



Ohio National  
Financial Services®

20-Year Term

# Term Life Insurance

Take a look. It's affordable and guaranteed.

## Term 20 Plus, Best Nonsmoker Class, Monthly Premium

Age	\$100,000 Face Amount		\$250,000 Face Amount		\$500,000 Face Amount		\$1 Million Face Amount	
	Male	Female	Male	Female	Male	Female	Male	Female
18-24	9.08	8.48	14.71	12.76	22.06	19.03	38.63	31.57
25	9.08	8.48	14.71	12.76	22.06	19.03	38.63	31.57
30	9.26	8.48	14.71	12.76	22.06	19.03	38.63	31.57
35	9.52	8.65	15.35	13.19	22.92	19.90	39.36	33.30
40	11.25	9.95	19.68	16.44	31.57	27.25	56.66	47.14
45	16.78	13.41	33.52	25.09	53.63	41.95	100.77	76.55
50	22.92	17.82	48.87	36.11	81.74	59.69	156.13	111.15
55	35.12	26.04	79.36	56.66	129.75	96.45	249.55	180.35
60	55.53	37.97	130.44	86.50	221.01	149.65	429.47	285.02
65	102.94	64.88	248.90	153.75	432.93	273.34	821.32	535.27

**"Plus" products are convertible to any available permanent policy without a new medical exam.**

Premiums shown are for Term 20 Plus, a renewable term life insurance policy that guarantees the premium to remain level for 20 years from the Policy Date. The premiums quoted are based on the age of the insured at nearest birthday and specified underwriting classification and are subject to change without notice. Premiums for issued policies may be different than the premiums shown based upon actual underwriting classification. Generally, in the absence of fraud, after an amount of insurance has been in effect for two years during the insured's lifetime, we cannot contest that amount due to a false statement made in the application. In the event of death during the first two policy years by suicide or self destruction while insane, only the premiums paid will be returned as death proceeds. FlexTerm Series VIII policies (Form 07-TR-1 and any state variations) are underwritten and issued by Ohio National Life Assurance Corporation, Cincinnati, Ohio. Guarantees are based on the claims-paying ability of the issuer. Product, product features and rider availability vary by state. Company not licensed to conduct business in AK, HI and NY. Form 2944 Rev. 5-12

**For more information, please call the number shown, or detach and mail the requested information to the address provided.**

Lexington Financial Service Group  
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agency@Lfsgky.com

### Would you like more information?

- ☐ Yes, send me info. by mail. ☐ Yes, send me info. by e-mail.  
☐ Yes, please call me.

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ ☐ Male ☐ Female

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Phone: \_\_\_\_\_ Best time to call: \_\_\_\_\_

**I'm interested in:** ☐ 10-year term ☐ 15-year term ☐ 20-year term

**Do you use tobacco?** ☐ Yes ☐ No