



## Preliminary Statement of Policy Cost

Proposed Insured	Issue Age	Gender
		<input type="checkbox"/> Female <input type="checkbox"/> Male

The purpose of this Preliminary Statement of Policy Cost and the Buyer's Guide is to provide information which will help you decide how much life insurance you should have, improve your ability to select the most appropriate plan of insurance for your needs, improve your understanding of the basic features of the plan which has been purchased or which is under consideration, and improve your ability to evaluate the relative costs of similar plans of insurance.

### Basic Policy Excluding Riders

Generic Policy Name	Initial Amount of Life Insurance	Initial Annual Premium

	10 <sup>th</sup> Year*	20 <sup>th</sup> Year*
Life Insurance Net Payment Cost Comparison at 5%		
Life Insurance Surrender Cost Comparison at 5%		
Guaranteed Cash Surrender Values per Unit		
Equivalent Level Annual Dividend at 5%		

\*Values will only be shown for durations during the premium paying period.

An explanation of the intended use of the Cost Indices and the Equivalent Level Annual Dividend is provided in the Life Insurance Buyer's Guide. The description of the coverage is general. A complete statement of coverage is found only in the policy.

If applicable, we will charge interest daily on any loan taken on a  fixed or  variable interest rate of \_\_\_\_\_%. Interest is payable  in advance or  in arrears.

Please Note: When the policy is issued, you will be given a complete Policy Summary, including cost data, which will be based on the benefits, premiums, and dividends of the policy as issued. Following the receipt of the policy and policy summary there will be a period of not less than 30 days in which the applicant may return the policy for an unconditional refund of the premiums paid.

If it is impractical to provide any of the above items prior to application, they may be estimated in good faith or furnished as soon thereafter as practical prior to delivery of the policy. However, no application shall be prevented or delayed because of any missing information on this form.

Signature of Agent: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of Proposed Insured (if Age 15 or over) or Applicant/Owner (if other than Proposed Insured):

**X** \_\_\_\_\_





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Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of Proposed Insured (if Age 15 or over) or Applicant/Owner (if other than Proposed Insured):

**X** \_\_\_\_\_

COLUMBIAN MUTUAL LIFE INSURANCE COMPANY • HOME OFFICE: BINGHAMTON, NY  
ADMINISTRATIVE SERVICE OFFICES:

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