

SERFF Tracking Number: AMFA-126064684 State: Arkansas
Filing Company: Ameritas Life Insurance Corp. State Tracking Number: 41765
Company Tracking Number: UN 2550-2 PD-V ALIC
TOI: L06I Individual Life - Variable Sub-TOI: L06I.002 Single Life - Flexible Premium
Product Name: UN 2550-2 PD-V ALIC
Project Name/Number: UN 2550-2 PD-V ALIC/UN 2550-2 PD-V ALIC

Filing at a Glance

Company: Ameritas Life Insurance Corp.

Product Name: UN 2550-2 PD-V ALIC

TOI: L06I Individual Life - Variable

Sub-TOI: L06I.002 Single Life - Flexible
Premium

Filing Type: Form

SERFF Tr Num: AMFA-126064684 State: Arkansas

SERFF Status: Closed-Approved-
Closed State Tr Num: 41765

Co Tr Num: UN 2550-2 PD-V ALIC State Status: Approved-Closed

Author: Cindy Meyer

Date Submitted: 03/06/2009

Reviewer(s): Linda Bird

Disposition Date: 03/11/2009

Disposition Status: Approved-
Closed

Implementation Date:

Implementation Date Requested: 05/01/2009

State Filing Description:

General Information

Project Name: UN 2550-2 PD-V ALIC

Project Number: UN 2550-2 PD-V ALIC

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 03/11/2009

Deemer Date:

Submitted By: Cindy Meyer

Filing Description:

Enclosed for your review and approval is application page UN 2550-2 PD-V ALIC. This form replaces UN 2550-1 PD-V ALIC previously approved by your Department.

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: Submitted
concurrently to domiciliary state, Nebraska.

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 03/11/2009

Created By: Cindy Meyer

Corresponding Filing Tracking Number:

Effective May 1, 2009, we will no longer be offering a product that was shown on this Policy Details page. The only change made to this form is the removal of item 2, which referenced the product being discontinued. In addition, the items following have been renumbered.

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Form UN 2550-2 PD-V ALIC is the Policy Details page used in conjunction with our modular base application form UN 2550 etal. The base application pages that are used for our variable life product offerings have all been approved by your Department. No other modular applications pages are impacted by the revisions made to this page. The pages that will make up the base variable life application are as follows:

UN 2550 PI-A
Personal Information
Approved 12-18-2007
State Filing #37641

UN 2550 PI-B
Personal Information
Approved 12-18-2007
State Filing #37641

UN 2550-2 PD-V ALIC
Policy Details
PENDING APPROVAL UNDER THIS SUBMISSION

UN 2550 IA-V ALIC
Investment Advisory Agreement
Approved 12-18-2007
State Filing #37641

UN 2550 AP ALIC-EP
Allocation of Premiums
Approved 05-21-2008
State Filing #38931

UN 2550 FI
Financial Information
Approved 12-18-2007
State Filing #37641

UN 2550 LQ
Lifestyle Questionnaire
Approved 12-18-2007
State Filing #37641

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UN 2550 HQ
Health Questionnaire
Approved 12-18-2007
State Filing #37641

UN 2550 AG
Agreement
Approved 12-18-2007
State Filing #37641

This form is a security subject to Federal jurisdiction and is therefore exempt from readability requirements. No part of this filing contains any unusual or possibly controversial items from normal company or industry standards.

Company and Contact

Filing Contact Information

Cindy Meyer, Supervisor, Contract Analysts cmeyer@ameritas.com
5900 O Street 800-745-1112 [Phone] 87722 [Ext]
P O Box 81889 402-467-7956 [FAX]
Lincoln, NE 68501-1889

Filing Company Information

Ameritas Life Insurance Corp. CoCode: 61301 State of Domicile: Nebraska
5900 O Street Group Code: 943 Company Type:
P O Box 81889 Group Name: State ID Number:
Lincoln, NE 68501-1889 FEIN Number: 47-0098400
(800) 756-1112 ext. [Phone]

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: \$50 filing fee.
Per Company: No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Ameritas Life Insurance Corp.	\$50.00	03/06/2009	26201987

SERFF Tracking Number: AMFA-126064684 State: Arkansas
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Product Name: UN 2550-2 PD-V ALIC
Project Name/Number: UN 2550-2 PD-V ALIC/UN 2550-2 PD-V ALIC

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	03/11/2009	03/11/2009

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Project Name/Number: UN 2550-2 PD-V ALIC/UN 2550-2 PD-V ALIC

Disposition

Disposition Date: 03/11/2009

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		No
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Statement of Variability		Yes
Form	Policy Details		Yes

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Form Schedule

Lead Form Number: UN 2550-2 PD-V ALIC

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	UN 2550-2 PD-V ALIC	Application/ Policy Details Enrollment Form	Revised	Replaced Form #: UN 2550-1 PD-V ALIC Previous Filing #: 38932	0.000	UN 2550-2 PD-V ALIC-Bracketed.pdf

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Supporting Document Schedules

	Item Status:	Status Date:
Bypassed - Item: Flesch Certification		
Bypass Reason: N/A - Form exempt from readability requirements.		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: Application		
Comments:		

The application pages that will make up the base variable life application are as follows:

UN 2550 PI-A
 Personal Information
 Approved 12-18-2007
 State Filing #37641

UN 2550 PI-B
 Personal Information
 Approved 12-18-2007
 State Filing #37641

UN 2550-2 PD-V ALIC
 Policy Details
 PENDING APPROVAL UNDER THIS SUBMISSION

UN 2550 IA-V ALIC
 Investment Advisory Agreement
 Approved 12-18-2007
 State Filing #37641

UN 2550 AP ALIC-EP
 Allocation of Premiums
 Approved 05-21-2008

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Project Name/Number: UN 2550-2 PD-V ALIC/UN 2550-2 PD-V ALIC
State Filing #38931

UN 2550 FI
Financial Information
Approved 12-18-2007
State Filing #37641

UN 2550 LQ
Lifestyle Questionnaire
Approved 12-18-2007
State Filing #37641

UN 2550 HQ
Health Questionnaire
Approved 12-18-2007
State Filing #37641

UN 2550 AG
Agreement
Approved 12-18-2007
State Filing #37641

Attachment:
UN 2550 - Base Application Pages.pdf

Item Status: **Status**
Date:

Satisfied - Item: Statement of Variability

Comments:
Attached is the Statement of Variability for form UN 2550-2 PD-V ALIC.

Attachment:
UN 2550-2 PD-V ALIC Stmt of Variability.pdf



CompaniesSM

CHECK ALL COMPANIES THAT APPLY:

- Acacia Life Insurance Company** P.O. Box 81889, Lincoln, NE 68501 800-745-1112 Fax 402-467-7335 (Client Service Department)
- Ameritas Life Insurance Corp.** P.O. Box 81889, Lincoln, NE 68501 800-745-1112 Fax 402-467-7335
- The Union Central Life Insurance Company** P.O. Box 40888, Cincinnati, OH 45240 800-319-6901, Fax 513-595-2352

Application for Insurance

Personal Information

1. Proposed Insured (One):

- a) Name: _____
- b) Date of Birth: _____ c) Sex: Male Female
- d) Place of Birth: _____
- e) Social Security/Tax ID No.: _____
- f) Driver's License or other Government issued picture ID: _____ State: _____
- g) Home Address: _____
City: _____ State: _____ Zip: _____
- h) Years at this Address: _____
- i) Tel. (Home): _____
(Business): _____
Fax: _____
E-mail: _____
Best time to call: _____ at: Business Home
In the event you are not available when our interviewer calls, may we speak with your spouse? Yes No
- j) Residency Status: U.S. Resident Other: _____
- k) Are you a U.S. Citizen: Yes No If "No," complete Foreign National form UN 0918 and provide the following:
Citizenship: _____
Visa Type: _____ Visa #: _____
- l) Employer Name: _____
Address: _____
City: _____ State: _____ Zip: _____
- m) Occupation: _____ Years: _____
- n) Duties: _____

2. Owner Information (One): (Complete only if Owner is other than Proposed Insured.)

- a) Individual b) Trust (provide copy) c) Partnership
- d) Corporation: County of Incorporation: _____
- e) Full Name: _____
- f) Relationship to Proposed Insured(s): _____
- g) Trustee(s) Name: _____
- h) Date of Birth or Date of Trust: _____
- i) Social Security/Tax ID No.: _____
- j) Driver's License or other Government issued picture ID: _____ State: _____
- k) Address: _____
City: _____ State: _____ Zip: _____
- l) Tel. (Home): _____ (Business): _____
Fax: _____ E-mail: _____
- m) Residency Status: U.S. Resident Other: _____
- n) Are you a U.S. Citizen: Yes No If "No," complete Foreign National form UN 0918 and provide the following:
Citizenship: _____
Visa Type: _____ Visa #: _____
- o) Multiple Ownership (indicate type):
 Joint with Survivorship
 Tenants in Common
- p) Successor Owner:
Name: _____
Social Security/Tax ID No.: _____

3. Beneficiary Information: (Subject to change by Owner.)

- a) Primary Beneficiary: _____
Address: _____
City: _____ State: _____ Zip: _____
Relationship to Proposed Insured: _____
Social Security/Tax ID: _____
Date of Birth or Date of Trust: _____

- b) Contingent Beneficiary: _____
Address: _____
City: _____ State: _____ Zip: _____
Relationship to Proposed Insured: _____
Social Security/Tax ID: _____
Date of Birth or Date of Trust: _____



CompaniesSM

Acacia Life Insurance Company
P.O. Box 81889, Lincoln, NE 68501
800-745-1112 Fax 402-467-7335
(Client Service Department)

Ameritas Life Insurance Corp.
P.O. Box 81889, Lincoln, NE 68501
800-745-1112 Fax 402-467-7335

The Union Central Life Insurance Company
P.O. Box 40888, Cincinnati, OH 45240
800-319-6901, Fax 513-595-2352

Application for Insurance
Personal Information (continued)

1. Proposed Insured (Two):

- a) Name:
b) Date of Birth: c) Sex: Male Female
d) Place of Birth:
e) Social Security/Tax ID No.:
f) Driver's License or other Government issued ID: State:
g) Home Address: City: State: Zip:
h) Years at this Address:
i) Tel. (Home): (Business): Fax: E-mail: Best time to call: at: Business Home
In the event you are not available when our interviewer calls, may we speak with your spouse? Yes No
j) Residency Status: U.S. Resident Other:
k) Are you a U.S. Citizen: Yes No If "No," complete Foreign National form UN 0918 and provide the following: Citizenship: Visa Type: Visa #:
l) Employer Name: Address: City: State: Zip:
m) Occupation: Years:
n) Duties:

2. Owner Information (Two): (Complete only if Owner is other than Proposed Insured.)

- a) Individual b) Trust (provide copy) c) Partnership
d) Corporation: County of Incorporation:
e) Full Name:
f) Relationship to Proposed Insured(s):
g) Trustee(s) Name:
h) Date of Birth or Date of Trust:
i) Social Security/Tax ID No.:
j) Driver's License or other Government issued ID: State:
k) Address: City: State: Zip:
l) Tel. (Home): (Business): Fax: E-mail:
m) Residency Status: U.S. Resident Other:
n) Are you a U.S. Citizen: Yes No If "No," complete Foreign National form UN 0918 and provide the following: Citizenship: Visa Type: Visa #:
o) Multiple Ownership (indicate type): Joint with Survivorship Tenants in Common
p) Successor Owner: Name: Social Security/Tax ID No.:

3. Proposed Insured: (Child One or Other.)

- a) Name:
b) Relationship:
c) Date of Birth: d) Sex: Male Female
e) Place of Birth:
f) Social Security No:
g) Ins. in Force/Company:
h) Driver's License No.:

4. Proposed Insured: (Child Two or Other.)

- a) Name:
b) Relationship:
c) Date of Birth: d) Sex: Male Female
e) Place of Birth:
f) Social Security No:
g) Ins. in Force/Company:
h) Driver's License No.:

Ameritas Life Insurance Corp.

P.O. Box 81889, Lincoln, NE 68501
800-745-1112 Fax 402-467-7335

Telephone Authorization:

Unless waived, the Owner and Producer/Registered Representative will have automatic telephone transfer authorization.

I elect NOT to have telephone authorization.

I elect NOT to have my Registered Representative have telephone authorization.

I hereby authorize and direct Ameritas Life Insurance Corp. ("Ameritas") to make allowable transfers of funds or reallocation of net premiums among available subaccounts based upon instructions received by telephone from: a) myself, as Owner; b) my Producer/Registered Representative; and c) the person(s) named below. Ameritas will not be liable for following instructions communicated by telephone that it reasonably believes to be genuine. Ameritas will employ reasonable procedures, including requiring the policy number to be stated, tape recording all instructions, and mailing written confirmation. If Ameritas does not employ reasonable procedures to confirm that instructions communicated by telephone are genuine, Ameritas may be liable for any losses due to unauthorized or fraudulent instructions.

Name per (c) above: _____ SS#: _____

Address: _____

I understand: a) all telephone transactions will be recorded; and b) this authorization will continue in force until the authorization is revoked by either Ameritas or me. The revocation is effective when received in writing or by telephone by the other party.

Investment Advisory Agreement for Model Asset Allocation

- Selecting a model will change both the current and future allocations for your policy.
- To determine the appropriate model for your risk tolerance or to view specific investment allocation percentages, please refer to the Morningstar Asset Allocation brochure and worksheet or visit our web site.
- Upon receipt of this agreement, we will allocate according to the current version of the Morningstar Asset Allocation model in effect at that time, as indicated on our website.

In electing to participate in the Model Asset Allocation program using the Asset Allocator tool, I understand:

- I am giving Ameritas Investment Corp. ("AIC"), an affiliate of Ameritas Life Insurance Corp. ("Ameritas"), discretionary authority to serve as my investment advisor for the program solely for purposes of developing asset allocation models and periodic updates to the models, and to instruct Ameritas to allocate my premiums and policy values pursuant to the model I select and any changes to the model by AIC. If I am entering into this limited advisory agreement pursuant to the terms of a rider, I am also giving AIC discretionary authority to serve as my investment advisor for the purposes of deletions of models available with the rider. I am not retaining AIC as my investment adviser for any other financial planning purposes, unless agreed to expressly in writing. There is no additional charge for selecting the Model Asset Allocation program.
- I must decide whether participation in the program and which model is best for me. AIC will not make this decision for me. The Asset Allocator Questionnaire is only a tool to assist me. I may consult my own financial professional to help me.
- If I ever direct Ameritas to allocate my premiums or policy value to portfolios not included in the models, I will no longer receive updates to the models and this limited advisory agreement will terminate. In this circumstance, any rider requiring my participation in a modified Model Asset Allocation will also terminate. If I am entering into this limited advisory agreement pursuant to the terms of a rider, and I direct Ameritas to allocate my premiums or policy value to a model not allowed under the terms of the rider, this limited advisory agreement and the rider will both terminate.
- AIC and Ameritas may be subject to competing interests that have the potential to influence AIC's decision making with regard to the models, including revenue sharing from portfolios and principal underwriting fees. These potential conflicts are disclosed in the Policy prospectus and AIC's Form ADV Part II, which I acknowledge having received, and the Policy Statement of Additional Information, which I have the opportunity to obtain.
- AIC or Ameritas may terminate or change its available asset allocation program(s) at any time.
- This agreement is effective upon receipt and approval by Ameritas and AIC of my election to participate.

Ameritas Life Insurance Corp.
P.O. Box 81889, Lincoln, NE 68501
800-745-1112 Fax 402-467-7335

Allocation Among Investment Options:

Choose from an Investment Level Asset Allocation Model OR select your own investment options.

Investment Level Asset Allocation Model:

The models will be rebalanced quarterly. Choose ONE of the Asset Allocation Models below.

Information regarding the funds and allocations for each model are contained in the asset allocation brochures, which I acknowledge receipt of by signing this application.

Aggressive Model Capital Growth Model Balanced Model Moderate Model Conservative Model

OR

Individual Investment Options

Use whole percentages only. Must total 100%.

If Dollar Cost Averaging, a portion must be invested in the Money Market Fund or Fixed Account (see prospectus for restrictions) and the Dollar Cost Averaging section of the Optional Program form must be completed.

Percentage Allocation

Fidelity[®] Variable Insurance Products:

_____ % Fidelity[®] VIP Equity-Income Portfolio, Initial Class
 _____ % Fidelity[®] VIP Growth Portfolio, Initial Class
 _____ % Fidelity[®] VIP High Income Portfolio, Initial Class
 _____ % Fidelity[®] VIP Overseas Portfolio, Initial Class
 _____ % Fidelity[®] VIP Asset ManagerSM Portfolio, Initial Class
 _____ % Fidelity[®] VIP Investment Grade Bond Portfolio, Initial Class
 _____ % Fidelity[®] VIP Asset Manager: Growth[®] Portfolio, Initial Class
 _____ % Fidelity[®] VIP Contrafund[®] Portfolio, Initial Class

Calvert Variable Series, Inc.:

_____ % CVS Social Balanced Portfolio
 _____ % CVS Social International Equity Portfolio
 _____ % CVS Social Equity Portfolio
 _____ % CVS Income Portfolio
 _____ % Ameritas Money Market Portfolio
 _____ % Ameritas Income & Growth Portfolio
 _____ % Ameritas MidCap Growth Portfolio
 _____ % Ameritas Small Capitalization Portfolio
 _____ % Ameritas Index 500 Portfolio
 _____ % Ameritas Small Company Equity Portfolio
 _____ % Ameritas MidCap Value Portfolio
 _____ % Ameritas Core Strategies Portfolio

The Alger American Fund:

_____ % Alger American Balanced Portfolio, Class O

The Universal Institutional Funds, Inc.:

_____ % UIF Emerging Markets Equity Portfolio, Class I
 _____ % UIF Global Value Equity Portfolio, Class I
 _____ % UIF International Magnum Portfolio, Class I
 _____ % UIF U.S. Real Estate Portfolio, Class I

MFS[®] Variable Insurance TrustSM:

_____ % MFS[®] VIT Utilities Series, Initial Class
 _____ % MFS[®] VIT Strategic Income Series, Initial Class
 _____ % MFS[®] VIT New Discovery Series, Initial Class
 _____ % MFS[®] VIT Research International Series, Initial Class
 _____ % MFS[®] VIT Total Return Series, Initial Class

Percentage Allocation

American Century Investments:

_____ % American Century VP Income & Growth Fund, Class I
 _____ % American Century VP Mid Cap Value Fund, Class I

AIM Variable Insurance Funds:

_____ % AIM V.I. Dynamics Fund, Series I
 _____ % AIM V.I. International Growth Fund, Series I

Summit Mutual Funds, Inc., Summit Pinnacle Series:

_____ % Summit Nasdaq-100 Index Portfolio
 _____ % Summit Russell 2000 Small Cap Index Portfolio
 _____ % Summit S&P MidCap 400 Index Portfolio
 _____ % Summit Bond Portfolio
 _____ % Summit EAFE International Index Portfolio
 _____ % Summit Inflation Protected Plus Portfolio
 _____ % Summit Lifestyle ETF Market Strategy Aggressive Portfolio
 _____ % Summit Lifestyle ETF Market Strategy Conservative Portfolio
 _____ % Summit Lifestyle ETF Market Strategy Target Portfolio
 _____ % Summit Natural Resources Portfolio

Third Avenue Variable Series Trust:

_____ % Third Avenue Value Portfolio

Dreyfus Investment Portfolios:

_____ % Dreyfus MidCap Stock Portfolio, Service Shares

DWS Variable Series II:

_____ % DWS Dreman Small Mid Cap Value VIP Portfolio, Class A
 _____ % DWS Global Thematic VIP Portfolio, Class A

Neuberger Berman Advisers Management Trust:

_____ % Neuberger Berman AMT Regency Portfolio, Class I

T. Rowe Price Equity Series, Inc.:

_____ % T. Rowe Price Blue Chip Growth Portfolio-II

Ameritas Life Insurance Corp.:

_____ % Ameritas Fixed Account

100 %Total



CompaniesSM

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800-319-6901, Fax 513-595-2352

Universal Life / Traditional Life / VUL
Financial Information

1. Existing and Pending Insurance - Proposed Insured(s):

Table with columns: Proposed Insured One, Proposed Insured Two. Rows: a) Total insurance in force on the Proposed Insured(s), b) Total insurance currently pending with all companies, including this application, c) Of the above pending amount, how much do you intend to accept?, d) Provide information for each policy in force on the Proposed Insured(s).

Proposed Insured: One Two
Company:
Group, Personal or Business:
Issue Date:
To Remain in Force? Yes No
Face Amount:

2. Existing Insurance (Replacement):

a) Do you have any existing life insurance policies or annuity contracts?
b) Will any life insurance policy or annuity contract presently in force with this or any other company be discontinued, reduced, changed, or replaced if insurance now applied for is issued?
Company: Policy No.:
Amount: \$ Date:
Type of Policy:

3. Insurance Producer's Replacement Statement:

a) To the best of your knowledge, does the applicant have any existing insurance policies or contracts?
b) To the best of your knowledge, does the policy applied for involve replacement, in whole or in part, of any existing life insurance, annuity, disability income or overhead expense insurance, or any other accident and sickness insurance?
c) Will a policy loan on one or more policies be utilized to pay any portion of the initial premium or deposit on the policy applied for?

4. Statement of Intent:

a) Is there, or will there be, any agreement or understanding that provides for a party, other than the Owner, to obtain any interest in any policy issued on the life of the proposed insured as a result of this application?
b) Will the premiums be financed through a loan?
c) Will any entity other than a life insurance company be medically evaluating the proposed insured either to obtain financing or to determine life expectancy?
d) Will the policy, if issued, be placed in a trust?

5. Financial Questions:

Table with columns: Proposed Insured One, Proposed Insured Two. Rows: a) Gross annual earned income, b) Gross annual unearned income, c) Household net worth, d) In the last 5 years, has either of the Proposed Insured(s) or the business had any major financial problems, e) If Owner, other than the proposed insured, is an individual: Net Worth, Net Annual Income, Total Family Income.

6. Source of Premiums: (Check one or more.)

Current Income, Cash Savings, Employer, Securities, Relative, Premium Finance, Sale of personal property or real estate, Insurance/Annuities (Loans/Withdrawals), 1035 Exchange, Insurance or annuity maturity value or death benefit, Rollover/Transfer of 401(k) or Pension Funds, Other.

7. Business Insurance: (Complete for ALL Business Owned Insurance.)

Table with columns: Current Year, Previous Year. Rows: a) Assets, b) Liabilities, c) Gross Sales, d) Net Income after taxes, e) Fair Market Value of the business, f) What percentage of the business is owned by Proposed Insured(s)?, g) Are other partners / owners / executives being insured?

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P.O. Box 81889, Lincoln, NE 68501
800-745-1112 Fax 402-467-7335
(Client Service Department)

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800-319-6901, Fax 513-595-2352

Lifestyle Questions: *(Please provide details for "Yes" answers.)*

Has any person proposed for coverage:

1. Used tobacco or nicotine products in any form within the last five years? *(In Details, provide dates and type: cigarettes, cigars, cigarillos, a pipe, chewing tobacco, nicotine patches, gum, etc.)* Yes No
2. Ever applied for insurance or reinstatement which has been: declined, postponed, rated, modified; or had any such insurance canceled or a renewal premium refused? *(In Details, provide date, reason, and company name.)* Yes No
3. Ever received or claimed: indemnity, benefits, or a payment for any injury, sickness or impaired condition? Yes No
4. Ever made any flights as: a pilot, student pilot, or crew member of any aircraft? *(If "Yes," complete Aviation Questionnaire.)* Yes No
5. Been convicted of a moving traffic violation, had any traffic accidents, or had a driver's license revoked or suspended within the past five years? Yes No
6. Been charged with, or convicted of, or currently awaiting trial on the violation of any criminal law? Yes No
7. In the next year, any intention of traveling outside the U.S. or Canada or residing outside of the U.S.? *(If "Yes," complete Foreign Travel Questionnaire.)* Yes No
8. Belong to or intend joining: any active or reserve military, naval, or aeronautic organization? *(If "Yes," complete Military Service Questionnaire.)* Yes No
9. Engaged in or plan to engage in any form of the following: *(If "Yes," check all boxes below that apply and complete appropriate form(s).)* Yes No

<input type="checkbox"/> Motorized Racing	<input type="checkbox"/> Scuba diving
<input type="checkbox"/> Parachuting/Skydiving	<input type="checkbox"/> Hang-gliding
<input type="checkbox"/> Ballooning	<input type="checkbox"/> Mountain climbing
<input type="checkbox"/> Rodeo	<input type="checkbox"/> Competitive skiing
<input type="checkbox"/> Snowmobiling	<input type="checkbox"/> Gliding
<input type="checkbox"/> Boat racing	<input type="checkbox"/> Other: _____

Proposed Insured One - Details for any "Yes" answers to Lifestyle Questions: *(Indicate question number and timeframe.)*

Proposed Insured Two - Details for any "Yes" answers to Lifestyle Questions: *(Indicate question number and timeframe.)*

Acacia Life Insurance Company
P.O. Box 81889, Lincoln, NE 68501
800-745-1112 Fax 402-467-7335
(Client Service Department)

Ameritas Life Insurance Corp.
P.O. Box 81889, Lincoln, NE 68501
800-745-1112 Fax 402-467-7335

The Union Central Life Insurance Company
P.O. Box 40888, Cincinnati, OH 45240
800-319-6901, Fax 513-595-2352

Name of Proposed Insured: _____

Health Questions. Please complete Details for "Yes" answers.

1. a) Height: _____ b) Weight: _____
 c) Have you lost 10 lbs. or more in the past 12 months? Yes No
 d) Have you gained 10 lbs. or more in the past 12 months? Yes No
2. Have you ever been medically treated for or had any known indication of:
 - a) Disorder of eyes, ears, nose, or throat? Yes No
 - b) Dizziness, vertigo, fainting, seizures, recurrent headache; speech defect, paralysis, or stroke? Yes No
 - c) Shortness of breath, bronchitis, pleurisy, asthma, emphysema, tuberculosis or chronic respiratory disorder? Yes No
 - d) Chest pain, palpitation, high blood pressure, heart murmur, heart attack or other disorder of the heart or blood vessels? Yes No
 - e) Jaundice, intestinal bleeding; ulcer, hernia, colitis, hepatitis, diverticulitis, recurrent indigestion or other disorder of the stomach, intestines, liver or gallbladder? Yes No
 - f) Sugar, albumin, blood or pus in urine; sexually transmitted disease; stone or other disorder of kidney or bladder? Yes No
 - g) Diabetes, thyroid, or other endocrine disorders? Yes No
 - h) Disorder of breasts, reproductive organs, or prostate? Yes No
 - i) Neuritis, arthritis, rheumatism, gout, or disorder of or injury to the bones, muscles, nerves, knees, wrists or other joints? Yes No
 - j) Disorder of skin, lymph glands, cyst, tumor or cancer? Yes No
 - k) Allergies; anemia or other disorder of the blood? Yes No
 - l) Spinal, neck or back disorder or injury, including sprains, strains, or disc disorder? Yes No
 - m) Anxiety, depression, stress or other mental, nervous, psychiatric or emotional disorder? Yes No
 - n) Chronic fatigue, fibromyalgia, or Epstein-Barr virus? Yes No
 - o) C-section, miscarriage, or complication of pregnancy? Yes No
 - p) Any mental or physical disorder not listed above? Yes No
3. Have you ever consulted a chiropractor? Yes No
4. Are you currently pregnant? Yes No
5. Other than noted above, have you within the past five years:
 - a) Had a checkup, consultation, illness, injury, or surgery; been a patient in a hospital, clinic, sanatorium, or other medical facility; had an electrocardiogram, X-ray, or other diagnostic test? Yes No
 - b) Been advised by a licensed medical professional to have any diagnostic test, hospitalization, or surgery which was not completed? Yes No
6. Within the past ten years, have you ever:
 - a) Used marijuana, cocaine, barbiturates, tranquilizers, heroin, LSD, amphetamines, morphine, narcotics; or any other drug, except as legally prescribed by a physician? Yes No
 - b) Sought or received medical treatment or professional advice; or been arrested for the use of alcohol, cocaine, marijuana, narcotics or any other drug? Yes No
 - c) Consumed alcoholic beverages? If yes, specify extent? Yes No

7. Have you been diagnosed by a licensed medical professional as having Acquired Immune Deficiency Syndrome (AIDS) or Human Immunodeficiency Virus (HIV)? Yes No
8. Have any of your immediate family members (parents, brothers and sisters), died of or been diagnosed as having; coronary artery disease, diabetes, cancer, stroke or kidney disease, prior to age 60? Yes No

	Age if Living	Cause of Death	Age at Death
Father: _____			
Mother: _____			
Brothers & Sisters: _____			
9. a) Name and address of personal or attending doctor: _____

 b) Telephone: _____
 c) Date last consulted: _____
 Reason and any medication/treatment given: _____

 d) List any medications (*prescription or nonprescription*) you are taking currently:

For each "Yes" answer, give details. (*Identify: question number, diagnoses, dates, duration, names and addresses of all attending physicians and medical facilities. Attach additional Health Questionnaire page, UN 2550 HQ, if needed.*)



Application for Insurance Agreement

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800-319-6901, Fax 513-595-2352

Agreement

The undersigned represent that their statements in this application and Part II, if such Part II is required by the companies listed above ("the Companies"), are true and complete to the best of their knowledge and belief. It is agreed that:

- (a) the only statements to be considered as the basis of the policy are those contained in the application or in any amendment to the application;
- (b) any prepayment made with this application will be subject to the provisions of the **CONDITIONAL RECEIPT**;
- (c) **if there is no prepayment made with this application, the policy will not take effect until:**
 - (1) the first premium is paid during the lifetime of the proposed insured(s) and while his/her health and the facts and other conditions affecting their insurability remain as described in this application and Part II, if required; and**
 - (2) the policy is delivered to the Owner;**
- (d) no one except the President, a Vice President, the Secretary, or an Assistant Secretary can make, alter or discharge contracts or waive any of the Companies' rights or requirements; and
- (e) this application was signed and dated in the state indicated.

If applying for an indeterminate premium plan:

- (a) the premium for such plan is guaranteed for the initial guarantee period, and after such period, the current annual premium is not guaranteed and may change; and
- (b) the premium will never exceed the specified maximum.

Fraud Notice

Any person who knowingly or with intent to defraud; submits an application or files a claim containing false, incomplete or misleading information; is guilty of a crime and may be subject to fines and criminal penalties, including imprisonment. In addition, insurance benefits may be denied if false information provided by an applicant is materially related to a claim.

Taxpayer Identification Number (TIN)

Under penalties of perjury, I certify that:

- 1) The number shown on this form is my correct TIN (or I am waiting for a number to be issued to me); and
- 2) I am not subject to backup withholding either because: (a) I am exempt from backup withholding; (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends; or (c) the IRS has notified me that I am no longer subject to backup withholding.

Social Security Number

Employer Identification Number

Dated at: _____
City State Month Day Year

Print or Type Proposed Insured Name.

X

Signature of Proposed Insured.

Print or Type Name of Other Proposed Insured.

X

Signature of Other Proposed Insured.

Print or Type Owner if not Proposed Insured.

X

Signature of Owner if not Proposed Insured.

Print or Type Insurance Producer Name.

Producer No./Sit. Code.

X

Signature of Licensed Soliciting Producer.

Producer State Lic. No.

Print or Type Insurance Producer Name.

Producer No./Sit. Code.

X

Signature of Licensed Soliciting Producer.

Producer State Lic. No.

Agency Name.

Agency No.

- 3) I am a U.S. Citizen or other U.S. Person (including a U.S. resident alien).

Cross out item (2) if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

X

Signature of Owner, Trustee/Employer

Date

STATEMENT OF VARIABILITY

UN 2550-2 PD-V ALIC

1. General Company Information

- (a) UNIFI Logo
- (b) Company Address
- (c) Phone Number, Fax Number

These items have been bracketed in the event they change in the future.

2. Section 1 – Product Detail

The product offering section has been bracketed to allow for the removal of this product in the event we discontinue offering this product.

Any new product offering that may be available in the future that is not listed on this application page will be filed for approval at that time.

3. Supplementary Benefits

The supplementary benefits shown are currently available for all newly issued contracts. They may be discontinued at a future date for newly issued contracts. Other options may be made available in the future upon approval by the State Insurance Department and will appear in this space on the application, upon approval of the rider.