

**Nursing Home Waiver**

This rider is a part of the policy to which it is attached.

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**Section 1 - Policy Modifications**

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The policy is modified to add the provisions of this rider. All provisions of the policy not in conflict with this rider will apply to this rider. In the event of a conflict between the provisions of the policy and this rider, the provisions of this rider will prevail.

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**Section 2 - Definitions**

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**2.1 Nursing Care Center**

means a nursing care center that :

- a. is licensed to operate according to the laws of its location;
- b. provides skilled nursing care and/or 24-hour nursing care by or under the supervision of a licensed physician, licensed registered nurse or a licensed practical nurse;
- c. keeps a daily medical record of each patient.

Nursing Care Center does not include:

- a. drug or alcohol treatment centers;
- b. home for the aged or mentally ill, community living centers, or places that primarily provide domiciliary, residency or retirement care; or
- c. places owned or operated by a member of the Owner's immediate family.

**2.2 Hospital**

means a center:

- a. that operates for the care and treatment of sick or injured persons as inpatients;
- b. that provides 24-hour nursing care by, or supervised by, a registered nurse;
- c. that is supervised by a staff of licensed physicians; and
- d. that has medical, diagnostic, and major surgery capabilities or access to such capabilities.

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**Section 3 - Waiver of Surrender Charge**

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**3.1 Waiver of Surrender Charge**

After the first policy year, You may make a partial withdrawal or a full surrender without incurring a Surrender Charge or Market Value Adjustment if You become eligible for waiver of the Surrender Charge. You become eligible for waiver of surrender charge when You are confined in a Hospital or Nursing Care Center for at least 90 consecutive days. You remain eligible for waiver for the period you remain confined.

The waiver of the Surrender Charge is subject to the following rules:

- a. We must receive a written request on a form acceptable to us signed by You;
- b. the policy must be in force;
- c. proof must be provided of Your eligibility for waiver of Surrender Charge, including an attending physician's statement and any other proof We may require. We reserve the right to seek a second medical opinion or have a medical examination performed at our expense by a physician We choose;
- d. this benefit is not available during the first year following any change in ownership of the policy.

### **3.2 Ownership by Trust, Corporation, Partnership, Association or Like Entity**

If this policy is owned by a trust, corporation, partnership, association or other like entity, the Annuitant is considered the Owner when determining eligibility for waiver of surrender charges.

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#### **Section 4 - Effective Date**

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The effective date of this rider will be the Policy Date. This rider may be added only at policy issue.

President

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