

SERFF Tracking Number: WAKE-125497586 State: Arkansas
Filing Company: The Order of United Commercial Travelers of America State Tracking Number: 38532
Company Tracking Number:
TOI: L07I Individual Life - Whole Sub-TOI: L07I.111 Single Premium - Single Life
Product Name: UCT SPWL Form 2008
Project Name/Number: UCT/022008

Filing at a Glance

Company: The Order of United Commercial Travelers of America

Product Name: UCT SPWL Form 2008 SERFF Tr Num: WAKE-125497586 State: ArkansasLH
TOI: L07I Individual Life - Whole SERFF Status: Closed State Tr Num: 38532
Sub-TOI: L07I.111 Single Premium - Single Life Co Tr Num: State Status: Approved-Closed
Filing Type: Form Co Status: Reviewer(s): Linda Bird
Author: Jennifer Snell Disposition Date: 04/08/2008
Date Submitted: 03/27/2008 Disposition Status: Approved
Implementation Date Requested: Implementation Date:

State Filing Description:

General Information

Project Name: UCT Status of Filing in Domicile: Pending
Project Number: 022008 Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments: This filing is currently pending in the home domicile state of Ohio.
Explanation for Combination/Other: Market Type: Individual
Submission Type: New Submission Group Market Size:
Overall Rate Impact: Group Market Type:
Filing Status Changed: 04/08/2008
State Status Changed: 04/08/2008 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:
SUBMISSION - NEW POLICY FORMS AND RIDERS
Single Premium Whole Life Insurance Policy - Form Number SPWL-08
Accelerated Death Benefit Rider – Form Number ADB Rdr-08
Accelerated Death Benefit Rider Disclosure Statement – Form Number ADB Rdr Disc-08
Modified Endowment Contract Information – Form Number MEC Info-08

SERFF Tracking Number: WAKE-125497586 State: Arkansas
Filing Company: The Order of United Commercial Travelers of America State Tracking Number: 38532
Company Tracking Number:
TOI: L071 Individual Life - Whole Sub-TOI: L071.111 Single Premium - Single Life
Product Name: UCT SPWL Form 2008
Project Name/Number: UCT/022008

Single Premium Whole Life Acknowledgement – Form Number SPWL Ack-08
Whole Life Application – Form Number SPWL App-08

Wakely Actuarial Services, Inc. is filing the above-captioned forms on behalf of The Order of United Commercial Travelers of America. A letter of authorization is included for the Department's reference. We are requesting the Department's review and approval of this filing.

Form Number SPWL-08 is a Single Premium Whole Life Insurance Policy with proceeds being payable upon death.

Accidental Death Benefit Rider Form Number ADB Rdr-08 will provide a specified benefit when death is due to an accident.

As required by the NAIC's Life Insurance Illustration Model Regulation and/or the laws and regulations of your state, The Order of United Commercial Travelers of America will not be marketing this product using a sales illustration.

The form will be sold by licensed agents.

Wakely Actuarial Services, Inc. appreciates the Department's time and consideration in the review of this filing for The Order of United Commercial Travelers of America.

Company and Contact

Filing Contact Information

(This filing was made by a third party - WAS01)

Jennifer Snell, Compliance Analyst jennifer.snell@wakelyactuarial.com
34125 US Highway N (727) 373-4558 [Phone]
Palm Harbor, FL 34684 (727) 373-4559[FAX]

Filing Company Information

The Order of United Commercial Travelers of America CoCode: 56383 State of Domicile: Ohio

SERFF Tracking Number: WAKE-125497586 State: Arkansas

Filing Company: The Order of United Commercial Travelers of America State Tracking Number: 38532

Company Tracking Number:

TOI: L071 Individual Life - Whole Sub-TOI: L071.111 Single Premium - Single Life

Product Name: UCT SPWL Form 2008

Project Name/Number: UCT/022008

632 NORTH PARK STREET
COLUMBUS, OH 43215
(800) 848-0123 ext. [Phone]

Group Code: -99
Group Name:
FEIN Number: 31-4273120

Company Type:
State ID Number:

SERFF Tracking Number: WAKE-125497586 State: Arkansas
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Filing Fees

Fee Required? Yes
Fee Amount: \$350.00
Retaliatory? Yes
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Order of United Commercial Travelers of America	\$350.00	03/27/2008	19028020

SERFF Tracking Number: WAKE-125497586 State: Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	04/08/2008	04/08/2008

SERFF Tracking Number: WAKE-125497586 *State:* Arkansas
Filing Company: The Order of United Commercial Travelers of America *State Tracking Number:* 38532
Company Tracking Number:
TOI: L071 Individual Life - Whole *Sub-TOI:* L071.111 Single Premium - Single Life
Product Name: UCT SPWL Form 2008
Project Name/Number: UCT/022008

Disposition

Disposition Date: 04/08/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: WAKE-125497586 State: Arkansas

Filing Company: The Order of United Commercial Travelers of America State Tracking Number: 38532

Company Tracking Number:

TOI: L071 Individual Life - Whole Sub-TOI: L071.111 Single Premium - Single Life

Product Name: UCT SPWL Form 2008

Project Name/Number: UCT/022008

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Authorization Letter		Yes
Supporting Document	Policyholder Welcome Letter		Yes
Form	Single Premium Whole Life Insurance Policy		Yes
Form	Application		Yes
Form	Accelerated Death Benefit Ride		Yes
Form	Accelerated Death Benefit Disclosure		Yes
Form	Modified Endowment Contract Information		Yes
Form	Single Premium Whole Life Acknowledgement		Yes

SERFF Tracking Number: WAKE-125497586 State: Arkansas

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Product Name: UCT SPWL Form 2008

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Form Schedule

Lead Form Number: SPWL-08

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	SPWL-08	Policy/Cont	Single Premium ract/Fratern Whole Life Insurance al Policy Certificate	Initial		45	SPWL-08.pdf
	SPWL App-08	Application/ Enrollment Form	Application	Initial		44	SPWL App-08.pdf
	ADB Rdr-08	Policy/Cont	Accelerated Death ract/Fratern Benefit Ride al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		43	ADB Rdr-08.pdf
	ADB Rdr Disc-08	Other	Accelerated Death Benefit Disclosure	Initial		44	ADB Rdr Disc-08.pdf
	MEC Info-08	Other	Modified Endowment Contract Information	Initial		43	MEC Info-08.pdf
	SPWL Ack-08	Other	Single Premium Whole Life Acknowledgement	Initial		48	SPWL Ack-08.pdf



U.C.T.® *A Fraternal Benefit Society*

The Order of United Commercial Travelers of America

632 N. Park St.
P.O. Box 159019
Columbus, Ohio 43215-8619

(614) 228-3276
(800) 848-0123 Toll-free
(614) 228-1898 Fax

Single Premium Whole Life Insurance Policy

THIS IS A LEGAL CONTRACT BETWEEN THE OWNER AND US.

This Policy is issued in consideration of the application and payment in advance of the premium. The Policy begins at 12:01 AM at the Owner's residence on the Policy Effective Date shown on the Schedule Page. The date and premium are shown on the Schedule Page.

NOTICE TO BUYER: This is a Single Pay Whole Life Insurance Policy. The Order of United Commercial Travelers of America will pay the Policy proceeds to the Beneficiary upon receipt of due proof of the Insured's death while this Policy is in force.

Thirty Day Right To Examine and Return Policy

Please read this Policy carefully. If, for any reason the Owner is not satisfied, the Policy may be returned to Us within thirty (30) days after receiving it. If returned, the Policy will be void from its beginning and any premium paid will be refunded.

IMPORTANT NOTICE: The issuance of this Policy is based on the Insured's answers to the questions on the application. A copy of the application is attached. Omissions or misstatements on the application could cause a claim to be denied or the Policy to be rescinded. If, for any reason the answers are incorrect, contact Us immediately at Our Home Office in Columbus, Ohio.

Signed for the Society at Columbus, Ohio

Executive Vice President

**SINGLE PREMIUM WHOLE LIFE INSURANCE POLICY
PAYABLE UPON DEATH**

NON-PARTICIPATING

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SCHEDULE PAGE

Policy Number: [12345678]

Policy Effective Date: [July 1, 2008]

Issue Age and Sex: [45 Male]

Underwriting Classification [Standard Non-Tobacco]

Insured Person: [John Doe]

Owner: [Sally Smith]

Benefit	Face Amount	Single Premium
Single Premium Whole Life	[\$50,000]	[\$14,100]

POLICY LOAN INTEREST RATE [7.4]% Payable in Advance

Beneficiary As named in the application, unless otherwise provided by endorsement

Owner As named in the application, unless otherwise provided by endorsement

**TABLE OF GUARANTEED VALUES
SINGLE PREMIUM WHOLE LIFE**

INSURED PERSON	[JOHN DOE]
POLICY NUMBER	[12345678]
POLICY EFFECTIVE DATE	[JULY 1, 2008]
FACE AMOUNT	[\$50,000]
ISSUE AGE AND SEX	[45 MALE]
UNDERWRITING CLASSIFICATION	[STANDARD NON-TOBACCO]

END OF POLICY YEAR	ATTAINED AGE OF INSURED	CASH VALUE
1	[46]	[11,474]
2	[47]	[11,946]
3	[48]	[12,435]
4	[49]	[12,946]
5	[50]	[13,476]
6	[51]	[14,026]
7	[52]	[14,593]
8	[53]	[15,178]
9	[54]	[15,779]
10	[55]	[16,394]
11	[56]	[17,022]
12	[57]	[17,664]
13	[58]	[18,321]
14	[59]	[18,997]
15	[60]	[19,689]
16	[61]	[20,394]
17	[62]	[21,110]
18	[63]	[21,832]
19	[64]	[22,561]
20	[65]	[23,296]
25	[70]	[27,127]
30	[75]	[31,118]
35	[80]	[35,007]

VALUES SHOWN ABOVE ARE DECREASED BY INDEBTEDNESS. PLEASE REFER TO THE SECTION ENTITLED "GUARANTEED POLICY VALUES" FOR AN EXPLANATION OF THE ABOVE VALUES AND THEIR USES.

CASH VALUES ARE EQUAL TO THE NET SINGLE PREMIUM ROUNDED TO THE NEAREST DOLLAR AT ATTAINED AGES CALCULATED USING THE 2001 CSO (SEX DISTINCT AND TOBACCO-USE DISTINCT) AGE LAST BIRTHDAY ULTIMATE MORTALITY TABLE AT [5.0%] INTEREST USING CURTATE FUNCTIONS.

Definitions

Amount of Insurance In Force is the Face Amount shown on the Schedule Page of this Policy.

Attained Age is the Insured's Issue Age plus the number of Policy Years elapsed since the Policy Effective Date.

Beneficiary refers to the person(s) or legal entity named by the Owner on the application or by later written request and acknowledged by endorsement to receive benefits under this Policy, if any, in the event of the Insured's death.

Indebtedness refers to the total amount of all unpaid loans, including accumulated unpaid interest, on this Policy.

Insured refers to the person whose life is insured under the Policy. The Insured is as named in the application and shown on the Schedule Page.

Owner refers to the person or persons authorized to exercise the ownership rights under this Policy. The Owner is as named on the application or later endorsement.

Payee is a natural person. The Company may require satisfactory proof of age or continuing survival of any Payee.

Policy Anniversary is on the same date in each year after the Policy Effective Date.

Policy Effective Date is the effective date of this Policy and is shown on the Schedule Page. The Policy Effective Date is not the date the application for coverage was signed.

Policy Year is a period of twelve months beginning each year on the month and day of the Policy Effective Date.

Total Cash Value is the amount available to the Owner when a Policy is surrendered to the Society prior to the death of the Insured.

Written Notice to the Company means a request in writing on forms furnished by or acceptable to the Company. All correspondence should be sent to our Home Office at P.O. Box 159019, Columbus, Ohio 43215.

We, Our, Us, Society, Company, UCT means The Order of United Commercial Travelers of America.

Benefit Provisions

Death Benefit - The amount of proceeds payable upon the Insured's death will be:

- (a) the Amount of Insurance In Force on the date of the Insured's death;
less
- (b) any Indebtedness on the date of the Insured's death.

Surrender Benefit - The amount of proceeds payable upon surrender of this Policy prior to the Insured's death is the Total Cash Value as of the date of surrender.

Payment of Policy Proceeds – Policy proceeds will be paid in a single sum unless another method of payment is elected.

Guaranteed Policy Value Provisions

Total Cash Value - The Total Cash Value is:

- (a) the Cash Value, determined from the Table of Guaranteed Values;
less:
- (b) any Indebtedness.

Guaranteed Value Option - The Owner may elect by Written Notice to the Company, at any time prior to the death of the Insured, to surrender this Policy for its Surrender Benefit. The Company may defer paying such benefit for up to six months from the date of surrender.

Guaranteed Policy Value Provisions Continued

Basis of Values - Cash Values and net single premiums are based on the 2001 Commissioner's Standard Ordinary Mortality Table, age last birthday, sex distinct and tobacco-use distinct, with interest as shown on the Table of Guaranteed Values and curtate functions. The Cash Value of the Policy at any time is the net single premium at the Insured's Attained Age.

A statement of the method used to calculate Policy values has been filed with the insurance supervisory official of the state in which this Policy is delivered. Policy values are equal to or greater than the minimum required by the laws of that state.

Cash Values are shown in the Table of Guaranteed Values for completed Policy Years. Values during a Policy Year will reflect the time elapsed in that Policy Year.

Loan Provisions

Policy Loans - While this Policy has a Cash Value, the Owner may obtain loans from the Company using this Policy as sole security. The Company may defer payment of cash loans for up to 6 months after Written Notice to the Company of the request is received.

Policy Loan Interest - The Policy Loan Interest Rate will be the annual effective rate shown on the Schedule Page; however, the Company may charge a lower rate for any period during which the loan is outstanding. If a rate lower than the Policy Loan Interest Rate is charged, the Company will not increase the rate being charged more than once in any twelve month period, nor more than one percent per annum per increase. Interest will be due and payable annually, in advance, on the Policy Anniversary. The advance interest is determined based on the Indebtedness and the current Policy Loan Interest Rate in effect on the Policy Anniversary. Interest not paid when due will be added to the principal and will bear interest at the same rate.

Maximum Indebtedness - The Indebtedness under this Policy will be the total amount of all unpaid loans and unpaid interest. The Indebtedness may not exceed the Cash Value determined from the Table of Guaranteed Values.

If the Indebtedness equals or exceeds such sum, this Policy will terminate. However, this Policy will not terminate until 31 days after the Company mails a termination notice to the last known address of the Owner and any assignee of record.

Repayment - Indebtedness may be repaid in part or in full at any time while this Policy is in force.

Optional Methods of Payment Provisions

Alternate Payment of Policy Proceeds - All or part of the Policy proceeds may be applied under one of the payment options described in this section. If no payment option is elected, Policy proceeds will be paid in a single sum.

Election Of Options - While the Insured is living, the Owner may elect or change a payment option and name or change one or more of the Beneficiaries under that option by filing Written Notice to the Company. After the death of the Insured, any Beneficiary entitled to receive payment in a single sum may elect a payment option by filing Written Notice to the Company.

Availability - Payment options are available only if:
(a) the amount applied under an option is at least \$5,000; and
(b) each regular payment under the option is at least \$50.

Payment Options - The following payment options are available for amounts payable under this Policy. Guaranteed amounts and frequencies of payments under payment options are determined from the Payment Options Tables shown on the following pages. Payments are made at the beginning of the interval except under the Interest Income option.

Interest Income - The proceeds will be left on deposit with the Company with interest on the proceeds payable annually, semiannually, quarterly, or monthly as elected. Payments are made at the end of the interval elected.

Income for Fixed Period - Equal annual or monthly payments for a fixed number of years, as elected. Payment amounts are at least equal to those shown in Table A.

Life Income - Equal annual, semiannual, quarterly, or monthly payments for the life of the Payee, either with no guaranteed payments or with payments guaranteed for 5, 10, 15 or 20 years, as elected. Payment amounts depend on the Payee's sex and age on the first payment date, and are at least equal to those shown in Table B.

Optional Methods of Payment Provision Continued

Income of Fixed Amount - Equal annual or monthly payments for a specified amount until the proceeds with interest are paid in full. Periods of income will be at least equal to those shown in Table A.

Death of Payee - If the Payee dies and there is no designated person entitled to receive the remaining guaranteed payments, the Company will make a final, single payment to the estate of the last surviving Payee. The amount of the final single payment will not be less than the present value of any remaining guaranteed payments, based on an interest rate of 3% per year.

Increased Payment Amounts - Payment amounts under these payment options may be increased at the Company's discretion. The amounts of increased or additional payments and the manner in which they are paid will be determined by the Company.

Interest - Guaranteed minimum payment amounts under payment options are based on an interest rate of 3% per year.

Mortality - Guaranteed minimum payment amounts under payment options are based on the Annuity 2000 mortality table.

Supplementary Contract - Payments under a payment option will be made upon surrender of this Policy to the Company's Home Office in exchange for a supplementary contract.

Table A Income for Fixed Period or Amount Installments per \$1,000 of Proceeds		
Number of Years	Annual	Monthly
5	211.90	17.91
10	113.82	9.61
15	81.33	6.87
20	65.26	5.51
25	55.76	4.71
30	49.53	4.18

Table B Life Income with Term Certain Monthly Installments per \$1,000 Proceeds										
	Male					Female				
	Life Only	Years Certain				Life Only	Years Certain			
Age	0	5	10	15	20	0	5	10	15	20
20	2.99	2.99	2.98	2.98	2.98	2.91	2.91	2.91	2.91	2.91
25	3.08	3.08	3.08	3.08	3.07	2.99	2.99	2.99	2.99	2.99
30	3.20	3.20	3.20	3.19	3.19	3.09	3.09	3.09	3.09	3.09
35	3.35	3.35	3.34	3.34	3.33	3.22	3.22	3.22	3.21	3.21
40	3.54	3.54	3.53	3.52	3.50	3.38	3.37	3.37	3.36	3.35
45	3.78	3.77	3.76	3.74	3.70	3.57	3.57	3.57	3.55	3.54
50	4.08	4.07	4.05	4.01	3.95	3.83	3.82	3.81	3.79	3.76
55	4.46	4.45	4.41	4.34	4.24	4.15	4.15	4.13	4.09	4.03
60	4.98	4.95	4.88	4.75	4.56	4.59	4.58	4.54	4.46	4.35
65	5.69	5.64	5.48	5.22	4.88	5.18	5.15	5.07	4.93	4.71
70	6.67	6.56	6.23	5.73	5.16	6.01	5.95	5.78	5.47	5.05
75	8.02	7.77	7.08	6.20	5.36	7.22	7.08	6.67	6.03	5.31
80	9.91	9.31	7.95	6.55	5.46	9.02	8.65	7.66	6.47	5.45
85	12.54	11.16	8.69	6.75	5.50	11.69	10.67	8.55	6.73	5.50
90	16.12	13.12	9.20	6.84	5.51	15.50	12.85	9.15	6.84	5.51
95	20.93	14.97	9.49	6.87	5.51	20.30	14.75	9.47	6.87	5.51

All other monthly installments are available upon request.

Ownership and Assignment Provisions

Owner - The Owner is as named in the application, unless otherwise provided by endorsement. The Owner may exercise all rights under this Policy while the Insured is alive. Exercise of these rights is subject to the rights of any assignee of record and any irrevocably designated Beneficiary.

Contingent Owner - The Contingent Owner, if any, is as named in the application, unless otherwise provided by endorsement. If the Owner dies, the Contingent Owner will become the Owner of this Policy. If there is no living or named Contingent Owner, the Owner's estate will become Owner of this Policy upon the Owner's death.

Change of Ownership - The Owner may name a new Owner and name or change a Contingent Owner during the Insured's lifetime by filing Written Notice with the Company, accompanied by this Policy for endorsement. Upon receipt, the change will be effective as of the date it was signed unless another date is requested. The Company will not be responsible for any payment or other action taken by it before receipt of Written Notice to the Company.

Assignment - The Owner may assign this Policy. The Company will not be charged with notice of any assignment unless it is in writing and filed at the Home Office. The Company does not assume any responsibility for the validity of an assignment. Unless otherwise specified by the Owner, the assignment shall take effect on the date the notice of assignment was signed by the Owner, subject to any payments made or actions taken by the Company prior to receipt of the notice.

Beneficiary Provisions

Beneficiary - The Primary and Contingent Beneficiary are as named in the application, unless otherwise provided by endorsement.

Successive Beneficiaries - The Policy proceeds will be paid to the Beneficiary or Beneficiaries upon receipt of due proof of the Insured's death. The Policy proceeds will be paid in equal shares to the surviving Beneficiaries, unless otherwise provided. Payments will be made successively in the following order:

- (a) the Primary Beneficiary or Beneficiaries, if any; otherwise
- (b) the Contingent Beneficiary or Beneficiaries, if any; otherwise
- (c) the Owner or Owners, or the estate of the last surviving Owner.

Change of Beneficiary - If the right to change the Beneficiary has been reserved, the Owner may change the Beneficiary during the Insured's lifetime by filing Written Notice to the Company. Upon recording at the Home Office, the change will be effective as of the date it was signed. The Company will not be responsible for any payment or other action taken by it before receipt of Written Notice to the Company.

General Provisions

Entire Contract; Changes - This Policy, including the application, endorsements and attached documents, if any, constitutes the entire contract of insurance. No change in this Policy shall be valid unless approved by one of the Company's officers and unless such approval shall be endorsed hereon or attached hereto. No agent or officer of any Local, Grand or Supreme Council has authority to change this Policy or to waive any of its provisions.

Time Limit On Certain Defenses - Statements in the application are considered representations, not warranties. Statements may be used to contest the validity of this Policy or in defense of a claim only if they are contained in an attached application or endorsement. The Company cannot contest this Policy after it has been in force two years during the Insured's lifetime, from the Policy Effective Date.

Suicide - If the Insured dies by suicide while sane or insane within (2) two years from the Policy Effective Date, the total liability of the Company will be limited to the refund of the premiums actually paid less any Indebtness.

Time of Payment of Claims - All benefits payable under this Policy will be payable immediately upon receipt of due proof of the Insured's death.

Legal Actions - No action at law or in equity shall be brought to recover on this Policy prior to the expiration of sixty (60) days after written proof of loss has been furnished in accordance with the requirements of this Policy. No such action shall be brought after the expiration of three (3) years after the time written proof of loss is required to be furnished.

General Provisions Continued

Misstatement Of Age or Sex - If the Insured's age or sex has been misstated, all amounts payable under this Policy shall be such as the premium paid would have purchased at the correct age and sex.

Conformity With State Statute - Any provision of the Policy which, on its Policy Effective Date, is in conflict with the laws of the state in which the Owner resides on such date is hereby amended to conform to the minimum requirements of such statutes.

Maintenance of Solvency - UCT's constitution provides that in the event that its reserves as to all or any class of contracts of insurance issued by it become impaired, the Board of Governors may require that these shall be paid by each Owner of such contract of insurance to UCT an amount equal to such Owner's equitable proportion of such deficiency as ascertained by the Board of Governors.

If payment of the amount required to be paid is not made by such Owner, then either or both of the following, at the election of the Owner, shall apply:

1. the amount shall stand as Indebtedness against the contract of insurance and shall bear interest at a rate not to exceed ten percent (10%) per annum; or
2. the Owner shall accept a proportionate reduction in benefits paid pursuant to the contract of insurance.

The Owner shall make such election by notifying the Board of Governors of his or her election on a form prescribed by the Board of Governors that shall be provided to each Owner. Failure to make such election shall result in a presumption that the Owner elects to accept a proportionate reduction in benefits paid pursuant to the contract of insurance.

The Owner hereby agrees that if they affirmatively elect to have the amount stand as Indebtedness against the contract of insurance, then UCT may offset the amount of such Indebtedness together with interest thereon against any payment of benefits under this contract of insurance.

**SINGLE PREMIUM WHOLE LIFE INSURANCE POLICY
PAYABLE UPON DEATH
NON-PARTICIPATING**



APPLICATION FOR SINGLE PREMIUM LIFE INSURANCE

Requested Effective Date of Policy

1. PROPOSED INSURED AND BENEFICIARY INFORMATION

Last Name			First Name			MI			RESIDENCE ADDRESS								
									Street: _____								
									City: _____								
									State: _____			Zip Code: _____					
									EMAIL Address : _____								
									TELEPHONE: () _____ - _____								
INSURANCE APPLIED FOR																	
FACE AMOUNT						SINGLE PREMIUM											
\$ _____						\$ _____											
AGE		DATE OF BIRTH				SEX		HEIGHT		WEIGHT		SOCIAL SECURITY NUMBER					
		Month Day Year				<input type="checkbox"/> Male <input type="checkbox"/> Female											
Has the Proposed Insured used any form of tobacco in the past two years?														<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Primary Beneficiary								Social Security Number				Relationship to Proposed Insured					
Contingent Beneficiary								Social Security Number				Relationship to Proposed Insured					

2. OWNER (If other than Proposed Insured)

Last Name		First Name		MI		Date of Birth		Tax ID or Social Security#		Relationship to Proposed Insured					
Street						City				State		Zip Code			

Are you a member of The Order of United Commercial Travelers of America? Yes No

Council Name: _____ Council Location (City & State) _____

3. ELIGIBILITY QUESTIONS

(If any question in this section is answered "yes", the Proposed Insured is not eligible for coverage)

1. Has the Proposed Insured ever tested positive for exposure to the Human Immunodeficiency Virus (HIV) infection, or been diagnosed as having AIDS Related Complex (ARC) or Acquired Immunodeficiency Syndrome (AIDS) caused by the HIV infection or other sickness or condition derived from such infection?								<input type="checkbox"/> Yes		<input type="checkbox"/> No	
2. Is the Proposed Insured currently bedridden, receiving home health care, hospitalized, confined to a nursing home or long-term care facility, or been advised in the past 6 months to be hospitalized or to go into a nursing home or long-term care facility and refused?								<input type="checkbox"/> Yes		<input type="checkbox"/> No	
3. Is the Proposed Insured in the end stages of a terminal illness, or been told his/her life expectancy is 12 months or less, or receiving or on the waiting list for hospice care?								<input type="checkbox"/> Yes		<input type="checkbox"/> No	
4. Is the Proposed Insured currently awaiting an organ transplant?								<input type="checkbox"/> Yes		<input type="checkbox"/> No	

<p>5. Within the past 2 years, has the Proposed Insured:</p> <p>(a) been administered oxygen or recommended the use of oxygen?</p> <p>(b) had a heart attack, stroke, transient ischemic attack (TIA, also known as a mini-stroke), had or been advised to have heart surgery (including angioplasty or stent placement)?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>6. Within the past 2 years, has the Proposed Insured been diagnosed with or treated for:</p> <p>(a) dementia, Alzheimer's disease, schizophrenia, or any mental disorder?</p> <p>(b) cancer (other than basal cell carcinoma), leukemia, lymphoma, tumor, or chronic blood disorder (including sickle cell anemia)?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>7. In the past 5 years, has the Proposed Insured been incarcerated?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>8. Has the Proposed Insured <i>ever</i> been diagnosed with or treated for:</p> <p>(a) chronic kidney disease or disorder, or received kidney dialysis?</p> <p>(b) hepatitis (except Hepatitis A), or any liver or pancreas disease?</p> <p>(c) Congestive Heart Failure (CHF)?</p> <p>(d) Multiple sclerosis, lupus, or ALS (also known as Lou Gehrig's disease)?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

4. HEALTH QUESTIONS

(If "yes", please provide details – attach additional sheet if necessary)

<p>9. In the past 2 years, has the Proposed Insured had an application for life or health insurance or reinstatement declined, rated, or modified in any way?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<p>10. Has any Proposed Insured <i>ever</i> been diagnosed with, been treated by a member of the medical profession, taken medication for, or been advised to have diagnostic tests for: (check applicable conditions)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Internal cancer <input type="checkbox"/> Leukemia <input type="checkbox"/> Lymphoma <input type="checkbox"/> Hodgkin's disease <input type="checkbox"/> Malignant melanoma <input type="checkbox"/> Dementia, Alzheimer's or Parkinson's disease <input type="checkbox"/> Malignant or benign tumors of any kind <input type="checkbox"/> Emphysema or other chronic lung disease <input type="checkbox"/> Blood disorder </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Heart Attack <input type="checkbox"/> Stroke <input type="checkbox"/> Transient Ischemic Attack <input type="checkbox"/> Heart Surgery <input type="checkbox"/> Coronary Artery Surgery <input type="checkbox"/> Heart or circulatory system disease <input type="checkbox"/> Angioplasty <input type="checkbox"/> Paralysis, epilepsy, or other nervous system disease <input type="checkbox"/> Diabetes Mellitus </td> </tr> </table>		<input type="checkbox"/> Internal cancer <input type="checkbox"/> Leukemia <input type="checkbox"/> Lymphoma <input type="checkbox"/> Hodgkin's disease <input type="checkbox"/> Malignant melanoma <input type="checkbox"/> Dementia, Alzheimer's or Parkinson's disease <input type="checkbox"/> Malignant or benign tumors of any kind <input type="checkbox"/> Emphysema or other chronic lung disease <input type="checkbox"/> Blood disorder	<input type="checkbox"/> Heart Attack <input type="checkbox"/> Stroke <input type="checkbox"/> Transient Ischemic Attack <input type="checkbox"/> Heart Surgery <input type="checkbox"/> Coronary Artery Surgery <input type="checkbox"/> Heart or circulatory system disease <input type="checkbox"/> Angioplasty <input type="checkbox"/> Paralysis, epilepsy, or other nervous system disease <input type="checkbox"/> Diabetes Mellitus
<input type="checkbox"/> Internal cancer <input type="checkbox"/> Leukemia <input type="checkbox"/> Lymphoma <input type="checkbox"/> Hodgkin's disease <input type="checkbox"/> Malignant melanoma <input type="checkbox"/> Dementia, Alzheimer's or Parkinson's disease <input type="checkbox"/> Malignant or benign tumors of any kind <input type="checkbox"/> Emphysema or other chronic lung disease <input type="checkbox"/> Blood disorder	<input type="checkbox"/> Heart Attack <input type="checkbox"/> Stroke <input type="checkbox"/> Transient Ischemic Attack <input type="checkbox"/> Heart Surgery <input type="checkbox"/> Coronary Artery Surgery <input type="checkbox"/> Heart or circulatory system disease <input type="checkbox"/> Angioplasty <input type="checkbox"/> Paralysis, epilepsy, or other nervous system disease <input type="checkbox"/> Diabetes Mellitus		
<p>11. Does the Proposed Insured require the use a wheel chair due to chronic illness?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<p>12. In the last 2 years, has the Proposed Insured had a systolic blood pressure reading higher than 150 more than once or a diastolic blood pressure reading higher than 100 more than once?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<p>13. In the past 3 years, has the Proposed Insured been treated for alcohol and/or drug abuse?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<p>14. In the past 3 years, has the Proposed Insured been convicted of or put on probation for: (1) a felony; (2) driving under the influence (DUI); or (3) driving while intoxicated (DWI)?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Give details to any "Yes" answers to the Health Questions

Question #	Explanation (including Medications)	Dates / Duration	Name of Physician and/or Hospital

5. REPLACEMENT INFORMATION

a. Do the Proposed Insured have any existing life insurance or annuities currently in force or pending with this or any other company? Yes No

b. Will this policy, if issued, replace or modify insurance or annuities with this or any other company? Yes No

If "yes", provide the following information:

Name of Company _____ Policy No. _____

Reason for replacement? _____

6. AUTHORIZATIONS AND SIGNATURES

I hereby apply to The Order of United Commercial Travelers of America for a policy to be issued solely and entirely in reliance on my written answers to the questions on this application. The answers are, to the best of my knowledge and belief, true. The Order of Commercial Travelers of America has the right to deny benefits or rescind my Policy. I also understand that the agent cannot determine eligibility for or alter the terms of the proposed policy. I agree the policy shall not be effective until it has actually been issued.

WARNING: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application, or files a claim containing a false or deceptive statement, is guilty of insurance fraud.

If not a current member of The Order of United Commercial Travelers of America, I apply to become a member as indicated by my signature below. I understand UCT is a fraternal benefit society and agree to abide by the Society's Constitution and Bylaws.

Signed At: _____ Applicant's Signature: _____

Dated: _____
(Month/Day/Year)

7. AGENT'S CERTIFICATION

The undersigned Agent certifies that the Applicant has read, or has had read to them, the completed application and that the Applicant realizes that any false statement or misrepresentation in the application may result in loss of coverage under the policy.

TO BE COMPLETED BY AGENT (Attach separate sheet, if necessary)

1. List any other life insurance or annuity policies you have sold to the Applicant that are still in force.

2. List any other life insurance or annuity policies you have sold to the Applicant in the past five (5) years that are no longer in force.

3. Do you have any knowledge or reason to believe that the Applicant is intending to replace an existing insurance? Yes No

I certify that:

I have accurately recorded the information supplied by the Applicant; and I have given an outline of coverage for the policy applied for to the applicant.

Agent's Signature: _____

Date: _____

Agent's Printed Name: _____

Agent License Number: _____

**HIPAA & MIB AUTHORIZATION & ACKNOWLEDGEMENT
THE ORDER OF UNITED COMMERCIAL TRAVELERS OF AMERICA**

I understand the information obtained by use of the Authorization will be used by The Order of United Commercial Travelers of America to determine eligibility for insurance or for benefits under an existing policy. Any information obtained will not be released by The Order of United Commercial Travelers of America to any person or organization **EXCEPT** to reinsurance companies, the Medical Information Bureau Inc. (MIB), or other persons or organizations performing business or legal services in connection with my application, claims, including legal proceedings thereon, or as may be otherwise lawfully required or as I may authorize.

I hereby authorize any licensed physician, medical practitioner, hospital, clinic, other medically-related facility, insurance or reinsuring company, the Medical Information Bureau or other organization, institution, or person, that has my records or knowledge of my health, to disclose to the Order of United Commercial Travelers of America or its reinsurer(s) any such information. A photocopy of this authorization shall be as valid as the original.

I understand that when my medical records are disclosed pursuant to this Authorization, my medical records and the Information contained in those records may be subject to re-disclosure by the recipient and may no longer be protected by federal privacy laws. I understand that I may revoke this Authorization, except to the extent that any care provider or the Order of United Commercial Travelers of America has acted in reliance upon this Authorization. My revocation must be submitted in writing to: The Order of United Commercial Travelers of America, 632 N. Park St., P.O. Box 15019, Columbus, Ohio 43215-8619.

I also understand that this authorization shall remain in force for **thirty (30) months** from the date shown below if used in connection with an application for an insurance policy, an application for reinstatement of an insurance policy, or a request for change in policy benefits; or for the duration of a claim if used for the purpose of collecting information in connection with a claim for benefits under a policy.

Applicant Name

Social Security Number

Date of Birth

Signature of Applicant

Date

NOTICE TO APPLICANT

In making this application for insurance to the Order of United Commercial Travelers of America, it is understood that an investigative consumer report may be prepared whereby information is obtained through personal interviews with your neighbors, friends or others whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics and mode of living. You have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of this investigation.

Information regarding your insurability will be treated confidential. The Order of United Commercial Travelers of America, or its reinsurer, may; however, make a brief report thereon to the Medical Information Bureau, a non-profit membership organization of life insurance companies which operates an information exchange on behalf of its members. If you apply to another Bureau member company for life or health coverage, or a claim for benefits is submitted to such company, the Bureau, upon request will supply such company with the information in its file.

Upon receipt of a request from you the Bureau will arrange disclosure of any information it may have in your file. If you question the accuracy of information in the Bureau's file, you may contact the Bureau and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. The address of the Bureau's information is Post Office Box 105, Essex Station, Boston, Massachusetts 02112, telephone number (617) 426-3660. The Order of United Commercial Travelers of America, or its reinsurer, may also release information in its file to other insurance companies to whom you apply for life or health insurance, or to whom a claim for benefits may be submitted.

AUTHORITY TO HONOR PREMIUM CHECKS - ATTACH VOIDED CHECK – Deposit Slips NOT Accepted

AUTHORIZATION	IN FAVOR	<u>The Order of United Commercial Travelers of America</u>		AUTHORIZATION
	OF:	<u>632 N. Park St., P.O. Box 159019, Columbus, Ohio 43215-8619.</u>		
		Name of Bank Customer:		
		Insured's Name:	_____	
	Account Number:	_____	Routing Number:	_____
	To (Name of Bank):	_____		
	Address of Bank:	_____		
	<p>You are hereby authorized, as a convenience to me, to honor and charge my account for checks, drafts and other orders, including without limitation any order initiated by electronic means, drawn by The Order of United Commercial Travelers of America indicated above, on my account by and payable to the order of The Order of United Commercial Travelers of America for the payment of premiums provided there are sufficient collected funds in such account to pay the same upon presentation. I agree that your rights in respect to each such check or other order drawn by The Order of United Commercial Travelers of America shall be the same as if it were a check drawn on you and signed personally by me. This authority is to remain in effect until revoked by me in writing, and until you actually receive such notice I agree that you shall be fully protected in honoring any such check or other orders drawn by The Order of United Commercial Travelers of America. I further agree that if any such checks or other orders drawn by The Order of United Commercial Travelers of America be dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever even though such dishonor results in forfeiture of insurance.</p>			
	Date	Signature of Bank Customer		

Signature must be the same as on the signature card at bank, and if a company account the name of the account must be shown.

To: Bank above:

In consideration of your compliance with the individual authorization of your depositors to pay checks, drafts or orders, drawn and signed by us to our Order, we agree:

- To indemnify you and hold you harmless from any loss you may suffer as a consequence of your actions resulting from or in connection with the execution and issuance of any check, draft or order, whether or not genuine, purporting to be executed and received by you in the regular course of business for the purpose of payment of such insurance premiums including any costs or expenses reasonably incurred in connection therewith.
- In the event that any such check, draft or order shall be dishonored, whether with or without cause, and whether intentionally or inadvertently, to indemnify you for such loss even though dishonor results in forfeiture of the insurance.
- To defend at our own cost and expense any action which might be brought by any depositor or any other persons because of your actions taken pursuant to said authorization and direction or in any manner arising by reason of your participation in this plan of premium collection.



UCT® A Fraternal Benefit Society

The Order of United Commercial Travelers of America

632 N. Park St.
P.O. Box 159019
Columbus, Ohio 43215-8619

(614) 228-3276
(800) 848-0123 Toll-free
(614) 228-1898 Fax

ACCELERATED DEATH BENEFIT RIDER

Rider Effective Date: _____

This Rider provides for an acceleration of death benefit. The Rider adds a benefit to and is part of the Policy to which it is attached. Unless otherwise defined in the Rider, terms used in the Rider have the same meanings as in the Policy. There is no additional premium required for this Rider.

Tax Consequences: Any benefits that You receive under this Rider may be taxable or may adversely affect Your eligibility for Medicaid or other government benefits. Before claiming a benefit under this Rider, You should seek the advice of your personal tax advisor.

Cash Values, Loan Values, and the Death Benefit will be reduced if You receive an Accelerated Benefit.

Effective Date: The Effective Date of this Rider is:

- the Policy Date, if the Rider was attached when the Policy was issued; or
- the date shown above, if the Rider was attached after the Policy was issued.

Termination: All coverage under this Rider ends when the first of the following occurs:

- the Policy ends; or
- You receive a benefit under the Rider; or
- You request to terminate the Rider.

DEFINITIONS

Immediate Family means Your spouse, parents, grandparents, children, or siblings and their spouses.

Policy means the Policy to which this Rider is attached.

Physician means a licensed and qualified medical doctor who is not a member of Your or the Insured's immediate family.

Terminal Illness means a medical condition of the Insured resulting from bodily injury, or disease, or both: (a) which has been diagnosed by a Physician, such diagnosis being supported by clinical, radiological, laboratory, or other evidence of the medical condition satisfactory to Us; and (b) which a Physician has certified in writing is expected to result in the death of the Insured within twelve (12) months.

Qualified Nursing Facility means a skilled nursing facility, intermediate care facility, or custodial care facility. It is not: (a) a hospital; (b) a facility that primarily treats persons who are chemically dependent or mentally ill; (c) a home for the aged, a community living center, or a place that primarily provides domiciliary residency or retirement care in the absence of medical necessity; or (d) a facility owned or operated by a member of Your or the Insured's immediate family. A Qualified Nursing Facility must be licensed as a care facility by the state in which it operates and must conduct its business in accordance with law.

Extended Care means care of the Insured that is required because the Insured is Chronically Ill and has remained Chronically Ill continuously for at least 90 days, as certified in writing by a Physician. Extended Care includes care provided by a licensed home health care agency or by a licensed or state-certified adult day care center.

Chronically Ill means that the Insured: (a) is unable to perform, without substantial assistance from another person, at least two out of six Activities of Daily Living; or (b) suffers from a severe organic mental illness.

Activities of Daily Living are: (1) eating; (2) toileting; (3) transferring (i.e., moving into or out of a bed, chair, or wheelchair); (4) bathing; (5) dressing; and (6) continence.

Eligible Proceeds means the amount of Death Benefit of the Policy that is available for acceleration. It is equal to the full face amount of the Policy.

Exchanged Eligible Proceeds means the amount of Eligible Proceeds You elect to exchange in return for payment to you of an Accelerated Death Benefit. Exchanged Eligible Proceeds must be no less than \$5,000 and no more than the lesser of: (a) the Eligible Proceeds; or (b) \$250,000.

Accelerated Death Benefit means the amount that We will pay to You under this Rider. The Accelerated Death Benefit is equal to the Exchanged Eligible Proceeds multiplied by the Specified Percentage (see the BENEFIT section of this Rider). Before we make payment, we will reduce it by: (a) the policy debt (if any) of the Policy, multiplied by (b) the amount of Exchanged Eligible Proceeds, divided by (c) the face amount of the Policy immediately prior to such payment. We will also reduce it by an administrative charge of \$250.00. However, in no event will the Accelerated Death Benefit be less than: (a) the difference between (i) the cash value (before reduction by any policy debt) of the Policy immediately prior to such payment, and (ii) the policy debt (if any) of the Policy immediately prior to such payment, multiplied by (b) the amount of Exchanged Eligible Proceeds, divided by (c) the face amount of the Policy immediately prior to such payment.

BENEFIT

You may elect to exchange Eligible Proceeds for an Accelerated Death Benefit. We will pay to You or the Insured this Accelerated Death Benefit in a single sum or will pay using a payment option listed in the Policy promptly after We have received Your election and written proof satisfactory to Us. We may make payment of this Rider benefit to you. When We make this payment, this Rider will terminate.

To elect a benefit under this Rider, You must:

- request payment of the Rider benefit during the lifetime of the Insured in a written form satisfactory to Us; and
- send Us the Policy; and
- submit to Us written proof satisfactory to Us that the Insured either:
 - (a) suffers from a Terminal Illness; or
 - (b) is Chronically Ill and has been certified as such in writing by a Physician, and has been confined to a Qualified Nursing Facility continuously for at least 90 days with written certification by a Physician that such confinement is expected to be permanent; or
 - (c) requires Extended Care.

The Specified Percentages are:

- (a) 95% for the Terminal Illness benefit;
- (b) 90% for the Qualified Nursing Facility benefit; and
- (c) 80% for the Extended Care benefit.

At Our expense, We may require an examination of the Insured by a second Physician to verify any diagnosis or certification made by the initial Physician. The second physician must be acceptable to both You and Us. The second Physician's diagnosis or certification will be deemed conclusive.

Only one benefit election is allowed under this Rider.

Any Assignee or Irrevocable Beneficiary under the Policy must consent in writing to Your election of this Rider benefit.

If You are required by a government agency to use this Rider benefit in order to apply for, obtain, or keep a government benefit or entitlement, then You are not eligible to elect the benefit provided by this Rider.

If You have submitted an election to Us and the Insured dies before We make any Rider payment to You, then We will consider the election to be null and void. We will pay the Beneficiary the death benefit as provided in the Policy when We receive due proof that the Insured has died.

Once an Accelerated Death Benefit has been paid to You, the election cannot be revoked. A payment under this Rider is considered made when sent from Our Home Office.

EFFECT ON THE POLICY

When an Accelerated Death Benefit is paid under this Rider:

- the Face Amount of the Policy immediately prior to such payment will be reduced by the amount of Exchanged Eligible Proceeds; and
- the Cash Value (before reduction by any policy debt) of the Policy immediately prior to such payment will be reduced by: (a) the cash value (before reduction by any policy debt) immediately prior to such payment, multiplied by (b) the amount of Exchanged Eligible Proceeds, divided by (c) the face amount of the Policy immediately prior to such payment; and
- the policy debt of the Policy immediately prior to such payment will be reduced by: (a) the policy debt immediately prior to such payment, multiplied by (b) the amount of Exchanged Eligible Proceeds, divided by (c) the face amount of the Policy immediately prior to such payment.

We will amend the Policy to reflect its new Face Amount after payment of an Accelerated Death Benefit. If the Exchanged Eligible Proceeds are less than the full Face Amount of the Policy, We will return the Policy to You after payment of an Accelerated Death Benefit.

OTHER IMPORTANT RIDER TERMS

Incontestability: We will not contest this Rider after the Policy becomes incontestable.

Nonparticipating: This Rider is nonparticipating and is not eligible to share in dividends.

President

Accelerated Death Benefit Rider Disclosure Statement

This is a brief description of the Accelerated Death Benefit Rider and its effects on your Policy. Please refer to the Policy and Rider form for contract provisions.

Tax Consequences: A benefit that You receive under this Rider may be taxable or may adversely affect your eligibility for Medicaid or other government benefits or entitlements. Before claiming a benefit under this Rider, You should seek the advice of Your personal tax advisor.

Your benefit.

We will allow You, the owner, to accelerate a minimum of \$5,000 up to the minimum of the Eligible Proceeds, if the Insured suffers from a Terminal Illness, is Chronically Ill and confined to a licensed Qualified Nursing Facility continuously for at least 90 days and the Insured's stay is certified to be permanent, or requires Extended Care.

Eligible Proceeds means the amount of Death Benefit of the Policy that is available for acceleration. It is equal to the full face amount of the Policy.

Terminal Illness means a medical condition of the Insured resulting from bodily injury or disease, or both: (a) which has been diagnosed by a Physician and (b) which a physician has certified in writing is expected to result in the death of the Insured within twelve (12) months.

Chronically Ill means the Insured is unable to perform, without substantial assistance from another person, at least two out of six Activities of Daily Living; or suffers from a severe organic mental illness.

Activities of Daily Living are: (1) eating; (2) toileting; (3) transferring (i.e., moving into or out of a bed, chair, or wheelchair); (4) bathing; (5) dressing; and (6) continence.

Extended Care means care of the Insured that is required because the Insured is Chronically Ill and has remained Chronically Ill continuously for at least 90 days, as certified in writing by a Physician. Extended Care includes care provided by a licensed home health care agency or by a licensed or state-certified adult day care center.

The benefit payable to you.

Upon satisfaction of the requirements under the rider, We will pay to You an amount equal to the percentage of the Eligible Proceeds You elect to accelerate, multiplied by the Specified Percentage, reduced by an administrative charge of \$250.00. The amount of the payment to You will be reduced by the amount of the reduction in any outstanding loan resulting from the acceleration. There are no other costs or liens to the Policy associated with the Accelerated Death Benefit Rider.

The Specified Percentages are:

- (a) 95% for the Terminal Illness benefit;
- (b) 90% for the Qualified Nursing Facility benefit; and
- (c) 80% for the Extended Care benefit.

Effects to the Policy upon acceleration are as follows:

- the Policy's Face Amount will be reduced by the accelerated percentage of the Eligible Proceeds; and
- the cash value and any loan balance will also be reduced by the accelerated percentage of the Eligible Proceeds.

Hypothetical Example

Before Acceleration:	
Face Amount	\$50,000.00
Policy Debt	\$1,000.00
Cash Value	\$6,000.00
Accelerated Percentage of Eligible Death Benefit	60%
Exchanged Eligible Proceeds	\$30,000.00
Specified Percentage (Qualified Nursing Facility benefit)	90%
Accelerated Death Benefit:	
Exchanged Eligible Proceeds	\$30,000.00
(multiply by) Specified Percentage (Qualified Nursing Facility benefit)	90%
	\$27,000.00
Policy Debt	1,000.00
(multiply by) Exchanged Eligible Proceeds ÷ Face Amount	60%
(subtract) Policy Debt Retired through Acceleration	\$600.00
(subtract) Administrative Charge	\$250.00
Accelerated Death Benefit	\$26,150.00
After Acceleration:	
Face Amount	\$20,000.00
Policy Debt	\$400.00
Cash Value	\$2,400.00

Conditions for the benefit.

- The Policy and Rider must be in force and the Insured living at the time You make a written request for benefits.
- Written proof satisfactory to Us that the Insured suffers from a Terminal Illness, or is Chronically Ill and has been certified as such in writing by a Physician, and has been confined to a Qualified Nursing Facility continuously for at least 90 days with written certification by a Physician that such confinement is expected to be permanent; or is Chronically Ill and has been certified as such in writing by a Physician, and requires Extended Care.
- Any Assignee or Irrevocable Beneficiary under the Policy must consent in writing to Your election of this benefit.
- A request for acceleration will not be approved if You are required by a government agency to use this benefit in order to apply for, obtain, or keep government benefits or entitlements.
- The death benefit amount accelerated must be no less than \$5,000 and no more than \$250,000.
- Only one benefit election is allowed under this Rider. Once a benefit is paid, this rider ends.

I acknowledge that I have read and understand this disclosure statement.

Signature of Applicant/Owner

Signature of Agent

Date

Agent Number

Application or Policy Number



UCT A Fraternal Benefit Society

The Order of United Commercial Travelers of America

632 N. Park St.
P.O. Box 159019
Columbus, Ohio 43215-8619

(614) 228-3276
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(614) 228-1898 Fax

Modified Endowment Contract Information

I understand that as defined in the Internal Revenue Code Section 7702A, the life insurance policy for which I have applied, or which has been issued, is a Modified Endowment Contract.

The Federal Government created a class of life insurance policies known as Modified Endowment Contracts under the Technical and Miscellaneous Revenue Act of 1988 (TAMRA). These are life insurance policies under which the gross premiums paid at any time during the first seven years - or during the seven years after a material change - exceed the sum of the annual net level premiums under the seven-year test defined in the law.

Death benefits on life insurance policies are not subject to income tax, but in some cases may be subject to estate taxes.

When a policy becomes a Modified Endowment Contract, there is a change in the tax treatment of any distribution made during the life of the policy. The kinds of distributions that may be subject to income tax include dividends paid in cash or withdrawn, any loan, partial withdrawals, policy surrender, or any assignment or pledge.

When a taxable distribution is made, only the amount of the distribution that represents any gain in the contract is included in your taxable income.

Taxable distributions are subject to a two-part tax --- **income tax** on the amount of the gain and an **additional** 10% penalty unless the taxpayer is disabled, over the age of 59 1/2 or the benefit is paid as a life annuity.

Before making any decision concerning the tax status of your policy, you should consult your attorney or accountant.

Name of Applicant and/or Policyholder (Print)

Policy Number

Signature of Applicant and/or Policyholder

Date

Name of Agent (Print)

Agent Number

Signature of Agent

Date

A copy of this form must be provided to the applicant and a copy must be submitted to the home office with the application.



U.C.T.[®]

A Fraternal Benefit Society

The Order of United Commercial Travelers of America

632 N. Park St.
P.O. Box 159019
Columbus, Ohio 43215-8619

(614) 228-3276
(800) 848-0123 Toll-free
(614) 228-1898 Fax

Acknowledgement Single Premium Whole Life

I acknowledge that:

- I am applying for a Single Premium Whole Life insurance policy to increase my estate and leave a legacy for my heirs.
- The funds used to purchase this Single Premium Whole Life Insurance Policy are not needed for my daily living expenses and I have other sources of income to provide for my daily living needs.
- The cash value of my policy in its early years will be less than my premium payment; however, the cash value is guaranteed to increase each year and may be accessed through a policy loan or partial surrender as provided by the policy.

Applicant's Signature

Date

I acknowledge that:

- Based on the information disclosed to me by the applicant, my recommendation of Single Premium Whole Life insurance policy is reasonably suited to fulfill the applicant's needs.

Agent's Signature

Date

A copy of this form must be submitted with the application.

SERFF Tracking Number: WAKE-125497586 State: Arkansas
Filing Company: The Order of United Commercial Travelers of America State Tracking Number: 38532
Company Tracking Number:
TOI: L071 Individual Life - Whole Sub-TOI: L071.111 Single Premium - Single Life
Product Name: UCT SPWL Form 2008
Project Name/Number: UCT/022008

Supporting Document Schedules

Satisfied -Name: Certification/Notice	Review Status:	02/20/2008
Comments:		
Attachments:		
Comp Ofc Readability Cert.pdf		
R&R 19 Cert signed.PDF		
Bypassed -Name: Application	Review Status:	02/20/2008
Bypass Reason: See Form Schedule		
Comments:		
Satisfied -Name: Life & Annuity - Actuarial Memo	Review Status:	02/20/2008
Comments:		
Attachment:		
UCT Act Memo SPWL 032108.pdf		
Satisfied -Name: Authorization Letter	Review Status:	03/27/2008
Comments:		
Attachment:		
Auth Ltr.pdf		
Satisfied -Name: Policyholder Welcome Letter	Review Status:	03/27/2008
Comments:		
Attachment:		
SPWL Welcome Ltr.pdf		

READABILITY COMPLIANCE CERTIFICATION

Name and Address of Insurer:

The Order of United Commercial Travelers of America
632 North Park Street
Columbus, Ohio 43215

I hereby certify that the Flesch Reading Ease Test Score of the listed forms are as follows:

Type and/or Title of Form(s)	Form Number(s)	Flesch Score
Application	SPWL App-08	44.2
Single Premium Whole Life Policy	SPWL-08	45.4
Accelerated Death Benefit Rider	ADB Rdr-08	43.2
Accelerated Death Benefit Disclosure	ADB Rdr Disc-08	43.7
Modified Endowment Contract Information	MEC Info-08	43.2
Single Premium Whole Life Acknowledgement	SPWL Ack- 08	47.8

The type size of the text is at least 10-pointed leaded.

I also certify to the best of my knowledge and belief that the form is in compliance with the Insurance Code and with all other applicable requirements of the Insurance Department in this state.



Signature

Ronald A. Ives

Name

VP of Operations

Title

March 18, 2008

Date

ARKANSAS
Rule and Regulation 19 Certification

<u>Title of Form(s)</u>	<u>Form Number</u>
Individual Single Premium Whole Life Policy	SPWL-08
Accelerated Death Benefit	ADB Rdr-08
Application	SPWL App-08
Accelerated Death Benefit Disclosure	ADB Rdr Disc-08
Modified Endowment Contract Information	MEC Info-08
Single Premium Whole Life Acknowledgement	SPWL Ack-08

I hereby certify that the above noted forms meet the provisions of Rule and Regulation 19, the Unfair Sex Discrimination in the Sale of Insurance.



Signature

Jennifer G. Snell

Name

Compliance Analyst

Title

3/27/2008

Date

The Order of
UNITED COMMERCIAL TRAVELERS OF AMERICA

Single Premium Whole Life

ACTUARIAL BASIS

I. POLICY DESCRIPTION

A. Benefits -

- | | |
|-----------------------------------|--|
| 1) Amount of coverage | \$1,000 per unit |
| 2) Benefit increases or decreases | None; benefits are level and guaranteed subject to policy provisions |
| 3) Period of coverage | Lifetime |

B. Premiums

Single Premium payable at policy issue; no further premium is payable

Premiums are based on issue age, gender, smoker status, and responses to medical questionnaire

C. Issue Ages

45 – 85 (age last birthday)

D. Riders - Accelerated Death Benefit Rider

- | | |
|-------------------------------------|---|
| 1) Benefit triggers | Terminal illness
Chronic illness and confinement in a qualified nursing facility
Chronic illness and requires extended care |
| 2) Amount eligible for acceleration | Full face amount |
| 3) Benefit payable | Amount elected for acceleration multiplied by a percentage determined by the benefit trigger
(a) 95% for terminal illness
(b) 90% for nursing home confinement
(c) 80% for extended care |

4) Premium

None

II. ACTUARIAL ASSUMPTIONS

- A. Mortality - 2001 CSO Ultimate ALB, Male and Female, Non-smoker and Smoker
- B. Interest -
- 1) Reserves - 4.00% valuation interest rate
 - 2) Nonforfeiture - 5.00% nonforfeiture interest rate
- C. Other Assumptions - Curtate cash values
IPC net level reserves
- D. Accelerated Death Benefit No additional premium or reserve is necessary; benefit is discounted when option is exercised; discount is based on the following life expectancies measure from option exercise
- (a) 1 year for terminal illness
 - (b) 2 years for nursing home confinement
 - (c) 4 years for extended care

Hypothetical Example

Before Acceleration:	
Face Amount	\$50,000.00
Policy Debt	\$1,000.00
Cash Value	\$6,000.00
Accelerated Percentage of Eligible Death Benefit	60%
Exchanged Eligible Proceeds	\$30,000.00
Specified Percentage (Qualified Nursing Facility benefit)	90%
Accelerated Death Benefit:	
Exchanged Eligible Proceeds	\$30,000.00
(multiply by) Specified Percentage (Qualified Nursing Facility benefit)	90%
	\$27,000.00
Policy Debt	1,000.00
(multiply by) Exchanged Eligible Proceeds ÷ Face Amount	60%
(subtract) Policy Debt Retired through Acceleration	\$600.00
(subtract) Administrative Charge	\$250.00
Accelerated Death Benefit	\$26,150.00
After Acceleration:	

Face Amount	\$20,000.00
Policy Debt	\$400.00
Cash Value	\$2,400.00

III. NOTATIONS

x = age at issue

t = duration

${}_tDB_x$ = death benefit

$\overline{{}_tPVB_x}^R$ = present value of benefits on a continuous reserve basis

${}_tV_x$ = terminal reserve

${}_tPVB_x^N$ = present value of benefits on nonforfeiture basis

${}_tCV_x$ = cash value

IV. FORMULAS

$$\overline{{}_tPVB_x}^R = \frac{\sum_{i=t+1}^{121-x} {}_iDB_x \cdot \overline{C_{x+i-1}}^R}{D_{x+t}^R}$$

$${}_tV_x^R = \overline{{}_tPVB_x}^R$$

$${}_tPVB_x^N = \frac{\sum_{i=t+1}^{121-x} {}_iDB_x \cdot C_{x+i-1}^N}{N}$$

$${}_tCV_x = \frac{D_{x+t}}{{}_tPVB_x^N}$$

V. SAMPLE CALCULATIONS

Male, Non-smoker

$x = 45$ (issue age)

$t = 10$ (duration)

${}_tDB_x = \$1,000.00$

RESERVES

$${}_{10}PVB_{45}^R = \frac{\sum_{i=1}^{66} {}_{i+10}DB_{45} \cdot C_{55+i-1}^{\overline{R}}}{D_{55}^R} = \$408.04$$

${}_{10}V_{45} = \$408.04$ (rounded to nearest cent)

CASH VALUES

$${}_{10}PVB_{45}^N = \frac{\sum_{i=1}^{66} {}_{i+10}DB_{45} \cdot C_{55+i-1}^N}{D_{55}^N} = \$327.88$$

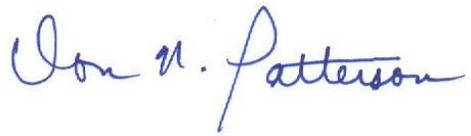
${}_{10}CV_{45} = \$327.88$ (rounded to nearest cent)

VI. ACTUARIAL CERTIFICATION

I hereby certify that, to the best of my knowledge and belief, this Actuarial Memorandum is in compliance with all applicable laws and regulations of this State and the filing complies with the NAIC Standard Nonforfeiture Law for Life Insurance, Model 808.

No assumptions or provisions unfairly discriminate in availability, rates, benefits, or any other way for individuals of the same class, equal expectation of life, and degree of risk or hazard.

Respectfully submitted,

A handwritten signature in blue ink that reads "Don N. Patterson". The signature is written in a cursive style with a large initial "D" and a long, sweeping tail on the "P".

Don N Patterson, F.S.A., M.A.A.A.
Wakely Actuarial Services, Inc.

Phone: (727) 489-7131



THE ORDER OF
UNITED COMMERCIAL TRAVELERS OF AMERICA

632 NORTH PARK STREET, P.O. BOX 159019 COLUMBUS, OHIO 43215-8619
(614) 228-3276 • TOLL-FREE: (800) 848-0123 • FAX: (614) 228-1898 • www.uct.org

May 1, 2007

J. Steven Keck, FSA, MAAA
Wakely Actuarial
34125 US Highway 19 North, Suite 310
Palm Harbor, FL 34684

Dear Mr. Keck:

Wakely Actuarial is hereby authorized to file rate increases, refund calculations or other filings requiring actuarial certification on behalf of The Order of United Commercial Travelers of America.

Thank you.

Sincerely,

Ronald E. Hunt
Executive Vice President, Operations

REH:jev

ROY REAGAN
3 COLONY RD
LITTLE ROCK, AR 72227-2927
Agent Number: 00543688

November 2, 2001

Below is pertinent data for the insured's Single Premium Whole Life policy. Please verify that this information is accurate. If there are any discrepancies, please contact our Customer Service Department at 1-800-848-0123.

POLICY OWNER: ROBERT W. SMITH

Address:
2405 S TYLER ST
LITTLE ROCK, AR 722045157

INSURED: ERIC DORSEY

Member Number:
Birth Date: November 12, 1983
Issue Age: 12

Address:
1803 YORK AVE
MEMPHIS, TN 38104

PAYOR: ROBERT W. SMITH

Address:
2405 S TYLER ST
LITTLE ROCK, AR 722045157

POLICY BENEFITS: G0001153

Plan: Single Prem
Effective Date: March 1, 1996
Payment Mode: Single Premium
Basic Amount: \$10,000.00
Modal Premium: \$898.00

ROBERT W. SMITH
2405 S TYLER ST
LITTLE ROCK, AR 722045157

November 2, 2001

Dear ROBERT,

Welcome to the United Commercial Travelers family. We believe that UCT has more to offer than any other fraternal insurance provider in North America. UCT's motto is "People Helping People," a phrase we've lived up to for more than a century. Enclosed is your contract that explains your insurance coverage in greater detail. Please review it thoroughly and retain it for your records.

As a policy owner, you are taking advantage of dependable insurance coverage at affordable prices. However, there are additional benefits that UCT offers only to its members. These fraternal benefits include financial assistance through our Fraternal fund, a cancer benefit, savings through various discount programs and more.

If you are interested in becoming a full member of UCT (you must be 18 years of age or older) or would like more information about membership or Fraternal benefits, please contact the Fraternal Department at (800) 848-0123. Membership dues in the majority of councils are \$12 per year.

If you have any questions about your insurance contract or our organization, please contact the Customer Service department at (800) 848-0123.

Congratulations on choosing UCT for your needs. Thank you for giving us the opportunity to serve you.

Sincerely and fraternally,

Thomas G. Luffy
Chief Operating Officer

John A. Engel
Supreme Counselor

This is your UCT membership card. If you have a Medicare policy with UCT, it is also proof of your Medicare coverage. Peel off and retain for your records.

ERIC DORSEY

G0001153: Single Premium
Effective: March 1, 1996

Dear Valued Member:

Recently, Congress enacted the Financial Services Modernization Act, which has brought a number of changes to the insurance industry. In conjunction with those changes, We, like all insurance companies and organizations, are required to tell our members how personal information that we maintain about you is treated. Following this notice you will find information about our privacy policy as required by Congress.

Throughout the history of our Society, our members have always been our foremost priority. Therefore, our commitment to protecting your privacy is not new. We will continue to safeguard your privacy and the confidentiality of the information you provide us.

If you have any questions or concerns regarding our privacy policy, please contact our Customer Service Department at (800) 848-0123.

Thank you for trusting us with your personal information.

Sincerely,

Thomas G. Luffy
Chief Operating Officer
The Order of United Commercial Travelers of America

The Order of United Commercial Travelers of America Privacy Policy for Our Members

When we issue an insurance policy to a member, we need information about the individual we are insuring. However, we consider this information to be confidential, and have taken steps to ensure its security.

This policy explains what information we collect, with whom we share it, and how you can direct us not to share certain information with certain parties. The practices described in this policy are applicable to current and former members who have insurance with us.

Information we collect and sources of information: We receive most information directly from you as part of the application process. If we need to verify information or require additional information, we may obtain such information from third parties including: adult family members, employers, other insurers or Societies, consumer reporting agencies, physicians, hospitals and other medical personnel. Information collected may relate to your finances, employment, health, avocations or other personal characteristics, or to other transactions with us. Any information, that we collect about you, will be contained in our policy records. We will refer to and use this information to issue and service your insurance, evaluate benefit claims, and process transactions requested by you.

Who has access to this information: We may disclose all of the information that we collect, as described above, when necessary for business purposes, or where disclosure is required by law. For example, we may, without your prior permission and only if permitted by law, provide information about you contained in our records and files to certain persons and organizations such as:

- your independent agent or broker, or to an independent claim adjuster or investigator to enable them to provide business services for us, such as assisting us to evaluate requests for insurance or benefits, to perform general administrative activities such as maintaining existing accounts, or to otherwise assist us in servicing or processing an insurance product or service requested or authorized by you;
- to persons or organizations that conduct actuarial or underwriting studies;
- an insurance support organization or other insurer or Society, to prevent or prosecute fraud or to properly underwrite the risk

Also, on rare occasion, we may be required to share this information with:

- a State Insurance Department or other governmental agency, if required by federal, state or local laws;
- if ordered by summons, court order, search warrant or subpoena; or
- to a law enforcement agency or other regulatory agency to protect our own legal interests, or in case of suspected fraud or other illegal activities.

We do not make any other disclosures of information about our members or former members to other companies, Societies, or other non-affiliated third parties who may want to sell their products or services to you. For example, we will not sell your name to a catalogue company.

Security and Confidentiality of Your Information: We also take steps to safeguard customer information. Our employees are required to protect the confidentiality of your information. Employees may access information only when there is an appropriate reason to do so, such as to administer or offer our products or services. We also maintain physical, electronic and procedural safeguards to protect information; these safeguards comply with all applicable laws. All employees (or people working on our behalf and under confidentiality agreements) are required to comply with our established policies.

Your Rights to Access and Correct Your Information: Generally, upon your written request, we will make available personal information in your files pertaining to you (except for certain documents collected in connection with, or in anticipation of, any claim or legal proceeding which will not be made available). If you notify us that the information is incorrect, we will review it and, if we agree, we will correct our records. If we do not agree, you are still entitled to file a written statement with us, disputing the information. We will send the correction or statement to anyone who received or will receive the original information. If you have questions about the right of access to or correction of your file, write to us at: UCT, 632 North Park Street, P.O. Box 159019, Columbus, Ohio, 43215-8619.

Additional Information: In addition to any other privacy notice we may provide, a recently enacted federal law established new privacy standards and requires us to provide this summary of our privacy policy once each year. You may have additional rights under other applicable laws. For additional information regarding our privacy policy, please contact us at the above address or at our website at www.uct.org.

