

<i>SERFF Tracking Number:</i>	<i>AMFA-125642436</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Ameritas Life Insurance Corp.</i>	<i>State Tracking Number:</i>	<i>38931</i>
<i>Company Tracking Number:</i>	<i>4051</i>		
<i>TOI:</i>	<i>L06I Individual Life - Variable</i>	<i>Sub-TOI:</i>	<i>L06I.002 Single Life - Flexible Premium</i>
<i>Product Name:</i>	<i>4051</i>		
<i>Project Name/Number:</i>	<i>4051/4051</i>		

## Filing at a Glance

Company: Ameritas Life Insurance Corp.

Product Name: 4051

TOI: L06I Individual Life - Variable

Sub-TOI: L06I.002 Single Life - Flexible Premium

Filing Type: Form

SERFF Tr Num: AMFA-125642436 State: ArkansasLH

SERFF Status: Closed

State Tr Num: 38931

Co Tr Num: 4051

State Status: Approved-Closed

Co Status:

Reviewer(s): Linda Bird

Authors: Cindy Meyer, Pat Peterson, Teri Tran

Disposition Date: 05/21/2008

Date Submitted: 05/09/2008

Disposition Status: Approved

Implementation Date Requested: 11/03/2008

Implementation Date:

State Filing Description:

## General Information

Project Name: 4051

Project Number: 4051

Requested Filing Mode:

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: These forms have been submitted concurrently to our domiciliary state, Nebraska.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 05/21/2008

State Status Changed: 05/21/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

PLEASE NOTE – THESE FORMS ARE BEING SUBMITTED TO COMPLY WITH THE 2001 CSO TABLE REQUIREMENTS. IT IS IMPERATIVE THAT WE RECEIVE APPROVAL PRIOR TO JANUARY 1, 2009 IN ORDER TO HAVE VARIABLE PRODUCTS AVAILABLE TO THE MARKET COME JANUARY 1, 2009.

Enclosed for your review and approval is a new flexible premium variable universal life policy and related application



SERFF Tracking Number: AMFA-125642436 State: Arkansas  
 Filing Company: Ameritas Life Insurance Corp. State Tracking Number: 38931  
 Company Tracking Number: 4051  
 TOI: L061 Individual Life - Variable Sub-TOI: L061.002 Single Life - Flexible Premium  
 Product Name: 4051  
 Project Name/Number: 4051/4051

## Company and Contact

### Filing Contact Information

Pat Peterson, Contract Analyst ppeterson@ameritas.com  
 5900 O Street (800) 745-1112 [Phone]  
 Lincoln, NE 68501-1889 (402) 467-7956[FAX]

### Filing Company Information

Ameritas Life Insurance Corp. CoCode: 61301 State of Domicile: Nebraska  
 5900 O Street Group Code: 943 Company Type:  
 P O Box 81889  
 Lincoln, NE 68501-1889 Group Name: State ID Number:  
 (800) 756-1112 ext. [Phone] FEIN Number: 47-0098400  
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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation: \$50 per policy and associated forms.  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Ameritas Life Insurance Corp.	\$50.00	05/09/2008	20226388

SERFF Tracking Number: AMFA-125642436

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Product Name: 4051

Project Name/Number: 4051/4051

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	05/21/2008	05/21/2008

### 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	05/19/2008	05/19/2008	Cindy Meyer	05/19/2008	05/19/2008

Industry Response

SERFF Tracking Number: AMFA-125642436

State: Arkansas

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## Disposition

Disposition Date: 05/21/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AMFA-125642436 State: Arkansas  
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 TOI: L061 Individual Life - Variable Sub-TOI: L061.002 Single Life - Flexible Premium  
 Product Name: 4051  
 Project Name/Number: 4051/4051

Item Type	Item Name	Item Status	Public Access
Supporting Document (revised)	Certification/Notice		Yes
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Exhibits for Forms		Yes
Supporting Document	Statement of Variability		Yes
Form	Flexible Premium Variable Universal Life Insurance Policy		Yes
Form	Investment Advisory Agreement and Allocation of Premium Page		Yes
Form	Policy Details Page		Yes

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Project Name/Number: 4051/4051

## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 05/19/2008  
Submitted Date 05/19/2008

Respond By Date  
Dear Pat Peterson,

This will acknowledge receipt of the captioned filing.

### Objection 1

- Certification/Notice (Supporting Document)

Comment: Filings of variable contracts must be accompanied by a certification that Regulation 33, in particular Articles IV, VII, IX and XI, has been reviewed and that the company is in compliance.

Please feel free to contact me if you have questions.

Sincerely,  
Linda Bird

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 05/19/2008  
Submitted Date 05/19/2008

Dear Linda Bird,

### Comments:

### Response 1

Comments: Attached is a certification as required for compliance with Regulation 33.

### Related Objection 1

Applies To:

- Certification/Notice (Supporting Document)

Comment:

Filings of variable contracts must be accompanied by a certification that Regulation 33, in particular Articles IV, VII, IX and XI, has been reviewed and that the company is in compliance.



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## Form Schedule

**Lead Form Number:** 4051

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	4051	Policy/Cont Flexible Premium ract/Fratern Variable Universal al Life Insurance Policy Certificate	Initial		0	4051 STANDARD.p df
	AS 2550 IA-AP ALIC	Application/Investment Advisory Enrollment Agreement and Form Allocation of Premium Page	Initial		0	AS 2550 IA- AP ALIC BRACKETED .pdf
	AS 2550 PD-V ALIC	Application/Policy Details Page Enrollment Form	Initial		0	AS 2550 PD- V ALIC BRACKETED .pdf

# Flexible Premium Variable Universal Life Insurance Policy

Nonparticipating



A STOCK COMPANY  
A NEBRASKA CORPORATION

For Customer Service contact us at:

PO Box 81889  
Lincoln, NE 68501  
Or  
5900 "O" Street  
Lincoln, NE 68510

1-800-745-1112  
Fax: 1-402-467-7335

**Insured:** John Doe  
**Policy Number:** 0123456789

We will pay the death benefit proceeds to the beneficiary when we receive satisfactory proof of death of the *insured* while this policy is in force, subject to the terms of this policy.

LOOK AT THE APPLICATION FORMS. This policy is issued based on payment of the initial premium and the answers in the application (see copy attached). If all answers are not true and complete, this policy may be affected. If any past medical history has been omitted, please notify *us* within ten (10) days from the date this policy is delivered to *you*.

PLEASE READ THIS POLICY CAREFULLY. This policy is a legal contract between *you* and *Ameritas Life Insurance Corp.*

10-DAY RIGHT TO EXAMINE THIS POLICY. It is important to *us* that *you* are satisfied with this policy. *You* have 10 days to review this policy after *you* receive it. If *you* are dissatisfied with it for any reason, *you* may return it to *us* for a refund within: 1) ten days from the date it is delivered to *you* (30 days if this is a replacement for an existing policy); or, 2) forty-five days after the application is signed, whichever is later. In such case, this policy will be void from the beginning. We will refund the premiums paid minus *policy debt* and partial withdrawals.

Signed for Ameritas Life Insurance Corp. at Lincoln, Nebraska

 SPECIMEN

Secretary

 SPECIMEN

President

**YOU MAY ALLOCATE PREMIUMS AMONG THE SUBACCOUNTS AND THE FIXED ACCOUNT. THE PORTION OF YOUR ACCOUNT VALUE THAT IS ALLOCATED TO THE SUBACCOUNTS WILL FLUCTUATE WITH THE INVESTMENT EXPERIENCE OF THE SUBACCOUNTS. THERE IS NO MINIMUM GUARANTEE ON THAT PORTION OF YOUR ACCOUNT VALUE. DEPENDING ON THE DEATH BENEFIT OPTION YOU SELECT, THE DEATH BENEFIT MAY BE FIXED, OR IT MAY VARY WITH THE INVESTMENT EXPERIENCE OF THE INVESTMENT OPTIONS YOU SELECT. THE DEATH BENEFIT IS DESCRIBED IN THE DEATH BENEFIT SECTION.**

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## POLICY SCHEDULE

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<b>Policy Number:</b>	[0123456789]
<b>Insured:</b>	[John Doe]
<b>Issue Age and Gender:</b>	[35, Male]
<b>Owner:</b>	[John Doe]
<b>Policy Date:</b>	[December 1, 2008]
<b>Issue Date:</b>	[December 1, 2008]
<b>Specified Amount:</b>	[\$100,000]
<b>Minimum Specified Amount:</b>	[\$50,000]
<b>Death Benefit Option:</b>	[A]
<b>Rate Class:</b>	[Standard Nontobacco]
<b>Basis of Values:</b>	2001 CSO [Male Nonsmoker] Mortality Table Age Nearest Birthday
<b>Fixed Account Minimum Credited Rate:</b>	[3.00]% Annually, [0.24663]% Monthly
<b>Planned Periodic Premium:</b>	[\$802.00]
<b>Planned Premium Frequency:</b>	[Annual]
<b>Initial Premium:</b>	[\$802.00]

It is possible that coverage may expire prior to the death of the *insured* if premiums paid and investment experience are insufficient to continue coverage to such date.

## POLICY SCHEDULE

### MAXIMUM MONTHLY COST OF INSURANCE RATES AND CORRIDOR FACTORS

<i>Attained Age</i>	Maximum Cost of Insurance Rate	Corridor Factor	<i>Attained Age</i>	Maximum Cost of Insurance Rate	Corridor Factor	<i>Attained Age</i>	Maximum Cost of Insurance Rate	Corridor Factor
35	0.09083	2.50	76	3.67750	1.05	117	71.00417	1.01
36	0.09583	2.50	77	4.07417	1.05	118	74.93500	1.01
37	0.10000	2.50	78	4.53750	1.05	119	79.10167	1.01
38	0.10750	2.50	79	5.07250	1.05	120	83.33333	1.01
39	0.11417	2.50	80	5.65583	1.05	121+	00.00000	1.01]
40	0.12167	2.50	81	6.32000	1.05			
41	0.13167	2.43	82	7.01167	1.05			
42	0.14417	2.36	83	7.75750	1.05			
43	0.15833	2.29	84	8.58333	1.05			
44	0.17500	2.22	85	9.50583	1.05			
45	0.19417	2.15	86	10.52833	1.05			
46	0.21250	2.09	87	11.64500	1.05			
47	0.23250	2.03	88	12.84167	1.05			
48	0.24417	1.97	89	14.10417	1.05			
49	0.25750	1.91	90	15.42167	1.05			
50	0.27667	1.85	91	16.66083	1.04			
51	0.29917	1.78	92	17.95250	1.03			
52	0.33000	1.71	93	19.31500	1.02			
53	0.36333	1.64	94	20.75417	1.01			
54	0.40583	1.57	95	22.26583	1.01			
55	0.45833	1.50	96	23.64917	1.01			
56	0.51167	1.46	97	25.12417	1.01			
57	0.56917	1.42	98	26.69833	1.01			
58	0.61833	1.38	99	28.37833	1.01			
59	0.67500	1.34	100	30.17500	1.01			
60	0.74333	1.30	101	31.60083	1.01			
61	0.82667	1.28	102	33.12000	1.01			
62	0.92833	1.26	103	34.73667	1.01			
63	1.04250	1.24	104	36.45667	1.01			
64	1.16250	1.22	105	38.26083	1.01			
65	1.28917	1.20	106	40.17917	1.01			
66	1.41750	1.19	107	42.21833	1.01			
67	1.54750	1.18	108	44.38583	1.01			
68	1.68750	1.17	109	46.68833	1.01			
69	1.83250	1.16	110	49.13250	1.01			
70	2.00833	1.15	111	51.72833	1.01			
71	2.20500	1.13	112	54.48333	1.01			
72	2.46333	1.11	113	57.40917	1.01			
73	2.73583	1.09	114	60.51250	1.01			
74	3.02250	1.07	115	63.80583	1.01			
75	3.33583	1.05	116	67.29917	1.01			

Note: Cost of Insurance Rates are per \$1,000 of net amount at risk.

To comply with section 7702 of the Internal Revenue Code, the total death benefit for this policy will not be less than the account value multiplied by the applicable corridor factor above.

# POLICY SCHEDULE

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## MAXIMUM EXPENSE CHARGES

- (1) Premium Charge: [5.00]% of each premium collected
- (2) Risk Charge: [0.0024590]% daily ([0.90]% annually) of the *account value* in the *subaccounts* for policy years 1-15;  
[0.0008197]% daily ([0.30]% annually) of the *account value* in the *subaccounts* for policy years 16+
- (3) Monthly Administrative Charge: \$[10.00] per month
- (4) Monthly Specified Amount Charge: [None]

<u>[Policy Year]</u>	<u>Monthly Specified Amount Charge</u>
1	\$XX.XX
2	\$XX.XX
3	\$XX.XX
4	\$XX.XX
5	\$XX.XX
6	\$XX.XX
7	\$XX.XX
8	\$XX.XX
9	\$XX.XX
10	\$XX.XX
11+	\$0.00]

[In the event of an increase in the *specified amount*, the monthly specified amount charge will increase. *You* will receive a revised policy schedule reflecting the increase.]

## POLICY SCHEDULE

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Minimum increase in *specified amount*: \$[25,000]

Minimum decrease in *specified amount*: \$[1,000]

Minimum partial withdrawal amount: \$[100]

Maximum partial withdrawal fee: \$[50]

Maximum transfer charge: \$0 for the first 15 each policy year, then \$10 each thereafter

Minimum *subaccount* transfer amount: \$[250] or the *account value* in the *subaccount*, if less

Minimum *subaccount* balance: \$[100]

Maximum *attained age* for an increase or reinstatement: [85]

The maximum loan interest rate is [4.00]%. The maximum preferred loan interest rate is [3.50]%. The interest rate credited on any loaned portion of the *account value* will be [3.00]%. These interest rates are annual effective rates.

This is a flexible premium variable universal life insurance policy with an adjustable death benefit. *We* will pay the death benefit proceeds to the beneficiary if the *insured* dies while this policy is in force, subject to the terms of this policy.

As variable life insurance, this policy is a security and must be sold pursuant to a prospectus registered with the Securities and Exchange Commission (SEC). *We* encourage *you* to read the prospectus together with the policy.

## DEFINITIONS

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(Defined terms appear in italics throughout this policy.)

**ACCOUNT VALUE / ACCUMULATION VALUE / POLICY VALUE.** Means the sum of *net premiums* paid, minus partial withdrawals, minus policy charges, plus interest credited to the fixed account and the loan account, adjusted for gains or losses in the *subaccounts*. The *account value* is comprised of amounts in the *subaccounts*, the fixed account, and the loan account.

**ACCUMULATION UNIT.** Means an accounting unit of measure used to calculate the *account value* allocated to a *subaccount* of the Separate Account. It is similar to a share of a mutual fund.

**ANNUAL DATE.** Means the same date each year as the *policy date*.

**ATTAINED AGE.** Means the *issue age* plus the number of completed policy years. With respect to any increase in *specified amount*, *attained age* means the *issue age* for the increase plus the number of complete years since the increase.

**BUSINESS DAY.** Means each day that the New York Stock Exchange is open for trading.

**CASH SURRENDER VALUE.** Means the *account value* minus any *policy debt*.

**INSURED.** Means the person shown on the policy schedule upon whose life this policy is issued.

**INVESTMENT OPTIONS.** Means collectively the *subaccounts* and the fixed account. *You* may allocate *net premiums* and reallocate *account value* among the *investment options*.

**ISSUE AGE.** Means the *insured's* age as of the birthday nearest to the *policy date*. With respect to any increase in *specified amount*, *issue age* means the *insured's* age as of the birthday nearest to the date of the increase.

**ISSUE DATE.** Means the date on which the suicide and incontestability periods begin. If *we* have received the initial premium from *you*, the *issue date* will also be the date when *you* have life insurance coverage with *us*. If *we* have not received the initial premium from *you*, *you* WILL NOT have coverage until the date on which *we* receive the initial premium from *you*.

**MONTHLY DATE.** Means the same date of each month as the *policy date*.

**MONTHLY DEDUCTION.** Means a charge made against the *account value* on each *monthly date* for the coverage provided by this policy and any attached riders.

**NET AMOUNT AT RISK.** Means the death benefit on the *monthly date*, discounted at the fixed account minimum credited rate for one month, minus the *account value* on the *monthly date*, after the *monthly deduction* has been taken except for the cost of insurance.

**NET PREMIUM.** Means the premium paid reduced by the premium charge, which will not exceed the maximum premium charge shown on the policy schedule.

**PLANNED PERIODIC PREMIUM.** Means a level premium *you* intend to pay at a fixed interval. The *planned periodic premium* is shown on the policy schedule.

**POLICY DATE.** Means the date from which policy months, years and anniversaries are measured. The *policy date* will be determined by *us* unless *you* request a different *policy date* that *we* approve. If the *issue date* is after the *policy date* or *we* have not received the initial premium from *you*, *you* WILL NOT have life insurance coverage on the *policy date*.

**POLICY DEBT.** Means the sum of all unpaid policy loans and accrued interest on policy loans.

**PRO-RATA.** Means allocating a dollar amount among the *investment options* in proportion to the *account value* in those *investment options*.

**RIGHT TO EXAMINE TRANSFER DATE.** Means 13 days after the *issue date*, or if later, the date all requirements necessary to place the policy in force are delivered to *us*.

**SPECIFIED AMOUNT.** Means a dollar amount used to determine the death benefit of *your* policy. It is shown on the policy schedule. *You* may increase or decrease it as provided in *your* policy.

**SUBACCOUNTS.** Means the divisions within the Separate Account for which *accumulation units* are separately maintained. Each *subaccount* corresponds to a single underlying non-publicly traded portfolio.

**SURRENDER.** Means termination of this policy at *your* request for its *cash surrender value* while the *insured* is alive.

**WE, US, OUR, AMERITAS.** Means Ameritas Life Insurance Corp.

**WRITTEN NOTICE.** Means information *we* have received at the address(es) shown on the first page of this policy which is written, is signed by *you*, and is acceptable to *us*.

**YOU, YOUR.** Means the owner as shown on the policy schedule, unless changed. The *insured* may or may not be the owner.

## OWNERSHIP

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While the *insured* is living, *you* have all rights in this policy. *Your* rights will be subject to any assignment and to the rights of any irrevocable beneficiary. If *you* die before the *insured*, the successor owner named in the application is the new owner. If there is no successor owner, then *your* estate becomes the new owner.

A change of owner may be made at any time by *written notice* to *us*. It will take effect on the date *we* receive *written notice*. Unless there are no surviving primary or contingent beneficiaries, a change of owner does not change the beneficiary.

## BENEFICIARY

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The beneficiary will receive the death benefit proceeds when the *insured* dies. The primary and any contingent beneficiaries are named in the application. If no primary beneficiary is living when the *insured* dies, *we* will pay to the contingent beneficiary. If no contingent beneficiary is living when the *insured* dies, *we* will pay *you* or *your* estate.

Unless the beneficiary designation provides otherwise, *we* will follow these rules:

- (1) *We* will pay equal shares when more than one beneficiary of the same class is to share the funds.
- (2) No revocable beneficiary has rights in this policy until the *insured* dies.
- (3) An irrevocable beneficiary cannot be changed without his or her consent.
- (4) The interest of any beneficiary is subject to the rights of any assignee shown on *our* records.
- (5) When beneficiaries are not shown by name (such as “children”), *we* may find who they are from sworn statements and not wait for court records.

You may change the beneficiary at any time while the *insured* is living by *written notice* to us. We must approve any change. If approved, the change will take effect on the date the *written notice* was signed by you. We will not be liable for any payments we make or actions we take before the change is approved.

Unless otherwise provided, if any beneficiary dies within 30 days after the *insured* dies as the result of a common disaster, we will pay the death benefit proceeds as if that beneficiary died first.

## DEATH BENEFIT

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**DEATH BENEFIT PROCEEDS.** Death benefit proceeds will equal:

- (1) the death benefit at the *insured's* date of death; plus
- (2) any additional life insurance proceeds provided by riders; minus
- (3) any *policy debt*; minus
- (4) any overdue *monthly deductions* including the *monthly deduction* for the month of death.

We will pay the death benefit proceeds in a lump sum as soon as we receive satisfactory proof that the *insured* died while this policy was in force, and other proof that we may require in order to investigate the claim. We will include interest from the *insured's* date of death to the payment date. The rate will not be less than required by law. Full payment of the death benefit proceeds to the beneficiary discharges us from any and all claims.

**DEATH BENEFIT OPTIONS.** The death benefit at any time depends on the death benefit option you select:

**Option A.** The death benefit is the greater of: (1) the *specified amount*; and (2) the *account value* times the appropriate corridor factor shown on the policy schedule.

**Option B.** The death benefit is the greater of: (1) the *specified amount* plus the *account value*; and (2) the *account value* times the appropriate corridor factor shown on the policy schedule.

**Option C.** The death benefit is the greater of: (1) the *specified amount* plus the sum of premiums paid minus the sum of partial withdrawals taken; and (2) the *account value* times the appropriate corridor factor shown on the policy schedule. If the sum of partial withdrawals taken is greater than the sum of premiums paid, the death benefit may be less than the *specified amount*.

The policy schedule shows the *specified amount* and the death benefit option.

**DEATH BENEFIT OPTION CHANGES.** You may make certain changes to the death benefit option by *written notice* to us. The effective date of change will be the *monthly date* following our receipt of the *written notice*.

- (1) The option may be changed from Option B to Option A, or from Option C to Option A. This will not change the *specified amount*, and the death benefit will be reduced to equal the *specified amount*.
- (2) The option may be changed from Option A to Option B, or from Option C to Option B. In such case, the *specified amount* will be adjusted so that the *net amount at risk* is unchanged.

**SPECIFIED AMOUNT CHANGES.** On or after one year from the *policy date*, you may change the *specified amount* by *written notice* to us. Any change is subject to the following conditions:

- (1) The amount of any increase may be no less than the minimum increase in *specified amount* shown on the policy schedule.
- (2) Any increase of the *specified amount* will require evidence of insurability satisfactory to us and is subject to our underwriting limits in place at that time. Underwriting requirements do not apply to increases requested under certain riders that may be attached to the policy. We will send you a revised policy schedule showing the effective date and amount of the increase.

- (3) Any increase of the *specified amount* will be subject to cost of insurance charges and monthly specified amount charges based on the *insured's* gender, and the *issue age* and rate class for the increase.
- (4) The amount of any decrease may be no less than the minimum decrease in *specified amount* shown on the policy schedule.
- (5) A decrease of the *specified amount* will be effective on the *monthly date* following *written notice* to us. Any reduction will be in the following order:
  - (a) against the most recent increase of the *specified amount*;
  - (b) against the next most recent increases;
  - (c) against the initial *specified amount*.
- (6) Any decrease of the *specified amount* requested by you will not reduce the monthly specified amount charges.
- (7) The *specified amount* after any requested change must not be less than the minimum *specified amount* shown on the policy schedule.

## PREMIUMS

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**PAYMENT OF PREMIUM.** The initial premium is the amount paid on or before delivery of this policy. The *planned periodic premium* is shown on the policy schedule. Even if you pay *planned periodic premiums*, your policy could lapse if the *cash surrender value* is not enough to pay the *monthly deductions*. You may change the amount and/or frequency of the *planned periodic premium*. You also may make unscheduled payments.

We reserve the right to require evidence of insurability for any premium payment that increases the *net amount at risk* of the policy. We will not accept that portion of a premium payment which affects the tax qualifications of this policy as described in section 7702 of the Internal Revenue Code, as amended. This excess amount will be returned to you.

Premium payments may be made to the address(es) shown on the first page of this policy or to such other place as we may designate. A receipt signed by our President or Secretary will be provided upon request. In the event no further premiums are paid, coverage will continue subject to the Grace Period provision until the *cash surrender value* is no longer sufficient to cover the *monthly deduction*.

**ALLOCATING PREMIUM.** On the application, you provided instructions on how we should allocate your *net premiums* to the *investment options*. These instructions are called your premium allocation. You may change your premium allocation at any time. Premium allocations must be in whole percentages and total 100%.

Prior to the *right to examine transfer date*, we will allocate your initial *net premium* and any additional *net premiums* to a money market *subaccount*. On the *right to examine transfer date*, we will reallocate your *account value* according to the premium allocation you selected on the application. We will allocate *net premiums* paid on or after the *right to examine transfer date* according to the premium allocation in effect on the date we receive the premium.

## INVESTMENT OPTIONS

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**SEPARATE ACCOUNT.** The Separate Account is a separate investment account of ours. The assets of the Separate Account are our property. The account is used only to fund the variable benefits provided under this policy and any other variable life policies supported by the account. However, they are not credited with earnings or charged with liabilities arising out of any other business we may conduct. No underlying portfolio is charged with liabilities of any other underlying portfolio.

**SUBACCOUNTS.** The Separate Account is divided into *subaccounts*. Each *subaccount* invests in a corresponding underlying portfolio. The underlying portfolios are not publicly traded mutual funds. The *account value* of your policy will go up or down based on the investment performance of the *subaccounts* you choose.

Please read the policy prospectus for more information about the Separate Account and the underlying portfolios. You can find additional details about the underlying portfolios in the fund prospectuses.

**UNIT VALUE.** The unit value of each *subaccount* reflects the investment performance of that *subaccount*. The unit value of each *subaccount* on any *business day* equals the unit value of the *subaccount* on the previous *business day* multiplied by the net investment factor for the *subaccount*. The net investment factor for each *subaccount* on any *business day* is determined by dividing (a) by (b) and subtracting (c) from the result, where:

- (a) is the net asset value per share of that fund at the end of the *business day*, plus the per share amount of any dividend or capital gain distributions paid by that fund since the previous *business day*, plus the per share amount of any taxes payable by the Separate Account;
- (b) is the net asset value per share of that fund at the end of the previous *business day*; and
- (c) is the daily risk charge, which will not exceed the maximum daily risk charge shown on the policy schedule.

Because the net investment factor may be greater than, less than, or equal to 1, unit values may increase or decrease from one *business day* to the next.

**VALUATION OF ASSETS.** We will determine the value of the assets of each *subaccount* at the close of trading on the New York Stock Exchange on each *business day*. If the New York Stock Exchange is closed (except for holidays or weekends), or trading is restricted due to an existing emergency as defined by the SEC so that we cannot value the *subaccounts*, we may postpone all transactions that require valuation of the *subaccounts* until valuation is possible. Any provision of the policy that specifies a *business day* will be superseded by the emergency procedure.

**FEES CHARGED BY THE PORTFOLIOS.** Each underlying portfolio charges fees separate and apart from this policy. These fees are not deducted from the *account value*. Instead, they are reflected in the net asset value of portfolio shares that, in turn, will affect the unit value of the *subaccount*. See the policy prospectus and series fund prospectuses for more information about these fees.

**SUBSTITUTION OF PORTFOLIOS.** We do not control the underlying portfolios, therefore we cannot guarantee the availability of any of the portfolios. Subject to any applicable law, we retain the right to add or change the *subaccounts* of the Separate Account, the right to eliminate the shares of any underlying portfolio, and the right to substitute shares of another portfolio for an eliminated portfolio. If the shares of the underlying portfolio are no longer available for investment, or if, in our judgment, investment in a portfolio would be inappropriate in view of the purposes of the Separate Account, we will first notify you and receive any necessary SEC and state approvals before making such a change. Separate Account underlying portfolios may be added or eliminated when, in our sole discretion, conditions warrant a change. If a portfolio is eliminated, we will ask you to reallocate any *account value* in the corresponding *subaccount*. If you do not reallocate this amount, we will automatically reallocate it to a money market *subaccount*. If you are allocating premium to the eliminated *subaccount*, we will ask you to change your premium allocation. If you do not, we will automatically allocate any future premium allocations to the eliminated *subaccount* to a money market *subaccount*.

**FIXED ACCOUNT.** Amounts allocated to the fixed account earn a fixed interest rate that we declare. This rate may change but will never be less than the fixed account minimum credited rate shown on the policy schedule.

*Net premiums* allocated to and transfers to the fixed account under this policy become part of our general account assets which support annuity and insurance obligations. The general account includes all of our assets, except those assets segregated in separate accounts. We have the sole discretion to invest the assets of the general account, subject to applicable law.

## ACCOUNT VALUE

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The *account value* on the *issue date* equals the initial *net premium* minus the *monthly deductions* due since the *policy date*. Thereafter, on any *business day* following the *issue date*, the *account value* equals:

- (1) the total of the *account value* in each *subaccount*; plus
- (2) the *account value* in the fixed account; plus
- (3) the *account value* in the loan account; plus
- (4) any *net premium* received that *business day*, but not yet allocated.

**ACCOUNT VALUE - SUBACCOUNTS.** The *account value* in each *subaccount* on any *business day* equals:

- (1) *your* current number of *accumulation units* in that *subaccount*; multiplied by
- (2) the current unit value for that *subaccount*.

*Your* number of *accumulation units* in a *subaccount* will increase when:

- (1) *net premiums* are credited to it; or
- (2) amounts are transferred to it from other *subaccounts*, the fixed account, or the loan account.

*Your* number of *accumulation units* in a *subaccount* will decrease when:

- (1) partial withdrawals (and any partial withdrawal fees) are taken from it;
- (2) *monthly deductions* are taken from it;
- (3) transfer charges are taken from it; or
- (4) amounts are transferred out of it into other *subaccounts*, the fixed account, or the loan account.

When transactions are made, the actual dollar amounts are converted to *accumulation units*. The number of *accumulation units* for a transaction are found by dividing the dollar amount of the transaction by the current unit value on the *business day* for that transaction. Each transaction above will increase or decrease *your accumulation units*.

**ACCOUNT VALUE - FIXED ACCOUNT.** The *account value* in the fixed account equals:

- (1) *net premiums* credited to it; plus
- (2) amounts transferred to it from the *subaccounts* or the loan account; plus
- (3) interest credited to it; minus
- (4) partial withdrawals (and any partial withdrawal fees) taken from it; minus
- (5) *monthly deductions* taken from it; minus
- (6) transfer charges taken from it; minus
- (7) amounts transferred from it into the *subaccounts* or the loan account.

**ACCOUNT VALUE - LOAN ACCOUNT.** The *account value* in the loan account equals:

- (1) amounts transferred to it from the *investment options*; plus
- (2) interest credited to it; minus
- (3) amounts transferred from it into the *investment options*.

## TRANSFERS

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*You* may transfer amounts between *investment options* at any time during the policy year. A transfer charge may apply as shown on the policy schedule. The transfer will take effect at the end of the *business day* during which the transfer request is received in *our* home office.

*We* reserve the right to limit or prohibit transfers that, in the judgment of the managers of the underlying portfolios, are excessive and will have a detrimental effect on portfolio management for the benefit of all owners.

**SUBACCOUNT TRANSFER.** The minimum amount that can be transferred out of a *subaccount* is shown on the policy schedule. If the remaining *account value* in the *subaccount* would be less than the minimum *subaccount* balance shown on the policy schedule, *we* will include that *account value* in the amount transferred.

If the *account value* in any *subaccount* falls below the minimum *subaccount* balance, we may transfer that *account value*, without charge, to a money market *subaccount*.

*Subaccount* transfers may be subject to additional restrictions by the portfolio advisor.

**FIXED ACCOUNT TRANSFER.** You may make one transfer per policy year out of the fixed account to any of the *subaccounts*. The maximum transfer amount out of the fixed account is equal to the greatest of:

- (1) 25% of the *account value* in the fixed account;
- (2) the amount of any fixed account transfer that occurred during the prior 13 months; and,
- (3) \$1,000.

## POLICY FACTORS

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**MONTHLY DEDUCTION.** On each *monthly date*, we will deduct an amount from your *account value* to pay us for providing the benefits of the policy. This amount is called the *monthly deduction*.

The *monthly deduction* equals:

- (1) the cost of insurance; plus
- (2) the monthly administrative charge; plus
- (3) the monthly specified amount charge; plus
- (4) the cost for any policy riders.

The *monthly deduction* is due on each *monthly date*, beginning on the *policy date*.

**COST OF INSURANCE.** The cost of insurance for a policy month is the cost of insurance rate times the *net amount at risk* divided by \$1,000. The maximum cost of insurance rates are determined by the *insured's* gender, *attained age*, and rate class, as shown on the policy schedule. The maximum cost of insurance rates for any increase in *specified amount* are determined by the *insured's* gender, *attained age* and rate class for the increase.

For purposes of determining the cost of insurance, *account value* is allocated first to the initial *specified amount*, then to subsequent increases in *specified amount* in the order those increases occurred.

**SPECIFIED AMOUNT CHARGE.** The maximum monthly specified amount charge is shown on the policy schedule. Any increase in the *specified amount* will result in an additional monthly specified amount charge.

**POLICY COST FACTORS.** We may change the interest rate credited to the fixed account, subject to the fixed account minimum credited rate shown on the policy schedule. We may change the cost of insurance rates, monthly administrative charges, monthly specified amount charges, premium charge, and risk charge, subject to the maximum rates and charges shown on the policy schedule. We will determine actual rates and charges based on our future expectations of such factors as mortality, expenses, interest, persistency and taxes. Any changes will be determined according to the procedures and standards on file with your State Insurance Department. Any change we make will be on a uniform basis for *insureds* of the same *issue age*, gender, rate class, *specified amount*, and the length of time coverages have been in force.

## ACCESSING POLICY VALUES

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Loans, partial withdrawals and cash surrenders may be subject to income tax and penalty tax.

**LOANS.** You may obtain a loan from the *cash surrender value* of this policy. This policy will be assigned to us as security for any loan. We may defer making a loan from the fixed account for up to six (6) months except to pay premiums on any policy in force with us. We may require you to sign a loan agreement. The maximum available loan amount is:

- (1) the *cash surrender value*; minus
- (2) loan interest up to the next *annual date*; minus
- (3) the sum of the next three *monthly deductions*.

After five (5) policy years, a portion of the *policy debt* may qualify for the preferred loan interest rate. The portion eligible for the preferred loan interest rate is:

- (1) the *account value*; plus
- (2) the sum of partial withdrawals taken; minus
- (3) the sum of premiums paid.

The maximum loan interest rate and the maximum preferred loan interest rate are shown on the policy schedule. We have the option of charging less. Interest accrues daily and becomes a part of the *policy debt*. Interest payments are due on each *annual date*. If interest is not paid when due, it will be added to the *policy debt* and will bear interest at the rate charged on the loan.

When a policy loan is made, or when interest is not paid when due, an amount sufficient to secure the *policy debt* is transferred out of the *investment options* and into the loan account. You may tell us how to allocate the loan amount among the *investment options*, provided that the remaining *account value* in each *subaccount* is not less than the minimum *subaccount* balance shown on the policy schedule. If you do not, we will deduct it *pro-rata*. We will credit interest to the loan account at the rate shown on the policy schedule.

You may repay policy debt in full or in part at any time. You must instruct us to treat your payment as a loan repayment; otherwise, we will treat any unspecified payment as premium. Loan repayments will not incur a premium charge. We will transfer the amount of any loan repayment from the loan account to the *investment options* according to your current premium allocation percentages.

**PARTIAL WITHDRAWAL.** You may take a partial withdrawal of cash from the *cash surrender value* by written notice to us. We may deduct a partial withdrawal fee, which will not exceed the maximum partial withdrawal fee shown on the policy schedule. The minimum partial withdrawal amount is shown on the policy schedule. The maximum partial withdrawal amount is:

- (1) the *cash surrender value*; minus
- (2) the sum of the next three *monthly deductions*.

Partial withdrawals result in cancellation of *accumulation units* from each applicable *subaccount*. You may tell us how to allocate the partial withdrawal among the *investment options*, provided that the remaining *account value* in each *subaccount* is not less than the minimum *subaccount* balance shown on the policy schedule. If you do not, we will deduct it *pro-rata*.

If Death Benefit Option A is in effect, the *specified amount* will be reduced by the partial withdrawal amount plus any fee.

**CASH SURRENDER.** You may surrender this policy for the *cash surrender value* by written notice to us. You may not reinstate this policy once you surrender it.

## KEEPING THE POLICY IN FORCE

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**GRACE PERIOD.** On any *monthly date* when the *cash surrender value* is less than the *monthly deduction* for the next policy month, you will have a 61-day grace period to make a premium payment to continue this policy. The minimum premium to continue this policy will be no more than an amount which results in a *cash surrender value* on the date the grace period begins equal to the current *monthly deduction* plus the next two *monthly deductions*. We will mail notice of this minimum premium to your last known address and to any assignee of record at the start of the 61-day grace period, at least 30 days and no more than 60 days prior to the end of the grace period.

Insurance coverage under this policy and any benefits provided by any rider(s) will be continued through the grace period. If the *insured* dies during the grace period, *we* will pay the death benefit proceeds. If the premium is not paid within the grace period, all insurance stops and this policy terminates with no *cash surrender value*. Even if *you* pay *planned periodic premiums*, *your* policy could lapse if the *cash surrender value* is not enough to pay the *monthly deductions*.

**REINSTATEMENT.** Within five years after *your* policy terminates, *you* may put this policy back in force by *written notice* to *us* if:

- (1) the *insured* provides *us* with evidence of insurability;
- (2) the *attained age* of the *insured* on the date of reinstatement does not exceed the maximum *attained age* for reinstatement as shown on the policy schedule;
- (3) the *insured* is alive on the date of reinstatement; and
- (4) this policy has not been *surrendered* for its *cash surrender value*.

The minimum premium *you* must pay to reinstate *your* policy is  $(a + b - c)$  divided by  $(d)$  where:

- (a) is the sum of all due and unpaid *monthly deductions* during the grace period;
- (b) is the sum of *monthly deductions* for three months from the date of reinstatement;
- (c) is the *account value* at the beginning of the grace period; and
- (d) is one minus the premium charge.

The *account value* on the date of reinstatement will equal:

- (1) the *net premium* paid to reinstate this policy; plus
- (2) the *account value* at the beginning of the grace period; minus
- (3) the sum of the due and unpaid *monthly deductions* during the grace period.

*You* must repay or reinstate any *policy debt* that existed at the beginning of the grace period.

## GENERAL PROVISIONS

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**ENTIRE CONTRACT.** This policy is a legal contract that *you* have entered into with *us*. The entire contract consists of:

- (1) this policy;
- (2) any riders;
- (3) any endorsements;
- (4) the attached copy of the application, and any amendments or supplemental applications; and
- (5) the applicable policy schedule(s).

Any change in the contract must be written and signed by *our* President, or a Vice President, or the Secretary, or the Assistant Secretary. No one else is authorized to bind *us*.

Statements made in the application for issuance or reinstatement, in the absence of fraud, are representations and not warranties. No such statements will be used in defense of a claim under this policy unless contained in a written application and unless a copy of such statement is part of this policy.

**NONPARTICIPATING POLICY.** This policy is nonparticipating. No dividends will be paid under this policy.

**RELIANCE.** *We* have issued this policy based on the answers in the application and supplemental applications. *We* have assumed all such answers to be true and complete. If any are not, *we* may, subject to the Incontestability provision, have the right to void this policy and send back all premiums paid, minus *policy debt* and any partial withdrawals.

**INCONTESTABILITY.** We will not contest this policy, in the absence of fraud, after it has been in force while the *insured* is alive for two years from the *issue date*, nor will we contest any increased benefits later than two years after the effective date for such increased benefits. If *you* did not request the increase or if evidence of insurability was not required, we will not contest the increase. As used herein, increased benefits shall include any favorable policy changes requested by *you*. If this policy is reinstated, the incontestable period will start over again beginning on the reinstatement date, but only for statements made in the application for reinstatement. Riders to this policy may have separate incontestability provisions.

**SUICIDE.** For the first two full years from the *issue date*, we will not pay the death benefit if the *insured* commits suicide (while sane or insane). We will terminate this policy and give back the premiums paid, minus *policy debt* and any partial withdrawals. If the *insured* commits suicide (while sane or insane) within two years after the effective date of any increase in *specified amount*, our liability for such increase is limited to the *monthly deductions* for the increase. Riders to this policy may have separate suicide provisions.

**POLICY CHANGES.** You may request to change your *specified amount*, death benefit option or riders by sending us a *written notice*. Whenever one of these changes is made, we will send you a revised policy schedule that will show the updated coverage and any new charges.

**ANNUAL REPORT.** At least once a year we will send you an annual report showing the current *account value*, *cash surrender value*, *subaccount* earnings or losses, fixed account interest credits, premiums paid, partial withdrawals, loan activity, and cost of insurance charges since the prior report. Any other information required by your State Insurance Department will also be included in the annual report.

**ILLUSTRATIVE REPORT.** You may request a projection of illustrative future benefits and values at any time. We may make a reasonable charge to provide this information.

**DELAY OF PAYMENTS.** We usually will pay any policy loan, partial withdrawal, *cash surrender*, or death benefit proceeds from the *subaccounts* within seven (7) calendar days after we receive *written notice*. We can delay such payments or any transfers of amounts between *subaccounts* or into the fixed account if:

- (1) The New York Stock Exchange is closed other than customary weekend and holiday closings, or trading on the New York Stock Exchange is restricted as determined by the SEC; or,
- (2) The SEC by order permits the postponement for the protection of owners; or,
- (3) An emergency exists as determined by the SEC, as a result of which disposal of securities is not reasonably practicable, or it is not reasonably practicable to determine the value of the net assets of the *subaccounts*.

We may defer the payment of a policy loan, partial withdrawal, or *cash surrender* from the fixed account for up to six (6) months from the date we receive your *written notice*. We may delay the payment of any death benefit proceeds, other than the portion payable from the *subaccounts*, for up to two months after we receive satisfactory proof of death.

**TIME PERIOD FOR SPECIAL TRANSFER.** At any time within 24 months of the *policy date*, you may request a transfer of the entire *account value* in the *subaccounts* to the fixed account without incurring a transfer charge.

**TERMINATION.** This policy will terminate and all insurance will stop:

- (1) on the date we receive your *written notice*; or
- (2) when a required premium is not received before the end of the grace period; or
- (3) when the *insured* dies.

**CONFORMITY WITH LAWS.** This policy is subject to the laws of the state where the application is signed.

**MISSTATEMENT OF AGE OR GENDER.** If the *insured's* age or gender has been misstated on the application, an adjustment will be made to reflect the correct age and gender as follows:

- (1) If the misstatement is discovered at death, the death benefit amount will be adjusted based on what the cost of insurance rate as of the most recent *monthly date* would have purchased at the *insured's* correct age and gender.
- (2) If the misstatement is discovered prior to death, the *cash surrender value* will be adjusted to reflect the expense charges and cost of insurance rates based on the *insured's* correct age and gender from the *policy date*.

**ASSIGNMENT.** *You* may assign this policy by giving *written notice*. *We* will not be responsible for the validity of an assignment. *We* will not be liable for any payments *we* make or actions *we* take before *we* receive *written notice* of an assignment. An assignment is subject to any *policy debt*.





Flexible Premium Variable Universal Life Insurance Policy  
Nonparticipating

### Ameritas Life Insurance Corp.

P.O. Box 81889, Lincoln, NE 68501  
800-745-1112, Fax 402-467-7335

### Investment Advisory Agreement for Model Asset Allocation

In selecting to participate in the Model Asset Allocation program using the Asset Allocator tool, I understand:

- I am giving Ameritas Investment Corp. ("AIC"), an affiliate of Ameritas Life Insurance Corp. ("Ameritas"), discretionary authority to serve as my investment adviser for the program solely for purposes of developing asset allocation models and periodic updates to the models, and to instruct Ameritas to allocate my premiums and policy values pursuant to the model I select and any changes to the model by AIC. I am not retaining AIC as my investment adviser for any other financial planning purposes, unless agreed to expressly in writing. There is no additional charge for selecting the Model Asset Allocation program.
- I must decide whether participation in the program and which model is best for me. AIC will not make this decision for me. The Asset Allocator Questionnaire is only a tool to assist me. I may consult my own financial professional to help me.
- If I ever direct Ameritas to allocate my premiums or policy value to portfolios not included in the models, I will no longer receive updates to the models and this limited advisory agreement will terminate.
- AIC and Ameritas may be subject to competing interests that have the potential to influence AIC's decision making with regard to the models, including revenue sharing from portfolios, and additional advisory fees and principal underwriting fees. These potential conflicts are disclosed in the Policy prospectus and AIC's Form ADV Part II, which I acknowledge having received, and the Policy Statement of Additional Information, which I have the opportunity to obtain.
- AIC or Ameritas may terminate or change its available asset allocation program(s) at any time.
- This Agreement is effective upon receipt and approval by Ameritas and AIC of your election to participate.

### Allocation Among Investment Options

Choose from an Investment Level Asset Allocation Model **OR** select your own investment options.

**OR**

**Investment Level Model Asset Allocation**  
The models will be rebalanced quarterly. Choose **ONE** of the Asset Allocation Models below. Information regarding the funds and allocations for each model are contained in the asset allocation brochures, which I acknowledge receipt of by signing this application.

**Aggressive Model\***  
  **Capital Growth Model**  
  **Balanced Model**  
  **Moderate Model**  
  **Conservative Model**

\* Not available if the APR or APR+ Rider was chosen.

**Individual Investment Options**  
Use whole percentages only. Must total 100%. If Dollar Cost Averaging, a portion must be invested in the Money Market Fund or Fixed Account (see prospectus for restrictions) and the Dollar Cost Averaging section of the Optional Program form must be completed.

<p><b>Vanguard® VIF</b></p> <p>____% Money Market</p> <p>____% Diversified</p> <p>____% Equity Income</p> <p>____% Equity Index</p> <p>____% Total Stock Market Index</p> <p>____% Growth</p> <p>____% Mid-Cap Index</p> <p>____% Small Company Growth</p> <p>____% Balanced</p> <p>____% International</p> <p>____% High Yield Bond</p> <p>____% Total Bond Market Index</p> <p>____% REIT Index</p> <p><b>PIMCO VIT Administrative Class</b></p> <p>____% CommodityRealReturn™ Strategy</p> <p><b>Fidelity® VIP Initial Class</b></p> <p>____% Equity-Income</p> <p>____% Contrafund®</p>	<p>____% Growth</p> <p>____% Mid Cap</p> <p>____% Overseas</p> <p>____% High Income</p> <p>____% Investment Grade Bond</p> <p>____% Strategic Income</p> <p><b>Calvert Variable Series</b></p> <p>____% Social Equity</p> <p>____% Social Balanced</p> <p>____% Social International Equity</p> <p>____% Ameritas Core Strategies</p> <p><b>Rydex</b></p> <p>____% Nova</p> <p>____% Inverse S&amp;P 500 Strategy</p> <p>____% NASDAQ-100®</p> <p>____% Inverse NASDAQ-100®</p> <p>____% Russell 2000 1.5x</p> <p>____% Government Long Bond 1.2x Strategy</p>	<p>____% Inverse Government Long Bond</p> <p>____% Sector Rotation</p> <p>____% Precious Metals</p> <p><b>Third Avenue</b></p> <p>____% Value</p> <p><b>AIM V.I. Series I</b></p> <p>____% International Growth</p> <p>____% Leisure</p> <p><b>American Century VP Class I</b></p> <p>____% International</p> <p>____% Mid Cap Value</p> <p><b>DWS VS I Class A</b></p> <p>____% Health Care VIP</p> <p><b>DWS VS II Class A</b></p> <p>____% Dreman Small Mid Value VIP</p> <p>____% Global Thematic VIP</p>	<p><b>FTVIPT Templeton Class 2</b></p> <p>____% Global Income Securities</p> <p><b>MFS® VIT Initial Class</b></p> <p>____% Research International</p> <p>____% Utilities</p> <p><b>Neuberger Berman AMT Class I</b></p> <p>____% Partners</p> <p>____% Regency</p> <p><b>Summit</b></p> <p>____% Natural Resources</p> <p><b>T. Rowe Price</b></p> <p>____% Blue Chip Growth</p> <p><b>UIF Class I</b></p> <p>____% Emerging Markets Equity</p> <p><b>ALIC</b></p> <p>____% Fixed Account</p>
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**100% TOTAL** (Whole percentages only; must total 100%)

Policy Details

Please print clearly in black ink.

Ameritas Life Insurance Corp.

P.O. Box 81889, Lincoln, NE 68501
800-745-1112, Fax 402-467-7335

1. VUL:

a) Specified Amount (base only): . . . . . \$

b) Death Benefit Option:

- Option A (Specified Amount plus Account Value)
Option B (Specified Amount)
Option C (Return of Premium)

c) Life Insurance Qualification Test:

- GPT (Guideline Premium Test) Default if no option is selected
CVAT (Cash Value Accumulation Test)

[ d) Supplementary Benefits:

Asset Protection Rider\*

Asset Protection Plus Rider\*

\*Participation is required in one of the following Asset Allocation Models: Capital Growth, Balanced, Moderate or Conservative.

Children's Insurance Rider . . . . . \$

Term Insurance Rider – Other Insured

Family Member: . . . . . \$

Beneficiary Designation:

Primary: \_\_\_\_\_

Relationship: \_\_\_\_\_

Contingent: \_\_\_\_\_

Relationship: \_\_\_\_\_

Non-Family Member: . . . . . \$

Beneficiary Designation:

Primary: \_\_\_\_\_

Relationship: \_\_\_\_\_

Contingent: \_\_\_\_\_

Relationship: \_\_\_\_\_

Waiver of Monthly Deduction Rider ]

e) Monthly Deduction Allocation:

Do you want to select a portfolio or portfolios from which to deduct your monthly policy expenses? . Yes No

(If "Yes," list portfolio(s) and/or Guaranteed Account and percentage allocated. If "No", then the expenses will be prorated from all funds.)

Table with 2 columns: Portfolio, Percentage. Includes a Total row summing to 100%.

2. Premium:

a) Planned Periodic Premium (modal): . . . . . \$

b) Premium Frequency:

- Annual Electronic Funds Transfer (complete EFT form)
Semi-Annual Salary Allotment
Quarterly Other

c) Additional First-Year Premium (lump sum amounts):

. . . . . \$

1035 Exchange . . . . . \$
(Complete Absolute Assignment Form)

e) Has any premium been given in connection with this application? . . . . . Yes No

(If "Yes," state amount paid for which conditional receipt has been given; the terms of which are hereby agreed to.)

Amount: . . . . . \$

e) Send Premium Notices to: Residence Business

Owner One Other: (Specify) \_\_\_\_\_

Owner Two \_\_\_\_\_

Insured One \_\_\_\_\_

Insured Two \_\_\_\_\_

3. Insurance Suitability Questions:

a) Do you understand that the death benefit and cash value may increase or decrease depending on the investment experience of the separate account? . Yes No

b) Do you believe that this policy will meet your insurance needs and financial objectives? . . . Yes No

c) Have you received a current copy of the Prospectus? . . . . . Yes No

*SERFF Tracking Number:* AMFA-125642436

*State:* Arkansas

*Filing Company:* Ameritas Life Insurance Corp.

*State Tracking Number:* 38931

*Company Tracking Number:* 4051

*TOI:* L061 Individual Life - Variable

*Sub-TOI:* L061.002 Single Life - Flexible Premium

*Product Name:* 4051

*Project Name/Number:* 4051/4051

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: AMFA-125642436 State: Arkansas  
Filing Company: Ameritas Life Insurance Corp. State Tracking Number: 38931  
Company Tracking Number: 4051  
TOI: L061 Individual Life - Variable Sub-TOI: L061.002 Single Life - Flexible Premium  
Product Name: 4051  
Project Name/Number: 4051/4051

## Supporting Document Schedules

### Review Status:

**Satisfied -Name:** Certification/Notice 05/19/2008

**Comments:**

Certifications in compliance with Regulation 19, 33 and 34 are attached.

**Attachments:**

AR-reg 19 certification-4051.pdf  
AR-reg 34 certification-4051.pdf  
AR-reg 33 certification-4051.pdf

### Review Status:

**Satisfied -Name:** Application 05/09/2008

**Comments:**

Application AS 2550 with component pages were approved on 4-2-08 under SERFF, File #38529.

**Attachment:**

AS 2550 Application.pdf

### Review Status:

**Satisfied -Name:** Life & Annuity - Actuarial Memo 05/09/2008

**Comments:**

Actuarial material attached.

**Attachment:**

4051 Statement of Method.pdf

### Review Status:

**Satisfied -Name:** Exhibits for Forms 05/09/2008

**Comments:**

Exhibit A - forms submitted for approval.

Exhibit B - forms previously approved/pending for use with this policy.

**Attachments:**

EXHIBIT A-4051.pdf  
EXHIBIT B- AR 4051.pdf

SERFF Tracking Number: AMFA-125642436

State: Arkansas

Filing Company: Ameritas Life Insurance Corp.

State Tracking Number: 38931

Company Tracking Number: 4051

TOI: L061 Individual Life - Variable

Sub-TOI: L061.002 Single Life - Flexible Premium

Product Name: 4051

Project Name/Number: 4051/4051

**Review Status:**

**Satisfied -Name:** Statement of Variability

05/09/2008

**Comments:**

Statement of Variability

**Attachment:**

4051 Statement of Variability.pdf

**STATE OF ARKANSAS**

**REGULATION 19**

INSURER: **Ameritas Life Insurance Corp.**

This is to certify that the attached form(s) are in compliance with Rule and Regulation 19:

**Form Number:**

**Form Name:**

**4051**

**Flexible Premium Variable Universal Life Policy**

**AS 2550 IA-AP ALIC**

**Investment Advisory Agreement & Allocation of  
Premium Page**

**AS 2550 PD-V ALIC**

**Policy Details Page**

SIGNATURE: \_\_\_\_\_

TYPED NAME:

Robert G. Lange

TITLE:

Vice President, General Counsel and Assistant Secretary

DATE:

May 9, 2008

**STATE OF ARKANSAS**

**CERTIFICATION**

COMPANY: **Ameritas Life Insurance Corp.**

The following forms are submitted for review:

**4051**

**AS 2550 IA-AP ALIC**

**AS 2550 PD-V ALIC**

As an officer of the above company, I hereby certify that the solicitation and design of the above form(s) is in compliance with the Arkansas Guidelines for Non-Guaranteed Costs on Participating and Non-Participating Life Insurance. These guidelines are stated in Bulletin 11-83 issued by the Commissioner of Insurance of the Arkansas Department of Insurance on September 2, 1983.

SIGNATURE: \_\_\_\_\_

TYPED NAME: Robert G. Lange

TITLE: Vice President, General Counsel and Assistant Secretary

DATE: May 9, 2008

**STATE OF ARKANSAS**

**REGULATION 33**

INSURER: **Ameritas Life Insurance Corp.**

This is to certify that the attached form(s) are in compliance with Rule and Regulation 33:

**Form Number:**

**Form Name:**

**4051**

**Flexible Premium Variable Universal Life Policy**

**AS 2550 IA-AP ALIC**

**Investment Advisory Agreement & Allocation of  
Premium Page**

**AS 2550 PD-V ALIC**

**Policy Details Page**

SIGNATURE: \_\_\_\_\_

TYPED NAME:

Robert G. Lange

TITLE:

Vice President, General Counsel and Assistant Secretary

DATE:

May 19, 2008

# Application for Insurance

## Personal Information

Please print clearly in black ink.

### CHECK ALL COMPANIES THAT APPLY:

- Acacia Life Insurance Company**  
P.O. Box 81889, Lincoln, NE 68501  
800-745-1112, Fax 402-467-7335  
(Client Service Department)
- Ameritas Life Insurance Corp.**  
P.O. Box 81889, Lincoln, NE 68501  
800-745-1112, Fax 402-467-7335

### 1. Proposed Insured (One):

- a) Name: \_\_\_\_\_
- b) Date of Birth: \_\_\_\_\_ c) Sex:  Male  Female
- d) Place of Birth: \_\_\_\_\_
- e) Social Security/Tax ID No.: \_\_\_\_\_
- f) Driver's License or other Government issued picture ID:  
\_\_\_\_\_ State: \_\_\_\_\_
- g) Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_
- h) Years at this Address: \_\_\_\_\_
- i) Tel. (Home): \_\_\_\_\_  
(Business): \_\_\_\_\_  
Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Best time to call: \_\_\_\_\_ at:  Business  Home  
In the event you are not available when our  
interviewer calls, may we speak with your spouse?  Yes  No
- j) Residency Status:  U.S. Resident  Other: \_\_\_\_\_
- k) Are you a U.S. Citizen: . . . . .  Yes  No  
If "No," complete Foreign National form UN 0918  
and provide the following:  
Citizenship: \_\_\_\_\_  
Visa Type: \_\_\_\_\_ Visa #: \_\_\_\_\_
- l) Employer Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_
- m) Occupation: \_\_\_\_\_ Years: \_\_\_\_\_
- n) Duties: \_\_\_\_\_

### 2. Owner Information (One):

(Complete only if Owner is other than Proposed Insured.)

- a)  Individual b)  Trust (provide copy) c)  Partnership
- d)  Corporation: County of Incorporation: \_\_\_\_\_
- e) Full Name: \_\_\_\_\_
- f) Relationship to Proposed Insured(s): \_\_\_\_\_
- g) Trustee(s) Name: \_\_\_\_\_
- h) Date of Birth or Date of Trust: \_\_\_\_\_
- i) Social Security/Tax ID No.: \_\_\_\_\_
- j) Driver's License or other Government issued picture ID:  
\_\_\_\_\_ State: \_\_\_\_\_
- k) Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_
- l) Tel. (Home): \_\_\_\_\_  
(Business): \_\_\_\_\_  
Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_
- m) Residency Status:  U.S. Resident  Other: \_\_\_\_\_
- n) Are you a U.S. Citizen: . . . . .  Yes  No  
If "No," complete Foreign National form UN 0918  
and provide the following:  
Citizenship: \_\_\_\_\_  
Visa Type: \_\_\_\_\_ Visa #: \_\_\_\_\_
- o) Multiple Ownership (indicate type):  
 Joint with Survivorship  Tenants in Common
- p) Successor Owner:  
Name: \_\_\_\_\_  
Social Security/Tax ID No.: \_\_\_\_\_

### 3. Beneficiary Information: (Subject to change by Owner.)

- a) Primary Beneficiary: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Relationship to Proposed Insured: \_\_\_\_\_  
Social Security/Tax ID: \_\_\_\_\_  
Date of Birth or Date of Trust: \_\_\_\_\_
- b) Contingent Beneficiary: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Relationship to Proposed Insured: \_\_\_\_\_  
Social Security/Tax ID: \_\_\_\_\_  
Date of Birth or Date of Trust: \_\_\_\_\_

# Application for Insurance

## Personal Information (continued)

Please print clearly in black ink.

**Acacia Life Insurance Company**  
P.O. Box 81889, Lincoln, NE 68501  
800-745-1112, Fax 402-467-7335  
(Client Service Department)

**Ameritas Life Insurance Corp.**  
P.O. Box 81889, Lincoln, NE 68501  
800-745-1112, Fax 402-467-7335

### 1. Proposed Insured (Two): (Survivorship Life ONLY)

- a) Name: \_\_\_\_\_
- b) Date of Birth: \_\_\_\_\_ c) Sex:  Male  Female
- d) Place of Birth: \_\_\_\_\_
- e) Social Security/Tax ID No.: \_\_\_\_\_
- f) Driver's License or other Government issued picture ID:  
\_\_\_\_\_ State: \_\_\_\_\_
- g) Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_
- h) Years at this Address: \_\_\_\_\_
- i) Tel. (Home): \_\_\_\_\_  
(Business): \_\_\_\_\_  
Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Best time to call: \_\_\_\_\_ at:  Business  Home  
In the event you are not available when our  
interviewer calls, may we speak with your spouse?  Yes  No
- j) Residency Status:  U.S. Resident  Other: \_\_\_\_\_
- k) Are you a U.S. Citizen: . . . . .  Yes  No  
If "No," complete Foreign National form UN 0918  
and provide the following:  
Citizenship: \_\_\_\_\_  
Visa Type: \_\_\_\_\_ Visa #: \_\_\_\_\_
- l) Employer Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_
- m) Occupation: \_\_\_\_\_ Years: \_\_\_\_\_
- n) Duties: \_\_\_\_\_

### 2. Owner Information (Two):

(Complete only if Owner is other than a Proposed Insured.)

- a)  Individual b)  Trust (provide copy) c)  Partnership
- d)  Corporation: County of Incorporation: \_\_\_\_\_
- e) Full Name: \_\_\_\_\_
- f) Relationship to Proposed Insured(s): \_\_\_\_\_
- g) Trustee(s) Name: \_\_\_\_\_
- h) Date of Birth or Date of Trust: \_\_\_\_\_
- i) Social Security/Tax ID No.: \_\_\_\_\_
- j) Driver's License or other Government issued picture ID:  
\_\_\_\_\_ State: \_\_\_\_\_
- k) Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_
- l) Tel. (Home): \_\_\_\_\_  
(Business): \_\_\_\_\_  
Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_
- m) Residency Status:  U.S. Resident  Other: \_\_\_\_\_
- n) Are you a U.S. Citizen: . . . . .  Yes  No  
If "No," complete Foreign National form UN 0918  
and provide the following:  
Citizenship: \_\_\_\_\_  
Visa Type: \_\_\_\_\_ Visa #: \_\_\_\_\_
- o) Multiple Ownership (indicate type):  
 Joint with Survivorship  Tenants in Common
- p) Successor Owner:  
Name: \_\_\_\_\_  
Social Security/Tax ID No.: \_\_\_\_\_

### 3. Proposed Insured: (Child One or Other)

- a) Name: \_\_\_\_\_
- b) Relationship: \_\_\_\_\_
- c) Date of Birth: \_\_\_\_\_ d) Sex:  Male  Female
- e) Place of Birth: \_\_\_\_\_
- f) Social Security No: \_\_\_\_\_
- g) Ins. in Force/Company: \_\_\_\_\_
- h) Driver's License No: \_\_\_\_\_

### 4. Proposed Insured: (Child Two or Other)

- a) Name: \_\_\_\_\_
- b) Relationship: \_\_\_\_\_
- c) Date of Birth: \_\_\_\_\_ d) Sex:  Male  Female
- e) Place of Birth: \_\_\_\_\_
- f) Social Security No: \_\_\_\_\_
- g) Ins. in Force/Company: \_\_\_\_\_
- h) Driver's License No: \_\_\_\_\_

Financial Information

Please print clearly in black ink.

Acacia Life Insurance Company
P.O. Box 81889, Lincoln, NE 68501
800-745-1112, Fax 402-467-7335
(Client Service Department)

Ameritas Life Insurance Corp.
P.O. Box 81889, Lincoln, NE 68501
800-745-1112, Fax 402-467-7335

1. Existing and Pending Insurance - Proposed Insured(s):

- a) Total insurance in force on the Proposed Insured(s).
b) Total insurance currently pending with all companies, including this application.
c) Of the above pending amount, how much do you intend to accept?
d) Provide information for each policy in force on the Proposed Insured(s).

Proposed Insured: One Two
Company:
Group, Personal or Business:
Issue Date:
To Remain in Force? Yes No
Face Amount:
Proposed Insured: One Two
Company:
Group, Personal or Business:
Issue Date:
To Remain in Force? Yes No
Face Amount:

- e) Have you ever sold, assigned, or pledged as collateral a life insurance policy, or an interest in a life insurance policy?

2. Existing Insurance (Replacement):

- a) Do you have any existing life insurance policies or annuity contracts?
b) Will any life insurance policy or annuity contract presently in force with this or any other company be discontinued, reduced, changed, or replaced if insurance now applied for is issued?

3. Statement of Intent:

- a) Is there, or will there be, any agreement or understanding that provides for a party, other than the Owner, to obtain any interest in any policy issued on the life of the proposed insured as a result of this application?
b) Will the premiums be financed through a loan?

- c) Will any entity other than a life insurance company be medically evaluating the proposed insured either to obtain financing or to determine life expectancy?

- d) Will the policy, if issued, be placed in a trust?

4. Financial Questions:

- a) Gross annual earned income:
b) Gross annual unearned income:
c) Household net worth:
d) In the last 5 years, has either of the Proposed Insured(s) or the business had any major financial problems?
e) If Owner, other than the proposed insured, is an individual:
Net Worth:
Net Annual Income:
Total Family Income:

5. Source of Premiums: (Check one or more.)

- Current Income, Cash Savings, Employer, Securities, Relative, Premium Finance, Sale of personal property or real estate, Insurance/Annuities (Loans/Withdrawals), 1035 Exchange, Insurance or annuity maturity value or death benefit, Rollover/Transfer of 401(k) or Pension Funds, Other:

6. Business Insurance: (Complete for ALL Business Owned Insurance.)

- a) Assets: Current Year Previous Year
b) Liabilities: Current Year Previous Year
c) Gross Sales: Current Year Previous Year
d) Net Income after taxes: Current Year Previous Year
e) Fair Market Value of the business: Current Year Previous Year
f) What percentage of the business is owned by Proposed Insured(s)?
g) Are other partners / owners / executives being insured?

# Application for Insurance

## Lifestyle and Health Questionnaire

Please print clearly in black ink.

**Acacia Life Insurance Company**  
 P.O. Box 81889, Lincoln, NE 68501  
 800-745-1112, Fax 402-467-7335  
 (Client Service Department)

**Ameritas Life Insurance Corp.**  
 P.O. Box 81889, Lincoln, NE 68501  
 800-745-1112, Fax 402-467-7335

**Lifestyle Questions:** (Please provide details for "Yes" answers.)

Has any person proposed for coverage:

1. Used tobacco or nicotine products in any form within the last five years? . . . . .  Yes  No  
 (In Details, provide dates and type: cigarettes, cigars, cigarillos, a pipe, chewing tobacco, nicotine patches, gum, etc.)
  2. Ever applied for insurance or reinstatement which has been: declined, postponed, rated, modified; or had any such insurance canceled or a renewal premium refused? . . . . .  Yes  No  
 (In Details, provide date, reason, and company name.)
  3. Ever received or claimed: indemnity, benefits, or a payment for any injury, sickness or impaired condition? . . . . .  Yes  No
  4. Ever made any flights as: a pilot, student pilot, or crew member of any aircraft? . . . . .  Yes  No  
 (If "Yes," complete Aviation Questionnaire.)
  5. Been convicted of a moving traffic violation, had any traffic accidents, or had a driver's license revoked or suspended within the past five years?  Yes  No
  6. Been charged with, or convicted of, or currently awaiting trial on the violation of any criminal law?  Yes  No
  7. In the next year, any intention of traveling outside the U.S. or Canada or residing outside of the U.S.?  Yes  No  
 (If "Yes," complete Foreign Travel Questionnaire.)
  8. Belong to or intend joining: any active or reserve military, naval, or aeronautic organization? . . . .  Yes  No  
 (If "Yes," complete Military Service Questionnaire.)
  9. Engaged in or plan to engage in any form of the following: . . . . .  Yes  No  
 (If "Yes," check all boxes below that apply and complete appropriate form(s).)
- |  |   |
|--|---|
| <input type="checkbox"/> Motorized Racing      | <input type="checkbox"/> Scuba diving       |
| <input type="checkbox"/> Parachuting/Skydiving | <input type="checkbox"/> Hang-gliding       |
| <input type="checkbox"/> Ballooning            | <input type="checkbox"/> Mountain climbing  |
| <input type="checkbox"/> Rodeo                 | <input type="checkbox"/> Competitive skiing |
| <input type="checkbox"/> Snowmobiling          | <input type="checkbox"/> Gliding            |
| <input type="checkbox"/> Boat racing           | <input type="checkbox"/> Other: _____       |

**Proposed Insured One** - Details for any "Yes" answers to Lifestyle Questions: (Indicate question number and time frame.)

**Proposed Insured Two** - Details for any "Yes" answers to Lifestyle Questions: (Indicate question number and time frame.)

**Child(ren) or Other Insured** - Details for any "Yes" answers to Lifestyle Questions: (Indicate question number and time frame.)

**Medical Information:**

Within the past 5 years, has any proposed insured been diagnosed or treated by a person licensed as a medical physician for diabetes, heart disease, stroke or cancer?

- Proposed Insured One . . . . .  Yes  No  
 Proposed Insured Two . . . . .  Yes  No  
 Child(ren) or Other Insured. . . . .  Yes  No

If "Yes," please provide insured's name, physician's name, complete address and phone number.

# Application for Insurance

## Agreement

Please print clearly in black ink.

**Acacia Life Insurance Company**  
P.O. Box 81889, Lincoln, NE 68501  
800-745-1112, Fax 402-467-7335  
(Client Service Department)

**Ameritas Life Insurance Corp.**  
P.O. Box 81889, Lincoln, NE 68501  
800-745-1112, Fax 402-467-7335

### Agreement

The undersigned represent that their statements in this application and Part II, if such Part II is required by the companies listed above ("the Companies"), are true and complete to the best of their knowledge and belief. It is agreed that:

- (a) the only statements to be considered as the basis of the policy are those contained in the application or in any amendment to the application;
- (b) any prepayment made with this application will be subject to the provisions of the **CONDITIONAL RECEIPT**;
- (c) **if there is no prepayment made with this application, the policy will not take effect until:**
  - (1) **the first premium is paid during the lifetime of the proposed insured(s) and while his/her health and the facts and other conditions affecting their insurability remain as described in this application and Part II, if required; and**
  - (2) **the policy is delivered to the Owner;**
- (d) no one except the President, a Vice President, the Secretary, or an Assistant Secretary can make, alter or discharge contracts or waive any of the Companies' rights or requirements; and
- (e) this application was signed and dated in the state indicated.

If applying for an indeterminate premium plan:

- (a) the premium for such plan is guaranteed for the initial guarantee period, and after such period, the current annual premium is not guaranteed and may change; and
- (b) the premium will never exceed the specified maximum.

### Fraud Notice

Any person who knowingly or with intent to defraud; submits an application or files a claim containing false, incomplete or misleading information; is guilty of a crime and may be subject to fines and criminal penalties, including imprisonment. In addition, insurance benefits may be denied if false information provided by an applicant is materially related to a claim.

Dated at: \_\_\_\_\_  
City State Month Day Year

Print or Type Proposed Insured Name

**X** \_\_\_\_\_  
Signature of Proposed Insured

Print or Type Name of Other Proposed Insured

**X** \_\_\_\_\_  
Signature of Other Proposed Insured

Print or Type Owner if not Proposed Insured

**X** \_\_\_\_\_  
Signature of Owner if not Proposed Insured

Print or Type Insurance Producer Name Producer #

**X** \_\_\_\_\_  
Signature of Licensed Soliciting Producer Producer State Lic. #

Print or Type Insurance Producer Name Producer #

**X** \_\_\_\_\_  
Signature of Licensed Soliciting Producer Producer State Lic. #

Agency Name Agency #

### Taxpayer Identification Number (TIN)

Under penalties of perjury, I certify that:

- 1) The number shown on this form is my correct TIN (or I am waiting for a number to be issued to me); and
- 2) I am not subject to backup withholding either because: a) I am exempt from backup withholding; (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.

Social Security Number

Employer Identification Number

- 3) I am a U.S. Citizen or other U.S. Person (including a U.S. resident alien).

Cross out item (2) if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

**X** \_\_\_\_\_  
Signature of Owner, Trustee/Employer Date

**AMERITAS LIFE INSURANCE CORP.**  
**STATEMENT OF METHOD**  
**Policy Form 4051**

I. General

This product is a flexible premium variable universal life insurance contract with benefits payable on death or cash withdrawal. The death benefit depends on the death benefit option selected by the owner, as described below. Premiums are flexible and may be allocated among investment options, including subaccounts that fluctuate in value and the fixed account that earns a declared interest rate. The value of amounts allocated to the investment options by the owner is called the account value. The owner may transfer account value between the investment options, borrow against the account value, or take a partial withdrawal from the account value, subject to limits described in the policy. We assess certain charges against the account value for providing the contract benefits, as described below. The policy remains in force as long as the cash surrender value (account value minus policy debt) exceeds the monthly deduction.

II. Rate Classes and Cost of Insurance Rates

The available rate classes and issue ages are as follows:

Preferred Plus, issue ages 18-75  
Preferred Non-Tobacco, issue ages 18-80  
Select Non-Tobacco, issue ages 18-80  
Standard Non-Tobacco, issue ages 0-80  
Preferred Tobacco, issue ages 18-80  
Standard Tobacco, issue ages 18-80

The maximum cost of insurance rates for the first four rate classes listed above are based on the nonsmoker rates from the 2001 CSO ANB Ultimate Mortality Table (except that attained ages 0-15 are based on aggregate rates). The maximum cost of insurance rates for the two tobacco rate classes are based on the smoker rates from the same table. For policies issued on a gender-neutral basis, the "80% Male" version of the table is used. Beyond attained age 121, the maximum cost of insurance rate is zero.

Substandard risks may have additional rating factors applied to the standard maximum cost of insurance rates. These additional rating factors may take the form of a "table rating" multiplier (from 25% extra to 400% extra) or a "flat extra" (temporary or permanent) that is added to the standard rate.

Current cost of insurance rates are 25-year select and ultimate with band breaks at \$250,000 and \$1,000,000 of specified amount. Preferred Plus is the most favorable rate class and has the lowest current cost of insurance rates, followed by Preferred Non-Tobacco, Select Non-Tobacco, and Standard Non-Tobacco, in that order. Preferred Tobacco has lower current

cost of insurance rates than Standard Tobacco. Current cost of insurance rates are less than or equal to the maximum cost of insurance rates. Cash values that develop from the current rates will be no less than the cash values that develop from the maximum rates.

### III. Interest Rates

The current interest rate credited to account value in the fixed account will not be less than 3.0%. Account value in the loan account will be credited 3.0%. Account value in any subaccount fluctuates with the investment experience of the underlying portfolio.

### IV. Expense Charges

#### A. Monthly Administrative Charge

The monthly administrative charge is a flat per policy charge that applies for all policy years. The maximum charge is \$10 per month. The actual charge may be less.

#### B. Monthly Specified Amount Charge

The monthly specified amount charge applies for the first 10 policy years and for the first 10 years after an increase in specified amount. The maximum charges are specified in the policy schedule, and they are based on per \$1000 rates. Actual charges may be less.

#### C. Premium Charge

A premium charge will be applied to each premium payment as it is processed. This charge will be subtracted from the premium received before it is added to the account value. The maximum charge is 5.0% of premium received. The actual charge may be less.

#### D. Risk Charge

A daily risk charge will be deducted from the unit value of each subaccount but not from the fixed account. The charge will not exceed an annual rate of 0.90% in policy years 1-15 and 0.30% in policy years 16 and later. The actual charge may be less.

#### E. Service Fees (Transfer Charge and Partial Withdrawal Charge)

A service fee may be charged for special services. The maximum charge for processing a transfer between investment options is \$10, but the first 15 transfers per policy year are free of charge. The maximum charge for processing a partial withdrawal is \$50. The actual charge may be less.

#### F. Sponsored Arrangements

For policies issued in a sponsored arrangement, the expense charges may be reduced or waived to reflect the reduced sales and administrative effort. A “sponsored arrangement” includes a program under which an employer or an association permits group solicitation of its employees or members for the purchase of policies on an individual basis.

## V. Death Benefit

The amount of the death benefit depends on the selected death benefit option. The death benefit for option A is the greater of:

- a) the specified amount, and
- b) Z multiplied by the account value.

The death benefit for option B is the greater of:

- a) the specified amount plus the account value, and
- b) Z multiplied by the account value.

The death benefit for option C is the greater of:

- c) the specified amount, plus premiums paid, minus partial withdrawals taken, and
- d) Z multiplied by the account value.

Z is a factor that when multiplied by the account value insures the policy remains qualified as life insurance under section 7702 of the Internal Revenue Code.

Death benefit proceeds will equal the death benefit on the insured's date of death minus any policy debt and minus any overdue monthly deductions including the deduction for the month of death.

The minimum initial specified amount is \$100,000. The owner may increase or decrease the specified amount and change the death benefit option, subject to limits described in the policy.

## VI. Reserves

Reserves will be calculated according to the Commissioners Reserve Valuation Method prescribed in the Standard Valuation Law. The mortality basis is the 2001 CSO ANB Mortality Table, with gender- and smoker-distinction. Immediate payment of claims on death is assumed. The interest basis will not exceed the maximum valuation interest rate, which is currently 4.00%. In no case, however, will the reserve held be less than the cash value.

## VII. Cash Values and Nonforfeiture Demonstration

### A. Definitions

x: Age at issue

SA:	Specified amount of insurance
${}_y\text{DB}$ :	Death benefit in policy year $y$
${}_y\text{AV}$ :	Account value at the end of policy year $y$ .
${}_{m,y}\text{AV}$ :	Account value at the beginning of month $m$ in policy year $y$ , before the monthly deduction for policy month $m$ .
${}_m\text{NP}$ :	Net premium received during the policy month preceding policy month $m$ . It is the gross premium received minus the premium charge.
${}_y\text{CV}$ :	Cash value at the end of policy year $y$ , equal to ${}_y\text{AV}$ . The policy may be surrendered for its cash surrender value, equal to ${}_y\text{CV} - \text{policy debt}$ .
${}_m\text{EXP}$ :	Monthly expense charge on a per policy and per \$1000 basis, deducted from the account value at the beginning of policy month $m$ .
${}_m\text{W}$ :	Partial withdrawals during the policy month preceding policy month $m$ . Partial withdrawals also reduce the death benefit.
${}_m\text{SF}$ :	Service fees imposed (e.g. for transfers) during the policy month preceding policy month $m$ .
${}_y\text{COI}/12$ :	Monthly cost of insurance rate for policy year $y$ , including table rating or flat extra rating.
${}_m\text{NAR}$ :	Net amount at risk for policy month $m$ , equal to <ol style="list-style-type: none"> <li>1. Death Benefit / <math>(1.03)^{1/12}</math>, minus</li> <li>2. Account Value for the purpose of calculating the NAR, equal to <math>({}_{m,y}\text{AV} + {}_m\text{NP} - {}_m\text{EXP})</math>.</li> </ol>
${}_m\text{IG}/L$ :	Investment gain/loss for the subaccounts, plus monthly interest earnings on the fixed account and the loan account, during the policy month preceding policy month $m$ .
NLP:	Net level premium per \$1 of initial specified amount based on the nonforfeiture mortality rates and a specified nonforfeiture interest rate.
$E^I$ :	Initial expense allowance as defined by the 1980 Amendments to the Standard Nonforfeiture Law, equal to $(.01*(SA) + 1.25*(SA)*\min[NLP, 0.04])$
$\ddot{a}_{x+y}$ :	Present value of a life annuity of \$1 per year payable to a life age $x+y$ calculated according to the appropriate 2001 CSO mortality table and a specified interest rate.

## B. Account Value

The account value can be expressed by the following formula:

$${}_{m+1,y}AV = {}_{m,y}AV + {}_mNP - {}_mEXP - {}_mW - {}_mSF - ({}_yCOI/12)({}_mNAR/1000) + {}_mIG/L$$

The account value can also be described as the accumulation of:

1. Premiums paid, minus
2. Premium charges, minus
3. Benefit charges, minus
4. Administrative charges, minus
5. Service fees, minus
6. Partial withdrawals.

## C. The minimum cash value under the NAIC Variable Universal Life Insurance Model Regulation is:

1. The accumulation of premiums,
2. Minus the accumulation of:
  - a. The benefit charges,
  - b. The average maintenance charge for the first policy year and any insurance increase years,
  - c. Actual maintenance charges for other years,
  - d. Initial acquisition and additional acquisition expense charges not exceeding the initial or additional expense allowances, respectively,
  - e. Any service charge made, and
  - f. Any partial withdrawals.
3. Minus, any unamortized unused initial or additional expense allowances, as defined by the 1980 Amendments to the Standard Nonforfeiture Law.

The initial acquisition expense charge is equal to:

- a. The first year expense charge, minus
- b. The averaged administrative expense charges for policy years two through twenty.

For this product, the maintenance charge is equal to the monthly administrative charge plus the monthly specified amount charge. The monthly administrative charge is level all years, and the monthly specified amount charge has been calculated such that the first year charge never exceeds the average charge over years two through twenty. The same is true with respect to any additional specified amount charge arising from an increase in specified amount. Thus, both the initial acquisition expense charge and the additional acquisition expense charge equal zero.

The unamortized unused initial expense allowance during the policy year beginning on the policy anniversary equals:

$$E^I (\ddot{a}_{x+y}/\ddot{a}_x)$$

The unamortized unused additional expense allowance is calculated in the same manner, treating the attained age at the time of the increase as the issue age.

#### D. Application of Model

Restating the minimum cash value using terms defined above, we have:

(1) Minimum CV = account value minus unamortized unused initial or additional expense allowances

(2) Cash Value = account value

Combining these two formulas leads to:

(3) Cash Value minus Minimum CV = unamortized unused initial or additional expense allowances

Thus, the cash value meets minimum requirements because the unamortized unused initial or additional expense allowances are never less than zero.



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Peter E. Whipple, FSA, MAAA  
Second Vice President  
April 28, 2008

**EXHIBIT A**  
**Forms Submitted for Approval**

Form Number / Description	New / Replaces	To Be Used With
		4051
<b>POLICY</b>		
<b>4051 - Flexible Premium Variable Universal Life Insurance Policy</b>	New	<b>X</b>
<b>APPLICATION COMPONENT PAGES</b>		
<b>AS 2550 IA-AP ALIC - Investment Advisory Agreement and Allocation of Premium Page</b>	New	<b>X</b>
<b>AS 2550 PD-V ALIC - Policy Details Page</b>	New	<b>X</b>
<p>These pages will be used with application form AS 2550. This application is our general application for individual product lines. The modular format eliminates costly duplicative forms and enables the same information required for all individual product lines to be either: 1) collected on the same form (such as name, address, etc.); or 2) provided to the client on the same form (such as the agreement and the authorization). Product specific information is collected on the product specific components.</p>		

**EXHIBIT B**  
**Forms Previously Approved**  
**Arkansas**

Form Number / Description	Approval Date	State Filing No.	To Be Used With
			4051
<b>APPLICATION COMPONENT PAGES</b>			
AS 2250 PI-A - Personal Information	4/2/2008	38529	X
AS 2250 PI-B - Personal Information (contd.)	4/2/2008	38529	X
AS 2250 FI - Application - Financial Information	4/2/2008	38529	X
AS 2550 LQHQ - Lifestyle/Health Questionnaire	4/2/2008	38529	X
AS 2550 AG - Agreement	4/2/2008	38529	X
<b>RIDERS</b>			
AADB01 - Accidental Death Benefit Rider	4/6/2007	35469	
ATIR01 - Term Insurance Rider	4/6/2007	35469	X
ATDB01 - Total Disability Benefit Rider	4/6/2007	35469	
ACIR01 - Children's Insurance Rider	4/6/2007	35469	X
AIER01 - Insurance Exchange Rider	10/8/2007	36976	
AABR01 - Accelerated Benefit Rider	4/6/2007	35469	X
AABR01 Disc - Accelerated Benefit Rider Disclosure	4/6/2007	35469	X
APR 4901 - Asset Protection Rider	11/13/2006		X
APR 4902 - Asset Protection Plus Rider	11/13/2006		X
End-PUL Ed. 5-07 - Paid-up Insurance Benefit Endorsement	11/13/2006		X
AWMD01 - Waiver of Monthly Deductions Rider	Pending under SERFF # AMFA-125642094		X
APE01 - Pension Endorsement	Pending under SERFF # AMFA-125642094		X
AAEC02 - Aviation Exclusion Endorsement	Pending under SERFF # AMFA-125642094		X
AAEM02 - Aviation Exclusion Endorsement - Military	Pending under SERFF # AMFA-125642094		X
ARCE02 - Racing Exclusion Endorsement	Pending under SERFF # AMFA-125642094		X

## Statement of Variability 4051

Policy Number, Insured, Issue Age, Gender, Owner, Policy Date, Issue Date, Specified Amount: This information is personalized to the policy purchased and included as John Doe specimen information in the submitted policy.

Minimum Specified Amount: Range is \$0 – \$100,000.

Death Benefit Option, Rate Class, Basis of Values: This information is personalized to the policy purchased and included as John Doe specimen information in the submitted policy.

Fixed Account Minimum Credited Rate: Range is 2.00% – 5.00% annually and 0.16516% – 0.40741% monthly.

Planned Periodic Premium, Planned Premium Frequency, Initial Premium: This information is personalized to the policy purchased and included as John Doe specimen information in the submitted policy.

Maximum Monthly Cost of Insurance Rate: The charges shown on the schedule are personalized to the policy purchased. Rates vary by attained age, gender, and rate class.

Corridor Factor: This information is personalized to the policy purchased and included as John Doe specimen information in the submitted policy. Factors vary by attained age, gender, and rate class.

Premium Charge: Range is 2.00% – 12.00%.

Risk Charge: Range is 0.00% – 1.25% annually and 0.00% – 0.0034153% monthly.

Monthly Administrative Charge: Range is \$2.00 – \$15.00

Monthly Specified Amount Charge: The charges shown on the schedule are personalized to the policy purchased and based on rates that vary by issue age, gender, rate class, duration and specified amount. The range is 75% to 125% of these rates. If the monthly specified amount charge is zero, “None” will be displayed and the table will be suppressed. The monthly specified amount charge for age 35 male standard non-tobacco \$100,000 specified amount is zero.

Minimum increase in specified amount: Range is \$0 – \$50,000.

Minimum decrease in specified amount: Range is \$0 – \$10,000.

Minimum partial withdrawal amount: Range is \$0 – \$1,000.

Maximum partial withdrawal fee: Range is \$0 – \$50.

Minimum subaccount transfer amount: Range is \$0 – \$500.

Minimum subaccount balance: Range is \$0 – \$250.

Maximum attained age for an increase or reinstatement: Range is 70 – 90.

Maximum loan interest rate: Range is 4.00% – 7.00%

Maximum preferred loan interest rate: Range is 2.50% – 5.50%

Minimum credited interest rate on loaned portion of the account value: Range is 2.00% – 5.00%.

Footnote at the bottom of page 3B: If the monthly specified amount charge at issue is zero, this footnote is irrelevant and will be suppressed.

**Component Application Pages**

**Supplementary Benefits:** The supplementary benefits shown are currently available for all newly issued contracts. They may be discontinued at a future date for newly issued contracts. Other options may be made available in the future upon approval by the state insurance department and will appear in this space on the application, upon approval of the rider.

**Individual Investment Options:** The investment options shown are the currently available options for all newly issued contracts. They may be discontinued, renamed, or added to at a future date.

We are also requesting areas within all forms, which we consider to be non-material, be allowed as variable text. These include the names of officers, specific references to an address, telephone or fax number.

<i>SERFF Tracking Number:</i>	<i>AMFA-125642436</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Ameritas Life Insurance Corp.</i>	<i>State Tracking Number:</i>	<i>38931</i>
<i>Company Tracking Number:</i>	<i>4051</i>		
<i>TOI:</i>	<i>L061 Individual Life - Variable</i>	<i>Sub-TOI:</i>	<i>L061.002 Single Life - Flexible Premium</i>
<i>Product Name:</i>	<i>4051</i>		
<i>Project Name/Number:</i>	<i>4051/4051</i>		

## Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

<b>Original Date:</b>	<b>Schedule</b>	<b>Document Name</b>	<b>Replaced Date</b>	<b>Attach Document</b>
No original date	Supporting Document	Certification/Notice	05/09/2008	AR-reg 19 certification-4051.pdf AR-reg 34 certification-4051.pdf

**STATE OF ARKANSAS**

**REGULATION 19**

**INSURER: Ameritas Life Insurance Corp.**

This is to certify that the attached form(s) are in compliance with Rule and Regulation 19:

**Form Number:**

**Form Name:**

**4051**

**Flexible Premium Variable Universal Life Policy**

**AS 2550 IA-AP ALIC**

**Investment Advisory Agreement & Allocation of  
Premium Page**

**AS 2550 PD-V ALIC**

**Policy Details Page**

SIGNATURE: \_\_\_\_\_

TYPED NAME:

Robert G. Lange

TITLE:

Vice President, General Counsel and Assistant Secretary

DATE:

May 9, 2008

**STATE OF ARKANSAS**

**CERTIFICATION**

COMPANY: **Ameritas Life Insurance Corp.**

The following forms are submitted for review:

**4051**

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**AS 2550 IA-AP ALIC**

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**AS 2550 PD-V ALIC**

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As an officer of the above company, I hereby certify that the solicitation and design of the above form(s) is in compliance with the Arkansas Guidelines for Non-Guaranteed Costs on Participating and Non-Participating Life Insurance. These guidelines are stated in Bulletin 11-83 issued by the Commissioner of Insurance of the Arkansas Department of Insurance on September 2, 1983.

SIGNATURE: \_\_\_\_\_

TYPED NAME: Robert G. Lange

TITLE: Vice President, General Counsel and Assistant Secretary

DATE: May 9, 2008