

Non-Participating Whole Life

Plan Description and Rates

All payments and all guarantees are subject to the claims paying ability of the issuing insurance company.



Not authorized to sell insurance in NY.



Authorized to sell insurance in NY.



**West Coast Life
Insurance Company**

A PROTECTIVE COMPANY

Not authorized to sell insurance in NY.

CLBD.1012 (02.09)

For Agent Use Only. Not Intended for Use with Consumers.

INTRODUCTION:

This plan is a non-participating whole life policy with a level death benefit. All premiums, values and benefits are guaranteed.

This plan is available for conversions only.

MARKETS:

Use this non-participating whole life plan for those clients needing low face amounts and preferring the guarantees only whole life can offer. This plan is particularly suited toward the senior marketplace.

ISSUE AGES:

(based on age nearest birthday and applies to both men and women)

0-90 Non-Smoker* 15-90 Smoker

* Eligibility based on no use of nicotine in any form for the past 12 months. Nicotine positive HOS will result in a Smoker risk classification.

MINIMUM ISSUE AMOUNT:

The minimum issue amount is \$1,000 but not less than the face amount that can be purchased for an annual premium of \$120, including the Policy Fee, but excluding riders and substandard charges. Minimum face amount in the states of WA and WV is \$25,000.

MAXIMUM ISSUE AMOUNT:

Limited to the face amount of the policy being converted.

PREMIUMS:

The premium is the sum of the premium for the base policy, the Policy Fee, any substandard extra premium and the premium for each rider and benefit. Premiums are payable during the lifetime of the insured.

PREMIUM BANDS:

\$1,000-\$24,999 for issue ages 15-90

\$25,000+ for issues ages 0-90

SUBSTANDARD EXTRA PREMIUM:

Substandard rates are available for both Non-Smoker and Smoker risk classifications. The extra premium for an insured that is table rated equals the table rating times a charge based on age. Flat extra premium rates are also available.

PLANNED PREMIUM PAYMENT MODES:

Annual	Semi-annual (.515)
Quarterly (.2625)	Monthly (PAC) (.0875)

POLICY FEE:

\$25

POLICY LOANS:

The loan interest rate is 6.0% per year and is due in arrears.

INCLUDED FEATURES:

- **Waiver of Premium Rider***

(Protective Life Form #L509-86)

This rider provides a waiver of premium benefit (including riders) after six months of total disability. Available for issues ages between 15 and 55 with coverage expiring at age 60.

- **Terminal Illness / Accelerated Death Benefit Endorsement***

(Protective Life Form #L584 / West Coast Life Form #962096200)

This endorsement provides for an accelerated death benefit payment to the owner, if the insured has a qualifying terminal illness and all of the terms and conditions of the endorsement are met. There is no cost or premium charge for the endorsement; however, a lien equal to the accelerated death benefit will be established against the policy and will accumulate interest. The primary impact of the lien and any accumulated interest will be a reduction of the amount of the death benefit by the amount of the lien and any accumulated interest.

*Riders and endorsements not available in NY and in select states.

Premium Rates Male Non-Smoker

Annual per \$1000 / Add \$25 policy fee
In Montana, male rates apply to all sexes.

ISSUE AGE	Below \$25,000	\$25,000 and over	WP	SEP
0	—	2.68	—	0.75
1	—	2.77	—	0.75
2	—	2.87	—	0.75
3	—	2.98	—	0.75
4	—	3.10	—	0.75
5	—	3.22	—	0.75
6	—	3.35	—	0.75
7	—	3.49	—	0.75
8	—	3.63	—	0.75
9	—	3.78	—	0.75
10	—	3.94	—	0.75
11	—	4.10	—	0.80
12	—	4.26	—	0.80
13	—	4.43	—	0.80
14	—	4.61	—	0.80
15	5.27	4.79	0.16	0.85
16	5.47	4.97	0.16	0.85
17	5.67	5.16	0.16	0.85
18	5.88	5.35	0.17	0.90
19	6.10	5.55	0.17	0.90
20	6.33	5.76	0.18	0.90
21	6.57	5.98	0.18	0.95
22	6.83	6.21	0.19	0.95
23	7.10	6.45	0.19	1.00
24	7.38	6.71	0.20	1.00
25	7.67	6.98	0.20	1.05
26	7.98	7.26	0.21	1.05
27	8.30	7.55	0.21	1.10
28	8.64	7.86	0.22	1.10
29	9.01	8.19	0.23	1.15
30	9.39	8.53	0.25	1.20
31	9.79	8.90	0.27	1.25
32	10.22	9.29	0.29	1.30
33	10.67	9.70	0.31	1.35
34	11.14	10.13	0.33	1.40
35	11.64	10.59	0.35	1.45
36	12.17	11.07	0.37	1.50
37	12.73	11.57	0.39	1.55
38	13.41	12.19	0.42	1.60
39	14.13	12.84	0.45	1.65
40	14.90	13.54	0.48	1.75
41	15.70	14.27	0.52	1.85
42	16.55	15.04	0.56	1.95
43	17.45	15.86	0.60	2.05
44	18.41	16.73	0.65	2.15
45	19.42	17.65	0.70	2.25
46	20.49	18.62	0.76	2.40

WP = Waiver of Premium SEP = Substandard Extra Premium

ISSUE AGE	Below \$25,000	\$25,000 and over	WP	SEP
47	21.62	19.65	0.83	2.55
48	22.83	20.75	0.92	2.70
49	24.12	21.92	1.03	2.85
50	25.48	23.16	1.14	3.00
51	26.94	24.49	1.29	3.15
52	28.48	25.89	1.45	3.30
53	30.12	27.38	1.64	3.50
54	31.86	28.96	1.86	3.70
55	33.71	30.64	2.10	3.90
56	35.68	32.43	—	4.10
57	37.77	34.33	—	4.30
58	40.00	36.36	—	4.50
59	42.39	38.53	—	4.75
60	44.94	40.85	—	5.00
61	47.67	43.33	—	5.30
62	50.59	45.99	—	5.60
63	53.71	48.82	—	5.90
64	57.02	51.83	—	6.20
65	60.56	55.05	—	6.60
66	64.34	58.49	—	7.00
67	68.40	62.18	—	7.40
68	72.76	66.14	—	7.80
69	77.46	70.41	—	8.20
70	82.53	75.02	—	8.60
71	87.97	79.97	—	9.00
72	93.79	85.26	—	9.00
73	99.98	90.89	—	9.00
74	106.55	96.86	—	9.00
75	113.48	103.16	—	9.00
76	120.82	109.83	—	9.50
77	128.63	116.93	—	9.50
78	137.00	124.54	—	9.50
79	146.03	132.75	—	9.50
80	155.76	141.60	—	9.50
81	166.27	151.15	—	10.00
82	177.50	161.36	—	10.00
83	189.37	172.15	—	10.00
84	201.84	183.49	—	10.00
85	214.90	195.36	—	10.00
86	228.62	207.83	—	10.00
87	243.16	221.05	—	10.00
88	258.81	235.28	—	10.00
89	276.02	250.92	—	10.00
90	295.49	268.62	—	10.00

WP = Waiver of Premium SEP = Substandard Extra Premium

Premium Rates Female Non-Smoker

Annual per \$1000 / Add \$25 policy fee
In Montana, male rates apply to all sexes.

ISSUE AGE	Below \$25,000	\$25,000 and over	WP	SEP
0	—	2.25	—	0.75
1	—	2.33	—	0.75
2	—	2.42	—	0.75
3	—	2.51	—	0.75
4	—	2.61	—	0.75
5	—	2.72	—	0.75
6	—	2.82	—	0.75
7	—	2.94	—	0.75
8	—	3.05	—	0.75
9	—	3.18	—	0.75
10	—	3.30	—	0.75
11	—	3.44	—	0.80
12	—	3.57	—	0.80
13	—	3.72	—	0.80
14	—	3.86	—	0.80
15	4.42	4.02	0.18	0.85
16	4.60	4.18	0.19	0.85
17	4.78	4.35	0.19	0.85
18	4.97	4.52	0.20	0.90
19	5.17	4.70	0.21	0.90
20	5.38	4.89	0.22	0.90
21	5.60	5.09	0.22	0.95
22	5.83	5.30	0.23	0.95
23	6.07	5.52	0.23	1.00
24	6.32	5.75	0.24	1.00
25	6.58	5.99	0.24	1.05
26	6.86	6.24	0.25	1.05
27	7.15	6.50	0.26	1.10
28	7.45	6.78	0.26	1.10
29	7.77	7.07	0.27	1.15
30	8.11	7.37	0.29	1.20
31	8.46	7.69	0.31	1.25
32	8.82	8.02	0.34	1.30
33	9.21	8.37	0.37	1.35
34	9.61	8.74	0.40	1.40
35	10.04	9.12	0.43	1.45
36	10.48	9.53	0.46	1.50
37	10.95	9.95	0.49	1.55
38	11.44	10.40	0.52	1.60
39	11.95	10.87	0.56	1.65
40	12.50	11.36	0.61	1.75
41	13.07	11.88	0.66	1.85
42	13.68	12.44	0.71	1.95
43	14.32	13.02	0.77	2.05
44	14.99	13.63	0.85	2.15
45	15.70	14.27	0.93	2.25
46	16.45	14.95	1.02	2.40

WP = Waiver of Premium SEP = Substandard Extra Premium

ISSUE AGE	Below \$25,000	\$25,000 and over	WP	SEP
47	17.24	15.67	1.11	2.55
48	18.06	16.42	1.21	2.70
49	18.94	17.21	1.33	2.85
50	19.85	18.05	1.48	3.00
51	20.82	18.93	1.66	3.15
52	21.83	19.85	1.86	3.30
53	22.90	20.82	2.10	3.50
54	24.03	21.84	2.37	3.70
55	25.21	22.92	2.67	3.90
56	26.46	24.06	—	4.10
57	27.86	25.32	—	4.30
58	29.45	26.77	—	4.50
59	31.18	28.34	—	4.75
60	33.04	30.03	—	5.00
61	35.05	31.86	—	5.30
62	37.22	33.83	—	5.60
63	39.54	35.94	—	5.90
64	42.01	38.19	—	6.20
65	44.68	40.61	—	6.60
66	47.54	43.21	—	7.00
67	50.63	46.02	—	7.40
68	54.00	49.09	—	7.80
69	57.69	52.44	—	8.20
70	61.74	56.12	—	8.60
71	66.16	60.14	—	9.00
72	70.99	64.53	—	9.00
73	76.21	69.28	—	9.00
74	81.86	74.41	—	9.00
75	87.93	79.93	—	9.00
76	94.49	85.90	—	9.50
77	101.60	92.36	—	9.50
78	109.34	99.40	—	9.50
79	117.83	107.11	—	9.50
80	127.11	115.55	—	9.50
81	137.25	124.77	—	10.00
82	148.28	134.80	—	10.00
83	160.19	145.62	—	10.00
84	172.99	157.26	—	10.00
85	186.74	169.76	—	10.00
86	201.56	183.23	—	10.00
87	217.60	197.81	—	10.00
88	235.14	213.76	—	10.00
89	254.61	231.46	—	10.00
90	276.67	251.51	—	10.00

WP = Waiver of Premium SEP = Substandard Extra Premium

Premium Rates Male Smoker

Annual per \$1000 / Add \$25 policy fee
In Montana, male rates apply to all sexes.

ISSUE AGE	Below \$25,000	\$25,000 and over	WP	SEP
0	—	—	—	0.75
1	—	—	—	0.75
2	—	—	—	0.75
3	—	—	—	0.75
4	—	—	—	0.75
5	—	—	—	0.75
6	—	—	—	0.75
7	—	—	—	0.75
8	—	—	—	0.75
9	—	—	—	0.75
10	—	—	—	0.75
11	—	—	—	0.80
12	—	—	—	0.80
13	—	—	—	0.80
14	—	—	—	0.80
15	6.73	6.12	0.16	0.85
16	7.00	6.37	0.16	0.85
17	7.28	6.62	0.16	0.85
18	7.56	6.87	0.17	0.90
19	7.85	7.14	0.17	0.90
20	8.16	7.42	0.18	0.90
21	8.48	7.71	0.18	0.95
22	8.81	8.01	0.19	0.95
23	9.16	8.32	0.19	1.00
24	9.52	8.65	0.20	1.00
25	9.90	9.00	0.20	1.05
26	10.29	9.36	0.21	1.05
27	10.70	9.73	0.21	1.10
28	11.14	10.12	0.22	1.10
29	11.60	10.54	0.23	1.15
30	12.09	10.99	0.25	1.20
31	12.60	11.46	0.27	1.25
32	13.15	11.96	0.29	1.30
33	13.74	12.49	0.31	1.35
34	14.35	13.04	0.33	1.40
35	15.00	13.64	0.35	1.45
36	15.68	14.26	0.37	1.50
37	16.41	14.92	0.39	1.55
38	17.17	15.61	0.42	1.60
39	17.98	16.35	0.45	1.65
40	18.83	17.12	0.48	1.75
41	19.73	17.93	0.52	1.85
42	20.67	18.79	0.56	1.95
43	21.66	19.69	0.60	2.05
44	22.69	20.63	0.65	2.15
45	23.78	21.62	0.70	2.25
46	24.92	22.66	0.76	2.40

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ISSUE AGE	Below \$25,000	\$25,000 and over	WP	SEP
47	26.13	23.75	0.83	2.55
48	27.42	24.92	0.92	2.70
49	28.79	26.17	1.03	2.85
50	30.25	27.50	1.14	3.00
51	31.81	28.92	1.29	3.15
52	33.46	30.41	1.45	3.30
53	35.20	32.00	1.64	3.50
54	37.02	33.66	1.86	3.70
55	38.94	35.40	2.10	3.90
56	40.96	37.24	—	4.10
57	43.09	39.17	—	4.30
58	45.36	41.23	—	4.50
59	47.78	43.44	—	4.75
60	50.35	45.78	—	5.00
61	53.07	48.25	—	5.30
62	55.92	50.84	—	5.60
63	58.91	53.55	—	5.90
64	62.03	56.39	—	6.20
65	65.32	59.39	—	6.60
66	68.83	62.57	—	7.00
67	72.58	65.98	—	7.40
68	76.62	69.66	—	7.80
69	81.01	73.64	—	8.20
70	85.83	78.02	—	8.60
71	91.27	82.97	—	9.00
72	97.09	88.26	—	9.00
73	103.28	93.89	—	9.00
74	109.85	99.86	—	9.00
75	116.78	106.16	—	9.00
76	124.12	112.83	—	9.50
77	131.93	119.93	—	9.50
78	140.30	127.54	—	9.50
79	149.33	135.75	—	9.50
80	159.06	144.60	—	9.50
81	169.57	154.15	—	10.00
82	180.80	164.36	—	10.00
83	192.67	175.15	—	10.00
84	205.14	186.49	—	10.00
85	218.20	198.36	—	10.00
86	232.11	211.01	—	10.00
87	246.56	224.14	—	10.00
88	262.11	238.28	—	10.00
89	279.32	253.92	—	10.00
90	298.79	271.62	—	10.00

WP = Waiver of Premium SEP = Substandard Extra Premium

Premium Rates Female Smoker

Annual per \$1000 / Add \$25 policy fee
In Montana, male rates apply to all sexes.

ISSUE AGE	Below \$25,000	\$25,000 and over	WP	SEP
0	—	—	—	0.75
1	—	—	—	0.75
2	—	—	—	0.75
3	—	—	—	0.75
4	—	—	—	0.75
5	—	—	—	0.75
6	—	—	—	0.75
7	—	—	—	0.75
8	—	—	—	0.75
9	—	—	—	0.75
10	—	—	—	0.75
11	—	—	—	0.80
12	—	—	—	0.80
13	—	—	—	0.80
14	—	—	—	0.80
15	5.70	5.18	0.18	0.85
16	5.93	5.40	0.19	0.85
17	6.18	5.62	0.19	0.85
18	6.44	5.85	0.20	0.90
19	6.71	6.10	0.21	0.90
20	6.99	6.35	0.22	0.90
21	7.28	6.62	0.22	0.95
22	7.59	6.90	0.23	0.95
23	7.91	7.19	0.23	1.00
24	8.25	7.50	0.24	1.00
25	8.60	7.82	0.24	1.05
26	8.97	8.16	0.25	1.05
27	9.36	8.51	0.26	1.10
28	9.77	8.88	0.26	1.10
29	10.19	9.27	0.27	1.15
30	10.64	9.68	0.29	1.20
31	11.11	10.10	0.31	1.25
32	11.61	10.55	0.34	1.30
33	12.13	11.02	0.37	1.35
34	12.67	11.52	0.40	1.40
35	13.24	12.04	0.43	1.45
36	13.84	12.58	0.46	1.50
37	14.47	13.15	0.49	1.55
38	15.13	13.76	0.52	1.60
39	15.84	14.40	0.56	1.65
40	16.58	15.07	0.61	1.75
41	17.36	15.78	0.66	1.85
42	18.19	16.54	0.71	1.95
43	19.07	17.33	0.77	2.05
44	19.99	18.17	0.85	2.15
45	20.96	19.06	0.93	2.25
46	21.99	19.99	1.02	2.40

WP = Waiver of Premium SEP = Substandard Extra Premium

ISSUE AGE	Below \$25,000	\$25,000 and over	WP	SEP
47	23.08	20.98	1.11	2.55
48	24.21	22.01	1.21	2.70
49	25.41	23.10	1.33	2.85
50	26.66	24.23	1.48	3.00
51	27.96	25.42	1.66	3.15
52	29.34	26.67	1.86	3.30
53	30.77	27.98	2.10	3.50
54	32.28	29.34	2.37	3.70
55	33.86	30.78	2.67	3.90
56	35.51	32.28	—	4.10
57	37.25	33.86	—	4.30
58	39.08	35.53	—	4.50
59	41.01	37.28	—	4.75
60	43.04	39.13	—	5.00
61	45.20	41.09	—	5.30
62	47.47	43.16	—	5.60
63	49.89	45.35	—	5.90
64	52.46	47.69	—	6.20
65	55.19	50.17	—	6.60
66	58.10	52.82	—	7.00
67	61.21	55.65	—	7.40
68	64.53	58.66	—	7.80
69	68.06	61.87	—	8.20
70	71.83	65.30	—	8.60
71	75.84	68.94	—	9.00
72	80.09	72.81	—	9.00
73	84.62	76.92	—	9.00
74	89.42	81.29	—	9.00
75	94.55	85.96	—	9.00
76	100.05	90.95	—	9.50
77	105.94	96.31	—	9.50
78	112.64	102.40	—	9.50
79	121.13	110.11	—	9.50
80	130.41	118.55	—	9.50
81	140.55	127.77	—	10.00
82	151.58	137.80	—	10.00
83	163.49	148.62	—	10.00
84	176.29	160.26	—	10.00
85	190.04	172.76	—	10.00
86	204.86	186.23	—	10.00
87	220.90	200.81	—	10.00
88	238.44	216.76	—	10.00
89	257.91	234.46	—	10.00
90	279.97	254.51	—	10.00

WP = Waiver of Premium SEP = Substandard Extra Premium

For Agent Use Only. Not Intended for Use with Consumers.

Cash Values Male Non-Smoker

Per \$1,000 of face amount

In Montana, male rates apply to all sexes.

ISSUE AGE	YEAR 10	YEAR 20	AT AGE 65
0	5	33	432
1	7	35	432
2	8	37	431
3	9	39	430
4	10	41	429
5	11	43	428
6	12	45	427
7	12	47	425
8	13	49	424
9	13	52	423
10	14	54	421
11	15	57	420
12	15	60	418
13	16	63	416
14	17	66	415
15	18	70	413
16	19	74	411
17	21	78	409
18	22	82	408
19	24	87	406
20	26	92	404
21	28	97	402
22	30	103	400
23	32	108	397
24	34	114	395
25	37	120	392
26	39	126	390
27	42	133	387
28	45	139	384
29	48	146	380
30	51	153	377
31	54	161	373
32	58	169	369
33	61	177	365
34	64	185	361
35	68	194	356
36	71	202	351
37	75	211	346
38	79	220	340
39	83	230	335
40	87	239	328
41	92	249	322
42	96	259	315
43	101	270	307
44	106	280	299
45	112	291	291
46	117	302	282

ISSUE AGE	YEAR 10	YEAR 20	AT AGE 65
47	123	313	273
48	128	324	263
49	134	335	252
50	140	347	241
51	146	359	228
52	152	372	215
53	159	384	201
54	165	397	187
55	171	410	171
56	177	422	154
57	184	436	136
58	190	449	117
59	197	462	97
60	205	475	75
61	212	488	51
62	220	500	26
63	228	511	—
64	236	523	—
65	245	534	—
66	256	547	—
67	267	558	—
68	278	568	—
69	289	577	—
70	300	584	—
71	310	590	—
72	320	595	—
73	329	600	—
74	338	603	—
75	346	606	—
76	354	607	—
77	360	607	—
78	365	607	—
79	368	606	—
80	370	604	—
81	370	599	—
82	369	594	—
83	368	590	—
84	365	585	—
85	361	579	—
86	355	574	—
87	349	569	—
88	344	564	—
89	338	560	—
90	332	557	—

Cash Values Female Non-Smoker

Per \$1,000 of face amount

In Montana, male rates apply to all sexes.

ISSUE AGE	YEAR 10	YEAR 20	AT AGE 65
0	3	26	374
1	4	28	374
2	4	30	373
3	5	32	372
4	6	34	371
5	7	36	370
6	7	38	369
7	8	40	368
8	9	42	367
9	10	45	366
10	11	47	365
11	12	50	363
12	13	53	362
13	14	56	360
14	15	59	359
15	16	62	357
16	17	65	356
17	18	69	354
18	20	72	352
19	21	76	350
20	23	80	348
21	25	85	346
22	26	89	344
23	28	94	342
24	30	99	339
25	32	104	337
26	34	109	334
27	36	114	331
28	38	120	328
29	40	126	325
30	43	132	322
31	45	138	318
32	48	144	314
33	51	151	311
34	54	157	306
35	57	164	302
36	60	171	297
37	63	178	293
38	66	186	288
39	70	193	282
40	74	201	276
41	77	209	270
42	81	217	264
43	85	225	257
44	89	233	250
45	92	242	242
46	96	251	234

ISSUE AGE	YEAR 10	YEAR 20	AT AGE 65
47	100	261	226
48	104	270	217
49	108	280	207
50	113	291	197
51	117	301	186
52	122	312	175
53	127	323	163
54	132	335	150
55	137	346	137
56	143	358	123
57	148	371	108
58	155	383	92
59	161	396	76
60	168	410	58
61	175	423	39
62	182	437	19
63	189	450	—
64	197	462	—
65	205	475	—
66	213	487	—
67	221	499	—
68	229	511	—
69	237	521	—
70	248	531	—
71	259	541	—
72	270	554	—
73	280	567	—
74	290	580	—
75	300	592	—
76	309	600	—
77	319	604	—
78	327	605	—
79	334	609	—
80	339	615	—
81	344	621	—
82	352	626	—
83	363	632	—
84	373	638	—
85	382	642	—
86	386	646	—
87	384	648	—
88	377	650	—
89	377	651	—
90	382	652	—

Cash Values Male Smoker

Per \$1,000 of face amount

In Montana, male rates apply to all sexes.

ISSUE AGE	YEAR 10	YEAR 20	AT AGE 65
0	11	48	489
1	13	51	488
2	15	54	487
3	16	56	486
4	17	59	485
5	19	61	484
6	20	63	482
7	21	66	481
8	22	69	479
9	23	71	478
10	23	74	476
11	24	78	474
12	25	81	472
13	26	85	470
14	27	88	468
15	28	93	466
16	29	97	463
17	31	102	461
18	32	107	459
19	34	112	456
20	36	118	454
21	38	124	451
22	40	130	449
23	43	137	446
24	46	143	443
25	49	150	440
26	52	157	437
27	55	164	433
28	59	172	430
29	63	179	426
30	66	187	422
31	70	195	418
32	74	204	413
33	78	212	408
34	82	221	403
35	86	230	397
36	89	238	391
37	93	247	385
38	97	256	378
39	101	265	371
40	106	274	364
41	110	283	356
42	115	292	348
43	120	302	339
44	125	311	329
45	130	320	320
46	136	328	309

ISSUE AGE	YEAR 10	YEAR 20	AT AGE 65
47	141	337	298
48	146	347	287
49	151	356	274
50	156	366	261
51	162	376	247
52	167	386	232
53	171	396	215
54	176	406	198
55	180	417	180
56	184	428	161
57	189	439	141
58	194	450	120
59	199	461	97
60	204	472	72
61	210	483	47
62	219	494	22
63	227	505	—
64	236	516	—
65	246	527	—
66	256	538	—
67	266	548	—
68	277	556	—
69	287	564	—
70	297	569	—
71	305	573	—
72	313	576	—
73	321	578	—
74	329	579	—
75	336	580	—
76	342	579	—
77	347	577	—
78	350	574	—
79	351	571	—
80	350	566	—
81	348	559	—
82	345	553	—
83	341	546	—
84	335	540	—
85	329	535	—
86	321	531	—
87	313	527	—
88	306	523	—
89	299	521	—
90	292	520	—

Cash Values Female Smoker

Per \$1,000 of face amount

In Montana, male rates apply to all sexes.

ISSUE AGE	YEAR 10	YEAR 20	AT AGE 65
0	8	40	448
1	9	42	447
2	10	45	446
3	11	47	445
4	12	50	444
5	13	52	443
6	14	55	441
7	15	58	440
8	16	61	439
9	18	64	437
10	19	68	436
11	20	71	434
12	21	74	432
13	23	78	431
14	24	82	429
15	26	86	427
16	27	90	425
17	29	95	423
18	31	99	421
19	32	104	418
20	34	109	416
21	36	114	413
22	39	120	411
23	41	126	408
24	43	132	405
25	46	138	402
26	48	144	398
27	51	151	395
28	54	158	391
29	56	165	387
30	59	172	383
31	63	179	379
32	66	186	374
33	69	193	370
34	73	201	364
35	77	208	359
36	81	216	354
37	85	223	348
38	89	231	341
39	93	238	335
40	97	246	328
41	101	254	320
42	105	262	312
43	109	269	304
44	113	277	295
45	117	285	285
46	121	294	275

ISSUE AGE	YEAR 10	YEAR 20	AT AGE 65
47	124	302	265
48	128	311	253
49	132	320	242
50	135	329	229
51	139	338	216
52	143	347	202
53	147	357	188
54	152	366	172
55	156	376	156
56	161	385	139
57	166	395	122
58	172	405	103
59	177	416	83
60	183	426	62
61	189	437	40
62	195	447	16
63	201	456	—
64	208	465	—
65	215	473	—
66	223	482	—
67	231	490	—
68	239	497	—
69	247	503	—
70	255	507	—
71	263	511	—
72	271	518	—
73	278	528	—
74	283	539	—
75	288	549	—
76	292	555	—
77	297	557	—
78	299	554	—
79	300	556	—
80	298	560	—
81	295	564	—
82	299	569	—
83	307	575	—
84	317	581	—
85	328	589	—
86	333	596	—
87	332	601	—
88	325	607	—
89	327	612	—
90	335	617	—

All payments and all guarantees are subject to the claims paying ability of the issuing insurance company.



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Authorized to sell insurance in NY.



**West Coast Life
Insurance Company**

A PROTECTIVE COMPANY

Not authorized to sell insurance in NY.

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