

SERFF Tracking Number: AFLA-126403526 State: Arkansas
 Filing Company: American Family Life Assurance Company of Columbus State Tracking Number: 44220
 Company Tracking Number:
 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
 Product Name: Juvenile Life
 Project Name/Number: /

Filing at a Glance

Company: American Family Life Assurance Company of Columbus

Product Name: Juvenile Life

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

SERFF Tr Num: AFLA-126403526 State: Arkansas

SERFF Status: Closed-Approved- Closed State Tr Num: 44220

Co Tr Num:

Author: Leslie Steele

Date Submitted: 12/02/2009

State Status: Approved-Closed

Reviewer(s): Linda Bird

Disposition Date: 12/03/2009

Disposition Status: Approved-Closed

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name:

Project Number:

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 12/03/2009

Deemer Date:

Submitted By: Leslie Steele

Filing Description:

Referenced forms are submitted for your review and approval. Similar versions of these forms have been filed through the Interstate Insurance Product Regulatory Commission (IIPRC) for Nebraska, our state of domicile, on November 11, 2009.

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: Filed November 11, 2009

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 12/03/2009

Created By: Leslie Steele

Corresponding Filing Tracking Number:

Policy Form A65JWOAR is a Juvenile Whole Life Policy. Proceeds are payable at death. No dividends are payable. The nonforfeiture options are Cash Surrender, Reduced Paid-Up Life Insurance and Extended-Term Insurance. An automatic premium loan is available when selected at time of application or requested through a written request to our

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worldwide headquarters. The policy will be marketed through our field force on a payroll or nonpayroll basis to applicants age 14 days to 17 years.

Policy Form A65JTOAR is a Juvenile Term to 25 Policy. The policy contains an automatic conversion to whole life insurance with benefit and premium increase at attained age 25. Proceeds are payable at death. No dividends are payable. The policy will be marketed through our field force on a payroll or nonpayroll basis to applicants age 14 days to 17 years.

Payroll or Direct Application Form A65J01AR will be used to make application for either of the policies and is self-explanatory.

Application for Reinstatement/Change Form A65J03AR will be used to reinstate the policies and is self explanatory.

Temporary Life Insurance Agreement for Life Insurance Form A64016 was approved October 28, 2009 with our A64000 Series, SERFF Tracking # AFLA-126318884, and will be used on a direct basis only when premium has been collected at the time of application.

I certify that the forms submitted herewith meet the requirements of Arkansas Rule and Regulation 17, 19, and 49 as well as meeting the requirements of the Arkansas Insurance Department.

I further certify that this submission meets the minimum reading ease score for the FLESCH test and that the scores are as follows:

FLESCH Score	Grade Level
Policy Form A65JWOAR	54.435 10
Policy Form A65JTOAR	52.188 10
Payroll or Direct Application Form A65J01AR	64.238 7
Application for Reinstatement/Change Form A65J03AR	65.769 6

An actuarial memorandum with rate structure, a statement of policy costs and benefit information, a worksheet for calculating cost indexes and a cost comparison disclosure are enclosed for your review.

Aflac reserves the right to alter the format of the forms without re-filing due to future technology changes, i.e. paper size, font, font type, line ending or page ending changes. Be assured that any minimum font-size requirements will be met. Any changes to wording or content would be filed for prior approval. We have included brackets in all forms around the address, telephone number, web site, and officer signatures in the event these change in the future. We also reserve the right to use these forms in an electronic format, but Aflac certifies we will retain the filed final print format.

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This filing has been prepared by Leslie Steele. Should you have any questions or comments concerning this submission, please do not hesitate to call her collect at (706) 596-2971, by fax at (706) 660-7080 or email at lmsteele@aflac.com.

Company and Contact

Filing Contact Information

Leslie Steele, Policy Analyst
 1932 Wynnton Road
 Columbus, GA 31999
 Imsteele@aflac.com
 706-596-2971 [Phone]
 706-660-7080 [FAX]

Filing Company Information

American Family Life Assurance Company of Columbus
 1932 Wynnton Road
 Columbus, GA 31999
 (706) 323-3431 ext. [Phone]
 CoCode: 60380
 State of Domicile: Nebraska
 Group Code:
 Company Type: Life and Health
 Group Name:
 State ID Number:
 FEIN Number: 58-0663085

Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? No
 Fee Explanation: 2 Policies X \$50.00 = \$100.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Family Life Assurance Company of Columbus	\$100.00	12/02/2009	32408034

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	12/03/2009	12/03/2009

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Disposition

Disposition Date: 12/03/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Yes	Yes
Supporting Document	Application	Yes	Yes
Supporting Document	Cover Letter	Yes	Yes
Supporting Document	Actuarial Memorandum	No	No
Supporting Document	Actuarial Memorandum	No	No
Supporting Document	Actuarial Memorandum	No	No
Supporting Document	Policy Cost and Benefit Information	Yes	Yes
Form	Application for Life Insurance	Yes	Yes
Form	APPLICATION FOR REINSTATEMENT/CHANGE FORM	Yes	Yes
Form	JUVENILE TERM TO 25, WHOLE LIFE POLICY THEREAFTER	Yes	Yes
Form	JUVENILE WHOLE LIFE POLICY	Yes	Yes

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Form Schedule

Lead Form Number: A65J01AR

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	A65J01AR	Application/ Application for Life Enrollment Insurance Form	Initial		82.672	A65J01AR.pdf
	A65J03AR	Application/ APPLICATION FOR Enrollment REINSTATEMENT/C Form HANGE FORM	Initial		65.769	A65J03AR.pdf
	A65JTOAR	Policy/Cont JUVENILE TERM TO Initial ract/Fratern 25, WHOLE LIFE al POLICY Certificate THEREAFTER	Initial		52.188	A65JTOAR.pdf
	A65JWOAR	Policy/Cont JUVENILE WHOLE LIFE POLICY al Certificate	Initial		54.435	A65JWOAR.pdf

TO BE COMPLETED BY AFLAC ASSOCIATE/AGENT

Billing Method

- Payroll Deduction
- List Bill
- Direct Billing
- Bank Draft (B/D, ACH)**
- Credit Card (C/C)**

Mode

- 01 Weekly*(not available for List Bill, Direct Billing, BD, or CC)
- 01 Semimonthly*
- 01 14-Day Biweekly*
- 01 28-Day Biweekly*
- 01 Monthly (not available on Direct Billing)
- 03 Quarterly
- 06 Semiannual
- 12 Annual

*Weekly, Semimonthly, 14-day and 28-day Biweekly modes are not available for Bank Draft and Credit Card Billing Methods. **For Bank Draft / ACH or Credit Card billing method, an Authorization Form must accompany this application.]

Billable Premium \$ _____

Premium Collected \$ _____

Associate/Agent's No. _____

Sit. Code _____

If a check or money order is collected, please leave a temporary life insurance agreement form with the applicant and submit a copy to worldwide headquarters.

BENEFICIARY INFORMATION

PLEASE NOTE: We do not recommend that you name a minor child as your Beneficiary. If you name a minor child as your Beneficiary, any benefits due your minor Beneficiary will not be payable until a guardian for the financial estate of the minor is appointed by the court or such Beneficiary reaches the age of majority as defined by your state. If there is no Beneficiary, Aflac will pay any applicable benefit to your estate.

PRIMARY BENEFICIARY

FULL NAME (Last, First, MI)	RELATIONSHIP	CITY/STATE	DATE OF BIRTH	% OF PROCEEDS

CONTINGENT BENEFICIARY

FULL NAME (Last, First, MI)	RELATIONSHIP	CITY/STATE	DATE OF BIRTH	% OF PROCEEDS

Proposed Insured's Physician's Name _____ Phone Number _____
(if no regular Physician, Physician last seen)

Address _____

Date Last Seen by Physician _____ Reason for Last Visit _____

1. I certify that the Proposed Insured and Owner are citizens or permanent legal residents of the United States. Yes No

If you answered no to Question 1, a policy will not be issued; therefore, do not submit this application.

2. Has the Proposed Insured ever been diagnosed by a member of the medical profession or tested positive for the human immunodeficiency virus (HIV) or Acquired Immune Deficiency Syndrome (AIDS)? Yes No

If you answered yes to Question 2, a policy will not be issued; therefore, do not submit this application.

3. In the last year, has the Proposed Insured been declined or postponed for medical reasons on any life insurance application? Yes No
4. Has the Proposed Insured been diagnosed or treated by a member of the medical profession for any disorder of the heart, lungs, liver, intestines, kidney, blood or nervous/mental system, convulsive disorder, tumor or cancer, diabetes, hypertension, or any congenital abnormality? Yes No
5. In the past five years, has the Proposed Insured been unable to attend school or perform normal activities of like age, or been confined at home for more than five days, not including minor illnesses or injuries? Yes No

If you answered yes to any of Questions 3–5, please provide details in Item 7.

PLEASE COMPLETE THE FOLLOWING QUESTION IF THE PROPOSED INSURED IS AGE 15 OR OLDER.

6. Has the Proposed Insured been charged two or more times with a moving violation or within the past 12 months had a suspended or revoked driver's license? Yes No

If you answered yes to Question 6, a policy will not be issued; therefore, do not submit this application.

7. Details to Questions 3–5

Question	Medical Condition(s)	Onset (mo/yr)	Does the Condition Still Exist? <input type="checkbox"/> Yes <input type="checkbox"/> No
3.			<input type="checkbox"/> Yes <input type="checkbox"/> No
4.			<input type="checkbox"/> Yes <input type="checkbox"/> No
5.			<input type="checkbox"/> Yes <input type="checkbox"/> No

PROPOSED INSURED'S STATEMENTS AND AGREEMENTS

I understand that the Policy Effective Date will be the date recorded in the Policy Schedule by Aflac Worldwide Headquarters. It is not the date this application was signed.

I acknowledge receipt of, if applicable: Replacement Notice Life Buyer's Guide

I understand that: (1) the policy of insurance I am now applying for will be issued based upon the written answers to the questions, information asked for in this application, and any other pertinent information Aflac may require for proper underwriting; (2) Aflac is not bound by any statement made by me or any associate/agent of Aflac, unless written herein; (3) the associate/agent cannot change the provisions of the policy or waive any of its provisions either orally or in writing; (4) the policy, together with this application, endorsements, benefit agreements, and attached papers, if any, constitutes the entire contract of insurance; and (5) no change to the policy will be valid until approved by Aflac's president and secretary, and noted in or attached to the policy.

NOTICE OF INFORMATION PRACTICES

To issue an insurance policy, Aflac may need to obtain additional information about you and any other persons proposed for insurance. Some information will come from you, and some may come from other sources. That information and any other subsequent information collected by Aflac may in some circumstances be disclosed to third parties without your specific consent. You have the right to access and correct the information collected about you, except information that relates to a claim, or to a civil or criminal proceeding. If you wish to have a more detailed explanation of our information practices, please submit a Written Request to our worldwide headquarters. This notice applies only in Arizona, California, Connecticut, Georgia, Illinois, Maine, Massachusetts, Minnesota, Nevada, New Jersey, North Carolina, Ohio, Oregon, and Virginia.

AUTHORIZATION TO OBTAIN AND DISCLOSE INFORMATION

I authorize the following to give information (as defined below) to American Family Life Assurance Company of Columbus (Aflac) or any person or entity acting on its part: any medical professional, medical care institution, insurer (including Aflac, with respect to other Aflac coverages), reinsurer, government agency (including departments of public safety and motor vehicle departments), MIB, Inc., formerly known as the Medical Information Bureau, consumer reporting agency, or employer.

“Information” means facts or opinions relating to my past, present, or future physical or mental health or condition (excluding psychotherapy notes), employment, other insurance coverage, driving record, or any other medical or nonmedical facts that Aflac deems appropriate to determine eligibility for insurance or to evaluate a claim for benefits during the time this authorization is valid. I also authorize Aflac to give information to MIB, Inc.

I understand that any disclosure of health information to Aflac for the purpose of determining eligibility for coverage other than health plan coverage means the information may no longer be protected by federal privacy regulations. I further understand, however, that such information may be redisclosed only in accordance with other applicable laws or regulations.

I understand that this information will be used by Aflac for enrollment or to determine eligibility for insurance or for underwriting or risk rating (where applicable) purposes and, should coverage be issued, the information may be used to contest a claim for benefits or the issuance of the policy itself during the contestability period provided in the policy.

I understand that Aflac is conditioning the issuance of coverage on the provision of this authorization, and that, while I may refuse to sign this authorization, my refusal to do so could result in coverage not being issued.

I understand that I may revoke this authorization at any time, except to the extent that (1) Aflac has taken action in reliance on this authorization or (2) other law provides Aflac with the right to contest a claim under the policy or the policy itself. My revocation must be submitted in writing to Aflac, [Attn: Policy Service, 1932 Wynnton Road, Columbus, GA 31999].

Unless otherwise revoked, I agree that this authorization will expire on the earlier of the date Aflac notifies me of its declination of my application for coverage or, if a policy is issued, two years from the policy effective date.

I agree that a copy of this authorization is as valid as the original.

I have read, or had read to me, the completed application. I realize that policy issuance is based upon statements and answers provided herein, and they are complete and true. All statements made in this application are deemed representations and not warranties. I realize that any material misrepresentation therein may result in loss of coverage under the policy.

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.

I would prefer to receive an electronic copy of my policy instead of paper. Yes No

Signed and Dated at _____ on _____
City and State Date

Owner's Signature (X) _____

I certify that I personally saw the Owner when the application was completed, and each question was asked of the Owner and answered as recorded. All answers are correct to the best of my knowledge. To the best of my knowledge, this policy **will** **will not** replace or change any existing life insurance or annuity policy(ies).

Associate/Agent Signature_____

Date_____ Associate/Agent Writing Number_____ Sit. Code_____

Writing Associate/Agent: Please complete the following - it will become part of the policy.

**AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBUS (AFLAC),
[CLIENT SERVICES AND ADMINISTRATION, 1932 WYNNTON ROAD, COLUMBUS, GEORGIA 31999,
TOLL-FREE 1-800-99-AFLAC (1-800-992-3522)]**

Associate's/Agent's Name_____

Associate's/Agent's Address_____ Telephone_____

If we at Aflac fail to provide you with reasonable and adequate service, you should feel free to contact:

**ARKANSAS INSURANCE DEPARTMENT – [CONSUMER SERVICES DIVISION
1200 WEST THIRD STREET
LITTLE ROCK, ARKANSAS 72201-1904
Telephone (501) 371-2640 or Toll-Free 1-800-852-5494]**

**MAKE CHECK OR MONEY ORDER PAYABLE TO AFLAC.
[FOR INFORMATION, CALL TOLL-FREE 1-800-99-AFLAC (1-800-992-3522).
VISIT OUR WEB SITE AT AFLAC.COM.]**

APPLICATION FOR REINSTATEMENT/CHANGE FORM
Aflac's Juvenile Whole Life and Juvenile Term Life Insurance (A65JWO and A65JTO Series)
ATTENTION: POLICYHOLDER SERVICES
American Family Life Assurance Company of Columbus (Aflac)
 [Worldwide Headquarters • Columbus, GA 31999
 For information, call toll-free 1-800-99-AFLAC (1-800-992-3522).
 Fax number – 1-800-448-8922]

Named Insured _____ SSN _____

Height _____ Current Weight _____
 ft. in. lbs.

Policy Number _____ Date of Birth _____

Current Address of Named Insured _____

City _____ State _____ ZIP _____ Primary Telephone No. _____

Associate's/Agent's Signature and Writing Number _____
 Licensed Associate/Agent

PLEASE MAKE THE FOLLOWING CHANGES TO THE POLICY:

ADDRESS CHANGE FOR NAMED INSURED ONLY

Former Address of Named Insured _____
 Street Apt.No.

City _____ State _____ ZIP _____

New Address of Named Insured _____
 Street Apt.No.

City _____ State _____ ZIP _____ Telephone No. _____

ADDRESS CHANGE FOR OWNER ONLY

Former Address of Owner _____
 Street Apt.No.

City _____ State _____ ZIP _____

New Address of Owner _____
 Street Apt.No.

City _____ State _____ ZIP _____ Telephone No. _____

CONTINGENT BENEFICIARY

FULL NAME (Last, First, MI)	RELATIONSHIP	CITY/STATE	DATE OF BIRTH	% OF PROCEEDS

1. I certify that the Proposed Insured and Owner are citizens or permanent legal residents of the United States. Yes No

If you answered no to Question 1, a policy will not be issued; therefore, do not submit this application.

2. Has the Proposed Insured ever been diagnosed by a member of the medical profession or tested positive for the human immunodeficiency virus (HIV) or Acquired Immune Deficiency Syndrome (AIDS)? Yes No

If you answered yes to Question 2, a policy will not be issued; therefore, do not submit this application.

3. In the last year, has the Proposed Insured been declined or postponed for medical reasons on any life insurance application? Yes No
4. Has the Proposed Insured been diagnosed or treated by a member of the medical profession for any disorder of the heart, lungs, liver, intestines, kidney, blood or nervous/mental system, convulsive disorder, tumor or cancer, diabetes, hypertension, or any congenital abnormality? Yes No
5. In the past five years, has the Proposed Insured been unable to attend school or perform normal activities of like age, or been confined at home for more than five days, not including minor illnesses or injuries? Yes No

If you answered yes to any of Questions 3–5, please provide details in Item 7.

PLEASE COMPLETE THE FOLLOWING QUESTION IF THE NAMED INSURED IS AGE 15 OR OLDER.

6. Has the Proposed Insured been charged two or more times with a moving violation or within the past 12 months had a suspended or revoked driver's license? Yes No

If you answered yes to Question 6, a policy will not be issued; therefore, do not submit this application.

7. Details to Questions 3–5

Question	Medical Condition(s)	Onset (mo/yr)	Does the Condition Still Exist?
3.			<input type="checkbox"/> Yes <input type="checkbox"/> No
4.			<input type="checkbox"/> Yes <input type="checkbox"/> No
5.			<input type="checkbox"/> Yes <input type="checkbox"/> No

NOTICE OF INFORMATION PRACTICES

To issue an insurance policy, Aflac may need to obtain additional information about you and any other persons proposed for insurance. Some information will come from you, and some may come from other sources. That information and any other subsequent information collected by Aflac may in some circumstances be disclosed to third parties without your specific consent. You have the right to access and correct the information collected about you, except information that relates to a claim, or to a civil or criminal proceeding. If you wish to have a more detailed explanation of our information practices, please submit a Written Request to our worldwide headquarters. This notice applies only in Arizona, California, Connecticut, Georgia, Illinois, Maine, Massachusetts, Minnesota, Nevada, New Jersey, North Carolina, Ohio, Oregon, and Virginia.

AUTHORIZATION TO OBTAIN AND DISCLOSE INFORMATION

I authorize the following to give information (as defined below) to American Family Life Assurance Company of Columbus (Aflac) or any person or entity acting on its part: any medical professional, medical care institution, insurer (including Aflac, with respect to other Aflac coverages), reinsurer, government agency (including departments of public safety and motor vehicle departments), MIB, Inc., formerly known as the Medical Information Bureau, consumer reporting agency, or employer.

"Information" means facts or opinions relating to my past, present, or future physical or mental health or condition (excluding psychotherapy notes), employment, other insurance coverage, driving record, or any other medical or nonmedical facts that Aflac deems appropriate to determine eligibility for insurance or to evaluate a claim for benefits during the time this authorization is valid. I also authorize Aflac to give information to MIB, Inc.

I understand that any disclosure of health information to Aflac for the purpose of determining eligibility for coverage other than health plan coverage means the information may no longer be protected by federal privacy regulations. I further understand, however, that such information may be redisclosed only in accordance with other applicable laws or regulations.

I understand that this information will be used by Aflac for enrollment or to determine eligibility for insurance or for underwriting or risk rating (where applicable) purposes and, should coverage be issued, the information may be used to contest a claim for benefits or the issuance of the policy itself during the contestability period provided in the policy.

I understand that Aflac is conditioning the issuance of coverage on the provision of this authorization, and that, while I may refuse to sign this authorization, my refusal to do so could result in coverage not being issued.

I understand that I may revoke this authorization at any time, except to the extent that (1) Aflac has taken action in reliance on this authorization or (2) other law provides Aflac with the right to contest a claim under the policy or the policy itself. My revocation must be submitted in writing to Aflac, [Attn: Policy Service, 1932 Wynnton Road, Columbus, GA 31999].

Unless otherwise revoked, I agree that this authorization will expire on the earlier of the date Aflac notifies me of its declination of my application for coverage or, if a policy is issued, two years from the policy effective date.

I agree that a copy of this authorization is as valid as the original.

I have read, or had read to me, the completed application. I realize that coverage under the policy is based upon statements and answers provided herein, and they are complete and true. All statements made in this application are deemed representations and not warranties. I realize that any material misrepresentation therein may result in loss of coverage under the policy.

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.

Signed and Dated at _____ on _____
City and State Date

Owner's Signature _____ on _____

Named Insured's signature if age 18 or older _____

I certify that I personally saw the applicant when the application was completed, and each question was asked of the applicant and answered as recorded. All answers are correct to the best of my knowledge.

Associate's/Agent's Signature _____

Date _____ Associate's/Agent's Writing Number _____ Sit. Code _____

**MAKE CHECKS PAYABLE TO AFLAC.
[FOR INFORMATION, CALL TOLL-FREE 1-800-99-AFLAC (1-800-992-3522).
VISIT OUR WEB SITE AT AFLAC.COM.]**

JUVENILE TERM TO 25, WHOLE LIFE POLICY THEREAFTER

The Owner of the policy will be referred to as “you,” “your,” or “yours.” **American Family Life Assurance Company of Columbus (Aflac)**, a stock company, will be referred to as “we,” “our,” “us,” or “Aflac.”

CONSIDERATION

This policy is issued in consideration of statements made in the application and the first payment of the premium shown in the Policy Schedule. A copy of the application is attached and is a part of this policy. The following paragraphs set forth the definitions of terms, the limitations and exclusions, the insurance benefits, and other provisions.

When we receive proof satisfactory to us of the Named Insured’s death while this policy is In Force, we will pay the Proceeds then In Force to the Beneficiary, subject to the provisions of this policy.

YOUR RIGHT TO EXAMINE THIS POLICY

It is important to us that you are satisfied with this policy. If you are not satisfied, you may return it within 30 days after you receive it. Send it to your associate (duly licensed agent) or to Aflac Worldwide Headquarters, [1932 Wynnton Road, Columbus, Georgia 31999]. You will receive a full refund of all premiums paid, and your policy will be void from its Policy Effective Date. If you return this policy, please note in writing: “This policy is returned for cancellation and refund of premium.”

In witness whereof, Aflac’s president and secretary signed this policy in Columbus, Georgia, as of the Policy Effective Date shown in the Policy Schedule.



[Paul S. Amos II, President



Joey M. Loudermilk, Secretary]

THIS IS A JUVENILE TERM TO 25 INSURANCE POLICY WITH AUTOMATIC CONVERSION TO WHOLE LIFE INSURANCE. BENEFIT AND PREMIUM INCREASE AT ATTAINED AGE 25. PROCEEDS ARE PAYABLE AT DEATH.

THIS IS A NONPARTICIPATING POLICY; NO DIVIDENDS ARE PAYABLE.

**AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBUS (AFLAC)
[CLIENT SERVICES AND ADMINISTRATION
1932 WYNNTON ROAD, COLUMBUS, GEORGIA 31999**

**For assistance or information about this policy, call 1-800-99-AFLAC (1-800-992-3522).
Visit our Web site at aflac.com.]**

**If we at Aflac, fail to provide you with reasonable and adequate service,
you should feel free to contact:**

**ARKANSAS INSURANCE DEPARTMENT – [CONSUMER SERVICES DIVISION
1200 WEST THIRD STREET, LITTLE ROCK, ARKANSAS 72201-1904
Telephone (501) 371- 2640 or Toll-Free 1-800-852-5494]**

POLICY SCHEDULE

JUVENILE TERM TO 25, WHOLE LIFE INSURANCE POLICY THEREAFTER

Named Insured:	John Doe	Policy Number:	A1223450
Age at Issue:	10	Loan Interest Rate:	7.4%
		Reinstatement Interest Rate:	6%
Policy Effective Date:	January 1, 2010	Maturity Date:	January 1, 2100
Face Amount of Insurance To Attained Age 25:	\$10,000	Term Expiration Date:	January 1, 2025
Face Amount of Insurance Thereafter:	\$20,000		

Benefits as Specified in the Policy	<u>Annual Premium</u>	<u>Premium Period</u>
Juvenile Term To 25 Insurance Policy	\$48.36	To Attained Age 25
Juvenile Whole Life Insurance Policy	\$179.40	Thereafter
 Total Annual Premium:	 \$48.36	
Modal Premium:	Quarterly	\$16.12

TABLE OF GUARANTEED POLICY VALUES

Values for the policy amount of insurance shown in the Policy Schedule

<u>Policy Year Ending On</u>	<u>Cash Value</u>	<u>Paid Up Insurance</u>	<u>Extended Term</u>	
			<u>Years</u>	<u>Days</u>
Jan. 1, 2026	0.00	0.00	0	0
Jan. 1, 2027	0.00	0.00	0	0
Jan. 1, 2028	0.00	0.00	0	0
Jan. 1, 2029	56.40	498.37	3	59
Jan. 1, 2030	164.00	1,390.24	9	81
Jan. 1, 2031	276.80	2,250.45	14	69
Jan. 1, 2032	395.00	3,079.47	17	323
Jan. 1, 2033	518.80	3,877.68	20	283
Jan. 1, 2034	648.20	4,644.59	22	327
Jan. 1, 2035	783.40	5,380.91	24	196
Jan. 1, 2036	924.20	6,085.35	25	314
Jan. 1, 2037	1,071.00	6,760.58	26	324
Jan. 1, 2038	1,223.80	7,406.63	27	254
Jan. 1, 2039	1,382.80	8,024.42	28	128
Jan. 1, 2040	1,548.40	8,616.28	28	323
Jan. 1, 2041	1,720.40	9,181.49	29	115
Jan. 1, 2042	1,898.80	9,720.70	29	233
Jan. 1, 2043	2,083.60	10,234.63	29	316
Jan. 1, 2044	2,275.20	10,725.96	30	3
Jan. 1, 2045	2,472.80	11,192.47	30	28
Age 60	6,265.00	16,061.22	26	18
Age 65	7,826.80	17,025.08	23	242
RESRVE INTEREST RATE:	4.00%			
NONFORFEITURE INTEREST RATE:	5.00%			

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This policy is a legal contract between the Owner and Aflac.

READ YOUR POLICY CAREFULLY!

Part 1
DEFINITIONS

AGE AT ISSUE: the Named Insured's age on his or her last birthday prior to the Policy Effective Date.

ATTAINED AGE: the Named Insured's Age at Issue plus the number of completed policy years since the Policy Effective Date.

BENEFICIARY: the person or persons to receive the Proceeds upon the Named Insured's death.

CASH VALUE: the value shown in the Table of Guaranteed Policy Values. The Cash Values shown assume that all premiums have been paid. The values assume no adjustment for Indebtedness secured by the policy.

INDEBTEDNESS: all existing due and unpaid premiums, loans, or Liens secured by this policy plus unpaid interest.

IN FORCE: the active status of the policy while the Named Insured remains insured under the terms of the policy.

LAPSE: termination of the policy if any premium remains unpaid after the grace period.

LIEN: our right to or interest in the policy benefits, death benefits, Cash Values, and/or policy loans that are established as a result of your Indebtedness to us.

LOAN VALUE: the maximum amount that may be borrowed under the loan provision.

NAMED INSURED: the person whose life is insured under the policy and is named as such on the Policy Schedule. The "Named Insured" means your or your spouse's natural child, stepchild, legally adopted child, or grandchild. The Named Insured must be the later of: (1) 14 days old, or (2) released from the hospital after birth.

OWNER: the Owner of this policy is shown in the application, unless a change of ownership has been made.

POLICY EFFECTIVE DATE: the date(s) coverage begins as shown in the Policy Schedule. The Policy Effective Date **is not** the date you signed the application for coverage. Policy years and policy anniversaries are measured in 12-month increments from the Policy Effective Date.

PROCEEDS: the amount we are obligated to pay under the terms of this policy when the Named Insured dies.

REINSTATE: to restore coverage after this policy has Lapsed.

TERMINATE: to end this policy.

TERM EXPIRATION DATE: the date shown in the Policy Schedule.

WRITTEN REQUEST: a request delivered to us and signed by you.

Part 2
PAYMENT OF PROCEEDS

WHAT ARE THE PROCEEDS UPON THE DEATH OF THE NAMED INSURED? All amounts payable under this policy will be paid in a lump sum. The amount payable will be:

- The amount of insurance then In Force,
- Plus a refund of any portion of a premium paid for a period beyond the date of death,
- Less any premium due, and
- Less the amount of any Indebtedness.

WHEN WILL DEATH PROCEEDS BE PAID? We will pay the benefits when we receive proof satisfactory to us that the Named Insured's death occurred while this policy was In Force. If the proceeds or refunds of premiums are not paid within 30 days after proof of death of the Named Insured has been furnished to us, we will pay interest upon the proceeds or refunds of premiums at the rate of eight percent per year.

IS THERE A BENEFIT LIMITATION IF THE NAMED INSURED COMMITS SUICIDE? If the Named Insured commits suicide, while sane or insane, within two years from the Policy Effective Date, benefits will be limited to a refund of all premiums paid.

Part 3
GUARANTEED VALUES

The Cash Values shown in the Table of Guaranteed Policy Values assume no Indebtedness. The value between any two consecutive policy anniversaries shown will be determined by interpolation with allowance for the premiums paid for the period between such consecutive anniversaries. The values may be borrowed, used to provide paid-up life or extended-term insurance, or taken in cash upon surrender of this policy, subject to the following provisions.

ARE LOANS AVAILABLE? Cash Values begin accumulating on the Term Expiration Date shown in the Policy Schedule, when the Named Insured has attained age 25 and the policy converts to whole life insurance. After this policy accumulates a Cash Value, we will make a loan subject to the following conditions:

- The maximum amount loaned will be the Cash Value of this policy at the end of the policy year in which the loan is made:
 - less any existing loan,
 - less interest on the amount of the loan to the end of the policy year, and
 - less premiums payable under this policy to the end of the policy year.
- Interest at the loan interest rate shown in the Policy Schedule must be paid annually in advance on the loan. Interest not paid when due will be added to the loan and will bear interest at the same rate.
- The loan must be secured by satisfactory assignment of this policy. The loan will constitute a first Lien on this policy in our favor.

Unless the loan has been repaid under a nonforfeiture option, any part of the loan may be repaid during the Named Insured's lifetime. Failure to repay the loan will not Terminate this policy unless the loan exceeds the Loan Value of this policy and until 31 days after we have mailed notice of Termination to your last known address and any assignee of record.

CAN THERE BE AUTOMATIC PREMIUM LOANS? If this Guaranteed Values provision is effective, any premium that remains unpaid at the end of the grace period will be paid by automatic loan, subject to the following conditions:

- If the Loan Value of this policy is insufficient to pay the premium, the next smaller premium payable, but never less than the quarterly premium, will be paid by automatic loan. If the Loan Value of this policy is insufficient to pay a premium under this provision, no automatic loan will be made, and this policy will Lapse, subject to the nonforfeiture provisions.
- If on a policy anniversary the two premiums due immediately before that anniversary have been paid by automatic loan, we may change the frequency of premium payment to annual, provided the Loan Value of this policy is sufficient to pay the annual premium.
- The automatic premium loan will be subject to the Guaranteed Values provision.

WHAT ARE THE NONFORFEITURE PROVISIONS? After this policy accumulates a Cash Value, if any premium remains unpaid after the grace period, this policy may be continued or surrendered under one of the following options:

Option 1. Cash Surrender – This policy may be surrendered for its net Cash Value.

Option 2. Reduced Paid-Up Life Insurance – This policy may be continued from the due date of the unpaid premium as nonparticipating paid-up life insurance for a reduced amount. The amount of insurance will be determined by applying the net Cash Value as a net single premium at the Named Insured's Attained Age for such insurance.

Option 3. Extended-Term Insurance – This policy may be continued from the due date of the unpaid premium as nonparticipating extended-term insurance. The amount of extended-term insurance will be the amount of insurance then In Force less any Indebtedness. Extended-term insurance will be continued for the period that the net Cash Value will purchase when applied at the Named Insured's Attained Age as a net single premium. If the term will extend beyond the Named Insured's attained age 100, reduced paid-up life insurance will be purchased instead.

The following conditions will apply:

- You may select one of the options above by written notice filed at Aflac Worldwide Headquarters.
- If no option is selected, Option 3 will apply.
- Any insurance provided under Option 2 or 3 may be surrendered for its net Cash Value. If the surrender is made within 31 days after any policy anniversary, the Cash Value will not be less than its Cash Value on that anniversary.
- Option 1 may be selected in writing within three months following the due date of the unpaid premium. The policy will Terminate upon payment of Cash Value.

WHEN WILL THE CASH VALUE AND LOANS BE PAID? We may delay the payment of the Cash Value or the making of a loan for a period of not more than six months after we receive Written Request for the Cash Value or loan. This provision will not apply to any loan made to pay premiums due us.

WHAT IS THE BASIS OF COMPUTATION? Nonforfeiture values are based on the 2001 Commissioners' Standard Ordinary Mortality Table and on the nonforfeiture interest rate shown in the Table of Guaranteed Policy Values.

Cash Values and nonforfeiture benefits are not less than the minimum values or benefits required by the law of the state in which this policy is delivered. Values are calculated assuming the basic life benefit is payable at death and premiums are paid annually in advance. The Cash Values appear in the Table of Guaranteed Policy Values. Values for years beyond those shown may be obtained on request.

The method of computation of Cash Values and nonforfeiture benefits has been filed as required with the insurance department of the state in which this policy is delivered. The Cash Value is calculated by the standard nonforfeiture method using the annual nonforfeiture factors.

The value of any paid-up life or extended-term insurance is the net single premium then required for such insurance.

Part 4 **GENERAL INFORMATION**

WHAT IS THE CONTRACT WITH US? This policy is issued in consideration of the application and the first premium payment. This policy, the application, and any attached amendments constitute the entire contract.

In the absence of fraud, we consider statements made in the application to be representations and not warranties. This policy may be contested if we rely on material misrepresentation in the application. However, except for nonpayment of premiums, we may not contest this policy after it has been In Force during the Named Insured's lifetime for two years from the Policy Effective Date. If the law of the state where the policy is delivered provides for a shorter contestable period, that law will govern.

No change or waiver of any of the provisions of the policy will be valid unless made in writing and signed by Aflac's president and secretary. This policy does not participate in our profits or surplus.

WHAT IF THE NAMED INSURED'S AGE HAS BEEN MISSTATED? If the Named Insured's age has been misstated on the application, the benefits provided will be those that the premiums paid would have bought for the correct age.

CAN YOU ASSIGN THIS POLICY? You may assign this policy. The assignment will not be binding on us unless it is submitted in writing and filed with us at Aflac Worldwide Headquarters. Assignments, unless otherwise specified by the Owner, shall take effect on the date the notice of assignment is signed by the Owner, subject to any payments made or actions taken by Aflac prior to receipt of the assignment notice. We will not be responsible for determining the validity or effect of any assignment.

Any claim made by an assignee will be subject to proof of the assignment. The interest of any Beneficiary is subject to the interest of the assignee.

IS THERE A BENEFIT LIMITATION IF THE NAMED INSURED COMMITS SUICIDE? If the Named Insured commits suicide, while sane or insane, within two years from the Policy Effective Date, benefits will be limited to a refund of all premiums paid.

CAN CREDITORS GET THE PROCEEDS? Unless assigned, Proceeds payable to a Beneficiary will be free from the claims of creditors to the extent allowable by law.

Part 5 **OWNERSHIP OF THE POLICY**

WHO IS THE OWNER OF THIS POLICY? You are the Owner of the policy unless a change of ownership has been made. All rights and benefits available under this policy while the Named Insured is alive belong to you, the Owner. If you die before the Named Insured, all ownership rights then belong to your estate. Your rights are subject to the rights of any assignee or living Beneficiary when the designation is irrevocable.

HOW DO YOU EXERCISE YOUR RIGHTS OR TRANSFER OWNERSHIP? During your lifetime, you may exercise all of the rights under this policy by making a Written Request. This includes the right to change the ownership. If you transfer ownership of this policy, your ownership rights Terminate and the new Owner will be entitled to all rights available under this policy. To transfer ownership, we must receive a Written Request from you on a form satisfactory to us during the lifetime of the Named Insured. The written consent of any irrevocable Beneficiary on a form satisfactory to us is also required. Your Written Request, once recorded in our worldwide headquarters, will be effective as of the date you signed the request. A transfer of ownership will not apply to any actions, including payments received by us before transfer has been recorded by us.

Part 6 **PREMIUMS**

WHEN AND WHERE DO YOU PAY YOUR PREMIUMS? Your first premium, shown in the Policy Schedule, is due as of the Policy Effective Date and must be paid before coverage begins. Subsequent premiums are due in advance of the period they are to cover.

All premiums may be paid to us at Aflac Worldwide Headquarters. You may change the frequency of the premium payments, subject to our approval.

CAN YOU PAY A PREMIUM AFTER THE DATE IT IS DUE? We allow each premium, after the first one, to be paid within the 31 day period immediately following the date it is due. These 31 days are called the "grace period". If you have a claim during the grace period, we will deduct any unpaid premium from the amount we would otherwise pay.

WHAT HAPPENS IF YOUR PREMIUM IS NOT PAID BY THE END OF THE GRACE PERIOD? If any premium remains unpaid at the end of the grace period, your policy will Lapse and no further premium payment may be made except as provided by the Reinstatement provision.

Part 7
REINSTATEMENT

CAN THE POLICY BE RESTORED TO A PREMIUM-PAYING BASIS AFTER IT LAPSES? You may request to have this policy Reinstated at any time within five years after it Lapses, unless the policy is surrendered for the Cash Value. To Reinstatement, we will require from you:

- An Aflac reinstatement application,
- Evidence of the Named Insured's insurability (at your expense), and
- Payment of all past-due premiums with annual interest at the interest rate shown in the Policy Schedule.

The policy will be Reinstated if we approve the Reinstatement.

Part 8
BENEFICIARY

TO WHOM WILL WE PAY THE PROCEEDS? Unless assigned, we will pay the Proceeds to the Beneficiary named in the application for this policy, unless you have subsequently changed the Named Insured's Beneficiary. In that event, we will pay the Proceeds to the Beneficiary named in your last change of Beneficiary request of record. If you name a minor child as the Beneficiary, any benefits due to the Beneficiary will not be payable until a guardian for the financial estate of the minor is appointed by the court or until such Beneficiary reaches the age of majority as defined by your state. If any Beneficiary is disqualified from receiving the Proceeds by operation of law, then the Proceeds will be paid as though that Beneficiary died before the Named Insured, unless we have paid the Proceeds before receiving notice of the Beneficiary's disqualification.

WHAT HAPPENS IF A BENEFICIARY DIES? When a Beneficiary dies before the Named Insured, the interest of the Beneficiary Terminates. Only those Beneficiaries surviving the Named Insured will be eligible to share in the Proceeds. If a Beneficiary does not survive the Named Insured by 15 days, the Proceeds will be paid as though the Beneficiary died before the Named Insured, unless we have paid the Proceeds before receiving notice of the Beneficiary's death. If no Beneficiary survives the Named Insured, we will pay the Proceeds to the Named Insured's estate.

CAN THE BENEFICIARY BE CHANGED? You may change the Named Insured's Beneficiary at any time during the Named Insured's lifetime by making a Written Request. The Written Request will not be effective until we have recorded it at Aflac Worldwide Headquarters. After it has been recorded, the request will be effective as of the date it is signed. However, the Named Insured's dying before the request is recorded will not affect those Proceeds we have already paid.

CAN BENEFITS BE PAID OTHER THAN IN A LUMP SUM? Benefits may be paid in any manner agreeable to the Beneficiary and us.

**THIS IS A JUVENILE TERM TO 25 INSURANCE POLICY WITH AUTOMATIC CONVERSION
TO WHOLE LIFE INSURANCE. BENEFIT AND PREMIUM INCREASE AT ATTAINED AGE 25.
PROCEEDS ARE PAYABLE AT DEATH.
THIS IS A NONPARTICIPATING POLICY; NO DIVIDENDS ARE PAYABLE.**

JUVENILE WHOLE LIFE POLICY

The Owner of the policy will be referred to as "you," "your," or "yours." **American Family Life Assurance Company of Columbus (Aflac)**, a stock company, will be referred to as "we," "our," "us," or "Aflac."

CONSIDERATION

This policy is issued in consideration of statements made in the application and the first payment of the premium shown in the Policy Schedule. A copy of the application is attached and is a part of this policy. The following paragraphs set forth the definitions of terms, the limitations and exclusions, the insurance benefits, and other provisions.

When we receive proof satisfactory to us of the Named Insured's death while this policy is In Force, we will pay the Proceeds then In Force to the Beneficiary, subject to the provisions of this policy.

YOUR RIGHT TO EXAMINE THIS POLICY

It is important to us that you are satisfied with this policy. If you are not satisfied, you may return it within 30 days after you receive it. Send it to your associate (duly licensed agent) or to Aflac Worldwide Headquarters, [1932 Wynnton Road, Columbus, Georgia 31999]. You will receive a full refund of all premiums paid, and your policy will be void from its Policy Effective Date. If you return this policy, please note in writing: "This policy is returned for cancellation and refund of premium."

In witness whereof, Aflac's president and secretary signed this policy in Columbus, Georgia, as of the Policy Effective Date shown in the Policy Schedule.



[Paul S. Amos II, President



Joey M. Loudermilk, Secretary]

THIS IS A JUVENILE WHOLE LIFE INSURANCE POLICY.

PROCEEDS ARE PAYABLE AT DEATH.

THIS IS A NONPARTICIPATING POLICY; NO DIVIDENDS ARE PAYABLE.

THE FACE AMOUNT OF THE POLICY WILL DOUBLE ON THE POLICY ANNIVERSARY FOLLOWING THE NAMED INSURED'S 18th BIRTHDAY WITH NO INCREASE IN PREMIUM.

AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBUS (AFLAC)

[CLIENT SERVICES AND ADMINISTRATION

1932 WYNNTON ROAD, COLUMBUS, GEORGIA 31999

For assistance or information about this policy, call 1-800-99-AFLAC (1-800-992-3522).

Visit our Web site at aflac.com.]

If we at Aflac, fail to provide you with reasonable and adequate service, you should feel free to contact:

ARKANSAS INSURANCE DEPARTMENT – [CONSUMER SERVICES DIVISION

1200 WEST THIRD STREET, LITTLE ROCK, ARKANSAS 72201-1904

Telephone (501) 371- 2640 or Toll-Free 1-800-852-5494]

POLICY SCHEDULE

JUVENILE WHOLE LIFE INSURANCE POLICY

Named Insured:	John Doe	Policy Number:	A1223450
Age at Issue:	10	Loan Interest Rate:	7.4%
		Reinstatement Interest Rate:	6%
Policy Effective Date:	January 1, 2010	Maturity Date:	January 1, 2100
		Face Amount of Insurance Up To Policy Anniversary following the Named Insured's 18th birthday:	\$10,000
		Face Amount of Insurance Thereafter:	\$20,000

Benefits as Specified in the Policy	<u>Annual Premium</u>	<u>Premium Period</u>
Juvenile Whole Life Insurance Policy	\$102.96	90years
Total Annual Premium:	\$102.96	
Modal Premium:	Quarterly \$25.74	

TABLE OF GUARANTEED POLICY VALUES

Values for the policy amount of insurance shown in the Policy Schedule

<u>Policy Year Ending On</u>	<u>Cash Value</u>	<u>Paid Up Insurance</u>	<u>Extended Term</u>	
			<u>Years</u>	<u>Days</u>
Jan. 1, 2011	0.00	0.00	0	0
Jan. 1, 2012	0.00	0.00	0	0
Jan. 1, 2013	0.00	0.00	0	0
Jan. 1, 2014	34.80	564.05	6	136
Jan. 1, 2015	94.60	1,470.11	17	255
Jan. 1, 2016	156.60	2,335.60	30	5
Jan. 1, 2017	220.80	3,163.33	34	6
Jan. 1, 2018	287.60	3,960.16	25	180
Jan. 1, 2019	349.70	4,628.59	29	93
Jan. 1, 2020	414.40	5,272.19	32	90
Jan. 1, 2021	482.00	5,893.42	34	176
Jan. 1, 2022	552.90	6,495.25	36	58
Jan. 1, 2023	627.10	7,076.15	37	184
Jan. 1, 2024	704.70	7,636.64	38	207
Jan. 1, 2025	785.90	8,177.66	39	142
Jan. 1, 2026	870.60	8,697.76	40	12
Jan. 1, 2027	958.90	9,197.86	40	199
Jan. 1, 2028	1,051.20	9,679.20	40	348
Jan. 1, 2029	1,148.10	10,145.08	41	98
Jan. 1, 2030	1,249.90	10,595.51	41	179
Age 60	7,025.00	18,009.59	30	17
Age 65	8,503.20	18,496.40	27	22
RESRVE INTEREST RATE:	4.00%			
NONFORFEITURE INTEREST RATE:	5.00%			

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Part 1
DEFINITIONS

AGE AT ISSUE: the Named Insured's age on his or her last birthday prior to the Policy Effective Date.

ATTAINED AGE: the Named Insured's Age at Issue plus the number of completed policy years since the Policy Effective Date.

BENEFICIARY: the person or persons to receive the Proceeds upon the Named Insured's death.

CASH VALUE: the value shown in the Table of Guaranteed Policy Values. The Cash Values shown assume that all premiums have been paid. The values assume no adjustment for Indebtedness secured by the policy.

INDEBTEDNESS: all existing due and unpaid premiums, loans, or Liens secured by this policy, plus unpaid interest.

IN FORCE: the active status of the policy while the Named Insured remains insured under the terms of the policy.

LAPSE: termination of the policy if any premium remains unpaid after the grace period.

LIEN: our right to or interest in the policy benefits, death benefits, Cash Values, and/or policy loans that are established as a result of your Indebtedness to us.

LOAN VALUE: the maximum amount that may be borrowed under the loan provision.

NAMED INSURED: the person whose life is insured under the policy and is named as such on the Policy Schedule. The "Named Insured" means your or your spouse's natural child, stepchild, legally adopted child, or grandchild. The Named Insured must be the later of: (1) 14 days old, or (2) released from the hospital after birth.

OWNER: the Owner of this policy is shown in the application, unless a change of ownership has been made.

POLICY EFFECTIVE DATE: the date(s) coverage begins as shown in the Policy Schedule. The Policy Effective Date **is not** the date you signed the application for coverage. Policy years and policy anniversaries are measured in 12-month increments from the Policy Effective Date.

PROCEEDS: the amount we are obligated to pay under the terms of this policy when the Named Insured dies.

REINSTATE: to restore coverage after this policy has Lapsed.

TERMINATE: to end this policy.

WRITTEN REQUEST: a request delivered to us and signed by you.

Part 2
PAYMENT OF PROCEEDS

WHAT ARE THE PROCEEDS UPON THE DEATH OF THE NAMED INSURED? All amounts payable under this policy will be paid in a lump sum. The amount payable will be:

- The amount of insurance then In Force,
- Plus a refund of any portion of a premium paid for a period beyond the date of death,
- Less any premium due, and
- Less the amount of any Indebtedness.

WHEN WILL DEATH PROCEEDS BE PAID? We will pay the benefits when we receive proof satisfactory to us that the Named Insured's death occurred while this policy was In Force. If the proceeds or refunds of premiums are not paid within 30 days after proof of death of the Named Insured has been furnished to us, we will pay interest upon the proceeds or refunds of premiums at the rate of eight percent per year.

IS THERE A BENEFIT LIMITATION IF THE NAMED INSURED COMMITS SUICIDE? If the Named Insured commits suicide, while sane or insane, within two years from the Policy Effective Date, benefits will be limited to a refund of all premiums paid, less any Indebtedness.

Part 3
GUARANTEED VALUES

The Cash Values shown in the Table of Guaranteed Policy Values assume no Indebtedness. The value between any two consecutive policy anniversaries shown will be determined by interpolation with allowance for the premiums paid for the period between such consecutive anniversaries. The values may be borrowed, used to provide paid-up life or extended-term insurance, or taken in cash upon surrender of this policy, subject to the following provisions.

ARE LOANS AVAILABLE? After this policy accumulates a Cash Value, we will make a loan subject to the following conditions:

- The maximum amount loaned will be the Cash Value of this policy at the end of the policy year in which the loan is made:
 - less any existing loan,
 - less interest on the amount of the loan to the end of the policy year, and
 - less premiums payable under this policy to the end of the policy year.
- Interest at the loan interest rate shown in the Policy Schedule must be paid annually in advance on the loan. Interest not paid when due will be added to the loan and will bear interest at the same rate.
- The loan must be secured by satisfactory assignment of this policy. The loan will constitute a first Lien on this policy in our favor.

Unless the loan has been repaid under a nonforfeiture option, any part of the loan may be repaid during the Named Insured's lifetime. Failure to repay the loan will not Terminate this policy unless
Form A65JWOAR

the loan exceeds the Loan Value of this policy and until 31 days after we have mailed notice of Termination to your last known address and any assignee of record.

CAN THERE BE AUTOMATIC PREMIUM LOANS? If this Guaranteed Values provision is effective, any premium that remains unpaid at the end of the grace period will be paid by automatic loan, subject to the following conditions:

- If the Loan Value of this policy is insufficient to pay the premium, the next smaller premium payable, but never less than the quarterly premium, will be paid by automatic loan. If the Loan Value of this policy is insufficient to pay a premium under this provision, no automatic loan will be made, and this policy will Lapse, subject to the nonforfeiture provisions.
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CAN CREDITORS GET THE PROCEEDS? Unless assigned, Proceeds payable to a Beneficiary will be free from the claims of creditors to the extent allowable by law.

Part 5 **OWNERSHIP OF THE POLICY**

WHO IS THE OWNER OF THIS POLICY? You are the Owner of the policy unless a change of ownership has been made. All rights and benefits available under this policy while the Named Insured is alive belong to you, the Owner. If you die before the Named Insured, all ownership rights then belong to your estate. Your rights are subject to the rights of any assignee or living Beneficiary when the designation is irrevocable.

HOW DO YOU EXERCISE YOUR RIGHTS OR TRANSFER OWNERSHIP? During your lifetime, you may exercise all of the rights under this policy by making a Written Request. This includes the right to change the ownership. If you transfer ownership of this policy, your ownership rights Terminate and the new Owner will be entitled to all rights available under this policy. To transfer ownership, we must receive a Written Request from you on a form satisfactory to us during the lifetime of the Named Insured. The written consent of any irrevocable Beneficiary on a form satisfactory to us is also required. Your Written Request, once recorded in our worldwide headquarters, will be effective as of the date you signed the request. A transfer of ownership will not apply to any actions, including payments received by us before transfer has been recorded by us.

Part 6 **PREMIUMS**

WHEN AND WHERE DO YOU PAY YOUR PREMIUMS? Your first premium, shown in the Policy Schedule, is due as of the Policy Effective Date and must be paid before coverage begins. Subsequent premiums are due in advance of the period they are to cover.

All premiums may be paid to us at Aflac Worldwide Headquarters. You may change the frequency of the premium payments, subject to our approval.

CAN YOU PAY A PREMIUM AFTER THE DATE IT IS DUE? We allow each premium, after the first one, to be paid within the 31 day period immediately following the date it is due. These 31 days are called the "grace period". If you have a claim during the grace period, we will deduct any unpaid premium from the amount we would otherwise pay.

WHAT HAPPENS IF YOUR PREMIUM IS NOT PAID BY THE END OF THE GRACE PERIOD? If any premium remains unpaid at the end of the grace period, your policy will Lapse and no further premium payment may be made except as provided by the Reinstatement provision.

Part 7 **REINSTATEMENT**

CAN THE POLICY BE RESTORED TO A PREMIUM-PAYING BASIS AFTER IT LAPSES? You may request to have this policy Reinstated at any time within five years after it Lapses, unless the policy is surrendered for the Cash Value. To Reinstatement, we will require from you:

- An Aflac reinstatement application,
- Evidence of the Named Insured's insurability (at your expense), and
- Payment of all past-due premiums with annual interest at the interest rate shown in the Policy Schedule.

The policy will be Reinstated if we approve the Reinstatement.

Part 8 **BENEFICIARY**

TO WHOM WILL WE PAY THE PROCEEDS? Unless assigned, we will pay the Proceeds to the Beneficiary named in the application for this policy, unless you have subsequently changed the Named Insured's Beneficiary. In that event, we will pay the Proceeds to the Beneficiary named in your last change of Beneficiary request of record. If you name a minor child as the Beneficiary, any benefits due to the Beneficiary will not be payable until a guardian for the financial estate of the minor is appointed by the court or until such Beneficiary reaches the age of majority as defined by your state. If any Beneficiary is disqualified from receiving the Proceeds by operation of law, then the Proceeds will be paid as though that Beneficiary died before the Named Insured, unless we have paid the Proceeds before receiving notice of the Beneficiary's disqualification.

WHAT HAPPENS IF A BENEFICIARY DIES? When a Beneficiary dies before the Named Insured, the interest of the Beneficiary terminates. Only those Beneficiaries surviving the Named Insured will be eligible to share in the Proceeds. If a Beneficiary does not survive the Named Insured by 15 days, the Proceeds will be paid as though the Beneficiary died before the Named Insured, unless we have paid the Proceeds before receiving notice of the Beneficiary's death. If no Beneficiary survives the Named Insured, we will pay the Proceeds to the Named Insured's estate.

CAN THE BENEFICIARY BE CHANGED? You may change the Named Insured's Beneficiary at any time during the Named Insured's lifetime by making a Written Request. The Written Request will not be effective until we have recorded it at Aflac Worldwide Headquarters. After it has been recorded, the request will be effective as of the date it is signed. However, the Named Insured's dying before the request is recorded will not affect those Proceeds we have already paid.

CAN BENEFITS BE PAID OTHER THAN IN A LUMP SUM? Benefits may be paid in any manner agreeable to the Beneficiary and us.

**THIS IS A JUVENILE WHOLE LIFE INSURANCE POLICY.
PROCEEDS ARE PAYABLE AT DEATH.
THIS IS A NONPARTICIPATING POLICY; NO DIVIDENDS ARE PAYABLE.**

**THE FACE AMOUNT OF THE POLICY WILL DOUBLE ON THE POLICY ANNIVERSARY
FOLLOWING THE NAMED INSURED'S 18th BIRTHDAY.**

SERFF Tracking Number: AFLA-126403526 State: Arkansas
 Filing Company: American Family Life Assurance Company of Columbus State Tracking Number: 44220
 Company Tracking Number:
 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
 Product Name: Juvenile Life
 Project Name/Number: /

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification		
Comments: All requested certifications are included in the attached cover letter.		

	Item Status:	Status Date:
Satisfied - Item: Application		
Comments: The attached applications are new and can also be found under the Form Schedule Tab.		
Attachments: A65J01AR.pdf A65J03AR.pdf		

	Item Status:	Status Date:
Satisfied - Item: Cover Letter		
Comments:		
Attachment: AR65000Filing Ltr.pdf		

	Item Status:	Status Date:
Satisfied - Item: Policy Cost and Benefit Information		
Comments:		
Attachment: Policy Cost and Benefit Information.pdf		

TO BE COMPLETED BY AFLAC ASSOCIATE/AGENT

Billing Method

- Payroll Deduction
- List Bill
- Direct Billing
- Bank Draft (B/D, ACH)**
- Credit Card (C/C)**

Mode

- 01 Weekly*(not available for List Bill, Direct Billing, BD, or CC)
- 01 Semimonthly* 03 Quarterly
- 01 14-Day Biweekly* 06 Semiannual
- 01 28-Day Biweekly* 12 Annual
- 01 Monthly (not available on Direct Billing)

*Weekly, Semimonthly, 14-day and 28-day Biweekly modes are not available for Bank Draft and Credit Card Billing Methods. **For Bank Draft / ACH or Credit Card billing method, an Authorization Form must accompany this application.]

Billable Premium \$ _____ Premium Collected \$ _____

Associate/Agent's No. _____ Sit. Code _____

If a check or money order is collected, please leave a temporary life insurance agreement form with the applicant and submit a copy to worldwide headquarters.

BENEFICIARY INFORMATION

PLEASE NOTE: We do not recommend that you name a minor child as your Beneficiary. If you name a minor child as your Beneficiary, any benefits due your minor Beneficiary will not be payable until a guardian for the financial estate of the minor is appointed by the court or such Beneficiary reaches the age of majority as defined by your state. If there is no Beneficiary, Aflac will pay any applicable benefit to your estate.

PRIMARY BENEFICIARY

FULL NAME (Last, First, MI)	RELATIONSHIP	CITY/STATE	DATE OF BIRTH	% OF PROCEEDS

CONTINGENT BENEFICIARY

FULL NAME (Last, First, MI)	RELATIONSHIP	CITY/STATE	DATE OF BIRTH	% OF PROCEEDS

Proposed Insured's Physician's Name _____ Phone Number _____
(if no regular Physician, Physician last seen)

Address _____

Date Last Seen by Physician _____ Reason for Last Visit _____

1. I certify that the Proposed Insured and Owner are citizens or permanent legal residents of the United States. Yes No

If you answered no to Question 1, a policy will not be issued; therefore, do not submit this application.

2. Has the Proposed Insured ever been diagnosed by a member of the medical profession or tested positive for the human immunodeficiency virus (HIV) or Acquired Immune Deficiency Syndrome (AIDS)? Yes No

If you answered yes to Question 2, a policy will not be issued; therefore, do not submit this application.

3. In the last year, has the Proposed Insured been declined or postponed for medical reasons on any life insurance application? Yes No
4. Has the Proposed Insured been diagnosed or treated by a member of the medical profession for any disorder of the heart, lungs, liver, intestines, kidney, blood or nervous/mental system, convulsive disorder, tumor or cancer, diabetes, hypertension, or any congenital abnormality? Yes No
5. In the past five years, has the Proposed Insured been unable to attend school or perform normal activities of like age, or been confined at home for more than five days, not including minor illnesses or injuries? Yes No

If you answered yes to any of Questions 3–5, please provide details in Item 7.

PLEASE COMPLETE THE FOLLOWING QUESTION IF THE PROPOSED INSURED IS AGE 15 OR OLDER.

6. Has the Proposed Insured been charged two or more times with a moving violation or within the past 12 months had a suspended or revoked driver's license? Yes No

If you answered yes to Question 6, a policy will not be issued; therefore, do not submit this application.

7. Details to Questions 3–5

Question	Medical Condition(s)	Onset (mo/yr)	Does the Condition Still Exist? <input type="checkbox"/> Yes <input type="checkbox"/> No
3.			<input type="checkbox"/> Yes <input type="checkbox"/> No
4.			<input type="checkbox"/> Yes <input type="checkbox"/> No
5.			<input type="checkbox"/> Yes <input type="checkbox"/> No

PROPOSED INSURED'S STATEMENTS AND AGREEMENTS

I understand that the Policy Effective Date will be the date recorded in the Policy Schedule by Aflac Worldwide Headquarters. It is not the date this application was signed.

I acknowledge receipt of, if applicable: Replacement Notice Life Buyer's Guide

I understand that: (1) the policy of insurance I am now applying for will be issued based upon the written answers to the questions, information asked for in this application, and any other pertinent information Aflac may require for proper underwriting; (2) Aflac is not bound by any statement made by me or any associate/agent of Aflac, unless written herein; (3) the associate/agent cannot change the provisions of the policy or waive any of its provisions either orally or in writing; (4) the policy, together with this application, endorsements, benefit agreements, and attached papers, if any, constitutes the entire contract of insurance; and (5) no change to the policy will be valid until approved by Aflac's president and secretary, and noted in or attached to the policy.

NOTICE OF INFORMATION PRACTICES

To issue an insurance policy, Aflac may need to obtain additional information about you and any other persons proposed for insurance. Some information will come from you, and some may come from other sources. That information and any other subsequent information collected by Aflac may in some circumstances be disclosed to third parties without your specific consent. You have the right to access and correct the information collected about you, except information that relates to a claim, or to a civil or criminal proceeding. If you wish to have a more detailed explanation of our information practices, please submit a Written Request to our worldwide headquarters. This notice applies only in Arizona, California, Connecticut, Georgia, Illinois, Maine, Massachusetts, Minnesota, Nevada, New Jersey, North Carolina, Ohio, Oregon, and Virginia.

AUTHORIZATION TO OBTAIN AND DISCLOSE INFORMATION

I authorize the following to give information (as defined below) to American Family Life Assurance Company of Columbus (Aflac) or any person or entity acting on its part: any medical professional, medical care institution, insurer (including Aflac, with respect to other Aflac coverages), reinsurer, government agency (including departments of public safety and motor vehicle departments), MIB, Inc., formerly known as the Medical Information Bureau, consumer reporting agency, or employer.

“Information” means facts or opinions relating to my past, present, or future physical or mental health or condition (excluding psychotherapy notes), employment, other insurance coverage, driving record, or any other medical or nonmedical facts that Aflac deems appropriate to determine eligibility for insurance or to evaluate a claim for benefits during the time this authorization is valid. I also authorize Aflac to give information to MIB, Inc.

I understand that any disclosure of health information to Aflac for the purpose of determining eligibility for coverage other than health plan coverage means the information may no longer be protected by federal privacy regulations. I further understand, however, that such information may be redisclosed only in accordance with other applicable laws or regulations.

I understand that this information will be used by Aflac for enrollment or to determine eligibility for insurance or for underwriting or risk rating (where applicable) purposes and, should coverage be issued, the information may be used to contest a claim for benefits or the issuance of the policy itself during the contestability period provided in the policy.

I understand that Aflac is conditioning the issuance of coverage on the provision of this authorization, and that, while I may refuse to sign this authorization, my refusal to do so could result in coverage not being issued.

I understand that I may revoke this authorization at any time, except to the extent that (1) Aflac has taken action in reliance on this authorization or (2) other law provides Aflac with the right to contest a claim under the policy or the policy itself. My revocation must be submitted in writing to Aflac, [Attn: Policy Service, 1932 Wynnton Road, Columbus, GA 31999].

Unless otherwise revoked, I agree that this authorization will expire on the earlier of the date Aflac notifies me of its declination of my application for coverage or, if a policy is issued, two years from the policy effective date.

I agree that a copy of this authorization is as valid as the original.

I have read, or had read to me, the completed application. I realize that policy issuance is based upon statements and answers provided herein, and they are complete and true. All statements made in this application are deemed representations and not warranties. I realize that any material misrepresentation therein may result in loss of coverage under the policy.

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.

I would prefer to receive an electronic copy of my policy instead of paper. Yes No

Signed and Dated at _____ on _____
City and State Date

Owner's Signature (X) _____

I certify that I personally saw the Owner when the application was completed, and each question was asked of the Owner and answered as recorded. All answers are correct to the best of my knowledge. To the best of my knowledge, this policy **will** **will not** replace or change any existing life insurance or annuity policy(ies).

Associate/Agent Signature_____

Date_____ Associate/Agent Writing Number_____ Sit. Code_____

Writing Associate/Agent: Please complete the following - it will become part of the policy.

**AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBUS (AFLAC),
[CLIENT SERVICES AND ADMINISTRATION, 1932 WYNNTON ROAD, COLUMBUS, GEORGIA 31999,
TOLL-FREE 1-800-99-AFLAC (1-800-992-3522)]**

Associate's/Agent's Name_____

Associate's/Agent's Address_____ Telephone_____

If we at Aflac fail to provide you with reasonable and adequate service, you should feel free to contact:

**ARKANSAS INSURANCE DEPARTMENT – [CONSUMER SERVICES DIVISION
1200 WEST THIRD STREET
LITTLE ROCK, ARKANSAS 72201-1904
Telephone (501) 371-2640 or Toll-Free 1-800-852-5494]**

**MAKE CHECK OR MONEY ORDER PAYABLE TO AFLAC.
[FOR INFORMATION, CALL TOLL-FREE 1-800-99-AFLAC (1-800-992-3522).
VISIT OUR WEB SITE AT AFLAC.COM.]**

APPLICATION FOR REINSTATEMENT/CHANGE FORM
Aflac's Juvenile Whole Life and Juvenile Term Life Insurance (A65JWO and A65JTO Series)
ATTENTION: POLICYHOLDER SERVICES
American Family Life Assurance Company of Columbus (Aflac)
 [Worldwide Headquarters • Columbus, GA 31999
 For information, call toll-free 1-800-99-AFLAC (1-800-992-3522).
 Fax number – 1-800-448-8922]

Named Insured _____ SSN _____

Height _____ Current Weight _____
 ft. in. lbs.

Policy Number _____ Date of Birth _____

Current Address of Named Insured _____

City _____ State _____ ZIP _____ Primary Telephone No. _____

Associate's/Agent's Signature and Writing Number _____
 Licensed Associate/Agent

PLEASE MAKE THE FOLLOWING CHANGES TO THE POLICY:

ADDRESS CHANGE FOR NAMED INSURED ONLY

Former Address of Named Insured _____
 Street Apt.No.

City _____ State _____ ZIP _____

New Address of Named Insured _____
 Street Apt.No.

City _____ State _____ ZIP _____ Telephone No. _____

ADDRESS CHANGE FOR OWNER ONLY

Former Address of Owner _____
 Street Apt.No.

City _____ State _____ ZIP _____

New Address of Owner _____
 Street Apt.No.

City _____ State _____ ZIP _____ Telephone No. _____

CONTINGENT BENEFICIARY

FULL NAME (Last, First, MI)	RELATIONSHIP	CITY/STATE	DATE OF BIRTH	% OF PROCEEDS

1. I certify that the Proposed Insured and Owner are citizens or permanent legal residents of the United States. Yes No

If you answered no to Question 1, a policy will not be issued; therefore, do not submit this application.

2. Has the Proposed Insured ever been diagnosed by a member of the medical profession or tested positive for the human immunodeficiency virus (HIV) or Acquired Immune Deficiency Syndrome (AIDS)? Yes No

If you answered yes to Question 2, a policy will not be issued; therefore, do not submit this application.

3. In the last year, has the Proposed Insured been declined or postponed for medical reasons on any life insurance application? Yes No
4. Has the Proposed Insured been diagnosed or treated by a member of the medical profession for any disorder of the heart, lungs, liver, intestines, kidney, blood or nervous/mental system, convulsive disorder, tumor or cancer, diabetes, hypertension, or any congenital abnormality? Yes No
5. In the past five years, has the Proposed Insured been unable to attend school or perform normal activities of like age, or been confined at home for more than five days, not including minor illnesses or injuries? Yes No

If you answered yes to any of Questions 3–5, please provide details in Item 7.

PLEASE COMPLETE THE FOLLOWING QUESTION IF THE NAMED INSURED IS AGE 15 OR OLDER.

6. Has the Proposed Insured been charged two or more times with a moving violation or within the past 12 months had a suspended or revoked driver's license? Yes No

If you answered yes to Question 6, a policy will not be issued; therefore, do not submit this application.

7. Details to Questions 3–5

Question	Medical Condition(s)	Onset (mo/yr)	Does the Condition Still Exist?
3.			<input type="checkbox"/> Yes <input type="checkbox"/> No
4.			<input type="checkbox"/> Yes <input type="checkbox"/> No
5.			<input type="checkbox"/> Yes <input type="checkbox"/> No

NOTICE OF INFORMATION PRACTICES

To issue an insurance policy, Aflac may need to obtain additional information about you and any other persons proposed for insurance. Some information will come from you, and some may come from other sources. That information and any other subsequent information collected by Aflac may in some circumstances be disclosed to third parties without your specific consent. You have the right to access and correct the information collected about you, except information that relates to a claim, or to a civil or criminal proceeding. If you wish to have a more detailed explanation of our information practices, please submit a Written Request to our worldwide headquarters. This notice applies only in Arizona, California, Connecticut, Georgia, Illinois, Maine, Massachusetts, Minnesota, Nevada, New Jersey, North Carolina, Ohio, Oregon, and Virginia.

AUTHORIZATION TO OBTAIN AND DISCLOSE INFORMATION

I authorize the following to give information (as defined below) to American Family Life Assurance Company of Columbus (Aflac) or any person or entity acting on its part: any medical professional, medical care institution, insurer (including Aflac, with respect to other Aflac coverages), reinsurer, government agency (including departments of public safety and motor vehicle departments), MIB, Inc., formerly known as the Medical Information Bureau, consumer reporting agency, or employer.

"Information" means facts or opinions relating to my past, present, or future physical or mental health or condition (excluding psychotherapy notes), employment, other insurance coverage, driving record, or any other medical or nonmedical facts that Aflac deems appropriate to determine eligibility for insurance or to evaluate a claim for benefits during the time this authorization is valid. I also authorize Aflac to give information to MIB, Inc.

I understand that any disclosure of health information to Aflac for the purpose of determining eligibility for coverage other than health plan coverage means the information may no longer be protected by federal privacy regulations. I further understand, however, that such information may be redisclosed only in accordance with other applicable laws or regulations.

I understand that this information will be used by Aflac for enrollment or to determine eligibility for insurance or for underwriting or risk rating (where applicable) purposes and, should coverage be issued, the information may be used to contest a claim for benefits or the issuance of the policy itself during the contestability period provided in the policy.

I understand that Aflac is conditioning the issuance of coverage on the provision of this authorization, and that, while I may refuse to sign this authorization, my refusal to do so could result in coverage not being issued.

I understand that I may revoke this authorization at any time, except to the extent that (1) Aflac has taken action in reliance on this authorization or (2) other law provides Aflac with the right to contest a claim under the policy or the policy itself. My revocation must be submitted in writing to Aflac, [Attn: Policy Service, 1932 Wynnton Road, Columbus, GA 31999].

Unless otherwise revoked, I agree that this authorization will expire on the earlier of the date Aflac notifies me of its declination of my application for coverage or, if a policy is issued, two years from the policy effective date.

I agree that a copy of this authorization is as valid as the original.

I have read, or had read to me, the completed application. I realize that coverage under the policy is based upon statements and answers provided herein, and they are complete and true. All statements made in this application are deemed representations and not warranties. I realize that any material misrepresentation therein may result in loss of coverage under the policy.

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.

Signed and Dated at _____ on _____
City and State Date

Owner's Signature _____ on _____

Named Insured's signature if age 18 or older _____

I certify that I personally saw the applicant when the application was completed, and each question was asked of the applicant and answered as recorded. All answers are correct to the best of my knowledge.

Associate's/Agent's Signature _____

Date _____ Associate's/Agent's Writing Number _____ Sit. Code _____

**MAKE CHECKS PAYABLE TO AFLAC.
[FOR INFORMATION, CALL TOLL-FREE 1-800-99-AFLAC (1-800-992-3522).
VISIT OUR WEB SITE AT AFLAC.COM.]**



*Deborah T. Grantham
AIRC, HIA, ACS
Second Vice President
Compliance Department*

December 1, 2009

Mr. Joe Musgrove
Arkansas Insurance Department
1200 West Third Street
Little Rock, AR 72201-1904

NAIC #60380

RE: Juvenile Whole Life Policy Form A65JWOAR, Juvenile Term to Age 25 Life Policy Form A65JTOAR, Payroll or Direct Application Form A65J01AR, and Application for Reinstatement/Change Form A65J03AR.

Dear Mr. Musgrove:

Referenced forms are submitted for your review and approval. Similar versions of these forms have been filed through the Interstate Insurance Product Regulatory Commission (IIPRC) for Nebraska, our state of domicile, on November 11, 2009.

Policy Form A65JWOAR is a Juvenile Whole Life Policy. Proceeds are payable at death. No dividends are payable. The nonforfeiture options are Cash Surrender, Reduced Paid-Up Life Insurance and Extended-Term Insurance. An automatic premium loan is available when selected at time of application or requested through a written request to our worldwide headquarters. The policy will be marketed through our field force on a payroll or nonpayroll basis to applicants age 14 days to 17 years.

Policy Form A65JTOAR is a Juvenile Term to 25 Policy. The policy contains an automatic conversion to whole life insurance with benefit and premium increase at attained age 25. Proceeds are payable at death. No dividends are payable. The policy will be marketed through our field force on a payroll or nonpayroll basis to applicants age 14 days to 17 years.

Payroll or Direct Application Form A65J01AR will be used to make application for either of the policies and is self-explanatory.

Application for Reinstatement/Change Form A65J03AR will be used to reinstate the policies and is self explanatory.

Temporary Life Insurance Agreement for Life Insurance Form A64016 was approved October 28, 2009 with our A64000 Series, SERFF Tracking # AFLA-126318884, and will be used on a direct basis only when premium has been collected at the time of application.

I certify that the forms submitted herewith meet the requirements of Arkansas Rule and Regulation 17, 19, and 49 as well as meeting the requirements of the Arkansas Insurance Department.

I further certify that this submission meets the minimum reading ease score for the FLESCH test and that the scores are as follows:

	FLESCH Score	Grade Level
Policy Form A65JWOAR	54.435	10
Policy Form A65JTOAR	52.188	10
Payroll or Direct Application Form A65J01AR	64.238	7
Application for Reinstatement/Change Form A65J03AR	65.769	6

An actuarial memorandum with rate structure, a statement of policy costs and benefit information, a worksheet for calculating cost indexes and a cost comparison disclosure are enclosed for your review.

Aflac reserves the right to alter the format of the forms without re-filing due to future technology changes, i.e. paper size, font, font type, line ending or page ending changes. Be assured that any minimum font-size requirements will be met. Any changes to wording or content would be filed for prior approval. We have included brackets in all forms around the address, telephone number, web site, and officer signatures in the event these change in the future. We also reserve the right to use these forms in an electronic format, but Aflac certifies we will retain the filed final print format.

This filing has been prepared by Leslie Steele. Should you have any questions or comments concerning this submission, please do not hesitate to call her collect at (706) 596-2971, by fax at (706) 660-7080 or email at lmsteele@aflac.com.

Sincerely,



Deborah T. Grantham
DTG/lis
Enclosures

STATEMENT OF POLICY COST AND BENEFIT INFORMATION

INSURED:	John Policy	DATE PREPARED	January 1,2005
AGE:	10	POLICY	P1234567
AGENT:	John Agent 123 Writing Way Columbus, GA 31999	AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBUS (AFLAC) 1932 WYNNNTON ROAD COLUMBUS, GEORGIA 31999 1-800-99-AFLAC	

COVERAGE NAME AND DESCRIPTION:

Juvenile Whole Life

	YEAR PAYABLE	DEATH BENEFIT	BASIC ANNUAL PREMIUM	END OF POLICY YEAR SURRENDER VALUE
Policy Year 1		\$10,000	\$102.96	\$0.00
Policy Year 2		\$10,000	\$102.96	\$0.00
Policy Year 3		\$10,000	\$102.96	\$0.00
Policy Year 4		\$10,000	\$102.96	\$34.80
Policy Year 5		\$10,000	\$102.96	\$94.60
Policy Year 6		\$10,000	\$102.96	\$156.60
Policy Year 7		\$10,000	\$102.96	\$220.80
Policy Year 8		\$10,000	\$102.96	\$287.60
Policy Year 9		\$20,000	\$102.96	\$349.70
Policy Year 10		\$20,000	\$102.96	\$414.40
Policy Year 11		\$20,000	\$102.96	\$482.00
Policy Year 12		\$20,000	\$102.96	\$552.90
Policy Year 13		\$20,000	\$102.96	\$627.10
Policy Year 14		\$20,000	\$102.96	\$704.70
Policy Year 15		\$20,000	\$102.96	\$785.90
Policy Year 16		\$20,000	\$102.96	\$870.60
Policy Year 17		\$20,000	\$102.96	\$958.90
Policy Year 18		\$20,000	\$102.96	\$1,051.20
Policy Year 19		\$20,000	\$102.96	\$1,148.10
Policy Year 20		\$20,000	\$102.96	\$1,249.90
AGE:	60	\$20,000	\$102.94	\$7,025.00
Accidental Death Benefit Rider		\$10,000	\$12.48	
Spouse Rider		\$5,000	\$34.32	
Child Rider		\$2,500	\$12.48	

----- COST COMPARISON DISCLOSURE -----

	10 YEAR	20 YEAR
SURRENDER COST INDEX	4.47	4.18
NET PAYMENT COST INDEX	6.44	6.44

AN EXPLANATION OF THE INTENDED USE OF THE COST INDEXES IS INCLUDED IN THE LIFE INSURANCE BUYERS GUIDE. THESE INDEXES ARE USEFUL ONLY FOR THE COMPARISON OF TWO OR MORE SIMILAR POLICIES.

THE POLICY MAY BE RETURNED TO THE COMPANY OR THE AGENT WITHIN 30 DAYS AFTER RECEIPT BY THE OWNER. THE POLICY WILL BE DEEMED VOID FROM THE BEGINNING AND ANY PREMIUM PAID WILL BE RETURNED.

STATEMENT OF POLICY COST AND BENEFIT INFORMATION

INSURED:	John Policy	DATE PREPARED	January 1,2005
AGE:	10	POLICY	P1234567
AGENT:	John Agent 123 Writing Way Columbus, GA 31999	AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBUS (AFLAC) 1932 WYNNNTON ROAD COLUMBUS, GEORGIA 31999 1-800-99-AFLAC	

COVERAGE NAME AND DESCRIPTION:
Juvenile Term to 25

YEAR PAYABLE	DEATH BENEFIT	BASIC ANNUAL PREMIUM
Policy Year 1	\$10,000	\$48.36
Policy Year 2	\$10,000	\$48.36
Policy Year 3	\$10,000	\$48.36
Policy Year 4	\$10,000	\$48.36
Policy Year 5	\$10,000	\$48.36
Policy Year 6	\$10,000	\$48.36
Policy Year 7	\$10,000	\$48.36
Policy Year 8	\$10,000	\$48.36
Policy Year 9	\$10,000	\$48.36
Policy Year 10	\$10,000	\$48.36
Policy Year 11	\$10,000	\$48.36
Policy Year 12	\$10,000	\$48.36
Policy Year 13	\$10,000	\$48.36
Policy Year 14	\$10,000	\$48.36
Policy Year 15	\$10,000	\$48.36

POLICY LOAN INTEREST RATE IS 7.4 % PAYABLE IN ADVANCE

----- COST COMPARISON DISCLOSURE -----

	10 YEAR	20 YEAR
SURRENDER COST INDEX	4.84	N/A
NET PAYMENT COST INDEX	4.84	N/A

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THE POLICY MAY BE RETURNED TO THE COMPANY OR THE AGENT WITHIN 30 DAYS AFTER RECEIPT BY THE OWNER. THE POLICY WILL BE DEEMED VOID FROM THE BEGINNING AND ANY PREMIUM PAID WILL BE RETURNED.

STATEMENT OF POLICY COST AND BENEFIT INFORMATION

INSURED:	John Policy	DATE PREPARED	January 1,2005
AGE:	25	POLICY	P1234567
AGENT:	John Agent	AMERICAN FAMILY LIFE ASSURANCE	
	123 Writing Way	COMPANY OF COLUMBUS (AFLAC)	
	Columbus, GA 31999	1932 WYNNNTON ROAD	
		COLUMBUS, GEORGIA 31999	
		1-800-99-AFLAC	

COVERAGE NAME AND DESCRIPTION:

Juvenile term to 25, WL

	YEAR PAYABLE	DEATH BENEFIT	BASIC ANNUAL PREMIUM	END OF POLICY YEAR SURRENDER VALUE
	Policy Year 1	\$20,000	\$179.40	\$0.00
	Policy Year 2	\$20,000	\$179.40	\$0.00
	Policy Year 3	\$20,000	\$179.40	\$0.00
	Policy Year 4	\$20,000	\$179.40	\$56.40
	Policy Year 5	\$20,000	\$179.40	\$164.00
	Policy Year 6	\$20,000	\$179.40	\$276.80
	Policy Year 7	\$20,000	\$179.40	\$395.00
	Policy Year 8	\$20,000	\$179.40	\$518.80
	Policy Year 9	\$20,000	\$179.40	\$648.20
	Policy Year 10	\$20,000	\$179.40	\$783.40
	Policy Year 11	\$20,000	\$179.40	\$924.20
	Policy Year 12	\$20,000	\$179.40	\$1,071.00
	Policy Year 13	\$20,000	\$179.40	\$1,223.80
	Policy Year 14	\$20,000	\$179.40	\$1,382.80
	Policy Year 15	\$20,000	\$179.40	\$1,548.40
	Policy Year 16	\$20,000	\$179.40	\$1,720.40
	Policy Year 17	\$20,000	\$179.40	\$1,898.80
	Policy Year 18	\$20,000	\$179.40	\$2,083.60
	Policy Year 19	\$20,000	\$179.40	\$2,275.20
	Policy Year 20	\$20,000	\$179.40	\$2,472.80
AGE:	60	\$20,000	\$179.40	\$6,265.00

----- COST COMPARISON DISCLOSURE -----

	10 YEAR	20 YEAR
SURRENDER COST INDEX	6.00	5.41
NET PAYMENT COST INDEX	8.97	8.97

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