

DISCLOSURE STATEMENT

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: Liberty Bankers Life Insurance Company.

Home Office Address of Insurer: 1605 LBJ Freeway, Suite 710, Dallas, TX 75234.

Direct all correspondence to: Liberty Bankers Life Insurance Company, P.O. Box 224, Brownwood, TX 76804.

| | Descriptive Title of Coverage | Face Amount of Coverage | Annual Premium |
|-------------------------|--------------------------------------|--------------------------------|-----------------------|
| Policy | Whole Life Insurance | \$ | \$ |
| Rider(s) | None | N/A | N/A |
| Supplemental Benefit(s) | None | N/A | N/A |

1. The face amount of coverage of the policy and riders changes as follows: N/A

The premium for the policy and riders changes as follows: N/A

Total annual premium for the policy and rider(s) elected 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 of face amount. You may borrow against this cash value at an annual 7.4% loan interest charge.

| Number of Years Policy Has Been in Force | 5 | 10 | 20 | AGE 65 |
|--|----------|-----------|-----------|---------------|
| Total Accumulated Cash Value Per \$1,000 of Face Amount | \$ | \$ | \$ | \$ |

A Surrender Comparison Index will be provided upon delivery of the policy or earlier if requested. This Index provides one means of comparing the relative costs of two or more similar policies.

The prospective insured has _____ has not _____ requested an earlier delivery of the Index.

Upon request either the Company or Agent will furnish you with additional information about the insurance described.

I, _____ acknowledge that this notice was presented and delivered to the
Agent Signature

proposed insured on _____
Date