

CURRENT RATE TABLES



Good News! ACS authorized New York Life to discount the rates shown below by 20%, making these rates even more competitive. ACS hopes to continue this discount, but this will depend on a periodic evaluation of the claims experience. Therefore, this discount cannot be promised or guaranteed for premiums due beyond March 31, 2017. However, your base rate is guaranteed for the initial 15 year period. (Underwritten by New York Life Insurance Company, NY, NY 10010 policy form GMR)

NS=Non-Smoker

FACE AMOUNTS \$100,000-\$249,000 ANNUAL RATES PER \$1,000 OF FACE AMOUNT

Rates current as of August 2016

Attained Age	MALE					FEMALE**				
	Super Preferred NS	Preferred NS	NS	Preferred Smoker	Smoker	Super Preferred NS	Preferred NS	NS	Preferred Smoker	Smoker
20	0.84	0.89	1.02	2.10	2.42	0.77	0.85	0.87	1.48	1.60
21	0.84	0.89	1.02	2.10	2.42	0.77	0.85	0.87	1.48	1.60
22	0.84	0.89	1.02	2.10	2.42	0.77	0.85	0.87	1.48	1.60
23	0.84	0.89	1.02	2.10	2.42	0.77	0.85	0.87	1.48	1.60
24	0.84	0.89	1.02	2.10	2.42	0.77	0.85	0.87	1.48	1.60
25	0.84	0.89	1.02	2.10	2.42	0.77	0.85	0.87	1.48	1.60
26	0.84	0.89	1.02	2.10	2.43	0.77	0.85	0.88	1.51	1.64
27	0.85	0.89	1.02	2.10	2.43	0.78	0.85	0.89	1.54	1.69
28	0.85	0.89	1.03	2.11	2.44	0.78	0.85	0.90	1.57	1.73
29	0.86	0.89	1.03	2.11	2.44	0.79	0.85	0.91	1.60	1.78
30	0.86	0.89	1.03	2.11	2.45	0.79	0.85	0.92	1.63	1.82
31	0.86	0.90	1.04	2.17	2.52	0.79	0.86	0.93	1.70	1.90
32	0.86	0.91	1.05	2.24	2.59	0.80	0.87	0.95	1.77	1.99
33	0.86	0.92	1.07	2.30	2.67	0.80	0.88	0.96	1.85	2.07
34	0.86	0.93	1.08	2.37	2.74	0.81	0.89	0.98	1.92	2.16
35	0.86	0.94	1.09	2.43	2.81	0.81	0.90	0.99	1.99	2.24
36	0.89	0.97	1.13	2.55	2.96	0.83	0.92	1.04	2.13	2.42
37	0.92	1.00	1.17	2.67	3.11	0.85	0.94	1.08	2.26	2.60
38	0.94	1.04	1.22	2.78	3.25	0.88	0.97	1.13	2.40	2.77
39	0.97	1.07	1.26	2.90	3.40	0.90	0.99	1.17	2.53	2.95
40	1.00	1.10	1.30	3.02	3.55	0.92	1.01	1.22	2.67	3.13
41	1.04	1.15	1.38	3.25	3.84	0.96	1.07	1.30	2.92	3.46
42	1.08	1.19	1.45	3.48	4.13	1.01	1.13	1.38	3.17	3.78
43	1.11	1.24	1.53	3.71	4.43	1.05	1.19	1.47	3.42	4.11
44	1.15	1.28	1.60	3.94	4.72	1.10	1.25	1.55	3.67	4.43
45	1.19	1.33	1.68	4.17	5.01	1.14	1.31	1.63	3.92	4.76
46	1.28	1.43	1.80	4.55	5.47	1.22	1.40	1.74	4.09	5.24
47	1.37	1.54	1.93	4.93	5.93	1.29	1.50	1.85	4.26	5.72
48	1.46	1.64	2.05	5.30	6.39	1.37	1.59	1.97	4.43	6.20
49	1.55	1.75	2.18	5.68	6.85	1.44	1.69	2.08	4.60	6.68
50	1.64	1.85	2.30	6.06	7.31	1.52	1.78	2.19	4.77	7.16
51	1.81	2.03	2.52	6.65	8.03	1.62	1.90	2.33	5.37	7.80
52	1.98	2.22	2.74	7.24	8.76	1.72	2.01	2.46	5.96	8.43
53	2.15	2.40	2.95	7.84	9.48	1.83	2.13	2.60	6.56	9.07
54	2.32	2.59	3.17	8.43	10.21	1.93	2.24	2.73	7.15	9.70
55	2.49	2.77	3.39	9.02	10.93	2.03	2.36	2.87	7.75	10.34
56	2.73	3.05	3.72	9.92	12.04	2.20	2.56	3.12	8.58	11.22
57	2.97	3.32	4.05	10.82	13.15	2.37	2.77	3.37	9.41	12.10
58	3.21	3.60	4.38	11.73	14.26	2.53	2.97	3.63	10.24	12.99
59	3.45	3.87	4.71	12.63	15.37	2.70	3.18	3.88	11.07	13.87
60	3.69	4.15	5.04	13.53	16.48	2.87	3.38	4.13	11.90	14.75
61	3.93	4.43	5.37	14.43	17.59	3.04	3.58	4.38	12.73	15.63
62	4.17	4.70	5.70	15.33	18.70	3.21	3.79	4.63	13.56	16.51
63	4.41	4.98	6.03	16.24	19.81	3.37	3.99	4.89	14.39	17.40
64	4.65	5.25	6.36	17.14	20.92	3.54	4.20	5.14	15.22	18.28

**Residents of Montana—Male rates apply to all residents regardless of gender

You may also qualify for the Package Discount and have your rates discounted an additional 25% (see the coverage sheet for details).

G-29004-0

NS=Non-Smoker

FACE AMOUNTS \$250,000-\$499,000
ANNUAL RATES PER \$1,000 OF FACE AMOUNT

Rates current as of August 2016

Attained Age	MALE					FEMALE**				
	Super Preferred NS	Preferred NS	NS	Preferred Smoker	Smoker	Super Preferred NS	Preferred NS	NS	Preferred Smoker	Smoker
20	0.55	0.59	0.69	1.53	1.80	0.42	0.47	0.53	1.02	1.14
21	0.55	0.59	0.69	1.53	1.80	0.42	0.47	0.53	1.02	1.14
22	0.55	0.59	0.69	1.53	1.80	0.42	0.47	0.53	1.02	1.14
23	0.55	0.59	0.69	1.53	1.80	0.42	0.47	0.53	1.02	1.14
24	0.55	0.59	0.69	1.53	1.80	0.42	0.47	0.53	1.02	1.14
25	0.55	0.59	0.69	1.53	1.80	0.42	0.47	0.53	1.02	1.14
26	0.55	0.59	0.69	1.53	1.81	0.43	0.47	0.54	1.05	1.19
27	0.55	0.59	0.69	1.54	1.82	0.43	0.48	0.55	1.08	1.23
28	0.56	0.59	0.70	1.54	1.83	0.44	0.48	0.56	1.12	1.28
29	0.56	0.59	0.70	1.55	1.84	0.44	0.49	0.57	1.15	1.32
30	0.56	0.59	0.70	1.55	1.85	0.45	0.49	0.58	1.18	1.37
31	0.56	0.60	0.71	1.61	1.92	0.46	0.50	0.60	1.25	1.45
32	0.56	0.61	0.73	1.67	1.98	0.46	0.51	0.62	1.32	1.54
33	0.56	0.63	0.74	1.73	2.05	0.47	0.52	0.63	1.39	1.62
34	0.56	0.64	0.76	1.79	2.11	0.47	0.53	0.65	1.46	1.71
35	0.56	0.65	0.77	1.85	2.18	0.48	0.54	0.67	1.53	1.79
36	0.59	0.67	0.81	1.96	2.32	0.50	0.56	0.71	1.67	1.97
37	0.62	0.70	0.85	2.07	2.46	0.52	0.59	0.76	1.81	2.15
38	0.64	0.72	0.90	2.19	2.59	0.54	0.61	0.80	1.95	2.33
39	0.67	0.75	0.94	2.30	2.73	0.56	0.64	0.85	2.09	2.51
40	0.70	0.77	0.98	2.41	2.87	0.58	0.66	0.89	2.23	2.69
41	0.74	0.82	1.06	2.62	3.14	0.62	0.71	0.97	2.48	3.02
42	0.78	0.87	1.13	2.84	3.40	0.66	0.77	1.05	2.73	3.34
43	0.82	0.93	1.21	3.05	3.67	0.71	0.82	1.14	2.98	3.67
44	0.86	0.98	1.28	3.27	3.93	0.75	0.88	1.22	3.23	3.99
45	0.90	1.03	1.36	3.48	4.20	0.79	0.93	1.30	3.48	4.32
46	0.99	1.13	1.48	3.83	4.62	0.86	1.02	1.41	3.68	4.80
47	1.07	1.23	1.60	4.18	5.04	0.93	1.10	1.52	3.87	5.28
48	1.16	1.32	1.72	4.52	5.46	0.99	1.19	1.62	4.07	5.76
49	1.24	1.42	1.84	4.87	5.88	1.06	1.27	1.73	4.26	6.24
50	1.33	1.52	1.96	5.22	6.30	1.13	1.36	1.84	4.46	6.72
51	1.49	1.70	2.17	5.76	6.96	1.22	1.46	1.97	5.03	7.36
52	1.65	1.87	2.39	6.30	7.62	1.31	1.56	2.11	5.61	8.00
53	1.82	2.05	2.60	6.85	8.28	1.40	1.66	2.24	6.18	8.63
54	1.98	2.22	2.82	7.39	8.94	1.49	1.76	2.38	6.76	9.27
55	2.14	2.40	3.03	7.93	9.60	1.58	1.86	2.51	7.33	9.91
56	2.37	2.66	3.35	8.76	10.60	1.73	2.05	2.75	8.15	10.79
57	2.60	2.93	3.67	9.58	11.61	1.88	2.23	2.99	8.97	11.66
58	2.84	3.19	3.98	10.41	12.61	2.03	2.42	3.24	9.79	12.54
59	3.07	3.46	4.30	11.23	13.62	2.18	2.60	3.48	10.61	13.41
60	3.30	3.72	4.62	12.06	14.62	2.33	2.79	3.72	11.43	14.29
61	3.53	3.98	4.94	12.89	15.62	2.48	2.98	3.96	12.25	15.17
62	3.76	4.25	5.26	13.71	16.63	2.63	3.16	4.20	13.07	16.04
63	4.00	4.51	5.57	14.54	17.63	2.78	3.35	4.45	13.89	16.92
64	4.23	4.78	5.89	15.36	18.64	2.93	3.53	4.69	14.71	17.79

**Residents of Montana—Male rates apply to all residents regardless of gender

You may also qualify for the Package Discount and have your rates discounted an additional 25% (see the coverage sheet for details).

NS=Non-Smoker

FACE AMOUNTS \$500,000–\$999,000
ANNUAL RATES PER \$1,000 OF FACE AMOUNT

Rates current as of August 2016

Attained Age	MALE					FEMALE**				
	Super Preferred NS	Preferred NS	NS	Preferred Smoker	Smoker	Super Preferred NS	Preferred NS	NS	Preferred Smoker	Smoker
20	0.40	0.43	0.56	1.29	1.55	0.27	0.32	0.39	0.74	0.85
21	0.40	0.43	0.56	1.29	1.55	0.27	0.32	0.39	0.74	0.85
22	0.40	0.43	0.56	1.29	1.55	0.27	0.32	0.39	0.74	0.85
23	0.40	0.43	0.56	1.29	1.55	0.27	0.32	0.39	0.74	0.85
24	0.40	0.43	0.56	1.29	1.55	0.27	0.32	0.39	0.74	0.85
25	0.40	0.43	0.56	1.29	1.55	0.27	0.32	0.39	0.74	0.85
26	0.40	0.43	0.56	1.30	1.56	0.27	0.32	0.40	0.77	0.89
27	0.40	0.43	0.56	1.31	1.57	0.28	0.33	0.41	0.80	0.94
28	0.40	0.44	0.57	1.31	1.59	0.28	0.33	0.43	0.84	0.98
29	0.40	0.44	0.57	1.32	1.60	0.29	0.34	0.44	0.87	1.03
30	0.40	0.44	0.57	1.33	1.61	0.29	0.34	0.45	0.90	1.07
31	0.40	0.44	0.58	1.39	1.68	0.30	0.35	0.47	0.97	1.15
32	0.40	0.44	0.60	1.45	1.74	0.31	0.35	0.49	1.03	1.22
33	0.41	0.45	0.61	1.51	1.81	0.31	0.36	0.50	1.10	1.30
34	0.41	0.45	0.63	1.57	1.87	0.32	0.36	0.52	1.16	1.37
35	0.41	0.45	0.64	1.63	1.94	0.33	0.37	0.54	1.23	1.45
36	0.43	0.47	0.69	1.74	2.07	0.35	0.40	0.58	1.36	1.61
37	0.44	0.49	0.73	1.85	2.21	0.37	0.43	0.63	1.48	1.78
38	0.46	0.52	0.78	1.96	2.34	0.40	0.46	0.67	1.61	1.94
39	0.47	0.54	0.82	2.07	2.48	0.42	0.49	0.72	1.73	2.11
40	0.49	0.56	0.87	2.18	2.61	0.44	0.52	0.76	1.86	2.27
41	0.54	0.62	0.94	2.39	2.87	0.48	0.57	0.84	2.09	2.57
42	0.59	0.68	1.02	2.60	3.13	0.52	0.62	0.92	2.32	2.86
43	0.63	0.74	1.09	2.81	3.40	0.57	0.68	1.00	2.54	3.16
44	0.68	0.80	1.17	3.02	3.66	0.61	0.73	1.08	2.77	3.45
45	0.73	0.86	1.24	3.23	3.92	0.65	0.78	1.16	3.00	3.75
46	0.81	0.96	1.36	3.57	4.33	0.71	0.86	1.27	3.19	4.18
47	0.89	1.06	1.49	3.91	4.74	0.77	0.94	1.39	3.38	4.62
48	0.98	1.17	1.61	4.26	5.15	0.84	1.01	1.50	3.58	5.05
49	1.06	1.27	1.74	4.60	5.56	0.90	1.09	1.62	3.77	5.49
50	1.14	1.37	1.86	4.94	5.97	0.96	1.17	1.73	3.96	5.92
51	1.29	1.54	2.07	5.47	6.61	1.05	1.27	1.86	4.47	6.50
52	1.44	1.71	2.28	6.00	7.25	1.14	1.37	2.00	4.98	7.07
53	1.59	1.89	2.50	6.54	7.89	1.22	1.46	2.13	5.50	7.65
54	1.74	2.06	2.71	7.07	8.53	1.31	1.56	2.27	6.01	8.22
55	1.89	2.23	2.92	7.60	9.17	1.40	1.66	2.40	6.52	8.80
56	2.10	2.49	3.24	8.41	10.15	1.54	1.83	2.64	7.26	9.59
57	2.32	2.75	3.56	9.21	11.13	1.68	2.00	2.88	8.00	10.39
58	2.53	3.00	3.89	10.02	12.11	1.83	2.18	3.12	8.74	11.18
59	2.75	3.26	4.21	10.82	13.09	1.97	2.35	3.36	9.48	11.98
60	2.96	3.52	4.53	11.63	14.07	2.11	2.52	3.60	10.22	12.77
61	3.17	3.78	4.85	12.44	15.05	2.25	2.69	3.84	10.96	13.56
62	3.39	4.04	5.17	13.24	16.03	2.39	2.86	4.08	11.70	14.36
63	3.60	4.29	5.50	14.05	17.01	2.54	3.04	4.32	12.44	15.15
64	3.82	4.55	5.82	14.85	17.99	2.68	3.21	4.56	13.18	15.95

**Residents of Montana—Male rates apply to all residents regardless of gender

You may also qualify for the Package Discount and have your rates discounted an additional 25% (see the coverage sheet for details).

NS=Non-Smoker

FACE AMOUNTS \$1,000,000–\$4,000,000*
ANNUAL RATES PER \$1,000 OF FACE AMOUNT

Rates current as of August 2016

Attained Age	MALE					FEMALE**				
	Super Preferred NS	Preferred NS	NS	Preferred Smoker	Smoker	Super Preferred NS	Preferred NS	NS	Preferred Smoker	Smoker
20	0.31	0.38	0.50	1.21	1.46	0.21	0.25	0.33	0.66	0.77
21	0.31	0.38	0.50	1.21	1.46	0.21	0.25	0.33	0.66	0.77
22	0.31	0.38	0.50	1.21	1.46	0.21	0.25	0.33	0.66	0.77
23	0.31	0.38	0.50	1.21	1.46	0.21	0.25	0.33	0.66	0.77
24	0.31	0.38	0.50	1.21	1.46	0.21	0.25	0.33	0.66	0.77
25	0.31	0.38	0.50	1.21	1.46	0.21	0.25	0.33	0.66	0.77
26	0.31	0.38	0.50	1.22	1.47	0.22	0.26	0.34	0.69	0.81
27	0.31	0.38	0.50	1.22	1.48	0.22	0.26	0.35	0.72	0.85
28	0.32	0.38	0.51	1.23	1.50	0.23	0.27	0.36	0.76	0.90
29	0.32	0.38	0.51	1.23	1.51	0.23	0.27	0.37	0.79	0.94
30	0.32	0.38	0.51	1.24	1.52	0.24	0.28	0.38	0.82	0.98
31	0.32	0.38	0.52	1.30	1.59	0.25	0.29	0.40	0.88	1.06
32	0.33	0.38	0.54	1.36	1.65	0.25	0.29	0.42	0.95	1.14
33	0.33	0.39	0.55	1.41	1.72	0.26	0.30	0.43	1.01	1.21
34	0.34	0.39	0.57	1.47	1.78	0.26	0.30	0.45	1.08	1.29
35	0.34	0.39	0.58	1.53	1.85	0.27	0.31	0.47	1.14	1.37
36	0.36	0.42	0.62	1.64	1.98	0.29	0.34	0.51	1.26	1.53
37	0.38	0.44	0.67	1.75	2.11	0.31	0.37	0.56	1.39	1.69
38	0.39	0.47	0.71	1.87	2.25	0.34	0.39	0.60	1.51	1.84
39	0.41	0.49	0.76	1.98	2.38	0.36	0.42	0.65	1.64	2.00
40	0.43	0.52	0.80	2.09	2.51	0.38	0.45	0.69	1.76	2.16
41	0.47	0.58	0.88	2.29	2.77	0.42	0.50	0.77	1.98	2.45
42	0.52	0.64	0.95	2.50	3.02	0.46	0.55	0.85	2.21	2.74
43	0.56	0.69	1.03	2.70	3.28	0.50	0.61	0.93	2.43	3.03
44	0.61	0.75	1.10	2.91	3.53	0.54	0.66	1.01	2.66	3.32
45	0.65	0.81	1.18	3.11	3.79	0.58	0.71	1.09	2.88	3.61
46	0.73	0.91	1.30	3.44	4.19	0.64	0.79	1.20	3.07	4.03
47	0.81	1.00	1.41	3.78	4.59	0.70	0.86	1.31	3.26	4.46
48	0.90	1.10	1.53	4.11	4.98	0.77	0.94	1.41	3.46	4.88
49	0.98	1.19	1.64	4.45	5.38	0.83	1.01	1.52	3.65	5.31
50	1.06	1.29	1.76	4.78	5.78	0.89	1.09	1.63	3.84	5.73
51	1.21	1.46	1.97	5.30	6.40	0.97	1.18	1.76	4.33	6.29
52	1.35	1.62	2.17	5.81	7.03	1.05	1.28	1.89	4.82	6.85
53	1.50	1.79	2.38	6.33	7.65	1.13	1.37	2.03	5.32	7.41
54	1.64	1.95	2.58	6.84	8.28	1.21	1.47	2.16	5.81	7.97
55	1.79	2.12	2.79	7.36	8.90	1.29	1.56	2.29	6.30	8.53
56	1.99	2.36	3.10	8.14	9.84	1.43	1.73	2.52	7.02	9.30
57	2.19	2.61	3.41	8.92	10.79	1.57	1.89	2.75	7.74	10.07
58	2.40	2.85	3.71	9.70	11.73	1.70	2.06	2.99	8.45	10.83
59	2.60	3.10	4.02	10.48	12.68	1.84	2.22	3.22	9.17	11.60
60	2.80	3.34	4.33	11.26	13.62	1.98	2.39	3.45	9.89	12.37
61	3.00	3.58	4.64	12.04	14.56	2.12	2.56	3.68	10.61	13.14
62	3.20	3.83	4.95	12.82	15.51	2.26	2.72	3.91	11.33	13.91
63	3.41	4.07	5.25	13.60	16.45	2.39	2.89	4.15	12.04	14.67
64	3.61	4.32	5.56	14.38	17.40	2.53	3.05	4.38	12.76	15.44

*Maximum amount available to spouse is \$2Mil | **Residents of Montana—Male rates apply to all residents regardless of gender

You may also qualify for the Package Discount and have your rates discounted an additional 25% (see the coverage sheet for details).