

SERFF Tracking Number: NAWS-125675299 State: Arkansas
Filing Company: National Western Life Insurance Company State Tracking Number: 39311`
Company Tracking Number: 3048,3130,3131,3132,3133,4325
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Riders 2001 CSO Refiling
Project Name/Number: Riders 2001 CSO Refiling/3048,3130,3131,3132,3133,4325

Filing at a Glance

Company: National Western Life Insurance Company

Product Name: Riders 2001 CSO Refiling

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

Implementation Date Requested: On Approval

State Filing Description:

SERFF Tr Num: NAWS-125675299 State: ArkansasLH

SERFF Status: Closed

Co Tr Num:

3048,3130,3131,3132,3133,4325

Co Status: Initial/Submitted

Author: Stephanie Foskitt

Date Submitted: 06/16/2008

State Tr Num: 39311`

State Status: Approved-Closed

Reviewer(s): Linda Bird

Disposition Date: 06/18/2008

Disposition Status: Approved

Implementation Date:

General Information

Project Name: Riders 2001 CSO Refiling

Project Number: 3048,3130,3131,3132,3133,4325

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 06/18/2008

State Status Changed: 06/18/2008

Corresponding Filing Tracking Number:

Filing Description:

Re: 2001 CSO Form Changes Filing

Children's Term Life Rider, form 01-3048-08, replacing 01-3048-05

Other Insured Rider, form 01-3130-08, replacing 01-3098-01

Other Insured Rider, form 01-3131-08, replacing 01-3098-05

Term Life Rider, form 01-3132-08, replacing 01-3099-01

Status of Filing in Domicile: Authorized

Date Approved in Domicile:

Domicile Status Comments: These forms are deemed exempt in our state of domicile, Colorado, under Bulletin 5-92.

Market Type: Individual

Group Market Size:

Group Market Type:

Deemer Date:

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Term Life Rider, form 01-3133-08, replacing 01-3099-05
Supplemental Life Endorsement, form 01-4325-08, replacing 01-4325-01
National Western Life Insurance Company, NAIC 66850, FEIN 84-0467208

To Whom It May Concern:

Attached are the above captioned forms submitted to your state for formal approval. These forms will replace previously approved forms. These forms are deemed exempt by our state of domicile, Colorado, under Bulletin 5-92. This filing contains no unusual or possibly controversial items from normal industry standards.

Form 01-3048-08, Children's Term Life Insurance Rider, will replace form 01-3048-05, which was approved for use in Arkansas on June 1, 2005. The form was changed in one place. In the second paragraph of the "Continuation of Term Insurance..." provision we changed 1980 to 2001 and 4.5% to 3.0%.

Form 01-3130-08, Other Insured Rider, will replace 01-3098-01 which was approved for use in Arkansas on March 16, 2001. We changed the form in four places as follows:

1. At the top of the page, in the rider title, we changed Age 100 to Age 121.
2. We changed the Monthly Cost of Insurance provision to read as follows:

We calculate the cost of insurance for each Other Insured separately. The cost of insurance each policy month is:

1. The insurance benefit for the Other Insured at the beginning of the month divided by 1000, times
2. The monthly cost of insurance rate per \$1,000, plus
3. The Monthly Expense per \$1,000 for this rider shown on page 3.
3. In the Cost of Insurance Rate provision, we changed 1980 to 2001.
4. In the Termination provision, item number 1, we changed 100 to 121.

Form 01-3131-08, Other Insured Rider, will replace 01-3098-05 which was approved for use in Arkansas on June 1, 2005. We changed the form in four places as follows:

1. At the top of the page, in the rider title, we changed Age 100 to Age 121.
2. We changed the Monthly Cost of Insurance provision to read as follows:

We calculate the Cost of Insurance for each Other Insured separately. The Cost of Insurance each policy month is:

1. The insurance benefit for the Other Insured at the beginning of the month divided by 1000, times
2. The Monthly Cost of Insurance Rate per \$1,000, plus

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3. The Monthly Expense per \$1,000 for this rider shown on page 3.
3. In the Cost of Insurance Rate provision, we changed 1980 to 2001.
4. In the Termination provision, item number 1, we changed 100 to 121.

Form 01-3132-08, Term Insurance Rider, will replace 01-3099-01 which was approved for use in Arkansas on March 16, 2001. We changed the form in four places as follows:

1. At the top of the page, in the rider title, we changed Age 100 to Age 121.
2. We changed the Monthly Cost of Insurance provision to read as follows:

The cost of insurance each policy month is:

1. The insurance benefit under this rider at the beginning of the month divided by 1000, times
2. The monthly cost of insurance rate per \$1,000, plus
3. The Monthly Expense per \$1,000 for this rider shown on page 3.
3. In the Cost of Insurance Rate provision, we changed 1980 to 2001.
4. In the Termination provision, item number 1, we changed 100 to 121.

Form 01-3133-08, Term Insurance Rider, will replace 01-3099-05 which was approved for use in Arkansas on June 1, 2005. We changed the form in four places as follows:

1. At the top of the page, in the rider title, we changed Age 100 to Age 121.
2. We changed the Monthly Cost of Insurance provision to read as follows:

The cost of insurance each policy month is:

1. The insurance benefit under this rider at the beginning of the month divided by 1000, times
2. The monthly cost of insurance rate per \$1,000, plus
3. The Monthly Expense per \$1,000 for this rider shown on page 3.
3. In the Cost of Insurance Rate provision, we changed 1980 to 2001.
4. In the Termination provision, item number 1, we changed 100 to 121.

Thank you for your time and consideration in this matter. If you have any questions or need more information, please feel free to contact me by email at SFoskitt@NationalWesternLife.com or by phone at 512-719-1563.

Sincerely,
Stephanie Foskitt
Contract Compliance Analyst

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 Product Name: Riders 2001 CSO Refiling
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We reserve the right to change the format of this form without changing any of the language. Printing standards will never be less than those required by your state.

Company and Contact

Filing Contact Information

Stephanie Foskitt, Contract Compliance Analyst SFoskitt@NationalWesternLife.com
 National Western Life Insurance Company (512) 719-1563 [Phone]
 Austin, TX 78752 (512) 719-8522[FAX]

Filing Company Information

National Western Life Insurance Company	CoCode: 66850	State of Domicile: Colorado
850 East Anderson Lane	Group Code: -99	Company Type:
Austin, TX 78752-1602	Group Name:	State ID Number:
(512) 836-1010 ext. [Phone]	FEIN Number: 84-0467208	

Filing Fees

Fee Required? Yes
 Fee Amount: \$120.00
 Retaliatory? No
 Fee Explanation: \$20 per form x 6 forms = \$120.00 total
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
National Western Life Insurance Company	\$120.00	06/16/2008	20922236

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	06/18/2008	06/18/2008

SERFF Tracking Number: *NAWS-125675299* *State:* *Arkansas*
Filing Company: *National Western Life Insurance Company* *State Tracking Number:* *39311`*
Company Tracking Number: *3048,3130,3131,3132,3133,4325*
TOI: *L08 Life - Other* *Sub-TOI:* *L08.000 Life - Other*
Product Name: *Riders 2001 CSO Refiling*
Project Name/Number: *Riders 2001 CSO Refiling/3048,3130,3131,3132,3133,4325*

Disposition

Disposition Date: 06/18/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Supporting Document	Cover Letter		Yes
Supporting Document	Actuarial Memoranda		No
Form	Children's Term Life Insurance Rider		Yes
Form	Other Insured Rider		Yes
Form	Other Insured Rider		Yes
Form	Term Life Rider		Yes
Form	Term Life Rider		Yes
Form	Supplemental Life Endorsement		Yes

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Form Schedule

Lead Form Number: 01-3048-08

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	01-3048-08	Other	Children's Term Life Insurance Rider	Revised	Replaced Form #: 01-3048-05 Previous Filing #:	65	01-3048-08 Children's Term Life Rider (01-3048-05).pdf
	01-3130-08	Other	Other Insured Rider	Revised	Replaced Form #: 01-3098-01 Previous Filing #:	52	01-3130-08 Other Insured Rider (01-3098-01).pdf
	01-3131-08	Other	Other Insured Rider	Revised	Replaced Form #: 01-3098-05 Previous Filing #:	56	01-3131-08 Other Insured Rider (01-3098-05).pdf
	01-3132-08	Other	Term Life Rider	Revised	Replaced Form #: 01-3099-01 Previous Filing #:	51	01-3132-08 Term Life Rider (01-3099-01).pdf
	01-3133-08	Other	Term Life Rider	Revised	Replaced Form #: 01-3099-05 Previous Filing #:	54	01-3133-08 Term Life Rider (01-3099-05).pdf
	01-4325-08	Other	Supplemental Life Endorsement	Revised	Replaced Form #: 01-4325-01 Previous Filing #:	51	01-4325-08 Supp Life Endorse (01-4325-01).pdf

NATIONAL WESTERN LIFE INSURANCE COMPANY

CHILDREN'S TERM LIFE INSURANCE RIDER PROVIDING LEVEL TERM INSURANCE ON CHILDREN TO AGE 25

We will pay an Insurance Benefit stated below in the "Insurance Benefit" section when we receive due proof of the death of a Child subject to the conditions of the Policy and this rider. Payment will be made to the "Beneficiary of these Benefits."

DEFINITIONS

The "Beneficiary of these Benefits" shall be the Insured, if living; otherwise, the Insured's spouse, if living; otherwise the estate of the deceased Child.

You may change the "Beneficiary of these Benefits" while this rider is in force. Such change must be made according to the terms provided in the Policy.

"Insured" and "Owner" in this rider mean the Insured and Owner under the Policy to which this rider is attached.

"Child" as used in this rider means:

1. each of the Insured's children who is named in the application for this rider, who is at least 15 days old, and who at the date of application is not yet 18 years old, or
2. each child born to or legally adopted by the Insured and Insured's spouse after the date of application for this rider, who is at least 15 days old, and who at the date of adoption is not yet 18 years old.

"Policy" means the life insurance Policy to which this rider is attached.

"Rider Anniversary" means the yearly anniversary of the Policy that occurs on the effective date as provided in the Policy.

INSURANCE BENEFIT

The Insurance Benefit upon the death of a Child, unless otherwise provided in an endorsement to the Policy, is shown on Page 3 of the Policy. The death must occur:

1. While the Policy and this rider are in force; and
2. Before the Rider Anniversary when the Child is 25.

CONTINUATION OF TERM INSURANCE IN EVENT OF THE DEATH OF THE INSURED

Upon receipt of due proof of the death of the Insured while the Policy and this rider are in full force, we will continue, on a fully paid-up basis, term insurance on each Child in the amount of \$1,000 for each unit of insurance purchased pursuant to this rider. This coverage will continue until the Rider Anniversary when the Child's age is 25. There will be no charge for this paid-up insurance.

The paid-up coverage shall have a cash value equal to the net single premium for term insurance from the date of determination until the termination date. Such net single premium will be based on the 2001 Commissioner's Standard Ordinary Mortality Table, Age Last Birthday, with interest at 5.0% compounded yearly. The Owner, upon written request and surrender of this rider to us, will be paid such cash value as of the monthly anniversary next following the date of such request. If the date of surrender is within the 30-day period immediately following the Rider Anniversary, such amount will not be less than the amount of the net single premium on such anniversary.

CONVERSION

While this rider is in force, the insurance on each Child may be converted into a new contract. Proof of insurability is not required so long as the number of units does not increase. Proof of insurability may be required if an increased number of units is requested.

1. The conversion date is the earliest of:
 - (a) the Policy Anniversary when the Child is 25; or
 - (b) the Policy Anniversary when the Insured is 65; or
 - (c) the death of the Insured.
2. The minimum amount of the new policy will be the Insurance Benefit of this rider.
3. If the new policy is the same form as this Policy or another form of adjustable death benefit plan the maximum initial amount will be the greater of:
 - (a) five times the Insurance Benefit of this rider; or
 - (b) \$50,000.

4. If the new policy is not an adjustable death benefit plan the maximum amount will be five times the Insurance Benefit of this rider.
5. The new policy must be a whole life or endowment plan.
6. We must receive an application and the first premium for the new policy:
 - (a) within 31 days of the Policy Anniversary when the Child is 25; or
 - (b) within 31 days of the Policy Anniversary when the Insured is 65; or
 - (c) within 90 days of the Insured's death, whichever applies.
7. The new policy will start on the latest of:
 - (a) the date the application is signed;
 - (b) the date the first premium is paid; or
 - (c) the conversion date.
8. The new policy will start only if the Child is living on the latest of the dates provided in paragraph 7 above.
9. The premium class of the new policy will be the same as the premium class of the Child under this rider. The premium will be the rate we use at the Child's age on the new policy.
10. We may require evidence of insurability if any riders are applied for on the new policy.
11. The Incontestable and Suicide provisions in the new policy shall be operative from the effective date of this rider.

**DEATH OF A CHILD
DURING GRACE PERIOD**

If a Child dies during the grace period, we will pay the death benefit for such Child, but deduct from it the premium needed to cover the monthly deductions through the Policy month in which the Child died.

RIDER COST

We provide coverage under this rider in return for payment of the rider cost. The rider cost will be included in the monthly deductions while this rider is in force. The rider cost is shown on Page 3 of the Policy.

If we should include the rider cost in monthly deductions after this rider terminates, our only liability will be to return the amounts we deducted plus

interest those amounts would have earned in the Policy.

The rider cost will not change as the number of children changes.

GENERAL PROVISIONS

Disability - If we waive the monthly deductions for the Policy under a Waiver of Monthly Deduction Disability Benefit Rider, the cost for this rider will be waived during such period.

Reinstatement - You may reinstate this rider only while the Policy is in force or at the same time that the Policy is reinstated. You must give us the required proof that all children are still insurable.

Incontestability - We may not contest the benefits under this rider with respect to a specific Child once it has been in force while such Child is alive for a period of 2 years.

Termination - This rider will terminate at the earliest of any of the following:

1. On the Rider Anniversary when the Insured is 65 years old;
2. When the Policy terminates;
3. Upon the death of the Insured subject to the Continuation of Term Insurance in Event of the Death of the Insured provision; or
4. On the monthly rider anniversary following receipt of your request to cancel this rider.

Insurance on an individual Child stops on the Policy Anniversary when that Child is 25 years old unless it stops earlier in accordance with this section

Policy Provision - This rider shall be subject to all the provisions and conditions of the Policy of which it is a part, except as otherwise provided herein.

Effective Date - Unless otherwise provided in an endorsement to the Policy, the effective date of this rider shall be the policy date of the Policy. Rider years and anniversaries are computed from the effective date.


President

NATIONAL WESTERN LIFE INSURANCE COMPANY

OTHER INSURED RIDER PROVIDING LEVEL TERM INSURANCE TO AGE 121

We will pay the insurance benefit under this rider as stated on Page 3 of the policy when we receive due proof of the death of an Other Insured subject to the conditions of this policy and this rider. Payment will be made to the "beneficiary of the Other Insured".

DEFINITIONS

The "beneficiary of the Other Insured" shall be named in the application for this rider. If there is no named beneficiary when the Other Insured dies, we will pay the insurance benefit under this rider to you or to your estate.

"Insured" in this rider means the Insured under the policy to which this rider is attached.

"Other Insured" in this rider means a person named in the application for this rider and on Page 3 of the policy. An "Other Insured" may be any member of your immediate family or any other person you name provided you submit evidence that you have an insurable interest in the life of such person.

CHANGES IN COVERAGE

You may add Other Insureds, remove Other Insureds, and change the insurance benefit under this rider for Other Insureds subject to the following requirements:

1. We must receive your application on a form satisfactory to us, together with the policy. When we make the change we will return the amended policy to you.
2. If you wish to add an Other Insured, or to increase the insurance for an Other Insured, we may require evidence of insurability.
3. The minimum amount to which you may decrease the insurance for an Other Insured is \$10,000. A decrease will be deducted from any past increases in insurance in the reverse order to that in which the increases occurred.
4. The maximum amount to which you may increase the insurance for an Other Insured is the face amount and any supplemental life insurance amount of the policy.

CONVERSION

While this rider is in force, the insurance for an Other Insured may be converted into a new policy. Proof of insurability is not needed.

1. The conversion date may be any monthly policy anniversary date prior to the termination of this rider.

2. The amount of insurance of the new policy may not be more than the insurance benefit on the conversion date.
3. The new policy must be to a permanent plan of insurance made available for conversions by us.
4. We must receive an application and the first premium for the new policy no later than:
 - (a) 31 days after the policy anniversary when the Other Insured is 100; or
 - (b) 90 days after the death of the Insured.
5. The new policy will start on the later of:
 - (a) the date the application is signed; or
 - (b) the date the first premium is paid.
6. The new policy will start only if the Other Insured is living.
7. The premium class of the new policy will be the same as the premium class of the Other Insured under this rider. The premium will be the rate we use at the Other Insured's age on the new policy.
8. We may require evidence of insurability if any riders are applied for on the new policy.
9. The incontestable and suicide provisions in the new policy shall be operative from the Other Insured's effective date of coverage under this rider.
10. When we issue the new policy on the Other Insured we will remove that person from coverage under this rider and return the amended policy to you.

TEMPORARY INSURANCE

If the Insured dies while this rider is in force, the insurance benefit under this rider will be in effect on each Other Insured until the earlier of:

1. The date the new policy starts on such Other Insured as provided in the Conversion provisions; or
2. 90 days after the Insured's death.

We will not make a charge for this temporary insurance.

DEATH OF OTHER INSURED DURING GRACE PERIOD

If an Other Insured dies during the grace period, we will pay the insurance benefit of this rider, but deduct from it the premium needed to cover the monthly deductions through the policy month in which the Other Insured died.

RIDER COST

We provide coverage under this rider in return for payment of the rider cost. The monthly rider cost is the sum of the monthly cost of insurance charges for all Other Insureds covered under this rider.

Prior to the death of the Insured, we will include the rider cost in the monthly deductions while this rider is in force. If we should include the rider cost in the monthly deductions after this rider terminates, our only liability will be to return the amounts we deducted plus interest those amounts would have earned in the policy.

MONTHLY COST OF INSURANCE

We calculate the cost of insurance for each Other Insured separately. The cost of insurance each policy month is:

1. The insurance benefit for the Other Insured at the beginning of the month divided by 1000, times
2. The monthly cost of insurance rate per \$1,000, plus
3. The Monthly Expense per \$1,000 for this rider shown on Page 3.

COST OF INSURANCE RATE

The monthly cost of insurance rate is based on the Other Insured's sex and original rating class and attained age at the beginning of the policy year. The monthly guaranteed cost of insurance rates in the table are based on the 2001 Commissioners Standard Ordinary Mortality Table, Age Last Birthday. Monthly cost of insurance rates will be determined by the company based on our expectation of future mortality and expense experience. However, the monthly cost of insurance rates will not be greater than those shown in the table. If a change is made in the current rates, the change will apply to all individuals in the same rating class as the Other Insured.

GENERAL PROVISIONS

DISABILITY - If we waive the monthly deductions for the policy under a Waiver of Monthly Deduction Disability Benefit Rider, the premiums for this rider will be waived during such period.

MISSTATEMENT OF AGE OR SEX - This rider is issued at the age and sex shown on the application. This is the Other Insured's age at last birthday on the rider Effective Date, for each Other Insured. If the age or sex of the Other Insured has been misstated, the insurance benefit shall be that which would be purchased by the most recent monthly cost of insurance at the correct age or sex.

REINSTATEMENT - You may reinstate this rider only while the policy is in force or at the same time that the policy is reinstated. You must give us the proof we require that the Other Insureds are still insurable. Any Other Insured we deem to be uninsurable, or who has died before reinstatement, will be excluded from coverage.

INCONTESTABLE - The insurance for each Other Insured shall be incontestable after it has been in force

during the lifetime of the Other Insured for two years from the effective date of such insurance. If the rider is reinstated, the insurance for an Other Insured covered on the reinstatement date shall be contestable with respect to statements made in the application for reinstatement for two years from the date of reinstatement. Any increase in insurance for an Other Insured shall be contestable with respect to statements made in the application for the increase for two years following the date of increase.

SUICIDE - If an Other Insured commits suicide, while sane or insane, within two years from the effective date of such Other Insured's coverage, we will not pay the regular insurance benefit. Also, if an Other Insured commits suicide within two years from the date of an increase in insurance, we will not include the amount of the increase in any insurance benefit we pay. If we deny any insurance because of suicide, the insurance benefit we pay will equal the cost of insurance charges collected relating to the denied insurance.

EFFECTIVE DATE - The effective date of coverage for an Other Insured is the later of:

1. For all coverage provided in the original application, the effective date shall be the policy date.
2. For any increase or decrease in coverage or the addition of Other Insureds, the effective date shall be the monthly policy anniversary day that coincides with or next follows the date the application is approved by us.
3. For any insurance that has been reinstated, the effective date shall be the monthly policy anniversary day that coincides with or next follows the date the application for reinstatement is approved by us.

TERMINATION - This benefit will stop with respect to any Other Insured at the earliest of any of the following:

1. On the policy anniversary when the Other Insured is 121 years old;
2. When the policy terminates;
3. Upon the death of the Insured, subject to the Temporary Insurance provision; or 4. On the monthly policy anniversary following receipt of your request to cancel this rider or the coverage of any Other Insured.

POLICY PROVISIONS - This rider shall be subject to all the provisions and conditions of the policy of which it is a part, except as otherwise provided herein.



President

NATIONAL WESTERN LIFE INSURANCE COMPANY
OTHER INSURED RIDER
PROVIDING LEVEL TERM INSURANCE TO AGE 121

We will pay the insurance benefit under this rider as stated on Page 3 of this policy when we receive due proof of the death of an Other Insured, subject to the conditions of this policy and this rider. Payment will be made to the "beneficiary of the Other Insured".

DEFINITIONS

The "beneficiary of the Other Insured" shall be named in the application for this rider. If there is no named beneficiary when the Other Insured dies, we will pay the insurance benefit under this rider to you or to your estate.

"Insured" in this rider means the Insured under the policy to which this rider is attached.

"Other Insured" in this rider means a person named in the application for this rider and on Page 3 of the policy. An "Other Insured" may be any member of your immediate family or any other person you name provided you submit evidence that you have an insurable interest in the life of such person.

CHANGES IN COVERAGE

You may add Other Insureds, remove Other Insureds, and change the insurance benefit under this rider for Other Insureds subject to the following requirements:

1. We must receive your application on a form satisfactory to us, together with the policy. When we make the change we will return the amended policy to you.
2. If you wish to add an Other Insured, or to increase the insurance for an Other Insured, we may require evidence of insurability.
3. The minimum amount to which you may decrease the insurance for an Other Insured is \$10,000. A decrease will be deducted from any past increases in insurance in the reverse order to that in which the increases occurred.
4. The maximum amount to which you may increase the insurance for an Other Insured is the face amount.

CONVERSION

While this rider is in force, the insurance for an Other Insured may be converted into a new policy. Proof of insurability is not needed.

1. The conversion date may be any monthly policy anniversary date prior to the termination of this rider.
2. The amount of insurance of the new policy may not be more than the insurance benefit on the conversion date.
3. The new policy must be to a permanent plan of insurance made available for conversions by us.

4. We must receive an application and the first premium for the new policy no later than 90 days after the death of the Insured.
5. The new policy will start on the later of:
 - (a) the date the application is signed; or
 - (b) the date the first premium is paid.
6. The new policy will start only if the Other Insured is living.
7. The premium class of the new policy will be the same as the premium class of the Other Insured under this rider. The premium will be the rate we use at the Other Insured's age on the new policy.
8. We may require evidence of insurability if any riders are applied for on the new policy.
9. The incontestable and suicide provisions in the new policy shall be operative from the Other Insured's effective date of coverage under this rider.
10. When we issue the new policy on the Other Insured we will remove that person from coverage under this rider and return the amended policy to you.

TEMPORARY INSURANCE

If the Insured dies while this rider is in force, the insurance benefit under this rider will be in effect on each Other Insured until the earlier of:

1. The date the new policy starts on such Other Insured as provided in the Conversion provisions; or
2. 90 days after the Insured's death.

We will not make a charge for this temporary insurance.

**DEATH OF OTHER INSURED
DURING GRACE PERIOD**

If an Other Insured dies during the grace period, we will pay the insurance benefit of this rider, but deduct from it the premium needed to cover the monthly deductions through the Policy Month in which the Other Insured died.

RIDER COST

We provide coverage under this rider in return for payment of the rider cost. The monthly rider cost is the sum of the Monthly Cost of Insurance Charges for all Other Insureds covered under this rider.

Prior to the death of the Insured, we will include the rider cost in the monthly deductions while this rider is in force. If we should include the rider cost in the monthly deductions after this rider terminates, our only liability will be to return the amounts we deducted plus interest those amounts would have earned in the policy.

MONTHLY COST OF INSURANCE

We calculate the Cost of Insurance for each Other Insured separately. The Cost of Insurance each policy month is:

1. The insurance benefit for the Other Insured at the beginning of the month divided by 1000, times
2. The Monthly Cost of Insurance Rate per \$1,000, plus
3. The Monthly Expense per \$1,000 for this rider shown on Page 3.

COST OF INSURANCE RATE

The Monthly Cost of Insurance Rate is based on the Other Insured's sex and original rating class and attained age at the beginning of the policy year. The monthly guaranteed Cost of Insurance Rates in the table are based on the 2001 Commissioners Standard Ordinary Mortality Table, Age Last Birthday. We will periodically set or adjust the Monthly Cost of Insurance Rate. In setting these rates, we will consider many factors including, but not limited to, mortality, expenses, investment return, inflation, taxes, assessments, and persistency. However, the Monthly Cost of Insurance Rates will not be greater than those shown in the table. If a change is made in the current rates, the change will apply to all individuals in the same rating class as the Other Insured.

GENERAL PROVISIONS

DISABILITY - If we waive the monthly deductions for the policy under a Waiver of Monthly Deduction Disability Benefit Rider, the premiums for this rider will be waived during such period.

MISSTATEMENT OF AGE OR SEX - This rider is issued at the age and sex shown on the application. This is the Other Insured's age at last birthday on the rider Effective Date, for each Other Insured. If the age or sex of the Other Insured has been misstated, the insurance benefit shall be that which would be purchased by the most recent monthly cost of insurance at the correct age and sex.

REINSTATEMENT - You may reinstate this rider only while the policy is in force or at the same time that the policy is reinstated. You must give us the proof we require that the Other Insureds are still insurable. Any Other Insured we deem to be uninsurable, or who has died before reinstatement, will be excluded from coverage.

INCONTESTABLE - The insurance for each Other Insured shall be incontestable after it has been in force during the lifetime of the Other Insured for two years from the effective date of such insurance. If the rider is reinstated, the insurance for an Other Insured covered on the reinstatement date shall be contestable

with respect to statements made in the application for reinstatement after it has been in force during the lifetime of that Other Insured for two years from the date of reinstatement. Any increase in insurance for an Other Insured shall be contestable with respect to statements made in the application for the increase after it has been in force during the lifetime of that Other Insured for two years following the date of increase.

SUICIDE - If an Other Insured commits suicide, while sane or insane, within two years from the effective date of such Other Insured's coverage, we will not pay the regular insurance benefit. Also, if an Other Insured commits suicide within two years from the date of an increase in insurance, we will not include the amount of the increase in any insurance benefit we pay. If we deny any insurance because of suicide, the insurance benefit we pay will equal the cost of insurance charges collected relating to the denied insurance.

EFFECTIVE DATE - The Effective Date of coverage for an Other Insured is the later of:

1. For all coverage provided in the original application, the Effective Date shall be the policy date.
2. For any increase or decrease in coverage or the addition of Other Insureds, the Effective Date shall be the monthly policy anniversary day that coincides with or next follows the date the application is approved by us.
3. For any insurance that has been reinstated, the Effective Date shall be the monthly policy anniversary day that coincides with or next follows the date the application for reinstatement is approved by us.

TERMINATION - This benefit will stop with respect to any Other Insured at the earliest of any of the following:

1. On the Policy Anniversary when the Other Insured is 121 years old;
2. When the policy terminates;
3. Upon the death of the Insured, subject to the Temporary Insurance provision; or
4. On the monthly policy anniversary following receipt of your request to cancel this rider or the coverage of any Other Insured.

POLICY PROVISIONS - This rider shall be subject to all the provisions and conditions of the policy of which it is a part, except as otherwise provided herein.



President

NATIONAL WESTERN LIFE INSURANCE COMPANY

TERM INSURANCE RIDER PROVIDING LEVEL TERM INSURANCE TO AGE 121

We will pay the insurance benefit under this rider as stated on Page 3 of the policy when we receive due proof of the death of the Insured subject to the conditions of this policy and this rider. Payment will be made to the "beneficiary".

DEFINITIONS

The "beneficiary" of this rider shall be named in the application for this rider. If there is no named beneficiary when the Insured dies, we will pay the insurance benefit under this rider to the beneficiary named in the policy application.

"Insured" in this rider means the Insured under the policy to which this rider is attached.

CHANGES IN COVERAGE

You may change the insurance benefit under this rider subject to the following requirements:

1. We must receive your application on a form satisfactory to us, together with the policy. When we make the change we will return the amended policy to you.
2. If you wish to increase the insurance we may require evidence of insurability.
3. The maximum amount to which you may increase the insurance is determined at our sole discretion.
4. The minimum amount to which you may decrease the insurance is \$25,000. A decrease will be deducted from any past increases in insurance in the reverse order to that in which the increases occurred.
5. If you decrease the face amount of this policy and/or any supplemental life insurance amount the insurance provided by this rider may be reduced at our sole discretion to comply with number 3 above.

DEATH OF INSURED DURING GRACE PERIOD

If the Insured dies during the grace period, we will pay the insurance benefit of this rider, but deduct from it the premium needed to cover the monthly deductions through the policy month in which the Insured died.

RIDER COST

We provide coverage under this rider in return for payment of the rider cost. The monthly rider cost is the monthly cost of insurance for the Insured.

Prior to the death of the Insured, we will include the rider cost in the monthly deductions while this rider is in force. If we should include the rider cost in the monthly deductions after this rider terminates, our only liability will be to return the amounts we deducted plus interest those amounts would have earned in the policy.

MONTHLY COST OF INSURANCE

The cost of insurance each policy month is:

1. The insurance benefit under this rider at the beginning of the month divided by 1000, times
2. The monthly cost of insurance rate per \$1,000, plus
3. The Monthly Expense per \$1,000 for this rider shown on Page 3.

COST OF INSURANCE RATE

The monthly cost of insurance rate is based on the Insured's sex and original rating class and attained age at the beginning of the policy year. The monthly guaranteed cost of insurance rates in the table are based on the 2001 Commissioners Standard Ordinary Mortality Table, Age Last Birthday. Monthly cost of insurance rates will be determined by the company based on our expectation of future mortality. However, the monthly cost of insurance rates will not be greater than those shown in the table. If a change is made in the current rates, the change will apply to all individuals in the same rating class as the Insured.

GENERAL PROVISIONS

DISABILITY - If we waive the monthly deductions for the policy under a Waiver of Monthly Deduction Disability Benefit Rider, the premiums for this rider will be waived during such period.

MISSTATEMENT OF AGE OR SEX - This rider is issued at the age and sex shown on the application. This is the Insured's age at last birthday on the rider Effective Date. If the age or sex of the Insured has been misstated, the insurance benefit shall be that which would be purchased by the most recent monthly cost of insurance at the correct age or sex.

REINSTATEMENT - You may reinstate this rider only while the policy is in force or at the same time that the policy is reinstated. You must give us the proof we require that the Insured is still insurable.

INCONTESTABLE - The insurance for the Insured shall be incontestable after it has been in force during the lifetime of the Insured for two years from the effective date of such insurance. If the rider is reinstated, the insurance shall be contestable with respect to statements made in the application for reinstatement for two years from the date of reinstatement. Any increase in insurance shall be contestable with respect to statements made in the application for the increase for two years following the date of increase.

SUICIDE - If the Insured commits suicide, while sane or insane, within two years from the effective date of coverage, we will not pay the regular insurance benefit. Also, if the Insured commits suicide within two years from the date of an increase in insurance, we will not include the amount of the increase in any insurance benefit we pay. If we deny any insurance because of suicide, the insurance benefit we pay will equal the cost of insurance charges we collected relating to the denied insurance.

EFFECTIVE DATE - The effective date of coverage is the later of:

1. For all coverage provided in the original application, the effective date shall be the policy date.

2. For any increase or decrease in coverage, the effective date shall be the monthly policy anniversary day that coincides with or next follows the date the application is approved by us.
3. For any insurance that has been reinstated, the effective date shall be the monthly policy anniversary day that coincides with or next follows the date the application for reinstatement is approved by us.

TERMINATION - This benefit will stop at the earliest of any of the following:

1. On the policy anniversary when the Insured is 121 years old;
2. When the policy terminates;
3. Upon the death of the Insured; or
4. On the monthly policy anniversary following receipt of your request to cancel this rider.

POLICY PROVISIONS - This rider shall be subject to all the provisions and conditions of the policy of which it is a part, except as otherwise provided herein.



President

NATIONAL WESTERN LIFE INSURANCE COMPANY

TERM INSURANCE RIDER PROVIDING LEVEL TERM INSURANCE TO AGE 121

We will pay the insurance benefit under this rider as stated on Page 3 of this policy when we receive due proof of the death of the Insured subject to the conditions of this policy and this rider. Payment will be made to the "Beneficiary".

DEFINITIONS

The "Beneficiary" of this rider shall be named in the application for this rider. If there is no named Beneficiary when the Insured dies, we will pay the insurance benefit under this rider to the Beneficiary named in the policy application.

"Insured" in this rider means the Insured under the policy to which this rider is attached.

CHANGES IN COVERAGE

You may change the insurance benefit under this rider subject to the following requirements:

1. We must receive your application on a form satisfactory to us, together with the policy. When we make the change we will return the amended policy to you.
2. If you wish to increase the insurance we may require evidence of insurability.
3. The maximum amount to which you may increase the insurance is determined at our sole discretion.
4. The minimum amount to which you may decrease the insurance is \$25,000. A decrease will be deducted from any past increases in insurance in the reverse order to that in which the increases occurred.
5. If you decrease the face amount of this policy the insurance provided by this rider may be reduced at our sole discretion.

DEATH OF INSURED DURING GRACE PERIOD

If the Insured dies during the grace period, we will pay the insurance benefit of this rider, but deduct from it the premium needed to cover the monthly deductions through the policy month in which the Insured died.

RIDER COST

We provide coverage under this rider in return for payment of the Rider Cost. The monthly Rider Cost is the Monthly Cost of Insurance for the Insured.

Prior to the death of the Insured, we will include the Rider Cost in the Monthly Deductions while this rider is in force. If we should include the Rider Cost in the Monthly Deductions after this rider terminates, our only liability will be to return the amounts we deducted plus interest those amounts would have earned in the policy.

MONTHLY COST OF INSURANCE

The Cost of Insurance each Policy Month is:

1. The insurance benefit under this rider at the beginning of the month divided by 1000, times
2. The Monthly Cost of Insurance Rate per \$1,000, plus.
3. The Monthly Expense per \$1,000 for this rider shown on Page 3.

COST OF INSURANCE RATE

The Monthly Cost of Insurance Rate is based on the Insured's sex and original rating class and attained age at the beginning of the Policy Year. The Monthly Guaranteed Cost of Insurance Rates in the table are based on the 2001 Commissioners Standard Ordinary Mortality Table, Age Last Birthday. We will periodically set or adjust the Monthly Cost Of Insurance Rate. In setting these rates, we will consider many factors including, but not limited to, mortality, expenses, investment return, inflation, taxes, assessments, and persistency. However, the monthly cost of insurance rates will not be greater than those shown in the table. If a change is made in the current rates, the change will apply to all individuals in the same rating class as the Insured.

GENERAL PROVISIONS

DISABILITY - If we waive the monthly deductions for the policy under a Waiver of Monthly Deduction Disability Benefit Rider, the premiums for this rider will be waived during such period.

MISSTATEMENT OF AGE OR SEX - This rider is issued at the age and sex shown on the application. This is the Insured's age at last birthday on the rider Effective Date. If the age or sex of the Insured has been misstated, the insurance benefit shall be that which would be purchased by the most recent Monthly Cost of Insurance at the correct age and sex.

REINSTATEMENT - You may reinstate this rider only while the policy is in force or at the same time that the policy is reinstated. You must give us the proof we require that the Insured is still insurable.

INCONTESTABLE - The insurance for the Insured shall be incontestable after it has been in force during the lifetime of the Insured for two years from the Effective Date of such insurance. If the rider is reinstated, the insurance shall be contestable with respect to statements made in the application for reinstatement after it has been in force during the lifetime of the Insured for two years from the date of reinstatement. Any increase in insurance shall be contestable with respect to statements made in the application for the increase after it has been in force during the lifetime of the Insured for two years following the date of increase.

SUICIDE - If the Insured commits suicide, while sane or insane, within two years from the effective date of coverage, we will not pay the regular insurance benefit. Also, if the Insured commits suicide within two years from the date of an increase in insurance, we will not include the amount of the increase in any insurance benefit we pay. If we deny any insurance because of suicide, the insurance benefit we pay will equal the cost of insurance charges we collected relating to the denied insurance.

EFFECTIVE DATE - The Effective Date of coverage is the later of:

1. For all coverage provided in the original application, the Effective Date shall be the Policy Date.
2. For any increase or decrease in coverage, the effective date shall be the monthly policy anniversary day that coincides with or next follows the date the application is approved by us.
3. For any insurance that has been reinstated, the Effective Date shall be the monthly policy anniversary day that coincides with or next follows the date the application for reinstatement is approved by us.

TERMINATION - This benefit will stop at the earliest of any of the following:

1. On the Policy Anniversary when the Insured is 121 years old;
2. When the policy terminates;
3. Upon the death of the Insured; or
4. On the monthly policy anniversary following receipt of your request to cancel this rider.

POLICY PROVISIONS - This rider shall be subject to all the provisions and conditions of the policy of which it is a part, except as otherwise provided herein.



President

NATIONAL WESTERN LIFE INSURANCE COMPANY
SUPPLEMENTAL LIFE INSURANCE ENDORSEMENT
PROVIDING SUPPLEMENTAL LIFE INSURANCE COVERAGE TO AGE 121

I. DEATH BENEFIT

The term "face amount" referred to in the DEATH BENEFIT provision of the policy is replaced with "face amount plus supplemental life insurance amount."

II. FACE AMOUNT CHANGE

The FACE AMOUNT CHANGE provision is replaced with the following provision:

FACE AMOUNT AND SUPPLEMENTAL LIFE INSURANCE AMOUNT CHANGE

At any time after the first Policy Anniversary, the face amount may be increased or decreased and supplemental life insurance amount may be decreased by written request from you. The increases or decreases are subject to:

1. Face Amount and Supplemental Life Insurance Decreases - Any decrease will become effective on the Monthly Anniversary following the receipt of the request by us. Any such decrease will reduce the face amount and supplemental life insurance amount in the following order:
 - a. The most recent increase in face amount; then
 - b. The next most recent face amount increases successively; then
 - c. The initial supplemental life insurance amount; then
 - d. The initial face amount.

The face amount of this policy may never be less than the minimum face amount specified on Page 3.

2. Face Amount Increases - Any request for an increase must be applied for on a separate application. It shall be subject to evidence of insurability satisfactory to us. The increase must be for a minimum of \$10,000. Any approved increase will be effective on the Monthly Anniversary shown in the face amount change endorsement. It will result in application of the face amount increase charge described in the monthly deduction provision. Only one increase will be permitted in any twelve-month period.

III. PARTIAL SURRENDER

The second sentence in the second paragraph is replaced with, "The face amount plus supplemental life insurance amount will also be reduced by the amount of partial surrender according to section one of the FACE AMOUNT AND SUPPLEMENTAL LIFE INSURANCE AMOUNT CHANGE provision regarding decreases if the death benefit is Option 1."



President

SERFF Tracking Number: *NAWS-125675299* *State:* *Arkansas*
Filing Company: *National Western Life Insurance Company* *State Tracking Number:* *39311`*
Company Tracking Number: *3048,3130,3131,3132,3133,4325*
TOI: *L08 Life - Other* *Sub-TOI:* *L08.000 Life - Other*
Product Name: *Riders 2001 CSO Refiling*
Project Name/Number: *Riders 2001 CSO Refiling/3048,3130,3131,3132,3133,4325*

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: NAWS-125675299 State: Arkansas
Filing Company: National Western Life Insurance Company State Tracking Number: 39311`
Company Tracking Number: 3048,3130,3131,3132,3133,4325
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Riders 2001 CSO Refiling
Project Name/Number: Riders 2001 CSO Refiling/3048,3130,3131,3132,3133,4325

Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice

06/02/2008

Comments:

R&R 19 - not applicable to life riders
R&R 49 - not applicable to life riders
Flesch Certification -- attached
Consumer Information Notice - not applicable to riders filing

Attachment:

Officer Flesch - Riders.pdf

Review Status:

Satisfied -Name: Cover Letter

06/16/2008

Comments:

Attachment:

AR Riders 2001 CSO Filing Cover Letter.pdf

NATIONAL WESTERN LIFE INSURANCE COMPANY

FLESCH READING EASE TEST SCORE CERTIFICATE

Forms numbered

01-3048-08, 01-3130-08, 01-3131-08, 01-3132-08, 01-3133-08, 01-4325-08

I hereby certify the following:

1. The Flesch Reading Ease Test score is as indicated below.
2. The form is printed, except for specifications pages, schedules and tables, in not less than ten point type.
3. The number of words contained in the text is as indicated below.
4. The entire form was analyzed.

<u>Form Number</u>	<u>Form Name</u>	<u>Flesch Score</u>	<u>Words</u>
01-3048-08	Children's Term Life Rider	64.79	1,168
01-3130-08	Other Insured Rider	51.58	1,472
01-3131-08	Other Insured Rider	56.00	1,459
01-3132-08	Term Life Rider	50.91	973
01-3133-08	Term Life Rider	54.42	946
01-4325-08	Supplemental Life Endorsement	50.74	292



Paul D. Facey, FSA, MAAA, FCIA, FLMI
Senior Vice President and Chief Actuary



June 16, 2008

Arkansas Department of Insurance
Life and Health Compliance
1200 West Third Street
Little Rock, Arkansas 72201-1904

Re: 2001 CSO Form Changes Filing

Children's Term Life Rider, form 01-3048-08, replacing 01-3048-05
Other Insured Rider, form 01-3130-08, replacing 01-3098-01
Other Insured Rider, form 01-3131-08, replacing 01-3098-05
Term Life Rider, form 01-3132-08, replacing 01-3099-01
Term Life Rider, form 01-3133-08, replacing 01-3099-05
Supplemental Life Endorsement, form 01-4325-08, replacing 01-4325-01
National Western Life Insurance Company, NAIC 66850, FEIN 84-0467208

To Whom It May Concern:

Attached are the above captioned forms submitted to your state for formal approval. These forms **will replace** previously approved forms. These forms are deemed exempt by our state of domicile, Colorado, under Bulletin 5-92. This filing contains no unusual or possibly controversial items from normal industry standards.

Form 01-3048-08, Children's Term Life Insurance Rider, will replace form 01-3048-05, which was approved for use in Arkansas on June 1, 2005. The form was changed in one place. In the second paragraph of the "Continuation of Term Insurance..." provision we changed 1980 to 2001 and 4.5% to 3.0%.

Form 01-3130-08, Other Insured Rider, will replace 01-3098-01 which was approved for use in Arkansas on March 16, 2001. We changed the form in four places as follows:

1. At the top of the page, in the rider title, we changed Age 100 to Age 121.
2. We changed the Monthly Cost of Insurance provision to read as follows:
 - We calculate the cost of insurance for each Other Insured separately. The cost of insurance each policy month is:
 1. The insurance benefit for the Other Insured at the beginning of the month divided by 1000, times
 2. The monthly cost of insurance rate per \$1,000, plus
 3. The Monthly Expense per \$1,000 for this rider shown on page 3.
3. In the Cost of Insurance Rate provision, we changed 1980 to 2001.
4. In the Termination provision, item number 1, we changed 100 to 121.

Form 01-3131-08, Other Insured Rider, will replace 01-3098-05 which was approved for use in Arkansas on June 1, 2005. We changed the form in four places as follows:

1. At the top of the page, in the rider title, we changed Age 100 to Age 121.
2. We changed the Monthly Cost of Insurance provision to read as follows:

We calculate the Cost of Insurance for each Other Insured separately. The Cost of Insurance each policy month is:

1. The insurance benefit for the Other Insured at the beginning of the month divided by 1000, times
 2. The Monthly Cost of Insurance Rate per \$1,000, plus
 3. The Monthly Expense per \$1,000 for this rider shown on page 3.
3. In the Cost of Insurance Rate provision, we changed 1980 to 2001.
 4. In the Termination provision, item number 1, we changed 100 to 121.

Form 01-3132-08, Term Insurance Rider, will replace 01-3099-01 which was approved for use in Arkansas on March 16, 2001. We changed the form in four places as follows:

1. At the top of the page, in the rider title, we changed Age 100 to Age 121.
2. We changed the Monthly Cost of Insurance provision to read as follows:
The cost of insurance each policy month is:
 1. The insurance benefit under this rider at the beginning of the month divided by 1000, times
 2. The monthly cost of insurance rate per \$1,000, plus
 3. The Monthly Expense per \$1,000 for this rider shown on page 3.
3. In the Cost of Insurance Rate provision, we changed 1980 to 2001.
4. In the Termination provision, item number 1, we changed 100 to 121.

Form 01-3133-08, Term Insurance Rider, will replace 01-3099-05 which was approved for use in Arkansas on June 1, 2005. We changed the form in four places as follows:

1. At the top of the page, in the rider title, we changed Age 100 to Age 121.
2. We changed the Monthly Cost of Insurance provision to read as follows:
The cost of insurance each policy month is:
 1. The insurance benefit under this rider at the beginning of the month divided by 1000, times
 2. The monthly cost of insurance rate per \$1,000, plus
 3. The Monthly Expense per \$1,000 for this rider shown on page 3.
3. In the Cost of Insurance Rate provision, we changed 1980 to 2001.
4. In the Termination provision, item number 1, we changed 100 to 121.

Thank you for your time and consideration in this matter. If you have any questions or need more information, please feel free to contact me by email at SFoskitt@NationalWesternLife.com or by phone at 512-719-1563.

Sincerely,



Stephanie Foskitt
Contract Compliance Analyst

We reserve the right to change the format of this form without changing any of the language. Printing standards will never be less than those required by your state.