combination of countries or international organization;
8. voluntary exposure to hazards which result in bodily injury;
9. motor vehicle accident or collision where the Insured is the operator of the motor vehicle and the Insured's blood alcohol level meets or exceeds the level at which intoxication is defined in the state where the accident occurred, regardless of any legal proceedings;
10. operating, traveling in, descending or falling from or with, any kind of aircraft, except as a fare-paying passenger on a regularly scheduled commercial flight on a licensed passenger aircraft flown by a licensed pilot;
11. bodily or mental infirmity, or disease, or medical or surgical treatment thereof; or
12. infection, other than infection occurring simultaneously with, and as a direct result of, the accidental injury.

ACCIDENTAL DISMEMBERMENT BENEFIT
PERCENTAGE TABLE OF BENEFITS

A. For loss of both hands by severance at or above the wrist joint.	33%	F. For the complete and irrecoverable loss of sight of one eye and the loss of one foot by severance at or above the ankle joint.	33%
B. For loss of both feet by severance at or above the ankle joint.	33%		
C. For the complete and irrecoverable loss of the sight of both eyes.	33%	G. For the loss of one hand or one foot by severance at or above the wrist or ankle joint.	25%
D. For the loss of one hand and one foot by severance above the wrist joint and the ankle joint.	33%	H. For the complete and irrecoverable loss of the sight of one eye.	20%
E. For the complete and irrecoverable loss of sight of one eye and the loss of one hand by severance at or above the wrist joint.	33%	I. For loss of the thumb and index finger of the same hand by severance at or above the metacarpal joint.	15%

All of the Accidental Dismemberment benefits under this provision apply to the Insured's loss and will be paid to the Owner, if other than the Insured. The maximum amount payable for loss resulting from any one accident is the percentage shown in the Accidental Dismemberment Benefit Table for the one largest loss suffered.

All of the terms and conditions of the base Policy apply to this provision, except those relating to nonforfeiture and dividends. The insurance provided by this provision is nonparticipating. The dividends paid under the terms of the base Policy, if any, are not increased due to this provision. The values in effect

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for loans and other nonforfeiture values are not increased as a result of the presence of this provision. The Incontestability provision of the Policy does not apply to this provision.

The Company will issue an endorsement for any Accidental Dismemberment benefits payments. After the endorsement, this provision will remain in force with respect to other additional losses, subject to the preceding terms and conditions.

GUARANTEED VALUES

SURRENDER FOR CASH. The Owner may surrender this policy to the Company and receive the net cash value of the policy. This will be the cash value of this policy reduced by any indebtedness to the Company. This policy will then terminate. The Company may defer payment of the cash value for not more than six months.

REDUCED PAID-UP INSURANCE. The Owner may elect at any time while this policy is in force on a premium-paying basis, or within 60 days after the due date of any unpaid premium, to have this policy continued from the date to which premiums have been paid as Reduced Paid-Up Insurance for a reduced level amount, payable at the Insured's death. The amount of Reduced Paid-Up Insurance will be such as the net cash value would provide, if applied as a net single premium, at the Insured's then attained age.

EXTENDED TERM INSURANCE. The Owner may elect at any time while this policy is in force on a premium-paying basis, to have this policy continued from that date to which premiums have been paid as Extended Term Insurance, payable in the event of the Insured's death during the period of Extended Term Insurance. The amount of Extended Term Insurance will be for a level amount equal to the Amount of insurance currently in force as of the premium paid to date, less any indebtedness under this policy. The period of Extended Term Insurance will be such as the net cash value would provide at the Insured's then attained age.

BENEFITS NOT INCLUDED IN EXTENDED TERM INSURANCE OR REDUCED PAID-UP INSURANCE
The Accidental Death Benefit will not apply while this policy is being continued as Extended Term Insurance or Reduced Paid-Up Insurance.

AUTOMATIC OPTION. If any premium remains unpaid at the end of the grace period, and there is cash value, but the Automatic Premium Loan option was not selected, the automatic nonforfeiture option will apply unless the Owner requests another available option within 60 days after the due date of the unpaid premium. Extended Term Insurance is the automatic nonforfeiture option if Extended Term values are shown on the Table of Guaranteed Values page. If Extended Term values are not shown on the Table of Guaranteed Values page, then Reduced Paid-Up Insurance will be the automatic nonforfeiture option.

BASIS OF CALCULATIONS. The Commissioner's 2017 Standard Ordinary Mortality Table is used to calculate reserves and cash values. The Commissioner's 2017 Standard Ordinary Mortality Table is used to calculate net single premiums for Extended Term Insurance. This table is adjusted for age last birthday, curtate functions, and is differentiated as to sex. Cash and nonforfeiture values are based on the annual interest rate shown on Page 4. Policy values for fractions of a year will be calculated on a basis consistent with that used to calculate values at the end of the policy years. The cash value and other nonforfeiture benefits are equal to or more than those required by the laws of the state in which this policy is delivered. In calculating policy values, additional benefits, other than life insurance were disregarded. Cash values for Reduced Paid-Up Insurance or Extended Term Insurance within 30 days after a policy anniversary date shall be no less than the value as of such anniversary. A detailed statement of the method of computing policy values has been filed, if required, with the insurance supervisory official of the state in which this policy is delivered.

TABLE OF GUARANTEED VALUES. The values for this policy are shown on the Table of Guaranteed Values page. Values are shown for the end of the policy year indicated, on the assumption there is no indebtedness. Allowance will be made for any portion of a year's premium paid for the time elapsed in that year. Values for all years not shown in the table will be furnished on request.

SAMPLE POLICY

CICA LIFE INSURANCE COMPANY OF AMERICA

Policyholder Service Contact Information
Address: P.O. Box 149151 Austin, TX 78714
Email: phs.usa@citizensinc.com
Phone: 800-880-5044

You may call the number above for any inquiries, to obtain information about coverage or to obtain assistance in resolving complaints.

SPECIMEN POLICY

CICA LIFE INSURANCE COMPANY OF AMERICA
P.O. Box 149151 Austin, TX 78714
800-880-5044

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