

SERFF Tracking Number: MADS-126049275 State: Arkansas
Filing Company: Madison National Life Insurance Company, Inc. State Tracking Number: 41642
Company Tracking Number: IWL-P1-0908
TOI: L071 Individual Life - Whole Sub-TOI: L071.121 Graded Premium - Single Life
Product Name: Individual Whole Life
Project Name/Number: Individual Whole Life/IWL-P1-0908

Filing at a Glance

Company: Madison National Life Insurance Company, Inc.

Product Name: Individual Whole Life

SERFF Tr Num: MADS-126049275 State: Arkansas

TOI: L071 Individual Life - Whole

SERFF Status: Closed-Approved-
Closed State Tr Num: 41642

Sub-TOI: L071.121 Graded Premium - Single
Life

Co Tr Num: IWL-P1-0908

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Sue Long, Cheryl
Richards, Andrea Greiber

Disposition Date: 02/26/2009

Date Submitted: 02/24/2009

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Individual Whole Life

Status of Filing in Domicile: Authorized

Project Number: IWL-P1-0908

Date Approved in Domicile: 10/03/2008

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 02/26/2009

Explanation for Other Group Market Type:

State Status Changed: 02/26/2009

Deemer Date:

Created By: Sue Long

Submitted By: Sue Long

Corresponding Filing Tracking Number:

Filing Description:

We are filing the attached referenced product for your review and approval. These forms are new and will not replace any existing forms on file with your Department. This is an individual whole life policy with varying death benefits and premiums.

Company and Contact

Filing Contact Information

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Sue Long, Compliance Specialist smm@madisonlife.com
 PO Box 5008 800-356-9601 [Phone] 2061 [Ext]
 Madison, WI 53705 608-830-2700 [FAX]

Filing Company Information

Madison National Life Insurance Company, Inc. CoCode: 65781 State of Domicile: Wisconsin
 1241 John Q. Hammons Drive Group Code: 450 Company Type: Life and Health
 Madison, WI 53717 Group Name: State ID Number:
 (608) 830-2000 ext. [Phone] FEIN Number: 39-0990296

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Madison National Life Insurance Company, Inc.	\$50.00	02/24/2009	25927586

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	02/26/2009	02/26/2009

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Disposition

Disposition Date: 02/26/2009

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
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	variability		Yes
Supporting Document	Suitability		Yes
Supporting Document	Annuity Contract Summary		Yes
Form	Individual Whole Life Policy		Yes
Form	Individual Whole Life Application		Yes
Form	Individual Whole Life Application-Child		Yes
Form	Annuity Rider		Yes

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Form Schedule

Lead Form Number: IWL-P1-0908

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	IWL-P1-0908	Policy/Cont	Individual Whole Life Initial ract/Fratern Policy al Certificate	Initial		51.800	IWL-P1-0908.pdf
	IWL-A-0908	Application/	Individual Whole Life Initial Enrollment Application Form				IWL-A-0908.pdf
	IWL-AC-0908	Application/	Individual Whole Life Initial Enrollment Application-Child Form				IWL-AC-0908.pdf
	IWL-R-0908	Policy/Cont	Annuity Rider ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial			IWL-R-0908 111008.pdf

MADISON NATIONAL LIFE INSURANCE COMPANY, INC.

Mailing: PO Box 5008, Madison, WI 53705 • Phone: 1-800-356-9601

Home Office: 1241 John Q. Hammons Drive, Madison, WI 53717

INDIVIDUAL WHOLE LIFE INSURANCE POLICY

This Policy provides varying death benefits and premiums. The death benefit is payable upon the Insured's death. We promise to pay the death benefit to the Beneficiary upon receipt of due Proof of Loss, while this Policy is in force. We issued this Policy in consideration of the Application and the payment of premiums.

During the lifetime of the Insured, You may obtain Policy loans, change the Beneficiary, assign an interest in this Policy, surrender this Policy for its Cash Value and exercise the other rights provided.

**THIS IS A LEGAL CONTRACT.
PLEASE READ YOUR POLICY CAREFULLY.**

RIGHT TO EXAMINE. We want You to be satisfied with this Policy. If You decide not to keep this Policy, return it within 30 days after receipt. It may be returned by delivering or mailing it to Our Home Office, or to the agent who sold You this Policy. Once returned, this Policy will be void from its beginning. We will promptly refund any premium paid.

Executed by the Madison National Life Insurance Company, Inc. as of this Policy date.



Larry R. Graber
President



Adam C. Vandervoort
Secretary

**LIFE INSURANCE PAYABLE AT DEATH
BENEFIT AMOUNTS AS SPECIFIED
MODIFIED PREMIUMS PAYABLE FOR AMOUNT AND NUMBER OF YEARS SPECIFIED
GRADED PREMIUM – SINGLE LIFE
NON-PARTICIPATING**

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Schedule Page

<u>ANNUAL PREMIUM ALLOCATION</u>	<u>FIRST YEAR</u>	<u>RENEWAL YEARS</u>
MODIFIED ORDINARY LIFE POLICY:	\$[150.00]	\$[50.00]
TOTAL ANNUAL PREMIUM:	\$[150.00]	\$ [50.00]

MONTHLY PREMIUM EQUALS 1/12 OF ANNUAL PREMIUM

TABLE OF GUARANTEED POLICY VALUES FOR THE FACE AMOUNT SHOWN BELOW

END OF POLICY YEAR	CASH VALUE	REDUCED PAID-UP INS.*	EXTENDED TERM INS. YEARS DAYS	END OF POLICY YEAR	CASH VALUE	REDUCED PAID-UP INS.*	EXTENDED TERM INS. YEARS DAYS
1	0	-	0 0	13	142.28	854.81	16 111
2	9.89	88.17	3 234	14	155.90	906.73	17 84
3	20.46	175.55	6 224	15	169.85	956.69	17 360
4	31.36	259.03	8 307	16	184.07	1,004.62	18 226
5	42.64	339.14	10 284	17	198.41	1,050.18	19 50
6	54.24	415.57	12 130	18	212.75	1,093.32	19 194
7	66.16	488.52	13 192	19	226.97	1,133.98	19 300
8	78.34	557.83	14 139	20	240.88	1,172.00	20 10
9	90.75	623.63	15 17	AGE 60	303.33	1,328.47	20 28
10	103.32	685.80	15 199	AGE 62	322.85	1,376.92	19 275
11	116.09	744.88	15 324	AGE 65	338.31	714.74	18 47
12	129.04	800.99	16 29				

*Value for first year of RPU (See Guaranteed Policy Values)

NONFORFEITURE: FIRST YEAR 36.62484 RENEWAL YEARS 12.20828
 INTEREST RATE PER YEAR: RESERVES 4.0% CASH VALUES 5.0%

THESE VALUES ASSUME THAT ALL PREMIUMS ARE PAID TO THE END OF THE POLICY
 YEAR AND THAT THERE IS NO LOAN BALANCE.

INITIAL PREMIUM MODE: MONTHLY

POLICY NO: [Number] DATE OF POLICY: [Date] DATE OF ISSUE: [Date]

INSURED: [Name] AGE: [AGE] UNISEX PLAN
 OWNER: [Name]
 INITIAL FACE AMOUNT: \$[Amount]
 ULTIMATE FACE AMOUNT: \$[Amount]

BENEFICIARY: AS NAMED IN THE APPLICATION UNLESS CHANGED.

LIFE INSURANCE PAYABLE: LIFE

SUPPLEMENTAL BENEFITS PAYABLE FOR PERIOD AS SHOWN IN EACH RIDER

PREMIUM CLASS: STANDARD

PREMIUM DUE DATES: SAME AS DATE OF ISSUE

Death Benefit Claim Payment

Proof of Loss - Proof of Loss must be sent to Us at Our office within one year of the Insured' death or as soon as reasonably possible. Proof of Loss must include a copy of the death certificate. We may request the return of this Policy.

Payment of Proceeds - The death benefit proceeds are payable to the Beneficiary no later than 30 days after receipt of due Proof of Loss that the Insured has died while this Policy is In Force. If any claims payment interest accrues, interest will be paid in the amount determined by the State in which the claims are incurred. The death benefit will be paid in one lump sum unless another Payment Option is selected.

The Initial Face Amount and the Ultimate Face Amount are shown in the Schedule Page. The face amount varies by age and Policy duration. The face amount is the Initial Face Amount until the Policy anniversary on which the Insured is age 65 or 10 years from Date of Issue, whichever comes later. Following that, the face amount is the Ultimate Face Amount. The death benefit will be the face amount in effect at date of death, less any Policy debt and less one month's premium if death occurs during the grace period while premium is unpaid.

If the Insured is less than 6 months of age on the date of this Policy, the amount payable in the event of the death of the Insured during the first year, and while this Policy is in force, shall be 25% of the death benefit.

Death Benefit Payment Options

You may elect one or more Payment Options for the Beneficiary. If you have not elected any Payment Options prior to the Insured's death, the Beneficiary may elect one or more Payment Options at that time. The amount to be applied under any one Payment Option must be at least \$2,000.00 and individual benefit payments must be at least \$50.00. Proceeds of a smaller amount will be paid in one lump sum.

If the Beneficiary is an estate, a partnership, a corporation, or an assignee, only a lump sum benefit will be available. If there is no Beneficiary living when this Policy becomes a death claim, only a lump sum benefit will be available.

If a Payment Option is elected by the Owner, the right of the Beneficiary to make any change in payment is available only if it is provided in the election. Each election or change of election must be made by the Owner in writing and to Us. To the extent permitted by law, proceeds will not be subject to any claims of a Beneficiary's creditors.

Option 1. Income for a Fixed Period. Equal monthly payments will be made for a fixed period. The monthly income for each \$1,000.00 applied is shown in the following table:

No. of Years Payable	Monthly Installments	No. of Years Payable	Monthly Installments
1	84.29	11	8.65
2	42.67	12	8.03
3	28.80	13	7.50
4	21.87	14	7.05
5	17.71	15	6.65
6	14.94	16	6.31
7	12.96	17	6.01
8	11.48	18	5.74
9	10.33	19	5.50
10	9.41	20	5.29

Option 2. Income for Life with Period Certain.

Equal monthly payments will be made for a fixed period and will continue after that period through the lifetime of the Beneficiary. You may elect a fixed period for 10, 15 or 20 years. The amount of each payment will depend upon the age at the last birthday of the Beneficiary at the time the first payment is due, and will be based on the following table:

Monthly Income For Life With Period Certain

Beneficiary Age at Date of Payment	No. of Years Certain			Beneficiary Age at Date of Payment	No. of Years Certain		
	10	15	20		10	15	20
5	2.74	2.74	2.74	41	3.43	3.42	3.41
6	2.75	2.75	2.75	42	3.46	3.46	3.44
7	2.76	2.76	2.76	43	3.50	3.49	3.48
8	2.77	2.77	2.77	44	3.55	3.53	3.52
9	2.78	2.78	2.78	45	3.59	3.58	3.56
10	2.79	2.79	2.79	46	3.63	3.62	3.60
11	2.80	2.80	2.80	47	3.68	3.67	3.64
12	2.81	2.81	2.81	48	3.73	3.72	3.69
13	2.82	2.82	2.82	49	3.79	3.77	3.74
14	2.83	2.83	2.83	50	3.84	3.82	3.79
15	2.85	2.85	2.84	51	3.90	3.88	3.84
16	2.86	2.86	2.86	52	3.96	3.93	3.89
17	2.87	2.87	2.87	53	4.03	3.99	3.95
18	2.89	2.89	2.88	54	4.09	4.06	4.00
19	2.90	2.90	2.90	55	4.17	4.12	4.06
20	2.92	2.92	2.91	56	4.24	4.19	4.12
21	2.93	2.93	2.93	57	4.32	4.27	4.19
22	2.95	2.95	2.94	58	4.40	4.34	4.25
23	2.97	2.96	2.96	59	4.49	4.43	4.32
24	2.98	2.98	2.98	60	4.59	4.51	4.39
25	3.00	3.00	3.00	61	4.68	4.60	4.46
26	3.02	3.02	3.01	62	4.79	4.69	4.53
27	3.04	3.04	3.03	63	4.90	4.78	4.60
28	3.06	3.06	3.05	64	5.02	4.88	4.68
29	3.08	3.08	3.08	65	5.14	4.98	4.75
30	3.10	3.10	3.10	66	5.27	5.09	4.82
31	3.13	3.12	3.12	67	5.41	5.19	4.89
32	3.15	3.15	3.14	68	5.55	5.31	4.96
33	3.18	3.17	3.17	69	5.70	5.42	5.02
34	3.20	3.20	3.19	70	5.86	5.53	5.09
35	3.23	3.23	3.22	71	6.03	5.64	5.14
36	3.26	3.26	3.25	72	6.21	5.76	5.20
37	3.29	3.28	3.28	73	6.39	5.87	5.25
38	3.32	3.32	3.31	74	6.58	5.98	5.29
39	3.35	3.35	3.34	75	6.77	6.08	5.33
40	3.39	3.38	3.37				

- Values for ages not shown will be provided upon request. -

Should more than one Beneficiary be entitled to payment under this option, the portion of the death benefit accruing to each Beneficiary when the first installment becomes due, shall be applied separately to the purchase of the installments, based upon the age of each individual Beneficiary.

Option 3. Payments of a Fixed Amount. An agreed upon amount shall be paid to the Beneficiary each month until the proceeds, held at interest, are paid in full. The amount of each monthly payment may not be less than \$50.00 for each \$1,000.00 of proceeds applied. An annual percentage rate of at least 3% will be applied to the unpaid proceeds.

Option 4. Interest Only Payment. We will hold any proceeds applied under this Payment Option. Interest on the unpaid balance will be paid each month at an annual effective rate of at least 3%.

Option 5. Other Payment Options. The proceeds may be paid in any other manner agreed to by Us. On request, We will inform You of the amount of the monthly payment for the optional type of annuity desired. The payment will be the actuarial equivalent to those set out in the options above.

Surrender Benefit Options

Guaranteed Policy Value - Upon lapse of this Policy, the Guaranteed Values will be determined as follows:

1. **Cash Value** – The Cash Value of this Policy, as shown in Column 1 of the Table of Guaranteed Policy Values, less any Policy debt, will be paid upon surrender of this Policy. We will have the right to delay payment of the Cash Value for a period of no more than 6 months after you request payment, or
2. **Paid-Up Insurance** – This Policy may be continued in force for a reduced face amount of Paid-Up Insurance. The reduced face amount will be a fixed percentage of the face amount of this Policy for that duration. This means that the reduced face amount of insurance will change at the Policy anniversary on which the Insured is age 65 or 10 years from Date of Issue, whichever comes later. The reduced face amount of Paid Up Insurance, for the first year after this Policy becomes reduced Paid Up Insurance, is shown in the Table of Guaranteed Policy Values. The death benefit payable is the reduced face amount of Paid Up Insurance, less any Policy debt, payable at the same time and under the same conditions as this Policy, or
3. **Extended Term Insurance** – This Policy may be continued in force, as Extended Term Insurance, from the due date of the first unpaid premium for a period of time to be calculated using this Policy’s Cash Value as a net single premium. Such premium will be based on the Insured’s attained age, last birthday, on the due date of the premium in default. The Extended Term Insurance death benefit will follow the same pattern as the death benefit of this Policy.

The values shown in the Table of Guaranteed Policy Values are those available at the end of the Policy year. If premiums have been paid to a date within a Policy year, guaranteed values will be calculated on a proportionate basis. Guaranteed Policy Values will be available at the end of the first year for which a value is shown in the Table.

If you elect either Paid-Up or Extended Term Insurance, you will have the right to surrender this Policy at any time and receive the Cash Value of the Paid-Up Insurance or of the unexpired Extended Term Insurance. Any debt under this Policy will reduce the amount of Cash Value, Paid-Up Insurance, or the period for which the Extended Term Insurance will be continued. Any insurance continued under “2.” or “3.” above will not include any benefit riders, if any, attached to this Policy.

Automatic Feature - If, on the expiry date of the grace period for an unpaid premium, the premium is not paid under the Automatic Premium Loan Option (in Section “Loan Provisions”), and none of the above Guaranteed Values have been elected, this Policy will automatically continue in force under the Extended Term Insurance Option. You have the right to elect another of the above options within 60 days after the due date of any unpaid premium.

Basis of Computation - All Guaranteed Policy Values and net single premiums for this Policy are computed using: (a) the Commissioners' 2001 Male Ultimate Mortality Table, (b) annually effective interest at the rate shown on the Schedule Page for reserves and Cash Values, (c) the Insured's age as of his or her last birthday.

The Cash Value and the Paid-Up Insurance benefits of this Policy are not less than minimum values or benefits required by the law of the State to which this Policy is subject, utilizing the non-forfeiture factors on the Schedule Page.

An extension of the Guaranteed Policy Values will be provided upon request.

Loan Provisions

Policy Loans - While this Policy is In Force, other than as Extended Term Insurance, We will lend a sum not exceeding the available Cash Value. Interest on the loan at the rate of 8% per year will be due and payable at the beginning of each policy year and, if not paid, will be added to the principal and bear the same rate of interest.

We will have the right to delay any loan under this Policy for a period of no more than 6 months after request for loan has been received, unless such loan is to be applied to the payment of premiums.

Failure to repay a Policy debt or interest will not terminate this Policy until the total debt equals or exceeds the Cash Value, and until 31 days after notice has been mailed to the last known address of the Owner and any assignee of record. Failure to repay such debt after the total debt equals or exceeds the Cash Value, and after giving notice, shall render this Policy void.

Automatic Premium Loan Option - If you elect the Automatic Premium Loan Option in the Application, in writing to Us, a Policy loan will be made to pay any premium on this Policy remaining unpaid at the end of the grace period. The request must be received at Our office before the 31-day grace period for an unpaid premium expires.

Interest on an Automatic Premium Loan will be charged from the premium due date and the terms of the Loan Provisions will apply.

Premium Provisions

Premiums – The premium for this Policy is payable during the life-time of the Insured for the amount and number of years shown on the Schedule Page. The Insured must be alive when the first premium is paid. To keep this Policy in force, you must pay the premiums when they are due. Premiums are payable to Us at Our Home Office and are payable in advance after the first premium.

You may pay premiums annually, semi-annually, quarterly, or monthly, as designated on Application. Any portion of a premium paid beyond the month in which the Insured dies will be added to this Policy's death benefit.

Grace Period – You are allowed a grace period of 31 days after the due date of each premium. The premium may be paid at any time during the grace period without interest. During the grace period, this Policy will remain In Force, but the premium will be unpaid. If death occurs within the grace period, the premium for the month in which death occurred will be deducted from the death benefit.

Reinstatement – This Policy may be reinstated at any time within 3 years after lapse, and during the Insured's lifetime, unless this Policy has been surrendered for cash, and if the following requirements are met:

1. You furnish Evidence of insurability satisfactory to Us.
2. You pay all past due premiums, with compound interest at the rate of 6% a year.
3. You pay or reinstate any indebtedness, with compound interest at the rate of 8% a year,

4. The request for reinstatement must be made by You in writing and submitted to Us within 3 years after the date this Policy lapsed.

Ownership Provisions

The Owner of this Policy is the person shown as Owner on Our records. The Owner on this Policy's Date of Issue is the person shown as Owner in the Schedule Page. The Owner controls this Policy during the lifetime of the Insured, unless otherwise provided for in this Policy, and may exercise all rights given by this Policy or allowed by Us without the consent of anyone else.

You may change the Owner or name a contingent Owner at any time during the lifetime of the Insured. We will provide forms which must be signed by You and returned to Us with this Policy. The new Owner change will be effective as of the date You sign the forms, subject to any action We have taken before We received them.

If the Owner dies after the Insured attains age 21, the Insured shall become the Owner. If the Owner dies before the Insured attains age 21, ownership shall belong to:

1. the Insured, after the Insured attains age 21;
2. one of the following living persons, in this order, until the Insured attains age 21: (a) contingent Owner, (b) Insured's legally appointed guardian; (c) Insured's father, or (d) Insured's mother.

General Provisions

Assignment – While the Insured is living, You may assign this Policy or any interest to another. You must do so in writing and a copy of the assignment must be filed with Us. When We receive it, your rights and those of the Beneficiary will be subject to the assignment. No assignment is binding on Us until We receive it at Our office. An assignee cannot change the Beneficiary nor transfer ownership of this Policy. Any assignment is subject to any Policy debt made before the Assignment has been recorded by Us. We assume no responsibility for the validity of any assignment.

Autopsy: We, at Our own expense, may have the right to make an autopsy in the case of Your death, where it is not prohibited by law.

Beneficiary - The Beneficiary of this Policy is as stated in the Application unless changed as provided below. The death benefit will be paid to the primary Beneficiary when the Insured dies.

- **Death of Beneficiary** - As shown in Section "Death Benefit Payment Options", if the Beneficiary dies while there are any unpaid installments under "Option 1", " or before the end of the period certain under "Option 2", We will pay the commuted value of the remaining payments in a lump sum. The commuted value of any balance held under "Option 3" or "Option 4" will be paid to the Beneficiary's Executors or Administrators unless the written election of the option states differently. Any commuted value will be calculated using an annual effective interest rate of 5%.

If a Beneficiary dies on the same day the Insured dies, or within 120 hours from the Insured's time of death, benefits will be paid as if that Beneficiary had died before the Insured, unless Proof of Loss, with respect to the Insured's death, is delivered to Us before the date of the Beneficiary's death.

- **Change of Beneficiary** - While the Insured is living, You may change the Beneficiary, unless the Beneficiary is irrevocable. If the Beneficiary is irrevocable, You must obtain the Beneficiary's written consent to change the Beneficiary. A written request, dated and signed by You, must be filed with Us. The effective date of change will be the date the request was signed, subject to Our acceptance.

Conformity with State Laws - This Policy is subject to the laws of the State where the Application was signed. If part of it does not follow that law, it will be treated as if it does.

Entire Contract - The entire agreement between You and Us consists of this Policy, the attached Application, attached riders or endorsements, if any, and the medical examination or declaration of insurability, if applicable. No agent or other person, except an officer of Our company, has the authority to make or modify this Policy or waive any of Our rights or requirements.

Any change, modification or waiver must be made in writing. This Policy is issued based on the statements in the Application and the payment of the first premium. All statements made by the Insured or on behalf of the Insured will be considered representations and not warranties. We will not use any statement to invalidate this Policy nor to defend against a claim unless that statement is contained in the Application and a copy is attached to this Policy when issued.

Incontestability – We cannot contest this Policy, except for non-payment of premium, during the Insured’s lifetime, after it has been In Force for 2 years from the Date of Issue.

Legal Actions: A legal action may not be brought to recover on this Certificate within 60 days after written Proof of Loss has been given as required. No such action may be brought after 3 years from the time written proof was required to be given.

Misstatement of Age – If the age of the Insured is misstated in the Application, We will adjust any proceeds payable to the benefit amount the premium paid would have purchased at the correct age.

Non-Participating – This Policy is Non-Participating. It does not share in Our earnings.

Suicide – If the Insured commits suicide, while sane or insane, within 2 years of the Date of Issue, and while this Policy is in force, We will not pay the death benefit. We will return all premiums paid, less any Policy debt.

Clerical Error: Clerical error, whether by the Policyholder or Us, will not void the insurance of any Insured Person if that insurance would otherwise have been in effect nor extend the insurance of any Insured Person if that insurance would otherwise have ended or been reduced as provided in the Policy.

Definitions

When used in this Policy or in any benefit rider attached to this Policy, if any, the following words have the meaning stated below:

Beneficiary – See Section “General Provisions”, subsection “Beneficiary”.

Cash Value – See Section “Surrender Benefit Options”.

Date of Issue - As shown on the “Schedule Page”

Extended Term Insurance - See Section “Surrender Benefit Options”.

Initial Face Amount - As shown on the “Schedule Page”

Insured - The person whose life is covered by this Policy.

In Force - This Policy is in force if premiums are paid when due or within the grace period, or if this Policy has been placed on Paid-Up or Extended Term Insurance.

Lapse - This Policy will lapse when the premium is not paid when due or within the grace period. This Policy may still have value and provide benefits even though it has lapsed.

Owner - The Owner of this Policy, as shown on the “Schedule Page”, unless subsequently changed as provided for in this Policy. The Owner may be someone other than the Insured.

Paid-Up Insurance - See Section “Surrender Benefit Options”.

Payment Option – See Section “Death Benefit Payment Options

Ultimate Face Amount - As shown on the “Schedule Page”

We, Us, Our - Madison National Life Insurance Company, Inc.

You or Your - The Owner of this Policy.

MADISON NATIONAL LIFE INSURANCE COMPANY, INC.

**LIFE INSURANCE PAYABLE AT DEATH
BENEFIT AMOUNTS AS SPECIFIED
MODIFIED PREMIUMS PAYABLE FOR AMOUNT AND NUMBER OF YEARS SPECIFIED
GRADED PREMIUM – SINGLE LIFE
NON-PARTICIPATING**

MADISON NATIONAL LIFE INSURANCE COMPANY, INC.

Mailing: PO Box 5008, Madison, WI 53705 • Phone: 1-800-356-9601

Home Office: 1241 John Q. Hammons Drive, Madison, WI 53717

INDIVIDUAL APPLICATION FOR WHOLE LIFE INSURANCE

1 Applicant/Insured			
Name: (First, Middle, Last)		Phone No.(s)	
SSN or Tax ID No.	Employer	Job Title	Years Employed
Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth (mo/day/year)	Age	Weight
Street Address, City, State, Zip or Country			
2 Owner/Payor, if other than the Applicant/Insured			
Name: (First, Middle, Last) Sex <input type="checkbox"/> M <input type="checkbox"/> F		Phone No.(s)	
SSN or Tax ID No.	U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No (if "No", Country of Citizenship):		
Street Address, City, State, Zip or Country			
3 Whole Life Coverage			
Initial Face Amount \$	Administrative Endorsements/Notes:		
4 Premium (Premium checks must ONLY be made payable to (list the payee as) Madison National Life Insurance Co., Inc.)			
LIFE INSURANCE	MODE PREMIUM		
Initial Face Amount \$	\$	Payment Mode <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly <input type="checkbox"/> Biweekly <input type="checkbox"/> Payroll <input type="checkbox"/> Other:	
Annuity Rider	\$	Payment Type <input type="checkbox"/> Bank Draft <input type="checkbox"/> Debit Card <input type="checkbox"/> Payroll <input type="checkbox"/> Other:	
TOTAL PREMIUM:	\$	Is Automatic Premium Loan Elected? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mail Policy documents to: <input type="checkbox"/> Agent <input type="checkbox"/> Applicant/Insured <input type="checkbox"/> Owner/Payor			
5 Beneficiary			
<input type="checkbox"/> Primary - Name (First, Middle, Last)	Address		Relationship to Insured
<input type="checkbox"/> Contingent - Name (First, Middle, Last)	Address		Relationship to Insured
6 Health Questions Check all applicable disorders/conditions. Give details below. Use second page if necessary.			
During the past 5 years have You been diagnosed or treated by a medical professional for any of the following conditions:			
Heart Disorder/Heart Attack/Coronary Artery Disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Diseases or disorders of the blood, lungs, kidney, stomach, intestinal tract, liver or nervous system?	<input type="checkbox"/> Yes <input type="checkbox"/> No
High or low blood pressure/Hypertension?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Acquired Immune Deficiency Syndrome (AIDS)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diabetes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Aids Related Complex (ARC)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cancer of any type, Melanoma or Malignancy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Human Immunodeficiency Virus (HIV)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Alcohol or drug abuse?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Any other conditions not listed here?	<input type="checkbox"/> Yes <input type="checkbox"/> No
During the last 5 years, have you had an insurance application postponed or declined? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Dates	Conditions	Doctor Names and Addresses	Results

7 Existing Insurance/Replacement Questions & Signatures

Applicant/Insured:

- Do You have any existing life insurance policies or annuity contracts? Yes No
- If “Yes”, do You intend to replace any existing life insurance policy or annuity contract? Yes No

Agent:

- Does the Applicant/Insured have any existing life insurance policies or annuities in force? Yes No
- To the best of your knowledge, is the life insurance applied for intended to replace any existing life insurance or annuity?
 - **If Yes, complete the Replacement Form as required.** Yes No

_____ Signature of Applicant/Insured Date	_____ Signature of Agent Date
---	---

8 Applicant/Insured Certifications and Signature

- I certify under penalty and perjury that my statements made on this Application are true, complete, and correct to the best of my knowledge and belief. I understand Madison National Life Insurance Company, Inc. is required to verify the identity of its members. Providing my name, address, date-of-birth and social security, or tax payer identification, number allows them to verify my identity. I acknowledge receipt of “Notice to Proposed Insured”.
- I hereby authorize any licensed physician, medical practitioner, hospital, clinic, Veterans Administration Facility, or other medically related facility, state or local government agency, insurance or reinsurance company, Medical Information Bureau, Inc., consumer reporting agency, or employer, to give to Madison National Life Insurance Company, Inc., its legal representative or its reinsurers any and all such information to use for underwriting insurance. I agree that this authorization, in connection with this form, shall be valid for 24 months from my signature date and that I have the right to revoke this authorization at any time. I agree that a photocopy of this authorization shall be as valid as the original and I understand that a copy is available to me upon request.
- I Do Do Not want to have federal income tax withheld from my withdrawals. I reserve the right to change my option.

WARNING: 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 may be guilty of a crime and subject to fines, confinement in prison and/or denial of insurance benefits.

_____ Signature of Applicant/Insured Date Dated at this City & State:	_____ Signature of Owner/Payor Date Dated at this City & State:
--	--

9 Agent(s) Statements

To the best of your knowledge and belief:

- was the Applicant/Insured’s signature witnessed by you? Yes No
- did you truly and accurately record on this Application the information provided by the Applicant/Insured? Yes No
- did you deliver the “Notice to Proposed Insured”? Yes No

What Applicant/Insured government-issued identification did you verify?	ID No. Verified:
_____ Signature of Agent _____ Name of Agent (typed/printed) Date: _____ License No. _____ Home Telephone No. _____	_____ Signature of Agent _____ Name of Agent (typed/printed) Date: _____ License No. _____ Home Telephone No. _____

IWL-A-0908

CONDITIONAL RECEIPT

(This receipt must not be detached unless payment of the first premium has been made at the time of application)

Received from _____, \$ _____ in connection with this application for life insurance which bears the same date as the receipt. If this application is not approved, the payment evidenced by this receipt will be returned. If the application is approved, the policy will be effective with the date of application unless otherwise indicated herein.

MADISON NATIONAL LIFE INSURANCE COMPANY, INC.

Mailing: PO Box 5008, Madison, WI 53705 • Phone: 1-800-356-9601

Home Office: 1241 John Q. Hammons Drive, Madison, WI 53717

INDIVIDUAL APPLICATION FOR WHOLE LIFE INSURANCE

1 Applicant/Insured Child (Age 0-15)			
Name: (First, Middle, Last)		SSN	
Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth (mo/day/year)	Age	Weight
Street Address, City, State, Zip or Country			
2 Owner/Payor			
Name: (First, Middle, Last) Sex <input type="checkbox"/> M <input type="checkbox"/> F		Phone No.(s)	
Relationship to Child	Employer	Job Title	Years Employed
SSN or Tax ID No.	U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No (if "No", Country of Citizenship):		
Street Address, City, State, Zip or Country			
3 Whole Life Coverage			
Initial Face Amount \$	Administrative Endorsements/Notes:		
4 Premium (Premium checks must ONLY be made payable to (list the payee as) Madison National Life Insurance Co., Inc.)			
LIFE INSURANCE	MODE PREMIUM		
Initial Face Amount \$	\$	Payment Mode <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly <input type="checkbox"/> Biweekly <input type="checkbox"/> Payroll <input type="checkbox"/> Other:	
Annuity Rider	\$	Payment Type <input type="checkbox"/> Bank Draft <input type="checkbox"/> Debit Card <input type="checkbox"/> Payroll <input type="checkbox"/> Other:	
TOTAL PREMIUM:	\$	Is Automatic Premium Loan Elected? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mail Policy documents to: <input type="checkbox"/> Agent <input type="checkbox"/> Applicant/Insured Child <input type="checkbox"/> Owner/Payor			
5 Beneficiary			
<input type="checkbox"/> Primary - Name (First, Middle, Last)	Address		Relationship to Child
<input type="checkbox"/> Contingent - Name (First, Middle, Last)	Address		Relationship to Child
6 Health Questions Check all applicable disorders/conditions. Give details below. Use second page if necessary.			
During the past 5 years has the Child been diagnosed or treated by a medical professional for any of the following conditions:			
Heart Disorder/Heart Attack/Coronary Artery Disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Diseases or disorders of the blood, lungs, kidney, stomach, intestinal tract, liver or nervous system?	<input type="checkbox"/> Yes <input type="checkbox"/> No
High or low blood pressure/Hypertension?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Acquired Immune Deficiency Syndrome (AIDS)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diabetes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Aids Related Complex (ARC)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cancer of any type, Melanoma or Malignancy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Human Immunodeficiency Virus (HIV)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Alcohol or drug abuse?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Any other conditions not listed here?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the Child under Age 3? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes, was the Child born premature? <input type="checkbox"/> Yes <input type="checkbox"/> No			
During the last 5 years, has the Child had an insurance application postponed or declined? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Dates	Conditions	Doctor Names and Addresses	Results

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Home Office: 1241 John Q. Hammons Drive, Madison, WI 53717

ANNUITY RIDER

This Annuity Rider is in addition to the life insurance benefits available to an Insured under the Individual Whole Life Policy (hereafter referred to as "Policy"). We agree to accept deposits for the purpose of providing an Annuity to the Owner or Insured, subject to the conditions stated in this Rider and in the Policy.

This Rider, including the Policy and any other attached papers, constitutes the Entire Contract of insurance. If inconsistencies occur between the Policy and this Rider, the provisions of this Rider apply. No change in this Rider shall be valid until approved by an executive officer of Madison National Life Insurance Company, Inc. No agent has authority to change this Rider or waive any of its provisions.

Provisions under this Rider are subject to all definitions, terms and conditions, limitations and exclusions of the Entire Contract, unless otherwise stated herein. Please refer to the Policy.

DEPOSITS

While the Policy is In Force, and free of indebtedness, You may deposit, during any policy year, amounts acceptable to Us, but not more than \$5,000 or five times the amount of the annual premium for the Policy, whichever is the lesser amount. The minimum deposit is \$5.00. Deposits are payable at Our office and the deposits will not be a valid obligation of Ours unless paid directly to Us.

CASH VALUE OF THIS RIDER

The Cash Value of this Rider is the total of all premium payments for this Rider, less any withdrawals, plus interest at not less than 3% per year. Interest shall be credited daily.

DEATH BENEFIT

If we receive proof of the Insured's death while this Rider is In Force, and before the start of the Annuity, we will pay to the Beneficiary an amount equal to the Cash Value of this Rider as of the date of death.

MONTHLY ANNUITY PAYMENTS

The "Rider Maturity Date" is the Policy Anniversary Date on which the Insured is Age 70. The Cash Value of this Rider, as of the Rider Maturity Date, will be applied to provide an Annuity with monthly payments to You for a period of 10 years and continuing after that period through the Insured's lifetime. Such monthly annuity payments will be made to You in accordance with the provisions and schedule of rates printed in the Policy or in accordance with the optional annuity payment rates then offered by Us, whichever will result in the larger payment to You. We may annually declare current optional payment rates.

AUTOMATIC PREMIUM PAYMENTS

If the premiums for the Policy remain unpaid on the last day of the grace period, they will automatically be paid from funds accumulated under this Rider, regardless of the status of the Automatic Premium Loan provision of the Policy. Such premiums will include the premiums for any riders attached to the Policy. If there are not enough funds to pay the full premium, we will use the amount available to pay a lesser installment. Any funds applied to premium payments under this provision will not be subject to any surrender charges.

NONFORFEITURE BENEFITS

At any time on or before the date the Annuity is to begin, You may surrender this Rider for its Cash Value minus any withdrawal charges. At any time You may elect to use the cash surrender value, together with the Cash Value of the Policy, to provide payments under one of the Payment Options set out in the Policy.

RIGHT OF WITHDRAWAL

You have the right to withdraw all or any part of the Cash Value. We will have the right to delay payment for a period of 6 months after You request withdrawal. Any withdrawal during the first 10 years from the Date of Issue of this Rider will be subject to the following charges (“Age” means the Insured’s age as of his or her last birthday):

Rider Year	Withdrawal Charge (Issued Ages 0-57)	Withdrawal Charge (Issued Ages 58-62)	Rider Year	Withdrawal Charge (Issued Ages 0-57)	Withdrawal Charge (Issued Ages 58-62)
1	10%	6.0%	7	4%	.5%
2	9%	5.5%	8	3%	0%
3	8%	4.5%	9	2%	0%
4	7%	3.5%	10	1%	0%
5	6%	2.5%	11+	0%	0%
6	5%	1.5%			

Waiver of Withdrawal Charges For Confinement

(Applicable for Issue Ages Through Age 62 Only) We waive any withdrawal charge applicable to full or partial withdrawals if all of the following are applicable:

1. the Insured is confined to a Hospital or a Long Term Care Facility; and
2. the confinement lasts for 31 consecutive days or more; and
3. the confinement begins after the effective date; and
4. the withdrawal is made during the confinement or within 90 days after release from the confinement.

Hospital means a place that:

1. is legally operated for the care and treatment of sick and injured persons at their expense; and
2. is chiefly engaged in providing medical, diagnostic, and surgical facilities (or has a formal arrangement with another hospital to perform such services); and
3. has 24 hour nursing services under the supervision of registered nurses, either on duty or on call; and
4. has a staff of one or more physicians available at all times; and
5. while meeting the above requirements, is accredited as a hospital by the Joint Commission on Accreditation of Hospitals or American Osteopathic Hospital Association.

Long Term Care Facility means:

1. a Skilled Nursing Facility; and
2. an Intermediate Care Facility; and
3. a Custodial Care Facility.

It does not mean a (a) place that primarily treats chemically dependent or mentally ill persons; (b) place that primarily provides domiciliary residency or retirement care in the absence of medical necessity; or (c) facility owned or operated by a member of the Insured’s immediate family.

Skilled Nursing Facility means a facility that:

1. is licensed and operating as a Skilled Nursing Facility; and
2. provides skilled nursing care under the supervision of a licensed physician; and
3. provides continuous 24 hours a day nursing services by or under the supervision of a Registered Nurse; and
4. maintains a daily medical record of each patient.

Intermediate Care Facility means a place that:

1. is licensed and operating as an Intermediate Care Facility; and
2. provides nursing care to persons who do not require the degree of care which a Hospital or Skilled Nursing Facility provides, but requires care above the level of room and board, under the supervision of a physician; and
3. provides nursing care by or under the direction of a Registered Nurse or Licensed Practical Nurse; and
4. keeps a daily medical record of each patient.

Custodial Care Facility means a facility that:

1. is licensed and operating as a Custodial Care Facility; and
2. provides nursing care under the supervision of a Registered Nurse; and
3. can accommodate 3 or more persons at those person's expenses.

RESERVES

Reserves equal Cash Values for this Rider. Reserves and non-forfeiture values are equal to or greater than those required by the laws of the State in which this Rider is delivered.

ANNUAL REPORT

We will send You a report at least once each year. The report will show Your current Cash Value and Your interest earnings since the last report.

The effective Date of Issue of this Rider is the Date of Issue of the Policy unless a later date is shown here.



Larry R. Graber
President



Adam C. Vandervoort
Secretary

SERFF Tracking Number: MADS-126049275 State: Arkansas
Filing Company: Madison National Life Insurance Company, Inc. State Tracking Number: 41642
Company Tracking Number: IWL-P1-0908
TOI: L071 Individual Life - Whole Sub-TOI: L071.121 Graded Premium - Single Life
Product Name: Individual Whole Life
Project Name/Number: Individual Whole Life/IWL-P1-0908

Supporting Document Schedules

Item Status: **Status Date:**

Satisfied - Item: Flesch Certification

Comments:

Attachments:

Readability Cert US.pdf
Certification.pdf

Item Status: **Status Date:**

Satisfied - Item: Application

Comments:

Attachments:

IWL-A-0908.pdf
IWL-AC-0908.pdf

Item Status: **Status Date:**

Satisfied - Item: variability

Comments:

Attachment:

Policy Variabl Stmt US.pdf

Item Status: **Status Date:**

Satisfied - Item: Suitability

Comments:

Attachment:

Suitability Form 1208.pdf

Item Status: **Status Date:**

SERFF Tracking Number: MADS-126049275 State: Arkansas
Filing Company: Madison National Life Insurance Company, Inc. State Tracking Number: 41642
Company Tracking Number: IWL-P1-0908
TOI: L071 Individual Life - Whole Sub-TOI: L071.121 Graded Premium - Single Life
Product Name: Individual Whole Life
Project Name/Number: Individual Whole Life/IWL-P1-0908
Satisfied - Item: Annuity Contract Summary

Comments:

Attachment:

Sample Annuity Summary.pdf

CERTIFICATE OF READABILITY

TO: Department of Insurance

I hereby certify that the Policy form meets the minimum requirements of the Flesch reading ease policy simplification test, are at least 10 point type or larger, and that the Flesch reading ease test has been applied to said forms individually or in combination with another, including removal of all tables, schedule pages, and/or legal or medical terminology, with resulting scores of:

Form No.	Description	Score
IWL-P1-0908	Individual Whole Life Policy	51.3



Robert J. Stubbe
Executive Vice President
Madison National Life Insurance Company, Inc.
Dated: September 30, 2008



I hereby certify that I have reviewed the applicable filing requirements for this filing and the filing complies with all applicable statutory and regulatory provisions for the state of Arkansas.

Name: Robert J. Stubbe

Title: Executive Vice President
Madison National Life Insurance Company, Inc.

Signature



February 24, 2009

MADISON NATIONAL LIFE INSURANCE COMPANY, INC.

Mailing: PO Box 5008, Madison, WI 53705 • Phone: 1-800-356-9601

Home Office: 1241 John Q. Hammons Drive, Madison, WI 53717

INDIVIDUAL APPLICATION FOR WHOLE LIFE INSURANCE

1 Applicant/Insured			
Name: (First, Middle, Last)		Phone No.(s)	
SSN or Tax ID No.	Employer	Job Title	Years Employed
Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth (mo/day/year)	Age	Weight
Street Address, City, State, Zip or Country			
2 Owner/Payor, if other than the Applicant/Insured			
Name: (First, Middle, Last) Sex <input type="checkbox"/> M <input type="checkbox"/> F		Phone No.(s)	
SSN or Tax ID No.	U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No (if "No", Country of Citizenship):		
Street Address, City, State, Zip or Country			
3 Whole Life Coverage			
Initial Face Amount \$	Administrative Endorsements/Notes:		
4 Premium (Premium checks must ONLY be made payable to (list the payee as) Madison National Life Insurance Co., Inc.)			
LIFE INSURANCE	MODE PREMIUM		
Initial Face Amount \$	\$	Payment Mode <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly <input type="checkbox"/> Biweekly <input type="checkbox"/> Payroll <input type="checkbox"/> Other:	
Annuity Rider	\$	Payment Type <input type="checkbox"/> Bank Draft <input type="checkbox"/> Debit Card <input type="checkbox"/> Payroll <input type="checkbox"/> Other:	
TOTAL PREMIUM:	\$	Is Automatic Premium Loan Elected? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mail Policy documents to: <input type="checkbox"/> Agent <input type="checkbox"/> Applicant/Insured <input type="checkbox"/> Owner/Payor			
5 Beneficiary			
<input type="checkbox"/> Primary - Name (First, Middle, Last)	Address		Relationship to Insured
<input type="checkbox"/> Contingent - Name (First, Middle, Last)	Address		Relationship to Insured
6 Health Questions Check all applicable disorders/conditions. Give details below. Use second page if necessary.			
During the past 5 years have You been diagnosed or treated by a medical professional for any of the following conditions:			
Heart Disorder/Heart Attack/Coronary Artery Disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Diseases or disorders of the blood, lungs, kidney, stomach, intestinal tract, liver or nervous system?	<input type="checkbox"/> Yes <input type="checkbox"/> No
High or low blood pressure/Hypertension?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Acquired Immune Deficiency Syndrome (AIDS)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diabetes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Aids Related Complex (ARC)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cancer of any type, Melanoma or Malignancy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Human Immunodeficiency Virus (HIV)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Alcohol or drug abuse?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Any other conditions not listed here?	<input type="checkbox"/> Yes <input type="checkbox"/> No
During the last 5 years, have you had an insurance application postponed or declined? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Dates	Conditions	Doctor Names and Addresses	Results

7 Existing Insurance/Replacement Questions & Signatures

Applicant/Insured:

- Do You have any existing life insurance policies or annuity contracts? Yes No
- If “Yes”, do You intend to replace any existing life insurance policy or annuity contract? Yes No

Agent:

- Does the Applicant/Insured have any existing life insurance policies or annuities in force? Yes No
- To the best of your knowledge, is the life insurance applied for intended to replace any existing life insurance or annuity?
 - **If Yes, complete the Replacement Form as required.** Yes No

_____ Signature of Applicant/Insured Date	_____ Signature of Agent Date
---	---

8 Applicant/Insured Certifications and Signature

- I certify under penalty and perjury that my statements made on this Application are true, complete, and correct to the best of my knowledge and belief. I understand Madison National Life Insurance Company, Inc. is required to verify the identity of its members. Providing my name, address, date-of-birth and social security, or tax payer identification, number allows them to verify my identity. I acknowledge receipt of “Notice to Proposed Insured”.
- I hereby authorize any licensed physician, medical practitioner, hospital, clinic, Veterans Administration Facility, or other medically related facility, state or local government agency, insurance or reinsurance company, Medical Information Bureau, Inc., consumer reporting agency, or employer, to give to Madison National Life Insurance Company, Inc., its legal representative or its reinsurers any and all such information to use for underwriting insurance. I agree that this authorization, in connection with this form, shall be valid for 24 months from my signature date and that I have the right to revoke this authorization at any time. I agree that a photocopy of this authorization shall be as valid as the original and I understand that a copy is available to me upon request.
- I Do Do Not want to have federal income tax withheld from my withdrawals. I reserve the right to change my option.

WARNING: 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 may be guilty of a crime and subject to fines, confinement in prison and/or denial of insurance benefits.

_____ Signature of Applicant/Insured Date Dated at this City & State:	_____ Signature of Owner/Payor Date Dated at this City & State:
--	--

9 Agent(s) Statements

To the best of your knowledge and belief:

- was the Applicant/Insured’s signature witnessed by you? Yes No
- did you truly and accurately record on this Application the information provided by the Applicant/Insured? Yes No
- did you deliver the “Notice to Proposed Insured”? Yes No

What Applicant/Insured government-issued identification did you verify?	ID No. Verified:
_____ Signature of Agent _____ Name of Agent (typed/printed) Date: _____ License No. _____ Home Telephone No. _____	_____ Signature of Agent _____ Name of Agent (typed/printed) Date: _____ License No. _____ Home Telephone No. _____

IWL-A-0908

CONDITIONAL RECEIPT

(This receipt must not be detached unless payment of the first premium has been made at the time of application)

Received from _____, \$ _____ in connection with this application for life insurance which bears the same date as the receipt. If this application is not approved, the payment evidenced by this receipt will be returned. If the application is approved, the policy will be effective with the date of application unless otherwise indicated herein.

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Home Office: 1241 John Q. Hammons Drive, Madison, WI 53717

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1 Applicant/Insured Child (Age 0-15)			
Name: (First, Middle, Last)		SSN	
Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth (mo/day/year)	Age	Weight
Street Address, City, State, Zip or Country			
2 Owner/Payor			
Name: (First, Middle, Last) Sex <input type="checkbox"/> M <input type="checkbox"/> F		Phone No.(s)	
Relationship to Child	Employer	Job Title	Years Employed
SSN or Tax ID No.	U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No (if "No", Country of Citizenship):		
Street Address, City, State, Zip or Country			
3 Whole Life Coverage			
Initial Face Amount \$	Administrative Endorsements/Notes:		
4 Premium (Premium checks must ONLY be made payable to (list the payee as) Madison National Life Insurance Co., Inc.)			
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Initial Face Amount \$	\$	Payment Mode <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly <input type="checkbox"/> Biweekly <input type="checkbox"/> Payroll <input type="checkbox"/> Other:	
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TOTAL PREMIUM:	\$	Is Automatic Premium Loan Elected? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mail Policy documents to: <input type="checkbox"/> Agent <input type="checkbox"/> Applicant/Insured Child <input type="checkbox"/> Owner/Payor			
5 Beneficiary			
<input type="checkbox"/> Primary - Name (First, Middle, Last)	Address		Relationship to Child
<input type="checkbox"/> Contingent - Name (First, Middle, Last)	Address		Relationship to Child
6 Health Questions Check all applicable disorders/conditions. Give details below. Use second page if necessary.			
During the past 5 years has the Child been diagnosed or treated by a medical professional for any of the following conditions:			
Heart Disorder/Heart Attack/Coronary Artery Disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Diseases or disorders of the blood, lungs, kidney, stomach, intestinal tract, liver or nervous system?	<input type="checkbox"/> Yes <input type="checkbox"/> No
High or low blood pressure/Hypertension?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Acquired Immune Deficiency Syndrome (AIDS)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diabetes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Aids Related Complex (ARC)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cancer of any type, Melanoma or Malignancy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Human Immunodeficiency Virus (HIV)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Alcohol or drug abuse?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Any other conditions not listed here?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the Child under Age 3? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes, was the Child born premature? <input type="checkbox"/> Yes <input type="checkbox"/> No			
During the last 5 years, has the Child had an insurance application postponed or declined? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Dates	Conditions	Doctor Names and Addresses	Results

SUITABILITY QUESTIONNAIRE
Individual Whole Life Insurance Policy with
Flexible Premium Deferred Annuity Rider
Madison National Life Insurance Company, Inc.

As the Owner/Payor of this MNL Secure Advantage Policy and Annuity Rider, this Questionnaire is designed for your benefit to help you determine if purchasing the MNL Secure Advantage is suitable for your individual situation. You have the right to decline to answer any questions. This Questionnaire also assists Madison National Life in monitoring the suitability of life and annuity sales. We respect your privacy and protect your personal information.

- Yes**, I agree to complete this Questionnaire to the best of my knowledge and belief. I understand that any recommendations made are based on the accuracy of my information. *(Signature required below)*
- No**, I decline completion of this Questionnaire and believe the MNL Secure Advantage is suitable for my financial situation.
(Signature required below)

Financial Information

- 1 Estimated annual income?
 \$0-\$9,999 \$10,000-\$14,999 \$15,000-\$24,999 \$25,000-\$49,999 \$50,000-\$99,999 \$100,000 and over
- 2 Source(s) of income? Social Security Wages Pensions Investments Other _____
- 3 Number of dependents? None One Two Three Four or more
- 4 Marginal federal tax rate? 0% 10% 15% 25% 28% 33% 35%
- 5 Estimated net worth?
 \$0-\$49,999 \$50,000-\$99,999 \$100,000-\$249,999 \$250,000-\$499,999 \$500,000-\$999,999 \$1,000,000 and over
- 6 If you specified (answered "Yes") on your Application that this Policy and Annuity Rider will replace another annuity contract or life insurance policy, please complete the following questions:
- are there any surrender charges? Yes No
- what is the surrender charge on each contract being replaced? _____% _____% _____% _____%

Investment Objectives

- 7 What are your financial objectives in purchasing this Annuity Rider? (check all that apply)
 Income now Tax-deferred growth Growth followed by income Guarantees provided Leave to beneficiaries
 Other _____
- 8 What other financial products do you own or have you previously owned? (check all that apply)
 None Certificates of deposit Fixed annuities Variable annuities Stocks/bonds/mutual funds
 Other: _____
- 9 When do you anticipate taking your first distribution from this Annuity Rider? (check one)
 Less than 1 year 1-2 years 3-5 years 6-9 years 10-15 years 16 or more years None anticipated

Owner/Payor

I understand that I should consult my tax advisor regarding possible tax implications of the purchase of any annuity or the exchange of any existing annuity or life insurance contract.

Owner/Payor's Signature	Owner/Payor's printed name	Date
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Agent/Producer

I have reasonable grounds for believing this purchase recommendation is suitable on the basis of the investment and financial situation and needs disclosed to me by the Owner/Payor.

Agent/Producer's Signature	Agent No.	Date
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CONTRACT SUMMARY
STATEMENT OF POLICY COST AND BENEFIT INFORMATION AS OF 01/01/2008

POLICY NUMBER: 1234567 AGE: 35 INSURED: DOE, JOHN

DESCRIPTION	FIRST YEAR PREMIUM	RENEWAL YEAR PREMIUM
ANNUITY RIDER	\$ 0.00	\$ 120.00

IF YOU HAVE ANY QUESTIONS REGARDING THIS CONTRACT SUMMARY, PLEASE CONTACT:

AGENT: JOE AGENT 123 ABC RD SALADO, TX 76571	ADMINISTRATIVE OFFICE: MADISON NATIONAL LIFE INS P.O. BOX 5008 MADISON, WI. 53705
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ANNUITY RIDER VALUES (ILLUSTRATION BASED UPON MONTHLY PAYMENTS)

END OF YEAR	ANNUITY PREMIUM AMOUNT PAID	GUARANTEED ANNUITY FUND VALUE#*	WITHDRAWAL CHARGE PERCENTAGE	GUARANTEED SURRENDER CASH VALUE	GUARANTEED AMOUNT PAID AT DEATH #
1			10.00%		
2	120	122	9.00%	111	122
3	240	248	8.00%	228	248
4	360	377	7.00%	360	387
5	480	510	6.00%	479	510
6	600	647	5.00%	615	647
7	720	789	4.00%	757	789
8	840	934	3.00%	906	934
9	960	1,084	2.00%	1,062	1,084
10	1,080	1,239	1.00%	1,227	1,239
15	1,680	2,084		2,084	2,084
18	2,040	2,654		2,654	2,654
20	2,280	3,063		3,063	3,063
AGE 60	3,000	4,446		4,446	4,446
AGE 62	3,240	4,965		4,965	4,965
AGE 65	3,600	5,802		5,802	5,802
AGE 70	4,080	7,039		7,039	7,039

#THIS IS A FLEXIBLE PREMIUM PRODUCT, VALUES ARE BASED ON SCHEDULED PREMIUM PAYMENTS AND NO WITHDRAWALS. *BASED ON GUARANTEED INTEREST RATE OF 3.00%

MONTHLY LIFE INCOME PAYMENTS AT AGE 70, 10 YEARS CERTAIN - 41.25 GUARANTEED

THIS RIDER DOES NOT PAY CASH DIVIDENDS. TOTAL BENEFIT PAYABLE AT DEATH: THE VALUE OF THE ANNUITY FUND.

PREMIUMS PAYABLE ON THE ANNUITY RIDER UNTIL AGE 70. A LOSS MAY OCCUR IF THIS POLICY IS SURRENDERED EARLY. IF YOU WISH TO MAKE A WITHDRAWAL OR SURRENDER THE RIDER, PLEASE CONTACT YOUR TAX ACCOUNTANT, ADVISOR OR ATTORNEY.

YIELD ON GROSS PREMIUM: GUARANTEED 10TH YEAR - 3.00% AGE 70 - 3.00%

THIS SUMMARY OF BENEFITS WAS PREPARED FOR YOUR EASY REFERENCE AND DOES NOT MODIFY OR CHANGE ANY OF THE PROVISIONS OF THE CONTRACT.