





Premiums are payable to age 98 or death, whichever occurs first. For information about the amount you are eligible to convert, please refer to the Conversion of Life Insurance provision of your group life insurance certificate or the group policy. Our minimum issue amount is \$2,000.

To calculate your premium, find your present age and the corresponding **table rate per \$1,000** from the columns below. Multiply this premium by the number of thousands of dollars of insurance you plan to convert. Then multiply by the premium factor and add the modal policy fee to find your premium payment.

Last Birthday	Table Rate Per Thousand	Last Birthday	Table Rate Per Thousand
20	6.51	60	47.79
21	6.86	61	50.70
22	7.09	62	53.72
23	7.42	63	56.86
24	7.76	64	60.23
25	8.10	65	63.84
26	8.56	66	67.67
27	8.90	67	71.74
28	9.22	68	76.05
29	9.68	69	80.47
30	10.13	70	85.24
31	10.58	71	90.70
32	11.03	72	96.55
33	11.59	73	102.77
34	12.14	74	109.38
35	12.70	75	116.41
36	13.25	76	123.90
37	13.92	77	131.94
38	14.58	78	140.61
39	15.23	79	150.02
40	15.89	80	160.20
41	16.77	81	171.21
42	17.76	82	183.01
43	18.73	83	195.57
44	19.71	84	208.90
45	20.79	85	223.10
46	21.97	86	282.86
47	23.14	87	342.62
48	24.53	88	402.38
49	25.90	89	462.15
50	27.36	90	521.91
51	28.92	91	581.67
52	30.56	92	641.43
53	32.28	93	701.19
54	34.10	94	760.95
55	36.10	95	820.72
56	38.10	96	880.48
57	40.30	97	940.24
58	42.68	98	1,000.00
59	45.16		

( ✓ )	Mode Desired	Premium Factor	Modal Policy Fee
( )	Annual .....	1.000 .....	\$17.00
( )	Semi-Annual.....	.520 .....	\$ 9.00
( )	Quarterly.....	.265 .....	\$ 5.00
( )	EFT Monthly .....	.08583 .....	\$ 0.00

*(Sign below & attach voided check)*

Enclose the **Modal Premium** amount  
with your application.

For clarification, contact  
**FORT DEARBORN LIFE INSURANCE COMPANY**  
P. O. Box 655403 • Dallas, TX 75265  
1-800-538-0379

**EFT Authorization: Check one:**

**Checking**       **Savings**

**Account #** \_\_\_\_\_

I hereby authorize and request Fort Dearborn Life Insurance Company to withdraw funds from my account and transfer those funds in payment for my monthly premium, and to initiate debit entries, if necessary, for any credit entries made in error. This authorization is to remain in full force until I notify Fort Dearborn Life Insurance Company in writing of any changes or cancellation of payment. I understand that to change or cancel any future transactions, such notice must be received not less than ten business days prior to the transaction date.

\_\_\_\_\_  
*Signature of Account Holder*

**(Please attach voided check)**

**Example:** Conversion of \$10,000 Group Life for a 45-year old to \$10,000 Whole Life Plan payable quarterly:

**Your Calculations**

Table Rate	<b>X</b>	# of Thousands To Be Converted	<b>X</b>	Premium Factor	<b>+</b>	Modal Policy Fee	<b>=</b>	<b>Modal Premium</b>
_____		_____		_____		_____		\$ _____

Table Rate	<b>X</b>	# of Thousands To Be Converted	<b>X</b>	Premium Factor	<b>+</b>	Modal Policy Fee	<b>=</b>	<b>Modal Premium</b>
20.79	<b>X</b>	10.000	<b>X</b>	0.265	<b>+</b>	5.00	<b>=</b>	\$60.10