



SERFF Tracking Number: BALT-125855375 State: Arkansas  
 Filing Company: The Baltimore Life Insurance Company State Tracking Number: 40545  
 Company Tracking Number: 8157  
 TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life  
 Adjustable Life  
 Product Name: FPA Life Insurance Policy and Applications  
 Project Name/Number: XCorp/8157

Form 8158-I(AR) is Part I of the application.

Form 8158-II(AR) is Part II of the application. This form is used in conjunction with Part I only when the applicant is a new employee and has selected an amount that is more than 1X their base annual salary or if the applicant already has a Baltimore Life Policy and wants to apply to increase their voluntary amount.

## Company and Contact

### Filing Contact Information

Lesia Williams, Director Policy Forms Compliance  
 10075 Red Run Boulevard  
 Owings Mills, MD 21117-4871  
 lesia.williams@baltlife.com  
 (800) 628-5433 [Phone]  
 (410) 581-6605[FAX]

### Filing Company Information

The Baltimore Life Insurance Company  
 10075 Red Run Boulevard  
 Owings Mills, MD 21117  
 (410) 581-6600 ext. 3050[Phone]  
 CoCode: 61212  
 Group Code: 849  
 Group Name:  
 FEIN Number: 52-0236900  
 State of Domicile: Maryland  
 Company Type:  
 State ID Number:

## Filing Fees

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation:  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Baltimore Life Insurance Company	\$50.00	10/13/2008	23146684

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	12/04/2008	12/04/2008

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending	Linda Bird	10/22/2008	10/22/2008	Lesia Williams	12/04/2008	12/04/2008
Industry Response						

### Amendments

Item	Schedule	Created By	Created On	Date Submitted
Actuarial Memorandum	Supporting Document	Stacy Patacsil	10/17/2008	10/17/2008



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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document (revised)	Actuarial Memorandum		No
Supporting Document	Actuarial Memorandum		No
Supporting Document	Actuary Letter		Yes
Supporting Document	Revised Exhibit A		Yes
Form	FPA Life Insurance Policy		Yes
Form	Application - Part I		Yes
Form	Application - Part II		Yes

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## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 10/22/2008  
Submitted Date 10/22/2008

Respond By Date

Dear Lesia Williams,

This will acknowledge receipt of the captioned filing.

### Objection 1

- Certification/Notice (Supporting Document)

Comment: Filings of "universal life" type contracts are subject to Regulation 34. Please assure us that you are in compliance with Regulation 34. If cost of insurance may be changed by the company subject to a maximum and/or accumulation rates may be changed by the company subject to a minimum, the the contract must comply with Bulletin 11-83.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 12/04/2008  
Submitted Date 12/04/2008

Dear Linda Bird,

### Comments:

### Response 1

Comments: See attached information from our actuary.

### Related Objection 1

Applies To:

- Certification/Notice (Supporting Document)

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**Comment:**

Filings of "universal life" type contracts are subject to Regulation 34. Please assure us that you are in compliance with Regulation 34. If cost of insurance may be changed by the company subject to a maximum and/or accumulation rates may be changed by the company subject to a minimum, the the contract must comply with Bulletin 11-83.

**Changed Items:**

**Supporting Document Schedule Item Changes**

Satisfied -Name: Actuary Letter

Comment:

Satisfied -Name: Revised Exhibit A

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,

Stacy Patacsil

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**Amendment Letter**

Amendment Date:

Submitted Date: 10/17/2008

**Comments:**

Additional pages included in the actuarial memorandum

**Changed Items:**

**Supporting Document Schedule Item Changes:**

**User Added -Name: Actuarial Memorandum**

Comment:

act memo 8157.pdf

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## Form Schedule

Lead Form Number: 8157(AR)

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	8157(AR)	Policy/Cont	FPA Life Insurance ract/Fratern Policy al Certificate	Initial		50	8157-ar.pdf
	8158-I	Application/	Application - Part I Enrollment Form	Initial		0	8158-I-AR.pdf
	8158-II	Application/	Application - Part II Enrollment Form	Initial		0	8158-II-AR.pdf



The Baltimore Life Insurance Company  
10075 Red Run Boulevard  
Owings Mills, Maryland 21117-4871  
1-800-628-5433  
www.baltlife.com

## Flexible Premium Adjustable Life Insurance Policy

This *policy* insures the life of the *insured*. It also gives important benefits to *you*, the *policy owner*. The Baltimore Life Insurance Company (*we*) will pay the death benefit to the *beneficiary* when *we* receive proof of the *insured's* death while this *policy* is in effect. *We* will pay the surrender value of this *policy*, if any, to the *owner*, if living, on the maturity date.

This *policy* is a legal contract between *you* and *us*. **Please read it carefully.**

**TAKE A 20 DAY FREE LOOK. YOU CAN RETURN THIS POLICY TO THE AGENT WHO SOLD IT TO YOU OR TO OUR HOME OFFICE WITHIN 20 DAYS AFTER YOU RECEIVE IT. IF YOU DO, WE'LL REFUND ANY PREMIUM PAID. THE POLICY WILL THEN BE TREATED AS IF IT WERE NEVER ISSUED. IF THIS POLICY REPLACES ANOTHER LIFE INSURANCE POLICY THE FREE LOOK PERIOD IS EXTENDED TO 30 DAYS.**

This is a Flexible Premium Adjustable Life Insurance *policy*. Insurance is payable at the *insured's* death. Premiums are payable during the life of the *insured* prior to the maturity date. This *policy* is nonparticipating and is not eligible to share in dividends.

  
President

  
Secretary

SPECIMEN

# Policy Guide

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**THE BALTIMORE LIFE INSURANCE COMPANY**

**POLICY DATA PAGE**

THIS PAGE SHOWS SPECIFIC INFORMATION ABOUT THIS POLICY AND IS REFERRED TO THROUGHOUT THE POLICY.

INSURED	<b>LORD BALTIMORE</b>	<b>35</b>	ISSUE AGE
POLICY DATE	<b>JAN 1, 2009</b>	<b>123456</b>	POLICY NUMBER
SPECIFIED AMOUNT	<b>\$100,000</b>	<b>STANDARD</b>	PREMIUM CLASS
OWNER	<b>THE INSURED</b>	<b>JAN 1, 2074</b>	MATURITY DATE

POLICY DESCRIPTION	<b>FLEXIBLE PREMIUM ADJUSTABLE LIFE INSURANCE NONTOBACCO</b>
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DEATH BENEFIT OPTION	<b>OPTION 1 (LEVEL)</b>
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MONTHIVERSARY DATE	<b>1<sup>ST</sup> DAY OF EACH MONTH</b>
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SCHEDULED MONTHLY PREMIUM FOR FIRST POLICY YEAR	<b>\$21.94</b>
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ANNUAL SCHEDULED PREMIUMS ARE SHOWN IN THE TABLE OF VALUES

PERCENTAGE OF PREMIUM USED TO CALCULATE CASH VALUE	<b>80%</b>
MONTHLY POLICY FEE	<b>\$4.00</b>
MONTHLY POLICY FEE PERIOD	<b>65 YEARS</b>
MONTHLY CHARGE PER \$1,000	<b>\$0.04</b>
MONTHLY CHARGE PER \$1,000 PERIOD	<b>65 YEARS</b>
PARTIAL SURRENDER FEE	<b>\$25.00</b>

NOTE: **THE BENEFITS, VALUES, AND PREMIUMS FOR THIS POLICY ARE FLEXIBLE.** IT IS POSSIBLE THAT COVERAGE MAY NOT CONTINUE TO THE MATURITY DATE EVEN IF THE SCHEDULED PREMIUMS ARE PAID IN A TIMELY MANNER. THE SURRENDER VALUE WILL BE PAID WHEN THE POLICY ENDS ON THE MATURITY DATE. EVEN IF COVERAGE CONTINUES TO THE MATURITY DATE, THERE MAY BE LITTLE OR NO SURRENDER VALUE UNDER THE POLICY ON THAT DATE.

THE BALTIMORE LIFE INSURANCE COMPANY

Insured

Lord Baltimore

Policy Number 123456

**SURRENDER CHARGE SCHEDULE**

ISSUE AGE	POLICY YEAR					
	1	2	3	4	5	6+
18	11.64	9.31	6.98	4.66	2.33	0.00
19	11.79	9.43	7.07	4.72	2.36	0.00
20	11.96	9.57	7.18	4.78	2.39	0.00
21	12.13	9.70	7.28	4.85	2.43	0.00
22	12.30	9.84	7.38	4.92	2.46	0.00
23	12.50	10.00	7.50	5.00	2.50	0.00
24	12.70	10.16	7.62	5.08	2.54	0.00
25	12.92	10.34	7.75	5.17	2.58	0.00
26	13.15	10.52	7.89	5.26	2.63	0.00
27	13.40	10.72	8.04	5.36	2.68	0.00
28	13.65	10.92	8.19	5.46	2.73	0.00
29	13.94	11.15	8.36	5.58	2.79	0.00
30	14.24	11.39	8.54	5.70	2.85	0.00
31	14.55	11.64	8.73	5.82	2.91	0.00
32	14.89	11.91	8.93	5.96	2.98	0.00
33	15.25	12.20	9.15	6.10	3.05	0.00
34	15.63	12.50	9.38	6.25	3.13	0.00
35	16.02	12.82	9.61	6.41	3.20	0.00
36	16.45	13.16	9.87	6.58	3.29	0.00
37	16.90	13.52	10.14	6.76	3.38	0.00
38	17.37	13.90	10.42	6.95	3.47	0.00
39	17.87	14.30	10.72	7.15	3.57	0.00
40	18.40	14.72	11.04	7.36	3.68	0.00
41	18.96	15.17	11.38	7.58	3.79	0.00
42	19.55	15.64	11.73	7.82	3.91	0.00
43	20.17	16.14	12.10	8.07	4.03	0.00
44	20.83	16.66	12.50	8.33	4.17	0.00
45	21.53	17.22	12.92	8.61	4.31	0.00
46	22.28	17.82	13.37	8.91	4.46	0.00
47	23.06	18.45	13.84	9.22	4.61	0.00
48	23.90	19.12	14.34	9.56	4.78	0.00
49	24.78	19.82	14.87	9.91	4.96	0.00
50	25.73	20.58	15.44	10.29	5.15	0.00
51	27.45	21.96	16.47	10.98	5.49	0.00
52	29.29	23.43	17.57	11.72	5.86	0.00
53	31.26	25.01	18.76	12.50	6.25	0.00
54	33.37	26.70	20.02	13.35	6.67	0.00
55	35.63	28.50	21.38	14.25	7.13	0.00
56	37.18	29.74	22.31	14.87	7.44	0.00
57	38.84	31.07	23.30	15.54	7.77	0.00
58	40.60	32.48	24.36	16.24	8.12	0.00
59	42.48	33.98	25.49	16.99	8.50	0.00
60	44.49	35.59	26.69	17.80	8.90	0.00
61	46.65	37.32	27.99	18.66	9.33	0.00

THE BALTIMORE LIFE INSURANCE COMPANY

Insured

Lord Baltimore

Policy Number 123456

**SURRENDER CHARGE SCHEDULE**

ISSUE AGE	POLICY YEAR					
	1	2	3	4	5	6+
62	48.97	39.18	29.38	19.59	9.79	0.00
63	49.55	39.64	29.73	19.82	9.91	0.00
64	49.49	39.59	29.69	19.80	9.90	0.00
65	49.43	39.54	29.66	19.77	9.89	0.00
66	49.38	39.50	29.63	19.75	9.88	0.00
67	49.31	39.45	29.59	19.72	9.86	0.00
68	49.24	39.39	29.54	19.70	9.85	0.00
69	49.17	39.34	29.50	19.67	9.83	0.00
70	49.09	39.27	29.45	19.64	9.82	0.00
71	49.04	39.23	29.42	19.62	9.81	0.00
72	48.95	39.16	29.37	19.58	9.79	0.00
73	48.90	39.12	29.34	19.56	9.78	0.00
74	48.85	39.08	29.31	19.54	9.77	0.00
75	48.80	39.04	29.28	19.52	9.76	0.00

THE BALTIMORE LIFE INSURANCE COMPANY

Insured

Lord Baltimore

Policy Number 123456

**TABLE OF VALUES**

THE VALUES IN THE TABLE BELOW ARE BASED ON THE FOLLOWING ASSUMPTIONS:

1. THE SPECIFIED AMOUNT AND DEATH BENEFIT OPTION ARE AS SHOWN ON THE POLICY DATA PAGE.
2. EACH SCHEDULED PREMIUM IS RECEIVED ON THE FIRST DAY OF THE PERIOD IT COVERS.
3. THE COST OF INSURANCE RATES USED IN THE DETERMINATION OF THE VALUES ARE THOSE SHOWN IN THE TABLE OF GUARANTEED MAXIMUM MONTHLY COST OF INSURANCE RATES.
4. THE INTEREST RATE USED IN THE CALCULATION OF THE VALUES IS THE GUARANTEED RATE INDICATED IN THE POLICY.
5. NO PARTIAL SURRENDERS HAVE BEEN MADE AND THERE IS NO POLICY DEBT.

END OF POLICY YEAR	DATE	ANNUAL SCHEDULED PREMIUM	CASH VALUE	SURRENDER VALUE
1	01/01/2010	\$263	\$53	\$0
2	01/01/2011	265	59	0
3	01/01/2012	267	63	0
4	01/01/2013	271	60	0
5	01/01/2014	274	54	0
6	01/01/2015	306	64	64
7	01/01/2016	313	68	68
8	01/01/2017	327	72	72
9	01/01/2018	346	74	74
10	01/01/2019	364	72	72
11	01/01/2020	490	151	151
12	01/01/2021	512	230	230
13	01/01/2022	537	308	308
14	01/01/2023	566	397	397
15	01/01/2024	595	494	494
16	01/01/2025	790	728	728
17	01/01/2026	826	972	972
18	01/01/2027	862	1,217	1,217
19	01/01/2028	906	1,466	1,466
20	01/01/2029	953	1,712	1,712
21	01/01/2030	1,274	2,169	2,169
22	01/01/2031	1,328	2,627	2,627
23	01/01/2032	1,390	3,086	3,086
24	01/01/2033	1,452	3,555	3,555
25	01/01/2034	1,517	4,030	4,030
26	01/01/2035	1,856	4,725	4,725
27	01/01/2036	1,932	5,418	5,418
28	01/01/2037	2,019	6,103	6,103
29	01/01/2038	2,110	6,770	6,770
30	01/01/2039	2,208	7,422	7,422

THE BALTIMORE LIFE INSURANCE COMPANY

Insured

Lord Baltimore

Policy Number 123456

**TABLE OF GUARANTEED MAXIMUM MONTHLY COST OF INSURANCE RATES**

FLEXIBLE PREMIUM ADJUSTABLE LIFE INSURANCE

LORD BALTIMORE

POLICY DATE 01/01/2009

PREMIUM CLASS - STANDARD

ATTAINED AGE	RATE PER \$1000 OF INSURANCE	ATTAINED AGE	RATE PER \$1000 OF INSURANCE	ATTAINED AGE	RATE PER \$1000 OF INSURANCE
35	0.05244	57	0.55198	79	4.79624
36	0.09256	58	0.60151	80	5.34445
37	0.09756	59	0.65612	81	5.98839
38	0.10424	60	0.72087	82	6.67043
39	0.11008	61	0.79914	83	7.39888
40	0.11759	62	0.89266	84	8.20834
41	0.12677	63	0.99727	85	9.11819
42	0.13762	64	1.10709	86	10.09483
43	0.15098	65	1.22385	87	11.23311
44	0.16601	66	1.34332	88	12.45482
45	0.18439	67	1.46638	89	13.75173
46	0.20110	68	1.59985	90	15.06753
47	0.22115	69	1.73866	91	16.13555
48	0.23369	70	1.90505	92	17.38188
49	0.24874	71	2.09235	93	18.85740
50	0.26880	72	2.33420	94	20.57378
51	0.29222	73	2.58974	95	22.59883
52	0.32234	74	2.86083	96	24.55392
53	0.35582	75	3.15805	97	26.70183
54	0.39686	76	3.48344	98	27.88683
55	0.44629	77	3.85838	99	29.59716
56	0.49744	78	4.29504		

THE COST OF INSURANCE RATES SHOWN ARE BASED ON THE 2001 COMMISSIONERS STANDARD ORDINARY (80), NONSMOKER, ULTIMATE, AGE NEAREST BIRTHDAY TABLE. CURRENT COST OF INSURANCE RATES ARE GUARANTEED FOR THE FIRST POLICY YEAR AND ARE REFLECTED ABOVE.

## DEFINED TERMS

Before we explain *your* benefits, it is important that *you* understand some of the terms that will be used throughout this *policy*. All defined terms are in *italics*.

*Age* means actual *age* on the *insured's* nearest birthday.

*Attained Age* means *insured's age* on the most recent *policy anniversary*.

*Beneficiary* is the person designated to receive the death benefit under this *policy*.

*Home Office* means The Baltimore Life Insurance Company, 10075 Red Run Boulevard, Owings Mills, MD 21117-4871.

*Insured* means the person whose life is covered under this *policy*.

*Irrevocable Beneficiary* is a *beneficiary* designation that cannot be changed without the consent of the person named as the *irrevocable beneficiary*.

*Issue Age* is the *age* of the *insured* on the *policy date*.

*Monthiversary* occurs each month on the day of the month shown on the **POLICY DATA PAGE**.

*Owner* means the person who has contractual rights under this *policy*.

*Policy* means the entire agreement between *you* and *us*. The *policy* includes the attached copy of the application and any attached riders, amendments, and endorsements.

*Policy Anniversary* occurs each year on the anniversary of the *policy date*.

*Policy Date* is the date this *policy* goes into effect. It is also the issue date. *Monthiversaries* and *policy anniversaries* are measured from the *policy date*.

*Policy Debt* means the total amount of all outstanding loans (with accrued interest).

*Policy Month* means each successive one month period starting with the *policy date*.

*Policy Year* means each successive one year period starting with the *policy date*.

*You* and *Yours* means the *owner* of the *policy*.

*We*, *Our* or *Us* means The Baltimore Life Insurance Company.

## BASIC POLICY FACTS

This *policy* provides insurance coverage on the life of the *insured* whose name is on the **POLICY DATA PAGE**. This section gives important information about *your policy*.

### **How To Change the Terms of This Policy**

In order for changes to this *policy* to be effective, any agreements *we* make with *you* must be signed by *our* President, a Vice President or the Corporate Secretary. No other person, including an insurance agent, can:

- change any of this *policy's* terms;
- extend the time for paying premiums; or
- make any agreement that will bind *us*.

### **The Owner**

If the *insured* is 18 years of *age* or older, he or she will be the *owner* of this *policy* unless the application names a different *owner*. If the *insured* is younger than 18 years of *age*, the *owner* will be as named in the application.

If the *owner* is not the *insured*, a contingent *owner* may be named. During the *insured's* life, unless otherwise provided, *you* as the *owner* have all the rights in this *policy*. If *you* die before the *insured*, the contingent *owner* will be the new *owner*. If there is no contingent *owner*, *your* estate becomes the new *owner*.

### **How to Change the Ownership of this Policy**

*You* may change the *owner* while the *insured* is alive. A request to change the *owner* must be in writing on a form satisfactory to *us* and recorded at *our Home Office*. Keep *your policy* in a safe place, since *we* may require the *policy* to process the requested change. Once *we* record the change, it will take effect as of the date *your* request was signed. Until *we* have recorded *your* change in *our Home Office*, *we* will not be responsible for the validity of the change nor for any payment made or other action taken by *us*. *We* will send *you* written confirmation when the change is recorded. A change in *owner* may subject *you* to income and/or gift tax; please consult *your* tax advisor prior to requesting such a change.

### **The Beneficiary**

*We* will pay the death benefit to the primary *beneficiary* if living at the *insured's* death. If the primary *beneficiary* has died, the death benefit will be paid to any contingent *beneficiary*. If there is no surviving *beneficiary*, *we* may pay the estate of the *insured*. If there is no estate established at the time of claim, *we* will pay whomever *we* deem to be equitably entitled, in accordance with state law and/or regulation.

*You* may name more than one person as primary *beneficiary* or contingent *beneficiary*. In that case, *we* will assume the death benefit is to be paid in equal shares to the surviving primary *beneficiaries* unless otherwise directed. If there are no surviving primary *beneficiaries*, *we* will pay in equal shares to the surviving contingent *beneficiaries*. *You* can specify other than equal shares.

If the *beneficiary* dies simultaneously with or within fifteen days after the death of the *insured*, *we* will pay the death benefit as if the *beneficiary* died before the *insured*, unless otherwise directed. However, *we* will not be responsible for any payment *we* make before *we* are notified of the *beneficiary's* death.

## **How to Change the Beneficiary**

*You* may change a *beneficiary* while the *insured* is alive. Such a request must be in writing, on a form satisfactory to *us* and recorded at *our Home Office*. *We* may require *your policy* to process the requested change. Once *we* record the change, it will take effect as of the date *your* request was signed. Until *we* have recorded *your* change in *our Home Office*, *we* will not be responsible for the validity of the change nor for any payment made or other action taken by *us*. *We* will send *you* written confirmation when the change is recorded.

*You* cannot change the *beneficiary*, or remove the irrevocable nature of the designation, without the consent of all *irrevocable beneficiaries*. *You* may name one or more *irrevocable beneficiaries*.

## **How to Assign the Policy**

*You* may assign this *policy* using a form acceptable to *us*. An assignment does not change the ownership. *You* will need the written consent of all *irrevocable beneficiaries*. *We* will not be responsible for the validity of the assignment or any payment *we* make before *we* receive notice of the assignment at *our Home Office*. Any existing *policy debt* may be offset against the value of the assigned *policy*.

## **Effective Date of Coverage**

The effective date of coverage for the *insured* under this *policy* will be:

- the *policy date* for all coverage in the original application, as shown on the **POLICY DATA PAGE**; and
- the *monthiversary* following the approval by *us* of any change in coverage or addition of a new benefit.

## **Maturity Date**

The maturity date for this *policy* is shown on the **POLICY DATA PAGE**. The surrender value (see **CASH VALUE BENEFITS FOR YOU**) will be paid to *you* when this *policy* ends on the maturity date. Coverage will end before the maturity date shown if the total premiums paid plus the interest credited are insufficient to continue coverage to that date. See **PREMIUM PAYMENTS**.

## **Termination**

This *policy* will end when the first of the following occurs:

- *you* request to end the *policy*;
- *the policy* matures;
- the *insured* dies; or
- the grace period ends without payment of the required premium.

## **PREMIUM PAYMENTS**

The first premium is due on or before the *policy date*. Premiums after the first, are payable to *us* in advance at *our Home Office*. Premiums can also be paid to an authorized agent who will provide a receipt upon request.

## **Scheduled Premiums**

The scheduled premiums for this *policy* are shown on the **POLICY DATA PAGE**.

*You* can change the frequency and increase or decrease the amount of the scheduled premiums at any time subject to the **NO LAPSE** provision and the **DEATH BENEFIT** provision. Under conditions provided in the **GRACE PERIOD** provision, *you* may be required to make payments to keep the *policy* in force.

## **Unscheduled Premiums**

*You* can make additional premium payments at any time prior to the maturity date and while the *policy* is in force subject to the **DEATH BENEFIT** provision. *We* may limit the amount of such unscheduled premiums if the payment would result in an increase in the death benefit. If the net amount at risk is increased as the result of an unscheduled premium, *we* may require evidence of insurability satisfactory to *us* that the *insured* is insurable according to *our* normal rules for this type of *policy*.

## **No-Lapse Conditions**

This *policy* will not end as long as the surrender value on a *monthiversary* is sufficient to cover the monthly deduction for the next month. Even if this condition is not met, this *policy* will not end during a no-lapse period if the applicable conditions described below are met.

The no-lapse period is a five year period that goes into effect on the *policy date*. This *policy* will not end during the no-lapse period if the total of all premiums received as of each *monthiversary* is not less than (1) plus (2) plus (3) where:

- (1) are the scheduled premiums as shown on the **POLICY DATA PAGE**, up to the current *monthiversary*;
- (2) is the current *policy debt*; and
- (3) is the amount of cash value surrendered since the *policy date*.

## **Grace Period**

If a no-lapse period is not in effect and the surrender value on a *monthiversary* is not sufficient to cover the monthly deduction for the next month, a 61 day grace period will be allowed for *you* to pay a premium sufficient to cover the monthly deductions to the *monthiversary*. The surrender value and monthly deductions are described in the **CASH VALUE BENEFITS FOR YOU** section. If the required premium is not paid within the grace period, this *policy* will end without value at the end of the 61 day grace period.

If a no-lapse period is in effect, a 61 day grace period will go into effect on a *monthiversary* on which (1) the surrender value is not sufficient to cover the monthly deduction for the next month and (2) the applicable no-lapse conditions are not met. See **NO-LAPSE CONDITIONS**. If the required premium is not paid within the grace period, this *policy* will end without value at the end of the 61 day grace period.

*We* will give you at least 30 days written notice mailed to *your* last known address that the *policy* is to end when the grace period expires unless the required premium is paid.

## **How to Reinstate This Policy**

If the grace period expires without receipt of sufficient funds to keep *your policy* in force, *you* may request reinstatement of this *policy*, by submitting a reinstatement application. *You* must do this within five years after the expiration of the grace period. *You* may have to provide evidence satisfactory to *us* that the *insured's*

insurability has not changed since this *policy* was issued. *You* will also have to pay a premium sufficient to keep this *policy* in force for two months.

If reinstatement is approved, coverage will become effective as of the date of the approval. A new period of contestability begins if this *policy* is reinstated. *We* will not contest this *policy* based on statements made in the reinstatement application after this *policy* has been in effect during the *insured's* lifetime for two years from the reinstatement date. However, *we* can contest any additional benefit that provides coverage for disability or accidental death.

The remaining surrender charge period and amounts will be the same on the date of reinstatement as they were on the date of lapse.

If applicable no-lapse conditions are not met and this *policy* lapses during a no-lapse period, this period will be suspended on the date of lapse. It will resume on the date of reinstatement. *We* will reinstate any *policy* loan which existed when coverage ended, with accrued loan interest.

## PROCEEDS

Proceeds means the amount *we* will pay on the maturity date, upon the surrender of the *policy* before the maturity date, or upon the death of the *insured*. Proceeds *we* will pay on the maturity date, or upon surrender of this *policy* prior to the maturity date will be the surrender value. Proceeds *we* will pay upon the death of the *insured* will be the death benefit; plus any amounts payable from any additional benefits provided by rider; minus any outstanding *policy* loan including accrued but unpaid interest; minus any unpaid monthly deduction prior to the date of death.

Unless the *policy* is assigned, *we* will pay the proceeds in a single lump sum. Any proceeds *we* pay are subject to adjustments as provided in the **MISTAKE IN AGE, SUICIDE and CONTESTING THIS POLICY** provisions of this *policy*. *We* may make payments of proceeds into an interest bearing account owned by the *beneficiary*. *We* will pay interest on the death benefit if required in accordance with the laws of the state in which this *policy* was issued.

## DEATH BENEFIT

The Specified Amount and the Death Benefit Option that apply to this *policy* are shown on the **POLICY DATA PAGE**. Subject to the provisions of the *policy*, the *insured's* death benefit at any time under the *policy* will be as follows:

Under Death Benefit Option 1 (level), the Death Benefit is the greater of:

- (a) the Specified Amount on the date of the *insured's* death; or
- (b) the cash value divided by a net single premium rate for the *insured's* classification and *attained age*.

Under Death Benefit Option 2 (increasing), the Death Benefit is the greater of:

- (a) the Specified Amount plus the cash value on the date of *insured's* death; or
- (b) the cash value divided by a net single premium rate for the *insured's* classification and *attained age*.

The calculation of the net single premium uses the interest rate guaranteed in the *policy* and the mortality rates described below, in accordance with the Internal Revenue Code Section 7702(b)(2), in effect at the time this *policy* is issued, and the regulations under it. The net single premium rate remains level during the *policy year* and is equal to the rate at the beginning of the *policy year*. The 2001 Commissioners Standard Ordinary (80) Nonsmoker, Ultimate, Age Nearest Birthday Table, will be used for *insureds* in the nontobacco classification; and the 2001 Commissioners Standard Ordinary (80) Smoker, Ultimate, Age Nearest Birthday Table, will be used for *insureds* in the tobacco classification.

This *policy* is designed to qualify as a life insurance contract under the Internal Revenue Code. All terms and provisions of the *policy* shall be construed in a manner consistent with that design. The amount of insurance in force at any time under the *policy* shall not be less than the amount of insurance necessary to achieve such qualification under the applicable provisions of the Internal Revenue Code in existence at the time the *policy* is issued. We reserve the right to amend the *policy* and adjust the death benefit when required. We will send you a copy of any such amendment.

## **POLICY CHANGE PROVISIONS**

### **Changes to the Specified Amount or Death Benefit Option**

*You* may increase or decrease the Specified Amount or change the Death Benefit Option by written request to *us*. The effective date of the change will be the *monthiversary* on or next following the date the request is approved by *us*. Certain conditions will apply to *your* request:

- A decrease in the Specified Amount will reduce coverage in the following order:
  - (a) against the most recent increase in the Specified Amount;
  - (b) against the next most recent increases successively; and
  - (c) against the benefit provided for in the original application.
- The Specified Amount of this *policy* after any requested decrease must be not less than the greater of \$10,000 or the amount required to qualify as a life insurance contract under the Internal Revenue Code.
- If *you* request an increase in the Specified Amount or a change in the death benefit option from option 1 to option 2, *you'll* have to provide evidence of insurability satisfactory to *us*. *You* must apply and be approved for the increase in the Specified Amount.
- If *you* request that the Death Benefit Option be changed from option 1 to option 2, the Specified Amount will be reduced to equal the death benefit in effect when the change is made less the cash value as of the effective date of the change.
- If *you* request that the Death Benefit Option be changed from option 2 to option 1, the Specified Amount will be increased to equal the death benefit in effect when the change is made plus the cash value as of the effective date of the change.

We will provide a revised **POLICY DATA PAGE** to reflect the change in Specified Amount or Death Benefit Option.

## CASH VALUE BENEFITS FOR YOU

This *policy* has cash value benefits while the *insured* is alive. These benefits may be used by *you*. When *you* pay the first premium for this *policy*, *your* cash value benefits will start.

The surrender value at any time equals the cash value of the *policy* less any policy debt, less any surrender charge. If the surrender value is less than zero, no payment is required from *you*, if the *policy* is surrendered.

### **You Can Return the Policy for Cash**

This *policy* can be returned with a written request for its surrender value. The *policy* will end when *we* pay this amount. *We* can delay payment for up to six months after *we* receive *your* request.

The cash value on the *policy date* will be percentage shown, on the POLICY DATA PAGE, of the premium paid on that date.

On each subsequent *monthiversary*, the cash value of the *policy* equals (a) plus (b) plus (c) minus (d) minus (e) minus (f) where:

(a) is the cash value on the previous *monthiversary*.

(b) is one month's interest on (a).

(c) is the percentage shown, on the POLICY DATA PAGE, of all premiums received since the previous *monthiversary* with interest from the date of receipt to the date of calculation.

(d) is the Monthly Deduction for the month preceding the *monthiversary*.

(e) is one month's interest on (d).

(f) is the amount of any partial surrenders since the previous *monthiversary* and the partial surrender charge of \$25.00 for each such surrender and interest thereon from the date of partial surrender to the date of calculation.

The cash value on any other day is calculated in a consistent manner.

The surrender value of this *policy* within thirty days after a *policy anniversary* will not be less than the surrender value on the *policy anniversary*, reduced by any *policy debt* or partial surrenders made since the *policy anniversary*.

### **Surrender Charge**

This *policy* has a surrender charge, which varies by *policy year*. The surrender charge is calculated as the applicable charge per \$1,000 of initial Specified Amount (See SURRENDER CHARGE SCHEDULE) multiplied by the number of \$1,000's of initial Specified Amount of this *policy* as shown on the POLICY DATA PAGE.

## **Interest Rate**

We guarantee interest at a rate of .24663 percent per month, compounded monthly, in the calculation of the cash values. This is the same as an interest rate of 3 percent per year. Interest in excess of the guaranteed rate may be credited to the cash value at a rate declared by *us* in a manner *we* determine. We will not credit interest in excess of .24663 percent per month, compounded monthly, to that part of the cash value which equals any *policy debt*. See the provision **YOU CAN BORROW MONEY AGAINST THIS POLICY**.

## **Monthly Deductions**

The monthly deduction for any policy month equals (a) plus (b) plus (c) where

- (a) is the monthly policy fee. This fee is shown on the **POLICY DATE PAGE**.
- (b) is a charge per \$1,000 per month of the Specified Amount. This charge is shown on the **POLICY DATA PAGE**.
- (c) is the monthly cost of insurance for the *policy* (See **COST OF INSURANCE**) plus the monthly cost of insurance of any additional benefit provided by rider.

## **Cost of Insurance**

We will determine the monthly cost of insurance on each *monthiversary* based on *the age* of the *insured* on the last *policy anniversary*.

In determining the monthly Cost of Insurance for the *insured*, we first calculate (a) multiplied by an amount equal to (b) minus (c), where;

- (a) is the cost of insurance rate (see **COST OF INSURANCE RATES**).
- (b) is the death benefit at the beginning of the month, divided by 1.0024663 (see **DEATH BENEFIT**).
- (c) is the cash value, before any monthly deductions on the *monthiversary*.

The monthly Cost of Insurance for the *insured* equals the above result divided by \$1,000.

## **Cost of Insurance Rates**

The monthly Cost of Insurance rate is based on the *age* (on the last *policy anniversary*) and classification of the *insured*. We can change the Cost of Insurance rates at any time. Any change in the Cost of Insurance rates will be applied uniformly to all *insureds* of the same *age* and classification whose policies have been in effect for the same length of time. However, we cannot increase the Cost of Insurance rates over those in the **TABLE OF GUARANTEED MAXIMUM MONTHLY COST OF INSURANCE RATES** shown on the **POLICY DATA PAGE**.

## **Continuation of Coverage**

If the premium payments are not made as planned, this *policy* and any riders will remain in effect as provided in the **GRACE PERIOD** provision. In any case, the *policy* will not continue beyond the maturity date and a rider will not continue beyond its expiry date.

## **Basis of Cash Values**

Minimum cash values are based on the **TABLE OF GUARANTEED MAXIMUM MONTHLY COST OF INSURANCE RATES** shown on the **POLICY DATA PAGE** with interest at 3% per year, compounded yearly. The **TABLE OF GUARANTEED MAXIMUM**

**COST OF INSURANCE RATES** is based on the 2001 Commissioners Standard Ordinary (80), Smoker or Nonsmoker, Ultimate Age Nearest Birthday Table. We have filed a detailed statement of the method used to compute cash value benefits with the state where this *policy* was delivered. All values are not less than those required by the laws of the state.

### **Partial Surrender**

*You* may partially surrender this *policy* for cash at any time prior to the maturity date. *You* must request the partial surrender in writing. The amount of the partial surrender will not exceed the surrender value and will be deducted from the cash value. Also, the Death Benefit for the *insured* will be reduced by the amount of the partial surrender.

We will charge a fee for each partial surrender. This fee is shown on the **POLICY DATE PAGE**. We may also defer payment of any partial surrender for up to six months after we receive your request except for any portion to be used to pay premiums on *policies* with us.

### **You Can Borrow Money Against This Policy**

*You* can borrow money against this *policy* up to an amount not to exceed its surrender value. We can delay making the loan for up to six months after we receive *your* request, except for a loan to pay premiums on a *policy* with us.

Loan interest will not exceed an annual rate of 8% and is added to the loan balance at the end of each *policy year* while the loan is outstanding. We will not increase the loan rate more than once in a 12 month period. If *you* have any *policy debt* outstanding, we will give *you* 30 days notice before any loan interest rate change. Any interest not paid will become part of the loan and will accrue interest.

*You* can repay the *policy debt* in part or in full at any time while the *insured* is alive and this *policy* is in effect. The minimum loan repayment is \$5.00. If *you* do not pay the loan or interest, *your policy* will still remain in effect as long as the total *policy debt* does not exceed the cash value less the surrender charge of this *policy* and until 30 days after we have mailed notice of termination to *your* last known address.

Any *policy debt* at the *insured's* death will reduce the death benefit payable under this *policy*. See **PROCEEDS**.

As indicated in the **INTEREST RATE** provision, we will not credit interest in excess of the guaranteed rate to that part of the cash value which equals any *policy debt*.

### **Projection of Benefits and Values**

We will provide a projection of illustrative future death benefits and surrender values at any time upon a change in the **POLICY DATA PAGE** or upon written request by *you*. The illustration will include the information as required by the laws or regulations where this *policy* is delivered. If *you* request more than one illustration during a *policy year* we may charge a reasonable fee for each additional illustration, not to exceed \$25.00 per report.

## OTHER IMPORTANT TERMS

### **This Policy is a Contract**

This *policy* is a contract. In entering into this contract, *we* relied on the accuracy of the statements made in the application. In the absence of fraud, these statements are considered representations and not warranties. *We* can contest this *policy* and use statements made in the application in defense of a claim if the application has a material misstatement and a copy of the application was attached to this *policy* when it was issued.

### **Contesting This Policy**

*We* will not contest this *policy* after it has been in effect during the *insured's* lifetime for two years from the *policy date*.

*We* will not contest the statements made in an application for increases in the Specified Amount with respect to the *insured*, after this *policy* has been in force during the *insured's* lifetime for two years from the effective date of any such increase.

A new period of contestability begins if this *policy* is reinstated. *We* will not contest this *policy* based on statements made in the reinstatement application after this *policy* has been in effect during the *insured's* lifetime for two years from the reinstatement date.

*We* can contest any additional benefit that provides coverage for disability or accidental death.

### **Mistake in Age**

If the *insured's age* is misstated in the application for this *policy*, the death benefit payable shall be that which would be purchased by the most recent mortality charge at the correct *age*.

### **Suicide**

If the *insured* commits suicide, while sane or insane, within two years after the *policy date*, the death benefit will be limited to the sum of all premiums paid less any partial surrenders and *policy debt*. This amount will be paid to the *beneficiary* in a single sum.

If the *insured* commits suicide, while sane or insane, within two years from the effective date of any increase in death benefit for this *policy*, the total liability with respect to the increase will be limited to the total of the costs of insurance and any applicable expense charges made for the increase.

When the laws of the state in which this *policy* is delivered require less than this two year period, the period will be as stated in such laws.

### **Nonparticipating**

This *policy* is nonparticipating and is not eligible to share in dividends. Changes to the monthly cost of insurance rates and the interest rate credited on the cash value will be determined according to *our* anticipated future mortality and investment earnings experience. Any prior losses will not be recovered by *us* by means of changes to these factors.

### **Conformity with State Law**

This *policy* will be governed under the laws of the state where the *policy* is issued, which is defined as the state in which the application was signed.

**Annual Report**

We will send *you* a report once each year showing the *policy* and any rider benefits, current cash and surrender values, premiums paid, *policy debt*, interest credited, partial surrenders, and all charges made since the last annual report for *your policy*.

**Written Notices**

Send any required written notices to *our Home Office* at:

**The Baltimore Life Insurance Company  
10075 Red Run Boulevard  
P.O. Box 1050  
Owings Mills, Maryland 21117-6050**

Please include the *policy* number.

If we at The Baltimore Life Insurance Company fail to provide you with reasonable and adequate service, you should feel free to contact:

Arkansas Insurance Department  
Consumer Services Division  
1200 West Third Street  
Little Rock, Arkansas 72201  
1-800-852-5494



## **BALTIMORE LIFE**

### **Flexible Premium Adjustable Life Insurance Policy**

This is a Flexible Premium Adjustable Life Insurance *policy*. Insurance is payable at the *insured's* death. Premiums are payable during the life of the *insured* prior to the maturity date. This *policy* is nonparticipating and is not eligible to share in dividends.

**The Baltimore Life Insurance Company**  
**10075 Red Run Boulevard**  
**Owings Mills, Maryland 21117-4871**  
**1-800-628-5433**  
[www.baltlife.com](http://www.baltlife.com)



The Baltimore Life  
COMPANIES

# The Baltimore Life Insurance Company

10075 Red Run Blvd • P.O. Box 1050 • Owings Mills, Maryland 21117-6050

## APPLICATION FOR LIFE INSURANCE

Part I

NAME (First Middle Last)			BIRTHDATE (Mo/Day/Yr)		BIRTHPLACE		SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		SOCIAL SECURITY NO.		
HOME ADDRESS (Number & Street)				CITY		STATE	ZIP CODE		HOME PHONE		WORK NUMBER
Have you been actively at work on a full time basis performing your normal duties for at least 30 hours per week for the last 3 months with no absences totaling 5 consecutive days or more due to illness or accident? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No" explain _____											
Have you smoked any cigarettes or used any other form of tobacco within the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what type and frequency? _____											
Primary Beneficiary								Relationship to insured			
Product Name							Employer Provided Base Face Amount				
<b>Voluntary Election:</b> Amount of voluntary life coverage desires \$ _____											
(YOU MUST COMPLETE PART II OF THIS APPLICATION IF: YOU ARE A NEW EMPLOYEE AND YOU SELECT AN AMOUNT THAT IS MORE THAN 1X YOUR BASE ANNUAL SALARY YOU ALREADY HAVE A BALTIMORE LIFE POLICY AND WANT TO APPLY TO INCREASE YOUR VOLUNTARY AMOUNT)											
EMPLOYER NAME AND ADDRESS							PREMIUMS Billing Type Mode Premiums remitted by				
SPECIAL INSTRUCTIONS									Benefit Depart Use Only Hire Date: _____ Eff. Date: _____ Company # _____		
List all insurance (including group) you now have in force	Company		Year Issued		Amount		Accidental Death Benefit Amount		Business or Personal		
Will any existing life insurance or annuity be changed or replaced because of this application <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" give insurance company name and type of insurance to be replaced											

**AGREEMENTS:** All statements and answers in this application (which includes supplements and amendments) are true and complete to the best of my knowledge and belief. I also agree that:

1. The statements and answers in this application will be relied upon and form the basis of any insurance.
2. No information will be considered as having been given to The Baltimore Life Insurance Company unless it is written in this application.
3. No agent or any other person, except an officer of The Baltimore Life Insurance Company, is authorized to make or

change any insurance contract. Any change must be in writing and signed by an officer of The Baltimore Life Insurance Company.

4. No change in amount, age at issue, premium class, type of insurance or benefits shall be effective without the written consent of the owner.
5. Insurance Under Policy Applied for – Except as The Baltimore Life Insurance Company may otherwise agree in writing, no policy of insurance will be in force until the first policy premium is paid and the policy is delivered while the facts and health condition of the proposed insured is as represented in this application.

I acknowledge that no illustration was used in the sale or presentation of the policy for which I have applied. I understand that I will be provided with a policy illustration conforming to my policy as issued, no later than the time my policy is delivered.

**WARNING: 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.**

**CERTIFICATION:** Under penalties of perjury, I certify that: (1) the social security number shown on this form is my correct taxpayer identification number (or I am waiting for a number to 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 (IRS) 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 , and 3) I am U.S. person (including a U.S. Resident alien). Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons which must file information returns with the IRS to report interest, dividends and certain other income. We may also disclose this information to other countries under a tax treaty to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. The IRS does not require your consent to any provisions of this document other than the certification required to avoid backup withholding.

Dated at \_\_\_\_\_ on, \_\_\_\_\_ X \_\_\_\_\_  
CITY AND STATE DATE Signature of Applicant or Proposed Insured (Must be age 18 or older)

Witness: \_\_\_\_\_  
LICENSED AGENT

**AGENT STATEMENT**

- 1. Based on your knowledge, does the Proposed Insured have existing life insurance or annuities?.....Yes No
- 2. Do you have knowledge or reason to believe that replacement of existing life insurance or annuities may be involved? .....Yes  No
- 3. If replacement is occurring, do you certify that this replacement is within the guidelines provided by Baltimore Life? .....Not Applicable Yes  No

**Witness (Licensed Agent):** I certify that only advertising previously approved by The Baltimore Life Insurance Company was used in conjunction with this sale, and that copies of all sales materials used in this sale have been left with the applicant. Any electronically presented sales materials will be provided in printed form to the applicant no later than at the time of policy delivery. No illustration was used in the sale or presentation of the policy applied for in the above reference life insurance application. I have truly and accurately recorded on this application the information supplied by the applicant.

\_\_\_\_\_  
Writing Agent Signature Printed Name Date Writing Agent Code No.



## APPLICATION FOR LIFE INSURANCE

Part II

Proposed Insured NAME \_\_\_\_\_

Describe your occupation and its duties: \_\_\_\_\_

Print the name and address of your personal physician(s) and give the date and reason for last consultation (if none, state "None")  
(If more space is needed attach a separate sheet)

Proposed Insured Height \_\_\_\_\_ Proposed Insured Weight \_\_\_\_\_

Have you (Provide detail for any "Yes" answer below):

1. ever been treated for, or diagnosed as having, by a member of medical profession, any of the following: heart trouble, emphysema, stroke, high blood pressure, chest pain, diabetes, kidney or liver disease, tumor or cancer? .....  Yes  No
2. ever been treated for, or diagnosed, by a member of the medical profession, as having Acquired Immune Deficiency Syndrome (AIDS)? .....  Yes  No
3. within the last 5 years been treated for, or diagnosed, by a member of the medical profession as having AIDS Related Complex (ARC)? .....  Yes  No  
(For the purpose of this question, AIDS Related Complex (ARC) means 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.)
4. had any disease, illness, injury, or impairment within the last 5 years not mentioned above? .....  Yes  No
5. in the past 5 years been examined by, or treated by, a physician, medical practitioner, hospital or other medical facility? .....  Yes  No
6. within the last 2 years or do you currently take any prescription medication?(If so, state name of drug, reason for taking drug and frequency).....  Yes  No
7. in the last 10 years used or been treated for the use of alcohol, marijuana, narcotics, hallucinatory or mind altering substance not prescribed by a physician? (If "Yes", how often? how much?) .....  Yes  No
8. in the last 2 years: had a driver's license denied, revoked or suspended; had three or more moving violations; been convicted of an alcohol or drug related driving offense; been involved in 2 more auto accidents? If yes, give driver's license number and details below .....  Yes  No
9. flown within the last 2 years, other than as a passenger on a regularly scheduled airline, or do you have plans to fly in the future? (If "Yes" complete Aviation Supplement.) .....  Yes  No
10. participated in the last 3 years (or is any such activity contemplated) in vehicle racing, ballooning, bobsledding, hang gliding, horse racing, mountaineering, rodeo, scuba/skin diving, or skydiving/parachuting? (If "Yes", please complete Avocation Supplement) .....  Yes  No
11. any plans to travel or reside outside the U.S.A. or Canada?.....  Yes  No
12. ever had life or health insurance (or reinstatement) postponed, limited, rated, canceled, refused or declined?.....  Yes  No

DETAILS OF ALL "YES" ANSWERS TO ABOVE QUESTIONS

Question No.	Full details of disease, injury, activity, etc.	Names and addresses of physicians and Hospitals (if applicable)

**AGREEMENTS:** All statements and answers in this application (which includes supplements and amendments) are true and complete to the best of my knowledge and belief. I also agree that:

1. The statements and answers in this application will be relied upon and form the basis of any insurance.
2. No information will be considered as having been given to The Baltimore Life Insurance Company unless it is written in this application.
3. No agent or any other person, except an officer of The Baltimore Life Insurance Company, is authorized to make or change any insurance contract. Any change must be in writing and signed by an officer of The Baltimore Life Insurance Company.

4. No change in amount, age at issue, premium class, type of insurance or benefits shall be effective without the written consent of the owner.
5. Insurance Under Policy Applied for – Except as The Baltimore Life Insurance Company may otherwise agree in writing, no policy of insurance will be in force until the first policy premium is paid and the policy is delivered while the facts and health condition of the proposed insured is as represented in this application. If I provide any false or incomplete answers, and/or if the health of the Proposed Insured changes before the policy effective date and I don't notify The Company of such changes, then benefits may be denied or the policy may be rescinded.

**AUTHORIZATION TO OBTAIN AND DISCLOSE INFORMATION:** The Baltimore Life Insurance Company ("The Company"), may obtain information about me from: any physician; medical practitioner; hospital, clinic or other medical facility; employer, other insurance companies or institutions; consumer reporting agency, or Medical Information Bureau ("MIB, Inc."). The purpose is to evaluate my application for insurance or benefits. The Company may obtain an investigative consumer report and any records or other information available as to diagnosis, treatment and prognosis of any physical or mental condition.

The Company may obtain any drug, physical and mental health, and alcohol-related information which may be protected by federal or state laws and regulations. As it pertains to alcohol and drug information covered by federal regulation, this may be revoked at any time by written notice to The Company. But, any action taken before my written revocation is received by The Company will not be affected. The Company may make a brief report about me to the MIB, INC. The Company may disclose information to: its reinsurers; those who perform services for the Company on any application for insurance or benefits; or those companies to which I have applied or may apply for life or health insurance, or benefits. Disclosure may be made when required or permitted by law.

I understand that I may request a copy of this authorization and agree that a photographic copy of this authorization shall be as valid as the original. This authorization shall remain valid for a period of two years and six months from the date it is signed.

**WARNING:** 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.

Dated at \_\_\_\_\_ on, \_\_\_\_\_ X  
CITY AND STATE Signature of Applicant or Proposed Insured (Must be age 18 or older)

Witness: \_\_\_\_\_





SERFF Tracking Number: BALT-125855375 State: Arkansas  
Filing Company: The Baltimore Life Insurance Company State Tracking Number: 40545  
Company Tracking Number: 8157  
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life  
Adjustable Life  
Product Name: FPA Life Insurance Policy and Applications  
Project Name/Number: XCorp/8157

## Supporting Document Schedules

**Satisfied -Name:** Certification/Notice **Review Status:** 10/13/2008  
**Comments:**  
**Attachment:**  
AR Cert.pdf

**Satisfied -Name:** Revised Exhibit A **Review Status:** 12/04/2008  
**Comments:**  
**Attachment:**  
ar-exhibit A 8157.pdf

**THE BALTIMORE LIFE INSURANCE COMPANY**  
10075 Red Run Boulevard • Owings Mills, Maryland 21117-4871 • (410) 581-6600

## **CERTIFICATION**

Pursuant to Regulation 49, the Life and Health Guaranty Notice accompanies every policy issued in the state of Arkansas.

This is to certify that this submission meets the provisions of Regulation 19, as well as all applicable requirements of the Department.

This is to certify that Form 8157(AR), 8158-I(AR), and 8158-II(AR) meets the minimum reading ease score for the state of Arkansas on the Flesch reading ease test.

Flesch Score: 50.5



\_\_\_\_\_  
Vice President and Compliance Officer

October 13, 2008

\_\_\_\_\_  
Date

EXHIBIT A (REVISED)  
CONSENT TO SUBMIT RATES  
AND/OR COST BASES FOR APPROVAL

The Baltimore Life Insurance Company of Owings Mills, Maryland does hereby consent and agree:

- A) that all premium rates and/or cost bases both maximum and current or projected, used in relation to policy form number 8157 must be filed with the Insurance Commissioner for the State of Arkansas (“Commissioner”) at least sixty (60) days prior to their proposed effective date. Such rates and/or cost bases shall be deemed effective sixty (60) days after they are filed with the Commissioner, unless the Commissioner shall approve or disapprove such rates and/or cost bases prior to the expiration of sixty (60) days, or
- B) that where the policy is a flexible or indeterminate premium whole life policy which provides for frequent changes in interest rates based on financial market conditions, the company may file a range of rates it will stay within and will notify the Department at least sixty (60) days prior to any change in the range of rates. The company must also document the method used to calculate its premium and range of rates.

The Baltimore Life Insurance Company

By:

*Janice A. Duff, F.S.A., M.A.A.A.*

Janice A. Duff, F.S.A., M.A.A.A.  
Vice President and Actuary  
November 24, 2008