

SECTION K - TEMPORARY LIFE INSURANCE AGREEMENT

This Agreement provides a limited amount of life insurance coverage for a limited period of time. **No insurance is provided under this Agreement unless all the conditions and limitations of the Agreement are met.**

CONDITIONS AND LIMITATIONS

If the Company accepts money as payment of premium with an application for life insurance, and the Proposed Insured in the Application dies while this Temporary Life Insurance Agreement is in effect, the Company will pay to the Designated Beneficiary in the Application the lesser of (a) the amount of the death benefit applied for, or (b) \$150,000. In the event that any other temporary insurance agreements are in existence at the time of the Insured's death, \$150,000 is the aggregate liability under all temporary life insurance agreements.

The following limitations apply to this Temporary Insurance Agreement:

1. Fraud or material misrepresentation in the Application or in the answers to the health questions of this Agreement invalidates this Agreement and the Application, and the Company's only liability is for refund of any payment made.
2. No one is authorized to waive or modify any of the provisions of this Agreement.
3. There is no insurance coverage under this Agreement if a Proposed Insured dies by suicide. The Company's liability is limited to a refund of any payment made.
4. This Agreement provides no insurance for riders or additional benefits.
5. No one is authorized to accept money on a Proposed Insured less than age 45 or over age 80 (last birthday) on the date of application, nor will any coverage take effect.
6. **There is no coverage under this Agreement if no money is submitted with this Application or if the check submitted for payment is not honored by the financial institution.**

Except as provided in this Agreement, no insurance shall take effect unless and until the following conditions are met:

1. The Policy as applied for has been approved by the Company;
2. The full Single Premium has been received at our Executive Office within the lifetime of the proposed Insured;
3. All parts of the Application, any supplemental Application, questionnaires, addendum, and/or amendment to the Application are signed and received at our Executive Office; and
4. The Proposed Insured is, on the date of the Application and continuing until the policy is delivered, an insurable risk under the Company's rules, limits and standards as to the plan, benefits, class, and amount for the policy applied for.

DATE COVERAGE BEGINS

Temporary life insurance under this Agreement becomes effective as of the later of: (a) the Application date and (b) the date the Company receives and accepts money as payment of premium at our Executive Office.

DATE COVERAGE TERMINATES

Temporary life insurance under this Agreement terminates automatically at the earliest of:

1. The date insurance takes effect under the Policy applied for;
2. The date a Policy, other than as applied for, is offered to and accepted by the Owner;
3. The date the Company mails notice to the Owner that we have stopped considering the Application and returned the initial premium.

HEALTH QUESTIONS – HAS THE PROPOSED INSURED:

If either of the questions below are answered "Yes" or left blank, neither the agent nor any representative of the Company is authorized to accept money, and no coverage will take effect under the Temporary Life Insurance Agreement.

1. Within the past 90 days, been admitted to a hospital or other medical facility, been advised to be admitted, or had surgery performed or recommended? For purposes of this question, "admitted" is considered to be 12 continuous hours in the facility. Yes No
2. Within the past 2 years, been treated for chest pain, heart trouble, stroke, or cancer, or had such treatment recommended by a physician or other practitioner? Yes No

I have read and received a copy of this Agreement and declare that the answers are true to the best of my knowledge and belief. I understand and agree to all of its terms.

A sum of \$_____ has been paid with the Application for life insurance to EquiTrust Life Insurance Company.

Dated at (city and state) _____ On (date) _____

Signature of Proposed Insured

Signature of Proposed Owner (if other than Proposed Insured)

Signature of Agent

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Dated at (city and state) _____

On (date) _____

Signature of Proposed Insured

Signature of Proposed Owner (if other than Proposed Insured)

Signature of Agent