

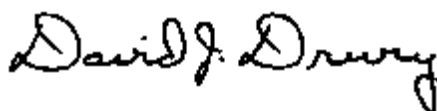
CHANGE OF NAME AND REMOVAL OF DIVIDEND LANGUAGE ENDORSEMENT

This endorsement is part of the legal contract between you, as the owner, and Principal Life Insurance Company. All definitions, provisions and exceptions of the policy apply to this endorsement unless changed by this endorsement.

All references to "Principal Mutual Life Insurance Company" anywhere in the policy (including the policy form, any applications, amendments, riders, endorsements and Data Pages) are changed to "Principal Life Insurance Company."

The DIVIDENDS provision is deleted in its entirety anywhere it appears in the policy (including the policy form, any applications, amendments, riders, endorsements and Data Pages).

The word "PARTICIPATING" is replaced with "NON-PARTICIPATING" anywhere it appears in the policy (including the policy form, any applications, amendments, riders, endorsements and Data Pages).



Chairman and Chief Executive Officer



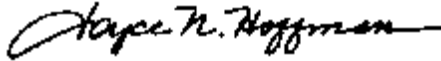
Principal Life
Insurance Company
Des Moines, Iowa 50392-0001

DISABILITY INCOME POLICY. NON-CANCELLABLE AND GUARANTEED RENEWABLE TO AGE 65 AT GUARANTEED PREMIUM RATES. CONDITIONALLY RENEWABLE FROM AGE 65 FOR LIFE, SUBJECT TO CHANGE IN PREMIUM RATES. SOCIAL SECURITY SUBSTITUTE BENEFIT, IF INCLUDED, CONTINUABLE AT GUARANTEED PREMIUM RATES TO AGE 65 OR PRIOR RETIREMENT, PARTICIPATING.

This policy will stay in force until your Age 65 Policy Anniversary as long as premiums are paid when due. If certain conditions are met, this policy may be renewed on your Age 65 Policy Anniversary and each year after that for life. See the Renewal After Age 65 section. While this policy is in force, we cannot:

1. Cancel it; or
2. Change the premium rate (before the Age 65 Policy Anniversary).

We will refund any Social Security Substitute Benefit premiums paid for a time when your retirement benefits are paid under the Social Security Act. We will pay this policy's benefits subject to all policy provisions. The policy is issued in consideration of the application and payment of premiums. Signed for Principal Mutual Life Insurance Company at Des Moines, Iowa on the policy date.



Senior Vice President and
Corporate Secretary



President and Chief Executive Officer

10 DAY EXAMINATION OFFER. The Owner may return this policy to either the agent or our home office within ten days of its receipt. We will refund any premiums paid and the policy will be considered void from its inception. Please read this policy carefully to better use its many benefits.

IMPORTANT NOTICE-- Please review the copy of the application attached to this policy. Write to Principal Mutual Life Insurance Company, 711 High Street, Des Moines, Iowa 50309 within ten days if any information shown on it is not correct and complete, or if any medical history has been left out. The application is part of the policy. The policy was issued on the basis that the answers to all the questions and the information shown on the application are correct and complete. Omissions or misstatements on the application could cause an otherwise valid claim to be denied.



**Principal Mutual Life
Insurance Company**

711 High Street
Des Moines, Iowa 50392-0001

INSURED John Doe

POLICY DATE September 15, 1992

POLICY NUMBER Sample

POLICY Disability Income

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A copy of the application and any additional benefits provided
by rider follow the last page of this policy.

The words "we", "our" and "us" refer to Principal Mutual Life Insurance Company.

"You" and "your" refer to the person named as the Insured on the Data Page of this policy.

The Insured may or may not be the Owner. Certain policy rights may only be exercised by the Owner. To indicate which rights these are, this policy refers to the "Owner".

We have used examples to explain some of the policy's provisions. As you read through the policy, remember that these examples do not reflect the actual amounts or status of this policy.



Principal Mutual Life
Insurance Company
Des Moines, Iowa 50392-0001

DATA PAGE

PAGE 3

INSURED John Doe ISSUE AGE 35
POLICY NUMBER Sample POLICY Disability Income
POLICY DATE September 15, 1992

BENEFITS

POLICY		ELIMINATION PERIOD	MAXIMUM MONTHLY BENEFIT
HH641	Disability Income Policy		
	Disability Benefit	90 days	\$500.00

Social Security Substitute Benefit Not Included

Maximum Benefit Period -- to Age 65 Policy Anniversary.
If this policy is renewed between the Age 65 and Age 74 Policy Anniversaries, the Maximum Benefit Period is 2 years. Beyond the Age 74 Policy Anniversary, the Maximum Benefit Period is 1 year.

Capital Sum Benefit \$6,000.00
Special Death Benefit \$1,500.00

DEFINITIONS IN THIS POLICY

(IN ALPHABETICAL ORDER)

AGE POLICY ANNIVERSARY—means the Policy Anniversary on or next following the birthday designated.

EXAMPLE: If the Policy Date is June 5, 2001, and you are 65 years old on April 3, 2007, the Age 65 Policy Anniversary is June 5, 2007.

CHANGE DATE—means each yearly anniversary of the start of a Continuous Disability. If a new Elimination Period is required because of a new Disability, new Change Dates will be set for the new Disability.

CONTINUOUS DISABILITY—means your Disability that continues with no interruption. You will be considered Continuously Disabled even if an Interrupted Elimination Period or Recurring Disability occurs.

CPI-U—means the Consumer Price Index for All Urban Consumers published by the United States Department of Labor. We will use a new index if:

1. The CPI-U is discontinued, delayed, or not otherwise available for use; or
2. The composition, base, or method of calculating the CPI-U changes so that we consider it inappropriate for this policy.

Any new index we choose will be one which we think best reflects the change in the cost of living in the United States.

CURRENT EARNINGS—means your Earnings for each month while you are Disabled.

DISABILITY—means:

Solely due to Injury or Sickness:

- a. i. Your ability to work is restricted, resulting in the Loss of Earnings; or
ii. You are unable to perform the substantial and material duties of your regular occupation in which you were engaged just prior to the Disability; and
- b. Your Loss of Earnings is 20% or more of your Prior Earnings; and
2. You are receiving care from a Doctor which is appropriate for the condition causing your Disability. We will waive this requirement when continued care would be of no benefit to you.

If a Disability is caused by more than one Injury or Sickness, we will pay benefits as if the Disability were caused by only one Injury or Sickness.

DOCTOR—means a medical practitioner who is legally licensed to practice under state law, and not yourself, the Owner, or the Loss Payee.

EARNINGS—means income you earn for labor or services performed. This includes salary, wages, fees, draw, commissions, and other compensation you receive. If you are self-employed, this is net income after deducting your normal and customary business expenses. These expenses must be reasonable and must not exceed expenses before Disability began. They must be deductible for Federal Income Tax purposes.

Identifiable contributions for you to any tax qualified retirement, annuity, salary reduction, or deferred compensation plan, whether employer sponsored or individually owned, or to any non-qualified deferred compensation plan are considered Earnings if they are:

1. Made either by you or on your behalf; and
2. Not waived by contract during your Disability.

During any period, Earnings:

Will include all income for services performed during that period, whether or not received; but

2. Will not include income for services performed prior to that period, regardless of when received.

ELIMINATION PERIOD—means the number of days of Disability from the start of a Continuous Disability for which no benefits will be paid. The Data Page shows the Elimination Period for each of the Disability Benefit and Social Security Substitute Benefit sections.

EXTENDED DISABILITY—means we will continue to consider you Disabled even if your Loss of Earnings is less than 20% of your Prior Earnings if:

1. You have been receiving benefits for the same Continuous Disability under this policy for at least 90 days;
2. You meet all the other requirements for Disability; and
3. The total of the benefits payable under this policy would be at least \$300 per month.

FAMILY BENEFITS—means amounts payable to or for your spouse or dependents, if any, for your retirement or disability under Social Security.

INDEX FACTOR—means, as of any Change Date, a factor which is based upon the change in the CPI-U from the start of a Continuous Disability to the Change Date. It is figured by dividing the CPI-U for the calendar month three months before the Change Date by the CPI-U for the calendar month three months before the date the Continuous Disability began. The Index Factor will not be less than 5% compounded annually.

INJURY—means accidental bodily injury which occurs while this policy is in force.

INTERRUPTED ELIMINATION PERIOD—means if your Disability is not continuous the Elimination Period will be met if the required number of days of Disability occurs in a period that is:

Twice as long as the Elimination Period; but

2. Less than one year.

Disability may be from the same or a different cause. The periods of Disability will be combined to meet the Elimination Period.

LOSS OF EARNINGS--means Prior Earnings minus Current Earnings.

LOSS PAYEE--means the person named as the Loss Payee in the application. The term includes any lawful successors of the Loss Payee. Benefits will be paid to the Loss Payee except as provided in the Special Death Benefit. If no Loss Payee is named in the application, then the Owner is the Loss Payee.

MAXIMUM BENEFIT PERIOD—means the longest time for which benefits will be paid because of a Continuous Disability. The Maximum Benefit Period for this policy is shown on the Data Page. If the Maximum Benefit Period is more than 2 years, it will not extend beyond the Age 65 Policy Anniversary, but it will not be less than 2 years.

MONTHLY DATE--means the day of any month which is the same as the day of the Policy Date.

EXAMPLE: If the Policy Date is June 5, 2001, the first Monthly Date is July 5, 2001.

OWNER—means the person named as the Owner in the application. The Owner may exercise every right and enjoy every privilege provided by this policy, except that benefits will be paid as stated in the Payment Of Claims provision. If you are not the Owner and the Owner dies before you, you become the Owner unless the Owner has provided for a successor owner.

PIA—means the primary insurance amount payable to you for retirement or disability under Social Security. It does not include benefits payable because of your spouse or dependents, if any.

POLICY YEARS AND ANNIVERSARIES--are computed from the Policy Date.

EXAMPLE: If the Policy Date is June 5, 2001, the first Policy Year ends on June 4, 2002, and the first Policy Anniversary falls on June 5, 2002.

PRIOR EARNINGS—means your highest monthly average Earnings for any consecutive 12 months in the last 24 months before a Continuous Disability began. However, we will use any consecutive 24 months out of the last 60 months if that amount is higher. On each Change Date we will adjust the Prior Earnings to a new level by multiplying the Prior Earnings, as of the start of the Continuous Disability, times the Index Factor. If a new Elimination Period is required because of a new Disability, your Prior Earnings will again be determined for the new Disability without regard to any previous indexing.

RECURRING DISABILITY—means a Disability which

1. Starts within 6 months after the end of a prior period of Disability for which we paid benefits; and
2. Is due to the same or a related cause.

A Recurring Disability is a continuation of the prior Disability. No new Elimination Period is required. We will pay benefits during the Recurring Disability for any of the Maximum Benefit Period remaining after that prior period of Disability.

SICKNESS—means a sickness or disease which first manifests itself while this policy is in force. If the Elimination Period for your Disability Benefit is less than 90 days, then normal pregnancy and normal childbirth are not Sicknesses and are not covered. If it is equal to or greater than 90 days, then they are covered.

SOCIAL SECURITY—means retirement or disability benefits payable under the Social Security Act of the United States, as amended. This includes the PIA and Family Benefits.

DISABILITY BENEFIT SECTION

We will pay all or a proportion of this section's maximum monthly benefit shown on the Data Page for your Disability. Benefits start to accrue at the end of this section's Elimination Period. Benefits will continue during your Disability but not beyond the Maximum Benefit Period.

The proportion of the maximum monthly benefit payable will be your Loss of Earnings divided by your Prior Earnings. For a time when this proportion exceeds 75% we will pay all of the maximum monthly benefit.

For the first six months of a Continuous Disability for which benefits are payable and during which you have Earnings, the proportion will not be less than 50%. This 50% minimum does not apply during Extended Disability.

We will continue to pay benefits for up to four months, but not beyond the remaining portion of the Maximum Benefit Period if:

1. You return to work full time after a Continuous Disability for which benefits are payable; and
2. Your Loss of Earnings continues to be at least 20%.

SOCIAL SECURITY SUBSTITUTE BENEFIT SECTION

The Social Security Substitute Benefit is provided only if amounts for it are shown on the Data Page. To receive this benefit:

You must meet all the requirements of this section and the Additional Proof of Loss for Social Security Substitute Benefit section; and

2. Benefits must be payable under the Disability Benefit section

We will pay all or a proportion of this section's monthly benefit for your Disability. The proportion payable will be the same as the proportion in the Disability Benefit section. This section's monthly benefit is:

1. This section's maximum monthly benefit shown on the Data Page when no Social Security is paid; or
2. One third of this section's maximum monthly benefit shown on the Data Page when the only Social Security paid is the PIA.

Benefits start to accrue:

1. At the end of this section's Elimination Period; or
2. When Family Benefits for your Disability end, if later.

No benefits will be payable under this section for any period:

1. During which both PIA and Family Benefits for your Disability are paid;
2. After your Age 65 Policy Anniversary;
3. After you are eligible to receive full Social Security retirement benefits; or
4. For which you receive Social Security retirement benefits.

**ADDITIONAL PROOF OF
LOSS FOR SOCIAL
SECURITY SUBSTITUTE
BENEFIT**

As a requirement for receiving the Social Security Substitute Benefit we must be given written proof, satisfactory to us, about Social Security benefits paid during the period for which you are claiming a loss under this section. Such proof is required as part of your original proof of loss and as often after that as we will reasonably require.

If we think it is reasonable that you would be entitled to disability or full retirement benefits under Social Security, we will require that you:

1. Apply for these benefits within 10 days after your receipt of written notice from us to do so;
2. Give us satisfactory proof within 30 days after your receipt of our notice, that you have applied for these benefits within the 10 day period; and
3. Request reconsideration of your application, if it is denied, and appeal any denial of reconsideration if an appeal appears reasonable to us.

We will stop payment of the Social Security Substitute Benefit at the end of the 10 day period if you do not comply with 1, 2, and 3 above. We will not resume payment until you have actually applied for Social Security.

If you have a spouse or any dependents who may be eligible for Family Benefits for your Disability, you must furnish us with the name, date of birth, and relationship to you of these family members.

OTHER BENEFITS

SPECIAL DEATH BENEFIT

If you die after satisfying the Elimination Period and while benefits are being paid under the Disability Benefit section, we will pay the Special Death Benefit shown on the Data Page. This benefit is in addition to any other benefit of this policy. This benefit is payable to the Loss Payee. If you are the Loss Payee at the time of your death, this benefit will be paid to your surviving spouse, if any, otherwise, to your estate.

PRESUMPTIVE DISABILITY BENEFIT

We will pay the benefits under the Disability Benefit section as if you have no Earnings if an Injury or Sickness results in the total and irrecoverable loss of:

1. Power of speech;
2. Hearing in both ears;
3. Sight of both eyes; or
4. The use of both hands, both feet, or one hand and one foot.

We will also pay the Social Security Substitute Benefit, if any, subject to that section's requirements. The loss must occur while this policy is in force. You will not be required to be under the care of a Doctor. No Elimination Period will be required and the benefit will start to accrue on the date of loss. Monthly benefits will be paid as long as the loss continues, but no longer than the Maximum Benefit Period. If your Maximum Benefit Period shown on the Data Page is "to Age 65 Policy Anniversary" and your loss occurs prior to that Anniversary, the Maximum Benefit Period will be extended to "Lifetime" for benefits payable under the Disability Benefit section. Benefits will be paid for as long as the loss continues.

CAPITAL SUM BENEFIT

We will pay the Capital Sum Benefit shown on the Data Page if an Injury or Sickness results in a total loss without any possibility of recovery of:

1. The use of a hand or foot; or
2. The sight of an eye.

This benefit is in addition to any other benefit of this policy. It is payable for only one loss in your lifetime. In order for this benefit to be paid:

1. You must survive the loss for 30 days; and
2. The policy must be in force. If not, the loss must occur within 90 days after the Injury which caused it and which occurred while the policy was in force.

REHABILITATION BENEFIT

We will pay an extra benefit when you participate in a vocational rehabilitation program which is mutually agreed upon by the Owner and us in advance. This benefit may include the reasonable cost of rehabilitation services, training, and education not otherwise covered under health care insurance, workers compensation, or any public fund or program.

COSMETIC OR TRANSPLANT SURGERY BENEFIT

We will consider you Disabled due to Sickness if you become Disabled from:

1. Cosmetic surgery performed at least 6 months after the Policy Date; or
2. Surgery involving a transplant of a part of your body to another person.

**WAIVER OF
PREMIUM BENEFIT**

In a period of Continuous Disability, if you are Disabled for the lesser of 90 days or the Elimination Period:

- We will refund the monthly pro rata portion of any premium paid for coverage after the date that a Continuous Disability began; and
- 2. We will waive the payment of premiums which come due during your Continuous Disability.

When you are no longer receiving benefits, premium payments must begin on the next premium due date. We will not waive premiums beyond your Age 65 Policy Anniversary unless your policy is renewed subject to the Renewal After Age 65 provision and you are then eligible for the Waiver of Premium Benefit.

POLICY ADJUSTMENT OPTIONS

While the policy is in force, you are not Disabled, and no premiums are in default, the Owner may request these policy adjustments:

- 1. Increase or decrease the maximum monthly benefit for the Disability Benefit or Social Security Substitute Benefit sections;
- 2. Lengthen or shorten the Elimination Period on either section;
- 3. Lengthen or shorten the Maximum Benefit Period;
- 4. Add or delete a benefit rider; or
- 5. Any other adjustment we permit based on our then current underwriting rules.

These adjustments will affect this policy's premiums.

**APPROVAL OF
AN ADJUSTMENT**

Any requested adjustment is subject to our approval. We require evidence which satisfies us that you are insurable under our then current underwriting rules to:

- 1. Shorten an Elimination Period;
- 2. Lengthen the Maximum Benefit Period;
- 3. Add a benefit rider; or
- 4. Increase the maximum monthly benefit of either the Disability Benefit or Social Security Substitute Benefit section.

We do not require evidence of insurability to:

- 1. Lengthen an Elimination Period;
- 2. Shorten the Maximum Benefit Period;
- 3. Delete a benefit rider; or
- 4. Decrease the maximum monthly benefit of either the Disability Benefit or Social Security Substitute Benefit section.

REQUESTING AN ADJUSTMENT	An adjustment application signed by the Owner must be used to request an adjustment. It must also be signed by you if evidence of insurability is required. An adjustment is effective on the Adjustment Date, subject to our prior approval and payment of the required premium.
ADJUSTMENT DATE	The Adjustment Date will be the Monthly Date next following the date we approve the request for adjustment.
EFFECT OF AN ADJUSTMENT	The adjusted benefits apply to a Disability from a Sickness which first manifests itself or an Injury which occurs on or after the Adjustment Date. The adjusted benefits will not apply to a Recurring Disability which is a continuation of a Continuous Disability which started before the Adjustment Date.
DATA PAGES	Any adjustment will change the information on this policy's Data Pages. We have the right to require that the policy be sent to us so we can replace these pages with new ones reflecting the adjustments.

RENEWAL AFTER AGE 65

This policy ends on the Age 65 Policy Anniversary unless renewed. The Owner may renew this policy on a year to year basis after this date for life if:

You are actively working outside your home full time at least 30 hours a week for at least 46 weeks a year; and

2. The policy is in force with no premium in default.

We have the right to require proof you are working, but no other evidence of insurability will be required. The premium is not guaranteed and may be changed each year. The premium will be at our then current rate.

The Social Security Substitute Benefit and any attached riders will not be renewed after the Age 65 Policy Anniversary.

CLAIMS

NOTICE OF CLAIM	We must receive written notice of claim within 30 days after a covered loss starts or as soon after that as is reasonably possible. At least once every six months after having given notice of claim, you shall give us notice of continued disability, except in the event of legal incapacity. The period of six months following any filing of proof, or any payment of benefits for such claim or any denial of liability in whole or in part by us shall be excluded for purposes of the written notice requirement. Delay in the giving of notice shall not impair the right to any benefits which would otherwise have accrued during the period of six months preceding the date on which notice is actually received. The notice can be sent to our home office at 711 High Street, Des Moines, Iowa 50309, or to our agent. Notice should include the insured's name and policy number.
CLAIM FORMS	We will send a claim form within 10 working days of receiving the notice of claim. If the claim form is not received within 15 days after notice of claim was sent to us, you or the Owner should write us a letter about the claim describing the cause and extent of your loss in detail.

PROOF OF LOSS Completion and return of the claim form or, if needed, the letter described above will serve as proper filing of proof of loss. This filing must be received in our home office no later than 90 days after the end of a period for which benefits are claimed. Benefits will not be reduced due to a delay in filing proof of loss if it was filed as soon as reasonably possible. In no event, however, will we accept a filing of proof of loss more than a year after it is due. An exception will be made only if the Owner was not competent to make claim.

As part of proof of your loss, we must be furnished with satisfactory proof of your Prior and Current Earnings so that we can determine the proportion of the monthly benefit payable. If this proof is not furnished, no benefit will be payable. Proof of Earnings may consist of copies of your Federal Income Tax returns, a statement from a Certified Public Accountant, or such other records we may require. Proof of Current Earnings must be furnished as often as we may reasonably require.

**PAYMENT OF CLAIMS
(FACILITY OF PAYMENT)** Monthly benefits are paid at the end of each month of Disability subject to continuing proof of loss. Any balance not yet paid when our liability ends will be paid immediately. Benefits will be paid to the Loss Payee except as provided in the Special Death Benefit provision. If benefits are payable to an estate, a minor, or a person not competent to give a release, we may make a payment (up to \$1,000) to any relative by blood or connection by marriage of the Loss Payee we believe is entitled to it. If we do that in good faith, we will not be liable to anyone for the amount we pay.

PARTIAL MONTHS We will pay one-thirtieth of the appropriate monthly benefit for each day of any period of less than a full month for which benefits are payable.

PHYSICAL EXAMS We have the right to require you to be examined from time to time while a claim is pending or benefits are being paid. This will be by a Doctor we choose, at our expense and as often as we may reasonably require.

LEGAL ACTION Legal action may not be started against us to recover on this policy until 60 days after filing of proof of loss nor more than 3 years after the filing of proof of loss is required under this policy.

PREMIUMS AND REINSTATEMENT

**PAYMENT
OF PREMIUM** This policy is effective and its first premium is due on the Policy Date. After that, premiums are due as shown on the Data Page. Premiums may be paid on or before their due dates. The Owner may change the frequency of premium payments with our approval. We will not allow a change while you are Disabled. All premiums are to be sent as provided in the premium notices.

GRACE PERIOD Except for the first premium, we allow a grace period of 31 days after the premium due date to pay the premium due. The policy will stay in force during this time. If a premium is not paid by the end of the grace period, it is in default and the policy terminates.

UNPAID PREMIUM Before paying benefits, we will deduct any premium due but not yet paid.

REFUND AFTER DEATH We will refund any premium paid for coverage beyond your death. We must be given written proof, satisfactory to us, about your death.

TERMINATION

This policy ends on the first of:

1. Your Age 65 Policy Anniversary unless renewed subject to the Renewal After Age 65 provision;
2. The Owner's written request to terminate it; or
3. The grace period ending as described in the Grace Period provision.

REINSTATEMENT

With our approval, this policy may be reinstated after termination. Payment of past due premiums is required. We may also require an application and evidence you are insurable under our underwriting rules then in effect.

When an application is required, reinstatement takes effect on the date we approve the application. If we do not decline reinstatement in writing within 45 days, the policy will be reinstated on the 45th day after the date of the conditional receipt.

When no application is required, reinstatement takes effect when we receive past due premiums.

A reinstated policy only covers a Disability from:

1. A Sickness which first manifests itself more than 10 days after the date reinstatement takes effect; or
2. An injury which occurs after the date reinstatement takes effect.

A reinstated policy is subject to any provisions or changes attached to the reinstated policy.

SUSPENSION DURING MILITARY SERVICE

This policy will be suspended while you are on full-time active duty in the military service of any nation or international authority. Suspension will be effective as of the date active duty starts. Active duty does not include training by reservists that lasts 90 days or less. We will refund the pro rata portion of any premium paid for a period beyond the date of suspension. The suspended policy may be restored without proof of insurability if:

1. The active duty ends within 5 years from the date of suspension; and
2. The Owner applies in writing and premiums are paid within 90 days following the date active duty ends.

Your coverage will start again as of the date we receive the written request and premiums to restore the policy, but not before the date active duty ends. Only a Disability from a Sickness which first manifests itself or an Injury which occurs after the policy is restored is covered. Once restored, all rights under the policy will be the same as before the policy was suspended. Premiums will be at the same rate as they would have been had the policy remained in force.

THE CONTRACT**ENTIRE CONTRACT**

The policy, the attached applications, and any attached riders or endorsements make up the entire contract.

ALTERATIONS	Only our corporate officers may modify or waive anything in, or approve adjustments to, the policy. The change must be attached to the policy. No one else, including the agent, may change the policy or waive any provision.
INCONTESTABLE	<p>We will not use any misstatement in the application to void this policy or deny a claim after this policy has been in force for 2 years during your lifetime, excluding any period you are Disabled. We will not use any misstatement in an adjustment application to void that adjustment, or deny or reduce a claim after that adjustment has been in effect for 2 years during your lifetime, excluding any period you are disabled.</p> <p>We will not deny or reduce a claim for a loss incurred or Disability starting after 2 years from the Policy Date or Adjustment Date on the grounds a sickness or physical condition existed before the Policy Date or Adjustment Date (unless excluded from coverage by name or specific description). Disability from a sickness or physical condition fully disclosed on the application for this policy or any adjustment application will be covered (unless excluded by name or specific description).</p>
MISSTATEMENT OF AGE	The issue age shown on the Data Page should be your age on your birthday on or prior to the Policy Date. If your issue age is not correct, we will adjust the benefit amount. This adjustment will be based on the amount of benefit the premium would have purchased at the correct issue age. If coverage should have ended, no policy should have been issued or no adjustment made at the correct age, coverage is void retroactively for the periods affected. We will refund premiums paid for the periods coverage is void.
DIVIDENDS	Your policy is eligible to share in our divisible surplus. We will determine its share and credit it as a dividend at the end of each contract year. Dividends may be applied to reduce your premium or paid to you in cash. Unless you advise us otherwise in writing, we will pay dividends, if any, in cash. We do not expect any dividends will be paid under this policy.
CHANGE OF OWNER OR LOSS PAYEE	The Owner may name a new Owner or Loss Payee by a request in writing. Our approval is needed. The change is not effective until we approve it. Once approved, the change is effective on the date it was signed. We have the right to require the policy so we can record the change.
STATE LAW CONFORMITY	Any part of this policy that, on the Policy Date, conflicts with the laws of the state in which this policy is issued is changed to meet the minimum requirements of those laws.
ASSIGNMENT	We are not bound by an assignment until received in written form at our home office. We assume no responsibility for any assignment's validity. An assignment does not change the ownership of this policy.

DISABILITY INCOME POLICY. Non-cancellable and guaranteed renewable to Age 65 at guaranteed premium rates.
Conditionally renewable from Age 65 for life, subject to change in premium rates. Social Security
Substitute Benefit, if included, continuable at guaranteed premium rates to Age 65 or
prior retirement. PARTICIPATING. SAMPLE

HH 641