



**American Century Life Insurance Company of Texas**

*[(a stipulated premium company)]*

1333 W. McDermott Dr., Suite 150

Allen, TX 75013

Phone (855) 966-1111, Fax (855) 855-0181]

**THIS IS AN EXACT COPY OF YOUR POLICY EXCEPT FOR YOUR SPECIFIC  
INFORMATION SUCH AS NAME, ADDRESS, AND PREMIUMS**

---

**SINGLE PREMIUM IMMEDIATE ANNUITY**

We will make income payments as described in the Annuity Schedule on Page 2 of this annuity policy. The date of the first income payment, the amount of each payment, and any guarantees of amounts to be paid are also shown on the Annuity Schedule. All payments and benefits will be payable subject to the terms of this annuity.

This Policy is issued in consideration for the application, a copy of which is attached hereto and made a part hereof, and the payment in advance of the Single Premium.

**30-Day Right to Examine.** If you are not satisfied with your Policy, return it, along with a written request, to us or the Agent from whom it was purchased within thirty (30) days after you receive it. Immediately upon such return or mailing of this Policy, it will be void from the beginning and the Premium paid will be promptly refunded to you.

Please read your Policy carefully. This contract is a legal agreement between the Owner and the Company. The terms of this contract are contained on this page and the following pages.

Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of the Policy containing any false, incomplete, or misleading information may be guilty of fraud.

The conditions and privileges set forth in this and the succeeding pages hereof constitute a part of this annuity contract as fully as though recited over the signatures thereto affixed.

Signed at the Home Office of American Century Life Insurance Company of Texas, of Plano, Texas, on the date of issue as shown below, which is the effective date hereof.

XXXXXXX  
Secretary

XXXXXXXXX  
President

**SINGLE PREMIUM IMMEDIATE ANNUITY**

**Non-Participating: Dividends Are Not Payable.**

**The Policy is irrevocable, has no cash value or surrender value,  
and cannot be commuted or surrendered**

**SINGLE PREMIUM IMMEDIATE ANNUITY  
POLICY SCHEDULE**

Policy Number:	XXXXXXXX	Annuitant:	<u>MINSNAME</u>
Owner:	John Smith 123 Main Street Main City, TX 75999		
Payee:	Jenny Smith	Beneficiary:	Joe Smith
Age:	XX	Issue Date:	XX/XX/XXXX
Single Premium:	\$XXXXXXXX	Income Payment Amount:	\$XXXXXXXX
First Income Payment Date:	XX/XX/XXXX	Last Income Payment Date:	XX/XX/XXXX
Income Payment Frequency:	XXXXXX	Implied Annual Interest Rate:	XX.XX%

Annuity payment amounts will be furnished upon request.

## IMPORTANT NOTICE

To obtain information or make a complaint:

You may call American Century Life Insurance Company of Texas's toll-free telephone number for information or to make a complaint at:

**(855) 966-1111**

You may also write to American Century Life Insurance Company of Texas at:

**American Century Life Insurance Co. of TX  
(A Stipulated Premium Company)  
1333 W. McDermott Dr., Suite 150  
Allen, TX 75013  
FAX: (855) 855-0181  
[customerservice@acl-tx.com](mailto:customerservice@acl-tx.com)**

You may contact the Texas Department of Insurance to obtain information on companies, coverages, rights, or complaints at:

**1-800-252-3439**

You may write the Texas Department of Insurance:

**P.O. Box 149104  
Austin, TX 78714-9104  
Fax: (512) 490-1007  
Web: [www.tdi.texas.gov](http://www.tdi.texas.gov)  
E-mail: [ConsumerProtection@tdi.texas.gov](mailto:ConsumerProtection@tdi.texas.gov)**

### PREMIUM OR CLAIM DISPUTES:

Should you have a dispute concerning your premium or about a claim you should contact American Century Life Insurance Company of Texas first. If the dispute is not resolved, you may contact the Texas Department of Insurance.

### ATTACH THIS NOTICE TO YOUR POLICY:

This notice is for information only and does not become a part or condition of the attached document.

## AVISO IMPORTANTE

Para obtener información o para presentar una queja:

Usted puede llamar al número de teléfono gratuito de American Century Life Insurance Company of Texas's para obtener información o para presentar una queja al:

**(855) 966-1111**

Usted también puede escribir a American Century Life Insurance Company of Texas:

**American Century Life Insurance Co. of TX  
(A Stipulated Premium Company)  
1333 W. McDermott Dr., Suite 150  
Allen, TX 75013  
FAX: (855) 855-0181  
[customerservice@acl-tx.com](mailto:customerservice@acl-tx.com)**

Usted puede comunicarse con el Departamento de Seguros de Texas para obtener información sobre compañías, coberturas, derechos, o quejas al:

**1-800-252-3439**

Usted puede escribir al Departamento de Seguros de Texas a:

**P.O. Box 149104  
Austin, TX 78714-9104  
Fax: (512) 490-1007  
Sitio web: [www.tdi.texas.gov](http://www.tdi.texas.gov)  
E-mail: [ConsumerProtection@tdi.texas.gov](mailto:ConsumerProtection@tdi.texas.gov)**

### DISPUTAS POR PRIMAS DE SEGUROS O RECLAMACIONES:

Si tiene una disputa relacionada con su prima de seguro o con una reclamación, usted debe comunicarse con American Century Life Insurance Company of Texas primero. Si la disputa no es resuelta, usted puede comunicarse con el Departamento de Seguros de Texas.

### ADJUNTE ESTE AVISO A SU PÓLIZA :

Este aviso es solamente para propósitos informativos y no se convierte en parte o condición del documento adjunto.

## Table of Contents

General Provisions.....	5
Owner, Payee, Beneficiary and Assignment Provisions .....	6

Sample

## GENERAL PROVISIONS

**Company Reference.** "We," "Our," "Us," or "Company," means American Century Life Insurance Company of Texas.

**The Policy.** The annuity policy, the attached application, and any riders or endorsements constitute the entire policy. All statements made in the application are, in the absence of fraud, representations and not warranties.

Only an officer of American Century Life Insurance Company of Texas may modify any annuity policy or waive any requirement in the application. Any changes must be in writing and signed by an authorized officer.

**Policy Date.** The date this policy was issued and the date on which the single premium payment is due. The Policy Date is also the date from which all policy years and anniversaries are computed.

**First Income Payment Date.** The First Income Payment Date is the date that the first income payment is payable. The First Income Payment Date is indicated on the Payment Schedule as the First Payment Date.

**Misstatement of Age or Sex.** If the age or sex of the Measuring Life has been misstated, any amount payable will be the amount which the premium paid would have purchased at the correct age or sex. After correction of the age or sex, any underpayment by the Company shall be paid to the Payee. The amount of any overpayments made by the Company will be charged against benefits falling due after adjustment.

**Payment Schedule.** The Payment Schedule is shown on page 3 of this policy. It shows:

1. The name of the Annuitant, Owner, and Payee;
2. The First Income Payment Date;
3. The frequency of income payments;
4. The amount of each income payment; and
5. Term of the annuity.

**Annuitant.** The person or persons upon whose date(s) of birth income payments are based. The Annuitant is shown on the Payment Schedule.

**Income Payments.** Income payments will be paid to the Payee starting on the First Income Payment Date. The amount of income payments and the First Income Payment Date are shown on the Annuity Schedule.

No Payee, of this policy shall have the power to commute or anticipate income payments. To the maximum extent permitted by law, payments will not be subject to:

1. Transfer (any attempt to make such transfer is void); or
2. Assignment (any attempt to make such assignment is void); or
3. Alteration (except for misstatement of age or sex); or
4. Claims by creditors before any payment is due; or
5. Encumbrance by creditors or Beneficiary; or
6. Judicial or legal process by creditors.

**Proof of Survival.** Before making any payment under this policy, we may ask for confirmation that the Annuitant, Payee and Beneficiary is still living. If proof is requested, no payment will be made or considered due until we receive this confirmation.

**Death of the Annuitant.** If the Annuitant dies before the Last Income Payment Date, we will continue making payments at least as rapidly as they were being made before death until the Last Income Payment Date.

**Death of the Payee.** If the Payee dies before the Last Income Payment Date, we will continue making payments at least as rapidly as they were being made before death until the Last Income Payment Date. Such payment will be made to the Beneficiary. If the Beneficiary has died payments will be made to the estate of the Beneficiary.

To the extent permitted by law, proceeds will not be subject to any claims of a Beneficiary's creditors.

**Basis of Reserves.** Reserves are based on 2012 IAR table.

### **OWNER, PAYEE, BENEFICIARY, AND ASSIGNMENT PROVISIONS**

**Owner.** The Owner is as stated in the application unless later changed and endorsed on this policy. Subject to any endorsement to the contrary, the Owner will have the right to receive every benefit and exercise every right the policy confers or the Company allows.

**Payee.** The Payee is as stated in the application unless later changed by the Owner. The Payee will receive subject to the terms of this policy, the monthly income payment as shows on the Annuity Schedule.

**Beneficiary.** The Beneficiary, as named in the application or later changed by the Owner, will receive, subject to the terms of this policy, any payments which are due after the death of the Payee.

**Change of Owner, Payee, and Beneficiary.** The Owner, Payee, or Beneficiary may be changed by the Owner unless the previous designation provides otherwise. The change may be made by submitting a written request to the Company's Home Office.

The change will take effect when we have endorsed this policy. However, after the policy is endorsed, the change will be deemed effective as of the date of the written request for change. We are not responsible for any payment or other action taken before we have received and acknowledged in writing your change request.

**Common Disaster.** If we cannot determine whether a Payee or the Annuitant died first in a common disaster, we will assume that the Payee died first. Proceeds will be payable on this basis unless otherwise provided by endorsement.

**Non-assignability.** No Payee or Beneficiary of this policy has the power to assign any payments or benefits of this annuity policy. Any attempt to make an assignment is void.

**IMPORTANT INFORMATION ABOUT COVERAGE UNDER THE  
TEXAS LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION  
(For insurers declared insolvent or impaired on or after September 1, 2011)**

Texas law establishes a system to protect Texas policyholders if their life or health insurance company fails. The Texas Life and Health Insurance Guaranty Association ("the Association") administers this protection system. Only the policyholders of insurance companies that are members of the Association are eligible for this protection which is subject to the terms, limitations, and conditions of the Association law. (The law is found in the *Texas Insurance Code, Chapter 463.*)

**It is possible that the Association may not protect all or part of your policy because of statutory limitations.**

**Eligibility for Protection by the Association**

When a member insurance company is found to be insolvent and placed under an order of liquidation by a court or designated as impaired by the Texas Commissioner of Insurance, the Association provides coverage to policyholders who are:

- Residents of Texas (**regardless of where the policyholder lived when the policy was issued**)
- Residents of other states, **ONLY** if the following conditions are met:
  1. The policyholder has a policy with a company domiciled in Texas;
  2. The policyholder's state of residence has a similar guaranty association; and
  3. The policyholder is *not eligible* for coverage by the guaranty association of the policyholder's state of residence.

**Limits of Protection by the Association**

**Accident, Accident and Health, or Health Insurance:**

- For each individual covered under one or more policies: up to a total of \$500,000 for basic hospital, medical-surgical, and major medical insurance, \$300,000 for disability or long term care insurance, or \$200,000 for other types of health insurance.

**Life Insurance:**

- Net cash surrender value or net cash withdrawal value up to a total of \$100,000 under one or more policies on a single life; or
- Death benefits up to a total of \$300,000 under one or more policies on a single life; or
- Total benefits up to a total of \$5,000,000 to any owner of multiple non-group life policies.

**Individual Annuities:**

- Present value of benefits up to a total of \$250,000 under one or more contracts on any one life.

**Group Annuities:**

- Present value of allocated benefits up to a total of \$250,000 on any one life; or
- Present value of unallocated benefits up to a total of \$5,000,000 for one contractholder regardless of the number of contracts.

**Aggregate Limit:**

- \$300,000 on any one life with the exception of the \$500,000 health insurance limit, the \$5,000,000 multiple owner life insurance limit, and the \$5,000,000 unallocated group annuity limit.

These limits are applied for each insolvent insurance company.

**Insurance companies and agents are prohibited by law from using the existence of the Association for the purpose of sales, solicitation, or inducement to purchase any form of insurance. When you are selecting an insurance company, you should not rely on Association coverage. For additional questions on Association protection or general information about an insurance company, please use the following contact information.**

Texas Life and Health Insurance  
Guaranty Association  
515 Congress Avenue, Suite 1875  
Austin, Texas 78701  
800-982-6362 or [www.txlifega.org](http://www.txlifega.org)

Texas Department of Insurance  
P.O. Box 149104  
Austin, Texas 78714-9104  
800-252-3439 or [www.tdi.texas.gov](http://www.tdi.texas.gov)