



Western Reserve Life Assurance
Co. of Ohio
Administrative Office
4333 Edgewood Road NE
Cedar Rapids, Iowa 52499
Home Office
Columbus, Ohio

August 25, 2009 amendment to letter dated August 21, 2009

Mobil AL 36606-4260

RE: Insured:
Policy #: _____
Critical Illness Benefit Claim

Dear

We have received your signed and dated acceptance letter on the above Critical Illness Benefit Rider.

The amount requested was 40% of the life insurance benefit of \$50,000.00. Enclosed is a check for \$11,015.25, which represents the full single sum benefit payable. This does reduce the death benefit of your policy to \$30,000.00; and also reduces the values of your policy.

After partial election of 40% of the death benefit, your remaining annual premium is \$340.08.

A revised policy specification page will follow shortly which will reflect the reduction of the values of the policy.

Please keep a copy of this letter with your policy, along with the enclosed photocopy of your signed and dated acceptance letter.

We are glad we could be of service to you during this difficult time. Please feel free to contact our office if you have any questions regarding this payment at 1-800-238-4310.

Please be advised that Western Reserve Life Assurance Co. of Ohio reserves all rights and defenses with respect to any further action that may be taken.

Sincerely,

Claims Department

Enc.

CC: Gerald Stratton 70MGANOR01



Western Reserve Life Assurance Co. of Ohio
Home Office: Columbus, Ohio
Administrative Office:
4333 Edgewood Road NE
PO Box 3183
Cedar Rapids, Iowa 52406-3183

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You have elected to accelerate \$20,000 or 40% of your death benefit. Based on the factors in the rider form, the Accelerated Benefit Amount you will receive is \$11,015.25.

The table below reflects the amount and timing of payment(s) of the accelerated death benefit and the actual effect that acceleration of the death benefit will have on your policy.

Upon Partial Election of 40% of Death Benefit:

Prior to Election:

Death Benefit = \$50,000
Face Amount = \$50,000
Policy Value = \$248.60
Surrender Charge = \$ 0.00
Cash Value or Cash Surrender Value = \$0.00
Outstanding Debt = \$0.00
Annual Premium = \$502.56

Remaining Death Benefit = \$30,000
Remaining Face Amount = \$30,000
Remaining Policy Value = \$ 99.44
Remaining Surrender Charge = \$ 0.00
Remaining Cash Value or Cash Surrender Value = \$ 0.00
Remaining Outstanding Debt = \$ 0.00
Remaining Annual Premium = To be determined

If you wish to elect the acceleration of benefits as described in this statement, please sign one copy where indicated below and return it to us, and keep the other copy for your records. If you sign and return this form, it will become part of your policy and will be a binding contract between you and us. Upon receipt of a signed copy of this letter from you and the irrevocable beneficiary or assignee, if any, we will proceed with the payment(s) as set forth in this statement.

If you have any questions, please do not hesitate to contact us at 1-800-238-4310.

Sincerely,

Claims Department

cc: Gerald Stratton 70MGAMOR01

By signing below, I choose to accept the acceleration of the death benefit under the above-referenced policy in accordance with the terms set forth in this statement and pursuant to the terms of the policy and the Critical Illness Accelerated Death Benefit Rider.

[OWNER] or [IRREVOCABLE BENEFICIARY/ASSIGNEE]

8/20/09
[DATE]

WESTERN RESERVE LIFE ASSURANCE CO
 4333 EDGEWOOD ROAD NE
 P.O. BOX 1447
 CEDAR RAPIDS IA 52499 X2

910 CHECK NO.
 BNY MELLON TRUST OF DELAWARE 62-35
 NEWARK, DELAWARE 19711 311

DATE 08-24-2009
 MM DD YYYY

PAY ELEVEN THOUSAND FIFTEEN DOLLARS AND TWENTY
 EXACTLY FIVE CENTS

\$ *****11,015.25

WESTERN RESERVE LIFE ASSURANCE CO.

TO
 THE
 ORDER
 OF

MOBIL AL 36606-4260

BY: Gracie Casey
 AUTHORIZED REPRESENTATIVE

WESTERN RESERVE LIFE ASSURANCE CO

WESTERN RESERVE LIFE ASSURANCE CO			
CLAIMANT'S NAME	INSURED NAME	CLM #	CERT #
CODE 168	BENEFIT DESCRIPTION CHRONIC ILL RIDER BENEFIT	BENEFIT AMOUNT 11,015.25	SERVICE DATE 10/19/2008