

SERFF Tracking Number: AMFA-126113226 State: Arkansas  
Filing Company: Ameritas Life Insurance Corp. State Tracking Number: 42129  
Company Tracking Number: PD-V ALIC APP PAGE  
TOI: L06I Individual Life - Variable Sub-TOI: L06I.002 Single Life - Flexible Premium  
Product Name: PD-V ALIC App Page  
Project Name/Number: PD-V ALIC App Page/PD-V ALIC App Page

## Filing at a Glance

Company: Ameritas Life Insurance Corp.

Product Name: PD-V ALIC App Page

TOI: L06I Individual Life - Variable

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

Filing Type: Form

SERFF Tr Num: AMFA-126113226 State: Arkansas

SERFF Status: Closed-Approved- State Tr Num: 42129  
Closed

Co Tr Num: PD-V ALIC APP PAGE State Status: Approved-Closed

Reviewer(s): Linda Bird

Authors: Cindy Meyer, Pat Peterson Disposition Date: 04/21/2009

Date Submitted: 04/16/2009 Disposition Status: Approved-  
Closed

Implementation Date:

Implementation Date Requested: 05/01/2009

State Filing Description:

## General Information

Project Name: PD-V ALIC App Page

Project Number: PD-V ALIC App Page

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 04/21/2009

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 04/16/2009

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 04/21/2009

Created By: Cindy Meyer

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Cindy Meyer

Filing Description:

Enclosed for your review and approval are application pages UN 2550-3 PD-V ALIC and AS 2550-1 PD-V ALIC. These forms are new and will replace:

UN 2550-3 PD-V ALIC replaces UN 2550-2 PD-V ALIC

AS 2550-1 PD-V ALIC replaces AS 2550 PD-V ALIC

In reviewing our original submission of these pages, we noticed that we had an incorrect reference in Section 1e) to "Guaranteed Account". This was an oversight on our part and the reference should be to "Fixed Account". We have

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corrected this and are now re-filing the application pages under a new form number.

These forms will be put into use May 1, 2009 or upon approval, whichever is later.

UN 2550-3 PD-V ALIC – This form is the Policy Details page used in conjunction with our modular base application form UN 2550 etal. This base application is used with policy 4003, previously approved by your Department on 5/21/2008 under AR File #38932.

The base application pages have all been approved by your Department. No other modular applications pages are impacted by the revision made to this page. The pages that will make up the complete 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, Continued  
Approved 12/18/2007 - State Filing #37641

UN 2550-3 PD-V ALIC - Policy Details  
PENDING APPROVAL WITH 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 5/21/2008 - State Filing #38932

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

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AS 2550-1 PD-V ALIC – This form is the Policy Details page used in conjunction with our modular base application form AS 2550 etal. This base application is used with policy 4051, previously approved by your Department on 5/21/2008 under AR File #38931.

The base application pages have all been approved by your Department. No other modular applications pages are impacted by the revision made to this page. The pages that will make up the complete base variable life application are as follows:

AS 2550 PI-A - Personal Information  
Approved 4/02/2008 - State Filing #38529

AS 2550 PI-B - Personal Information, Continued  
Approved 4/02/2008 - State Filing #38529

AS 2550-1 PD-V ALIC - Policy Details  
PENDING APPROVAL WITH THIS SUBMISSION

AS 2550 IA-AP ALIC - Investment Advisory Agreement and Allocation of Premium  
Approved 5/21/2008 - State Filing #38931

AS 2550 FI - Financial Information  
Approved 4/02/2008 - State Filing #38529

AS 2550 LQHQ - Lifestyle and Health Questionnaire  
Approved 4/02/2008 - State Filing #38529

AS 2550 AG - Agreement  
Approved 4/02/2008 - State Filing #38529

These forms are 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]

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 Product Name: PD-V ALIC App Page  
 Project Name/Number: PD-V ALIC App Page/PD-V ALIC App Page

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]		

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**Filing Fees**

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Ameritas Life Insurance Corp.	\$50.00	04/16/2009	27212451

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Product Name: PD-V ALIC App Page  
Project Name/Number: PD-V ALIC App Page/PD-V ALIC App Page

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	04/21/2009	04/21/2009

*SERFF Tracking Number:* AMFA-126113226      *State:* Arkansas  
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*Product Name:* PD-V ALIC App Page  
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## **Disposition**

Disposition Date: 04/21/2009

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

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## Form Schedule

### Lead Form Number: UN 2550-3 PD-V ALIC

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	UN 2550-3 PD-V ALIC	Application/ Policy Details Enrollment Form	Revised	Replaced Form #: UN 2550-2 PD-V ALIC Previous Filing #: 41765	0.000	UN 2550-3 PD-V ALIC-Bracketed.pdf
	AS 2550-1 PD-V ALIC	Application/ Policy Details Enrollment Form	Revised	Replaced Form #: AS0.000 2550 PD-V ALIC Previous Filing #: 38931		AS 2550-1 PD-V ALIC-Bracketed.pdf



Policy Details

Please print clearly in black ink.

Ameritas Life Insurance Corp.

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

1. VUL:

a) Specified Amount (base only): . . . . . \$

b) Death Benefit Option:

- Option A (Specified Amount)
Option B (Specified Amount plus Account Value)
Option C (Return of Premium)

c) Life Insurance Qualification Test:

- GPT (Guideline Premium Test) Default if no option is selected
CVAT (Cash Value Accumulation Test)

d) Supplementary Benefits:

[ Children's Insurance Rider . . . . . \$

Term Insurance Rider – Other Insured

Family Member: . . . . . \$

Beneficiary Designation:

Primary: \_\_\_\_\_

Relationship: \_\_\_\_\_

Contingent: \_\_\_\_\_

Relationship: \_\_\_\_\_

Non-Family Member: . . . . . \$

Beneficiary Designation:

Primary: \_\_\_\_\_

Relationship: \_\_\_\_\_

Contingent: \_\_\_\_\_

Relationship: \_\_\_\_\_

Waiver of Monthly Deduction Rider ]

e) Monthly Deduction Allocation:

Do you want to select a portfolio or portfolios from which to deduct your monthly policy expenses? [ Yes No

(If "Yes," list portfolio(s) and/or Fixed Account and percentage allocated. If "No," then the expenses will be prorated from all funds.)

Table with 2 columns: Portfolio, Percentage. Total 100%

2. Premium:

a) Planned Periodic Premium (modal): . . . . . \$

b) Premium Frequency:

- Annual Electronic Funds Transfer (complete EFT form)
Semi-Annual Salary Allotment
Quarterly Other

c) Additional First-Year Premium (lump sum amounts):

. . . . . \$

1035 Exchange . . . . . \$
(Complete Absolute Assignment Form)

d) Has any premium been given in connection with this application? [ Yes No

(If "Yes," state amount paid for which conditional receipt has been given; the terms of which are hereby agreed to.)

Amount: . . . . . \$

e) Send Premium Notices to: [ Residence Business

Owner One Other: (Specify) \_\_\_\_\_

Owner Two \_\_\_\_\_

Insured One \_\_\_\_\_

Insured Two \_\_\_\_\_

3. Insurance Suitability Questions:

a) Do you understand that the death benefit and cash value may increase or decrease depending on the investment experience of the separate account? [ Yes No

b) Do you believe that this policy will meet your insurance needs and financial objectives? . . . [ Yes No

c) Have you received a current copy of the Prospectus? . . . . . [ Yes No

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<i>Company Tracking Number:</i>	<i>PD-V ALIC APP PAGE</i>		
<i>TOI:</i>	<i>L061 Individual Life - Variable</i>	<i>Sub-TOI:</i>	<i>L061.002 Single Life - Flexible Premium</i>
<i>Product Name:</i>	<i>PD-V ALIC App Page</i>		
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## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Flesch Certification		
<b>Bypass Reason:</b> N/A - These forms are a security subject to Federal jurisdiction and is therefore exempt from readability requirements.		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Application		
<b>Comments:</b>		

The application pages that will make up the base variable life application UN 2550 are as follows:

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

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

UN 2550-3 PD-V ALIC - Policy Details  
PENDING APPROVAL WITH 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 5/21/2008 - State Filing #38932

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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Product Name: PD-V ALIC App Page  
Project Name/Number: PD-V ALIC App Page/PD-V ALIC App Page

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

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

The application pages that will make up the base variable life application AS 2550 are as follows:

AS 2550 PI-A - Personal Information  
Approved 4/02/2008 - State Filing #38529

AS 2550 PI-B - Personal Information, Continued  
Approved 4/02/2008 - State Filing #38529

AS 2550-1 PD-V ALIC - Policy Details  
PENDING APPROVAL WITH THIS SUBMISSION

AS 2550 IA-AP ALIC - Investment Advisory Agreement and Allocation of Premium  
Approved 5/21/2008 - State Filing #38931

AS 2550 FI - Financial Information  
Approved 4/02/2008 - State Filing #38529

AS 2550 LQH - Lifestyle and Health Questionnaire  
Approved 4/02/2008 - State Filing #38529

AS 2550 AG - Agreement  
Approved 4/02/2008 - State Filing #38529

**Attachments:**

UN 2550 - Base Application Pages.pdf  
AS 2550 - Base Application Pages.pdf

**Item Status:**

**Status**

**Date:**

**Bypassed - Item:** Life & Annuity - Actuarial Memo

**Bypass Reason:** N/A - Application filing only.

**Comments:**

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**Item Status:**

**Status**

**Date:**

**Satisfied - Item:** Statement of Variability

**Comments:**

Attached is the Statement of Variability for UN 2550-3 PD-V ALIC and AS 2550-1 PD-V ALIC.

**Attachments:**

UN 2550-3 PD-V ALIC-Stmt of Variability.pdf

AS 2550-1 PD-V ALIC-Stmt of Variability.pdf



Companies<sup>SM</sup>

**CHECK ALL COMPANIES THAT APPLY:**

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

**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: \_\_\_\_\_



Companies<sup>SM</sup>

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<sup>®</sup> Variable Insurance Products:

\_\_\_\_\_ % Fidelity<sup>®</sup> VIP Equity-Income Portfolio, Initial Class  
 \_\_\_\_\_ % Fidelity<sup>®</sup> VIP Growth Portfolio, Initial Class  
 \_\_\_\_\_ % Fidelity<sup>®</sup> VIP High Income Portfolio, Initial Class  
 \_\_\_\_\_ % Fidelity<sup>®</sup> VIP Overseas Portfolio, Initial Class  
 \_\_\_\_\_ % Fidelity<sup>®</sup> VIP Asset Manager<sup>SM</sup> Portfolio, Initial Class  
 \_\_\_\_\_ % Fidelity<sup>®</sup> VIP Investment Grade Bond Portfolio, Initial Class  
 \_\_\_\_\_ % Fidelity<sup>®</sup> VIP Asset Manager: Growth<sup>®</sup> Portfolio, Initial Class  
 \_\_\_\_\_ % Fidelity<sup>®</sup> VIP Contrafund<sup>®</sup> 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<sup>®</sup> Variable Insurance Trust<sup>SM</sup>:

\_\_\_\_\_ % MFS<sup>®</sup> VIT Utilities Series, Initial Class  
 \_\_\_\_\_ % MFS<sup>®</sup> VIT Strategic Income Series, Initial Class  
 \_\_\_\_\_ % MFS<sup>®</sup> VIT New Discovery Series, Initial Class  
 \_\_\_\_\_ % MFS<sup>®</sup> VIT Research International Series, Initial Class  
 \_\_\_\_\_ % MFS<sup>®</sup> 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



Companies<sup>SM</sup>

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

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).

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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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.)*

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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

**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

## 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

# Application for Insurance

## Personal Information

Please print clearly in black ink.

### 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

### 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: \_\_\_\_\_

# Application for Insurance

## Personal Information (continued)

Please print clearly in black ink.

**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

### 1. Proposed Insured (Two): (Survivorship Life ONLY)

- 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 (Two):

(Complete only if Owner is other than a 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. 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

### Investment Advisory Agreement for Model Asset Allocation

In selecting 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 adviser 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. 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.
- 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 additional advisory fees 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 your election to participate.

### Allocation Among Investment Options

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

- (or)
- Investment Level Model Asset Allocation**  
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
- 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.

#### Vanguard® VIF

\_\_\_\_% Money Market  
\_\_\_\_% Diversified  
\_\_\_\_% Equity Income  
\_\_\_\_% Equity Index  
\_\_\_\_% Total Stock Market Index  
\_\_\_\_% Growth  
\_\_\_\_% Mid-Cap Index  
\_\_\_\_% Small Company Growth  
\_\_\_\_% Balanced  
\_\_\_\_% International  
\_\_\_\_% High Yield Bond  
\_\_\_\_% Total Bond Market Index  
\_\_\_\_% REIT Index

#### PIMCO VIT Administrative Class

\_\_\_\_% CommodityRealReturn™ Strategy

#### Fidelity® VIP Initial Class

\_\_\_\_% Equity-Income  
\_\_\_\_% Contrafund®

\_\_\_\_% Growth  
\_\_\_\_% Mid Cap  
\_\_\_\_% Overseas  
\_\_\_\_% High Income  
\_\_\_\_% Investment Grade Bond  
\_\_\_\_% Strategic Income

#### Calvert Variable Series

\_\_\_\_% Social Equity  
\_\_\_\_% Social Balanced  
\_\_\_\_% Social International Equity  
\_\_\_\_% Ameritas Core Strategies

#### Rydex

\_\_\_\_% Nova  
\_\_\_\_% Inverse S&P 500 Strategy  
\_\_\_\_% NASDAQ-100®  
\_\_\_\_% Inverse NASDAQ-100®  
\_\_\_\_% Russell 2000 1.5x  
\_\_\_\_% Government Long Bond 1.2x Strategy

\_\_\_\_% Inverse Government Long Bond  
\_\_\_\_% Sector Rotation  
\_\_\_\_% Precious Metals

#### Third Avenue

\_\_\_\_% Value

#### AIM V.I. Series I

\_\_\_\_% International Growth  
\_\_\_\_% Leisure

#### American Century VP Class I

\_\_\_\_% International  
\_\_\_\_% Mid Cap Value

#### DWS VS I Class A

\_\_\_\_% Health Care VIP

#### DWS VS II Class A

\_\_\_\_% Dreman Small Mid Value VIP  
\_\_\_\_% Global Thematic VIP

#### FTVIPT Templeton Class 2

\_\_\_\_% Global Income Securities

#### MFS® VIT Initial Class

\_\_\_\_% Research International  
\_\_\_\_% Utilities

#### Neuberger Berman AMT Class I

\_\_\_\_% Partners  
\_\_\_\_% Regency

#### Summit

\_\_\_\_% Natural Resources

#### T. Rowe Price

\_\_\_\_% Blue Chip Growth

#### UIF Class I

\_\_\_\_% Emerging Markets Equity

#### ALIC

\_\_\_\_% Fixed Account

**100% TOTAL** (Whole percentages only; must total 100%)

Financial Information

Please print clearly in black ink.

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

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

Table with columns: Proposed Insured One, Proposed Insured Two. Rows for total insurance in force, pending insurance, and policy information.

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

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

e) Have you ever sold, assigned, or pledged as collateral a life insurance policy, or an interest in a life insurance policy? (If "Yes," give details.)

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? (If "Yes," give details.)

3. 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?

(If "Yes," list: lender, duration of loan, and collateral required.)
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?

4. Financial Questions:

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 (bankruptcy, etc.)?
e) If Owner, other than the proposed insured, is an individual:
Net Worth:
Net Annual Income:
Total Family Income:

5. 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:

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

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

# Application for Insurance

## Lifestyle and Health Questionnaire

Please print clearly in black ink.

**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

**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? . . . . .  Yes  No  
 (In Details, provide dates and type: cigarettes, cigars, cigarillos, a pipe, chewing tobacco, nicotine patches, gum, etc.)
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? . . . . .  Yes  No  
 (In Details, provide date, reason, and company name.)
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? . . . . .  Yes  No  
 (If "Yes," complete Aviation Questionnaire.)
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.?  Yes  No  
 (If "Yes," complete Foreign Travel Questionnaire.)
8. Belong to or intend joining: any active or reserve military, naval, or aeronautic organization? . . . .  Yes  No  
 (If "Yes," complete Military Service Questionnaire.)
9. Engaged in or plan to engage in any form of the following: . . . . .  Yes  No  
 (If "Yes," check all boxes below that apply and complete appropriate form(s).)

- |  |   |
|--|---|
| <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 time frame.)

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

**Child(ren) or Other Insured** - Details for any "Yes" answers to Lifestyle Questions: (Indicate question number and time frame.)

**Medical Information:**

Has any proposed insured ever been diagnosed or treated by a licensed medical physician for diabetes, heart disease, stroke or cancer?

Proposed Insured One . . . . .  Yes  No

Proposed Insured Two . . . . .  Yes  No

Child(ren) or Other Insured. . . . .  Yes  No

If "Yes," please provide insured's name, physician's name, complete address and phone number.

# Application for Insurance

## Agreement

Please print clearly in black ink.

**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

### 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.

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 #

**X** \_\_\_\_\_  
Signature of Licensed Soliciting Producer Producer State Lic. #

Print or Type Insurance Producer Name Producer #

**X** \_\_\_\_\_  
Signature of Licensed Soliciting Producer Producer State Lic. #

Agency Name Agency #

### 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

- 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 2550-3 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.

## STATEMENT OF VARIABILITY

### AS 2550-1 PD-V ALIC

**1. General Company Information**

- (a) Company Address
- (b) 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.