

DISCLOSURE STATEMENT

from The American Home Life Insurance Company
Administrative Office: 1021 Reams Fleming Boulevard, Franklin, TN 37067

THIS DISCLOSURE STATEMENT WITH ALL APPLICABLE BLANKS FILLED IN IS FOR YOUR PROTECTION. IT GIVES YOU BASIC INFORMATION ABOUT THE COST AND COVERAGE OF THE INSURANCE BEING SOLICITED. READ IT CAREFULLY BEFORE SIGNING ANY AGREEMENT TO BUY LIFE INSURANCE.

THIS DISCLOSURE STATEMENT SHALL NOT BE CONSIDERED AS AN OFFER TO CONTRACT OR AS ALTERING OR MODIFYING ANY POLICY OR RIDER THAT MAY BE ISSUED.

Name of Proposed Insured _____ Age _____ Sex _____

Name of agent preparing disclosure _____

Agent home or agency address _____

Telephone number of agent _____

Name of Insurer _____

Home office address of Insurer (city and state) _____

Direct all correspondence to (Insurer's home, executive or administrative office) _____

	Descriptive title of coverage	Face amount of coverage¹ (If not applicable, description of coverage)	Annual Premium² (If not known, premium for mode quoted)
Policy			
Rider(s)			
Supplemental benefits (built into policy)			The cost is included in the premium for the policy

¹The face amount of coverage of the policy and rider(s) (if applicable) changes as follows _____

²Total (initial) annual premium for the policy and rider(s) will be _____.

Guaranteed cash value. If you continuously pay your premiums on this policy as they come due, you will have the following guaranteed cash value for each \$1,000 (or face amount). You may borrow against this cash value at an annual _____% loan interest charge.

Number of years policy has been in force	5	10	20	age 65
Total accumulated cash value				
Per \$1,000 (or total face amount)				

Upon request either the company or agent will furnish you with additional information about the insurance described.