

**TRUSTMARK INSURANCE COMPANY**  
HOME OFFICE: 400 FIELD DRIVE, LAKE FOREST, ILLINOIS 60045

**ACCELERATED DEATH BENEFIT INFORMATION FORM**

The Accelerated Death Benefit Rider pays an Accelerated Death Benefit when an insured is diagnosed with a terminal illness which will result in death within 24 months from the date of diagnosis.

An Accelerated Death Benefit can be requested for up to 75% of the Death Benefit Proceeds of the Certificate, less any indebtedness and/or assignment of benefits. The Accelerated Death Benefit is calculated as of the date the rider conditions are first satisfied.

The Accelerated Death Benefit is subject to an administrative fee of \$200.

Any Accelerated Death Benefit would also be subject to the approval of any irrevocable beneficiary if any has been so designated.

On the date the Accelerated Death Benefit is paid, the Death Benefit Proceeds and Face Amount will be reduced by the amount of the Accelerated Death Benefit payment.

In addition, the Accumulated Value, Surrender Charges and any Indebtedness will be reduced by the same percentage of the Available Death Benefit as the Accelerated Death Benefit.

**Example of Accelerated Death Benefit:**

	<u>Prior to Accelerated Death Benefit Payment</u>	<u>Following Accelerated Death Benefit Payment</u>
Face Amount	\$ 100,000	\$ 25,000
Death Benefit Proceeds	100,000	25,000
Indebtedness	8,000	2,000
Available Death Benefit	92,000	
Administrative Fee	200	
Accelerated Death Benefit	68,800	
Accumulated Value	25,000	6,250
Cash Value	17,000	4,250
Face Amount	\$ 100,000	\$ 25,000
Proceeds	100,000	25,000
Available Death Benefit	100,000	
Administrative Fee	200	
Accelerated Death Benefit	74,800	

Premium payable for the Certificate and accompanying riders, will be waived, and coverage is guaranteed to remain in force for the 24 months immediately following the date the Accelerated Death Benefit is paid or until the Insured's death, whichever occurs first. If the Insured survives beyond 24 months, a proportionately reduced premium will be due in accordance with the applicable provisions, including any waiver of premium provision.

**Receipt of accelerated benefit payments may adversely affect your eligibility for Medicaid or other government benefits or entitlement.**

**Receipt of accelerated benefits may be taxable. Contact your personal tax advisor for assistance.**

I acknowledge receipt of this disclosure describing the Accelerated Death Benefit Rider.

I acknowledge that the applicant has received a copy of this disclosure describing the Accelerated Death Benefit Rider.

Signature of Applicant \_\_\_\_\_

Signature of Agent \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_