

WHOLE LIFE



Metropolitan Tower Life Insurance Company
5601 South 59th Street, Lincoln, Nebraska 68516

Metropolitan Tower Life Insurance Company ("Met Tower Life"), a stock company, certifies that the Covered Person is the life which is the subject of insurance under this Certificate, in accordance with the provisions of this Certificate. This Certificate is issued to You under the Group Policy and it includes the terms and provisions of the Group Policy that describe the insurance. The Group Policy is a contract between Met Tower Life and the Policyholder and both the Certificate and Group Policy may be changed or ended without Your consent or the consent of anyone else with a beneficial interest in it. **PLEASE READ THIS CERTIFICATE CAREFULLY.**

You are insured for benefits on the Covered Person named on the Certificate Specifications page on the Effective Date of Certificate.

Participating Employer:

Group Number:

Policyholder: Trustee of the MetLife Group Insurance Trust

Accelerated Death Benefits may be taxable. If so, You or the Beneficiary may incur a tax obligation. As with all tax matters, a personal tax advisor should be consulted to assess the impact of this Benefit.

Group Limited Payment Decreasing Face Amount Whole Life Insurance

This Certificate provides for a Death Benefit that is payable when the Covered Person dies and this Certificate is in force. The Initial Face Amount applies while the Covered Person is living and during the Initial Period. The Initial Face Amount is shown on the Certificate Specifications page. Premiums are payable during the Initial Period. The Initial Period begins when the insurance under this Certificate takes effect. The Initial Period will end if You choose a Paid-Up Benefit to take effect. If You have not chosen a Paid-Up Benefit during the Initial Period, the Initial Period will end on the later of:

- the date the Covered Person Attains Age 70; or
- the date insurance on the Covered Person has been in effect under this Certificate for 20 years.

At that time, the available Cash Surrender Value will automatically be used as a Gross Single Premium to buy an amount of Paid-Up Benefits equal to the lesser of:

- 33% of the Initial Face Amount; or
- the amount the available Cash Surrender Value is enough to buy.

Premiums are payable in advance while the Covered Person is living and until such time this Certificate becomes a Paid-Up Benefit.

Non-Participating

Right to Examine Certificate - Please read this Certificate. You may return this Certificate to Us within 20 days from the date it is received or within 45 days after the date You enroll for This Program, whichever period ends later. If You return it within this period, this Certificate will be void from the beginning and We will refund any premiums You have paid.

NOTICES

IMPORTANT INFORMATION REGARDING YOUR INSURANCE

If You have a question concerning Your coverage or a claim, contact the Participating Employer or Us at:

METROPOLITAN TOWER LIFE INSURANCE COMPANY
5601 SOUTH 59th STREET
LINCOLN, NEBRASKA 68516
(800) GET-MET8

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CERTIFICATE SPECIFICATIONS AS OF JANUARY 1, 2022

PARTICIPATING EMPLOYER

GROUP IDENTIFICATION NUMBER

COVERED PERSON

See Insured Certificate

CERTIFICATE OWNER'S NAME & ADDRESS

See Insured Certificate

INSURED PERSON'S NAME

See Insured Certificate

PROGRAM

GROUP LIMITED PAYMENT
DECREASING FACE AMOUNT
WHOLE LIFE

CERTIFICATE NUMBER

See Insured Certificate

EFFECTIVE DATE OF CERTIFICATE

JANUARY 1, 2022

PROGRAM ANNIVERSARY DATE

JANUARY 1

COVERED PERSON'S DATE OF BIRTH

See Insured Certificate

SMOKING/TOBACCO/NICOTINE CLASSIFICATION*

See Insured Certificate

FACE AMOUNT OF INSURANCE during Initial Period

FACE AMOUNT OF INSURANCE after Initial Period

Description included on Face Page of
this certificate

LOAN INTEREST RATE

5.75% A Year

CERTIFICATE PREMIUM through the Initial Period

See Insured Certificate

*The Covered Person may request a change in their smoking/tobacco/nicotine classification by making a Written request to Us. If We approve the request, the change will become effective on the date We state in Writing.

ADDITIONAL COVERAGES

RIDER(S)

BENEFIT AMOUNT

DEPENDENT INSURANCE: TERM LIFE AND ACCIDENTAL DEATH INSURANCE RIDER

SPOUSE

Dependent Term Life Insurance

See Insured Certificate

Accidental Death Insurance

An amount equal to the amount of
the Dependent Term Life
Insurance

EACH CHILD

Dependent Term Life Insurance

See Insured Certificate

Accidental Death Insurance

An amount equal to the amount of
the Dependent Term Life
Insurance

CERTIFICATE SPECIFICATIONS AS OF JANUARY 1, 2022 (Continued)

ACCIDENTAL DEATH INSURANCE RIDER COVERED PERSON	An Amount equal to the current Face Amount of the Group Whole Life Insurance
ACCELERATED DEATH BENEFIT OPTION RIDER FOR TERMINAL ILLNESS COVERED PERSON	Up to 80% of the Covered Person's Face Amount, not to exceed See Insured Certificate
ACCELERATED DEATH BENEFIT OPTION RIDER FOR CHRONIC ILLNESS COVERED PERSON	Up to 80% but not less than 50% of the Covered Person's Face Amount, not to exceed See Insured Certificate paid in monthly 5% installments Included
WAIVER OF MONTHLY DEDUCTION DURING TOTAL DISABILITY	See Insured Certificate
INITIAL RIDER PREMIUM (Written notification of subsequent Rider Premium changes will be separately provided.)	

CERTIFICATE SPECIFICATIONS AS OF JANUARY 1, 2022 (Continued)

TABLE OF GUARANTEED VALUES

The values shown on this Table assume all premiums have been paid, and no changes have been made to this Certificate, and there are no loans. This Table is calculated on the 2017 Commissioners' Standard Ordinary Mortality Table and a Guaranteed Interest Rate of 3.75%. Any Rider attached to this Certificate does not at any time provide Paid-Up Benefits, loan value or Cash Value.

See Insured Certificate

THIS CERTIFICATE SPECIFICATIONS PAGE RELATING TO THE BENEFITS UNDER THIS PROGRAM REPLACES ANY PRIOR CERTIFICATE SPECIFICATIONS PAGE THAT HAS BEEN DELIVERED TO YOU AND SUCH PRIOR CERTIFICATE SPECIFICATIONS PAGE IS VOID.

I. DEFINITIONS OF CERTAIN TERMS USED HEREIN

As used in this Certificate, the terms listed below will have the meanings set forth below. When defined terms are used in this Certificate, they will appear with initial capitalization. The plural use of a term defined in the singular will share the same meaning.

"Attained Age", "Attains Age" or "Attainment of Age" means the Covered Person's age on his or her last birthday as of the most recent Certificate Anniversary date (or the Effective Date of Certificate if this Certificate has been in force less than 1 year). For example, if the Certificate Anniversary is May 1, 2021 and the Covered Person's birthday is November 1, 2021, the Attained Age will advance on May 1, 2022, rather than on November 1, 2021. This includes any period during which this Certificate was lapsed.

"Cash Surrender Value" means the Cash Value minus any loan and loan interest.

"Cash Value" means the value as described in this Certificate. The Cash Value is determined from the Table of Guaranteed Values for the Attained Age and Certificate Year of the Covered Person based on the period for which Certificate Premiums have been paid.

"Certificate Owner" means the sole owner, as shown in our records, of all the rights, title, benefits and interest under this Certificate and any Riders attached to this Certificate. The Certificate Owner may be someone other than the Covered Person or the Insured Person.

"Certificate Premium" means the cost of the insurance provided under this Certificate excluding Rider Premium for any Riders attached to this Certificate.

"Certificate Years" and "Certificate Anniversaries" are measured from the Effective Date of Certificate. For example, if the Effective Date of Certificate is November 1, 2020, the first Certificate Year ends October 31, 2021. The first Certificate Month ends November 30, 2020, the first Monthly Anniversary is December 1, 2020, and the first Certificate Anniversary is November 1, 2021.

"Civil Union" means the legally recognized union of two individuals of the same sex entered into pursuant to the laws of the jurisdiction under which the civil union was created.

"Covered Person" means the person whose life is the subject of insurance under this Certificate as shown on the Certificate Specifications page.

"Domestic Partner" means each of two people who have registered as each other's domestic partner, civil union partner or reciprocal beneficiary with a government agency where such registration is available.

"Effective Date of Certificate" means the date on which insurance coverage on the Covered Person takes effect.

"Gross Single Premium" means the entire premium required to be paid to fund a Paid-Up Benefit under the Certificate.

"Insured Person" means the employee or member eligible under This Program.

"Net Single Premium" means the Gross Single Premium multiplied by 0.95, to address charges for expenses.

I. DEFINITIONS OF CERTAIN TERMS USED HEREIN (Continued)

"Participating Employer" means an employer group who participates in the Policyholder's group whole life insurance policy through a consent agreement.

"Payroll Deduction Plan" means the procedure for making premium contributions with deductions from the Insured Person's salary.

"Physician" means:

- a person licensed to practice medicine in the jurisdiction where such services are performed; or
- any other person whose services, according to applicable law, must be treated as Physician's services for purposes of the Group Policy. Each such person must be licensed in the jurisdiction where the service is performed and must act within the scope of that license. Such person must also be certified and/or registered if required by such jurisdiction.

The term does not include:

- You
- Your Spouse; or
- any member of Your immediate family including Your and/or Your Spouse's:
 - parents;
 - children (natural, step or adopted);
 - siblings;
 - grandparents; or
 - grandchildren.

"Policyholder" means Trustee of the MetLife Group Insurance Trust.

"Proof" means Written evidence satisfactory to Us that a person has satisfied the conditions and requirements for any benefit described in this Certificate or attached Riders, if any, including the payment of insurance. When a claim is made for any benefit payment described in this Certificate or attached Riders, if any, Proof must establish:

- (a) the nature and the extent of the loss or condition;
- (b) Our obligation to pay the claim; and
- (c) the claimant's right to receive payment.

"Rider Premium" means the cost of the insurance for the Riders, if any, attached to this Certificate.

I. DEFINITIONS OF CERTAIN TERMS USED HEREIN (Continued)

"Signed" means any symbol or method executed or adopted by a person with the present intention to authenticate a record, which is on or transmitted by paper, telephonic or electronic media which is acceptable to Us and consistent with applicable law.

"Spouse" means a lawful Spouse. This term also includes a Domestic Partner.

For the purposes of determining whether a Spouse qualifies for insurance provided under This Program, the term does not include any person who:

- is not the Spouse of the Insured Person;
- is on active duty in the military of any country or international authority; however, active duty for this purpose does not include weekend or summer training for the reserve forces of the United States, including the National Guard; or
- is an Insured Person under This Program.

"This Program" means the Group Whole Life Insurance program for employees or members eligible of the Participating Employer provided under the Group Policy issued by Us to the Policyholder. The term also includes any Riders attached to the Group Whole Life Insurance Certificate.

"Total Premium" means the total of the Certificate Premium plus the Rider Premium if any Riders are attached to this Certificate.

"We", "Us" and "Our" means Metropolitan Tower Life Insurance Company ("Met Tower Life").

"Written" or "Writing" means a record which is on or transmitted by paper, telephonic or electronic media which is acceptable to Us and consistent with applicable law.

"You" and "Your" means the Certificate Owner named on the Certificate Specifications page.

II. PAYMENT WHEN THE COVERED PERSON DIES

1. Death Benefit

If the Covered Person dies while this insurance is in effect, We will pay the amount of insurance in effect on the Covered Person's life at the time of death; less

- any loan and loan interest; and
- any due and unpaid premiums.

This payment will be paid to the Beneficiary after We receive Proof that the Covered Person died while this insurance was in effect on that Covered Person.

2. Minimum Death Benefit

In no event will the Death Benefit be less than the minimum amount needed for this Certificate to qualify as life insurance under federal income tax law and Internal Revenue Service Rules which apply.

III. PAYMENTS DURING THE COVERED PERSON'S LIFETIME

1. Surrender of Certificate

If You surrender this Certificate, We will pay You all of the Cash Surrender Value after We receive Your Written and Signed request which provides all of the information needed and is in a format which is legible.

The Cash Surrender Value will be determined as of the date We receive Your request. If You request and are paid the Cash Surrender Value, this Certificate (including any attached Riders) and all of Our obligations under it will end. We may require that You return this Certificate with Your request before We pay You the Cash Surrender Value.

If You surrender this Certificate once it becomes a Paid-Up Benefit, We will pay You the Cash Surrender Value of the Paid-Up Benefit. If You request and are paid the Cash Surrender Value, this Certificate (including any attached Riders) and all of Our obligations under it will end.

2. Loan

You may request a loan prior to this Certificate becoming a Paid-Up Benefit. You may get cash by taking a loan upon assignment of the Certificate as sole security. If there is an existing loan, You can increase it.

The maximum amount available for the first loan will be 85% of the Cash Surrender Value. If You have a loan outstanding, the maximum amount for all loans in effect (including any unpaid interest on those loans) will be a total of 85% of the Cash Surrender Value.

The smallest amount You can borrow at any one time is \$100.

The Loan Interest Rate is charged daily at the rate shown on the Certificate Specifications page and is due at the end of each Certificate Year. Interest not paid will be added to the loan principal and will be charged interest at the same rate as the rest of the loan.

If at any time the amount of the loan principal equals or exceeds the Cash Surrender Value, We will terminate this Certificate and any attached Riders. To terminate for this reason, We will provide Written notice to You.

The coverage under this Certificate and any attached Riders will end if We do not receive enough payment within 31 days of the date of the notice to reduce the amount of the loan principal to 85% or less of the Cash Surrender Value.

3. Loan Repayment

You may repay all or part of a loan at any time while the Covered Person is alive, and this Certificate is in force as long as the repayment is a minimum of \$50.00. You must tell Us when You make a payment if the payment is intended as a loan repayment rather than a premium payment. A loan repayment may not be made through the Payroll Deduction Plan. Any premium over payment will be applied as a loan repayment unless You indicate otherwise.

4. Deferral

We may defer paying the Cash Surrender Value for up to 6 months from the date We receive a request for payment. If We delay for 30 days or more, interest will be credited at the Guaranteed Interest Rate.

We may delay making a loan, except for a loan to pay a premium to Us, for up to 6 months from the date You request the loan.

IV. PREMIUMS

1. Payments

Total Premium payments are needed to keep this Certificate and any attached Riders in full force. Total Premiums may be paid monthly under the Payroll Deduction Plan or other accepted methods of payment. If paying under the Payroll Deduction Plan, Total Premium payments will be sent to Us monthly by the Participating Employer. These payments will be made with deductions from the Insured Person's salary. The first Total Premium is due as of the Effective Date of Certificate as shown on the Certificate Specifications page.

If You are not paying under the Payroll Deduction Plan, You may select your mode and manner of payment based on Our available options.

2. Grace Period

A Grace Period of 62 days will be allowed for payment of each Total Premium after the first. This Certificate and any attached Riders will continue in force during the Grace Period unless surrendered. If the Total Premium is not paid by the end of the Grace Period, coverage under this Certificate and any attached Riders will cease on the last day of the Grace Period. You may choose the Automatic Premium Loan feature to allow for the payment of Total Premium in certain cases.

If the Covered Person dies during the Grace Period, We will pay the Death Benefit.

3. Automatic Premium Loan

You may elect the Automatic Premium Loan feature. The purpose of the Automatic Premium Loan feature is to allow this Certificate to remain in force even if a period's Total Premium has not been paid by the end of the Grace Period. It does this by providing a loan against the Cash Value to pay the due and unpaid Total Premium for that period. This feature can only be used if:

- You choose to have this feature; and
- the amount of the loan and loan interest to the next Certificate Year is less than or equal to 85% of the Cash Surrender Value; and
- the amount of the Automatic Premium Loan is enough to cover that period's due and unpaid Total Premium.

Loan interest on the Automatic Premium Loan will be charged beginning on the premium due date.

If the Total Premium due cannot be fully paid by the Automatic Premium Loan, the loan will not be paid and the Grace Period provision will continue to apply.

The Automatic Premium Loan Provision may be requested or revoked at any time by Your Written request which is received by Us at Our Administrative Office.

4. Reinstatement

If the Grace Period has ended and You have not paid an amount that will cover the Total Premium due, Your Certificate will lapse. You may request that this coverage be reinstated while the Covered Person is alive if:

- (a) You have not surrendered this Certificate for its Cash Surrender Value; and
- (b) this Certificate is not a Paid-Up Benefit; and
- (c) You ask for reinstatement within 3 years of the date of lapse; and
- (d) the Covered Person and, if applicable, any person covered under any attached Rider, provides evidence of insurability satisfactory to Us; and

IV. PREMIUMS (Continued)

4. Reinstatement (Continued)

- (e) You pay all overdue Total Premiums plus interest back to the date the coverage under this Certificate ended, plus an amount to keep the Certificate and any attached Riders in force for at least 2 months after the date of reinstatement. Interest on all overdue premiums must be paid from their due date to the date of reinstatement. Interest will be at an annual rate not to exceed the Loan Interest Rate and will be compounded annually; and
- (f) You repay any unpaid loan principal with interest. Loan interest will be compounded annually and charged from the date of lapse to the date of reinstatement.

When You ask for reinstatement, We will tell You the minimum amount You are required to pay to reinstate the coverage. We will also tell You what the Cash Value and Cash Surrender Value will be at the date of reinstatement.

Once the listed conditions are met and once evidence of insurability satisfies Us, the effective date of the reinstated coverage will be the original Effective Date of Certificate.

V. CONTINUATION OF INSURANCE

If the Participating Employer ends its participation in This Program for active employees or members eligible or if eligibility for insurance on the Covered Person under This Program ends for any reason, other than non-payment of premium, We will automatically continue insurance on the Covered Person under the terms and conditions described in this Certificate. Unless We are notified by You to the contrary, insurance will be continued. Total Premiums must be paid directly to Us.

If You die before the Covered Person dies, ownership of this Certificate will transfer to the Covered Person or a minor Covered Person's legal guardian. Unless We are notified to the contrary, insurance will be continued and will remain in effect on the terms and conditions described in this Certificate. Total Premiums must be paid directly to Us. If ownership is disclaimed by the Covered Person, ownership of this Certificate will transfer to the Certificate Owner's estate unless otherwise provided.

VI. TERMINATION

Your Certificate and any Riders attached to this Certificate will end on the earliest of the following:

- a. the date You surrender the Certificate, and We pay You the Cash Surrender Value, if any; or
- b. the date of lapse due to non-payment of premium; or
- c. when the Cash Surrender Value is not enough to cover the loan principal and interest and the Grace Period has ended.

VII. BENEFICIARY

1. The Beneficiary

The "Beneficiary" is the person or persons You choose to receive any benefit payable due to the death of a person covered under this Certificate and/or any Riders attached to this Certificate.

You must make the choice in Writing in a format that provides all the necessary information and is in a format which is legible and approved by Us. The form must be sent to Us during Your lifetime and within 30 days from the date it was Signed.

VII. BENEFICIARY (Continued)

1. The Beneficiary (Continued)

You may change the Beneficiary at any time by filing the necessary information with Us which is in a format that is legible and in a format that is approved by Us by filing a new form with Us. Your Written request to change the Beneficiary must be sent to Us during Your lifetime within 30 days of the date You Signed such request. You do not need the consent of the Beneficiary to make a change. When We receive the Beneficiary change on a timely basis, the change will take effect as of the date You Signed it. The change of Beneficiary will take effect even if You are not alive when it is received.

A change of Beneficiary will not apply to any payment made by Us prior to the date the change was received by Us.

2. More Than One Beneficiary

When a person covered under This Program dies, if more than one person is the Beneficiary for the insurance in effect on that person's life, they will share in the benefits equally, unless You have chosen otherwise.

3. Death of a Beneficiary

A person's rights as a Beneficiary end if:

- (a) that person dies before the person covered under This Program; or
- (b) that person dies within 24 hours of the person covered under This Program.

The share for that person will be divided equally among the surviving persons You have named as Beneficiary, unless You have chosen otherwise.

4. No Beneficiary Upon the Death of a Person covered under This Program

If there is no Beneficiary for any amount of benefits payable due to the death of a person covered under This Program, that amount will be paid to You, if alive; however, if You are not alive, We may determine the Beneficiary to be one or more of the following who survive You:

- (a) Your Spouse;
- (b) Your child(ren);
- (c) Your parent(s); or
- (d) Your sibling(s).

Instead of making payment to any of the above, We may pay Your estate. Any payment made in good faith will discharge Our liability to the extent of such payment.

VIII. PAID-UP BENEFITS

1. Paid-Up Options

The Death Benefit can become Paid-Up Benefits in either of two ways:

- Paid-Up Benefits chosen during the Initial Period; or
- Paid-Up Benefits which automatically take effect after the Initial Period.

VIII. PAID-UP BENEFITS (Continued)

2. Paid-Up Benefits Chosen During the Initial Period

At any time during the Initial Period as defined on the Face Page of this Certificate You may choose to use all or part of the Cash Surrender Value as a Gross Single Premium to buy a Paid-Up Benefit under this Certificate. If You choose to do this, the Covered Person's Death Benefit and any benefits provided under any Riders attached to this Certificate will end unless otherwise provided by the terms of the Riders. All such benefits will end on the day before the Paid-Up Benefits on the Covered Person takes effect. You will receive a new Certificate Specifications page if You choose a Paid-Up Benefit. If You choose a Paid-Up Benefit, the choice cannot be reversed.

The maximum rates used to determine the Gross Single Premium for a Paid-Up Benefit will be based on the mortality table stated on the Certificate Specifications page. The interest rate used to calculate the Gross Single Premium will be the Guaranteed Interest Rate.

You may choose the amount of the Paid-Up Benefit, provided that:

- (1) the Cash Surrender Value is enough to cover the Gross Single Premium required for the amount You choose; and
- (2) the amount must be at least \$5,000.

Any amount of the Cash Surrender Value that is in excess of the Gross Single Premium used for the Paid-Up Benefit will be returned to You.

The Covered Person's Paid-Up Benefit also has a Cash Surrender Value while the Covered Person is alive.

The Cash Surrender Value at any time will equal the Net Single Premium at the Covered Person's Attained Age for the amount of the Paid-Up Benefit.

Once the Certificate becomes a Paid-Up Benefit, You will not be permitted to obtain a loan.

The Beneficiary You named for the Covered Person's Death Benefit will be the Beneficiary for the Paid-Up Benefit. Any change in Beneficiary from the Beneficiary You named for the Covered Person's Death Benefit must be done as described in the Beneficiary section of this Certificate.

3. Automatic Paid-Up Benefits After the Initial Period

If You did not choose Paid-Up Benefits during the Initial Period, when the Initial Period ends, the available Cash Surrender Value will automatically be used as a Gross Single Premium to buy a Paid-Up Benefit. The amount of the Automatic Paid-Up Benefit will be equal to the lesser of:

- 33% of the Initial Face Amount; and
- the amount the available Cash Surrender Value is enough to buy.

The Covered Person's Death Benefit and any benefits provided under any Riders attached to this Certificate will end unless otherwise provided by the terms of the Riders. All such benefits will end on the day before any Automatic Paid-Up Benefits on the Covered Person takes effect.

The maximum rates used to determine the Gross Single Premium for the Automatic Paid-Up Benefit will be based on the mortality table stated on the Certificate Specifications page. The interest rate used to calculate the Gross Single Premium will be the Guaranteed Interest Rate.

The Covered Person's Automatic Paid-Up Benefit also has a Cash Surrender Value while the Covered Person is alive.

VIII. PAID-UP BENEFITS (Continued)

3. Automatic Paid-Up Benefits After the Initial Period (Continued)

The Cash Surrender Value at any time will equal the Gross Single Premium at the Covered Person's Attained Age for the amount of the Automatic Paid-Up Benefit.

Once the Certificate becomes an Automatic Paid-Up Benefit, You will not be permitted to obtain a loan.

The Beneficiary You named for the Covered Person's Death Benefit will be the Beneficiary for the Automatic Paid-Up Benefit. Any change in Beneficiary from the Beneficiary You named for the Covered Person's Death Benefit must be done as described in the Beneficiary section of this Certificate.

4. When Any Paid-Up Benefits End

If You surrender Your Certificate once it becomes a Paid-Up Benefit, We will pay You the Cash Surrender Value of any Paid-Up Benefit.

If You request and are paid the Cash Surrender Value, Our obligations under this Certificate (including any applicable Riders attached to this Certificate) will end. If not, any Paid-Up Benefit will continue until the Covered Person's death.

We will pay any Paid-Up Benefit minus any applicable loan principal and interest to the Beneficiary after We receive Proof of the Covered Person's death.

IX. GENERAL PROVISIONS

1. Types of Payment

Payments provided under this Certificate and any Riders attached to this Certificate may be made by a method other than a lump sum. Unless the Beneficiary requests payment by check, We may pay the full benefit amount:

- by check;
- by establishing an account that earns interest and provides the Beneficiary with immediate access to the full benefit amount; or
- by any other method that provides the Beneficiary with immediate access to the full benefit amount.

Other modes of payment may be available upon request.

2. Entire Contract

Your insurance is provided under a contract of group insurance with the Policyholder. The entire contract with the Policyholder is made up of the following:

- the Group Policy and its Exhibits, which include the certificate(s) and any attached Riders;
- the Policyholder's application; and
- the amendments and/or endorsements to the Group Policy.

IX. GENERAL PROVISIONS (Continued)

3. Statements Which Relate To Insurability

Any statement made by You or a person covered under This Program will be considered a representation and not a warranty. We will not use such statement to avoid insurance, reduce benefits or defend a claim unless the following requirements are met:

- the statement is in a Written application or enrollment form,
- You or the person covered under This Program has Signed the application or enrollment form; and
- A copy of the application or enrollment form has been given to You or the Beneficiary.

We will not use statements which relate to insurability to contest insurance after it has been in force for at least 2 years during the life of the person to whom such statements apply.

In the case of reinstatement of insurance, no such statement during the application for reinstatement made by You or the person covered under This Program will be used to contest such insurance after it has been in force for 2 years after the reinstatement.

4. Certificate

If This Program is changed or if the Group Policy is amended by changes which affect the description of the essential features of insurance contained in this Certificate or any attached Riders, a supplement to this Certificate or any attached Riders, or a revised Certificate or a Rider reflecting such changes will be issued. In addition, if benefits described in this Certificate or any attached Riders are changed upon Your request, a new Certificate Specifications page or a Certificate Rider as applicable reflecting such change will be issued. This Certificate supersedes and replaces any previously issued Certificates.

5. Assignment

You may assign Your rights, title, benefits and interest under this Certificate as a gift, a collateral assignment or as a viatical assignment as described below.

Once assigned, when referring to the rights, title, benefits and interest provided under this Certificate, the assignee will become the Certificate Owner.

We will recognize the assignee(s) under such assignment as owner(s) of Your rights, title, benefits and interest in this Certificate if:

- a Written form satisfactory to Us, affirming this assignment, has been completed;
- the Written form has been Signed by You and the assignee(s);
- the insurance being assigned is in force; and
- the Written form is delivered to Us for recording.

We are not responsible for the validity of an assignment.

6. Suicide

The Death Benefit will not be paid if a person covered under This Program commits suicide within 2 years from the Effective Date of Certificate or within 2 years from the effective date of insurance under the Dependent Insurance: Term Life Insurance Rider attached to this Certificate. Instead, We will pay the Beneficiary an amount equal to all applicable premiums paid, without interest, less any loan and loan interest.

If the person covered under This Program commits suicide, while sane or insane, within 2 years after this Certificate is reinstated and while the Certificate and any attached applicable Riders are in force, We will pay an amount equal to all applicable premiums paid to reinstate this Certificate and any applicable premiums paid thereafter, without interest, less any loan and loan interest.

IX. GENERAL PROVISIONS (Continued)

7. Age

If the Covered Person's Date of Birth on the Effective Date of Certificate is misstated, We will adjust all affected benefits under this Certificate. The adjusted benefits will be those that the sum of the premiums taken for the period in force would have provided at the correct age.

8. Basis of Computation

Mortality rates from the mortality table stated on the Certificate Specifications page are used in computing the Certificate values shown on the Table Of Guaranteed Values.

In Our computations, the Cash Value is calculated based on the Guaranteed Interest Rate.

9. Right To Change This Certificate

We reserve the right to make changes in this Certificate or any Riders attached to this Certificate in order to comply with applicable laws and regulations. Any such change will apply to all applicable Certificates and any applicable Riders under This Program.

10. Conformity with Law

If the terms and the provisions of this Certificate and any Riders attached to this Certificate do not conform to any applicable law, this Certificate shall be interpreted to so conform.

11. Filing a Claim

When a person covered under This Program dies, We must be notified. This notice should be given to Us as soon as is reasonably possible after the person's death. Once notice is received, a claim form will be provided to the Beneficiary or Beneficiaries of record.

The claimant should complete the claim form and send it and Proof of the death to Us as instructed on the claim form.

When We receive the claim form and Proof, We will review the claim and, if We approve it, We will pay benefits subject to the terms and provisions of this Certificate, any applicable Riders and the Group Policy.

X. IMPORTANT INFORMATION

This Certificate is of value to You. It should be kept in a safe place. Your Beneficiary should know where the Certificate is kept.

No agent has the authority to accept or to waive the required Proof of a claim.

To make this Certificate clear and easy to read, We have left out many cross-references and conditional statements. Therefore, the provisions of the Certificate must be read as a whole. For example, Our payment of the Insurance proceeds (see section II. PAYMENT WHEN THE COVERED PERSON DIES and section III. PAYMENTS DURING THE COVERED PERSON'S LIFETIME) depends upon the payment of enough Total Premiums (see CERTIFICATE SPECIFICATIONS pages and section IV. PREMIUMS).

To exercise Your rights, You should follow the procedures stated in the Certificate.

Our Home Office is located at 5601 South 59th Street, Lincoln, Nebraska 68516.

Our Administrative Office is located at 200 Park Avenue, New York, New York 10166.



Metropolitan Tower Life Insurance Company
Lincoln, Nebraska 68516

DEPENDENT INSURANCE: TERM LIFE AND ACCIDENTAL DEATH INSURANCE RIDER

This Rider adds Dependent Insurance to the Certificate if Dependent Insurance is elected by You and included on the Certificate Specifications page. Dependent Insurance is subject to all of the terms and conditions in this Rider and any applicable terms and conditions in the Certificate.

The Dependent Insurance under this Rider does not at any time provide Paid-Up Benefits, loan value or Cash Value.

I. DEPENDENT TERM LIFE INSURANCE

If a Dependent dies while Dependent Term Life Insurance is in effect for that Dependent, Proof of the death of that Dependent must be sent to Us. When We receive such Proof, We will review the claim and if We approve it, payment will be paid to the Beneficiary. We will pay the amount of Dependent Term Life Insurance that is in effect for that Dependent on the date of that Dependent's death.

II. DEPENDENT ACCIDENTAL DEATH INSURANCE

If a Dependent dies in an accident that is the Direct and Sole Cause of the Dependent's death, Proof of the accident and death must be sent to Us. When We receive such Proof We will review the claim and if We approve it, will pay the Dependent Accidental Death Insurance that is in effect on the date of the accident.

III. DEFINITIONS

Unless otherwise specified, in addition to the Definitions in the Certificate to which this Rider is attached the following definitions apply to this Rider.

"Child" means the following:

- the Insured Person's natural or adopted child (including a child from the date of placement with the adopting parents until the legal adoption); stepchild (including the child of a Domestic Partner), and who, in each case, is:
 - for life insurance, at least 15 days old,
 - under age 19, unmarried and supported by the Insured Person; or
 - under age 26 and who is:
 1. unmarried;
 2. supported by the Insured Person;
 3. not employed on a full-time basis; and
 4. a full-time student at an accredited school, college or university that is licensed in the jurisdiction where it is located. A person, who while enrolled as a full-time student:
 - a. leaves school because of a medically necessary leave of absence; and
 - b. whose absence is certified in Writing as necessary by a Physician; will be considered to have the status of full-time student for the lesser of (i) 12 months or (ii) the length of the certified leave of absence.

The term includes an unmarried child who:

- is incapable of self-sustaining employment because of a mental or physical disability as defined by applicable law;
- has been continuously covered under this Rider since a time prior to reaching the limiting age; and
- otherwise qualifies as a Child except for the age limit.

In order to continue coverage under this Rider, Proof of such disability must be sent to Us within 31 days after the date the Child attains the limiting age. Thereafter, Proof must be provided at reasonable intervals, but not more than annually after the first two-year period coverage is in effect under this Rider.

III. DEFINITIONS (Continued)

For the purposes of determining whether a Child qualifies for the insurance provided under this Rider, the term does not include any person who:

- is on active duty in the military of any country or international authority; however, active duty for this purpose does not include weekend or summer training for the reserve forces of the United States, including the National Guard; or
- is an Insured Person under This Program.

III. DEFINITIONS (Continued)

"Common Carrier" means a government regulated entity that is in the business of transporting fare paying passengers.

The term does not include:

- chartered or other privately arranged transportation;
- taxis; or
- limousines.

"Dependent" means the Insured Person's Spouse and/or Insured Person's Dependent Child. No person may be covered as a Dependent of more than one Insured Person or Covered Person.

"Direct and Sole Cause" means that the Accidental Death occurred within 12 months of the date of the accident and was a direct result of the accident, independent of other causes. We will deem the death to be the direct result of an accident if it results from unavoidable exposure to the elements and such exposure was a direct result of an accident.

"Hospitalized" means:

- admission for inpatient care in a Hospital;
- receipt of care in the following:
 - a hospice facility;
 - an intermediate care facility; or
 - a long-term care facility; or
- receipt of the following treatment, wherever performed:
 - chemotherapy;
 - radiation therapy; or
 - dialysis.

IV. ELIGIBILITY

The Insured Person is eligible for Dependent Insurance on the later of:

- (a) the Effective Date of Certificate; and
- (b) the date the Insured Person first acquires a Dependent.

Such later date is the Eligibility Date.

V. EFFECTIVE DATES OF DEPENDENT INSURANCE

1. Request Forms

You must make a Written request for Dependent Insurance in a format that is satisfactory to Us.

2. Making a Request

A timely request is one that is made within 31 days of the Insured Person's Eligibility Date.

If a request is not a timely request, it is a late request.

Evidence of insurability of the Dependent for Dependent Term Life Insurance must be given to Us if:

- You make a late request for Dependent Insurance; or
- the amount of the Dependent Term Life Insurance requested exceeds the non-medical issue amount of Dependent Term Life Insurance provided by This Program. If evidence of insurability for any amount over the non-medical issue amount is not provided or the evidence of insurability is not accepted by Us as satisfactory, the amount of Dependent Insurance for such person will be limited to the non-medical issue amount.

If You make a late request for Dependent Insurance and if the evidence of insurability of any person for which the late request is made is not accepted by Us as satisfactory:

- (a) such person will be deemed not to be a Dependent; and
- (b) such person will not be covered for Dependent Insurance.

3. Effective Date

Dependent Insurance will become effective on the latest of:

- (a) the Effective Date of the Certificate; or
- (b) the first of the month following the date of Your request if no evidence of insurability is required; or

V. EFFECTIVE DATES OF DEPENDENT INSURANCE (Continued)

3. Effective Date(Continued)

- (c) the first of the month following the date any required evidence of insurability for a Dependent is accepted by Us as satisfactory.

Evidence of insurability is not required for Dependent Accidental Death Insurance, but such insurance will not take effect until the day the Dependent Term Life Insurance takes effect.

On the date Dependent Insurance is scheduled to take effect on a Dependent, that Dependent must not be:

- confined at home under a Physician's care;
- receiving or applying to receive disability benefits from any source; or
- Hospitalized.

If the Dependent does not meet this requirement on such date, Dependent Insurance will take effect on the first of the month following the date that Dependent is no longer:

- confined at home under a Physician's care;
- receiving or applying to receive disability benefits from any source; or
- Hospitalized.

4. New Dependent Children

Once You have enrolled one Child for Dependent Insurance, each succeeding Child will automatically be covered for such insurance on the date such Child qualifies as a Dependent. You must notify Us when You have a new Dependent Child.

VI. CONVERSION OPTION FOR DEPENDENT TERM LIFE INSURANCE

If Dependent Term Life Insurance on a Dependent ends for any of the reasons stated below, You or that Dependent will have the option to buy an individual policy of life insurance on the Dependent on whose life insurance is ending ("new policy") during the Application Period in accordance with the conditions and requirements of this section. This is referred to as "the option to convert". Evidence of the Dependent's insurability will not be required.

1. When You or a Dependent Will Have the Option to Convert

You will have the option to convert Dependent Term Life Insurance on a Dependent when coverage on that Dependent ends because the Certificate automatically becomes a Paid-Up Benefit after the Initial Period.

A Dependent will have the option to convert when:

- Term Life Insurance on such Dependent ends because that Dependent ceases to qualify as a Dependent as defined; or
- the Covered Person dies.

2. Application Period

If You or a Dependent opts to convert as stated above, a completed conversion application form must be received within the Application Period described below.

If Written notice of the option to convert is given within 15 days before or after the date Dependent Term Life Insurance on a Dependent ends, the Application Period begins on the date that such Dependent Term Life Insurance ends and expires **31** days after such date.

If Written notice of the option to convert is given more than 15 days after the date Dependent Term Life Insurance on the Dependent ends, the Application Period begins on the date such Dependent Term Life Insurance ends and expires 15 days from the date of such notice. In no event will the Application Period exceed 91 days from the date Dependent Term Life Insurance on the Dependent ends.

VI. CONVERSION OPTION FOR DEPENDENT TERM LIFE INSURANCE (Continued)

3. Option Conditions

The option to convert is subject to these conditions:

- A. Receipt within the Application Period of:
 - a Written application for the new policy on the Dependent; and
 - the premium due for such new policy;
- B. the premium rates for the new policy will be based on:
 - the rates then in use;
 - the form and amount of insurance which is applied for;
 - the Dependent's class of risk; and
 - the Dependent's age;
- C. the new policy may be on any form then customarily offered by Us or a Met Tower Life Insurance Company affiliate, or a MetLife, Inc. affiliate or subsidiary, excluding term insurance;
- D. the new policy will be issued without any rider or additional benefit; and
- E. the new policy will take effect on the 32nd day after the date Dependent Term Life Insurance on the Dependent ends; this will be the case regardless of the duration of the Application Period.

4. Maximum Amount of the New Policy

If Dependent Term Life Insurance on a Dependent ends, the maximum amount of insurance that may be elected for the new policy is the amount of Dependent Term Life Insurance on that Dependent that ends under This Program.

5. If A Dependent Dies Within 31 Days After Life Insurance On That Dependent Ends

If a Dependent dies within **31** days after the date life insurance on that Dependent ends, Proof of the Dependent's death must be sent to Us. When We receive such Proof with the claim, We will review the claim and, if We approve it will pay the Beneficiary. The amount We will pay is the amount that could have been converted.

The amount that could have been converted will not be paid as insurance under both a new individual conversion policy and This Program.

VII. WHEN DEPENDENT INSURANCE ENDS

Dependent Insurance on a Dependent will end on the earliest of:

- 1. the date the Certificate to which this Rider is attached becomes Paid-Up; or
- 2. the date the Certificate to which this Rider is attached ends; or
- 3. the date the Covered Person dies; or
- 4. the date a Dependent ceases to be a Dependent as defined; or
- 5. in the case of Dependent Term Life Insurance on a Dependent Spouse, the date the Dependent Spouse Attains Age 99; or
- 6. in the case of Dependent Accidental Death Insurance on a Dependent Spouse, the date the Dependent Spouse Attains Age 70; or
- 7. the Monthly Anniversary on or next following the date We receive Your Written Request that Dependent Insurance for that Dependent be cancelled.

You must notify Us when a Dependent ceases to be a Dependent as defined under this Certificate Rider.

VIII. ADDITIONAL PROVISIONS FOR DEPENDENT ACCIDENTAL DEATH INSURANCE

1. Exclusions

We will not pay Accidental Death Insurance benefits under this Rider for any death caused or contributed to by:

1. physical or mental illness or infirmity, or the diagnosis or treatment of such illness or infirmity;
2. an infection, other than infection occurring in an external accidental wound or from accidental food poisoning;
3. suicide or attempted suicide;
4. intentionally self-inflicted injury;
5. service in the armed forces of any country or international authority.
However, service in reserve forces does not constitute service in the armed forces, unless in connection with such reserve service an individual is on active military duty as determined by the applicable military authority other than weekend or summer training.
For purposes of this provision reserve forces are defined as reserve forces of any branch of the military of the United States or of any other country or international authority, including but not limited to the National Guard of the United States or the national guard of any other country;
6. any incident related to:
 - travel in an aircraft as a pilot, crew member, flight student or while acting in any capacity other than as a passenger;
 - travel in an aircraft for the purpose of parachuting or otherwise exiting from such aircraft while it is in flight;
 - parachuting or otherwise exiting from an aircraft while such aircraft is in flight except for self-preservation; or
 - travel in an aircraft or device used:
 - for testing or experimental purposes;
 - by or for any military authority; or
 - for travel or designed for travel beyond the earth's atmosphere;
7. committing or attempting to commit a felony;
8. the voluntary intake or use by any means of:
 - any drug, medication or sedative, unless it is:
 - taken or used as prescribed by a Physician; or
 - an over "the counter" drug, medication or sedative taken as directed;
 - alcohol in combination with any drug, medication, or sedative; or
 - poison, gas, or fumes; or
9. war, whether declared or undeclared; or act of war, insurrection, rebellion, or active participation in a riot.

Exclusion for Intoxication

We will not pay Accidental Death Insurance benefits under this Rider for any death if the deceased Dependent was intoxicated at the time of the incident and was the operator of a vehicle or other device involved in the incident.

"Intoxicated" means that the deceased Dependent's blood alcohol level met or exceeded the level that creates a legal presumption of intoxication under the laws of the jurisdiction in which the incident occurred.

VIII. ADDITIONAL PROVISIONS FOR DEPENDENT ACCIDENTAL DEATH INSURANCE (Continued)

2. Accidental Death Insurance Amount and Additional Benefits

The amount of Accidental Death Insurance on a Dependent is equal to the amount of the Dependent Term Life Insurance on that Dependent.

Additional Benefits:

(Benefit Amount is indicated on applicable Additional Benefit pages below.)

Additional Benefit	Applicable To:
Air Bag Use	Insured Person's Dependent Spouse or Dependent Child
Seat Belt Use	Insured Person's Dependent Spouse or Dependent Child
Common Carrier	Insured Person's Dependent Spouse or Dependent Child

Each of the Accidental Death Insurance provisions of this Rider apply to all the Additional Benefits except as may otherwise be provided in such Additional Benefits.

3. Aggregate Maximum For Accidental Death Insurance

We will not pay more than \$5,000,000 for all Accidental Death Insurance (including Accidental Death Insurance Additional Benefits) sustained by all Covered Persons and/or Dependents under This Program as a result of any one accident or series or combination of accidents directly arising out of one or more associated events. Events are associated if they have a common cause or are a chain of events forming part of a larger or broader event even if the individual events themselves are separate in time and place. If the total amount claimed by all Covered Persons and/or Dependents is greater than this amount, then the amount We will pay will be reduced in the same proportion, so that the total amount does not exceed the maximum amount stated in this paragraph.

4. Presumption of Death

A Dependent will be presumed to have died as a result of an accident if:

- an aircraft or other vehicle in which the Dependent was traveling disappears, sinks, or is wrecked; and
- the body of the Dependent who has disappeared is not found within 1 year of:
 - the date the aircraft or other vehicle was scheduled to have arrived at its destination, if traveling in an aircraft or other vehicle operated by a Common Carrier; or
 - the date the Dependent is reported missing to the authorities, if traveling in any other aircraft or vehicle.

5. Payment of Benefits

For loss of a Dependent's life, We will pay benefits to the Beneficiary as specified in the Certificate to which this Rider is attached.

If the Insured Person and the Insured Person's Dependent Spouse are injured in the same accident and die as the result of injuries sustained in such accident, the Accidental Death Insurance Amount, shown on the Certificate Specifications page, that We will pay for the Insured Person's Dependent Spouse's loss of life will be increased to equal the Accidental Death Insurance Amount, shown on the Certificate Specifications page, payable for the Insured Person's loss of life, if any.

ACCIDENTAL DEATH INSURANCE ADDITIONAL BENEFIT: AIR BAG USE

If a Dependent dies as a result of an accidental injury, We will pay this additional Air Bag Use benefit if:

- (1) We pay a benefit under this Rider for the Dependent's Accidental Death;
- (2) this benefit is in effect on the date of the death; and
- (3) We receive Proof that the deceased person:
 - was in an accident while driving or riding as a passenger in a Passenger Car equipped with an Air Bag(s);
 - was riding in a seat protected by an Air Bag;
 - was wearing a Seat Belt which was properly fastened at the time of the accident; and
 - died as a result of injuries sustained in the accident.

A police officer investigating the accident must certify that the Seat Belt was properly fastened and that the Passenger Car in which the deceased was traveling was equipped with Air Bags. A copy of such certification must be submitted to Us with the claim for benefits.

"Passenger Car" means any validly registered four-wheel private passenger car. It does not include any commercially licensed car or any private car being used for commercial purposes.

"Seat Belt" means any restraint device that:

- meets published United States government safety standards;
- is properly installed by the car manufacturer; and
- is not altered after the installation.

The term includes any child restraint device that meets the requirements of state law.

"Air Bag" means an inflatable restraint device that:

- meets published United States government safety standards;
- is properly installed by the car manufacturer; and
- is not altered after the installation.

BENEFIT AMOUNT

The Air Bag Use benefit is an additional benefit equal to 5% of the amount of Accidental Death Insurance in effect on that Dependent. However, the amount We will pay for this benefit will not be less than \$1,000 or more than \$10,000.

If it is unclear whether the Seat Belt was properly fastened or that the seat in which the deceased was traveling was protected by Air Bags, the Air Bag Use benefit is \$1,000.

BENEFIT PAYMENT

For loss of a Dependent's life, We will pay benefits to You.

ACCIDENTAL DEATH INSURANCE ADDITIONAL BENEFIT: SEAT BELT USE

If a Dependent dies as a result of an accidental injury, We will pay this additional Seat Belt Use benefit if:

- (1) We pay a benefit under this Rider for the Dependent's Accidental Death;
- (2) this benefit is in effect on the date of the injury; and
- (3) We receive Proof that the deceased person:
 - was in an accident while driving or riding as a passenger in a Passenger Car;
 - was wearing a Seat Belt which was properly fastened at the time of the accident; and
 - died as a result of injuries sustained in the accident.

A police officer investigating the accident must certify that the Seat Belt was properly fastened. A copy of such certification must be submitted to Us with the claim for benefits.

"Passenger Car" means any validly registered four-wheel private passenger car. It does not include any commercially licensed car or any private car being used for commercial purposes.

"Seat Belt" means any restraint device that:

- meets published United States Government safety standards;
- is properly installed by the car manufacturer; and
- is not altered after the installation.

The term includes any child restraint device that meets the requirements of state law.

BENEFIT AMOUNT

The Seat Belt Use benefit is an additional benefit equal to 10% of the Accidental Death Insurance in effect on that Dependent. However, the amount We will pay for this benefit will not be less than \$1,000 or more than \$25,000.

If it is unclear whether the Seat Belt was properly fastened, the Seat Belt Use benefit is \$1,000.

BENEFIT PAYMENT

For loss of a Dependent's life, We will pay benefits to You.

ACCIDENTAL DEATH INSURANCE ADDITIONAL BENEFIT: COMMON CARRIER

If a Dependent dies as a result of an accidental injury, We will pay this additional Common Carrier benefit if:

1. We pay a benefit under this Rider for the Dependent's Accidental Death;
2. this benefit is in effect on the date of the injury; and
3. We receive Proof that the injury resulting in the deceased's death occurred while traveling in a Common Carrier.

BENEFIT AMOUNT

The Common Carrier benefit is an additional benefit equal to 100% of the Accidental Death Insurance in effect on that Dependent.

BENEFIT PAYMENT

For loss of that Dependent's life, We will pay benefits to the Beneficiary.



Metropolitan Tower Life Insurance Company
Lincoln, Nebraska 68516

ACCIDENTAL DEATH INSURANCE RIDER

This Rider adds Accidental Death Insurance to the Certificate if Accidental Death Insurance is included on the Certificate Specifications page. The Accidental Death Insurance is subject to all of the terms and conditions in this Rider and any applicable terms and conditions in the Certificate.

The Accidental Death Insurance under this Rider does not at any time provide Paid-Up Benefits, loan value or cash value.

I. COVERAGE

If a Covered Person dies in an accident that is the Direct and Sole Cause of the Covered Person's death, Proof of the accident and death must be sent to Us. When We receive such Proof We will review the claim and if We approve it, will pay the insurance that is in effect on the date of the accident.

II. PRESUMPTION OF DEATH

A Covered Person will be presumed to have died as a result of an accident if:

- an aircraft or other vehicle in which the Covered Person was traveling disappears, sinks, or is wrecked; and
- the body of the person who has disappeared is not found within 1 year of:
 - the date the aircraft or other vehicle was scheduled to have arrived at its destination, if traveling in an aircraft or other vehicle operated by a Common Carrier; or
 - the date the person is reported missing to the authorities, if traveling in any other aircraft or vehicle.

III. DEFINITIONS

Unless otherwise specified, in addition to the Definitions in the Certificate to which this Rider is attached the following definitions apply to this Rider.

"Common Carrier" means a government regulated entity that is in the business of transporting fare paying passengers.

The term does not include:

- chartered or other privately arranged transportation;
- taxis; or
- limousines.

"Direct and Sole Cause" means that the Accidental Death occurred within 12 months of the date of the accident and was a direct result of the accident, independent of other causes.

We will deem the death to be the direct result of an accident if it results from unavoidable exposure to the elements and such exposure was a direct result of an accident.

"Job-Related Injury" means any injury:

- for which the Insured Person is entitled to benefits under a workers' compensation or similar law, or any arrangement that provides for similar compensation; or
- arising out of employment for wage or profit.

IV. EFFECTIVE DATE OF ACCIDENTAL DEATH INSURANCE

This Rider will take effect on the Effective Date of Certificate.

V. WHEN ACCIDENTAL DEATH INSURANCE ENDS

Accidental Death Insurance on the Covered Person will end on the earliest of:

- a. the date the Certificate to which this Rider is attached ends;
- b. the date the Certificate to which this Rider is attached becomes Paid-Up; or
- c. the date the Covered Person Attains Age 70.

VI. EXCLUSIONS

We will not pay benefits under this Rider for any death caused or contributed to by:

1. physical or mental illness or infirmity, or the diagnosis or treatment of such illness or infirmity;
2. an infection, other than infection occurring in an external accidental wound or from accidental food poisoning;
3. suicide or attempted suicide;
4. intentionally self-inflicted injury;
5. service in the armed forces of any country or international authority;
However, service in reserve forces does not constitute service in the armed forces, unless in connection with such reserve service an individual is on active military duty as determined by the applicable military authority other than weekend or summer training.

For purposes of this provision reserve forces are defined as reserve forces of any branch of the military of the United States or of any other country or international authority, including but not limited to the National Guard of the United States or the national guard of any other country;

6. any incident related to:
 - travel in an aircraft as a pilot, crew member, flight student or while acting in any capacity other than as a passenger; however this exclusion will not apply to the Insured Person if the Insured Person was hired by the Participating Employer as a pilot or crew member and the Insured Person died while acting in that capacity;
 - travel in an aircraft for the purpose of parachuting or otherwise exiting from such aircraft while it is in flight;
 - parachuting or otherwise exiting from an aircraft while such aircraft is in flight except for self-preservation; or
 - travel in an aircraft or device used:
 - for testing or experimental purposes;
 - by or for any military authority; or
 - for travel or designed for travel beyond the earth's atmosphere;
7. committing or attempting to commit a felony;
8. the voluntary intake or use by any means of:
 - any drug, medication or sedative, unless it is:
 - taken or used as prescribed by a Physician; or
 - an "over the counter" drug, medication or sedative taken as directed;
 - alcohol in combination with any drug, medication, or sedative; or
 - poison, gas, or fumes; or
9. war, whether declared or undeclared; or act of war, insurrection, rebellion, or active participation in a riot; or
10. Job-Related Injury.

Exclusion for Intoxication

We will not pay benefits under this Rider for any death if the Covered Person was intoxicated at the time of the incident and was the operator of a vehicle or other device involved in the incident.

"Intoxicated" means that the Covered Person's blood alcohol level met or exceeded the level that creates a legal presumption of intoxication under the laws of the jurisdiction in which the incident occurred.

VII. ACCIDENTAL DEATH INSURANCE AMOUNT

The amount of Accidental Death Insurance on a Covered Person is equal to the amount of Life Insurance in effect to which this Rider is attached.

However, the payment of an Accelerated Death Benefit will not reduce the amount of the Covered Person's Accidental Death Insurance, if any.

Additional Benefits:

(Benefit Amount is indicated on applicable Additional Benefit pages below.)

Additional Benefit	Applicable To:
Air Bag Use	Covered Person
Seat Belt Use	Covered Person
Common Carrier	Covered Person

Each of the Accidental Death Insurance provisions of this Rider apply to all the Additional Benefits except as may otherwise be provided in such Additional Benefits.

VIII. AGGREGATE MAXIMUM FOR ACCIDENTAL DEATH INSURANCE

We will not pay more than \$5,000,000 for all Accidental Death Insurance (including Accidental Death Insurance Additional Benefits) sustained by all Covered Persons and/or Dependents under This Program as a result of any one accident or series or combination of accidents directly arising out of one or more associated events. Events are associated if they have a common cause or are a chain of events forming part of a larger or broader event even if the individual events themselves are separate in time and place. If the total amount claimed by all Covered Persons and/or Dependents is greater than this amount, then the amount We will pay will be reduced in the same proportion, so that the total amount does not exceed the maximum amount stated in this paragraph.

IX. PAYMENT OF BENEFITS

For loss of a Covered Person's life, We will pay benefits to the Beneficiary as specified in the Certificate to which this Rider is attached.

ADDITIONAL BENEFIT: AIR BAG USE

If the Covered Person dies as a result of an accidental injury, We will pay this additional Air Bag benefit if:

1. We pay a benefit under this Rider;
2. this benefit is in effect on the date of the death; and
3. We receive Proof that the deceased person:
 - was in an accident while driving or riding as a passenger in a Passenger Car equipped with an Air Bag(s);
 - was riding in a seat protected by an Air Bag;
 - was wearing a Seat Belt which was properly fastened at the time of the accident; and
 - died as a result of injuries sustained in the accident.

A police officer investigating the accident must certify that the Seat Belt was properly fastened and that the Passenger Car in which the deceased was traveling was equipped with Air Bags. A copy of such certification must be submitted to Us with the claim for benefits.

"Passenger Car" means any validly registered four-wheel private passenger car. It does not include any commercially licensed car or any private car being used for commercial purposes.

"Seat Belt" means any restraint device that:

- meets published United States government safety standards;
- is properly installed by the car manufacturer; and
- is not altered after the installation.

The term includes any child restraint device that meets the requirements of state law.

"Air Bag" means an inflatable restraint device that:

- meets published United States government safety standards;
- is properly installed by the car manufacturer; and
- is not altered after the installation.

BENEFIT AMOUNT

The Air Bag Use benefit is an additional benefit equal to 5% of the amount of Accidental Death Insurance in effect on the Covered Person. However, the amount We will pay for this benefit will not be less than \$1,000 or more than \$10,000.

If it is unclear whether the Seat Belt was properly fastened or that the seat in which the deceased was traveling was protected by Air Bags, the Air Bag Use benefit is \$1,000.

BENEFIT PAYMENT

For loss of the Covered Person's life We will pay benefits to the Beneficiary.

ADDITIONAL BENEFIT: SEAT BELT USE

If the Covered Person dies as a result of an accidental injury, We will pay this additional Seat Belt Use benefit if:

1. We pay a benefit under this Rider;
2. this benefit is in effect on the date of the injury; and
3. We receive Proof that the deceased person:
 - was in an accident while driving or riding as a passenger in a Passenger Car;
 - was wearing a Seat Belt which was properly fastened at the time of the accident; and
 - died as a result of injuries sustained in the accident.

A police officer investigating the accident must certify that the Seat Belt was properly fastened. A copy of such certification must be submitted to Us with the claim for benefits.

"Passenger Car" means any validly registered four-wheel private passenger car. It does not include any commercially licensed car or any private car being used for commercial purposes.

"Seat Belt" means any restraint device that:

- meets published United States Government safety standards;
- is properly installed by the car manufacturer; and
- is not altered after the installation.

The term includes any child restraint device that meets the requirements of state law.

BENEFIT AMOUNT

The Seat Belt Use benefit is an additional benefit equal to 10% of the Accidental Death Insurance in effect on the Covered Person. However, the amount We will pay for this benefit will not be less than \$1,000 or more than \$25,000.

If it is unclear whether the Seat Belt was properly fastened, the Seat Belt Use benefit is \$1,000.

BENEFIT PAYMENT

For loss of the Covered Person's life We will pay benefits to the Beneficiary.

ADDITIONAL BENEFIT: COMMON CARRIER

If the Covered Person dies as a result of an accidental injury, We will pay this additional Common Carrier benefit if:

1. We pay a benefit under this Rider;
2. this benefit is in effect on the date of the injury; and
3. We receive Proof that the injury resulting in the deceased's death occurred while traveling in a Common Carrier.

BENEFIT AMOUNT

The Common Carrier benefit is an additional benefit equal to 100% of the Accidental Death Insurance in effect on the Covered Person.

BENEFIT PAYMENT

For loss of the Covered Person's life We will pay benefits to the Beneficiary.



Metropolitan Tower Life Insurance Company
Lincoln, Nebraska 68516

ACCELERATED DEATH BENEFIT OPTION RIDER FOR TERMINAL ILLNESS

DISCLOSURES: LIFE INSURANCE BENEFITS WILL BE REDUCED IF AN ACCELERATED DEATH BENEFIT IS PAID.

The Life Insurance accelerated death benefit offered under the Accelerated Death Benefit Option Rider for Terminal Illness is intended to qualify for favorable tax treatment under §101 (g) of the Internal Revenue Code ("IRC") of 1986, as amended. If this benefit qualifies for such favorable tax treatment, the benefit will be excludable from income and not subject to federal taxation. Tax laws relating to accelerated death benefits are complex. Prior to requesting the accelerated death benefit, a qualified tax advisor should be consulted about circumstances under which receipt of an accelerated death benefit is excludable from income under federal law.

Receipt of an accelerated death benefit may affect eligibility for public assistance programs such as Medical Assistance (Medicaid), Temporary Assistance for Needy Families (TANF), Supplementary Social Security Income (SSI), and drug assistance programs. Prior to requesting the accelerated death benefit, a qualified tax advisor and social service agencies should be consulted about how receipt of such payment will affect any eligibility for public assistance.

Payment of an Accelerated Death Benefit under this Rider will reduce the Face Amount and Certificate values, which include, but are not limited to, the Cash Value and amount available for a loan.

I. ACCELERATED DEATH BENEFIT OPTION

This Rider adds the option to accelerate the Certificate's Face Amount to the Certificate as is described on the Certificate Specifications page. The Accelerated Death Benefit Option is subject to all the terms and conditions in this Rider and any applicable terms and conditions in the Certificate.

If the Covered Person becomes Terminally Ill, You may request that We pay a part of the Covered Person's Face Amount in effect before the Covered Person's death. This payment is called an Accelerated Death Benefit. The request to exercise the Accelerated Death Benefit Option must be made by You while the Covered Person's Life Insurance is in effect.

This Rider does not have a Cash Value or loan value. The Accelerated Death Benefit does not include the amount of any Accidental Death Insurance or any Term Life Insurance Riders. You can only elect an Accelerated Death Benefit once under the Certificate to which this Rider is attached. If elected, an Accelerated Death Benefit cannot be elected under any other Accelerated Death Benefit Option Rider attached to the Certificate.

II. DEFINITIONS

Unless otherwise specified, in addition to the Definitions in the Certificate to which this Rider is attached, the following definitions apply to this Rider.

Terminally Ill or **Terminal Illness** means that due to injury or sickness, the Covered Person is expected to die within 12 months.

III. PAYMENT OF AN ACCELERATED DEATH BENEFIT

1. Accelerated Death Benefit Payment

If the Covered Person becomes Terminally Ill and You request an Accelerated Death Benefit while this Rider is in force, We will calculate and pay the Accelerated Death Benefit. Subject to the conditions and requirements of this section, Payment will be made to You if:

- the Face Amount prior to acceleration under this Rider equals or exceeds \$5,000;
- the Certificate has not been assigned; and
- We have received the following Proof that the Covered Person is Terminally Ill:
 - a completed Accelerated Death Benefit claim form;
 - a Signed Physician's certification and supporting documentation that the Covered Person is Terminally Ill; and
 - an examination by a Physician of Our choice, at Our expense, if We request it.

Subject to the maximum amounts as shown on the Certificate Specifications page, We will pay an Accelerated Death Benefit equal to the result of: (a) times (b); minus the sum of (c) plus (d); where:

- (a) is the Face Amount on the date the Accelerated Death Benefit is due and payable under this Rider;
- (b) is the Benefit Amount percentage chosen by You but no more than the maximum percentage shown on the Certificate Specifications page;
- (c) is any due and unpaid Total Premiums; and
- (d) is the pro-rata portion of any outstanding loans and loan interest.

If the Covered Person's Certificate is scheduled to become Automatically Paid-Up within the 12-month period after the date an Accelerated Death Benefit is requested, We will calculate the Accelerated Death Benefit using the amount of such Face Amount that will be in effect immediately after the Certificate becomes Automatically Paid-Up.

2. Effect of Payment of an Accelerated Death Benefit

After We pay an Accelerated Death Benefit:

- the Face Amount, and Cash Value and any outstanding loans and loan interest will be reduced accordingly on a pro-rata basis; and
- any future Total Premium for this Certificate will be waived.

Payment of an Accelerated Death Benefit will not reduce the amount of the Covered Person's Accidental Death Insurance, if any.

3. Claim for Accelerated Death Benefit

The Participating Employer should be contacted to obtain a claim form and information regarding the Accelerated Death Benefit.

Upon Our receipt and approval of the Accelerated Death Benefit request, We will send a letter with information about the Accelerated Death Benefit payment. Our letter will describe the amount of the Accelerated Death Benefit We will pay and the amount of the Face Amount if any, remaining after the Accelerated Death Benefit is paid.

4. Date the Accelerated Death Benefit Option Ends

The Accelerated Death Benefit Option will end on the earliest of:

- the date the Covered Person's Certificate ends;
- the date the Covered Person dies;
- the date the Covered Person's Certificate becomes Paid-Up during the Initial Period;
- the date the Covered Person's Certificate is assigned; or
- the date an Accelerated Death Benefit is elected under this or any other Accelerated Death Benefit Option Rider attached to the Certificate.



Metropolitan Tower Life Insurance Company
Lincoln, Nebraska 68516

ACCELERATED DEATH BENEFIT OPTION RIDER FOR CHRONIC ILLNESS

DISCLOSURES: LIFE INSURANCE BENEFITS WILL BE REDUCED IF AN ACCELERATED DEATH BENEFIT IS PAID.

The Accelerated Death Benefit is intended to be and is calculated as a per diem Accelerated Death Benefit as described under §101 (g) of the Internal Revenue Code ("IRC") of 1986, as amended. Certain portions of the Accelerated Death Benefit may be excludable from taxable income. Generally, these excluded portions are the amount equal to the greater of:

- (a) the annual IRS per diem amount, in the year the Accelerated Death Benefit is paid ("the applicable year"); or
- (b) the actual costs incurred for certain services provided in the applicable year;

and, in either case, subtracting the aggregate reimbursements for certain services in the applicable year.

The Accelerated Death Benefit will be calculated in accordance with Section III of this Rider and more than the excludable per diem amount may be paid.

Tax laws relating to Accelerated Death Benefits are complex. Prior to requesting the Accelerated Death Benefit, a qualified tax advisor should be consulted about circumstances under which receipt of an Accelerated Death Benefit is excludable from income under federal law.

Receipt of an Accelerated Death Benefit may affect eligibility for public assistance programs such as Medical Assistance (Medicaid), Temporary Assistance for Needy Families (TANF), Supplementary Social Security Income (SSI), and drug assistance programs. Prior to requesting the Accelerated Death Benefit, a qualified tax advisor and social service agencies should be consulted about how receipt of such payment will affect any eligibility for public assistance.

Payment of an Accelerated Death Benefit under this Rider will reduce the Face Amount and Certificate values, which include, but are not limited to, the Cash Value and amount available for a loan.

I. ACCELERATED DEATH BENEFIT OPTION

This Rider adds the option to accelerate the Certificate's Face Amount as is described on the Certificate Specifications page. The Accelerated Death Benefit Option is subject to all the terms and conditions in this Rider and any applicable terms and conditions in the Certificate.

If the Insured Person becomes Chronically Ill, You may request that We pay a part of the Insured Person's Face Amount in effect before the Insured Person's death. This payment is called an Accelerated Death Benefit. The request to exercise the Accelerated Death Benefit Option must be made by You while the Insured Person's Life Insurance is in effect.

This Rider does not have a Cash Value or loan value. The Accelerated Death Benefit does not include the amount of any Accidental Death Insurance or any Term Life Insurance Riders. You can only elect an Accelerated Death Benefit once under the Certificate to which this Rider is attached. If elected, an Accelerated Death Benefit cannot be elected under any other Accelerated Death Benefit Option Rider attached to the Certificate.

II. DEFINITIONS

Unless otherwise specified, in addition to the Definitions in the Certificate to which this Rider is attached, the following definitions apply to this Rider.

“Activities of Daily Living (ADLs)” means activities used to measure the Insured Person’s impairment due to being Chronically III. ADLs are any of the following:

1. Bathing – washing oneself by sponge bath; or in either a tub or shower, including the act of getting into and out of the tub or shower.
2. Continence – the ability to maintain control of bowel and bladder function; or when unable to maintain control of bowel or bladder function, the ability to perform related personal hygiene (including caring for catheter or colostomy bag).
3. Dressing – putting on and taking off all items of clothing and any necessary braces, fasteners, or artificial limbs.
4. Eating – feeding oneself by getting food into the body from a receptacle (such as a plate, cup or table) or by a feeding tube or intravenously.
5. Toileting – getting to and from the toilet, getting on and off the toilet, and performing related personal hygiene.
6. Transferring – the ability to move into or out of a bed, chair, or wheelchair.

“Chronically III or Chronic Illness” means the Insured Person has been certified by a Physician as:

1. being permanently unable to perform (without substantial assistance from another individual) at least 2 ADLs due to a loss of functional capacity; or
2. permanently requiring substantial supervision by another individual to protect oneself from threats to health and safety due to Severe Cognitive Impairment.

In each case, such condition must continue for a period of at least 90 consecutive days before benefits are payable.

Severe Cognitive Impairment means a deterioration or loss in the Insured Person’s intellectual capacity resulting in a deficiency in the Insured Person’s:

1. short- or long-term memory;
2. orientation as to person, place or time;
3. deductive or abstract reasoning; or
4. judgment as it relates to safety awareness.

III. PAYMENT OF AN ACCELERATED DEATH BENEFIT

1. Accelerated Death Benefit Payment

If the Insured Person becomes Chronically III and You request an Accelerated Death Benefit while this Rider is in force, We will calculate and pay the Accelerated Death Benefit. Subject to the conditions and requirements of this section, Payment will be made to You if:

- the Face Amount prior to acceleration under this Rider equals or exceeds \$5,000;
- the Certificate has not been assigned; and
- We have received the following Proof that the Insured Person is Chronically III:
 - a completed Accelerated Death Benefit claim form;
 - a Signed Physician’s certification and supporting documentation that the Insured Person is Chronically III and such certification must be dated within 12 months prior to the claim for an Accelerated Death Benefit; and
 - an examination by a Physician of Our choice, at Our expense, if We request it.

Subject to the maximum and minimum amounts as shown on the Certificate Specifications page, We will pay an Accelerated Death Benefit equal to the result of: (a) times (b); minus the sum of (c) plus (d); where:

- (a) is the Face Amount on the date the Accelerated Death Benefit is due and payable under this Rider;
- (b) is the Benefit Amount percentage chosen by You but no more than the maximum percentage shown on the Certificate Specifications page;

III. PAYMENT OF AN ACCELERATED DEATH BENEFIT (Continued)

1. Accelerated Death Benefit Payment (Continued)

- (c) is any due and unpaid Total Premiums;
- (d) is the pro-rata portion of any outstanding loans and loan interest.

The Benefit Amount will be paid in equal monthly installments in accordance with the monthly percentage shown on the Certificate Specifications page.

If the Insured Person's Certificate is scheduled to become Automatically Paid-Up within the 12-month period after the date an Accelerated Death Benefit is requested, We will calculate the Accelerated Death Benefit using the amount of such Face Amount that will be in effect immediately after the Certificate becomes Automatically Paid-Up.

2. Effect of Payment of an Accelerated Death Benefit

After We pay an Accelerated Death Benefit:

- the Face Amount, and Cash Value and any outstanding loans and loan interest will be reduced accordingly on a pro-rata basis; and
- any future Total Premium for this Certificate will be waived.

Payment of an Accelerated Death Benefit will not reduce the amount of the Insured Person's Accidental Death Insurance, if any.

3. Claim for Accelerated Death Benefit

The Participating Employer should be contacted to obtain a claim form and information regarding the Accelerated Death Benefit.

Upon Our receipt and approval of the Accelerated Death Benefit request, We will send a letter with information about the Accelerated Death Benefit payment. Our letter will describe the amount of the Accelerated Death Benefit We will pay and the amount of the Face Amount, if any, remaining after the Accelerated Death Benefit is paid.

4. Date the Accelerated Death Benefit Option Ends

The Accelerated Death Benefit Option will end on the earliest of:

- the date the Insured Person's Certificate ends; or
- the date the Insured Person dies; or
- the date the Insured Person's Certificate becomes Paid-Up during the Initial Period; or
- the date the Insured Person's Certificate is assigned; or
- the date an Accelerated Death Benefit is elected under this or any other Accelerated Death Benefit Option Rider attached to the Certificate.



Metropolitan Tower Life Insurance Company
Lincoln, Nebraska 68516

WAIVER OF TOTAL PREMIUM DURING TOTAL DISABILITY RIDER

This Rider is a part of the Certificate and is included on the Certificate Specifications page.

1. Coverage

If the Insured Person becomes Totally Disabled while insurance under the Insured Person's Certificate is in effect, the Total Premium under the Insured Person's Certificate will be waived if:

- (a) the Insured Person is gainfully employed in an occupation for remuneration or profit when the Insured Person becomes Totally Disabled;
- (b) You make a request that such premium be waived;
- (c) the Covered Person under this Certificate is the Insured Person;
- (d) the Insured Person's Attained Age is less than 60 years old when the Insured Person becomes Totally Disabled;
- (e) the Insured Person becomes Totally Disabled after this Certificate has been in force for 9 months and, continues to be Totally Disabled during the Waiting Period;
- (f) You pay the Total Premium during the Waiting Period;
- (g) the Insured Person continues to be Totally Disabled; and
- (h) the required Proof is submitted to Us.

"Total Disability" or "Totally Disabled" means that because of a sickness or an injury:

- (1) the Insured Person is unable to perform the material duties of the Insured Person's regular job; and
- (2) the Insured Person is unable to perform any job for which the Insured Person is or becomes fit by education, training or experience.

"Waiting Period" means the period which starts on the date the Insured Person becomes Totally Disabled and ends, 9 consecutive months later, without an interruption. If during the Waiting Period the Insured Person Attains Age 70 before completing the Waiting Period or the Insured Person's Total Disability ends, the Insured Person will not qualify for this Rider.

2. Proof

In order for the Total Premium to be waived, We must receive Proof that the requirements in Section 1 have been met. We must receive Proof that the Insured Person's Total Disability has continued throughout the Waiting Period without an interruption before Total Premium can be waived. Total Premium cannot be waived until We approve such Proof. Proof must be given to Us and be in a form that is satisfactory to Us. We have no duty to ask for any Proof.

Notice and Proof should be sent to Us as soon as reasonably possible. In no event may Proof be sent to Us later than one year of the date the Insured Person became Totally Disabled, except in the case of legal incapacity of the Insured Person.

After the completion of the Waiting Period, if Proof is submitted that the Insured Person is Totally Disabled, We will refund any Total Premium payments made during the Waiting Period and during the time it took Us to evaluate Your claim.

In order for the Total Premium to continue to be waived, and to verify that the Insured Person continues to be Totally Disabled without an interruption, We may require from time to time that Proof be sent to Us that the Insured Person continues to be Totally Disabled. We will not ask for Proof more than once each year.

3. If The Insured Person Dies During The Waiting Period Or While We Are Evaluating The Claim

If the Insured Person dies during the Waiting Period or dies while We are evaluating the claim, and if the Insured Person was Totally Disabled until the date of death, then Proof of the death must be sent to Us. In addition to the Proof which is otherwise required for the Death Benefit, in order to refund Total Premium paid during the Waiting Period and while We are evaluating the claim, the Proof must show that the Insured Person's Total Disability continued with no interruption from the beginning of the Waiting Period until the date of the Insured Person's death.

When We receive such Proof with the claim, We will review the claim and if We approve it, We will pay the benefit payable under this Certificate.

4. Termination

In no event will the Total Premium be waived after the earliest of the following:

- (a) the date the Insured Person is no longer Totally Disabled; or
- (b) the date We are not provided Proof of Total Disability when required; or
- (c) the date the Insured Person refuses to be examined by Our Physician; or
- (d) the date the Certificate to which this Rider is attached becomes Paid-Up; or
- (e) the date of the Insured Person's death; or
- (f) the date the Insured Person Attains Age 70.



Metropolitan General Insurance Company
700 Quaker Lane, Warwick, RI 02886

**Legal Services Plan
Certificate of Coverage**

Wills and Estate Resolution Services

This Legal Services Plan is insured by Metropolitan General Insurance Company; a Rhode Island company with its principal place of business at 700 Quaker Lane, Warwick, Rhode Island, 02886. Administrative services are provided under the policy by MetLife Legal Plans, Inc. ("MetLife Legal Plans"), a Delaware Corporation and an affiliate of Metropolitan General Insurance Company. Any reference to MetLife Legal Plans is as the administrator.

This certificate certifies that if You are an Eligible Employee, You are insured for the Covered Legal Services described in this certificate, subject to the provisions of this certificate. This certificate is issued under the Group Legal Services Policy and includes the terms and provisions of the Group Legal Services Policy that describe this insurance. Please read this certificate carefully.

Name and Address of Policyholder: Trustee of the MetLife Group Insurance Trust, Providence Rhode Island

Group Policy Effective Date: January 1, 2022

Contacting MetLife Legal Plans

MetLife Legal Plans, Inc. may be contacted by phone or mail as follows:

Phone: 1-800-821-6400
Mail: 1111 Superior Avenue
Cleveland, OH 44114-2507

Definitions

Covered Legal Services means the following services:

- Estate Resolution Services - Certain probate services to be made available to Your or Your Spouse's estate upon Your or Your Spouse's death, respectively. These services provide representation and payment of legal fees for the executor or administrator of Your or Your Spouse's estate and include all court proceedings needed to transfer probate assets from Your or Your Spouse's estate to Your or Your Spouse's heirs, respectively; the correspondence necessary to transfer non-probate assets such as proceeds from insurance policies, joint bank accounts, stock accounts or a house; and associated tax filings. The service also includes telephone and office consultations with beneficiaries related to probating the covered estate.
- Will Preparation - A service covering the preparation of wills, codicils, living wills and powers of attorney (when You or Your Spouse are granting the power) for You or Your Spouse. The creation of any testamentary trust is covered. The service does not include tax planning.

Eligible Employee means each employee of the Participating Employer at the time their group whole life insurance under the Policyholder's plan of group whole life insurance began and who remains insured under such policy with Metropolitan Tower Life Insurance Company (MetTower).

Legal Services Plan or Plan means the group policy to provide insurance for Covered Legal Services.

Metropolitan means Metropolitan General Insurance Company.

Participating Employer means an employer who has elected to participate in the Group Policy to offer group whole life insurance to its employees.

Plan Attorney means an attorney who has contracted with Metropolitan or the Administrator to provide Covered Legal Services.

Spouse means Your lawful Spouse or Qualified Domestic Partner or Civil Union Partner.

Qualified Domestic Partner or Civil Union Partner means a person who qualifies for coverage (a) as a domestic partner or civil union partner under another employee benefit provided by the Participating Employer or (b) as required by applicable law.

We, Us and **Our** means MetLife Legal Plans, Inc.

You and **Your** means an Eligible Employee.

How the Group Legal Services Plan Works

To use the Group Legal Services Plan for Will Preparation, You can call MetLife Legal Plans. You should be prepared to identify Yourself as a participant in the Will Preparation Service Plan.

To use the Group Legal Services Plan for Estate Resolution Services, the executor or administrator of Your or Your deceased Spouse's estate should call MetLife Legal Plans and be prepared to identify themselves as the executor or administrator of the deceased's estate.

In either situation when calling MetLife Legal Plans, the Client Service Representative who answers the call will:

- make an initial determination of whether and to what extent the matter is covered;
- give a case number (a new case number will be needed for each new matter);
- give the telephone number(s) and location of the nearest Plan Attorney(s); and
- answer questions about the Plan.

A Plan Attorney or a non-Plan Attorney may be used.

If a Plan Attorney is used, the Plan Attorney will provide the Covered Legal Services described above.

If a non-Plan Attorney is used, the plan member, executor or administrator of the estate must notify MetLife Legal Plans. MetLife Legal Plans will send a claim form and informational material including a Non-Plan Attorney Fee Schedule. After the matter is finished, the claim form must be completed and returned to MetLife Legal Plans with the attorney's final bill. Within 60 days of MetLife Legal Plans' receipt of the completed claim form and final bill, MetLife Legal Plans will pay the claimant an amount equal to the lesser of the amount the claimant paid for the attorney's services and the amount stated in the Non-Plan Attorney Fee Schedule. The plan member, administrator or executor will be responsible for making payment to the non-Plan Attorney for any expenses or costs and/or fees incurred in excess of the amount paid by MetLife Legal Plans.

If a claim is denied in whole or in part, MetLife Legal Plans may be asked to provide a written statement with the reason(s) for the denial and with information as to the steps that need to be taken to appeal the denial.

Exclusions

Excluded services are those legal services that are not provided under the plan. No services can be provided for the following matters:

- Matters in which there is a conflict of interest between Your or Your Spouse's estate and the Policyholder or Participating Employer;
- Matters in which there is a conflict of interest between the executor, administrator, any beneficiary or heir and the deceased's estate;
- Any employment-related matter, including Participating Employer or statutory benefits;
- Any dispute with the Policyholder, Participating Employer, MetTower and affiliates and Plan Attorneys;
- Will Contests or litigation outside Probate Court;
- Appeals;
- Costs, expenses to a third party or fines; or
- Frivolous or unethical matters.

Requirements for Coverage

All Eligible Employees are participants in the Plan. Because this is a Non-Contributory Plan, You do not need to contribute to the cost of coverage. You will be a participant in the Plan on the later of the Group Policy Effective Date or the date You become an Eligible Employee.

How Insurance Coverage Ends

Your insurance coverage will end upon the first of the following to occur:

- the date the Group Legal Services Policy ends, or
- the last day of the month in which a person ceases to be an Eligible Employee.

Other Important Information

Plan Attorneys may not request or accept additional compensation for providing Covered Legal Services, except for expenses or payments required to be made to third parties. Complaints regarding the conduct of an attorney who provides Covered Legal Services under the Plan may be made to the state bar association. If, at any time, a question or concern arises about the Covered Legal Services received, please call MetLife Legal Plans, Inc. MetLife Legal Plans and Metropolitan will work hard to fix the problem.

Nothing contained in this certificate is intended to interfere with freedom of choice in the selection of an attorney or with the attorney-client relationship.



Metropolitan Tower Life Insurance Company
Lincoln, Nebraska 68516

ACCELERATED DEATH BENEFIT OPTION RIDER FOR QUALIFIED LONG-TERM CARE SERVICES

DISCLOSURES: LIFE INSURANCE BENEFITS WILL BE REDUCED IF AN ACCELERATED DEATH BENEFIT IS PAID

The Rider is intended to be a federally tax qualified long-term care insurance contract under Section 7702B(b) of the Internal Revenue Code of 1986, as may be amended from time to time ("Internal Revenue Code"). The provisions of this Rider are to be interpreted to ensure or maintain such tax qualification, notwithstanding any other provision to the contrary. We reserve the right to amend this Rider or the Certificate to reflect any clarifications that may be needed or are appropriate to maintain such tax qualification or to conform this rider or the certificate to any applicable changes in such tax qualification requirements.

With respect to the long-term care benefits paid under this Accelerated Death Benefit Rider (the "Benefit"), certain portions may be excludable from taxable income. The Benefit will be calculated in accordance with Section IV of this Rider and more than the excludable per diem amount may be paid.

Tax laws relating to the Benefit are complex. Prior to requesting the Benefit, a qualified tax advisor should be consulted about circumstances under which receipt of a Benefit is excludable from income under federal law.

Receipt of a Benefit may affect eligibility for public assistance programs such as Medical Assistance (Medicaid), Temporary Assistance for Needy Families (TANF), Supplementary Social Security Income (SSI), and drug assistance programs. Prior to requesting the Benefit, a qualified tax advisor and social service agencies should be consulted about how receipt of such payment will affect any eligibility for public assistance.

Payment of a Benefit under this Rider will reduce the Face Amount and Certificate values, which include, but are not limited to, the Cash Value and amount available for a loan.

NOTICE TO CERTIFICATE OWNER: This Rider may not cover all of the costs associated with long-term care that are incurred during the period of coverage. Carefully review all Rider limitations.

RIGHT TO EXAMINE THIS RIDER: If the Effective Date of Rider is the same as the Effective Date of Certificate to which this Rider is attached at the time the Certificate was initially issued, You may examine this Rider and the Certificate to which it is attached, and if for any reason You are not satisfied, You may return the Certificate and this Rider to Us by the 30th day after You receive it. If You return it within this period, this Rider and the Certificate to which it is attached will be void from the beginning and We will refund any premiums You have paid.

However, if the Effective Date of Rider is later than the Effective Date of Certificate to which this Rider is attached at the time the Certificate was initially issued and You are not satisfied with this Rider, You may return this Rider to Us by the 30th day after You receive it. If You return it within this period, only this Rider will be void from the Effective Date of Rider and We will refund any premiums You have paid for this Rider.

I. ACCELERATED DEATH BENEFIT OPTION

This Rider adds the option to accelerate the Certificate's Face Amount as described on the Certificate Specifications page if the Insured Person becomes Chronically Ill and is receiving Qualified Long-Term Care Services under a Plan of Care and satisfies the terms and conditions of this Rider. The Insured Person must be receiving Qualified Long-Term Care Services in an Adult Day Care Center; in an Assisted Living Facility; in a Long-Term Care

Facility; or by a Home Health Care Provider. The Benefit is subject to all the terms and conditions in this Rider and any applicable terms and conditions in the Certificate.

If the Insured Person becomes Chronically Ill and is receiving Qualified Long-Term Care Services under a Plan of Care, You may request that We pay a part of the Insured Person's Face Amount in effect before the Insured Person's death. The request to exercise the Benefit must be made by You while the Insured Person's Life Insurance is in effect.

This Rider does not have a Cash Value or loan value. The Benefit does not include the amount of any Accidental Death Insurance or any Term Life Insurance Riders. If a Benefit is elected under this Rider, a benefit cannot be paid simultaneously under any other accelerated death benefit option rider attached to the Certificate. If You request payment of the Benefit under this Rider and any other accelerated death benefit rider(s), We will pay the benefit based on the order in which the requests are received.

If You request a Benefit amount less than the maximum Benefit amount, You may later request the remaining Face Amount available for acceleration while the Insured Person remains insured for this Benefit and are Chronically Ill and receiving Qualified Long Term Care Services.

If the Insured Person is no longer eligible for a Benefit payment due to not meeting the requirements in Eligibility For The Benefit Payment provision, the Benefit payments will cease. If, however, the Insured Person later meets the requirements in the Eligibility For The Benefit Payment provision, Benefit payments will begin again in accordance with the terms and conditions of this Rider.

II. DEFINITIONS

Unless otherwise specified, in addition to the Definitions in the Certificate to which this Rider is attached, the following definitions apply to this Rider.

"Activities of Daily Living (ADLs)" means activities used to measure the Insured Person's impairment due to being Chronically Ill. ADLs are any of the following:

- Bathing - washing oneself by sponge bath; or in either a tub or shower, including the act of getting into and out of the tub or shower.
- Continence - the ability to maintain control of bowel and bladder function; or when unable to maintain control of bowel or bladder function, the ability to perform related personal hygiene (including caring for catheter or colostomy bag).
- Dressing - putting on and taking off all items of clothing and any necessary braces, fasteners, or artificial limbs.
- Eating - feeding oneself by getting food into the body from a receptacle (such as a plate, cup or table) or by a feeding tube or intravenously.
- Toileting - getting to and from the toilet, getting on and off the toilet, and performing related personal hygiene.
- Transferring - the ability to move into or out of a bed, chair, or wheelchair.

"Adult Day Care Center" means a state licensed or certified facility that provides care that consists of social or health-related or both types of services during the day in a community group setting for the purpose of supporting frail, impaired elderly or other disabled adults who can benefit from care in a group setting outside the home. If license or certification requirements do not exist under state law, an Adult Day Care Center is a facility that provides such care to six or more clients who do not require 24 hour institutional care, but who are not capable of full-time, independent living.

"Assisted Living Facility" is a facility that primarily provides ongoing care and related services to inpatients in one location and meets all of the following:

- provides 24-hour-a-day care and services sufficient to support needs resulting from Chronic Illness;
- has a trained and ready to respond employee on duty at all times to provide that care;

- provides three meals a day and accommodates special dietary needs;
- is licensed or accredited to provide such care, if licensing or accreditation is required by the state in which the care is received;
- has formal arrangements for the services of a Physician or registered professional nurse to furnish medical care in the case of emergency; and
- has appropriate methods and procedures for handling and administering drugs.

"Chronically Ill" or "Chronic Illness" means the Insured Person has been certified by a Licensed Health Care Practitioner as:

1. being unable to perform (without Substantial Assistance from another individual) at least 2 ADLs, for a period of at least 90 consecutive days, due to a loss of functional capacity; or
2. requiring Substantial Supervision by another individual to protect oneself from threats to health and safety due to Severe Cognitive Impairment for a period of at least 90 consecutive days.

Such certification must be made within the preceding 12 months that the Insured Person is Chronically Ill. Additional certifications will be required as necessary to satisfy this 12-month requirement in order for the Benefit to be payable.

"Home Health Care Provider" is a licensed home health care agency that provides medical and nonmedical services, to ill, disabled or infirm persons in their residences. Such services include homemaker services, assistance with Activities of Daily Living and respite care services. If license requirements do not exist under state law, a Home Health Care Provider provides these same services. A Home Health Care Provider does not include: the Insured Person, or any Immediate Family Member even if that individual is licensed to provide such services.

"Hospice Care Facility" is a licensed hospice facility that provides palliative and supportive medical and other health services to meet the physical, social, spiritual, and special needs of terminally ill patients and their families in a group residential setting. A Hospice Care Facility does not include a hospital.

"Immediate Family Member" means:

- You
- Your Spouse; or
- any member of Your immediate family including Your and/or Your Spouse's:
 - parents;
 - children (natural, step or adopted);
 - siblings;
 - grandparents; or
 - grandchildren.

"Licensed Health Care Practitioner" means a physician, as defined in Section 1861(r)(1) of the Social Security Act, a registered professional nurse, licensed social worker or other individual who meets requirements prescribed by the federal Secretary of the Treasury. A Licensed Health Care Practitioner does not include: the Insured Person, or any Immediate Family Member even if that individual is licensed to provide such services.

"Long-Term Care Facility" means a facility that meets all of the following standards:

- provides, in addition to room and board, 24-hour-a-day nursing care and related services on a continuing inpatient basis;
- is licensed by the appropriate state licensing agency, if such facilities are required to be licensed in that state;
- has a Licensed Health Care Practitioner on duty 24 hours a day;
- has a Physician on duty to supervise the operation of the facility; and
- has a Physician on call for emergency services.

A Long-Term Care Facility is not a facility that is operated mainly for the treatment and care of mental, nervous, psychotic or psychoneurotic deficiencies or disorders; or tuberculosis; or drug addiction; or alcoholism, or rehabilitation, or occupational therapy. It is not a hospital, or a home for the aged, or a retirement home, or a rest home, or a community living center, or is owned or operated by an Immediate Family Member. A Hospice Care Facility is considered a Long-Term Care Facility for purposes of the Rider. "Maintenance or Personal Care" means any care with the primary purpose of providing needed assistance with any of the disabilities as a result of which the Insured Person is Chronically III.

"Physician" means a doctor of medicine or osteopathy legally authorized to practice medicine and surgery by the State in which he performs such function or action (including osteopathic practitioners or the services of osteopathic practitioners and hospitals within the scope of their practice as defined by State law). The term does not include the Insured Person or an Immediate Family Member.

"Plan of Care" means a health care or assisted living arrangement designed to coordinate patient care or control costs through utilization review, case management or use of specific provider networks.

"Qualified Long-Term Care Services" means necessary diagnostic, preventive, therapeutic, curing, treating, mitigating and rehabilitative services, or Maintenance or Personal Care services, which: (a) are required by a Chronically III individual; and (b) are provided pursuant to a Plan of Care prescribed in Writing by a Licensed Health Care Practitioner. The Insured Person must be receiving such services in an Adult Day Care Center; in an Assisted Living Facility; in a Long-Term Care Facility; or by a Home Health Care Provider.

"Severe Cognitive Impairment" means a deterioration or loss in the Insured Person's intellectual capacity that is comparable to (and includes) Alzheimer's disease and similar forms of irreversible dementia, and is measured by clinical evidence and standardized tests that reliably measure impairment in the Insured Person's:

1. short- or long-term memory;
2. orientation as to person, place or time;
3. deductive or abstract reasoning; and
4. judgment as it relates to safety awareness.

"Substantial Assistance" means that the Insured Person requires either: the physical hands-on assistance of another person without which the Insured Person would be unable to perform the Activities of Daily Living; or the presence of another person within arm's reach that is necessary to prevent, by physical intervention, injury to the Insured Person while the Insured Person is performing the Activities of Daily Living.

"Substantial Supervision" means continual supervision (which may include cueing by verbal prompting, gestures or other demonstrations) by another person that is necessary to protect the severely cognitively impaired Insured Person from threats to the Insured Person's health or safety.

III. PREMIUMS

1. Premiums

Premiums for this Rider are due with the premiums for the Certificate to which this Rider is attached. The first premium is due as of the Effective Date of Rider as shown on the Certificate Specifications page. The Premium for this Rider will not change while coverage is in force under this Certificate.

2. Reinstatement

This Rider will be reinstated, upon lapse, if Proof is provided that the Insured Person was Chronically III. This request, and submission of all past due premiums, must be made within 5 months after termination. Proof of being Chronically III will be on the same basis as the benefit eligibility criteria for being Chronically III as described in this Rider.

IV. PAYMENT OF AN ACCELERATED DEATH BENEFIT

1. Eligibility For The Benefit Payment

If the Insured Person becomes Chronically III and is receiving Qualified Long-Term Care Services and You request a Benefit while this Rider is in force, We will calculate and pay the Benefit. Subject to the conditions and requirements of this section, the Benefit payment will be made to You if:

- the Face Amount prior to acceleration under this Rider equals or exceeds \$1,000;
- the Certificate has not been assigned; and
- We have received the following Proof that the Insured Person is Chronically III and receiving Qualified Long-Term Care Services:
 - a completed Accelerated Death Benefit claim form;
 - a Signed Physician's certification and supporting documentation that the Insured Person is Chronically III and is receiving Qualified Long-Term Care Services. Such certification must be dated within 12 months prior to the claim for a Benefit; and
 - an examination by a Physician of Our choice, at Our expense, if We request it.

Subject to the maximum and minimum amounts as shown on the Certificate Specifications page, We will pay a Benefit equal to the result of: (a) times (b); minus the sum of (c) and (d); where:

- (a) is the Face Amount in effect on the date a Benefit is due and payable under this Rider;
- (b) is the Benefit Amount percentage chosen by You but no more than the maximum percentage shown on the Certificate Specifications page;
- (c) is any due and unpaid Total Premiums;
- (d) is the pro-rata portion of any outstanding loans and loan interest.

The Benefit Amount will be paid in equal monthly installments in accordance with the monthly percentage shown on the Certificate Specifications page while the Insured Person remains Chronically III and is receiving Qualified Long-Term Care Services.

If the Insured Person's Certificate is scheduled to become Automatically Paid-Up within the 12-month period after the date a Benefit is requested, We will calculate the Benefit using the amount of such Face Amount that will be in effect immediately after the Certificate becomes Automatically Paid-Up.

2. Exclusions

Benefits under the Rider will not be payable if the Insured Person is Chronically III due to any of the following:

1. suicide (while sane or insane), attempted suicide, or intentionally self-inflicted injury; or
2. alcoholism and/or drug addiction, unless the addiction was due to drugs taken on the advice of a Physician; or
3. any war, or act of war (whether declared or undeclared), or service in the armed forces of any country or units auxiliary thereto; or
4. participation in a felony, riot or insurrection.

In addition, Benefits under this Rider will not be payable:

1. for services for which benefits are available under Medicare (or benefits would be available under Medicare except for the applicable deductibles or co-insurance requirements).
2. if the Qualified Long-Term Care Services are received outside of the United States unless the Plan of Care and all Plan of Care updates are provided by a Licensed Health Care Practitioner licensed in the United States.

3. Effect of Payment of the Benefit

After We pay a Benefit:

- the Face Amount, and Cash Value and any outstanding loans and loan interest will be reduced accordingly on a pro-rata basis; and
- any future Total Premium for this Certificate will be waived while You remain Chronically III and are receiving a Benefit under this Rider.

Payment of a Benefit will not reduce the amount of the Insured Person's Accidental Death Insurance, if any.

4. Claim for Accelerated Death Benefit

The Policyholder should be contacted to obtain a claim form and information regarding the Benefit.

Upon Our receipt and approval of the Benefit request, We will send a letter with information about the Benefit payment. Our letter will describe the amount of the Benefit We will pay and the amount of the Face Amount, if any, remaining after the Benefit is paid.

5. Non-Forfeiture Benefit

If the Certificate to which this Rider is attached becomes Paid-Up, this Rider will remain a part of that Certificate. In that event, the maximum Benefit will be based on the Face Amount in effect following Paid-Up status.

6. Appeals

We will notify You in Writing if We do not approve the request for an Accelerated Death Benefit Payment under this Rider. The notice will state the reasons for the denial. Our claims decision may be appealed. An appeal must be requested in Writing within 60 days from the date the notice of the denial of the claim is received. Within 30 days of the date We receive the request, We will review the denial and make a final decision. Our final decision will be in Writing. If We deny the claim, We will provide Our specific reasons for the denial. We will also make available all information directly relating to such denial. If the claim denial is overturned, We will pay any Accelerated Death Benefit Payments due under this Rider.

7. Date the Benefit Ends

The Accelerated Death Benefit Option Rider For Qualified Long-Term Care Services will end on the earliest of:

- the date the Insured Person's Certificate ends; or
- the date the Insured Person dies; or
- the date the Insured Person's Certificate is assigned