

**LEGACY ESTATE MAXIMIZER – SINGLE PAY
LEVEL BENEFIT**

Add \$90 Policy Fee

Premium per \$1,000 of Face Amount

ISSUE AGE	MALE		FEMALE		ISSUE AGE	MALE		FEMALE	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco		Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0	95.42	-	83.54	-	41	330.37	387.56	298.03	356.43
1	98.52	-	86.31	-	42	339.62	398.09	306.65	366.80
2	101.76	-	89.18	-	43	349.11	408.92	315.54	377.52
3	105.14	-	92.17	-	44	359.02	420.21	324.81	388.69
4	108.68	-	95.26	-	45	369.48	432.11	334.59	400.38
5	112.35	-	98.47	-	46	380.67	444.83	345.12	412.93
6	116.14	-	101.77	-	47	392.49	458.25	356.32	426.29
7	120.05	-	105.18	-	48	404.68	472.09	367.82	439.95
8	124.12	-	108.69	-	49	416.98	486.04	379.27	453.42
9	128.39	-	112.35	-	50	429.15	499.83	390.31	466.19
10	132.89	-	116.15	-	51	441.09	513.33	400.88	478.29
11	137.75	-	120.14	-	52	452.96	526.73	411.22	490.05
12	142.95	-	124.31	-	53	464.92	540.21	421.42	501.44
13	148.29	-	128.59	-	54	477.08	553.96	431.55	512.41
14	153.61	-	132.96	-	55	489.58	568.15	441.71	522.93
15	158.73	-	137.34	-	56	502.49	582.84	451.71	532.59
16	163.57	-	141.72	-	57	515.70	597.91	461.51	541.43
17	168.26	200.29	146.12	175.46	58	529.15	613.27	471.35	550.04
18	172.90	206.71	150.60	181.87	59	542.72	628.83	481.51	559.02
19	177.58	213.11	155.19	188.28	60	556.34	644.52	492.24	568.98
20	182.42	219.52	159.94	194.70	61	569.86	660.43	503.25	579.77
21	187.32	224.66	164.84	200.60	62	583.34	676.62	514.38	591.00
22	192.22	230.13	169.86	206.64	63	597.00	692.94	526.04	602.88
23	197.24	235.94	175.02	212.82	64	611.04	709.22	538.68	615.60
24	202.52	242.09	180.33	219.14	65	625.69	725.33	552.72	629.38
25	208.17	248.57	185.81	225.60	66	640.98	741.08	568.52	644.68
26	214.26	255.44	191.45	232.16	67	656.76	756.59	585.78	661.36
27	220.69	262.7	197.24	238.81	68	672.99	772.10	603.98	678.73
28	227.39	270.27	203.19	245.63	69	689.59	787.87	622.60	696.10
29	234.27	278.07	209.32	252.66	70	706.52	804.15	641.11	712.78
30	241.25	286.00	215.64	259.98	71	723.72	821.61	659.84	728.79
31	248.29	294.04	222.15	267.59	72	741.23	840.08	679.15	744.58
32	255.44	302.26	228.84	275.44	73	759.12	858.56	698.53	760.14
33	262.77	310.68	235.71	283.53	74	777.49	876.05	717.48	775.43
34	270.32	319.35	242.79	291.85	75	796.40	891.53	735.50	790.42
35	278.16	328.31	250.07	300.38	76	816.55	904.54	751.57	804.11
36	286.30	337.57	257.55	309.09	77	837.90	915.76	766.03	816.50
37	294.70	347.09	265.23	317.97	78	859.39	925.88	780.40	829.13
38	303.34	356.87	273.12	327.10	79	879.99	935.60	796.19	843.50
39	312.20	366.90	281.22	336.53	80	898.66	945.63	814.92	861.15
40	321.24	377.17	289.55	346.33	81	914.82	955.86	837.05	882.67
					82	929.15	965.82	861.56	907.05
					83	942.54	975.67	887.78	933.39
					84	955.86	985.58	915.02	960.77
					85	970.00	995.70	942.61	988.31

Policy Form I L0730

FOR AGENT USE ONLY

Underwritten by Assurity Life Insurance Company of Lincoln, Nebraska. Availability, rates, benefits, features and policy provisions may vary by state and are subject to state approval.