AMERICAN HERITAGE LIFE INSURANCE COMPANY
HOME OFFICE:
1776 AMERICAN HERITAGE LIFE DRIVE
JACKSONVILLE, FLORIDA 32224-6687
(904) 992-1776

A Stock Company

We agree to pay the benefits set out in this policy subject to its provisions, exclusions and limitations. This policy is a legal contract between you and us, American Heritage Life Insurance Company.

CONSIDERATION

Your policy is issued to you in consideration of your application and the payment of the first premium. Your policy is effective from 12:01 a.m. Standard Time in the state you reside in on the effective date.

NOTICE OF 20 DAY RIGHT TO EXAMINE POLICY

You may, within 20 days after receipt of this policy, return it to us or to our agent. Upon such return of the policy, it will be void as of the effective date; any premium paid will be refunded. If you have a complaint, an inquiry or need to obtain information regarding your coverage, you may call us toll-free at 1-800-521-3535.

GUARANTEED RENEWABLE TO AGE 70, SUBJECT TO OUR RIGHT TO CHANGE PREMIUMS BY CLASS

We cannot place any restrictive riders or cancel or refuse to renew your policy if you maintain it continuously in force. You have the right to renew this policy until the first premium due date on or after your 70th birthday, by the payment of premiums at the rate then in effect at the beginning of each term or within the grace period. We can change the rates on premiums becoming due after the first premium. However, we can only change the rate on this policy by making the rate change for all such policies in a class. If we do change rates on all like policies in your class, we will mail notice of this change. Notice will be mailed at least 31 days prior to such change. It will be mailed to the address shown on our records. No change in premiums is effective unless this notice is mailed to you at the last known address contained in our records.

The California Department of Insurance should be contacted if discussions with us, our agent or other representative, or both have failed to satisfactorily resolve a consumer problem. The address of the Department's Consumer Services Division is: 300 S. Spring Street, Los Angeles, CA 90013. The phone number is: 1-800-927-HELP.

Signed for AMERICAN HERITAGE LIFE INSURANCE COMPANY at its Home Office on the effective date.

Secretary

President

DISABILITY INCOME POLICY
GUARANTEED RENEWABLE TO AGE 70
SUBJECT TO THE COMPANY'S RIGHT TO CHANGE PREMIUMS BY CLASS
NON-PARTICIPATING
PRE-EXISTING CONDITION LIMITATION APPLIES - SEE PAGE 6

POLICY CONTENTS

A copy of your application, any additional benefits added by rider, and any added provisions follow page 7.

DEFINITIONS

The following terms are defined as used in this policy:

Age. Age means age on last birthday.

Benefit Period. Beginning the first day after the elimination period, the period of total disability shown on page 3 for which the monthly benefit is paid.

Class. Class is based upon issue age, occupation class, benefit option and geographic area of the insured.

Effective Date. The policy date shown on page 3. This is the date coverage first goes into effect. This date is assigned by the home office in accordance with our policy dating rules in effect at the time this policy is issued.

Elimination Period. The period of consecutive days of total disability as shown on page 3 during which no benefit is paid. Each new benefit period is subject to a new elimination period.

Extended Family. Means your spouse and anyone else who is related to you or your spouse to the following degree by blood, marriage, adoption or operation of law: parents; and grandparents; and brothers; and sisters; and children; and grandchildren; and aunts; and uncles; and nephews; and nieces.

Full-Time Job or Full-Time Basis. A job at which you have worked 25 or more hours a week for pay or profit for at least the last 3 months.

Injury. Only accidental bodily injury which:
1. is sustained after the effective date of coverage; and
2. is the direct cause of the loss independent of disease, bodily infirmity, or any other cause; and
3. occurs while the policy is in force.

Insured. The person accepted for coverage by us who has completed and signed the application and whose name appears on the Policy Specifications (page 3).

Issue Age. Your age on the policy date.

Maximum Benefit Period. The maximum period of time, after the elimination period has been met, for which we will pay benefits. The maximum benefit period other than when you attain age 70 is shown on page 3. The maximum benefit period when you attain age 70 is described on page 5.

Monthly Benefit. The monthly benefit shown on page 3.

Off the Job Injury. An injury that occurs while you are not working at any job for pay or benefits.

On the Job Injury. An injury that occurs while you are working at any job for pay or benefits.

Partially Disabled or Partial Disability. You are partially disabled when, due to sickness or an off the job injury, you are unable to perform with reasonable continuity the substantial and material acts necessary to pursue your usual occupation in the usual or customary way on a full time basis, but you are able to work at your usual occupation part-time.

Physician. A duly licensed physician other than the insured or a member of the insured's extended family, practicing within the scope of the person's license.

Policy Date. The effective date of this policy as shown on page 3.

Pre-Existing Condition. A condition not disclosed in the application for which:
1. symptoms existed within the 6 month period prior to the effective date of coverage; or
2. medical advice or treatment was recommended or received from a member of the medical profession within the 6 month period prior to the effective date of coverage.

A pre-existing condition can exist even though a diagnosis has not yet been made.

Sickness. A disease or illness which first manifests itself after the effective date of coverage and while this policy is in force.

A sickness can manifest itself even though a diagnosis has not yet been made.

Totally Disabled or Total Disability. You are totally disabled, when, due to sickness or an off the job injury, you are unable to perform with reasonable continuity the substantial and material acts necessary to pursue your usual occupation in the usual or customary way.

Under the Influence. A condition as determined by the laws of the state in which the loss occurred.

Usual Occupation. The occupation you are performing when a period of total disability begins. If you are unemployed at the time a period of total disability begins, usual occupation means any occupation in which you could engage with reasonable continuity and reasonably be expected to perform satisfactorily in light of your age, education, training, experience, station in life, physical and mental capacity.

We, Our, Us or Company. American Heritage Life Insurance Company.

You or Your. The insured shown on page 3.

BENEFITS

The following is shown on page 3:

1. the elimination period; and
2. the monthly benefit amount; and
3. the maximum benefit period other than when you attain age 70.

Subject to the terms of this policy, we pay a monthly benefit (or part of the monthly benefit, if less than a full month) at the end of the month for which it is due. You will receive benefits as long as you remain totally disabled, except we pay only up to the maximum benefit period for any one total disability. The maximum benefit period may differ when you attain age 70 (see the Maximum Benefit Period When you Attain Age 70 provision).

Total Disability Benefit. We pay the monthly benefit (after the elimination period) if we receive written certification by a physician that you are totally disabled.

Partial Disability Benefit. We pay 50% of the monthly benefit if we receive written certification by a physician a that you are partially disabled, subject to the following:

1. The Total Disability Benefit must have been payable for at least one full month immediately prior to being partially disabled.
2. The maximum benefit period for a partial disability is 3 months.
3. For a given period of disability, you may receive either a partial disability benefit, or a total disability benefit, but not both.
4. Benefits paid under this benefit count towards your maximum benefit period.

Pregnancy Benefit. Pregnancy or childbirth is covered the same as sickness when a total disability for pregnancy or childbirth first begins 10 or more months after the effective date and you otherwise meet the definition of total disability.

Maximum Benefit Period When You Attain Age 70. If you are receiving benefits or satisfying the elimination period when you attain age 70 and we have paid monthly benefits for less than the maximum benefit period for such disability, we will pay a monthly benefit during the period you remain eligible for benefits, for the lesser of:

1. the balance of the applicable maximum benefit period; or
2. 12 months after you attain age 70.

Monthly Benefit Payable for a Part of a Month. If a monthly benefit is payable for any period less than a full month, we pay 1/30th of the applicable monthly benefit for each day.

Recurrent Disabilities. If you are disabled from the same cause or a related cause within 6 months after you no longer meet the definition of partial disability or total disability, it is considered the same disability. You will not be required to satisfy a new elimination period, and a new maximum benefit period will not apply.

Concurrent Disability. During any period in which you are disabled due to more than one cause, benefits will be paid as if you are disabled due to only one cause. In no event will being disabled due to more than one cause extend the time for which benefits will be paid under the maximum benefit period.

Waiver of Premiums. After monthly benefits are payable for 90 consecutive days, we waive future premiums that fall due for as long as monthly benefits are payable. However, we will not waive premiums beyond the maximum benefit period shown on page 3.

PRE-EXISTING CONDITION LIMITATION

We do not pay benefits under this policy for disability or loss that begins within 6 months of the effective date, if caused by a pre-existing condition, unless the condition:

1. was disclosed without material misrepresentation in written answer to questions in the application for this policy; and
2. is not excluded by name or specific description.

A disability that begins after 6 months from the effective date that is caused by a pre-existing condition and is not excluded by name or specific description is covered.

OTHER LIMITATIONS AND EXCLUSIONS

We do not pay benefits under this policy for total disability due to or resulting from:

1. an on the job injury; or
2. any act of war, whether or not declared, participation in a riot, insurrection or rebellion; or
3. intentionally self-inflicted injuries; or
4. injury incurred while engaging in an illegal occupation or committing or attempting to commit a felony; or
5. attempted suicide, while sane or insane; or
6. Intoxicants or Controlled Substances. We are not liable for loss sustained or contracted in consequence of any covered person being intoxicated or under the influence of any controlled substance unless administered on the advice of a physician; or
7. participation in any form of aeronautics except as a fare paying passenger in a licensed aircraft provided by a common carrier and operating between definitely established airports; or
8. bipolar affective disorder (manic depressive syndrome), delusional (paranoid) disorders, psychotic disorders, somatoform disorders (psychosomatic illness), eating disorders, schizophrenia, anxiety disorders or mental illness without demonstrable organic disease. This policy will pay, however, for covered disabilities resulting from Alzheimer's disease, or similar forms of senility or senile dementia (without a requirement of demonstrable organic disease), first manifested while coverage is in force; or
9. voluntary inhalation of gas or fumes.

Disability benefits will not be provided during any period of incarceration.

If you are or become disabled due to a covered injury or sickness while you are outside the United States and you are disabled longer than the elimination period, your maximum benefit period while you are outside the United States will be limited to 30 days.

TERMINATION PROVISION

This policy terminates at the earliest of:

1. the end of the grace period, if any renewal premium is not paid prior to that time; or
2. the end of the last renewal period as described in the Renewal Provision; or
3. your death.

GENERAL PROVISIONS

Entire Contract; Changes. This policy, including the endorsements and the attached papers, if any, constitutes the entire contract of insurance. No change in this policy shall be valid until approved by an executive officer of the insurer and unless such approval be endorsed hereon or attached hereto. No agent has authority to change this policy or to waive any of its provisions.

Time Limit on Certain Defenses. After two years from the date of issue of this policy no misstatements, except fraudulent misstatements, made by the applicant in the application for such policy shall be used to void the policy or to deny a claim for loss incurred or disability (as defined in the policy) commencing after the expiration of such two-year period.

No claim for loss incurred or disability (as defined in the policy) commencing after two years from the date of issue of this policy shall be reduced or denied on the ground that a disease or physical condition not excluded from coverage by name or specific description effective on the date of loss had existed prior to the effective date of coverage of this policy.

Grace Period. A grace period of 31 days will be granted for the payment of each premium falling due after the first premium, during which grace period the policy shall continue in force.

Reinstatement. If any renewal premium be not paid within the time granted the insured for payment, a subsequent acceptance of premium by the insurer or by any agent duly authorized by the insurer to accept such premium, without requiring in connection therewith an application for reinstatement, shall reinstate the policy; provided, however, that if the insurer or such agent requires an application for reinstatement and issues a conditional receipt for the premium tendered, the policy will be reinstated upon approval of such application by the insurer or, lacking such approval, upon the forty-fifth day following the date of such conditional receipt unless the insurer has previously notified the insured in writing of its disapproval of such application.

The reinstated policy shall cover only loss resulting from such accidental injury as may be sustained after the date of reinstatement and loss due to such sickness as may begin more than 10 days after such date. In all other respects the insured and insurer shall have the same rights thereunder as they had under the policy immediately before the due date of the defaulted premium, subject to any provisions endorsed hereon or attached hereto in connection with the reinstatement. Any premium accepted in connection with a reinstatement shall be applied to a period for which premium has not been previously paid, but not to any period more than 60 days prior to the date of reinstatement.

Notice of Claim. Written notice of claim must be given to the insurer within 20 days after the occurrence or commencement of any loss covered by the policy, or as soon thereafter as is reasonably possible. Notice given by or on behalf of the insured or the beneficiary to the insurer at 1776 American Heritage Life Drive, Jacksonville, Florida or to any authorized agent of the insurer, with information sufficient to identify the insured, shall be deemed notice to the insurer.

Claim Forms. The insurer, upon receipt of a notice of claim, will furnish to the claimant such forms as are usually furnished by it for filing proofs of loss. If such forms are not furnished within 15 days after the giving of such notice the claimant shall be deemed to have complied with the requirements of this policy as to proof of loss upon submitting, within the time fixed in the policy for filing proofs of loss, written proof covering the occurrence, the character and the extent of the loss for which claim is made.

Proof of Loss. Written proof of loss must be furnished to the insurer at its said office in case of claim for loss for which this policy provides any periodic payment contingent upon continuing loss within 90 days after the termination of the period for which the insurer is liable and in case of claim for any other loss within 90 days after the date of such loss. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity, later than one year from the time proof is otherwise required.

Time of Payments of Claims. Indemnities payable under this policy for any loss other than loss for which this policy provides any periodic payment will be paid immediately upon receipt of due written proof of such loss. Subject to due written proof of loss, all accrued indemnities for loss for which this policy provides periodic payment will be paid monthly and any balance remaining unpaid upon the termination of liability will be paid immediately upon receipt of due written proof.

Payment of Claims. Indemnity for loss of life will be payable in accordance with the beneficiary designation and the provisions respecting such payment which may be prescribed herein and effective at the time of payment. If no such designation or provision is then effective, such indemnity shall be payable to the estate of the insured. Any other accrued indemnities unpaid at the insured's death may, at the option of the insurer, be paid either to such beneficiary or to such estate. All other indemnities will be payable to the insured.

If any indemnity of this policy shall be payable to the estate of the insured, or to an insured or beneficiary who is a minor or otherwise not competent to give a valid release, the insurer may pay such indemnity, up to an amount not exceeding $1,000, to any relative by blood or connection by marriage of the insured or beneficiary who is deemed by the insurer to be equitably entitled thereto. Any payment made by the insurer in good faith pursuant to this provision shall fully discharge the insurer to the extent of such payment.

Physical Examinations and Autopsy. The insurer at its own expense shall have the right and opportunity to examine the person of the insured when and as often as it may reasonably require during the pendency of a claim hereunder and to make an autopsy in case of death where it is not forbidden by law.

Legal Actions. No action at law or in equity shall be brought to recover on this policy prior to the expiration of 60 days after written proof of loss has been furnished in accordance with the requirements of this policy. No such action shall be brought after the expiration of 3 years after the time written proof of loss is required to be furnished.

Change of Beneficiary. Unless the insured makes an irrevocable designation of beneficiary, the right to change of beneficiary is reserved to the insured and the consent of the beneficiary or beneficiaries shall be requisite to surrender or assignment of this policy or to any change of beneficiary or beneficiaries, or to any other changes in this policy.

Misstatement of Age. If the age of the insured has been misstated, all amounts payable under this policy shall be such as the premium paid would have purchased at the correct age.

Unpaid Premium. Upon the payment of a claim under this policy, any premium then due and unpaid or covered by any note or written order may be deducted therefrom.

Conformity with State Statutes. Any provision of this policy which, on its effective date, is in conflict with the statutes of the state in which the insured resides on such date is hereby amended to conform to the minimum requirements of such statutes.

AMERICAN HERITAGE LIFE INSURANCE COMPANY
Jacksonville, Florida 32224

ENDORSEMENT FOR 5 YEAR BENEFIT PERIOD

The Disability Policy this Endorsement is attached to is amended as follows:

I. The following definitions are added to the Section titled "DEFINITIONS."

Any Occupation. Any occupation in which you engage with reasonable continuity and could reasonably be expected to perform satisfactorily in light of your age, education, training, experience, station in life, physical and mental capacity.

Usual Occupation Period. The 2 year period immediately following your satisfaction of the elimination period.

II. The definition titled "Partially Disabled or Partial Disability" is deleted and replaced with the following:

Partially Disabled or Partial Disability.

1. **During the Usual Occupation Period.** During the usual occupation period, partially disabled or partial disability means that, due to sickness or an off the job injury, you are unable to perform with reasonable continuity the substantial and material acts necessary to pursue your usual occupation in the usual or customary way on a full-time basis, but you are able to work at your usual occupation part time.
2. **Following the Usual Occupation Period.** Following the usual occupation period, partially disabled or partial disability means that, due to sickness or an off the job injury, you are unable engage with reasonable continuity in any occupation as defined above on a full-time basis, but you are able to work part time.

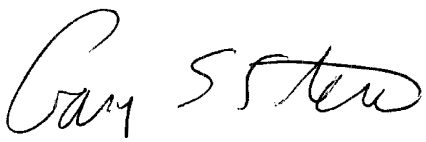
III. The definition titled "Totally Disabled or Total Disability" is deleted and replaced with the following:

Totally Disabled or Total Disability.

1. **During the Usual Occupation Period.** During the usual occupation period totally disabled or total disability means that, due to sickness or an off the job injury, you are unable to perform with reasonable continuity the substantial and material acts necessary to pursue your usual occupation in the usual or customary way.

2. **Following the Usual Occupation Period.** Following the usual occupation period, totally disabled or total disability means that, due to sickness or an off the job injury, you are unable to engage with reasonable continuity in any occupation as defined above.

This endorsement does not change, alter or amend the policy in any way except as expressly stated herein.



Secretary

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AMERICAN HERITAGE LIFE INSURANCE COMPANY

Jacksonville, Florida 32224-6688

AMENDMENT

The following is added to the General Provisions of the policy/certificate to which it is attached:

> **Cooperation of Beneficiary.** The beneficiary must reasonably cooperate during any investigation and/or adjudication of a claim. This includes the authorization for the release of medical records and other information.

This Amendment does not change, alter, or amend the policy/certificate except as stated.

This Amendment becomes effective as of the policy/certificate date.

Secretary

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AMERICAN HERITAGE LIFE INSURANCE COMPANY

Jacksonville, Florida 32224-6688

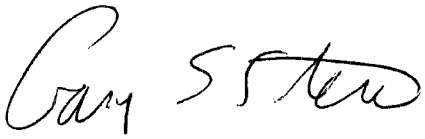
AMENDMENT

The following provision is added to the General Provisions of the policy to which this amendment is attached:

> **Receipt of Premiums.** You will be given credit for premiums under this policy at the time the premiums are actually received by us or our authorized agent. Financial institutions (such as banks and credit unions) and employers who send your premiums to us directly at your request, are not our agents, and premiums paid by those parties are not credited until actually received by us.

This Amendment does not change, alter or amend the policy except as stated above.

This Amendment becomes effective as of the policy date.



Secretary

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