



HMS[®] *plus*

Rate Guide

Policy Series 301/302/303/304/314/315

You have access to friendly, responsive agent and customer service representatives who are ready to answer your questions daily Monday - Friday, 8:00 A.M. to 5:00 P.M., Central. There is only one number you need to remember, **800.231.0801**, to reach any Americo representative.

Reach any of the departments below by calling one number:

800.231.0801

Activity	Email & Fax
Questions regarding: Product knowledge, Supplies, Americo.com, Illustrations & Software, Underwriting, Pending Business, Licensing & Contracting, Amendments, Commissions, Debt, E&O information	agent.services@americo.com
Custom and Pre-approved Advertising, Advertising Compliance Review	marketing.support@americo.com
Submitting Paperwork: New applications to receive customized confirmation, Underwriting and Delivery Requirements, Licensing Paperwork, Amendments, Proof of E&O Coverage	submit@Americo.com Fax: 800.395.9238
Policy information, Service forms, Claims, Inforce illustrations	customer.service@americo.com Fax: 800.395.9238
TeleAmendments	855.248.8327

Mailing Addresses

General Delivery:
PO BOX 410288
Kansas City, MO 64141-0288

Overnight:
300 W. 11th Street
Kansas City, MO 64105-1618

Helpful Links

www.Americo.com
www.AgentCafe.com
www.AmericoHMSPlus.com
SC.Americo.com
SCDemo.Americo.com

All rates to calculate guaranteed premiums can be found in the following rate charts. Contact Americo Agent Services at 800.231.0801 for guaranteed ART rates.

Table Of Contents

HMS Plus CBO Base Guaranteed Rates.....	3
HMS Plus 125 Base Guaranteed Rates.....	4
HMS Plus 100 Base Guaranteed Rates.....	5
HMS Plus CBO Additional Insured Rates.....	6
HMS Plus 125 Additional Insured Rates.....	7
HMS Plus 100 Additional Insured Rates.....	8
HMS Plus Payment Protector Premium Rates.....	9
HMS Plus Payment Protector Continuation Premium Rates	10
HMS Plus Continuation Premium Rates.....	11
HMS Plus w/ADB Premium Rates	12
Disability Income Rider Rates	12
Waiver of Premium for Disability Rider Rates.....	12
Income Term Rider Annual Premium Rates	13

HMS Plus CBO Base Guaranteed Rates - Add \$90 policy fee Annual Rates per \$1,000

HMS Plus CBO - Full guarantee. Base coverage only - no riders

Issue Ages	15 Year		20 year		25 Year		30 Year	
	NS	SM	NS	SM	NS	SM	NS	SM
20	15.75	24.00	8.90	13.30	6.25	9.80	5.10	8.00
21	15.75	24.00	8.90	13.30	6.25	9.80	5.12	8.04
22	15.75	24.00	8.90	13.30	6.25	9.80	5.14	8.08
23	15.75	24.00	8.90	13.30	6.25	9.80	5.16	8.12
24	15.75	24.00	8.90	13.30	6.25	9.80	5.18	8.16
25	15.75	24.00	8.90	13.30	6.25	9.80	5.20	8.20
26	16.07	24.66	9.00	13.53	6.35	10.01	5.30	8.41
27	16.39	25.34	9.10	13.77	6.45	10.23	5.40	8.62
28	16.72	26.04	9.20	14.01	6.55	10.45	5.50	8.84
29	17.06	26.76	9.30	14.25	6.65	10.67	5.60	9.07
30	17.40	27.50	9.40	14.50	6.75	10.90	5.70	9.30
31	17.77	28.20	9.66	15.09	6.96	11.38	5.89	9.75
32	18.15	28.92	9.92	15.70	7.17	11.88	6.08	10.23
33	18.54	29.66	10.19	16.34	7.39	12.40	6.28	10.73
34	18.94	30.42	10.47	17.00	7.62	12.94	6.49	11.25
35	19.35	31.20	10.75	17.70	7.85	13.50	6.70	11.80
36	20.16	32.75	11.21	18.68	8.21	14.33	7.08	12.56
37	21.00	34.38	11.69	19.72	8.58	15.21	7.49	13.37
38	21.88	36.09	12.19	20.82	8.97	16.15	7.92	14.24
39	22.80	37.88	12.71	21.98	9.38	17.14	8.37	15.16
40	23.75	39.75	13.25	23.20	9.80	18.20	8.85	16.15
41	24.97	42.19	13.93	24.62	10.35	19.35	9.46	17.20
42	26.25	44.78	14.64	26.13	10.93	20.57	10.10	18.31
43	27.60	47.52	15.39	27.73	11.55	21.87	10.79	19.50
44	29.02	50.43	16.18	29.43	12.20	23.25	11.53	20.76
45	30.50	53.52	17.00	31.25	12.90	24.70	12.30	22.10
46	32.04	56.79	18.08	32.91	13.78	26.33	13.13	23.59
47	33.65	60.26	19.23	34.66	14.72	28.07	14.01	25.18
48	35.35	-	20.45	36.50	15.73	29.92	14.95	26.87
49	37.13	-	21.75	38.44	16.80	31.89	15.95	28.68
50	39.00	-	23.12	40.50	17.94	34.00	17.00	30.60
51	40.82	-	24.41	42.49	19.15	-	18.55	-
52	42.73	-	25.76	44.58	20.46	-	20.14	-
53	44.73	-	27.20	-	21.85	-	21.87	-
54	46.82	-	28.71	-	23.33	-	23.74	-
55	49.00	-	30.30	-	24.90	-	25.77	-
56	-	-	31.34	-	-	-	-	-
57	-	-	32.41	-	-	-	-	-
58	-	-	33.52	-	-	-	-	-
59	-	-	34.66	-	-	-	-	-
60	-	-	35.86	-	-	-	-	-

NS-Non-nicotine, SM-Nicotine • All Rates Unisex • Not available in all states. Certain restrictions apply. HMS Plus CBO (Policy Series 315).

To calculate premium: {Face amount/1000} * rate + \$90 policy fee = annual premium
To calculate monthly premium: annual premium/12

HMS Plus CBO Additional Insured Rates. Annual Rates per \$1,000

HMS Plus CBO - Full guarantee.

Issue Ages	20/20		25/25		30/30	
	NS	SM	NS	SM	NS	SM
20	1.74	3.11	2.40	3.63	2.55	4.14
21	1.74	3.11	2.40	3.63	2.55	4.14
22	1.74	3.11	2.40	3.63	2.55	4.14
23	1.74	3.11	2.40	3.63	2.55	4.14
24	1.74	3.11	2.40	3.63	2.55	4.14
25	1.74	3.11	2.40	3.63	2.55	4.14
26	1.84	3.26	2.53	3.81	2.67	4.41
27	1.94	3.42	2.65	3.99	2.77	4.69
28	2.03	3.58	2.78	4.18	2.88	4.97
29	2.15	3.73	2.92	4.37	3.00	5.25
30	2.26	3.90	3.05	4.56	3.11	5.52
31	2.39	4.19	3.19	4.93	3.24	5.91
32	2.51	4.48	3.31	5.31	3.38	6.30
33	2.64	4.78	3.45	5.69	3.52	6.69
34	2.77	5.07	3.58	6.07	3.64	7.09
35	2.90	5.36	3.75	6.45	3.84	7.48
36	3.18	5.94	4.10	7.14	4.25	8.34
37	3.44	6.54	4.44	7.82	4.66	9.21
38	3.73	7.12	4.76	8.49	5.07	10.08
39	4.01	7.72	5.07	9.15	5.49	10.95
40	4.28	8.29	5.40	9.79	5.89	11.82
41	4.66	9.25	5.94	10.78	6.50	13.07
42	5.03	10.20	6.41	11.67	7.12	14.31
43	5.40	11.15	6.87	12.52	7.73	15.56
44	5.77	12.09	7.39	13.50	8.34	16.80
45	6.20	13.04	7.95	14.33	8.99	18.06
46	6.86	14.12	8.91	15.72	9.89	19.55
47	7.52	15.20	9.85	17.12	10.88	21.16
48	8.18	16.29	10.82	18.51	11.96	22.90
49	8.84	17.39	11.77	19.90	13.17	24.79
50	9.50	18.49	12.73	21.30	14.48	26.84
51	10.52	20.17	13.81	23.14	15.72	29.09
52	11.53	21.84	14.98	25.13	17.07	31.53
53	12.56	23.53	16.26	27.28	18.53	34.18
54	13.59	25.21	17.63	29.63	20.12	37.05
55	14.62	26.91	19.14	32.19	21.84	40.24
56	16.52	30.28	21.45	35.54	24.47	44.87
57	18.67	34.06	24.03	39.24	27.42	50.03
58	21.08	38.33	26.93	43.32	30.72	55.78
59	23.83	43.12	30.18	47.83	34.42	62.19
60	26.92	48.51	33.82	52.88	38.61	69.25
61	28.40	51.72	35.85	56.15	-	-
62	29.96	55.14	38.01	59.62	-	-
63	31.60	58.79	40.29	63.30	-	-
64	33.33	62.68	42.71	67.20	-	-
65	35.16	66.84	45.28	71.34	-	-
66	39.31	73.29	-	-	-	-
67	43.95	80.36	-	-	-	-
68	49.14	88.11	-	-	-	-
69	54.94	96.61	-	-	-	-
70	61.49	105.92	-	-	-	-

NS-Non-nicotine, SM-Nicotine ♦ All Rates Unisex ♦ Not available in all states. Certain restrictions apply. HMS Plus CBO (Policy Series 315).

To calculate premium: {Face amount/1000} * rate = annual premium
To calculate monthly premium for 100: annual premium * .095

HMS Plus Payment Protector - Premium Rates Per \$100 of Monthly Income

Issue Ages	15-Year Period		20-Year Period		25-Year Period		30-Year Period		To Age 70	
	NS	SM	NS	SM	NS	SM	NS	SM	NS	SM
20 - 25	14.50	26.50	20.50	35.10	33.20	46.70	39.00	58.00	72.90	114.30
26	14.78	26.94	21.40	36.28	34.20	48.50	40.10	60.40	73.00	115.00
27	15.06	27.38	22.30	37.46	35.20	50.30	41.20	62.80	73.10	116.00
28	15.34	27.82	23.20	38.64	36.20	52.10	42.30	65.20	73.60	117.50
29	15.62	28.26	24.10	39.82	37.20	53.90	43.40	67.60	74.20	119.60
30	15.90	28.70	25.00	41.00	38.20	55.70	44.50	70.00	74.90	121.80
31	16.42	29.98	26.44	43.64	40.20	59.44	46.48	75.02	75.80	124.80
32	16.94	31.26	27.88	46.28	42.20	63.18	48.46	80.04	76.90	128.00
33	17.46	32.54	29.32	48.92	44.20	66.92	50.44	85.06	77.70	130.60
34	17.98	33.82	30.76	51.56	46.20	70.66	52.42	90.08	78.60	133.60
35	18.50	35.10	32.20	54.20	48.20	74.40	54.40	95.10	79.70	137.00
36	20.16	38.60	34.76	59.62	51.90	80.94	59.92	107.08	80.70	140.60
37	21.82	42.10	37.32	65.04	55.51	87.34	65.44	119.06	81.00	144.50
38	23.48	45.60	39.88	70.46	59.03	93.59	70.96	131.04	81.30	148.00
39	25.14	49.10	42.44	75.88	63.13	100.72	76.48	143.02	81.70	151.50
40	26.80	52.60	45.00	81.30	66.53	106.75	82.00	155.00	82.00	155.00
41	29.52	58.08	48.72	89.88	72.98	118.18	89.52	169.56	84.53	155.41
42	32.24	63.56	52.44	98.46	78.60	128.25	97.04	184.12	87.07	155.82
43	34.96	69.04	56.16	107.04	84.99	139.56	104.56	198.68	89.60	156.22
44	37.68	74.52	59.88	115.62	90.41	149.27	112.08	213.24	92.14	156.63
45	40.40	80.00	63.60	124.20	94.67	157.04	119.60	227.80	94.67	157.04
46	45.28	86.48	70.24	134.32	103.89	172.28	130.80	247.24	95.10	160.59
47	50.16	92.96	76.88	144.44	113.10	187.51	142.00	266.68	95.52	164.14
48	55.04	99.44	83.52	154.56	122.32	202.75	153.20	286.12	95.95	167.70
49	59.92	105.92	90.16	164.68	131.54	217.98	164.40	305.56	96.37	171.25
50	64.80	112.40	96.80	174.80	140.76	233.22	175.60	325.00	96.80	174.80
51	70.68	121.42	105.46	188.64	154.60	255.15	191.98	351.24	-	-
52	76.56	130.44	114.12	202.48	168.43	277.09	208.36	377.48	-	-
53	82.44	139.46	122.78	216.32	182.27	299.02	224.74	403.72	-	-
54	88.32	148.48	131.44	230.16	196.11	320.95	241.12	429.96	-	-
55	94.20	157.50	140.10	244.00	209.94	342.88	257.50	456.20	-	-
56	101.34	177.60	151.48	271.00	227.20	369.99	291.26	517.70	-	-
57	108.48	197.70	162.86	298.00	244.46	397.09	325.02	579.20	-	-
58	115.62	217.80	174.24	325.00	261.72	424.19	358.78	640.70	-	-
59	122.76	237.90	185.62	352.00	278.98	451.30	392.54	702.20	-	-
60	129.90	258.00	197.00	379.00	296.24	478.40	426.30	763.70	-	-
61	139.70	294.02	215.06	424.76	322.18	522.28	-	-	-	-
62	149.50	330.04	233.12	470.52	348.13	566.17	-	-	-	-
63	159.30	366.06	251.18	516.28	374.07	610.05	-	-	-	-
64	169.10	402.08	269.24	562.04	400.02	653.94	-	-	-	-
65	178.90	438.10	287.30	607.80	425.96	697.82	-	-	-	-
66	201.00	484.48	337.28	672.76	-	-	-	-	-	-
67	223.10	530.86	387.26	737.72	-	-	-	-	-	-
68	245.20	577.24	437.24	802.68	-	-	-	-	-	-
69	267.30	623.62	487.22	867.64	-	-	-	-	-	-
70	289.40	670.00	537.20	932.60	-	-	-	-	-	-
71	356.16	828.00	-	-	-	-	-	-	-	-
72	422.92	986.00	-	-	-	-	-	-	-	-
73	489.68	1144.00	-	-	-	-	-	-	-	-
74	556.44	1302.00	-	-	-	-	-	-	-	-
75	623.20	1460.00	-	-	-	-	-	-	-	-

\$90 Annual Policy Fee

NS-Non-nicotine, SM-Nicotine ♦ All Rates Unisex ♦ Not available in all states. Certain restrictions apply. HMS Plus Payment Protector (Policy Series 303).
To calculate premium: {Monthly income/100} * rate + \$90 policy fee = annual premium
To calculate monthly premium: annual premium * .095

HMS Plus Payment Protector Continuation - Premium Rates Per \$100 of Monthly Income

Issue Ages	15-Year Period		20-Year Period		25-Year Period		30-Year Period		To Age 70	
	NS	SM	NS	SM	NS	SM	NS	SM	NS	SM
20 - 25	19.80	31.80	28.38	43.13	42.72	56.36	50.30	69.49	77.77	121.30
26	20.14	32.30	29.37	44.40	43.85	58.30	51.43	71.93	78.17	122.11
27	20.48	32.80	30.36	45.67	44.99	60.24	52.56	74.38	78.78	123.22
28	20.82	33.30	31.35	46.94	46.12	62.18	53.69	76.82	79.49	124.94
29	21.16	33.80	32.34	48.22	47.25	64.11	54.82	79.26	80.50	127.16
30	21.50	34.30	33.33	49.49	48.38	66.05	55.95	81.71	81.41	129.48
31	22.18	35.74	34.95	52.32	50.56	69.99	58.18	87.00	82.62	132.61
32	22.86	37.18	36.56	55.15	52.74	73.93	60.40	92.29	83.83	135.74
33	23.54	38.62	38.18	57.97	54.92	77.87	62.62	97.59	85.24	138.37
34	24.22	40.06	39.79	60.80	57.11	81.81	64.84	102.88	86.56	142.41
35	24.90	41.50	41.41	63.63	59.29	85.75	67.06	108.17	87.77	146.45
36	26.74	45.18	44.18	69.29	62.99	92.33	72.24	119.87	88.78	150.49
37	28.58	48.86	46.94	74.94	67.29	99.77	77.41	131.56	89.89	154.53
38	30.42	52.54	49.71	80.60	70.87	106.13	82.58	143.26	90.90	158.57
39	32.26	56.22	52.48	86.25	74.36	112.33	87.75	154.95	91.91	162.61
40	34.10	59.90	55.25	91.91	77.76	118.39	92.92	166.65	92.92	166.65
41	36.86	65.42	59.06	100.64	83.57	128.75	101.22	182.06	96.46	170.19
42	39.62	70.94	62.88	109.36	89.24	138.86	109.52	197.48	98.98	170.25
43	42.38	76.46	66.70	118.09	94.78	148.73	117.83	212.89	102.29	170.16
44	45.14	81.98	70.52	126.82	101.26	160.08	126.13	228.30	104.43	169.94
45	47.90	87.50	74.34	135.54	106.58	169.58	134.43	243.71	106.58	169.58
46	52.62	93.82	80.98	145.70	116.54	185.62	-	-	107.57	173.74
47	57.34	100.14	87.63	155.86	126.50	201.65	-	-	108.11	177.82
48	62.06	106.46	94.27	166.02	136.46	217.69	-	-	108.38	181.93
49	66.78	112.78	100.92	176.18	146.42	233.73	-	-	109.08	186.04
50	71.50	119.10	107.57	186.35	156.38	249.77	-	-	107.57	186.35
51	77.76	128.50	116.61	200.63	-	-	-	-	-	-
52	84.02	137.90	125.66	214.91	-	-	-	-	-	-
53	90.28	147.30	134.71	229.19	-	-	-	-	-	-
54	96.54	156.70	143.76	243.47	-	-	-	-	-	-
55	102.80	166.10	152.81	257.75	-	-	-	-	-	-
56	110.60	186.86	-	-	-	-	-	-	-	-
57	118.40	207.62	-	-	-	-	-	-	-	-
58	126.20	228.38	-	-	-	-	-	-	-	-
59	134.00	249.14	-	-	-	-	-	-	-	-
60	141.80	269.90	-	-	-	-	-	-	-	-

\$90 Annual Policy Fee

NS-Non-nicotine, SM-Nicotine * All Rates Unisex * Not available in all states. Certain restrictions apply. HMS Plus Payment Protector (Policy Series 304).
To calculate premium: {Monthly income/100} * rate + \$90 policy fee = annual premium
To calculate monthly premium: annual premium * .095

HMS Plus Continuation - Add \$90 policy fee Annual Rates per \$1,000

HMS Plus Continuation - Full guarantee. Base coverage only - no riders

Issue Ages	15 Year		20 year		25 Year		30 Year	
	NS	SM	NS	SM	NS	SM	NS	SM
20	1.74	2.56	2.06	2.91	2.19	3.25	2.33	3.78
21	1.74	2.56	2.06	2.91	2.19	3.25	2.33	3.78
22	1.74	2.56	2.06	2.91	2.19	3.25	2.33	3.78
23	1.74	2.56	2.06	2.91	2.19	3.25	2.33	3.78
24	1.74	2.56	2.06	2.91	2.19	3.25	2.33	3.78
25	1.74	2.56	2.06	2.91	2.19	3.25	2.33	3.78
26	1.76	2.63	2.10	3.02	2.30	3.41	2.43	4.05
27	1.79	2.70	2.14	3.14	2.41	3.58	2.54	4.32
28	1.81	2.76	2.18	3.25	2.53	3.73	2.65	4.61
29	1.84	2.83	2.22	3.37	2.64	3.89	2.75	4.88
30	1.86	2.90	2.26	3.48	2.75	4.05	2.85	5.15
31	1.94	3.07	2.36	3.74	2.87	4.38	2.99	5.54
32	2.01	3.24	2.46	3.99	2.99	4.71	3.13	5.94
33	2.09	3.42	2.57	4.24	3.11	5.04	3.26	6.33
34	2.16	3.59	2.67	4.49	3.23	5.36	3.40	6.73
35	2.24	3.76	2.77	4.75	3.35	5.70	3.55	7.12
36	2.46	4.19	3.04	5.25	3.65	6.33	3.94	8.00
37	2.68	4.62	3.31	5.77	3.98	7.02	4.33	8.89
38	2.90	5.06	3.60	6.27	4.27	7.63	4.72	9.77
39	3.12	5.49	3.87	6.79	4.59	8.31	5.11	10.66
40	3.34	5.92	4.14	7.29	4.87	8.91	5.50	11.53
41	3.59	6.51	4.47	8.11	5.39	9.91	6.13	12.88
42	3.84	7.09	4.81	8.94	5.85	10.80	6.76	14.21
43	4.08	7.68	5.14	9.76	6.36	11.80	7.38	15.55
44	4.33	8.26	5.47	10.58	6.87	12.79	8.01	16.89
45	4.58	8.85	5.81	11.40	7.31	13.64	8.64	18.23
46	5.03	9.73	6.39	12.36	8.22	15.08	9.77	19.97
47	5.48	10.61	6.99	13.32	9.13	16.51	10.90	21.70
48	5.94	11.50	7.58	14.28	9.94	17.76	12.03	23.44
49	6.39	12.38	8.17	15.24	10.84	19.18	13.16	25.18
50	6.84	13.26	8.76	16.20	11.74	20.60	14.29	26.92
51	7.50	14.26	9.65	17.79	13.04	22.80	15.76	29.15
52	8.16	15.26	10.53	19.37	14.34	25.01	17.22	31.38
53	8.81	16.26	11.43	20.97	15.47	26.91	18.67	33.61
54	9.47	17.26	12.32	22.55	16.75	29.09	20.14	35.84
55	10.13	18.26	13.21	24.14	18.03	31.27	21.60	38.08
56	10.93	19.55	15.37	28.11	-	-	-	-
57	11.73	20.84	17.54	32.08	-	-	-	-
58	12.52	22.12	19.71	36.05	-	-	-	-
59	13.32	23.41	21.88	40.02	-	-	-	-
60	14.12	24.70	24.04	43.99	-	-	-	-
61	15.94	29.81	-	-	-	-	-	-
62	17.76	34.92	-	-	-	-	-	-
63	19.57	40.02	-	-	-	-	-	-
64	21.39	45.13	-	-	-	-	-	-
65	23.21	50.24	-	-	-	-	-	-

NS-Non-nicotine, SM-Nicotine ♦ All Rates Unisex ♦ Not available in all states. Certain restrictions apply. HMS Plus Continuation (Policy Series 314).

To calculate premium: {Face amount/1000} * rate + \$90 policy fee = annual premium
To calculate monthly premium: annual premium/12

HMS Plus w/ADB Premium Rates

Term Life Death Benefit	ADB Coverage Amount	Monthly Premium	Annual Premium
\$1,000	\$100,000	\$25.00	\$263.16
\$1,000	\$150,000	\$33.00	\$347.37
\$1,000	\$200,000	\$40.00	\$421.05

Not available in all states. Certain restrictions apply. HMS Plus w/ADB (Policy Series 301).

Disability Income Rider

Annual rates per \$100 of Monthly Benefit.

In NJ, only 2-year option is available.

Disability Income Rider not available in CA, UT, and VI.

Issue Ages	1 Year	2 Year
20	7.05	11.00
21	7.05	11.00
22	7.05	11.00
23	7.05	11.00
24	7.05	11.00
25	7.05	11.00
26	7.42	11.58
27	7.79	12.16
28	8.16	12.74
29	8.53	13.32
30	8.90	13.90
31	9.27	14.48
32	9.65	15.06
33	10.02	15.64
34	10.39	16.22
35	10.76	16.80
36	11.50	17.96
37	12.25	19.12
38	12.99	20.28
39	13.73	21.44
40	14.48	22.60
41	15.22	23.76
42	15.96	24.92
43	16.70	26.08
44	17.45	27.24
45	18.19	28.40
46	19.33	30.18
47	20.46	31.95
48	21.60	33.73
49	22.74	35.50
50	23.88	37.28
51	25.01	39.05
52	26.15	40.83
53	27.29	42.60
54	28.43	44.38
55	29.56	46.15
56	32.59	50.88
57	35.62	55.62
58	38.65	60.35
59	41.69	65.09
60	44.72	69.82

Waiver of Premium for Disability Rider

Annual Rates per \$1,000 of Base Policy

Issue Ages	Base
20	0.13
21	0.13
22	0.13
23	0.13
24	0.13
25	0.14
26	0.14
27	0.15
28	0.15
29	0.15
30	0.16
31	0.17
32	0.17
33	0.18
34	0.19
35	0.20
36	0.21
37	0.23
38	0.24
39	0.26
40	0.28
41	0.31
42	0.34
43	0.37
44	0.41
45	0.47
46	0.53
47	0.60
48	0.68
49	0.78
50	0.91
51	1.06
52	1.25
53	1.47
54	1.75
55	2.10

NS-Non-nicotine, SM-Nicotine • All Rates Unisex • Not available in all states. Certain restrictions apply. Disability Income Rider (Rider Series 2145). Waiver of Premium for Disability Rider (Rider Series 2158). Accidental Death Benefit Rider (Rider Series 2111).

Income Term Rider • Annual Premium/COI Rates per \$100 of Monthly Income

Issue Ages	15-Year Period		20-Year Period		25-Year Period		30-Year Period		To Age 70	
	NS	SM	NS	SM	NS	SM	NS	SM	NS	SM
20 - 25	14.50	26.50	20.50	35.10	33.20	46.70	39.00	58.00	72.90	114.30
26	14.78	26.94	21.40	36.28	34.20	48.50	40.10	60.40	73.00	115.00
27	15.06	27.38	22.30	37.46	35.20	50.30	41.20	62.80	73.10	116.00
28	15.34	27.82	23.20	38.64	36.20	52.10	42.30	65.20	73.60	117.50
29	15.62	28.26	24.10	39.82	37.20	53.90	43.40	67.60	74.20	119.60
30	15.90	28.70	25.00	41.00	38.20	55.70	44.50	70.00	74.90	121.80
31	16.42	29.98	26.44	43.64	40.20	59.44	46.48	75.02	75.80	124.80
32	16.94	31.26	27.88	46.28	42.20	63.18	48.46	80.04	76.90	128.00
33	17.46	32.54	29.32	48.92	44.20	66.92	50.44	85.06	77.70	130.60
34	17.98	33.82	30.76	51.56	46.20	70.66	52.42	90.08	78.60	133.60
35	18.50	35.10	32.20	54.20	48.20	74.40	54.40	95.10	79.70	137.00
36	20.16	38.60	34.76	59.62	52.42	81.76	59.92	107.08	80.70	140.60
37	21.82	42.10	37.32	65.04	56.64	89.12	65.44	119.06	81.00	144.50
38	23.48	45.60	39.88	70.46	60.86	96.48	70.96	131.04	81.30	148.00
39	25.14	49.10	42.44	75.88	65.08	103.84	76.48	143.02	81.70	151.50
40	26.80	52.60	45.00	81.30	69.30	111.20	82.00	155.00	82.00	155.00
41	29.52	58.08	48.72	89.88	76.02	123.10	89.52	169.56	85.00	159.50
42	32.24	63.56	52.44	98.46	82.74	135.00	97.04	184.12	89.40	163.50
43	34.96	69.04	56.16	107.04	89.46	146.90	104.56	198.68	94.10	167.00
44	37.68	74.52	59.88	115.62	96.18	158.80	112.08	213.24	98.90	169.00
45	40.40	80.00	63.60	124.20	102.90	170.70	119.60	227.80	102.90	170.70
46	45.28	86.48	70.24	134.32	112.92	187.26	130.80	247.24	102.30	171.00
47	50.16	92.96	76.88	144.44	122.94	203.82	142.00	266.68	101.20	171.80
48	55.04	99.44	83.52	154.56	132.96	220.38	153.20	286.12	100.20	172.50
49	59.92	105.92	90.16	164.68	142.98	236.94	164.40	305.56	98.50	173.50
50	64.80	112.40	96.80	174.80	153.00	253.50	175.60	325.00	96.80	174.80
51	70.68	121.42	105.46	188.64	168.04	277.34	191.98	351.24	-	-
52	76.56	130.44	114.12	202.48	183.08	301.18	208.36	377.48	-	-
53	82.44	139.46	122.78	216.32	198.12	325.02	224.74	403.72	-	-
54	88.32	148.48	131.44	230.16	213.16	348.86	241.12	429.96	-	-
55	94.20	157.50	140.10	244.00	228.20	372.70	257.50	456.20	-	-
56	101.34	177.60	151.48	271.00	246.96	402.16	291.26	517.70	-	-
57	108.48	197.70	162.86	298.00	265.72	431.62	325.02	579.20	-	-
58	115.62	217.80	174.24	325.00	284.48	461.08	358.78	640.70	-	-
59	122.76	237.90	185.62	352.00	303.24	490.54	392.54	702.20	-	-
60	129.90	258.00	197.00	379.00	322.00	520.00	426.30	763.70	-	-
61	139.70	294.02	215.06	424.76	350.20	567.70	-	-	-	-
62	149.50	330.04	233.12	470.52	378.40	615.40	-	-	-	-
63	159.30	366.06	251.18	516.28	406.60	663.10	-	-	-	-
64	169.10	402.08	269.24	562.04	434.80	710.80	-	-	-	-
65	178.90	438.10	287.30	607.80	463.00	758.50	-	-	-	-
66	201.00	484.48	337.28	672.76	-	-	-	-	-	-
67	223.10	530.86	387.26	737.72	-	-	-	-	-	-
68	245.20	577.24	437.24	802.68	-	-	-	-	-	-
69	267.30	623.62	487.22	867.64	-	-	-	-	-	-
70	289.40	670.00	537.20	932.60	-	-	-	-	-	-
71	356.16	828.00	-	-	-	-	-	-	-	-
72	422.92	986.00	-	-	-	-	-	-	-	-
73	489.68	1144.00	-	-	-	-	-	-	-	-
74	556.44	1302.00	-	-	-	-	-	-	-	-
75	623.20	1460.00	-	-	-	-	-	-	-	-

NS-Non-nicotine, SM-Nicotine • All Rates Unisex • Not available in all states. Certain restrictions apply. Income Term Rider (Rider Series 2178)



Americo Financial Life and
Annuity Insurance Company
300 W. 11th Street
Kansas City, MO 64105

About Amerigo

For over 100 years, Amerigo Life, Inc.'s family of insurance companies has been committed to providing the life insurance and annuity products you need to protect your mortgage, family, and future.¹ We listen to what you want from an insurance policy or annuity and do our best to provide a proper solution for your individual situation.

Innovative thinking has helped us build a strong financial foundation for our business. Amerigo Financial Life and Annuity Insurance Company (Amerigo) is a member of the Amerigo Life, Inc., family of companies. Amerigo Life, Inc., is one of the largest, independent, privately held insurance groups in the United States² with \$7.0 billion in assets for year-end 2019.³

¹Americo Life, Inc. is a holding company and is not responsible for the financial condition or contractual obligations of its affiliate insurance companies.

²Admitted Assets, Top Life Writers-2019, "A.M. Best Co., as of September 2019.

³Information is as of year end 2019 on a consolidated basis for Amerigo Financial Life and Annuity Insurance Company and the other life insurance subsidiaries of Amerigo Life, Inc., unless otherwise indicated. Information is prepared on the basis of generally accepted accounting principles (GAAP).

Important Information

Americo Financial Life and Annuity Insurance Company is authorized to conduct business in the District of Columbia and all states except NY.

Products are underwritten by Amerigo Financial Life and Annuity Insurance Company (Amerigo), Kansas City, MO, and may vary in accordance with state laws. Some products and benefits may not be available in all states. Some riders are optional and available for an additional cost. Certain restrictions and variations apply. Consult policy and riders for all limitations and exclusions. For exact terms and conditions, please refer to the contract.

The company reserves the right to contest coverage for up to two years due to any misrepresentations in the application. Exclusions and limitations apply.

Neither Amerigo Financial Life and Annuity Insurance Company nor any agent representing Amerigo Financial Life and Annuity Insurance Company is authorized to give legal or tax advice. Please consult a qualified professional regarding the information and concepts contained in this material.

Copyright Amerigo Financial Life and Annuity Insurance Company 2020.