Telephone Application with Voice Signature
South Dakota

Dear Insured/Applicant:

Thank you for your application for SafeShield® Term life insurance. Your verbal answers were obtained by phone and used to complete the questions on the life insurance application, and your voice signature was secured by digital recording. The completed application and your voice signature have been submitted to the Company's administrative service office for processing.

To protect the privacy of information collected and transmitted during the application process, the data is encrypted and stored in secured databases. All of the Company's data and systems are secured using current technology standards and procedures that undergo a variety of internal and external audits and reviews of the process and systems to ensure they are kept current.

I am providing you with printed versions of the following documents, which were read to you during the application process. Please keep these documents with your important insurance papers.

- Application Authorization & Acknowledgment
- Information Practices Relating to Underwriting Your Application
- Conditional Receipt
  (applicable if initial premium is to be paid by immediate bank draft)
- Living Benefit Rider Disclosures, Form No. 5419CFG
  (only if applying for Accelerated Benefit - Terminal Illness, Critical Illness or Chronic Illness Rider(s)
- Important Notice: Replacement of Life Insurance or Annuities, Form No. 4552CFG
  (only if applicant has existing life insurance or annuities)

Thank you for giving us the opportunity to serve you and your insurance needs. We appreciate your business and are dedicated to providing you with the highest level of service.

Form No. 5376CFG-SD-SIT (Rev. 11/21)

7. REPLACEMENT:	YES	NO
Does any Proposed Insured have any existing life insurance or annuities? ……	☐	☐
Is this application for insurance intended to replace or change any life insurance or annuities now in force? ……	☐	☐
(If "YES," submit any special forms required by the state in which the application is signed.)		

8. SPECIAL REQUESTS / REMARKS:

9. CONDITIONS RELATING TO THE APPLICATION:

I have read the questions and answers in all parts of this application and agree that they are complete and true to the best of my knowledge and belief. I agree that this application shall form a part of any policy issued. I understand and agree that no agent has the authority to waive a complete answer to any question in the application, pass on insurability, make or alter any contract, or waive any of the Company's other rights or requirements; that any policy applied for shall not take effect (except as provided in the Conditional Receipt bearing the same number as this application) unless and until the policy has been issued and delivered and the full first premium, according to the mode of payment selected by the applicant (as permitted by the Company) and stipulated in the policy, has been paid and accepted by the Company during the lifetime and condition of health of the Proposed Insured as stated in the application.

10. AUTHORIZATION & ACKNOWLEDGMENT:

I authorize any licensed physician, medical practitioner, hospital, clinic, pharmacy benefit manager, other medical or medically related facility, insurance company, MIB, Inc., consumer reporting agency, or other organization, institution or person that has any records or knowledge of me or any proposed insured, to give any such information to Columbian Life Insurance Company ("the Company") or its reinsurers for underwriting or claims purposes. This medical or health information may include information on the diagnosis and treatment of mental illness, alcohol, and drug use. This also may include information on the diagnosis, treatment, and testing results related to HIV, AIDS, and sexually transmitted diseases, unless otherwise restricted by state law. This authorization also includes information about drugs, alcoholism, prescription drug records, or any other medical history information. To facilitate rapid submission of such information, I authorize all said sources, except MIB, Inc., to give such records or knowledge to any agency employed by the Company to collect and transmit such information. **I understand** my information may be subject to redisclosure to a third party and may no longer be protected by federal privacy laws. **I authorize** Columbian Life Insurance Company, or its reinsurers, to make a brief report of my personal health information to MIB, Inc. **I understand** a telephone interview may be necessary to verify or supplement information given to the Company on this application. This interview may be made from the Administrative Service Office or from a consumer-reporting agency by a trained interviewer acting on the Company's behalf. A photocopy of this form will be as valid as the original; this authorization will be valid for two (2) years from the date shown below, or the time limit permitted by applicable law in the state where the policy is delivered or issued for delivery. You may revoke this authorization by contacting us at PO Box 1381 Binghamton, NY 13902-1381 however, we retain the right to use any information obtained under your authorization prior to your revocation. **I have read and understand** the Conditions Relating to the Application and the Authorization & Acknowledgment. **I acknowledge** receipt and review of the Information Practices Relating to Underwriting Your Application.

_____ X _____
Date of Application — Signature of Proposed Insured (Date)

_____ X _____
Signed At (City, State) — Signature of Owner (If other than Insured) (Date)

X _____
Officer Signing for Corporation, Partnership, or Trust & Title (Date)

11. REPORT OF LICENSED AGENT:

Does any Proposed Insured have any existing life insurance or annuities?…… ☐ YES ☐ NO
Is this insurance intended to replace, in whole or part, any life insurance or annuities?…… ☐ YES ☐ NO
(If "YES," submit any special forms required by the state in which the application is signed.)
Is the agent related to the Proposed Insured or Owner? If "YES," please provide relationship _____ ☐ YES ☐ NO

I hereby affirm that I personally solicited and completed this application and all answers given above are true and correct to the best of my knowledge. The application was signed in my presence.

_____ X _____
Name of Licensed Agent (Print) — Signature of Licensed Agent *(required)* (Date)

_____ _____ _____
Primary Agent Name — Agent Number — % of Commission (Enter 100% if you are NOT splitting commission

_____ _____ _____
Secondary Agent Name — Agent Number — % of Commission (Amount of 1st and 2nd Agent must equal 100%)

INFORMATION PRACTICES RELATING TO UNDERWRITING YOUR APPLICATION

Thank you for choosing insurance from Columbian Life Insurance Company. This Notice is given to you at the time you apply for life or health insurance to tell you about the kinds of information we may obtain in connection with your application. **We will treat all personal information about you as confidential**.

INVESTIGATIVE CONSUMER REPORT
We may obtain an investigative consumer report and may tell the consumer reporting agency the amount and type of your coverage. The report may contain data about your identity, age, residence, past and present job (including work duties), economic conditions, driving record, personal and business reputation in the community and mode of living, but will not include any information relating directly or indirectly to sexual orientation.

IDENTIFICATION
To obtain the data described above, the insurer may give my name, address and date and place of birth to the above persons or organizations.

ACCESS TO INFORMATION
You may request, in writing, to receive information from Columbian Life Insurance Company about the nature and scope of an investigative consumer report. Within five (5) business days of receipt of a written request, we will provide you with the name, address and phone number of any agency we ask to prepare such a report. By contacting the investigative agency, you may inspect or receive a copy of such report.

WHERE TO WRITE US
You have a right of access and correction with respect to this information. If you wish a more detailed explanation of our information practices, please send your written request to Underwriting Department, Columbian Life Insurance Company, PO Box 1381, Binghamton, NY 13902-1381.

MIB, INC. PRE-NOTICE
MIB, Inc. is a not-for-profit membership organization of life insurance companies. The MIB provides an information exchange for its members. It maintains information of underwriting significance on policyholders and applicants as furnished to it by member companies. Such information is available only to member companies and only when such company has an authorization signed by you to request such information.

We use the MIB to check information of underwriting significance, but only as a guide to identify areas about which we might need additional information before reaching a final underwriting decision. Columbian Life does not rely, in whole or in part, on an MIB report in making a final underwriting decision.

We make a brief report to the MIB on those individuals about whom we have information about underwriting significance. We will not report what action we have taken on your application. The MIB, on request, supplies other member companies with information in its files if an application for life or health insurance, or a claim for benefits, is submitted to such company. MIB rules require that a member company have our authorization before requesting information about you.

If you question the accuracy of information in the MIB file, you may contact MIB, Inc. and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. The address of the information office of MIB, Inc. is 50 Braintree Hill Park, Suite 400, Braintree, MA 02184-8734, Telephone Number (866) 692-6901. MIB's website is www.mib.com.

CONDITIONAL RECEIPT

Complete Only When Full Modal Premium Is Received With Application

ALL PREMIUM CHECKS MUST BE MADE PAYABLE TO COLUMBIAN LIFE INSURANCE COMPANY.
DO NOT MAKE CHECKS PAYABLE TO THE AGENT OR LEAVE THE PAYEE BLANK.

Received from (Print) _____, the sum of_____ on the life of (Proposed Insured) _____. Columbian Life Insurance Company ("the Company") accepts this payment in connection with your application for insurance and, subject to the terms and conditions of this Conditional Receipt and subject to all the terms and conditions of the policy applied for, agrees to provide coverage under the following conditions:

EFFECTIVE DATE OF COVERAGE: Provided that each of the conditions below is satisfied, coverage under this Conditional Receipt will begin on the later of the Underwriting Date (as defined below) or the specific policy date requested on the application. The Underwriting Date is the later of (1) the date of the application; or (2) the date all underwriting requirements, as required by the Company's underwriting rules, are completed.

CONDITIONS: Insurance coverage under this Conditional Receipt will begin on the Effective Date (as defined above) only if, on that date, all of the following criteria are met:

(1) You had paid the full first modal premium on the policy applied for; and
(2) All Proposed Insureds were insurable at standard rates on the date of the application; and
(3) The Company is able to issue the policy as applied for; and
(4) The amount of insurance applied for, with respect to any Proposed Insured, is not in excess of $500,000.

TERMINATION OF COVERAGE: Any insurance provided under this Conditional Receipt will terminate: (1) Immediately, if the Company refunds your payment or your check was not honored by your Bank; or (2) The date coverage under the policy applied for becomes effective; or (3) Ninety (90) days after the date of the application.

_____ X_____
Date Signature of Licensed Agent

IMPORTANT NOTICE TO THE AGENT: DO NOT SIGN THE CONDITIONAL RECEIPT UNLESS PREMIUM IS TAKEN WITH THE APPLICATION.

COLUMBIAN MUTUAL LIFE INSURANCE COMPANY
Home Office:
Box 1381, Binghamton, NY 13902-1381

COLUMBIAN LIFE INSURANCE COMPANY
Home Office: Chicago, IL
Administrative Service Office:
P.O. Box 1381, Binghamton, NY 13902-1381

Accelerated Death Benefit Rider Disclosure

The insurance contract you are applying for may include one or more of the riders described below. The riders allow the Policyowner to receive a portion of the policy's death benefit during the lifetime of the Insured if the Insured is diagnosed by a physician with a qualifying condition as defined in the Rider. Please read your Policy and Rider(s) carefully and consult your Rider(s) for specific information.

Accelerated Death Benefit - Terminal Illness: This Rider allows the Owner to request payment of a portion of the death benefit of the policy if the Insured is diagnosed with a non-correctable medical condition which, in the best medical judgment of a physician, will result in the death of the Insured within twelve (12) months from the date of the diagnosis.

Accelerated Death Benefit - Critical Illness: This Rider allows the Owner to request payment of a portion of the death benefit of the policy if the Insured is diagnosed with one or more of the following as defined in the rider: Amyotrophic Lateral Sclerosis (ALS), Life Threatening Cancer, End Stage Renal Failure (Kidney Failure), Myocardial Infarction (Heart Attack), Major Organ Failure, or Stroke.

Accelerated Death Benefit - Chronic Illness: This Rider allows the Owner to request payment of a portion of the death benefit of the policy if the Insured is diagnosed with a Chronic Illness. Chronic Illness means the Insured is (a) unable to perform, without substantial assistance from another person, at least two of the activities of daily living for a period of at least 90 days due to a loss of functional capacity or, (b) requires substantial supervision by another person to protect the Insured from threats to health and safety due to the insured's severe cognitive impairment for a period of at least 90 days.

Premium Charge
There is no additional premium charge for the Riders; however, an administrative fee will be deducted from the accelerated benefit payment each time a Rider benefit is exercised.

Accelerated Benefit Payment
The request for a benefit must be made in writing and signed by the Owner. Consent of any assignee or irrevocable beneficiary will be required. A spousal release will be required, if applicable, in community property states.

The Acceleration Amount is chosen by the Owner, subject to minimum and maximum limits. Each Acceleration Amount must be at least $5,000 and must allow for at least $5,000 residual face amount. The aggregate maximum for all Acceleration Amounts under all Riders is 95% of the eligible death benefit of the Policy on the date of the first acceleration. Under the Chronic Illness Rider, the maximum amount that may be accelerated in any 12-month period is 24% of the eligible death benefit.

The Acceleration Benefit Amount will be based on the Insured's expected mortality at the time of claim as determined by the Company. **Some qualifying events can impact the Insured's quality of life without having a material impact on their mortality and, therefore, the acceleration benefit may be quite small or there may be no acceleration benefit payable at all.**

Upon receipt of a request for rider benefits, the Company will provide the Owner and any irrevocable beneficiary with a written offer showing the amount of the rider benefit as well as the impact of the acceleration on the death benefit and premium amounts. The Owner may accept or decline the offer. If the offer is accepted, the Owner and any irrevocable beneficiary will be provided a statement demonstrating the effect of the acceleration. The policy will be modified with an endorsement indicating the new death benefit and premium amounts.

Effects of Accelerated Benefit Payment

An accelerated death benefit payment will result in a reduction in face amount and base policy premium. There will be no reduction in the annual policy fee, if applicable. Payment of the benefit will have no effect on any Children's Term Insurance or Accidental Death Benefit. Any Waiver of Premium coverage and the associated premiums will reduce due to the reduction in face amount.

The following examples are hypothetical and intended only to demonstrate how an individual assessment of mortality could affect an Acceleration Benefit Amount. The examples bear no relationship to any actual claims you may make or benefit amounts you may receive. They demonstrate the effects of acceleration and are provided for illustrative purposes only, and have no relationship to your policy premiums or values. In both examples, the Owner has a term policy and has elected an acceleration of $60,000, or 60% of the policy's eligible death benefit. For policies that have cash values, policy loans or dividends at the time of acceleration, those values will typically be reduced proportionately to the reduction in face amount.

In this example, the Insured has a qualifying condition that makes his likelihood of death 3 times what it was without the condition.

	Before Acceleration	After 60% Acceleration
Base Policy Face Amount	$100,000.00	$40,000.00
Base Policy Annual Premium (excluding policy fee)	$979.00	$391.60
Annual Policy Fee	$60.00	$60.00
Total Base Policy Annual Premium (including Policy Fee)	$1,039.00	$451.60
Accelerated Benefit Payment (after administrative fee)	$12,923.20	

Same as the above example, except the qualifying condition makes his likelihood of death 8 times what it was without the condition.

	Before Acceleration	After 60% Acceleration
Base Policy Face Amount	$100,000.00	$40,000.00
Base Policy Annual Premium (excluding policy fee)	$979.00	$391.60
Annual Policy Fee	$60.00	$60.00
Total Base Policy Annual Premium (including Policy Fee)	$1,039.00	$451.60
Accelerated Benefit Payment (after administrative fee)	$34,731.11	

RECEIPT OF ACCELERATED DEATH BENEFITS MAY BE TAXABLE. YOU SHOULD CONSULT YOUR PERSONAL TAX ADVISOR TO DETERMINE THE CURRENT TAX CONSEQUENCES PRIOR TO MAKING ANY ELECTION.

These Riders are not long-term care insurance and do not provide long-term care benefits. The benefits are not intended to qualify for favorable tax treatment. The Riders may affect your ability to receive certain government benefits or entitlements. The Accelerated Death Benefit may be considered an asset in determining eligibility. You should contact your local Medicaid Unit and the Social Security Administration for more information.

I hereby acknowledge that I have read and understand these disclosures and have received a copy for my records.

Signature of Applicant/Owner _____ Date _____

Printed Name of Applicant/Owner _____ Social Security Number _____

I certify that I have provided a copy of this statement to the Applicant/Owner.

Signature of Licensed Agent _____ License No. _____ Date _____

Applicant Copy

IMPORTANT NOTICE: REPLACEMENT OF LIFE INSURANCE OR ANNUITIES

COLUMBIAN MUTUAL LIFE INSURANCE COMPANY • HOME OFFICE: BINGHAMTON, NY
COLUMBIAN LIFE INSURANCE COMPANY • HOME OFFICE: CHICAGO, IL
ADMINISTRATIVE SERVICE OFFICES:
VESTAL PARKWAY EAST • PO BOX 1381 • BINGHAMTON, NY 13902-1381
507 PLUM STREET • PO BOX 1056 • SYRACUSE, NY 13201-1056

This document must be signed by the applicant and the producer, if there is one, and a copy left with the applicant.

You are contemplating the purchase of a life insurance policy or annuity contract. In some cases this purchase may involve discontinuing or changing an existing policy or contract. If so, a replacement is occurring. Financed purchases are also considered replacements.

A replacement occurs when a new policy or contract is purchased and, in connection with the sale, you discontinue making premium payments on the existing policy or contract, or an existing policy or contract is surrendered, forfeited, assigned to the replacing insurer, or otherwise terminated or used in a financed purchase.

A financed purchase occurs when the purchase of a new life insurance policy involves the use of funds obtained by the withdrawal or surrender of or by borrowing some or all of the policy values, including accumulated dividends, of an existing policy to pay all or part of any premium or payment due on the new policy. A financed purchase is a replacement.

You should carefully consider whether a replacement is in your best interests. You will pay acquisition costs and there may be surrender costs deducted from your policy or contract. You may be able to make changes to your existing policy or contract to meet your insurance needs at less cost. A financed purchase will reduce the value of your existing policy and may reduce the amount paid upon the death of the insured.

We want you to understand the effects of replacements before you make your purchase decision and ask that you answer the following questions and consider the questions on the back of this form.

1. Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating your existing policy or contract? ___ YES ___ NO
2. Are you considering using funds from your existing policies or contracts to pay premiums due on the new policy or contract? ___ YES ___ NO

If you answered "yes" to either of the above questions, list each existing policy or contract you are contemplating replacing (include the name of the insurer, the insured or annuitant, and the policy or contract number if available) and whether each policy or contract will be replaced or used as a source of financing:

	INSURER NAME	CONTRACT OR POLICY #	INSURED OR ANNUITANT	REPLACED (R) OR FINANCING (F)
1.				
2.				
3.				

Make sure you know the facts. Contact your existing company or its agent for information about the old policy or contract. If you request one, an in force illustration, policy summary or available disclosure documents must be sent to you by the existing insurer. Ask for and retain all sales material used by the agent in the sales presentation. Be sure that you are making an informed decision.

The existing policy or contract is being replaced because _____.

I certify that the responses herein are, to the best of my knowledge, accurate:

_____ _____
Applicant's Signature and Printed Name Date

_____ _____
Producer's Signature and Printed Name Date

I do not want this notice read aloud to me. _____ *(Applicants must initial only if they do not want the notice read aloud.)*

A replacement may not be in your best interest, or your decision could be a good one. You should make a careful comparison of the costs and benefits of your existing policy or contract and the proposed policy or contract. One way to do this is to ask the company or agent that sold you your existing policy or contract to provide you with information concerning your existing policy or contract. This may include an illustration of how your existing policy or contract is working now and how it would perform in the future based on certain assumptions. Illustrations should not, however, be used as a sole basis to compare policies or contracts. You should discuss the following with your agent to determine whether replacement or financing your purchase makes sense:

PREMIUMS:
- Are they affordable?
- Could they change?
- You're older -- are premiums higher for the proposed new policy?
- How long will you have to pay premiums on the new policy? On the old policy?

POLICY VALUES:
- New policies usually take longer to build cash values and to pay dividends.
- Acquisition costs for the old policy may have been paid, you will incur costs for the new one.
- What surrender charges do the policies have?
- What expense and sales charges will you pay on the new policy?
- Does the new policy provide more insurance coverage?

INSURABILITY:
- If your health has changed since you bought your old policy, the new one could cost you more, or you could be turned down.
- You may need a medical exam for a new policy.
- Claims on most new policies for up to the first two years can be denied based on inaccurate statements.
- Suicide limitations may begin anew on the new coverage.

IF YOU ARE KEEPING THE OLD POLICY AS WELL AS THE NEW POLICY:
- How are premiums for both policies being paid?
- How will the premiums on your existing policy be affected?
- Will a loan be deducted from death benefits?
- What values from the old policy are being used to pay premiums?

IF YOU ARE SURRENDERING AN ANNUITY OR INTEREST SENSITIVE LIFE PRODUCT:
- Will you pay surrender charges on your old contract?
- What are the interest rate guarantees for the new contract?
- Have you compared the contract charges or other policy expenses?

OTHER ISSUES TO CONSIDER FOR ALL TRANSACTIONS:
- What are the tax consequences of buying the new policy?
- Is this a tax free exchange? (See your tax advisor.)
- Is there a benefit from favorable "grandfathered" treatment of the old policy under the federal tax code?
- Will the existing insurer be willing to modify the old policy?
- How does the quality and financial stability of the new company compare with your existing company?

If a replacement is involved in the purchase of the new policy or contract, you may return it within thirty (30) days of receipt for a full refund of all premiums or considerations paid on it, including any policy fees or charges. For a variable or market value adjustment policy or contract, the amount paid will be the cash surrender value provided under the policy or contract plus the fees and other charges deducted from the gross premiums or considerations or imposed under the policy or contract. If the policy or contract is returned, the coverage will be considered void from the beginning.