

TRAINING MANUAL

LIBERTY LIFE ASSURANCE COMPANY OF BOSTON



LEGACYLINK®

Innovation IN
WEALTH TRANSFER



Liberty Life's Philosophy

Liberty Life's philosophy is to conduct business with complete integrity and fair dealing. We believe at the heart of this is to conduct business with the customer's financial interests and objectives as the top priority. To this end, we and all our associates who represent Liberty Life will act with high standards of honesty and fairness. This means providing sales material that is clear, honest, and fair as to content.

As representatives of Liberty Life, no one shall make:

- Misrepresentation of benefits, advantages, conditions, or terms of any insurance policy.
- Misrepresentations for the purpose of inducing a policyholder or policy owner to lapse, forfeit, exchange, convert, or surrender their insurance.
- Misrepresentations or untruthful statements on insurance applications or forms for the sole purpose of providing insurance or providing rates different than those set by the company.

No representative may solicit or sell business for Liberty Life without first possessing a valid insurance license.

All representatives of Liberty Life:

- Must be aware of and comply with all applicable statutory, regulatory and industry laws,
- are strongly encouraged to attend industry meetings for educational opportunities, and to stay current on new laws and regulations, and
- are encouraged to use fact-finding tools to determine customer's financial needs and objectives.

Any attempt to circumvent or ignore these responsibilities impugns the integrity of those involved and that of the Liberty Mutual Group. It will be treated as a serious violation of proper business conduct, and may result in the immediate termination of appointments with Liberty Life.

Liberty Life Means Quality

A member of the Liberty Mutual Group

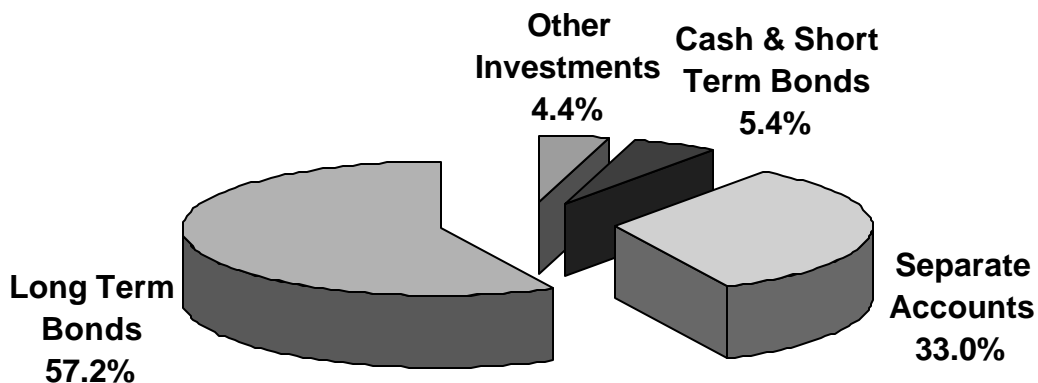
- Founded in 1912
- Large, diversified financial services organization
- \$42 billion in consolidated assets
- Nation's largest writer of workers compensation
- 8th largest property & casualty insurer
- Ranked 142nd among Fortune 500 largest US corporations

Liberty Life

- Protecting families since 1964
- \$6.7 billion in assets
- \$16.1 billion insurance in-force
- Largest writer of life insurance in banks 5 years in a row

Liberty Life invests in Quality

- 92% of bonds are high quality investment-grade bonds
- More than half of bonds are US government backed securities
- No mortgages-- No real estate



Tax Deferred Annuities

A Great Choice for Retirement

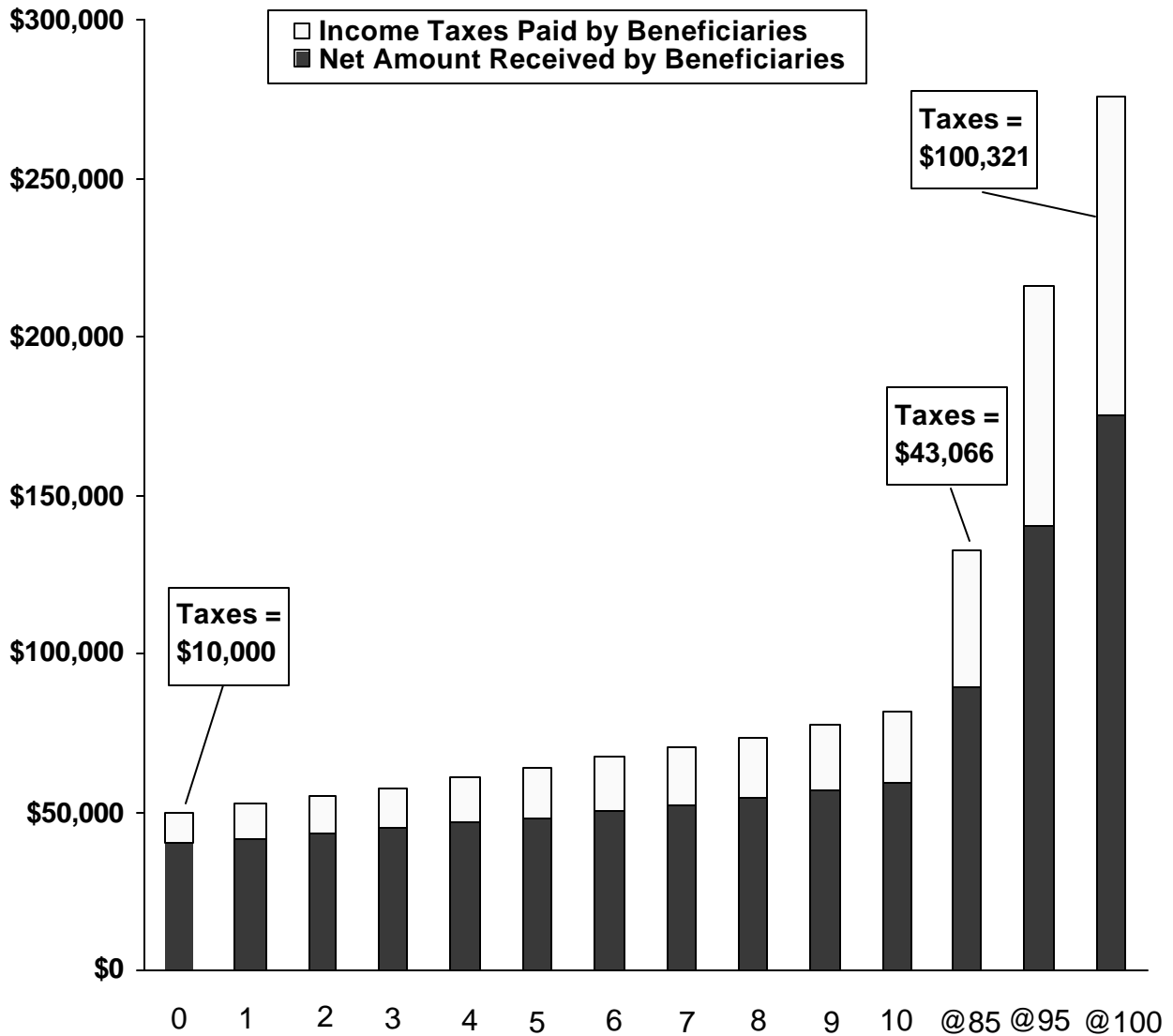
Annuity Benefits

- Help clients save for for retirement
- Safe
- Attractive rates
- Defer taxes
- Access to cash
- Death benefits avoid probate if a beneficiary is named

Have Circumstances Changed?

- Is the annuity still intended for retirement?
- Are other resources adequate for retirement income?
- Does the client want to pass the annuity assets on to heirs?
- Are there concerns with passing a tax burden to heirs at death?

Taxes and Annuities



Assumptions:
 65-year-old female
 \$50,000 annuity growing at 5%
 Cost Basis = \$25,000
 Beneficiary Tax Rate = 40%

Features

Deferred Annuity

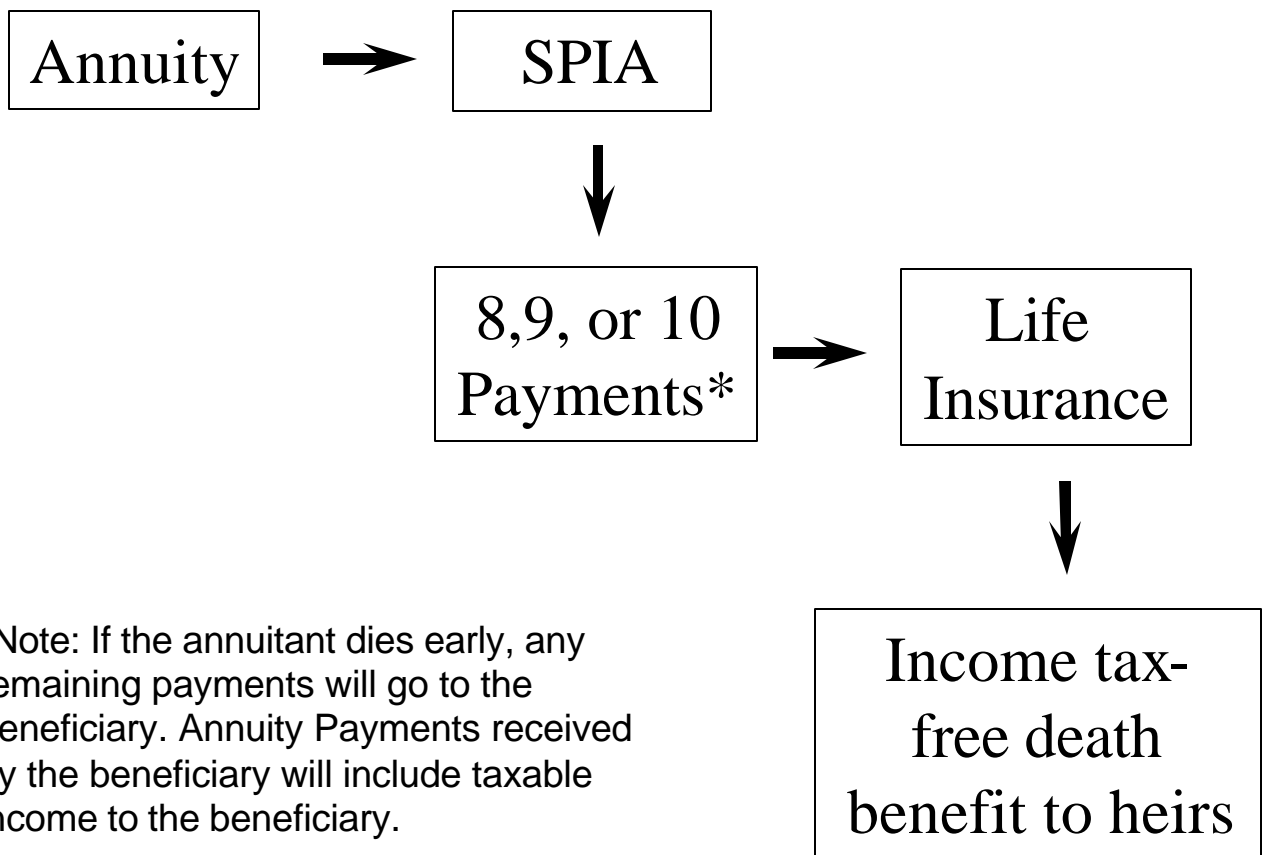
- Safe
- Attractive rate
- Tax deferral
- Avoids probate
- Access to cash
- Death benefit taxable to heirs (investment gains)

Legacy Link

- Safe
- Attractive rate
- Tax deferral
- Avoids probate
- Income tax-free access to cash**
- Income tax-free death benefit to heirs**

What is Legacy Link

Legacy Link is a program that allows your clients to reposition the funds they have in annuities into a financial vehicle that gives them the opportunity to pass more money on to their heirs without an income-tax liability.



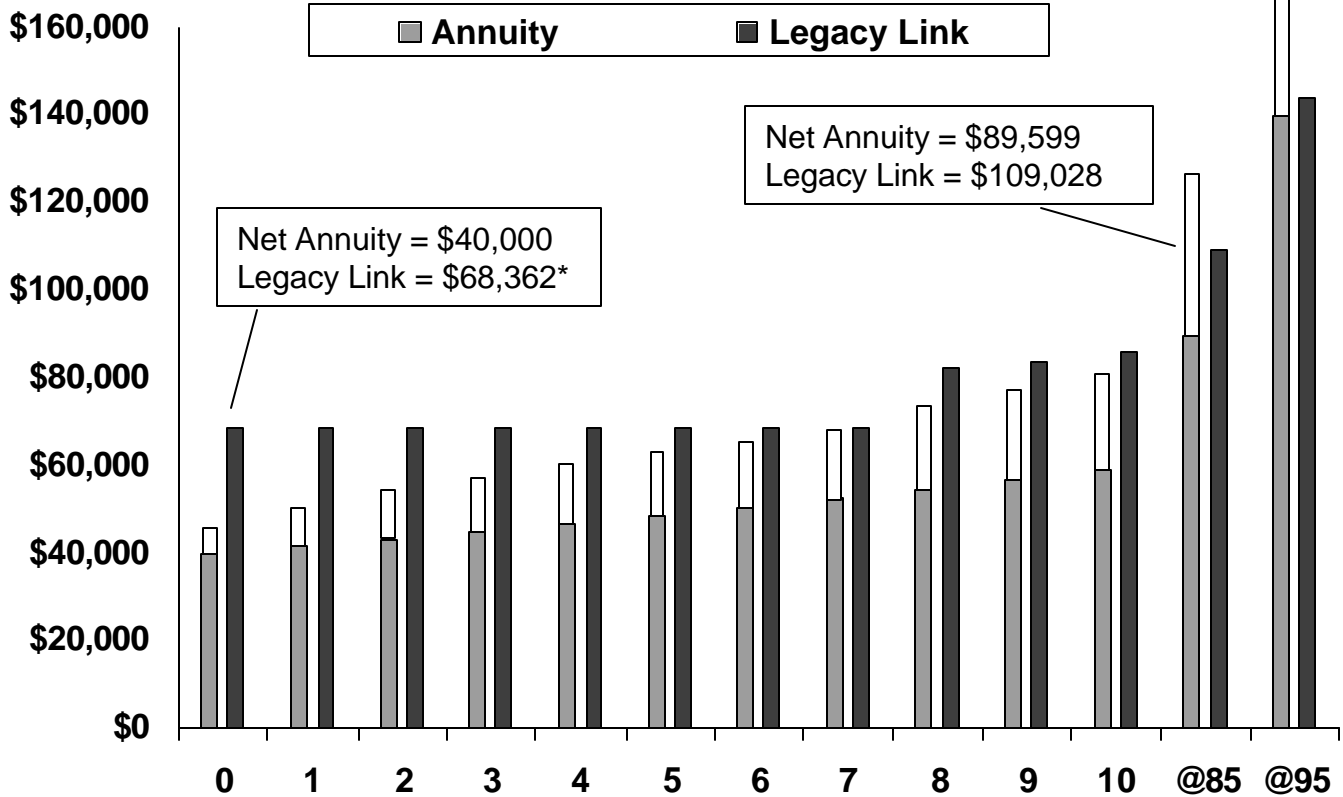
Access to Cash*

- **Loans:** Loans of earnings at zero net out-of-pocket cost. Loans of principal at a net 2% out-of-pocket cost.
- **Partial Withdrawals:** Min = \$250. Max = cash value less \$500. May be subject to withdrawal charges.
- **Medical Waiver of Withdrawal Charge**:** Account value may be accessed without withdrawal charge after the first contract year if the insured or the insured's spouse has a qualifying medical stay which lasts at least 45 days during any continuous 60-day period.
- **Accelerated Death Benefit**:** Up to 90% of the death benefit may be accessed without penalty (under current tax law) if the insured is diagnosed with a terminal illness or is chronically ill.
- **Annuitization:** Life insurance contract can be annuitized to produce a stream of income on the life of the insured or the beneficiary.

* Access to cash provisions only apply to the funds available within the universal life policy. An election to distribute funds through an SPIA is irrevocable. There are no other means to access undistributed funds from an SPIA.

**May not be available in all states. Benefit may vary by state.

Maximizing Your Legacy The Legacy Link Solution



Assumptions:

- 65-year-old female,
- Standard, non-tobacco
- \$50,000 annuity growing at 5%
- Cost Basis = \$25,000
- Annuity Owner's Tax Rate = 30%
- Beneficiary's Tax Rate = 40%
- 8 after tax payments of \$5,952
- Initial Death Benefit = \$68,362

*Note: If the annuitant dies early, any remaining payments will go to the beneficiary. Annuity Payments received by the beneficiary will be in addition to the Legacy Link proceeds and will include taxable income to the beneficiary.

Instant Approval Eligibility

- Stay within minimum and maximum face amount limits and age limits
 - Min life insurance face = \$25,000*
 - Max life insurance face for instant approval = \$150,000*
 - Max issue age for instant approval = 75

Larger amounts and older ages (76-80) available with normal underwriting.

- Must have answered “No” to all parts of Question 22
- MIB inquiry does not prompt further investigation

<u>Guidelines for Min Premiums*</u>	
60-65	\$25,000
66-70	\$30,000
71-75	\$35,000

***Note:** Minimum and Maximum Face Issue limits are constant regardless of age, issue class, or any other variables. Guidelines for Minimum Premiums assume a Standard issue and will be affected by:

Income Tax Brackets, SPIA rates, State Premium Taxes

<u>Policy Classes</u>	
<u>Male/Female Standard</u>	<u>Male/Female Class A</u>
Tobacco	Tobacco
Non-Tobacco	Non-Tobacco

SAMPLE APPLICATION



Policy Number: _____

AUTHORIZATION AND DISCLOSURES

Proposed Insured	Date of Birth	Place of Birth	Occupation
Passa D. Million	4/1/36	Anytown, CA	Stock Broker

**LIBERTY LIFE ASSURANCE COMPANY OF BOSTON
AUTHORIZATION TO OBTAIN INFORMATION**

I AUTHORIZE any licensed physician, medical practitioner, hospital, clinic, other medical or medically-related facility, insurance or reinsuring company, the Medical Information Bureau, Inc. (MIB), consumer reporting agency, employer or former employer to give to Liberty Life Assurance Company of Boston (Liberty), its employees and reinsurers any information about my: physical or mental condition, character; general reputation; habits; finances; insurance history; occupation; and hobbies. I also authorize Liberty to obtain an investigative consumer report on me.

I AM AWARE that Liberty will use this information to determine if I am eligible for insurance or for benefits under an in-force policy. I am aware that Liberty may give this information to: its reinsurers; the MIB; other persons or entities that perform services related to my application or claim; or as may be authorized or required by law.

I AGREE that this form shall be valid for 30 months from the date below. I agree that a copy will be valid as this original.

I MAY ASK for a copy of this form.

I HAVE RECEIVED the Notice of Information Practices and the notices required by the Federal Fair Credit Reporting Act and MIB.

3/26/02
Date

Passa D. Million
Signature of Insured

LIVING BENEFIT DISCLOSURE ACKNOWLEDGMENT

I acknowledge that if I have requested Liberty's Accelerated Death Benefit, I have read the disclosure in Liberty's Living Benefit brochure.

Joe Agent
Signature of Witness

Passa D. Million
Signature of Insured

3/26/02
Date

PLEASE PRINT

Representative Name	Liberty ID	Fax #	Time Sent
Joe Agent		Your Branch Fax #	3:00 pm
Your Bank Name	Branch	Phone #	State
	Branch Name	Your Branch Phone #	NH
Home Office Use Only		Authorized Home Office signature	
Approved for field issue?		<input type="checkbox"/> No: The following are necessary:	
<input type="checkbox"/> Yes - - Class A		Exam Blood/Urine/EKG Medical Records	
<input type="checkbox"/> Yes - - Standard			

BNK 94107



LIBERTY LIFE ASSURANCE COMPANY OF BOSTON
APPLICATION FOR LIFE INSURANCE

NU3

PLAN OF INSURANCE	
1. Plan <u>Spectrum Universal Life</u>	2. Payment Mode <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Pre-Authorized Check <input checked="" type="checkbox"/> Annual
3. Additional Agreements <input checked="" type="checkbox"/> Accelerated Death Benefit <input type="checkbox"/> Other _____	4. Initial Payment \$ <u>5,952</u>
5. Premium Class <u>Standard</u>	6. Planned Payment \$ <u>5,952</u>
7. Initial Death Benefit \$ <u>68,362</u>	8. First Year Guaranteed Interest Rate: <u>5.75</u> % <i>(use current rate)</i>

INSURED	
9. Name - First Middle Last <u>Passa D. Million</u>	10. <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
11. Age <u>65</u>	
12. Address <u>123 Main Street Anytown, MA 12345</u>	13. Birthdate <u>4/1/36</u>
	14. Social Security Number <u>123-45-6789</u>
15. Has this person used tobacco of any kind within the last 24 months? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
16. Will this contract replace any existing life insurance policy or annuity contract in this or any other company? <input type="checkbox"/> Yes If yes, please list company name: _____ Policy / contract Number _____ <input checked="" type="checkbox"/> No	

OWNER (If Other than Insured)	
17. Name	18. Address
19. Tax ID	

BENEFICIARY				
20. Name <u>Deserva D. Million</u>	Relationship (To Insured) <u>Daughter</u>	SSN or DOB (If Known) <u>987-65-4321</u>	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Contingent	<u>100</u> %
21. Name	Relationship (To Insured)	SSN or DOB (If Known)	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	%

AGENT		
To the best of your knowledge, will the contract applied for replace any existing life insurance or annuity in this or any other company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Office <u>Your Bank Name</u>	Agent #	Agent's Name (please print) <u>Joe Agent</u>
Office Number <u>Your Branch Name</u>	Agent License # <u>41260086</u>	Agent's Signature <u>Joe Agent</u>

OFFICE USE ONLY	
Number of years to pay premium <u>8</u>	<input checked="" type="checkbox"/> Legacy Link
Insured's Home Phone Number _____	Funding: <input checked="" type="checkbox"/> Liberty Life Annuity <input type="checkbox"/> Other _____

PUL-94182-APP White copy (original) to Liberty Life Yellow copy to Agent Blue copy to client
APP-1

**LIBERTY LIFE ASSURANCE COMPANY OF BOSTON
MEDICAL HISTORY**
NU3

22.	Has the insured been:	
A.	Hospitalized or surgically treated within the last 2 years for heart disease?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B.	Treated within the last 5 years for cancer?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
C.	Diagnosed with or treated by a member of the medical profession for: stroke or other cerebrovascular disease, diabetes treated with insulin, kidney disease (not to include bladder or prostate), Alzheimer's disease or other neurological disorder, liver disease, organ transplant, Acquired Immunodeficiency Syndrome (AIDS) or AIDS Related Complex (ARC), alcohol or drug abuse? ARC is a condition with signs and symptoms which may include generalized lymphadenopathy (swollen lymph nodes), loss of appetite, weight loss, fever, oral thrush, skin rashes, unexplained infections, dementia, depression or other psychoneurotic disorders with no known cause.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

23.	Has the insured been:	
A.	Diagnosed with or treated within the last 10 years for: heart disease or arrhythmia, blood pressure treated with medication, vascular or circulatory disease, fainting spells, emphysema or other chronic lung or respiratory disorder, cancer, diabetes, Crohn's disease, regional enteritis, ulcerative colitis, or chronic gastritis?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B.	Turned down, charged an extra rate, cancelled or refused renewal of life, health, or disability insurance?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
C.	Unable to work or perform regular activities for more than 7 consecutive days within the past 6 months because of sickness or injury?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
D.	Hospitalized for any reason within the last 6 months?	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No

24.	Provide full details here for questions 22 and 23 answered "Yes":	
Quest #	23A	Provide the Following: Doctor's Name
Quest #		Doctor's Address
Quest #		Doctor's Phone Number
Quest #		Date of Diagnosis
Quest #		Medication

INSURING AGREEMENT

I declare that all statements and answers given in this application are true and complete to the best of my knowledge and belief. I agree that they will form the basis for, and be a part of, any contract of insurance issued by the Company.

SOCIAL SECURITY OR TAX IDENTIFICATION NUMBER (TIN) CERTIFICATION

By signing this application, the named Owner certifies under penalties of perjury that: (1) the TIN shown on Question 19 of this application is correct, and (2) that I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interests or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding. (If you are subject to backup withholding, cross out item 2 above.)

Dated at Anytown, MA on 3/26/02 Joe Agent
City and State Date of Issue Signature of Witness

Rissa D. Million _____
Signature of Insured Signature of Owner if Other than Insured

PUL-94182-APP White copy (original) to Liberty Life Yellow copy to Agent Blue copy to client
 APP-2

Class Determination Chart

Life Insurance Application Question # 22 - Answered all “NO” and if...

Question	Answer	Eligible Class
#23 A. - D.	Answered all “NO”	Standard
#23 A. or B.	Answered “YES”	Class A
#23 A. and B. #23 C. or D.	Answered “NO” but Answered “YES”	Call Liberty at 800-400-6694

Note: Eligible classes include both tobacco and non-tobacco.

Step 1 - Instant Approval Process

1) Complete the Authorization and Disclosures form, the Application for Life Insurance, and the Medical History.

(Be sure to write in your branch name, telephone #, and Fax #.)

2) Fax completed forms in the following order:

- a) Authorization and Disclosures Form
- b) Application for Life Insurance
- c) Medical History
- d) Page 2 of the Sales Illustration (Legacy Link/Annuity Comparison)

Fax #: 1-800-400-6694

It is not necessary to attach a cover sheet
nor call when you are faxing.

3) You'll be called within 15 minutes to let you know if the policy can be instantly approved.

However, if you do not hear from us after 20 minutes, please call our service team at **1-800-378-7490**.

Step 2

A. Liberty will fax back an approval and a completed SPIA App.

B. Obtain customer's signature on SPIA App and complete:

- 1. IRC Section 1035 Assignment Form**
- 2. Suitability Statement and Assignment of Annuity Payments
form**
- 3. Replacement forms as required by your state.**

**C. Package all completed forms from Steps 1 & 2, including the
complete sales illustration, and forward them to the back office.**



LIBERTY LIFE ASSURANCE COMPANY OF BOSTON

APPLICATION
SINGLE PREMIUM
IMMEDIATE ANNUITY

100 Liberty Way
Dover, NH 03820

1. Annuitant's Name (first, middle initial, last) and Address:
Passa D. Million
123 Main Street
Anytown, MA 12345

9. Yes No Is this Annuity intended to replace or change, in whole or in part, any existing life insurance, including U.S. Government Life Insurance, or Annuity in this or another company: If "yes," give company, plan and amount:
ABC Financial, Policy # 9995564, Approx. \$50,000

2. Date of Birth: 04 / 01 / 36 Age: 65
M D Y

10. Annuity Benefits:

3. Male Female
Social Security No: 123-45-6789

8 year period certain with equal annual payments in the amount of \$5,952.

4. Joint Annuitant's Name (first, middle initial, last) and Address:

5. Date of Birth: / / Age: _____
M D Y

6. Male Female
Social Security No: _____
Relationship to Annuitant: _____

11. Name of beneficiary and relationship to Annuitant:

Deserva D. Million, Daughter

7. Owner's name and address (if no other Owner is designated, the Annuitant will be the Owner):

The Owner is Individual Corporation
 Partnership Trustee

12. Home Office Use Only

8. Single Premium: Approx. \$50,000

13. I declare that all statements and answers given above are true and complete to the best of my knowledge and belief. I agree that they will form the basis for, and be a part of, any Annuity contract issued by the Company.

Any person who knowingly, and with intent to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information may be subject to criminal or civil penalties.

Passa D. Million
Signature of Applicant/Owner

Anytown, MA 3/26/02
Dated at (City/State) On (Month, Day, Year)

Title

Agent: I declare that, to the best of my knowledge and belief, the policy applied for does does not involve the replacement of existing insurance or annuity as defined in the applicable regulation.

Joe Agent
Signature of Agent

Anytown, MA 3/26/02
Dated at (City, State) On (Month, Day)

Your Bank Name
Agency
PLA 96185

41260086
Agent # Agent License #



Liberty Life Assurance Company of Boston

IRC Section 1035 Assignment Form

To: ABC Financial 555 Main Street, Anytown, NH 54321
Name of Current Company Address

Re: 9995564 Passa D. Million Passa D. Million
Contract Number Contract Owner Annuitant/Insured

I hereby assign and transfer all right, title and interest of every nature and character in the above Contract ("the Contract") to Liberty Life Assurance Company of Boston ("Liberty Life"). I understand that I am irrevocably waiving all rights, claims and demands under the Contract. The purpose of this assignment is to effect a non-taxable exchange of the contracts under the Internal Revenue Code Section 1035 (IRC Sec. 1035).

I hereby declare that the Contract is not subject to any assignment, pledge, collateral assignment or other lien. I further declare that no proceedings in bankruptcy or insolvency, voluntary or involuntary, have been instituted by or against me and that I am not under guardianship or any legal disability.

I understand it is the intent of Liberty Life to surrender the original Contract to the Company which issued it and that Liberty life assumes no responsibility for any delay by that Company in paying the surrender proceeds.

I understand that the proposed transfer may have important tax consequences and I represent and agree that Liberty life is furnishing this form and is participating in this transaction at my request. I agree that Liberty Life makes no representations concerning my tax treatment under IRC Sec. 1035 or otherwise and that Liberty Life has no responsibility nor liability for the validity of this assignment.

(Owner should initial each section)

Section I

PSM I have enclosed the Contract

_____ I certify that the Contract has been lost or destroyed. After due search and inquiry, to the best of my knowledge, it is not in the possession or control of any other person.

Section II

PSM I understand that the Liberty Life contract issued will have a new surrender charge period and a new suicide and contestable period.

The date Liberty Life receives the surrender proceeds will be A) the date on which coverage first becomes effective under a Liberty life contract and B) the date on which the surrender check will be applied to the Liberty Life contract.

Joe Asent
Signature of Witness - Licensed Agent

3/26/02
Date

Passa D. Million
Signature of Owner

3/26/02
Date

Irrevocable Beneficiary (if any)

Date

Signature of Owner's Spouse
(Community Property states only)

Date

BNK 9552 (LegLok)



Liberty Life Assurance Company of Boston

LEGACY LINK[®]

Suitability Statement

PPM

PLEASE INITIAL

I understand:

- that I am purchasing life insurance and that the death benefit of the life insurance policy will be paid free of federal income tax to my personal beneficiaries. (This reflects current law).
- that the death benefit and policy values are subject to change based on interest crediting rates, cost of insurance charges, expenses charges, surrender charges, loans, and withdrawals.

PPM

I intend to pay for the policy either with payment from an annuity and/or with other liquid assets and I am not utilizing these funds as a source of current income.

PPM

I understand that if I am paying for the life insurance policy with payments from an annuity, part of the annuity payments are taxable as income. In addition, liquidation of the annuity may result in other tax consequences, early withdrawal penalties, and other costs and penalties.

PPM

I understand that:

- if I am under age 59 1/2, there may be a 10% federal tax penalty on the taxable portion of payments from an annuity,
- that annuitization or full surrender of an existing annuity is an irrevocable decision and cannot be reversed even if I choose to return or surrender my life insurance policy.

This disclosure is not meant to replace any required state replacement forms. It is designed to assist me in understanding the nature of and funding for my wealth transfer life insurance purchase. I understand that I should consult with my tax adviser regarding any tax considerations relating to this transaction.

Assignment of Annuity Payments

To: Liberty Life Assurance Company of Boston, 100 Liberty Way, Dover, NH 03820

Re: 123-45-6789 SSN/Contract # Passa D. Million Contract Owner Passa D. Million Annuitant/Insured

I hereby assign the annuity payments from the above issued Contract ("the Contract") to Liberty Life Assurance Company of Boston ("Liberty Life"). I understand that I am irrevocably waiving all rights, claims and demands under the Contract while this assignment is in effect.

I understand it is the intent of Liberty Life to utilize the annuity payments to pay premiums on a life insurance policy that I have applied for and they have agreed to issue before this assignment takes effect.

Generally, Federal income tax withholding applies to the taxable part of payments made from annuity plans. You can also choose not to have income tax withheld from your payments. However, you may not make this choice for eligible rollover distributions. Caution: There are penalties for not paying enough tax during the year, either through withholding or estimated tax payments. You cannot designate a specific dollar amount to be withheld. However, you can designate an additional amount to be withheld on line 3. I understand Federal income tax will be withheld from my annuity payments using IRS wage withholding and number of exemptions.

1. Check here if you do not want any Federal income tax withheld from your periodic annuity payments. (Do not complete line 2 or 3.)
2. Total number of allowances and marital status you are claiming for withholding from each periodic annuity payment. (You may also designate an additional dollar amount on line 3.) 2
Marital Status: Single Married Married, but withhold at a higher single rate (Enter # of allowances.)
3. Additional amount, if any, you want withheld from each annuity payment. Note: For periodic payments, you cannot enter an amount here without entering the number (including zero) of allowances on line 2. \$ 1,212

I want Federal income taxes withheld as indicated and the net payment applied to the life insurance contract for which I have applied and Liberty Life has agreed to issue on the basis of my statements made by me in the application. (Unless you elect otherwise, Liberty Life is required to withhold based on a married person claiming three withholding allowances.)

Signature of Witness - Licensed Agent: Joe Gent, Date: 3/26/02, Signature of Owner: Passa D. Million, Date: 3/26/02, Irrevocable Beneficiary (if any):, Date: Signature of Owner's Spouse (Community Property States only):, Date:

Legacy Link is a combination issuance of certain life insurance policies issued by Liberty Life Assurance Company of Boston. It is Not A Deposit - Not FDIC Insured - Not Insured By Any Federal Government Agency - Not Guaranteed By The Bank - May Go Down In Value.

BNK-99502

LIBERTY LIFE ASSURANCE COMPANY OF BOSTON
175 BERKELEY STREET
BOSTON, MA 02117

NOTICE REGARDING REPLACEMENT

REPLACING YOUR LIFE INSURANCE POLICY OR ANNUITY CONTRACT?

You are applying for a new life insurance policy or annuity contract from Liberty Life Assurance Company of Boston and you have indicated that you are thinking about discontinuing or changing an existing one. Your decision to replace or change your existing life insurance policy or annuity contract could be a good one - or not. You will not know for sure unless you make a careful comparison of your existing benefits and the proposed benefits.

Make sure you understand all of the facts. You should ask the company or agent that sold you your existing policy or contract to give you advice and information concerning the replacement or modification of your existing policy or contract.

As a general rule, there are disadvantages to you when you drop or change your existing life insurance policies or annuity contracts. Hear both sides before you decide. That way, you can be sure you are making a decision that is in your best interest.

Passa D-Million
Applicant's Signature

3/26/02
Date

Joe Agent
Sales Representative's Signature

3/26/02
Date

PLA - 20152

Contract Delivery

- Give to Client
 - Contract Delivery Kit

- Complete Outstanding Requirements
 - Sign Revised Illustration
 - Amendment(s)
 - Privacy Notice
 - Other

- Specific Procedures Required by Bank
 - _____
 - _____
 - _____



Legacy Link - A Life Insurance Policy Supplemental Illustration
Spectrum Universal Life - A Flexible Premium Universal Life Insurance Policy

Designed for: Passa D. Million

Prepared By: Joe Agent

Illustration Assumptions:

Current Annuity Value: \$50,000
Annuity Cost Basis: \$25,000
Annuity Interest Rate: 5.00%

Owner's Tax Bracket: 30%
Beneficiary's Tax Bracket: 40%

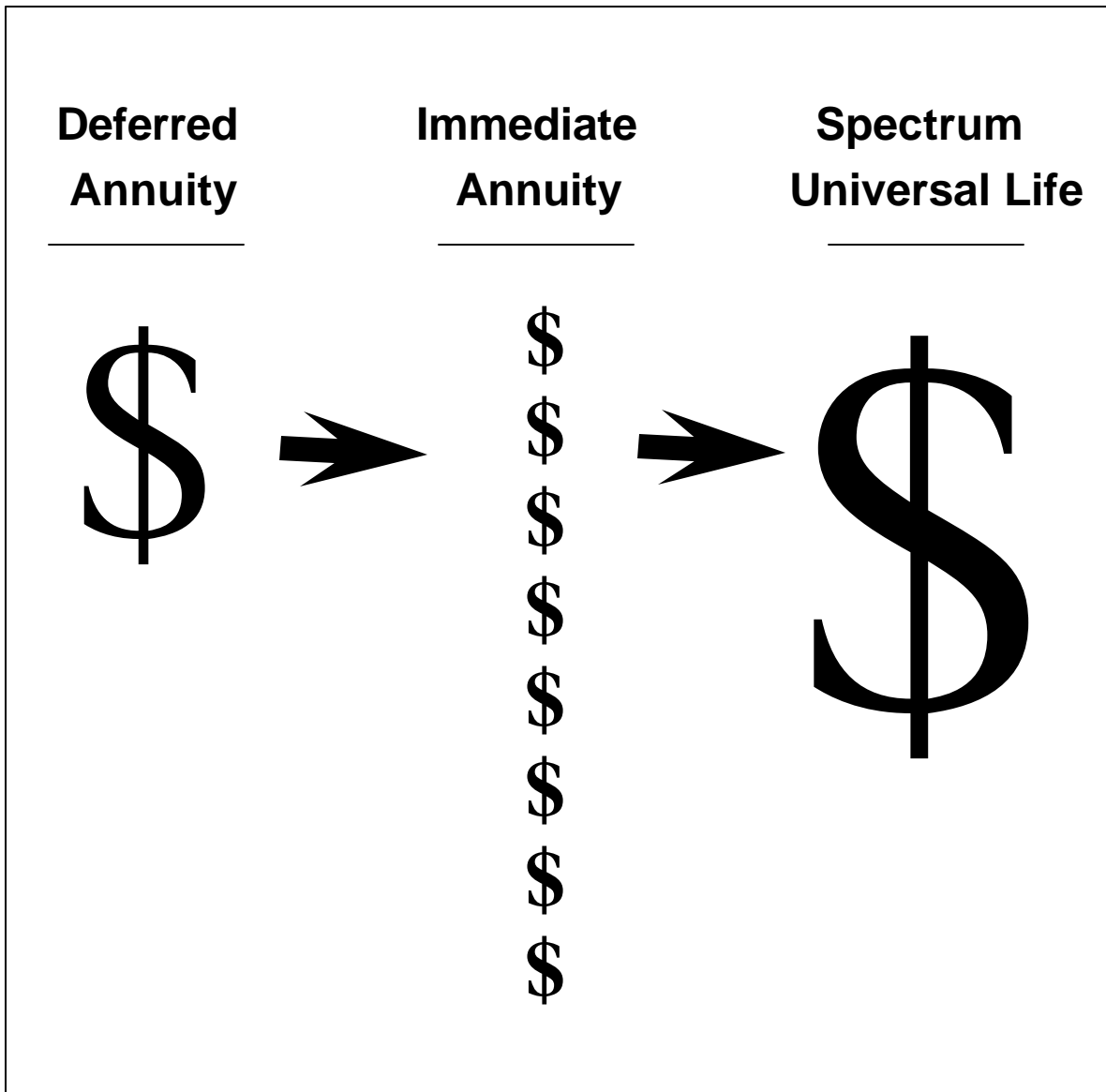
If Liberty Life Annuitizes Proceeds:			
Total Annuity Proceeds	# Of Annual Payments	Annual Annuity Payment *	Annuity Payment After Tax *
\$50,000	8	7,164	5,952

* The Annual Annuity Payment is based on Liberty Life's current Single Premium Immediate Annuity rates for an 8 Yr Period Certain Annuity and may be subject to change. The tax liability for each annual payment has been estimated using the Owner's Tax Bracket.

End of Year	Annuity		Legacy Link		
	Non-Guaranteed		Non-Guaranteed Current Assumptions		
	Account Value of Annuity @ 5.00% #	After Tax Value to Beneficiary**	After Tax Immediate Ann Pymnts ##	Cash Surr. Val. of Life Ins. ***	Income Tax-Free Death Benefit ***
1	52,500	41,500	5,952	3,212	68,362
2	55,125	43,075	5,952	8,744	68,362
3	57,881	44,729	5,952	14,617	68,362
4	60,775	46,465	5,952	21,072	68,362
5	63,814	48,288	5,952	28,024	68,362
6	67,005	50,203	5,952	35,460	68,362
7	70,355	52,213	5,952	43,440	68,362
8	73,873	54,324	5,952	51,773	81,979
9	77,566	56,540	0	54,485	83,818
10	81,445	58,867	0	57,486	85,729
@ 85	132,665	89,599	0	89,097	109,028
@ 95	216,097	139,658	0	132,737	143,900
@ 100	275,801	175,480	0	165,773	169,056

Footnotes continued on the next page.

Maximizing a Legacy



Legacy Link Candidates

Deferred annuity owners...

- between 60-75 and healthy
- beyond the contract surrender charge period
- with adequate retirement income from other sources
- who own more than one annuity contract
- planning to pass money to heirs

What do you say?

- “What are your plans for the money in your annuity?”
- “Do you intend to pass this annuity on to your beneficiaries?”

Liberty Life Contacts

Fax for Point of Sale: (800) 400-6694

Point of Sale Questions: (800) 378-7490

Marketing Hotline, Quotes,

Supplies: (800) 500-2995



Liberty Life Assurance Company of Boston
100 Liberty Way
Dover, New Hampshire 03820
800-451-7065 x33045