

SERFF Tracking Number: AGNN-126353355 State: Arkansas
Filing Company: Western National Life Insurance Company State Tracking Number: 43894
Company Tracking Number: 109-8X
TOI: A02I Individual Annuities- Deferred Non- Sub-TOI: A02I.002 Flexible Premium
Variable
Product Name: Application
Project Name/Number: Application/109-8X

Filing at a Glance

Company: Western National Life Insurance Company

Product Name: Application

SERFF Tr Num: AGNN-126353355 State: Arkansas

TOI: A02I Individual Annuities- Deferred Non-
Variable

SERFF Status: Closed-Approved- State Tr Num: 43894
Closed

Sub-TOI: A02I.002 Flexible Premium

Co Tr Num: 109-8X

State Status: Approved-Closed

Filing Type: Form

Author: Natalie Prevost

Reviewer(s): Linda Bird

Date Submitted: 10/23/2009

Disposition Date: 10/27/2009

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Application

Status of Filing in Domicile: Pending

Project Number: 109-8X

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: Simultaneously
filing in Texas

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 10/27/2009

Explanation for Other Group Market Type:

State Status Changed: 10/27/2009

Deemer Date:

Created By: Natalie Prevost

Submitted By: Natalie Prevost

Corresponding Filing Tracking Number:

Filing Description:

October 23, 2009

VIA SERFF

Re: Western National Life Insurance Company

NAIC#: 70432

SERFF Tracking Number: AGNN-126353355 State: Arkansas
Filing Company: Western National Life Insurance Company State Tracking Number: 43894
Company Tracking Number: 109-8X
TOI: A02I Individual Annuities- Deferred Non- Sub-TOI: A02I.002 Flexible Premium
Variable
Product Name: Application
Project Name/Number: Application/109-8X

FEIN#: 75-0770838

Form#: 109-8X Deferred Fixed Annuity Application

Dear:

The above-referenced form is submitted for your review and approval. This form is new and does not replace any form previously approved by your Department. This filing does not contain any unusual or controversial items. The application is submitted in response to your state's new insurance law changing the method for establishing minimum nonforfeiture values for individual fixed annuities. The form will be marketed to individuals through financial institutions and will be home office and field issued.

109-8X is a deferred fixed annuity application that will be used with our A116-98 and A117-98 that were approved by your Department on 09/29/1998 and 09/29/1998. We are also seeking approval of this application on a general use basis with our individual, fixed deferred annuity contracts approved by your Department that have specifications that match this application.

This application may, at some time in the future, be converted to an electronic document. Such adaptation may slightly alter the appearance of the document, but we assume that its content will not change and its readability compliance will not be affected. Also, at some point, we anticipate utilizing electronic signatures in a form compliant with your laws and regulations.

If you have any questions or need additional information, you may contact me at 1 800 262-4764 Extension 8705 or via e-mail at Natalie.Prevest@valic.com. Our fax number is 713-831-6932. I look forward to your formal notification of approval.

Sincerely,

Natalie Prevost

Natalie Prevost
Legal Analyst

Company and Contact

Filing Contact Information

Natalie Prevost,

natalie.prevost@aigretirement.com

SERFF Tracking Number: AGNN-126353355 State: Arkansas
Filing Company: Western National Life Insurance Company State Tracking Number: 43894
Company Tracking Number: 109-8X
TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.002 Flexible Premium
Variable
Product Name: Application
Project Name/Number: Application/109-8X

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	10/27/2009	10/27/2009

SERFF Tracking Number: AGNN-126353355 *State:* Arkansas
Filing Company: Western National Life Insurance Company *State Tracking Number:* 43894
Company Tracking Number: 109-8X
TOI: A021 Individual Annuities- Deferred Non- *Sub-TOI:* A021.002 Flexible Premium
Variable
Product Name: Application
Project Name/Number: Application/109-8X

Disposition

Disposition Date: 10/27/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AGNN-126353355 *State:* Arkansas
Filing Company: Western National Life Insurance Company *State Tracking Number:* 43894
Company Tracking Number: 109-8X
TOI: A021 Individual Annuities- Deferred Non-Variable *Sub-TOI:* A021.002 Flexible Premium
Product Name: Application
Project Name/Number: Application/109-8X

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	SOV		Yes
Form	Deferred Annuity Application		Yes

[205 East 10th Avenue
Amarillo, Texas 79101
Telephone 800.424.4990]

[0 5 Year 0 7 Year]

OWNER (All Policyholder correspondence will be sent to this address.)

Name: John Doe Sex: M Age: 35 DOB: 07/25/1972
Address: 123 Main Street Marital Status: Married SSN: 999-99-9999
Anywhere, USA XXXXX Daytime Phone: 713.555.1234

JOINT OWNER (Optional. Non-Qualified Annuities only.)

Name: _____ Sex: _____ Age: _____ DOB: _____
Marital Status: _____ SSN: _____ Daytime Phone: _____

ANNUITANT (if different from the Owner.) Upon the death of the Annuitant, Owner may designate a new Annuitant. If no designation is made within 30 days of the death of the Annuitant, the Owner will become the Annuitant.

Name: _____ Sex: _____ Age: _____ DOB: _____
Address _____ Phone: _____ SSN: _____
Relationship to Owner: _____

OWNER'S BENEFICIARY DESIGNATION – In the event of death of Owner, surviving Joint Owner becomes Primary Beneficiary.

If you do not want the Joint Owner to be the Primary Beneficiary, check here and name Beneficiary below.

Primary Beneficiary: Name: _____ Relationship: _____
Contingent Beneficiary: Name: _____ Relationship: _____

INTEREST RATE (Interest is credited and compounded daily to achieve the annual rate. To achieve this rate, the premium must be left for a full year without any withdrawals.) The minimum guaranteed interest rate for the life of your policy is [2.00] %.

- [1 year with premium enhancement. The Interest Rate on the Initial Premium is [4.10] % for 1 year. In addition, an enhancement equal to [2.00]% of the Initial Premium will be credited to your annuity value on the Policy Date.]
- [3 year. The Interest Rate on the Initial Premium is [___]% for 3 years. This rate includes a [___] % enhancement payable for 3 years.]
- [5/7 year. The Interest Rate on the Initial Premium is [___]% for ___ years.]
- [5/7 year MVA. The Interest Rate on the Initial Premium is [___]% for ___ years.]

PURCHASE PAYMENT

Policy Number: H123456 Policy Date: 10/1/2009
Initial Premium Payment: \$ 10,000 Annuity Income Date: 10/1/2039
PLAN TYPE (required): Non-Qualified Qualified
Tax-Qualified Plans: [Traditional IRA SEP IRA Roth IRA 401 Corporate Plan Other: _____]
Check one: Initial Contribution for Tax Year _____ Transfer Rollover Roth IRA Conversion Year _____

SIGNATURES Checks must be made payable to **Western National Life Insurance Company**.

[Do you have any existing life insurance policies or annuity contracts? Yes No
Will this annuity replace, discontinue or change any existing life insurance or annuity contract issued by any company? Yes No (If yes, complete the following.) Company _____ Policy No. _____
Are you an active duty service member of the United States Armed Forces? Yes No]

I understand this annuity is not federally insured. I have read and understand the important disclosures located on the reverse of this application. I represent that all statements and answers in this application are complete and true, on my behalf and any person who may claim any interest under this policy.

Please initial if applicable: _____ I am applying for a market-value adjustment annuity. **I understand that amounts payable under the policy are subject to a market value adjustment and to an early withdrawal charge for the period specified in the policy.**

X John Doe X
Owner's Signature Joint Owner's Signature (if applicable)

Signed at (city/state): Anywhere, USA XXXXX on (date): 8/1/2007

REPRESENTATIVE INFORMATION

[To the best of my knowledge the applicant has an existing life insurance policy or annuity contract. Yes No
Do you have any reason to believe this annuity will replace, discontinue or change any existing life insurance or annuity? Yes No
As agent, have you complied with all State Replacement Regulations and completed all required State Replacement forms? Yes No
By signing this form, I certify that I have truly and accurately recorded herein the information provided by the applicant.]

X Bill Agent ABC Insurance Agency #12345

Licensed Agent's Signature Agency Name and Number

Bill Agent State Lic.#: 45678 Agent#: 24-7

Licensed Agent (Print name)

DISCLOSURES

[REDEMPTIONS FROM OPTIONAL RETIREMENT PROGRAMS AND OTHER PLANS: Distributions from employer-sponsored retirement programs, including optional retirement programs, will be subject to any limitations imposed by the plan.

For Louisiana Optional Retirement Program Participants Only: For participants in the Louisiana Optional Retirement Program, withdrawals are limited by the plan and must take the form of an annuity payable over your lifetime or the joint lifetime of you and your beneficiary.

For Texas Optional Retirement Program Participants Only:

- Benefits in the Texas Optional Retirement Program vest after one year and one day of participation in one or more optional retirement plans.
- Benefits under the Texas Optional Retirement Program are available to you only after you attain the age of 70 ½ years, or terminate participation by death, retirement, or termination of employment in all Texas institutions of higher education.
- Western National Life Insurance Company (WNLIC) will require written verification from the program administrator of your qualification for any requested redemption of any annuity benefits purchased under the Texas Optional Retirement Program.

California Senior Disclosure: Please be advised that the sale or liquidation of any stock, bond, IRA, certificate of deposit, mutual fund, annuity, or other asset to fund the purchase of this product may have tax consequences, early withdrawal penalties, or other costs or penalties as a result of the sale or liquidation, and you may wish to consult independent legal or financial advice before selling or liquidating any assets and prior to the purchase of any life or annuity products being solicited, offered for sale, or sold.]

FRAUD WARNING

[In some states we are required to advise you of the following: Any person who knowingly intends to defraud or facilitates a fraud against an insurer by submitting an application or filing a false claim, or makes an incomplete or deceptive statement of a material fact, may be guilty of insurance fraud.

Arkansas, North Dakota, South Carolina, South Dakota, and Texas Residents Only: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, commits insurance fraud, which may be a crime and may subject the person to civil and criminal penalties.

Colorado, Kentucky, New Mexico, Ohio, and Pennsylvania Residents Only: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

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

Louisiana, Maryland and Massachusetts Residents Only: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit, or knowingly and willfully presents false information in an application for insurance, is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey Residents Only: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Maine, Tennessee, Virginia and Washington Residents Only: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Oklahoma Residents Only: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claims for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.]

SERFF Tracking Number: AGNN-126353355 State: Arkansas
Filing Company: Western National Life Insurance Company State Tracking Number: 43894
Company Tracking Number: 109-8X
TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.002 Flexible Premium
Variable
Product Name: Application
Project Name/Number: Application/109-8X

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachment: FLESCH-AR-lower-score.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application Bypass Reason: n/a- application only filing Comments:		

	Item Status:	Status Date:
Satisfied - Item: SOV Comments: Attachment: 109-8X_SOV.pdf		

CERTIFICATION

**WESTERN NATIONAL LIFE INSURANCE COMPANY
NAIC #70432**

The following form achieved a Flesch score below the minimum required in your state. However, in accordance with Ark. Stat. Ann. 23-80-206 3(d) we respectfully request that the form be approved.

<u>Form Number</u>	<u>Form Description</u>	<u>Flesh Score</u>
109-8X	Flexible Premium Deferred Annuity Application	30

Natalie Prevost

Natalie Prevost
Legal Analyst

October 23, 2009

Date

Statement of Variability for Form 109-8X

We have bracketed or determined that the following information will be variable. Any changes will be for future use only, and on a non-discriminatory basis. We have bracketed the following information:

- 5 yr. and 7 yr. check box: To allow for future changes in case one policy is discontinued or changed.
- Address/Telephone: To allow for administrative flexibility. Should the location, telephone number or other annuity contact information change, this information will be updated accordingly.
- Interest Rate Options and Minimum Guaranteed Rate: To allow for the ability to offer and/or not offer certain interest rate guarantee periods. For example, depending on economic and market conditions, it may be necessary to remove from the market certain rate options, etc. In addition, we have included blanks for the current crediting rate and bonus rates to be completed. Lastly, we have included a space for the current minimum guaranteed interest rate to be completed. Any changes to interest rate guarantee period, the current crediting rate, the bonus rate and the minimum guaranteed rate will be applicable to new issues only.
- Qualified Information: To allow for flexibility in the information collected and Tax Qualified Plans offered, and the ability to make changes that comply with applicable state or federal requirements.
- Replacement Information: To allow for flexibility in the information collected, and to make changes to comply with state or federal requirements. Replacement information will always be on the application as required, but may be subject to change based on state or federal updates.
- Fraud and Disclosure Statements: The ability to add or change the fraud warnings or state notices if required by states and to facilitate language changes due to future state requirements. No changes would be made unless required by state law.