

Individual Simplified Issue Life Insurance Application



**SONS of
NORWAY**

1455 West Lake Street
Minneapolis, MN 55408-2666
Toll-free: 833-707-0012
Fax: 612-827-0658
www.sonsofnorway.com

1 Proposed Insured - Current Sons of Norway Member? Yes No

Jenna Smith	02 - 19 - 1972	MN	Single	F
Full Name (include middle initial) 111 - 11 - 1111	Birth Date 111111111111	State of Birth MN	Marital Status 03 - 02 - 2023	Sex 612 - 821 - 4652
Social Security No. 1455 W Lake St	Driver's License No. & State Minneapolis	Driver's License Exp Date	Best Contact Phone No. MN 55408-	
Home address (Street Address, City, State, Zip) 7' 7"	Weight 121 lbs.	Annual Income 20,000.00	Net Worth 20,000.00	
Height	Weight	Annual Income	Net Worth	
Insurance Agent				
Occupation				

2 Applicant/Owner - if other than the Proposed Insured (Owner must sign Page 4)

Current Sons of Norway member? Yes No

Payor - if other than Owner

Name	Relationship to Proposed Insured	Social Security No.
		MN
Home address (Street Address, City, State, Zip)		
Best Contact Phone No.		
<i>All notices and reports will be sent to the Owner unless otherwise specified</i>		

SAMPLE

3 Insurance Applied For - WL SPWL Viking Voyager Term Term 10 15 20 30

Amount \$ 25,000	Premium \$ 55.38	Premium Mode <input checked="" type="checkbox"/> Monthly EFT <input type="checkbox"/> Quarterly	<input type="checkbox"/> Semi-Ann <input type="checkbox"/> Annually <input type="checkbox"/> Single	Premium w/App \$ 55.38	Dues w/App (if owner differs from insured) \$ 55.38
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Underwriting Class: Std Non-Tobacco Tobacco Juvenile (age 0-17)

Is the proposed insured currently using or has used in the past 12 months any form of tobacco or nicotine substitute? Yes No

Dividend Option: Paid-up Addition Reduce Premium Cash Accumulate at Interest

Optional Riders

Guaranteed Purchase Option \$ _____ Childrens Insurance Rider \$ _____
(provide details below)

Name(s) of children	Age	Birthdate	Social Security Number	Birthplace
		.	-	MN
		.	-	
		.	-	

See Application Addendum for additional children, if applicable.

4 Life Insurance in Force -

Does the person proposed for insurance have life insurance or annuities in force?
 (If yes, give details below)..... Yes No

Is the certificate applied for to replace or change any existing insurance or annuities with this or any other company?
 (If yes, indicate which policy in chart below and complete all required state forms.)..... Yes No

Company	Policy Number	Replace or Change	Coverage Amount
		N	
		N	
		N	

SAMPLE

5 Regarding Person Proposed for Insurance:

a) Does the person proposed for insurance have an application pending with another company?
 (If Yes, give details below.)..... Yes No

b) Has the person proposed for insurance ever been rated up, declined or postponed for life or health insurance coverage? (If Yes, give details below.)..... Yes No

6 To Be Completed by Proposed Insured - To the best of your knowledge and belief:

(If any of the following questions are answered yes, provide details of condition, illness, or prescription in Section 7.)

1. Are you currently taking any prescribed medications (please include a description of "why prescribed" in section 7)? YES NO

2. In the last 5 years have you been treated, examined or advised by a member of the medical profession for any of the following:

a) high blood pressure, diabetes or high blood sugar? YES NO

b) atrial fibrillation, cardiac pacemaker, heart attack, heart valve disorder/replacement, cardiac bypass surgery, congestive heart failure, coronary artery disease (CAD), stroke, TIA? YES NO

c) cirrhosis, hepatitis (chronic or type B or C), chronic disease of the liver or kidneys?..... YES NO

d) cancer, tumor or disorder of the lymph nodes?..... YES NO

e) alcohol abuse and/or addiction, drug abuse and/or addiction, chronic pain or patient in pain clinic? YES NO

f) cognitive or mental disorders such as Alzheimer's disease, dementia, Down's syndrome, psychotic disorders, anxiety, or depression?..... YES NO

g) disorder of the nervous system such as Amyotrophic Lateral Sclerosis (ALS), Multiple Sclerosis (MS) or Parkinson's?..... YES NO

h) chronic obstructive pulmonary disease (COPD), emphysema, asthma, chronic bronchitis or sleep apnea? YES NO

i) Crohn's disease or ulcerative colitis? YES NO

3. Have you been convicted of a felony, misdemeanor or been on probation within the last 10 years? YES NO

7 Details to question 5 and 6

Question	Date of Event	Details
		See Application Addendum

8**Beneficiary -** (If multiple beneficiaries are named, shares will be divided equally or to the survivor(s) unless otherwise specified.)

Primary:	Name	Birth Date	SS#	Relationship
	Jenna Smith	1 - 1 - 1984	- -	Spouse

Contingent:	Name	Birth Date	SS#	Relationship
		- -	- -	

9**Telephone Interview**

Sons of Norway and its service partners, including ExamOne World Wide, use technology that includes automated telephone dialing systems and prerecorded messages (automated technology) to improve the application process. I understand I am not required to provide consent to use this automated technology as a condition of completing the application or process of purchasing insurance or other products from Sons of Norway. If specified below I consent to the parties indicated above contacting me at any of the phone numbers I have provided, including cell phones, using automated technology.

I consent to the parties indicated above contacting me using automated technology

10**Authorization for Electronic Funds Transfer (EFT)**

Section 1 - Transaction Requested

 Establish New EFT

I authorize Sons of Norway to make an electronic funds draw from the bank account listed below for the premium payment(s).

One time payment

Ongoing payment deducted monthly on the _____ (1st-28th) of the month.

If in good order and approved, process application immediately or hold until requested draw date

Name of bank account owner: _____

Owner address: _____ City: _____ State: _____ Zip: _____

Full name of bank: _____ Routing number: _____

Bank Account Number: _____ Checking or Savings

Section 2 - Agreements and Signature

General Authorization

I authorize Sons of Norway to:

- Make electronic deposits, withdrawals, and corrections to my bank account that comply with U.S. law.
- Act on this authorization until I revoke it by contacting Sons of Norway.
- Make administrative changes to this authorization such as date and amount changes, or adding or removing certificates for automatic payment.
- Act upon electronic deposit, withdrawal, and administrative instructions I provide.

Signature of bank account owner

Date

Declarations By Proposed Insured

I REPRESENT that all statements and answers made in all parts of this application are full, complete and true to the best of my knowledge and belief. **It is agreed that:**

1. All such statements and answers shall be the basis for and a part of any certificate issued.
2. No representative or medical examiner can accept risks, make or change contracts, or waive Sons of Norway's rights or requirements.
3. No insurance shall take effect unless the proposed insured is alive and in the same condition of health as described in this application when the certificate is delivered to the owner and the full premium is received in Sons of Norway Headquarters.
4. Acceptance of a certificate by the owner shall constitute ratification of any changes made by Sons of Norway. In those jurisdictions where it is required, changes in plan of insurance, amount, age at issue, classification of risk or benefits will be made only with the owner's written consent.

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Authorization to Obtain Information

I AUTHORIZE any physician, medical practitioner, hospital, clinic, pharmacy benefit manager, other medical or medically related facility, insurance company, employer, consumer reporting agency, department of motor vehicles and the Medical Information Bureau (MIB) to give to Sons of Norway or its reinsurers, any and all information available regarding the diagnosis, treatment and prognosis of any physical or mental condition about me. This authorization shall extend to any such information relating to any children to be insured under this application.

I UNDERSTAND the information obtained by use of this authorization will be used by Sons of Norway to determine eligibility for insurance and/or eligibility for benefits under an existing certificate. **I AUTHORIZE Sons of Norway or its reinsurer to make a brief report of my personal health information to MIB.** Any information obtained by Sons of Norway will not be released to any person or organization EXCEPT to MIB, Department of Motor Vehicles, reinsurance companies, or other persons or organizations performing business or legal services in connection with my application or claim. I understand that any disclosure of information may be subject to re-disclosure and may no longer be protected by federal or state law.

I KNOW that I may request a copy of this authorization. I agree that a photocopy of the authorization shall be as valid as the original. I acknowledge receipt of and understand this MIB notice. I agree this authorization shall be valid for two years from the date shown below. The time limit complies with the time limit, if any, permitted by applicable law in the state where the policy is delivered or issued for delivery.

I UNDERSTAND that I have the right to revoke this authorization at any time by writing to the Company at the address provided in this application.

(Signature, PIN and Time Stamp represent e-Signature)

X <u>Jenna Smith</u>	(PIN)	Time Stamp	
	85465	03/09/2022 09:51:21	03/09/2022
Signature of proposed insured (if age 16 or over)			Date signed

(Signature, PIN and Time Stamp represent e-Signature)

X _____	(PIN)	Time Stamp	
		03/09/2022 09:51:21	03/09/2022
Signature of applicant/owner (if other than proposed insured)			Date signed

I certify that I asked each question on the application as printed, recorded the answers exactly as given, and witnessed the signing of the application. I certify that the insurance application is not intended to replace or change any insurance except as indicated. I also understand that if the application for this insurance product is declined for any reason, my client may elect to obtain the Guaranteed Solution Whole Life product, up to the product face amount maximum, without an additional application. An amendment to this certificate would be required at the time of issue.

(Signature, PIN and Time Stamp represent e-Signature)

X <u>Jenna Smith</u>	(PIN)	Time Stamp			
	86808	03/09/2022 09:51:21	1111	03/09/2022	Minneapolis MN 111111
Agent Signature			Agent No.	Date signed	City and State where signed State Lic. #



Application Addendum

Membership Dues Paid By

Membership Dues Paid By Check
 Include with initial bank account withdrawal

Additional Coverages not listed on main application form

None

Additional Notes

No special instructions specified.

Signature of Annuitant/Owner **Signature of Proposed Insured**

Jenna Smith

85465

Signature of Applicant/Owner

Signature of Agent, Financial Benefits Counselor, Representative

Jenna Smith

86808

SAMPLE

Sons of Norway

*1455 West Lake Street
Minneapolis, MN 55408
www.sonsofnorway.com
800-945-8851*

An

Illustration of Proposed Coverage

for

Jenna Smith

SAMPLE

Presented March 09, 2022 by:

Jenna Smith

1455 W Lake Street
Minneapolis, MN 55408

E-mail: jsmith@sofn.com

A Participating Whole Life Plan

A Life Insurance Illustration Prepared for Jenna Smith
Narrative Summary

An Explanation of Illustrated Policy Features & Riders

Whole Life Insurance

Form ICC21 WL

This plan provides life insurance coverage on the insured. The coverage amount is established at issue. Premium payments are required for the life of the policy and guarantees coverage for the life of the insured.

Important Terms and Definitions

Face Amount and Death Benefit

The face amount determines the life insurance death benefit amount.

Premium Class Standard Non-Tobacco

The guaranteed premiums depend upon the insured's premium class. This illustration's premiums are calculated based on standard non-tobacco premium class.

Guaranteed Premium

The guaranteed premiums illustrated in this proposal are equal to the required premium the applicant will have to pay and is called the contract premium.

SAMPLE

Contract Premium

The contract premium is equal to the guaranteed premium.

Premium Outlay

The amount of premium assumed to be paid on a non-guaranteed basis. It is equal to the annualized contract premium less refunds used to reduce premiums. Premium outlays shown as zero and accompanied by either an a or b do not guarantee a paid up certificate. If refunds decrease, premium outlay will need to resume.

Illustrated Premiums

Illustrated premiums are one type of non-guaranteed elements. Illustrated premiums are calculated based on the contract premium less any refunds applied to reduce premiums.

Midpoint Premiums

Midpoint premiums are one type of non-guaranteed elements. Midpoint premiums are calculated based on a midpoint refund scale equal to one-half of the current illustrated scale.

Refunds to Members

Participating certificates provide for the distribution of company surplus (annually) in the form of certificate refunds. The insured may decide how refunds impact certificate values or out of pocket expenses. Refunds may be used to decrease contract premiums, be left on deposit to earn interest, or purchase additional paid up insurance. Refunds may also be paid in cash. Illustrated refunds reflect the current refund scale and cannot be guaranteed for the future.

Whole Life - Simplified Issue

Prepared March 09, 2022 by: Jenna Smith
v1.04.60MN

A Participating Whole Life Plan

A Life Insurance Illustration Prepared for Jenna Smith
Narrative Summary

Important Terms and Definitions

Guaranteed Values

The guaranteed values illustrated in this proposal are equal to the absolute minimum the insured has available as non-forfeiture values based on the contract premium as disclosed in the illustration. The non-forfeiture values include both a death benefit amount and a cash value amount.

Non-Guaranteed Values

This plan provides for values which may be in excess of the guaranteed values. These non-guaranteed values depend on the distribution of company surplus in the form of a refund. This illustration assumes that the currently illustrated non-guaranteed elements will continue unchanged for all years shown. This is not likely to occur, and actual results may be more or less favorable than those shown.

Illustrated Values

Illustrated values are one type of non-guaranteed values. Illustrated values are calculated based on an illustrated scale equal to the lesser of the disciplined current scale and the currently payable scale.

Midpoint Values

Midpoint values are one type of non-guaranteed values. Midpoint values are calculated based on a midpoint scale equal to one-half of the illustrated refund scale.

Cash Value

The cash value is the minimum amount available to the owner if the certificate is surrendered for cash, assuming no indebtedness.

Loans

You may make loans against the cash value of your certificate. This will reduce the amount of cash value available at surrender. It will also reduce the amount of the death benefit.

Accumulation Balance

Refunds left on deposit with us accumulate at interest. Your accumulations will earn interest at a rate determined annually by us, but never less than 1% per annum.

Paid Up Additions

Refunds may be used to purchase fully paid up additional life insurance. These amounts increase the certificate death benefit and provide additional cash values. Paid up addition amounts do not participate in the distribution of company surplus.

Comparison Indices

Cost indices are one method used to compare similar life insurance policies. Policies with smaller indices are generally a better buy. Comparison should only be made between similar policies -- those which provide essentially the same life insurance benefits with premiums payable for the same length of time. For the indices described below, an "N/A" means values were not available for that period.

Whole Life - Simplified Issue

Prepared March 09, 2022 by: Jenna Smith
v1.04.60MN

A Participating Whole Life Plan

A Life Insurance Illustration Prepared for Jenna Smith
Narrative Summary

Important Terms and Definitions

Life Insurance Surrender Cost Index

The surrender cost index should be used to compare insurance costs over a 10 or 20 year period assuming the insured surrenders the policy for the cash value at the end of the periods shown. It is useful if the level of cash values are considered to be of special importance to the insured.

	10 Years	20 Years
Guaranteed Value	16.55	16.79
Projected Value	15.97	15.87
Midpoint Value	16.26	16.33

Life Insurance Net Payment Cost Index

The net payment cost index should be used to compare insurance costs over a 10 or 20 year period assuming the insured surrenders the policy for the cash value at the end of the periods shown. It is useful if the premiums paid at death are considered to be of special importance to the insured.

	10 Years	20 Years
Guaranteed Value	25.96	25.00
Projected Value	25.48	25.14
Midpoint Value	25.77	25.60

SAMPLE

Whole Life - Simplified Issue

Prepared March 09, 2022 by: Jenna Smith
v1.04.60MN

A Participating Whole Life Plan

A Life Insurance Illustration Prepared for Jenna Smith
Numeric Summary

End of Year	Age	Guaranteed Values			Non-Guaranteed Values			
		Guaranteed Contract Premium	Death Benefit	Cash Value	Illustrated Values		Midpoint Values	
					Death Benefit	Cash Value	Death Benefit	Cash Value
5	55	\$664.56	\$25,000	\$1,102	\$25,163	\$1,156	\$25,082	\$1,129
10	60	664.56	25,000	3,140	25,466	3,321	25,235	3,231
20	70	664.56	25,000	8,042	26,327	8,739	25,668	8,393

Initial Modal

Premium Outlay: \$55.38

Guaranteed Values:

The guaranteed premiums illustrated in this proposal are equal to the required premium the applicant may have to pay. It is called the contract premium.

Non-Guaranteed Values:

This illustration assumes that the currently illustrated non-guaranteed elements will continue unchanged for all years shown. This is not likely to occur, and actual results may be more or less favorable than those shown.

Assuming contract premiums are paid when due, the certificate would provide \$25,000 cash value at age 121 based on guaranteed values, \$32,805 cash value at age 121 based on illustrated values and \$28,921 cash value at age 121 based on midpoint values. Illustrated and midpoint values assume refunds are used to purchase paid up additions.

I have received a copy of this illustration and understand that any non-guaranteed elements illustrated are subject to change and could be either higher or lower. The agent has told me that they are not guaranteed.
 Signed by:

SAMPLE

Jenna Smith (PIN) 85463 03/09/2022
 Applicant Name Date

(Signature and PIN represent e-Signature)

I certify that this illustration has been presented to the applicant and that I have explained that any non-guaranteed elements illustrated are subject to change. I have made no statements that are inconsistent with the illustration. Signed by:

Jenna Smith (PIN) 86808 03/09/2022
 Producer Name Date

(Signature and PIN represent e-Signature)

Whole Life - Simplified Issue

Prepared March 09, 2022 by: Jenna Smith
 v1.04.60MN

A Participating Whole Life Plan

A Life Insurance Illustration Prepared for Jenna Smith

Tabular Detail

Jenna Smith

Female Age 50 Standard Non-Tobacco

Initial Face Amount: \$25,000

Planned AWP Premium \$55.38

Refund Option: Paid Up Additions

End of Year	Age	Guaranteed Values			Non-Guaranteed Illustrated Values			Non-Guaranteed Midpoint Values	
		Guaranteed Contract Premium	Death Benefit	Cash Value	Death Benefit	Cash Value	Death Benefit	Cash Value	
1	51	\$664.56	\$25,000	\$0	\$25,000	\$0	\$25,000	\$0	
2	52	664.56	25,000	0	25,034	10	25,017	5	
3	53	664.56	25,000	357	25,072	380	25,036	368	
4	54	664.56	25,000	725	25,115	762	25,058	743	
5	55	664.56	25,000	1,102	25,163	1,156	25,082	1,129	
6	56	664.56	25,000	1,488	25,215	1,561	25,108	1,525	
7	57	664.56	25,000	1,884	25,271	1,980	25,136	1,932	
8	58	664.56	25,000	2,292	25,332	2,412	25,167	2,352	
9	59	664.56	25,000	2,710	25,397	2,539	25,200	2,785	
10	60	664.56	25,000	3,140	25,466	3,021	25,235	3,231	
11	61	664.56	25,000	3,582	25,538	3,497	25,271	3,690	
12	62	664.56	25,000	4,034	25,613	4,287	25,309	4,162	
13	63	664.56	25,000	4,497	25,692	4,792	25,349	4,646	
14	64	664.56	25,000	4,971	25,774	5,311	25,390	5,142	
15	65	664.56	25,000	5,455	25,859	5,845	25,433	5,651	
16	66	664.56	25,000	5,950	25,947	6,392	25,477	6,173	
17	67	664.56	25,000	6,457	26,038	6,956	25,523	6,708	
18	68	664.56	25,000	6,974	26,132	7,535	25,570	7,256	
19	69	664.56	25,000	7,503	26,228	8,130	25,618	7,818	
20	70	664.56	25,000	8,042	26,327	8,739	25,668	8,393	
21	71	664.56	25,000	8,591	26,428	9,364	25,719	8,980	
22	72	664.56	25,000	9,149	26,531	10,001	25,771	9,578	
23	73	664.56	25,000	9,714	26,637	10,651	25,824	10,185	
24	74	664.56	25,000	10,285	26,745	11,311	25,878	10,801	
25	75	664.56	25,000	10,861	26,855	11,982	25,933	11,424	
26	76	664.56	25,000	11,440	26,967	12,660	25,989	12,054	
27	77	664.56	25,000	12,021	27,080	13,346	26,046	12,687	
28	78	664.56	25,000	12,602	27,195	14,036	26,104	13,323	
29	79	664.56	25,000	13,181	27,312	14,728	26,163	13,959	
30	80	664.56	25,000	13,754	27,430	15,419	26,222	14,591	

SAMPLE

Whole Life - Simplified Issue

Prepared March 09, 2022 by: Jenna Smith
 v1.04.60MN (2013)

A Participating Whole Life Plan

A Life Insurance Illustration Prepared for Jenna Smith

Tabular Detail

End of Year	Age	Guaranteed Values			Non-Guaranteed			
		Guaranteed Contract Premium	Death Benefit	Cash Value	Illustrated Values	Midpoint Values		
					Death Benefit	Cash Value	Death Benefit	Cash Value
31	81	\$664.56	\$25,000	\$14,316	\$27,549	\$16,103	\$26,282	\$15,214
32	82	664.56	25,000	14,870	27,670	16,783	26,343	15,832
33	83	664.56	25,000	15,419	27,792	17,462	26,404	16,446
34	84	664.56	25,000	15,960	27,915	18,138	26,466	17,055
35	85	664.56	25,000	16,481	28,039	18,795	26,528	17,645
36	86	664.56	25,000	16,977	28,164	19,431	26,591	18,211
37	87	664.56	25,000	17,457	28,290	20,052	26,654	18,761
38	88	664.56	25,000	17,916	28,417	20,655	26,718	19,293
39	89	664.56	25,000	18,352	28,545	21,237	26,782	19,802
40	90	664.56	25,000	18,764	28,673	21,796	26,846	20,288
41	91	664.56	25,000	19,153	28,802	22,333	26,911	20,751
42	92	664.56	25,000	19,520	28,932	22,848	26,976	21,192
43	93	664.56	25,000	19,867	29,064	23,344	27,041	21,613
44	94	664.56	25,000	20,194	29,193	23,822	27,107	22,016
45	95	664.56	25,000	20,509	29,324	24,290	27,173	22,409
46	96	664.56	25,000	20,809	29,456	24,742	27,239	22,785
47	97	664.56	25,000	21,086	29,588	25,171	27,305	23,138
48	98	664.56	25,000	21,338	29,720	25,574	27,371	23,465
49	99	664.56	25,000	21,562	29,853	25,947	27,438	23,764
50	100	664.56	25,000	21,753	29,986	26,286	27,505	24,030
51	101	664.56	25,000	21,917	30,119	26,594	27,572	24,266
52	102	664.56	25,000	22,063	30,252	26,883	27,639	24,485
53	103	664.56	25,000	22,193	30,385	27,155	27,706	24,686
54	104	664.56	25,000	22,310	30,519	27,413	27,773	24,874
55	105	664.56	25,000	22,418	30,653	27,662	27,840	25,052
56	106	664.56	25,000	22,525	30,787	27,911	27,907	25,231
57	107	664.56	25,000	22,635	30,921	28,164	27,974	25,412
58	108	664.56	25,000	22,740	31,055	28,412	28,041	25,589
59	109	664.56	25,000	22,842	31,189	28,657	28,108	25,762
60	110	664.56	25,000	22,939	31,323	28,897	28,175	25,931
61	111	664.56	25,000	23,032	31,457	29,133	28,242	26,095
62	112	664.56	25,000	23,121	31,592	29,366	28,310	26,256
63	113	664.56	25,000	23,207	31,727	29,596	28,378	26,414
64	114	664.56	25,000	23,289	31,862	29,822	28,446	26,569

SAMPLE

Whole Life - Simplified Issue

Prepared March 09, 2022 by: Jenna Smith
 v1.04.60MN (2013)

A Participating Whole Life Plan

A Life Insurance Illustration Prepared for Jenna Smith

Tabular Detail

End of Year	Age	Guaranteed Values			Non-Guaranteed			
		Guaranteed Contract Premium	Death Benefit	Cash Value	Illustrated Values	Midpoint Values		
					Death Benefit	Cash Value	Death Benefit	Cash Value
65	115	\$664.56	\$25,000	\$23,367	\$31,997	\$30,044	\$28,514	\$26,720
66	116	664.56	25,000	23,442	32,132	30,263	28,582	26,867
67	117	664.56	25,000	23,513	32,267	30,478	28,650	27,011
68	118	664.56	25,000	23,582	32,402	30,689	28,718	27,151
69	119	664.56	25,000	23,646	32,537	30,898	28,786	27,288
70	120	664.56	25,000	23,708	32,672	31,103	28,854	27,422
71	121	664.56	25,000	25,000	32,805	32,805	28,921	28,921

Premiums

	Annual	Semi-Annual	Quarterly	AWP
\$25,000 Base Face	\$651.50	\$332.27	\$169.39	\$55.38
Total Premium	\$651.50	\$332.27	\$169.39	\$55.38

SAMPLE

Sons of Norway

1455 West Lake Street
 Minneapolis, MN 55408
 (612) 827-3611

A Participating Whole Life Plan

A Life Insurance Illustration Prepared for Jenna Smith

Financial Summary

End of Year	Age	Guaranteed Values			Illustrated Values			Midpoint Values		
		Refund	Amount	Cash Value	Refund	Amount	Cash Value	Refund	Amount	Cash Value
1	51	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2	52	0	0	0	10	34	10	5	17	5
3	53	0	0	0	12	72	22	6	36	11
4	54	0	0	0	14	115	37	7	58	19
5	55	0	0	0	16	163	54	8	82	27
6	56	0	0	0	18	215	74	9	108	37
7	57	0	0	0	20	271	96	10	136	48
8	58	0	0	0	22	332	121	11	167	61
9	59	0	0	0	24	397	149	12	200	75
10	60	0	0	0	27	466	181	13	235	91
11	61	0	0	0	29	538	216	14	271	109
12	62	0	0	0	31	613	253	16	309	128
13	63	0	0	0	34	692	295	17	349	149
14	64	0	0	0	37	775	340	18	390	171
15	65	0	0	0	39	859	389	19	433	196
16	66	0	0	0	41	947	442	21	477	223
17	67	0	0	0	44	1,038	500	22	523	252
18	68	0	0	0	46	1,132	561	23	570	283
19	69	0	0	0	49	1,228	627	25	618	316
20	70	0	0	0	52	1,327	697	26	668	351
21	71	0	0	0	55	1,428	772	27	719	389
22	72	0	0	0	57	1,531	852	29	771	429
23	73	0	0	0	60	1,637	937	30	824	472
24	74	0	0	0	63	1,745	1,027	32	878	517
25	75	0	0	0	66	1,855	1,121	33	933	564
26	76	0	0	0	69	1,967	1,221	35	989	614
27	77	0	0	0	72	2,080	1,325	36	1,046	666
28	78	0	0	0	75	2,195	1,434	37	1,104	721
29	79	0	0	0	78	2,312	1,548	39	1,163	778
30	80	0	0	0	81	2,430	1,665	40	1,222	838
31	81	0	0	0	83	2,549	1,787	42	1,282	899
32	82	0	0	0	86	2,670	1,913	43	1,343	962
33	83	0	0	0	89	2,792	2,044	45	1,404	1,028
34	84	0	0	0	92	2,915	2,178	46	1,466	1,095
35	85	0	0	0	94	3,039	2,315	47	1,528	1,164
36	86	0	0	0	97	3,164	2,454	48	1,591	1,234

SAMPLE

Whole Life - Simplified Issue

Prepared March 09, 2022 by: Jenna Smith
 v1.04.60MN

Sons of Norway

1455 West Lake Street
 Minneapolis, MN 55408
 (612) 827-3611

A Participating Whole Life Plan

A Life Insurance Illustration Prepared for Jenna Smith

Financial Summary

End of Year	Age	Guaranteed Values			Illustrated Values			Midpoint Values		
		Refund	Paid-Up Addition		Refund	Paid-Up Addition		Refund	Paid-Up Addition	
			Amount	Cash Value		Amount	Cash Value		Amount	Cash Value
37	87	0	\$0	\$0	\$99	\$3,290	\$2,596	\$50	\$1,654	\$1,305
38	88	0	0	0	101	3,417	2,740	51	1,718	1,378
39	89	0	0	0	104	3,545	2,886	52	1,782	1,451
40	90	0	0	0	106	3,673	3,032	53	1,846	1,524
41	91	0	0	0	108	3,802	3,180	54	1,911	1,598
42	92	0	0	0	109	3,932	3,329	55	1,976	1,673
43	93	0	0	0	111	4,062	3,479	56	2,041	1,748
44	94	0	0	0	113	4,193	3,629	56	2,107	1,824
45	95	0	0	0	114	4,324	3,781	57	2,173	1,900
46	96	0	0	0	116	4,456	3,934	58	2,239	1,976
47	97	0	0	0	117	4,588	4,086	59	2,305	2,053
48	98	0	0	0	118	4,720	4,236	59	2,371	2,128
49	99	0	0	0	120	4,853	4,386	60	2,438	2,203
50	100	0	0	0	121	4,985	4,533	60	2,505	2,277
51	101	0	0	0	121	5,119	4,677	61	2,572	2,350
52	102	0	0	0	122	5,252	4,821	61	2,639	2,422
53	103	0	0	0	123	5,385	4,962	61	2,706	2,494
54	104	0	0	0	123	5,519	5,104	62	2,773	2,564
55	105	0	0	0	124	5,653	5,245	62	2,840	2,635
56	106	0	0	0	124	5,787	5,386	62	2,907	2,706
57	107	0	0	0	125	5,921	5,529	62	2,974	2,777
58	108	0	0	0	125	6,055	5,672	63	3,041	2,849
59	109	0	0	0	126	6,189	5,815	63	3,108	2,920
60	110	0	0	0	126	6,323	5,958	63	3,175	2,992
61	111	0	0	0	127	6,457	6,102	63	3,242	3,064
62	112	0	0	0	127	6,592	6,246	64	3,310	3,136
63	113	0	0	0	128	6,727	6,390	64	3,378	3,209
64	114	0	0	0	128	6,862	6,534	64	3,446	3,281
65	115	0	0	0	128	6,997	6,677	64	3,514	3,353
66	116	0	0	0	129	7,132	6,821	64	3,582	3,426
67	117	0	0	0	129	7,267	6,965	65	3,650	3,498
68	118	0	0	0	129	7,402	7,108	65	3,718	3,570
69	119	0	0	0	130	7,537	7,252	65	3,786	3,643
70	120	0	0	0	130	7,672	7,395	65	3,854	3,715
71	121	0	0	0	133	7,805	7,805	67	3,921	3,921

SAMPLE

Whole Life - Simplified Issue

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 v1.04.60MN

A Participating Whole Life Plan

A Life Insurance Illustration Prepared for Jenna Smith

Financial Summary

- Notes:**
- Refund Option: Paid Up Additions
 - All amounts and values disclosed on this page are zero on a guaranteed basis. Both illustrated and midpoint dividends are not guaranteed, are subject to change and actual results may be more or less favorable. See Numeric Summary for other guaranteed amounts and values.

SAMPLE