ETHOS

Ethos Protection IUL

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Table of Contents

Product Guide 3

Premiums 5

Account value of the policy 5

Point-to-Point index crediting method 6

Policy loans 7

Withdrawals, surrenders and lapses 9

Death benefit options 11

Riders 12

Product Guide

Risk Classes	**4 NON-TOBACCO** Preferred Plus Non-Tobacco Preferred Non-Tobacco Select Non-Tobacco Standard Non-Tobacco **2 TOBACCO** Preferred Tobacco Standard Tobacco Table ratings 1–10 No maturity age
Minimum Specified Amount	$25,000 for Standard underwriting classes $50,000 for all other underwriting classes
Max Specified Amount by Age	$1M: Age 20–50 $500K: Age 51–60 $350K: Age 61–65
Crediting Rate Options	**Crediting method:** Index accounts are credited with a portion of any index growth (excluding dividends) at the end of each period using a point-to-point calculation. Gains are locked in each index period. **Index sweep dates:** 10th and 25th of each month. **S&P 500® Index** One-Year, capped, 100% participation rate Two-Year, capped, 100% participation rate **S&P 500® Sector Rotator Daily RC2 5% Index** One-Year, uncapped, adjustable participation rate **BNP Paribas Momentum Multi-Asset 5 Index** One-year, uncapped, adjustable participation rate Two-year, uncapped, adjustable participation rate Fixed Account with a periodically-declared interest rate not linked to an index.

1. The S&P 500 Sector Rotator Daily RC2 5% Index has limited historical information having launched on 10/19/2018. For more information about the S&P Sector Rotator Daily RC2 5% Index, visit https://www.spglobal.com/spdji/en/indices/strategy/sp-500-sector-rotator-daily-rc2-5-index/#overview.
2. The BNP Paribas Momentum Multi-Asset 5 Index (BNPP Momentum 5 Index) has limited historical information. The BNPP Momentum 5 Index is an index strategy, launched on 1/27/2017. For more information about the BNPP Momentum 5 Index, visit https://momentum5index.bnpparibas.com.

Fixed Loans	Fixed loans are set at the maximum rate. Maximum loan interest rate of 3.38% in advance in the first 10 policy years and 2.44% in advance thereafter. This is equivalent to 3.50% in arrears in the first 10 policy years and 2.5% thereafter. Account value equal to the loan balance is moved to the Loan Account and credited at 2.5% on a current basis (1.0% guaranteed).
Variable Loans	Available beginning in year 3; Loan and loan interest remain in the index and/or fixed account, which can help grow the policy's account value. Net interest rate varies based on Moody's Corporate Bond Yield Average Index, but will never exceed 1% above the declared interest rate on the fixed account.
Overload Protection Benefit	Keeps the policy in force when there is a large outstanding loan balance by providing paid-up life insurance benefit.
Death Benefit Options	**Option A:** level (specified amount) or **Option B:** increasing (specified amount plus account value)
Guaranteed Interest Rate	1.00% in fixed and loan accounts 0.00% in index participation accounts and variable loan account
No-Lapse Guarantee Period	20 years
Premium Charge	7.00% (current and maximum)
Monthly Expense Charge	$10.00/month (current); $25.00/month (maximum) expense charge plus a charge per $1,000 specified amount
Surrender Charge	Surrender charge decreases to 0 in year 15
Riders	**Accelerated Benefit for Terminal Illness:** Provides up to 75% of the policy death benefit if the insured has a life expectancy of 12 months or less. Maximum $1 million (Only if Care4Life is not available.) **Accidental Death Benefit:** Pays additional benefit if death is accidental. **Care4Life Accelerated Death Benefit:** Provides a guaranteed amount upon one of the qualifying critical, chronic or terminal illness triggers. California has rider variations. Refer to rider section for more details. The Care4Life rider is not a long-term care product. Not available in WA. **Ethos Perks:** Ethos' signature online estate planning tools enable policyowners to create wills, trusts, power of attorney, health care directives and more. Not available in WA or SD. **Lifetime Income:** Provides policy disbursements for life. Choose an irrevocable disbursement option: level, increasing or potentially increasing. **Waiver of Specified Premium:** Credits a specified amount of premium to the policy if the insured is disabled.

Premiums

Planned periodic premiums

Policyowners can pay level premium payments on a monthly basis at the time of application. Policyowners can change frequency of premium payment after the policy has been issued. Premium payments are flexible. Policyowners can make unscheduled premium payments at any time until age 121. Written notice is required to change the amount or frequency of planned periodic premiums.

Minimum no-lapse premiums

This is the amount required to keep the policy in force during the minimum no-lapse period (20 years). Money sufficient to meet the minimum no-lapse premium requirement must accompany the application. More information on the no-lapse guarantee period can be found in a later section of this guide.

Account value of the policy

Premium allocation

Premiums may be allocated among the index options and the fixed account. All net premiums will be allocated according to this allocation. This allocation choice may be changed with notice from the policyowner. Any participation account value at the end of an index period will be allocated according to the renewal allocation specified by the policyowner.

Dollar cost averaging

Clients may elect to automatically transfer money from the fixed account to the index options with written notice specifying the amount of the monthly transfer and the percentages of that amount to be allocated to each index option. The minimum transfer is shown on the policy schedule. Once elected, transfers from the fixed account will be processed monthly until we receive written notice instructing us to cancel the transfers or until the value of the fixed account is completely depleted.

Fixed account

This account earns a fixed interest rate declared by the company, which is guaranteed never to be lower than 1.0%.

Index options

Ethos Protection IUL features five point-to-point index options, which use three indexes: Standard & Poor's 500® Composite Stock Price Index, Standard & Poor's 500® Sector Rotator Daily RC2 5% Index, and BNP Paribas Momentum Multi-Asset 5 Index.

For each index option, we use published values that are based on price changes of the underlying securities which exclude dividends and returns generated by reinvestment of dividends.

Index	Index Period	Cap?	Participation Rate
S&P 500® Index	1 Year 2 Year	Yes, adjustable Yes, adjustable	100% 100%
Sector Rotator Daily RC2 5% Index[1]	1 Year	No	Yes, adjustable
BNP Paribas Momentum Multi-Asset 5 Index[2]	1 Year 2 Year	No No	Yes, adjustable Yes, adjustable

1. The S&P 500 Sector Rotator Daily RC2 5% Index has limited historical information having launched on 10/19/2018. For more information about the S&P Sector Rotator Daily RC2 5% Index, visit https://www.spglobal.com/spdji/en/indices/strategy/sp-500-sector-rotator-daily-rc2-5-index/#overview.
2. The BNP Paribas Momentum Multi-Asset 5 Index (BNPP Momentum 5 Index) has limited historical information. The BNPP Momentum 5 Index is an index strategy, launched on 1/27/2017. For more information about the BNPP Momentum 5 Index, visit https://momentum5index.bnpparibas.com.

Key Terms

Index Cap Rate: The maximum index rate used in calculating the index credited amounts for a participation account. Minimum index cap varies by index period:

1. year capped accounts — 3% cap
2. year capped accounts — 6% cap

Index Date: Sometimes called a sweep date, is the date on which an index period begins or ends and it will be the 10th or 25th of the month. All funds received prior to an index date will be deposited first to the fixed account then swept into the index accounts on the next index date. If an index date falls on a date on which the New York Stock Exchange is not open for trading or Ameritas Life Insurance Corp isn't open for business, the index value will be determined using the index value as of preceding business day.

Index Floor Rate: Minimum index rate used in calculating index credited amounts for a participation account.

Index Period: Time between the beginning index date and ending index date of a participation account.

Index Rate: The percentage change in the index value from the beginning date of the index period to the ending date of the index period. The index rate for each participation account cannot exceed the index cap rate declared for the index period.

Participation Account: One of the divisions of the account value upon which index credited amounts are based.

Participation Rate: The percentage of the index rate credited to the account value. Minimum guaranteed participation rates for uncapped index options are 25%.

Point-to-Point index crediting method

This interest crediting method helps lock in interest rate earnings and maximize the upside growth potential of equity indexes. The company compares the value of the index on the first day of the index period to its value on the last day of the index period to calculate the percentage change.

If the index has risen, clients "lock in" gains because policy values will receive an adjustment at the end of the index period resulting from the increase in the index on which their interest crediting method is based. The index value on the last day of that index period is then used as the starting point for the next index period.

If the index has fallen below the initial starting point, clients are protected from loss due to the 0% floor in the participation account. The lower index value at the end of that index period becomes the starting point for measuring the annual growth in the index for the next index period, creating potential for growth if the index recovers.

Capped participation

Funds in a capped participation account receive no interest throughout the index year and an index credit, if applicable, at the end of the index year for each participation bucket. The index credit is calculated for each index bucket based upon a participation rate
and a cap declared at the beginning of the index period. With the point-to-point capped method, if the index increases, your client will realize a gain up to a certain maximum point, or cap, multiplied by a participation rate.

Uncapped participation

Funds in an uncapped participation account receive no interest throughout the index year and an index credit, if applicable, at the end of the index year for each participation bucket. The index credit is calculated for each index bucket based upon a participation rate declared at the beginning of the index period. With the point-to-point uncapped method, if the index increases, your client will realize a percentage gain equal to reference index performance over index period multiplied by the declared participation rate.

How it works

At the end of each index period, account value in the participation accounts is credited with an amount of interest called the index credit. The index credit is determined by multiplying the percentage increase during the index period by the company-declared participation rate and applying that rate to the average account value in the participation account for that index and index period.

Index Credited Amount Rate = Participation Rate × Percentage Increase in the Index

First, the percentage change in the index is calculated. For example, the index starts the index period at 1,300 and ends at 1,560.

The index increased by 260 (1,560 – 1,300 = 260). The percentage increase in the index is 20%. (260/1,300 = 20%) If the percentage change in the index is negative, the 0% index floor rate is applied.

This chart illustrates how the index credited amount rates are calculated. Note, if the index does not increase, then no index credit will be applied.

Interest Credited to Participation Account			
A: % Change in Index	**B: Index Cap Rate**	**C: Participation Rate**	**D: Interest Credited = (Lesser of A or B) × C**
20%	7%	100%	7%
0%	7%	100%	0%
5%	n/a	200%	10%
0%	n/a	140%	0%
-10%	7%	100%	0%

Policy loans

The cash surrender value is the account value, minus the surrender charge, minus any loan or lien balance. It may be borrowed any time except during a grace period. The maximum loan amount is the cash surrender value, minus loan interest to the next policy anniversary, minus the sum of the next three monthly deductions.

A loan may be repaid in full or in part at any time before the insured's death or surrender of the policy. If the insured dies with a loan outstanding, the amount of the policy loan and loan interest will be deducted from death proceeds.

The policy will allow for either fixed interest or variable interest on the loan balance. The client must choose which interest type when they take the policy loan. The client may change interest type once per year (rolling 12-month period) from the time the loan was taken or from the last change of interest type was made.

Interest is calculated in advance. It accrues daily and becomes a part of the loan balance. Interest payments are due on each policy anniversary. If interest is not paid when due, it is added to the loan balance and will bear interest at the rate charged on the loan.

Changing loan types

Subject to the terms of the variable loan endorsement, your client may change from a fixed loan to a variable loan or from a variable loan to a fixed loan by written notice. The loan type may not be changed during the 12-month period following the date a loan is taken or the date the loan type is changed. The entire loan balance must be exchanged and will be treated as a repayment of the existing loan balance followed by a new loan of the other loan type. The amount of the new loan will be equal to the amount required to repay the existing loan balance.

Death benefit

Policy loans impact the policy's death benefit. The policy's death benefit will be reduced by any outstanding loan payoff amount.

Fixed loan

The loaned portion of the account value will be credited with interest at the rate of 2.5% (1.0% guaranteed) and will be charged with interest at the following rates:

- Years 1-10: 3.38% in advance, equivalent to 3.50% in arrears (current and guaranteed); net rate: 1.00% current (2.50% guaranteed).
- Years 11+: 2.44% in advance, equivalent to 2.50% in arrears (current and guaranteed); net rate: 0.00% current (1.50% guaranteed).

A fixed loan, whether or not repaid, will have a permanent effect on the death benefit and policy values, because loaned amounts will be excluded from the participation accounts in the calculation of index credits.

Variable loan

Variable loans are available beginning in year 3. With a variable loan, the loaned amount and the loan interest remains in the account(s) to which it is already allocated and will continue to have interest credited in the same manner.

The loaned amount will be charged an interest rate that is tied to the Moody's Corporate Bond Yield Average as published by Moody's Investors Services, Inc. The loan rate will be set each policy anniversary and will not be changed more often than once a year. The rate will never be more than the greater of Moody's Corporate Bond Yield Average for the calendar month ending two months before the beginning of the policy year or the rate used to compute the guaranteed account value plus 1%. Additionally, the variable interest rate will never exceed the declared fixed account interest rate for the calendar month ending two months before the policy anniversary plus 1%.

Overloan Protection Benefit

This rider protects the policyholder from a policy lapse (and potentially the resulting taxation) when there is a large outstanding loan balance by providing paid-up life insurance. There is no cost for this endorsement, unless it is exercised.

The endorsement may be exercised if the following conditions are met:

- The insured is age 75 or older;
- The policy is in its 11th policy year or later;
- The outstanding loan balance is more than the specified amount and more than 92.5%, but less than 96% of the account value. If the outstanding policy loan is greater than 96% of the account value, the client can repay loan balance to bring the balance within the range of 92.5% and 96% of account value.

Once the endorsement is elected, the following changes will occur:

- On the date the benefit is elected, 3.5% of the account value is deducted and the specified amount will be equal to the remaining account value multiplied by the applicable IRC Section 7702 corridor factor. No further changes in the specified amount will be allowed.
- The death benefit option will be set to Option A and no further changes in the death benefit option will be allowed.
- The death benefit proceeds will equal the death benefit on the insured's date of death minus any outstanding loan balance.
- Any rider attached to the policy will terminate, and any charges or fees associated with the riders will cease.
- No additional premiums will be accepted.
- No additional partial withdrawals and loans will be allowed, except for automatic loans to cover loan interest not paid when due.
- No monthly deductions will be taken.
- All amounts not allocated to the loan account will be allocated to the fixed account.
- The death benefit at any time after the benefit is elected will equal the greater of the specified amount, the account value times the appropriate corridor factor or the outstanding loan balance times the appropriate corridor factor.

Termination: Endorsement will terminate at the earliest of policy termination or written notice from the owner to terminate this rider.

Reinstatement: The endorsement may be reinstated upon reinstatement of the policy.

Withdrawals, surrenders and lapses

Partial withdrawals

Policyowners may make partial withdrawals at any time except during the grace period by submitting written notice to the company. The minimum partial withdrawal amount is $100. Each partial withdrawal will be deducted from the account value of the policy. The death benefit will be reduced by the amount of the partial withdrawal, but cannot be reduced to less than $25,000. The policy must maintain enough cash surrender value to provide for three monthly deductions.

Full cash surrenders

If policyowners surrender their policy, they will receive the cash surrender value, which is the account value minus the surrender charge minus any loan balance, minus any lien balance.

The surrender charge varies by issue age, rate classification, sex and duration. It is a per $1,000 of initial specified amount charge and is in effect for 14 years from issue and/or from the date of any increase. There is no pro rata surrender charge for partial withdrawals that are less than the cash surrender value.

Lapse and grace period

If the policyholder does not give notice of termination to the company and further premiums are not paid, insurance on the primary insured and that provided by riders remains in force for as long as there is sufficient cash surrender value from which to deduct insurance costs and expenses.

Starting on the monthly date when the cash surrender value is less than the monthly deduction for the policy month to follow, a grace period of 61 days is given for the payment of enough premium to cover the monthly deduction plus the next three monthly deductions. If the premium is not paid within the grace period, all insurance stops. If the insured dies during the grace period, the death benefit is paid but reduced by the past due monthly deductions

Minimum no-lapse period

During the first 20 years, the policy will remain inforce and will not begin the grace period if the sum of the premiums paid to date—less any withdrawals, loans and loan interest—equals or exceeds the minimum monthly premium multiplied by the number of policy months since the date of issue.

Reinstatement

If the policy terminates without value, it can be reinstated with evidence of insurability. At reinstatement, charges for the grace period and current month will be deducted from the account value, and underwriting is required. Policies cannot be reinstated after 5 years past the termination date.

Income tax considerations

When values are removed from an in-force policy through partial withdrawals, reductions in the specified amount may result. Potentially, distributions may be subject to income tax to the extent of the gain involved (especially on a fully funded policy within the first seven policy years). The rules for determining any applicable tax are complex and depend on how long the policy has been in force.

Certain sales illustrations call for surrenders of policy values at various times. A partial withdrawal may involve the possibility that some portion of the surrender is subject to tax. While this possibility usually is a minor consideration in these illustrations, it should not be ignored. The product software is designed to give the agent a warning if the proposed withdrawals would result in taxation. A policyholder should be advised to seek competent legal or tax counsel.

A Modified Endowment Contract (MEC) is a life insurance policy issued on or after June 22, 1988, which fails the seven-pay premium test. The test period starts at issue and lasts seven years; a new test period starts whenever the life policy incurs a material change. A policy can also be a MEC if the policy was issued on or before June 20, 1988, if it has had a material change (i.e. increased or exchanged) and fails the seven-pay test, within seven years after the date of the change. Once a policy becomes a MEC it will always remain a MEC.

Under a MEC, distributions are included in taxable income up to the amount of gain in the contract. Any gain is deemed to be distributed before the investment in the contract. Gain is the difference between the cash surrender value before reduction by any surrender charge and the policyowner's investment in the contract. Investment in the contract basically equals the premiums paid less any prior distribution received tax-free. Policy loans from a MEC would also be considered a taxable distribution unlike a policy which is not a MEC.

In addition, there is a 10% IRS tax penalty applied to the amount of any pre-death distribution from a MEC that is includable in gross income. There are three exceptions to this additional tax:

1. The taxpayer is at least age 59
2. The taxpayer has become disabled or
3. The distribution is part of a series of substantially equal periodic payments, such as an annuity, over the lifetime of the taxpayer.

Section 7702A(b) defines the seven-pay test as follows: "A contract fails to meet the seven-pay test of this subsection if the accumulated amount paid under the contract at any time during the first seven contract years exceeds the sum of the net level premiums which would have been paid on or before such time if the contract provided for paid-up future benefits after the payment of seven level annual premiums."

Death benefit options

Death Benefit Option A (level) and B (increasing)

Death benefit proceeds, which are the amount payable to the beneficiary upon the death of the insured, equal the death benefit (as defined below for the selected option) minus any policy loan balance and any lien balance. The cost of insurance rate is applied only to the net amount at risk, which equals the death benefit (discounted for one month at the fixed account guaranteed interest rate) less the account value. For all options, regardless of the death benefit option in effect, the death benefit may be adjusted upward to make sure the policy qualifies as life insurance under federal tax law.

Death Benefit Option A (level)

The death benefit payable is the specified amount of insurance.

Death Benefit Option B (increasing)

The death benefit payable is the specified amount of insurance plus the account value. This is a larger death benefit than Option A. A larger premium is required to accumulate the same cash value as in Option A, since the amount of pure insurance remains constant.

Change of death benefit

Policyowners can change to Death Benefit Option A or B at any time.

Current Option	Change to Option	Results
A	B	Specified amount is adjusted so that death benefit is unchanged
B	A	No change in specified amount; death benefit reduces to equal specified amount

Policyowners may ***increase*** the specified amount at any time after the first policy year and before age 80. Underwriting is required.

Policyowners may ***decrease*** the specified amount after year one. The decrease must be for at least $1,000. The remaining base policy specified amount must be at least $50,000. The decrease has no effect on surrender charges or monthly specified amount charges.

Riders

Accelerated Benefit for Terminal Illness

ONLY AVAILABLE WHEN CARE4LIFE IS NOT

Design:	Provides a guaranteed amount upon diagnosis of a terminal illness. When terminally ill, as much as 75% of the eligible amount, up to $1 million may be advanced.
Issue Ages:	20–65
Cost:	None
Termination:	The rider will terminate at the earliest of the date the owner provides written notice to terminate the rider or the policy lapses.
Reinstatement:	The rider may be reinstated upon reinstatement of the policy.
Available After Issue:	No.

Accidental Death Benefit

Design:	Pays an additional death benefit to the beneficiary in the event of the insured's death resulting from accidental bodily injury occurring within 180 days of the injury.
Issue Ages:	20–65
Substandard Rating:	The rider may be added to a policy that is rated Table 1 to 10.
Minimum Amount of Rider Coverage:	$25,000.
Maximum Amount of Rider Coverage:	Age 20 – $50,000 Age 21-25 – $100,000 Age 26-55 – $150,000 Age 56-65 – $100,000
Termination:	Rider terminates at the earliest of ▪ When any premium for the policy is due and unpaid beyond the end of the premium's grace period; ▪ When the policy terminates for any reason other than the death of the insured; ▪ The policy anniversary nearest the insured's 70th birthday; ▪ If the death of the insured shall occur by suicide within two years from the issue date of this rider ▪ The date the company receives written notice from the owner requesting termination of this rider.
Reinstatement:	The rider may be reinstated upon reinstatement of the policy.
Available After Issue:	No.

Care4Life Accelerated Death Benefit

Design: Provides an accelerated death benefit if the insured faces a serious medical hardship such as a critical, chronic or terminal illness. In New York and California, the Care4Life benefits are offered through three independent riders—Critical Illness, Chronic Illness and Terminal Illness and vary for the Critical Illness Rider. The Care4Life riders are not a long-term care product.

Qualifying Event	Benefit Amount
Critical Illness	Up to 25% of the eligible amount with a maximum of $250,000
Critical Illness	Up to 50% of eligible amount with a maximum of $1 million
Terminal Illness	Up to 75% of eligible amount with a maximum of $1 million

Eligible Amount: Specified amount of the base policy, the supplemental coverage and the early cash value riders, as of the first accelerated benefit request.

Issue Ages: 20–65. In California, the Critical Illness Rider is only available to insureds age 64 or younger who have comprehensive health benefits from a health insurance policy, HMO or employer plan and the invasive life threatening cancer is replaced by invasive/metastatic cancer.

Substandard Rating: This rider may be added to a policy where the table rating is worse than Table 4. For policies with table ratings worse than Table 4, terminal illness coverage may be available. Underwriters may decline to issue this rider based upon their discretion.

Payment Frequency: Accelerated death benefits will be paid in a lump sum for critical illness and terminal illness. If the maximum chronic illness accelerated death benefit amount payable does not exceed the per diem limitation declared for that year by the Internal Revenue Service, then the amount payable will be in a single sum. If the maximum amount payable under a chronic illness qualifying event exceeds the per diem limitation declared for that year by the Internal Revenue Service, then the amount payable will be paid in periodic installments.

The first payment will be made immediately but will be limited to the annualized per diem limitation. A second payment will occur on the first business day of the calendar year following the initial payment. The amount of the second payment will be limited to the lesser of the remaining amount owed or the per diem limited for the new calendar year. Thereafter, if proceeds remain payable, the policyowner should request the payment once per year, where the year starts with the anniversary date of the initial payment. Each payment will be limited by the remaining amount owed or the per diem limitations.

Lien: The advanced payment plus a $250 administrative fee (guaranteed maximum except in Florida $100 current and max.) plus accrued interest is treated as a lien against death benefit proceeds. The maximum lien interest rate will be the greater of the current yield on ninety-day treasury bills; or the current maximum statutory adjustable policy loan interest rate.

Residual Death Benefit: Upon the death of the insured, we will pay at least the 10% residual death benefit, reduced by the amount of any partial withdrawals taken after the first accelerated benefit request and any loan balance.

Multiple Accelerations: If less than one year has passed since the initial acceleration of an event and the sum of all accelerated death benefits under this rider has not reached the lifetime maximum accelerated death benefit, then additional death benefit may be accelerated under this same event. There can be up to five policy death benefit accelerations. This includes a first-time event, a subsequent acceleration for the same event, and the reoccurrence of a previous event.

Care4Life Accelerated Death Benefit

Continued

Total Maximum Acceleration: The maximum lifetime accelerated benefit payments on the insured may not exceed 75% of the eligible amount with a maximum of $1 million.

Qualifying Terminal Illness: When the insured has been certified by a physician as having an illness or physical condition, which can reasonably be expected to result in death within 12 months. Except in California, only one acceleration is permitted for a terminal illness.

Qualifying Critical Illness: Qualifying Critical Illness: Definitions are listed below. These critical illnesses have a waiting period: stroke (30 days), paralysis (90 days) and coma (96 hours). In New York, qualifying events are limited to open heart surgery, angioplasty or myocardial infarction, life threatening cancer, stroke, major transplant or end-stage renal failure and critical illness may not be exercised if the policy is a Modified Endowment Contract at the time of acceleration request.

1. **Invasive Life-Threatening Cancer:** Diagnosis of a disease manifested by the presence of one or more malignant tumors and characterized by the uncontrolled growth and spread of malignant cells and the invasion of normal neighboring tissue or distant lymph node or organ metastasis. Types of cancer include carcinoma, melanoma, leukemia, lymphoma, multiple myeloma, myelodysplastic syndrome, and sarcoma. No benefit will be payable under this condition for any of the following: pre-malignant lesions, benign tumors, polyps, or dysplasia; carcinoma in-situ; any non-melanoma skin cancer, except those with distant lymph node or organ metastasis; malignant melanoma skin cancer that is less than or equal to 1.0 mm in thickness, unless it is ulcerated or is accompanied by distant lymph node or organ metastasis; chronic lymphocytic leukemia classified as Rai State 0; early prostate cancer diagnosed as T1a or T1b by the AJCC Staging System without distant lymph node or metastasis; papillary thyroid cancer or follicular thyroid cancer, or both, that is less than or equal to 2 cm in greatest diameter and is classified as T1 by the AJCC Staging System, without lymph node or distant metastasis.

In California the previous paragraph 1) is replaced by this paragraph 1):

1. **Invasive/Metastatic Cancer:** A disease which is characterized by the presence and uncontrolled growth and spread of malignant cells and the invasion into normal tissue outside of the originating organ or distant lymph node or organ metastasis. Diseases classified as leukemias, lymphomas, or other uncontrolled growth of blood cells, where treatment beyond the monitoring of blood tests is initiated or recommended by a qualified medical professional, are included. Diseases of the pancreas, ovary, lung, brain, esophagus, and liver that are classified as malignant cancers of these organs and are not classified as benign tumors, cysts, or growths of these organs will be considered an Invasive/Metastatic Cancer whether or not the malignant cancer has been shown to have invaded into normal tissue outside of the originating organ or distant lymph node or organ metastasis. Invasive/Metastatic Cancer does not include, and no accelerated benefit if available for: any skin cancer, including malignant melanoma that has not invaded the dermis layer of the skin (malignant melanoma that has invaded into the dermis or deeper is considered Invasive Cancer); pre-malignant condition with malignant potential, benign tumors, or benign polyps; prostate cancer that has not spread or metastasized outside of the prostate into nearby tissue, lymph nodes or other organs; breast cancer that has not spread or metastasized outside of the breast into nearby tissue, lymph nodes or other organs; or any cancer that has not spread or metastasized from its originating organ, other than those stated in the above description.

Care4Life Accelerated Death Benefit

Continued

Qualifying Critical Illness:

2. **Stroke:** a cerebrovascular incident caused by infarction or brain tissue, cerebral hemorrhage, thrombosis or embolization from an extra-cranial source and producing a measurable neurological deficit that persists for at least 30 consecutive days following the occurrence of the stroke. Stroke does NOT include Transient Ischemic Attacks (TIAs), Vertebro-basilar insufficiency, retinal vessel illnesses, lacunar infarcts which do not meet the definition of stroke and Intracerebral vascular events due to trauma.
3. **Major Heart Attack:** The death of a portion of the heart muscle resulting from obstruction of blood supply to the relevant area based on the presence of a diagnostic elevation of cardiac enzymes or biomedical markers and the presence of chest pain and at least one of the following: new electrocardiographic (EKG) changes which support the diagnosis; identification of an intracoronary thrombus by angiography; or imaging evidence of a new loss of viable heart muscle or a new regional wall motion abnormality. Major heart attack does not include angina or the chance finding of electrocardiographic (EKG) changes indicative of a previous heart attack.
4. **End Stage Renal Failure:** The irreversible and total failure of both kidneys in which the use of hemodialysis or peritoneal dialysis is deemed to be medically necessary.
5. **Major Organ Transplant:** The insured must be placed on a transplant list or have been the recipient of a heart, lungs, liver, kidneys, pancreas or bone marrow.
6. **Amyotrophic Lateral Sclerosis (ALS):** A definite diagnosis of ALS diagnosed by a Consultant Neurologist.
7. **Blindness Due to Diabetes:** Total and irreversible loss of vision in both eyes solely as a result of diabetic retinopathy. Corrected visual acuity being 20/200 or less in both eyes or the field of vision being less than 20 degrees in both eyes.
8. **Paralysis of Two or More Limbs:** Complete and permanent loss of use of two or more limbs through neurological injury for a continuous period of at least 90 days.
9. **Major Burns:** Diagnosis of burns that are a full-thickness or third-degree burn covering at least 20% of the body surface.
10. **Coma:** a profound state of unconsciousness from which the insured cannot be aroused to consciousness, and in which stimulation will produce no more than primitive avoidance reflexes, which last for a period of at least 96 hours, and for which period the Glasgow coma score must be 4 or less. A definite diagnosis of coma must be documented by evidence of a neurological deficit that is expected to last for a continuous 12-month period or longer from the date of the diagnosis to determine coma. Life support systems must be required throughout the period of unconsciousness. Excludes comas secondary to any alcohol or drug abuse and/or narcotics and comas caused/prolonged for therapeutic reasons.
11. **Aplastic Anemia:** chronic persistent bone marrow failure, confirmed by biopsy, which results in anemia, neutropenia and thrombocytopenia requiring blood product transfusion, and treatment with at least one of the following marrow stimulating agents, immunosuppressive agents or bone marrow transplantation.
12. **Benign Brain Tumor:** non-cancerous tumor within the cerebral tissue or the cerebral meninges resulting in permanent neurological symptoms and where open, surgical intervention is deemed medically necessary. Tumors in the pituitary gland, cysts, granulomas and tumors in the cranial nerves (e.g. acoustic neuroma), or malformations in, or of, the brain substance, cerebral arteries or veins and/or the spinal cord are not covered.

Care4Life Accelerated Death Benefit

Continued

13. **Aortic Aneurysm:** diagnosis that intervention is deemed medically necessary for disease or trauma to the aorta requiring either an open surgical repair with excision and replacement of the diseased or traumatized aorta with a graft or an endovascular repair with a stent graft. Aorta refers to the thoracic and abdominal aorta but not its branches.
14. **Heart Valve Replacement:** diagnosis that surgery is medically necessary to replace any heart valve with either a natural or mechanical valve. Heart valve surgery or repair utilizing transvascular percutaneous valve procedures are not covered by this definition.
15. **Coronary Artery Bypass Graft Surgery:** diagnosis that surgery is medically necessary to correct narrowing or blockage of one or more coronary arteries with bypass graft(s). Any other surgical procedure, such as but not limited to, angioplasty, intra-arterial procedures, or trans-catheter percutaneous are not covered.

Qualifying Chronic Illness:

When the insured is unable to perform (without hands-on assistance) at least two activities of daily living, and has been unable to perform them for a period of at least 90 days; or has suffered severe cognitive impairment to the extent that substantial supervision is required to ensure the insured's health and safety. Certification of the chronic illness is required every 12 months. In New York, choose from annual payments up to HIPAA limits or monthly 2% installments paid over 50 months or monthly 1% installments paid over 100 months.

Activities of Daily Living:

1. **Dressing:** the ability to put on and take off all garments and medically necessary braces or artificial limbs usually worn, and to fasten or unfasten them
2. **Toileting:** the ability, with or without the help of adaptive devices, to get to and from or on and off the toilet; and to perform associated personal hygiene

Activities of Daily Living (cont.):

3. **Transferring:** the ability to move in and out of a chair, bed, or wheelchair with or without equipment such as canes, quad canes, walkers, crutches or grab bars or other support devices including mechanical or motorized devices;
4. **Continence:** the ability to voluntarily control bowel and bladder function, or, in the event of incontinence, the ability to maintain a reasonable level of personal hygiene including caring for a catheter or colostomy bag;
5. **Eating:** the ability to feed oneself by getting food into one's body from a receptacle (such as a plate or cup or table) or by a feeding tube or intravenously; and
6. **Bathing:** the ability to wash oneself, with or without the help of adaptive devices, by sponge bath; or in the tub or shower, including the task of getting in and out of the tub or shower

Severe Cognitive Impairment:

A diagnosis by a physician who is a certified neurologist of Alzheimer's disease and similar forms of irreversible dementia supported by medical evidence of a loss or deterioration in intellectual capacity that includes short-or long-term memory, orientation to people, places, or time, abstract or deductive reasoning, and judgment as it pertains to safety.

Termination:

The rider will end at the earlier of written request from your client or termination of the policy.

Reinstatement:

The rider may be reinstated upon reinstatement of the policy.

Available After Issue:

No

Lifetime Income (Not available in WA)

Design:	Provides a guaranteed lifetime income for the owner.
Issue Ages:	20–65
Cost:	No cost for the rider until it is activated.
Conditions Required to Activate Rider:	The insured must be between ages 50 and 85 and must not currently be receiving any benefits from any of the policy's other riders. The policy must have a cash surrender value of at least $5,000 and death benefit option A. It must have been at least 10 years since the policy was issued or the specified amount was increased.
Upon Activating Rider:	Specified amount is reduced by the greater of the difference between the specified amount and the account value minus the activation charge, multiplied by the applicable IRC Section 7702 corridor factor shown on the policy schedule or zero. All other existing riders attached to the policy are terminated. A partial withdrawal is taken from the account value to repay any existing loans. The owner elects the disbursement option from one of the following: ▪ Level ▪ Increasing by 3% each year. ▪ Potentially increasing by x% each year where every subsequent year the disbursements will be compared to the corresponding disbursements from the prior year
Requirements to Continue Payments:	Death benefit option must remain Option A. No additional partial withdrawals, other than the payment of the income benefits may be taken. No premium payments will be accepted, and no specified amount changes will be allowed.
Rated Policies:	Rider is available.
Termination:	Disbursements will cease when this rider terminates. The rider will terminate at the earliest of death of the insured, policy termination or lapse or owner requests termination of this rider.
Reinstatement:	The rider may be reinstated upon reinstatement of the policy.
Available After Issue:	Yes

Waiver of Specified Premium

Design:	Provides payment of a specified premium to be credited to the policy as premiums paid during continued covered disability of the insured after the total disability has continued for six consecutive months while the policy and this rider are in force. On any monthly date during continued covered disability, the benefit that is paid may be more or less than the cost of insurance and other charges. The cash surrender value may increase or decrease. Additional premium payments may be required to keep the policy in force. If the disability occurs before age 60, we will credit specified premium during the entire disability while the policy remains in force. If the disability occurs on or after age 60, but before age 65, premium will be credited to the policy while the disability continues until the policy anniversary nearest the insured's 65th birthday.

Waiver of Specified Premium

Continued

Definition of Total Disability:	During the first 24 months of total disability, the insured is unable to perform any of the substantial and material duties of his or her occupation for wage or profit, due to sickness or accidental bodily injury. Being a homemaker or student is considered engaging in work for wage or profit. After the first 24 months of total disability, the insured is unable to perform any of the substantial and material duties of his or her occupation for wage or profit, or any other occupation for which he or she becomes reasonably suited by education, training or experience, due to sickness or accidental bodily injury. Being a homemaker or student is considered engaging in work for wage or profit. Total disability also includes the total and permanent loss of sight, hearing, speech or the use of limbs.
Issue Ages:	20–55
Substandard Rating:	The rider may be added to a policy that is rated Table 1 to 10.
Cost:	Based on the insured's age, sex and underwriting classification.
Reinstatement:	The rider may be reinstated upon reinstatement of the policy.
Available After Issue:	Yes

Ethos Perks

Design:	Ethos' signature online estate planning tools.
Issue Ages:	20-65
Allowed with:	Guideline Premium and CVAT policies
Benefit provided by this rider:	Provides access to certain benefits, referred to as Perks which may include goods, services, online subscriptions, mobile applications, tools, gift cards and other programs which are developed to help clients manage health, wellness, financial or life insurance needs. Participation in any or all perks are optional. Ethos may enroll the client in certain services, but the client is free to opt out at any time.
Conditions:	▪ These Perks are provided at no cost to the client. ▪ Perks may be available through third party vendors. As such, these Perks are subject to the Vendor's terms, conditions, privacy policies and other applicable rules and disclosures. ▪ Clients may be offered the option to participate in additional services or features that are not part of Perks. Participation in these additional services or features are at the discretion of the client who may incur costs as determined by the third party provider. These are not a part of the Perks program. ▪ Any Perk may be replaced or terminated at any time by Ethos. If a Perk is changed or terminated Ethos will provide the client notification at least 5 days in advance. If the client decides to keep the perk after the termination date, the client will be responsible for any costs to keep the benefit active. ▪ Participation in the Perks program will not change the insured's risk classification or be used as the basis to deny a request to reinstate insurance
Termination:	This benefit will terminate when the policy terminates.
Available after Issue:	No

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The Care4Life riders are not a long-term care product.

Withdrawals and loans will reduce available death benefit and policy value. Withdrawals beyond basis may be taxable income. Excessive and unpaid loans will reduce death benefits and policy value and may cause the policy to lapse. If a policy lapses, unpaid loans are treated as distributions for tax purposes.

The information presented here is not intended as tax or other legal advice. For application of this information to your client's specific situation, your client should consult an attorney.

The S&P 500 Sector Rotator Daily RC2 5% Index has limited historical information having launched on 10/19/2018. For more information about the S&P 500 Sector Rotator Daily RC2 5% Index, visit https://www.spglobal.com/spdji/en/indices/strategy/sp-500-sector-rotator-daily-rc2-5-index/#overview.

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