

SERFF Tracking Number: UNFG-125856610 State: Arkansas  
Filing Company: United Life Insurance Company State Tracking Number: 40552  
Company Tracking Number: LIU-118 (10-08)  
TOI: A05I Individual Annuities- Immediate Non- Variable Sub-TOI: A05I.000 Annuities - Immediate Non-variable  
Product Name: SPIA App  
Project Name/Number: /

## Filing at a Glance

Company: United Life Insurance Company

Product Name: SPIA App

SERFF Tr Num: UNFG-125856610 State: ArkansasLH

TOI: A05I Individual Annuities- Immediate Non- Variable

SERFF Status: Closed

State Tr Num: 40552

Sub-TOI: A05I.000 Annuities - Immediate Non-variable

Co Tr Num: LIU-118 (10-08)

State Status: Approved-Closed

Filing Type: Form

Co Status:

Reviewer(s): Linda Bird

Author: Joanne Young

Disposition Date: 10/22/2008

Date Submitted: 10/14/2008

Disposition Status: Approved

Implementation Date Requested: 01/01/2009

Implementation Date:

State Filing Description:

## General Information

Project Name:

Status of Filing in Domicile: Authorized

Project Number:

Date Approved in Domicile: 10/09/2008

Requested Filing Mode:

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 10/22/2008

State Status Changed: 10/22/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

LIU-118 (10-08) Application for Single Premium Income Annuity

We are submitting this application for consideration and approval. This is a new form that will be used for our Single Premium Immediate Annuity Policy.

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This form to the best of our knowledge, contains no unusual or possibly controversial items from normal company or industry standards. If you have any questions, please let me know. Thank you for your consideration.

## Company and Contact

### Filing Contact Information

Joanne Young, Analyst jyoung@unitedfiregroup.com  
 118 2nd Ave SE (319) 286-2620 [Phone]  
 Cedar Rapids, IA 52407-3909 (319) 286-2570[FAX]

### Filing Company Information

United Life Insurance Company CoCode: 69973 State of Domicile: Iowa  
 118 2nd Ave SE Group Code: 248 Company Type: Life  
 PO Box 73909  
 Cedar Rapids, IA 52407-3909 Group Name: United Fire Group State ID Number:  
 (319) 399-5700 ext. [Phone] FEIN Number: 42-6061188  
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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$20.00  
 Retaliatory? No  
 Fee Explanation: 1 app = \$20.00  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United Life Insurance Company	\$20.00	10/14/2008	23167510

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	10/22/2008	10/22/2008

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## Disposition

Disposition Date: 10/22/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

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<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Certification/Notice		Yes
<b>Supporting Document</b>	Application		No
<b>Supporting Document</b>	Life & Annuity - Acturial Memo		No
<b>Form</b>	Application for Single Premium Immediate Annuity		Yes

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## Form Schedule

Lead Form Number: LIU-118 (10-08)

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	LIU-118 (10-08)	Application/ Enrollment Form	Application for Single Premium Immediate Annuity	Initial		0	LIU-118 (10-08).pdf

# APPLICATION FOR SINGLE PREMIUM INCOME ANNUITY (SPIA)



**UNITED LIFE INSURANCE COMPANY**  
PO Box 73909 Cedar Rapids, IA 52407  
1-800-637-6318 FAX 888-726-9736

“Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.”

## 1. ANNUITANT

Name (last, first, middle) \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
Social Security Number \_\_\_\_\_ U.S. Citizen? Yes \_\_\_ No \_\_\_

## 2. OWNER (if other than annuitant)

Name (last, first, middle) \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
Social Security Number \_\_\_\_\_ U.S. Citizen? Yes \_\_\_ No \_\_\_

**If owner is a Trust, please submit a copy of the Trust document and if the Trust is over two years old, submit an affidavit of validity. If Power of Attorney is signing, please submit POA document. If POA is in effect over two years, submit an affidavit of validity.**

### JOINT OWNER

Name (last, first, middle) \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
Social Security Number \_\_\_\_\_ U.S. Citizen? Yes \_\_\_ No \_\_\_

JOINT OWNERSHIP IS TO BE: Joint Tenancy with the right of survivorship \_\_\_\_\_ or Tenants in Common \_\_\_\_\_  
(OWNERSHIP WILL BE **JOINT TENANTS** IF NO SELECTION IS MADE)

## 3. PREMIUM AMOUNT \$ \_\_\_\_\_

CONTRACT TYPE \_\_\_\_\_ Immediate Annuity Is this a 1035 exchange from another company? Yes \_\_\_\_\_ No \_\_\_\_\_  
\_\_\_\_\_ Supplemental Contract Original United Life policy # \_\_\_\_\_

Is premium coming from a United Life Death Claim? \_\_\_\_\_ If yes, list policy # \_\_\_\_\_

Structured Settlement? Yes \_\_\_\_\_ No \_\_\_\_\_

**PLAN** Non Qualified \_\_\_\_\_

Qualified \_\_\_\_\_ Roth IRA \_\_\_\_\_

Are there existing life insurance or annuity contracts on the life of the annuitant(s)? Yes \_\_\_\_\_ No \_\_\_\_\_

Is this annuity intended to replace existing insurance or annuity with this or any other company? Yes \_\_\_\_\_ No \_\_\_\_\_

If “yes” to either question, complete the Replacement form and submit it with this application.

## 4. ANNUITY TYPE

**A COPY OF THE PROPOSAL MUST BE ATTACHED.**

\_\_\_\_\_ Period Certain \_\_\_\_\_ Years \_\_\_\_\_ Increasing Benefit Option  
\_\_\_\_\_ Straight Life  
\_\_\_\_\_ Life with Period Certain \_\_\_\_\_ Years  
\_\_\_\_\_ Life with Full Cash Refund  
\_\_\_\_\_ Joint Life with Period Certain \_\_\_\_\_ Years \_\_\_\_\_ % to Survivor

Payment Frequency \_\_\_\_\_ Payments to begin \_\_\_\_\_

**For automatic deposit of the payout, please attach a voided check.**

**5. JOINT ANNUITANT (Complete only if Joint Life)**

Name (last, first, middle) \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
Social Security Number \_\_\_\_\_ U.S. Citizen? Yes \_\_\_ No \_\_\_

**6. ANNUITANT BENEFICIARY DESIGNATION (Do not complete if Joint Life)**

**PER STIRPES**—If a named beneficiary dies before the annuitant, proceeds will be paid to the surviving direct descendants of that beneficiary.

**PER CAPITA**—If named beneficiary dies before the annuitant, proceeds that would have been paid to that beneficiary will be divided equally among the other surviving named beneficiaries of that same class.

**Primary** Per Stirpes \_\_\_\_\_ Per Capita \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ SS# \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ SS# \_\_\_\_\_

**Contingent** Per Stirpes \_\_\_\_\_ Per Capita \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ SS# \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ SS# \_\_\_\_\_

**7. CONTINGENT OWNER (needed only if the owner is not the Annuitant and is another person)**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
Social Security Number \_\_\_\_\_ U.S. Citizen? Yes \_\_\_ No \_\_\_

**CONTINGENT JOINT OWNER (needed only if there is a joint owner as tenants in common)**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
Social Security Number \_\_\_\_\_ U.S. Citizen? Yes \_\_\_ No \_\_\_

The undersigned(s) declare and agree that the statements and answers in this application are complete and true to the best of their knowledge and belief and that this application shall form the basis of any annuity contract issued in connection with such application. Evidence of age must be furnished before commencement of annuity payments.

City and State where signed \_\_\_\_\_

**Owner's signature** \_\_\_\_\_ Date \_\_\_\_\_

Joint Owner's signature (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

I the agent, certify that I have used only insurer-approved or provided sales material. I also certify that I have left a copy of all sales material, replacement forms and disclosures with the applicant. Is there existing life insurance and/or annuity contract(s) on the life of the Annuitant or Joint Annuitant?

Are there existing life insurance or annuity contracts on the life of the annuitant(s)? Yes \_\_\_\_\_ No \_\_\_\_\_

Is this annuity intended to replace existing insurance or annuity with this or any other company? Yes \_\_\_\_\_ No \_\_\_\_\_

If "yes" to either question, complete the Replacement form and submit it with this application.

Agent's printed name \_\_\_\_\_ Agency Name \_\_\_\_\_

Agent's signature \_\_\_\_\_ Agency Number \_\_\_\_\_

Date \_\_\_\_\_

**Taxpayer Identification Number (TIN)** Enter owner's TIN in the appropriate box. For individuals, this is the social security number (SSN). For other entities, it is the Employer Identification Number (EIN).

Social Security Number								

OR

Employer Identification Number								

**Certification**—Under penalties of perjury, I (the owner) certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), **and**
2. I am not subject to backup withholding because: **(a)** I am exempt from backup withholding, or **(b)** I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of a failure to report all interest or dividends, or **(c)** the IRS has notified me that I am no longer subject to backup withholding.
3. I am a U.S. person (including a U.S. resident alien).

**Certification Instructions**—You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because of under reporting interest or dividends on you tax return. For real estate transactions item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN.

<b>X</b>	<b>Sign Here</b>	U.S. Owner's Signature	Date	Signed at:
		Joint U.S. Owner's Signature (if applicable)	Date	Signed at:

**Please complete the form W-4P below. Failure to do so will result in our withholding for income tax purposes on any future distributions.**

Form <b>W-4P</b>  Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Withholding Certificate for Pension or Annuity Payments</h2>	OMB No. 1545-0415  <div style="font-size: 2em; font-weight: bold; text-align: center;">20</div>
Type or print your full name		Your social security number
Home address (number and street or rural route)		Claim or identification number (if any) of your pension or annuity contract
City or town, state, and ZIP code		
<p><b>Complete the following applicable lines:</b></p> <p><b>1</b> I elect not to have income tax withheld from my pension or annuity. (Do not complete lines 2 or 3.) . . . . . <span style="float: right;">▶ <input type="checkbox"/></span></p> <p><b>2</b> I want my withholding from each <b>periodic</b> pension or annuity payment to be figured using the number of allowances and marital status shown. (You may also designate an amount on line 3.) . . . . . <span style="float: right;">▶ _____</span>          Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate <span style="float: right;">(Enter number of allowances)</span></p> <p><b>3</b> I want the following additional amount withheld from each pension or annuity payment. <b>NOTE:</b> For periodic payments, you cannot enter an amount here without entering the number (including zero) of allowances on line 2. <span style="float: right;">▶ \$</span></p>		
Owner's signature ▶		Date ▶

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## **Rate Information**

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## Supporting Document Schedules

### Review Status:

**Satisfied -Name:** Certification/Notice

10/14/2008

**Comments:**

**Attachment:**

AR Cert.pdf

CERTIFICATE OF COMPLIANCE

UNITED LIFE INSURANCE COMPANY

Form number: LIU-118 (10-08) Application for Single Premium Income Annuity

I hereby certify to the best of my knowledge and belief that this filing is in compliance with Arkansas Regulations 19 and 49 and Bulletin 11-88.

Certified by:



\_\_\_\_\_  
Jean Newlin Schnake, Secretary  
United Life Insurance Company

10/14/08  
Date