

**PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY**

P. O. Box 4884  
Houston, Texas 77210-4884  
Telephone: (800) 552-7879  
Fax: (281) 368-7144

**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 \_\_\_\_\_

Please direct all correspondence to the company home office below:

Philadelphia American Life Insurance Company  
P.O. Box 4884 ▪ Houston, TX. 77210-4884  
11720 Katy Fwy., Ste. 1700 ▪ Houston, TX. 77079  
Telephone: 800-552-7879 ▪ Fax: 281-368-7144

	Descriptive Title of Coverage	Face Amount of Coverage (1) If Not Applicable, Description of Coverage	Annual Premium, If not known, Premium for Mode Quoted (2)
Policy			
Rider(s)			
Supplemental Benefit(s) (Built into policy)			The cost is included in the premium for the policy.

(1) The face amount of coverage of the (policy, rider, and supplemental benefit) changes as follows \_\_\_\_\_

(2) The premium for the (policy, rider) changes; the ultimate (annual, monthly, etc.) premium will be \_\_\_\_\_ at \_\_\_\_\_ policy year (age) [or representative (annual, monthly, etc.) premium will be \_\_\_\_\_ and \_\_\_\_\_, and the ultimate (annual, monthly, etc.) premium will be \_\_\_\_\_ at \_\_\_\_\_ and \_\_\_\_\_ and \_\_\_\_\_ policy years (ages) respectively] [or the premium will (increase 30% each year) and the ultimate (annual, monthly, etc.) premium will be at \_\_\_\_\_ policy year (age).]

Total (Initial) (annual, monthly, etc.) premium for the policy and rider will be \_\_\_\_\_

\* Retirement income: Your policy is designed to pay a guaranteed retirement income of \$\_\_\_\_\_ starting at (age, year) for (life), but not for "less than 10 years.

\* 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 Surrender Value per \$1,000 (or Total Face Amount)				<i>Not Applicable</i>

\* Dividends: The following is a dividend illustration for your policy based on the current interest, mortality and expense experience of the company as reflected in the dividends currently paid. However, the illustrations are not a guarantee of what future dividends will be.

Payment of a dividend is contingent upon the payment of the next premium due.

Number of Years Policy Has Been In Force	5	10	20	Age 65
Illustrated Dividend for that individual year per \$1,000 (or Face Amount)				<i>Not Applicable</i>

\* 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 company or agent will furnish you with additional information about the insurance described.

**\*If inapplicable to insurance being offered, mark "N/A".**