

Expense
Level Benefit Plan BSP Rates for Face Amounts - Montana

Non Smoker

Issue Age	Face Amount						
	\$5,000	\$7,500	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000
45	17.08	23.96	30.83	44.58	58.33	72.08	85.83
46	17.08	23.96	30.83	44.58	58.33	72.08	85.83
47	17.50	24.58	31.67	45.83	60.00	74.17	88.33
48	17.50	24.58	31.67	45.83	60.00	74.17	88.33
49	17.92	25.21	32.50	47.08	61.67	76.25	90.83
50	17.92	25.21	32.50	47.08	61.67	76.25	90.83
51	18.33	25.83	33.33	48.33	63.33	78.33	93.33
52	18.75	26.46	34.17	49.58	65.00	80.42	95.83
53	19.17	27.08	35.00	50.83	66.67	82.50	98.33
54	19.58	27.71	35.83	52.08	68.33	84.58	100.83
55	20.00	28.33	36.67	53.33	70.00	86.67	103.33
56	20.42	28.96	37.50	54.58	71.67	88.75	105.83
57	20.83	29.58	38.33	55.83	73.33	90.83	108.33
58	21.67	30.83	40.00	58.33	76.67	95.00	113.33
59	22.08	31.46	40.83	59.58	78.33	97.08	115.83
60	22.92	32.71	42.50	62.08	81.67	101.25	120.83
61	23.75	33.96	44.17	64.58	85.00	105.42	125.83
62	24.58	35.21	45.83	67.08	88.33	109.58	130.83
63	25.42	36.46	47.50	69.58	91.67	113.75	135.83
64	25.83	37.08	48.33	70.83	93.33	115.83	138.33
65	26.67	38.33	50.00	73.33	96.67	120.00	143.33
66	27.92	40.21	52.50	77.08	101.67	126.25	
67	29.17	42.08	55.00	80.83	106.67	132.50	
68	30.42	43.96	57.50	84.58	111.67	138.75	
69	31.67	45.83	60.00	88.33	116.67	145.00	
70	32.92	47.71	62.50	92.08	121.67	151.25	
71	35.42	51.46	67.50	99.58	131.67	163.75	
72	37.50	54.58	71.67	105.83	140.00	174.17	
73	39.58	57.71	75.83	112.08	148.33	184.58	
74	41.67	60.83	80.00	118.33	156.67	195.00	
75	44.17	64.58	85.00	125.83	166.67	207.50	
76	47.50	69.58	91.67	135.83	180.00	224.17	
77	50.42	73.96	97.50	144.58	191.67	238.75	
78	54.17	79.58	105.00	155.83	206.67	257.50	
79	57.08	83.96	110.83	164.58	218.33	272.08	
80	60.42	88.96	117.50	174.58	231.67	288.75	
81	66.25	97.71	129.17	192.08			
82	72.50	107.08	141.67	210.83			
83	78.33	115.83	153.33	228.33			
84	84.17	124.58	165.00	245.83			
85	90.42	133.96	177.50	264.58			
86	98.75	146.46	194.17				
87	106.67	158.33	210.00				
88	115.00	170.83	226.67				
89	123.33	183.33	243.33				

Rates include \$40 Annual Policy Fee

Agent Use Only

Expense
Level Benefit Plan BSP Rates for Face Amounts - Montana

Smoker

Issue Age	Face Amount						
	\$5,000	\$7,500	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000
45	20.00	28.33	36.67	53.33	70.00	86.67	103.33
46	20.42	28.96	37.50	54.58	71.67	88.75	105.83
47	20.83	29.58	38.33	55.83	73.33	90.83	108.33
48	21.25	30.21	39.17	57.08	75.00	92.92	110.83
49	21.67	30.83	40.00	58.33	76.67	95.00	113.33
50	22.08	31.46	40.83	59.58	78.33	97.08	115.83
51	22.50	32.08	41.67	60.83	80.00	99.17	118.33
52	23.33	33.33	43.33	63.33	83.33	103.33	123.33
53	23.75	33.96	44.17	64.58	85.00	105.42	125.83
54	24.58	35.21	45.83	67.08	88.33	109.58	130.83
55	25.00	35.83	46.67	68.33	90.00	111.67	133.33
56	25.83	37.08	48.33	70.83	93.33	115.83	138.33
57	26.67	38.33	50.00	73.33	96.67	120.00	143.33
58	27.08	38.96	50.83	74.58	98.33	122.08	145.83
59	27.92	40.21	52.50	77.08	101.67	126.25	150.83
60	28.33	40.83	53.33	78.33	103.33	128.33	153.33
61	29.58	42.71	55.83	82.08	108.33	134.58	160.83
62	30.83	44.58	58.33	85.83	113.33	140.83	168.33
63	32.08	46.46	60.83	89.58	118.33	147.08	175.83
64	33.33	48.33	63.33	93.33	123.33	153.33	183.33
65	34.58	50.21	65.83	97.08	128.33	159.58	190.83
66	35.83	52.08	68.33	100.83	133.33	165.83	
67	37.50	54.58	71.67	105.83	140.00	174.17	
68	38.75	56.46	74.17	109.58	145.00	180.42	
69	40.42	58.96	77.50	114.58	151.67	188.75	
70	41.67	60.83	80.00	118.33	156.67	195.00	
71	44.58	65.21	85.83	127.08	168.33	209.58	
72	47.08	68.96	90.83	134.58	178.33	222.08	
73	49.58	72.71	95.83	142.08	188.33	234.58	
74	52.08	76.46	100.83	149.58	198.33	247.08	
75	55.00	80.83	106.67	158.33	210.00	261.67	
76	58.75	86.46	114.17	169.58	225.00	280.42	
77	62.50	92.08	121.67	180.83	240.00	299.17	
78	66.25	97.71	129.17	192.08	255.00	317.92	
79	70.00	103.33	136.67	203.33	270.00	336.67	
80	73.75	108.96	144.17	214.58	285.00	355.42	
81	81.25	120.21	159.17	237.08			
82	87.92	130.21	172.50	257.08			
83	95.00	140.83	186.67	278.33			
84	102.08	151.46	200.83	299.58			
85	109.17	162.08	215.00	320.83			
86	117.92	175.21	232.50				
87	127.08	188.96	250.83				
88	136.25	202.71	269.17				
89	145.00	215.83	286.67				

Rates include \$40 Annual Policy Fee

Agent Use Only

Genworth Financial Final Expense
Base Rates (per \$1,000 of Face Amount) - Montana

Level Benefit

Issue Age	Non Smoker	Smoker
45	33	40
46	33	41
47	34	42
48	34	43
49	35	44
50	35	45
51	36	46
52	37	48
53	38	49
54	39	51
55	40	52
56	41	54
57	42	56
58	44	57
59	45	59
60	47	60
61	49	63
62	51	66
63	53	69
64	54	72
65	56	75
66	59	78
67	62	82
68	65	85
69	68	89
70	71	92
71	77	99
72	82	105
73	87	111
74	92	117
75	98	124
76	106	133
77	113	142
78	122	151
79	129	160
80	137	169
81	151	187
82	166	203
83	180	220
84	194	237
85	209	254
86	229	275
87	248	297
88	268	319
89	288	340

Modal Factors: Annual: 1.0; Semi-Annual: 0.5; Quarterly: 0.25; and Monthly: 1/12

Rates do not include \$40 Annual Policy Fee

Agent Use Only

