

# New Vista® Individual Whole Life Insurance

Issued by S.USA Life Insurance Company, Inc., a member of Prosperity Life Group

### **Fact Sheet**

Policy Form #'s ICC16FELPUECS16, ICC16FEGPUECS16, ICC16FEMPUECS16, FELPUEFL17, FEGPUEFL17, FEMPUECA17, FEMPUECA17, FEMPUECA17, FEMPUEDE18, FEGPUEDE18, FEMPUEDE18

PRODUCT DESCRIPTION	New Vista is a series of whole life products particularly suited to the senior market. This is a simplified issue product and features a three-tier classification. Customers can qualify for the Level, Graded, or Modified plans based on health history.				
PREMIUM GUARANTEE & RENEWABILITY	Premium is level throughout the	premium payment period. Premium p	paying period ends at age 121.		
ISSUE AGES	55-80 for the Level, Graded, and	Modified Plans. (Ages 50-80 in CA) A	ge is determined by last birthday.		
COVERAGE AMOUNT	\$5,000 to \$35,000 (\$35,000 ag	gregate max for multiple Final Expens	se policies on the same insured.)		
BILLING OPTIONS & PREMIUM MODES	Direct Bill – Annual; Semi-Annua Recurring draft: EFT, Debit Card a	l; Quarterly and Direct Express MasterCard - Anno	ual; Semi-Annual; Quarterly; Monthly		
POLICY FEE	Annual \$60.00, Semi-Annual \$3	0.90, Quarterly \$15.90, Monthly \$5.4	0		
UNDERWRITING	the answers to the application he an applicant may be referred to t randomly selected for personal h Sale Approval, which allows the a	This is a simplified issue product. In most cases, the underwriting decision will be based on height/weight, the answers to the application health questions, MIB, and a prescription drug check. In certain situations, an applicant may be referred to the Home Office for additional underwriting. Some applicants will be randomly selected for personal history interviews. The policy must be applied for using Apptical for Point of Sale Approval, which allows the agent and client to complete the sale in one appointment.			
RIDERS		nefit rider can be added at the time of must be age 74 or younger at the time ed to all three plan types.			
DEATH BENEFIT*	Level Plan	Graded Plan	Modified Plan		
	The death benefit is equal to the face amount of the policy from the 1st day of coverage.	<ul> <li>During the first year of coverage, the death benefit is equal to 30% of the face amount.</li> <li>During the second year of coverage, the death benefit is equal to 70% of the face amount.</li> <li>After the second year of coverage, the death benefit is equal to the face amount of the policy.</li> <li>In the event of Accidental Death, death benefit is equal to the face amount from the first day of coverage.</li> </ul>	<ul> <li>During the first year of coverage, the death benefit is equal to 110% of the annual premium (excluding the policy fee).</li> <li>During the second year of coverage, the death benefit is equal to 231% of the annual premium (excluding the policy fee).</li> <li>After the second year of coverage, the death benefit is equal to the face amount of the policy.</li> <li>In the event of Accidental Death, death benefit is equal to the face amount from the first day of coverage.</li> </ul>		

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NOT A	NOT FDIC	NOT GUARANTEED BY ANY	NOT GUARANTEED	MAY LOSE
DEPOSIT	INSURED	FEDERAL GOVERNMENT AGENCY	BY THE BANK	VALUE

ACCELERATED DEATH BENEFIT* (not available in California)	Accelerated Death Benefit is a built-in feature that allows for acceleration of up to 50% of the death benefit in the event the insured is diagnosed with a Terminal Illness while the policy is in force.
FORMS	See the Application Kit for state specific disclosure forms and other forms required at point of sale.  Application Kits are available in the Agent Portal.

<sup>\*</sup>Refer to the policy for applicable definitions, exclusions, and limitations. You must disclose all limitations and exclusions to the client.

## **Height and Weight Table**

Height	Minimum Weight All Plans	Max Weight Level	Max Weight Graded	Max Weight Modified
4'6"	68	187	202	218
4'7"	71	194	209	225
4'8"	74	201	216	232
4'9"	77	208	223	239
4'10"	80	215	230	246
4'11"	83	222	237	253
5'00"	86	229	245	262
5'01"	89	237	253	271
5'02"	92	246	262	280
5'03"	95	253	269	288
5'04"	98	260	278	297
5'05"	101	268	286	306
5'06"	104	275	294	315
5'07"	107	284	304	325
5'08"	110	292	313	334
5'09"	113	299	321	343
5'10"	117	308	330	353
5'11"	121	316	339	362
6'00"	125	325	348	372
6'01"	129	333	356	381
6'02"	133	341	366	391
6'03"	137	349	373	399
6'04"	142	357	382	409
6'05"	147	365	392	419
6'06"	152	373	406	434
6'07"	159	381	413	442
6'08"	162	389	421	450
6'09"	167	397	430	460

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### New Vista Rates per \$1,000

(Rates are subject to change and do not include policy fee)

		LEVEL	LEVEL PLAN		
	Male Non-	Male	Female Non-	Female	
Age	Smoker	Smoker	Smoker	Smoker	
50	34.35	50.83	28.39	38.57	
51	35.04	51.63	28.56	39.22	
52	35.73	52.44	28.74	39.87	
53	36.42	53.25	28.91	40.51	
54	37.11	54.06	29.09	41.16	
55	37.80	54.87	29.26	41.80	
56	39.61	57.75	30.58	43.65	
57	41.42	60.63	31.91	45.50	
58	43.23	63.50	33.23	47.35	
59	45.04	66.38	34.55	49.20	
60	46.86	69.26	35.87	51.05	
61	49.59	73.46	37.76	53.70	
62	52.33	77.65	39.66	56.34	
63	55.07	81.85	41.56	58.99	
64	57.81	86.05	43.46	61.64	
65	60.55	90.24	45.36	64.29	
66	65.33	96.51	48.63	68.76	
67	70.10	102.78	51.89	73.24	
68	74.87	109.05	55.16	77.72	
69	79.65	115.32	58.43	82.19	
70	84.42	121.59	61.70	86.67	
71	92.00	131.62	66.38	92.45	
72	99.58	141.65	71.06	98.23	
73	107.16	151.68	75.74	104.00	
74	114.73	161.71	80.42	109.78	
75	122.31	171.74	85.10	115.56	
76	129.93	182.97	89.12	119.84	
77	137.55	194.21	93.15	124.12	
78	145.16	205.45	97.17	128.40	
79	152.78	216.69	101.20	132.68	
80	160.40	227.93	105.22	136.96	
Modal	Annual	Semi-Annual	Quarterly	Monthly	
Factor	1.0000	0.5150	0.2650	0.09	
Policy Fee	60.00	30.90	15.90	5.40	

Ages 50-54 available in CA only.

Sample	Male, Age 60, Non-Smoker, \$20,000 Coverage; Monthly Premium
Calculation	Rate per \$1,000 = \$46.86; Modal Factor = 0.09; Monthly Policy Fee = \$5.40
	\$46.86 x 0.09 x 20 = \$84.35 + \$5.40 = <b>\$89.75 per Month</b>

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DEPOSIT	INSURED	FEDERAL GOVERNMENT AGENCY	BY THE BANK	VALUE	

## New Vista Rates per \$1,000

Ages 50-54 available in CA

only.

(Rates are subject to change and do not include policy fee)

	GRADED PLAN			
	Male Non-	Male	Female Non-	Female
Age	Smoker	Smoker	Smoker	Smoker
50	49.82	68.92	40.33	50.77
51	52.75	73.25	41.43	52.65
52	55.67	77.59	42.54	54.54
53	58.60	81.92	43.65	56.42
54	61.53	86.25	44.75	58.30
55	64.46	90.59	45.86	60.19
56	67.87	95.52	47.52	62.23
57	71.29	100.45	49.18	64.27
58	74.71	105.38	50.84	66.31
59	78.13	110.32	52.50	68.35
60	81.54	115.25	54.16	70.40
61	85.69	120.66	57.62	74.56
62	89.83	126.08	61.07	78.73
63	93.97	131.49	64.53	82.90
64	98.12	136.91	67.98	87.06
65	102.26	142.32	71.43	91.23
66	106.67	148.40	75.47	97.24
67	111.09	154.48	79.50	103.26
68	115.50	160.55	83.53	109.27
69	119.91	166.63	87.57	115.29
70	124.32	172.71	91.60	121.31
71	135.45	188.43	99.89	132.73
72	146.57	204.16	108.18	144.16
73	157.69	219.88	116.47	155.59
74	168.82	235.61	124.76	167.02
75	179.94	251.33	133.04	178.44
76	194.99	272.70	145.70	192.52
77	210.04	294.06	158.35	206.59
78	225.09	315.42	171.00	220.66
79	240.14	336.79	183.65	234.73
80	255.18	358.15	196.30	248.81
	Annual	Semi-Annual	Quarterly	Monthly
Modal			-	-
Factor	1.0000	0.5150	0.2650	0.09
Policy Fee	60.00	30.90	15.90	5.40
,				

	Male, Age 60, Non-Smoker, \$20,000 Coverage; Monthly Premium
Sample Calculation	Rate per \$1,000 = \$81.54; Modal Factor = 0.09; Monthly Policy Fee = \$5.40
	\$81.54 x 0.09 x 20 = \$146.77 + \$5.40 = <b>\$152.17 per Month</b>

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DEPOSIT	INSURED	FEDERAL GOVERNMENT AGENCY	BY THE BANK	VALUE	

### New Vista Rates per \$1,000

(Rates are subject to change and do not include policy fee)

	MODIFIED PLAN			
	Male Non-	Male	Female Non-	Female
Age	Smoker	Smoker	Smoker	Smoker
50	81.67	113.25	78.29	97.94
51	85.02	116.88	79.47	100.32
52	88.36	120.52	80.64	102.71
53	91.71	124.16	81.82	105.09
54	95.05	127.79	82.99	107.47
55	98.40	131.43	84.17	109.86
56	103.24	137.02	87.75	114.13
57	108.09	142.62	91.34	118.40
58	112.93	148.22	94.92	122.67
59	117.78	153.81	98.50	126.94
60	122.62	159.41	102.09	131.21
61	125.09	162.61	103.67	132.68
62	127.55	165.81	105.26	134.14
63	130.01	169.01	106.85	135.61
64	132.47	172.21	108.43	137.07
65	134.94	175.42	110.02	138.53
66	141.39	182.94	113.67	143.65
67	147.84	190.46	117.32	148.76
68	154.29	197.99	120.98	153.87
69	160.74	205.51	124.63	158.98
70	167.19	213.04	128.28	164.10
71	176.09	223.67	132.26	169.83
72	185.00	234.31	136.23	175.56
73	193.91	244.94	140.21	181.29
74	202.81	255.58	144.19	187.03
75	211.72	266.22	148.16	192.76
76	234.13	298.11	159.62	206.29
77	256.54	330.01	171.08	219.82
78	278.95	361.91	182.54	233.35
79	301.36	393.80	193.99	246.88
80	323.77	425.70	205.45	260.41
Modal	Annual	Semi-Annual	Quarterly	Monthly
Factor	1.0000	0.5150	0.2650	0.09
Policy Fee	60.00	30.90	15.90	5.40

Ages 50-54
available in CA
only.

6 1	Male, Age 60, Non-Smoker, \$20,000 Coverage; Monthly Premium
Sample	Rate per \$1,000 = \$122.62; Modal Factor = 0.09; Monthly Policy Fee = \$5.40
Calculation	\$122.62 x 0.09 x 20 = \$220.72 + \$5.40 = <b>\$226.12 per Month</b>

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#### **Accidental Death Benefit Rider**

(Rates are subject to change)

Annual Premiums Per \$1,000 of Rider				
Age	Male	Female		
50	3.92	3.00		
51	3.98	3.00		
52	4.06	3.00		
53	4.16	3.00		
54	4.28	3.00		
55	4.42	3.00		
56	4.56	3.00		
57	4.74	3.00		
58	4.94	3.00		
59	5.16	3.10		
60	5.40	3.24		
61	5.64	3.40		
62	5.92	3.54		
63	6.22	3.72		
64	6.52	3.92		
65	6.86	4.12		
66	7.20	4.32		
67	7.56	4.54		
68	7.96	4.78		
69	8.36	5.02		
70	8.82	5.30		
71	9.32	5.58		
72	9.84	5.90		
73	10.40	6.26		
74	11.06	6.62		

Ages 50-54 available in CA only.

	Male, Age 60, \$20,000 Coverage; Monthly Premium
Sample	Rate per \$1,000 = \$5.40; Modal Factor = 0.09 Monthly Policy Fee = \$5.40
Calculation	\$5.40 x 0.09 x 20 = <b>\$9.72</b> per Month (Rider Only)
	\$46.86 (Level Plan) x 0.09 x 20 = \$84.35 + \$5.40 + \$9.72(Rider) = <b>\$99.47 per Month</b>

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L	DEPOSIT	INSURED	FEDERAL GOVERNMENT AGENCY	BY THE BANK	VALUE