

ABBREVIATED PREMIUM REQUEST

Policyowner Disclosure and Acknowledgement

(This form must be signed when requesting abbreviated premiums for any policy)

Disclosure

The term "abbreviated premiums" refers to the process of having dividends declared and/or current dividend credits used to pay both current and future premiums as they come due on the anniversary date of a policy. This method of managing policy premiums should NOT be confused with "Paid-Up" which means no further premiums are due and guarantees the continuation of coverage regardless of future dividends.

When requesting abbreviated premiums, the policyowner should be aware that future dividends are not guaranteed and that dividends declared and/or current dividend credits may NOT be sufficient to pay all future premiums. THEREFORE, if annual dividends in the future are reduced or eliminated, CASH PAYMENTS MAY BE REQUIRED TO MAINTAIN YOUR INSURANCE COVERAGE, according to the terms of the policy.

Dividends, and any figures depending on them, reflect current investment, mortality, expense and federal income tax experience. Any policy illustration, or other written or verbal communication regarding the status of past or current dividends, should not be construed as a guarantee nor an estimate of future results.

Dividends paid will reflect actual experience and are subject to changes in the rate of return on the Company's new investments and may differ from any past or current dividend illustrated.

ABBREVIATED PREMIUM REQUEST AND ACKNOWLEDGEMENT

Policy Number: _____

I, _____ request abbreviated premiums for the above captioned policy
(Policyowner)

to be effective with the premium due on the policy anniversary date of _____
(MM-DD-YYYY)

I hereby acknowledge that I have read the above disclosure. I understand that future dividends and dividend credits, if any, may not be sufficient to pay premiums as they come due and that additional cash premium payments may be required to maintain coverage, according to the terms of the above policy.

Policyowner Signature: _____

Date: _____

Policyowner Signature: _____

Date: _____



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