

SERFF Tracking Number: MADS-126125765 State: Arkansas  
Filing Company: Madison National Life Insurance Company, Inc. State Tracking Number: 42177  
Company Tracking Number: IWL-M  
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
Product Name: IWL-M  
Project Name/Number: /

## Filing at a Glance

Company: Madison National Life Insurance Company, Inc.

Product Name: IWL-M

SERFF Tr Num: MADS-126125765 State: Arkansas

TOI: L08 Life - Other

SERFF Status: Closed-Approved-  
Closed State Tr Num: 42177

Sub-TOI: L08.000 Life - Other

Co Tr Num: IWL-M

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Sue Long, Cheryl

Disposition Date: 04/24/2009

Richards, Andrea Greiber

Date Submitted: 04/24/2009

Disposition Status: Approved-  
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name:

Status of Filing in Domicile: Authorized

Project Number:

Date Approved in Domicile: 02/20/2009

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 04/24/2009

Explanation for Other Group Market Type:

State Status Changed: 04/24/2009

Deemer Date:

Created By: Andrea Greiber

Submitted By: Andrea Greiber

Corresponding Filing Tracking Number:

Filing Description:

Individual Whole Life Insurance - Not Illustrated

2001 CSO Ultimate - Age Last Birthday - Sex Distinct - No Smoker Distinction

We are filing the above referenced product for your review and approval. These forms are new and will not replace any existing forms on file with your Department.

POLICY:

The Policy form is a non-participating Individual Whole Life Insurance Policy with varying death benefits and premiums.

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**Variables:**

There are few Variables in the Policy, all located on the Schedule Page. As a result, the Variability Statements are included within Policy, on the Schedule Page.

**John Doe Specimen:**

The Policy Schedule Page and Application completed in John Doe fashion are included under the "Supporting Documentation" tab.

**APPLICATION:**

The Application form is an individual Application for Individual Whole Life Insurance. The Application includes dependent questions. Dependent coverage is not offered in the Policy, but a Dependent Rider will be filed shortly to attach to this product.

**DISCLOSURES:**

We understand and comply with State Disclosure Requirements: We provide Disclosure documents as required, and which vary, by State. These disclosures include the Policy Summary, Buyer's Guide, Replacement materials and Guaranty Association notices.

## Company and Contact

**Filing Contact Information**

Andrea Greiber, Compliance Specialist ALG@madisonlife.com  
PO Box 5008 800-356-9601 [Phone] 2059 [Ext]  
Madison, WI 53705 608-830-2704 [FAX]

**Filing Company Information**

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

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**Filing Fees**

Fee Required? No  
Retaliatory? No  
Fee Explanation:  
Per Company: No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Madison National Life Insurance Company, Inc.	\$50.00	04/24/2009	27411506

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Product Name: IWL-M  
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	04/24/2009	04/24/2009

SERFF Tracking Number: MADS-126125765 State: Arkansas  
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TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
Product Name: IWL-M  
Project Name/Number: /

## Disposition

Disposition Date: 04/24/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: MADS-126125765 State: Arkansas  
 Filing Company: Madison National Life Insurance Company, Inc. State Tracking Number: 42177  
 Company Tracking Number: IWL-M  
 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
 Product Name: IWL-M  
 Project Name/Number: /

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Actuarial, Certification, Checklist		No
Supporting Document	Policy Summary, John Doe Specs		Yes
Form	POLICY		Yes
Form	APPLICATION		Yes

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## Form Schedule

### Lead Form Number:

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	IWLM-P-0209	Policy/Cont ract/Fraternal Certificate	Initial		0.000	IWLM-P-0209.pdf
	IWLM-A-0209-AR	Application/ Enrollment Form	Initial		0.000	IWLM-A-0209-AR.pdf

**MADISON NATIONAL LIFE INSURANCE COMPANY, INC.**

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

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

**INDIVIDUAL WHOLE LIFE INSURANCE POLICY**

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

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

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

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

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



Larry R. Graber  
President



Adam C. Vandervoort  
Secretary

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

**If You have any questions, would like to obtain information or make a complaint,  
You may telephone Us toll free at 1-800-356-9601.**

## Table of Contents

Section/Subsection	Page
Schedule Page .....	[3
Premium .....	3
Table of Guaranteed Policy Values .....	3
Death Benefit Claim Payment .....	4
Proof of Loss .....	4
Payment of Proceeds .....	4
Death Benefit Payment Options .....	4
Option 1. Income for a Fixed Period .....	5
Option 2. Income for Life with Period Certain .....	5
Option 3. Payment of a Fixed Amount .....	6
Option 4. Interest Only Payment .....	6
Option 5. Other Payment Options .....	6
Surrender Benefit Option .....	7
Guaranteed Policy Value.....	7
Cash Value .....	7
Paid-Up Insurance .....	7
Extended Term Insurance.....	7
Automatic Feature .....	7
Basis of Computation.....	7
Loan Provisions.....	8
Policy Loans.....	8
Automatic Premium Loan Option .....	8
Premium Provisions .....	8
Premiums .....	8
Grace Period.....	8
Reinstatement.....	8
Ownership Provisions .....	9
General Provisions .....	9
Assignment.....	9
Autopsy .....	9
Beneficiary .....	9
Death of Beneficiary .....	9
Change of Beneficiary.....	9
Conformity with State Laws .....	9
Entire Contract .....	9
Incontestability .....	10
Legal Actions .....	10
Misstatement of Age .....	10
Non-participating .....	10
Suicide.....	10
Clerical Error.....	10
Definitions .....	10]

**Schedule Page**

<u>ANNUAL PREMIUM ALLOCATION</u>	<u>FIRST YEAR</u>	<u>RENEWAL YEARS</u>
ORDINARY LIFE POLICY:	\$[67.40]	\$[33.70]
TOTAL ANNUAL PREMIUM:	\$[67.40]	\$[33.70]

MONTHLY PREMIUM EQUALS 1/12 OF ANNUAL PREMIUM

**TABLE OF GUARANTEED POLICY VALUES  
FOR THE FACE AMOUNT SHOWN BELOW**

<b>END OF POLICY YEAR</b>	<b>CASH VALUE</b>	<b>REDUCED PAID-UP INS.*</b>	<b>EXTENDED TERM INS. YEARS DAYS</b>	<b>END OF POLICY YEAR</b>	<b>CASH VALUE</b>	<b>REDUCED PAID-UP INS.*</b>	<b>EXTENDED TERM INS. YEARS DAYS</b>
1	-	-	0 0	13	132.16	794.01	15 113
2	-	-	0 0	14	145.93	848.74	15 136
3	9.17	78.68	3 59	15	160.02	901.32	15 252
4	20.18	166.69	6 20	16	174.39	951.79	16 169
5	31.56	251.02	8 91	17	188.89	999.79	17 38
6	43.27	331.52	10 62	18	203.39	1,045.22	17 231
7	55.29	408.26	11 259	19	217.77	1,088.02	18 16
8	67.60	481.35	12 308	20	231.85	1,128.07	18 123
9	80.12	550.58	13 246	AGE 60	295.19	1,292.82	18 249
10	92.82	616.11	14 118	AGE 62	315.10	1,343.87	18 153
11	105.71	678.28	14 296	AGE 65	331.14	699.59	17 268
12	118.79	737.37	15 49				

\*Value for first year of Reduced Paid-Up Insurance (See Guaranteed Policy Values)

NONFORFEITURE: FIRST YEAR 25.71237 RENEWAL YEARS 12.85619  
 INTEREST RATE PER YEAR: RESERVES 4.0% CASH VALUES 5.0%

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

INITIAL PREMIUM MODE: MONTHLY

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

INSURED: [Name] AGE: [18-45] SEX: [FEMALE/MALE]

OWNER: [Name]

INITIAL FACE AMOUNT: \$[2,000-100,000]

ULTIMATE FACE AMOUNT: \$[1,000-50,000]

BENEFICIARY: AS NAMED IN THE APPLICATION UNLESS CHANGED.

WHOLE LIFE INSURANCE PAYABLE: LIFE

SUPPLEMENTAL BENEFITS PAYABLE FOR PERIOD AS SHOWN IN EACH RIDER

PREMIUM CLASS: STANDARD

PREMIUM DUE DATES: SAME AS DATE OF ISSUE

## Death Benefit Claim Payment

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

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

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

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

## Death Benefit Payment Options

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

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

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

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

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

**Option 2. Income for Life with Period Certain.**

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

**Monthly Income for Life with Period Certain**

**MALE**

* Beneficiary AGE	No. of Years Certain			* Beneficiary AGE	No. of Years Certain		
	10	15	20		10	15	20
5	2.79	2.79	2.79	41	3.59	3.58	3.55
6	2.80	2.80	2.80	42	3.64	3.62	3.60
7	2.81	2.81	2.81	43	3.69	3.67	3.64
8	2.82	2.82	2.82	44	3.74	3.71	3.68
9	2.83	2.83	2.83	45	3.79	3.76	3.73
10	2.85	2.84	2.84	46	3.84	3.81	3.77
11	2.86	2.86	2.85	47	3.90	3.87	3.82
12	2.87	2.87	2.87	48	3.96	3.92	3.87
13	2.88	2.88	2.88	49	4.02	3.98	3.92
14	2.90	2.90	2.89	50	4.08	4.04	3.98
15	2.91	2.91	2.91	51	4.15	4.10	4.03
16	2.93	2.93	2.92	52	4.22	4.17	4.09
17	2.94	2.94	2.94	53	4.29	4.24	4.15
18	2.96	2.96	2.95	54	4.37	4.31	4.21
19	2.98	2.97	2.97	55	4.45	4.38	4.27
20	2.99	2.99	2.99	56	4.54	4.46	4.33
21	3.01	3.01	3.00	57	4.63	4.54	4.40
22	3.03	3.03	3.02	58	4.73	4.62	4.46
23	3.05	3.05	3.04	59	4.83	4.71	4.53
24	3.07	3.07	3.06	60	4.94	4.80	4.59
25	3.09	3.09	3.08	61	5.05	4.89	4.66
26	3.11	3.11	3.10	62	5.17	4.98	4.72
27	3.14	3.13	3.13	63	5.29	5.08	4.79
28	3.16	3.16	3.15	64	5.42	5.18	4.85
29	3.18	3.18	3.17	65	5.56	5.28	4.92
30	3.21	3.21	3.20	66	5.70	5.38	4.98
31	3.24	3.23	3.23	67	5.84	5.48	5.03
32	3.27	3.26	3.25	68	6.00	5.58	5.09
33	3.30	3.29	3.28	69	6.15	5.68	5.14
34	3.33	3.32	3.31	70	6.31	5.78	5.19
35	3.36	3.35	3.34	71	6.48	5.88	5.23
36	3.40	3.39	3.37	72	6.65	5.98	5.28
37	3.43	3.42	3.41	73	6.82	6.07	5.31
38	3.47	3.46	3.44	74	7.00	6.16	5.35
39	3.51	3.50	3.48	75	7.17	6.24	5.37
40	3.55	3.54	3.52				

\* Beneficiary Age at Date of Payment

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

**Monthly Income for Life with Period Certain**

**FEMALE**

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

\* Beneficiary Age at Date of Payment

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

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

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

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

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

## Surrender Benefit Options

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

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

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

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

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

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

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

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

## Loan Provisions

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

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

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

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

Interest on an Automatic Premium Loan will be charged from the premium due date and the terms of the Loan Provisions will apply. You can revoke the Automatic Premium Loan Option by contacting Us in writing.

## Premium Provisions

**Premiums** – The premium for this Policy is payable during the life-time of the Insured for the amount and number of years shown on the Schedule Page. The Insured must be alive when the first premium is paid. To keep this Policy in force, you must pay the premiums when they are due. Premiums are payable to Us at Our Home Office and are payable in advance after the first premium. At your request, and upon payment of the premium, we will deliver to you a receipt signed by an officer of Our company. The signing officer will reflect that of officer availability at the time of your premium payment.

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

**Grace Period** – You are allowed a grace period of 31 days after the due date of each premium. We will send You a notice of the default at least 31 days prior to the end of the grace period at Your last known address. The premium may be paid at any time during the grace period without interest. During the grace period, this Policy will remain In Force, but the premium will be unpaid. If death occurs within the grace period, the premium for the month in which death occurred will be deducted from the death benefit.

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

1. You furnish Evidence of insurability satisfactory to Us.
2. You pay all past due premiums, with compound interest at the rate not exceeding 6% a year.
3. You pay or reinstate any indebtedness, with compound interest at the rate of 8% a year.
4. The request for reinstatement must be made by You in writing and submitted to Us within 3 years after the date this Policy lapsed.
5. The Incontestability provision will apply beginning on Your reinstatement date.

## Ownership Provisions

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

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

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

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

## General Provisions

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

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

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

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

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

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

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

**Entire Contract** - The entire agreement between You and Us consists of this Policy, the attached Application, attached riders or endorsements, if any, and the medical examination or declaration of insurability, if applicable. No

agent or other person, except an officer of Our company, has the authority to make or modify this Policy or waive any of Our rights or requirements.

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

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

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

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

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

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

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

## Definitions

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

**Age as of Last Birthday** – This means the age the Insured turned at his or her last birthday.

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

**Cash Value** – See Section “Surrender Benefit Options”.

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

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

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

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

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

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

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

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

**Payment Option** – See Section “Death Benefit Payment Options

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

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

**You or Your** - The Owner of this Policy.

**MADISON NATIONAL LIFE INSURANCE COMPANY, INC.**  
**Mailing: PO Box 5008, Madison, WI 53705 • Phone: 1-800-356-9601**  
Home Office: 1241 John Q. Hammons Drive, Madison, WI 53717

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

**MADISON NATIONAL LIFE INSURANCE COMPANY, INC.**

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

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

**INDIVIDUAL APPLICATION FOR WHOLE LIFE INSURANCE**

Applicant/Insured		MILITARY APPLICATION			
Name: (First, Middle, Last)		<input type="checkbox"/> New Application <input type="checkbox"/> Adding Dependent		Email Address:	
SSN or Tax ID No.	Phone No(s). h( ) w( ) c( )	Pay Grade:		Discharge Date:	
Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth (mo/day/year)	Age	Weight	Height	
Military Mailing Address - Branch of Service Military Unit					
Permanent Address: Street, City, State, Zip or Country					
Mail Policy documents to: <input type="checkbox"/> Military Address <input type="checkbox"/> Permanent Address <input type="checkbox"/> Agent's Address					
Dependent Coverage					
<input type="checkbox"/> None <input type="checkbox"/> Family <input type="checkbox"/> Children Only		No. of Dependents: <span style="float: right;"><i>Please complete the below dependent information.</i></span>			
Dependent(s) Name (First, Middle, Last)		Birth Date	Age	Weight	Height
	Spouse				
	Child				
Whole Life Coverage					
Initial Face Amount	Administrative Endorsements/Notes:				
\$					
Premium (Premium checks must ONLY be made payable to (list the payee as) Madison National Life Insurance Co., Inc.)					
<b>COVERAGE</b>	<b>MODE PREMIUM</b>	<b>Payment Type</b> <input type="checkbox"/> PAC <input type="checkbox"/> Debit Card <input type="checkbox"/> Allotment <input type="checkbox"/> Other:			
Insured	\$	<b>Payment Mode</b> <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly			
Family/Children	\$	<input type="checkbox"/> Other:			
<b>Total:</b>	\$	<b>Is Automatic Premium Loan Elected?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
Beneficiary					
<input type="checkbox"/> Primary-Name (First, Middle, Last)	Age	Address			Relationship
<input type="checkbox"/> Contingent-Name (First, Middle, Last)	Age	Address			Relationship
Health Questions Check all applicable disorders/conditions. Give details below. Use second page if necessary.					
<b>To the best of your knowledge and belief, within the past 5 years have You, or any Family member named above, been diagnosed as, or received treatment by a medical professional for, having any of the following conditions:</b>					
Heart Attack or Coronary Artery Disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Diseases or disorders of the blood, lungs, kidney, stomach, intestinal tract or liver?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Heart ailment, diseases or abnormalities of heart muscles, nerves or vessels?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Diseases or disorders of the brain or nervous system?			<input type="checkbox"/> Yes <input type="checkbox"/> No
High or low blood pressure or Hypertension?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Acquired Immune Deficiency Syndrome (AIDS)?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Diabetes, high or low blood sugar?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Aids Related Complex (ARC)			<input type="checkbox"/> Yes <input type="checkbox"/> No
Cancer of any type, Melanoma or Malignancy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Human Immunodeficiency Virus (HIV)?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Alcohol or drug abuse?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Any other conditions not listed here?			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>During the last 5 years, have you had an insurance application postponed or declined?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>Dates</b>	<b>Conditions</b>	<b>Doctor Names and Addresses</b>			<b>Results</b>

IWLM-A-0209-AR



SERFF Tracking Number: MADS-126125765 State: Arkansas  
Filing Company: Madison National Life Insurance Company, Inc. State Tracking Number: 42177  
Company Tracking Number: IWL-M  
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
Product Name: IWL-M  
Project Name/Number: /

## Supporting Document Schedules

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Flesch Certification <b>Comments:</b> <b>Attachment:</b> Readability Certification.pdf		

	Item Status:	Status Date:
<b>Bypassed - Item:</b> Application <b>Bypass Reason:</b> The Application is filed under the "Form Schedule" tab. <b>Comments:</b>		

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Policy Summary, John Doe Specs <b>Comments:</b> - Sample Policy Summary - John Doe Policy Schedule Page - John Doe Application <b>Attachments:</b> Sample Policy Summary.pdf IWLM-P-0209 JDoe SchPg.pdf IWLM-A-0209 JDoe.pdf		

## CERTIFICATE OF READABILITY

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

<b>Form No.</b>	<b>Description</b>	<b>Score</b>
<b>IWLM-P-0209</b>	<b>Individual Whole Life Policy</b>	<b>51.4</b>
<b>IWLM-A-0209-AR</b>	<b>Application</b>	<b>60.0</b>



Robert J. Stubbe  
Executive Vice President  
Madison National Life Insurance Company, Inc.  
Dated: March 3, 2009

CONTRACT SUMMARY

STATEMENT OF POLICY COST AND BENEFIT INFORMATION AS OF 01/01/2009

POLICY NUMBER: 1234567  
 INSURED: DOE, JOHN AGE: 35  
 INITIAL FACE AMOUNT: \$2,000.00 ULTIMATE FACE AMOUNT: \$1,000.00

DESCRIPTION	FIRST YEAR PREMIUM	RENEWAL YEAR PREMIUM
ORDINARY LIFE POLICY	\$ 67.40	\$ 33.70
TOTAL ANNUAL PREMIUM	\$ 67.40	\$ 33.70

IF YOU HAVE ANY QUESTIONS REGARDING THIS CONTRACT SUMMARY, PLEASE CONTACT:  
 AGENT: ADMINISTRATIVE OFFICE:  
 JOE AGENT MADISON NATIONAL LIFE INS  
 123 ABC RD 1241 JOHN Q. HAMMONS DRIVE  
 SALADO, TX 76571 MADISON, WI 53717  
 ATTN: POLICYHOLDERS SERVICE

ORDINARY LIFE POLICY VALUES

END OF YEAR	GUARANTEED CASH OR LOAN VALUE*	GUARANTEED PAID UP INS	GUARANTEED EXTENDED INS YRS	GUARANTEED EXTENDED INS DAYS	GUARANTEED AMOUNT PAID AT DEATH*
1	.00	.00	0	0	2,000.00
2	0.00	.00	0	0	2,000.00
3	9.17	78.68	3	59	2,000.00
4	20.18	166.69	6	20	2,000.00
5	31.56	251.02	8	91	2,000.00
6	43.27	331.52	10	62	2,000.00
7	55.29	408.26	11	259	2,000.00
8	67.60	481.35	12	308	2,000.00
9	80.12	550.58	13	246	2,000.00
10	92.82	616.11	14	118	2,000.00
15	160.02	901.32	15	252	2,000.00
18	203.39	1,045.22	17	231	2,000.00
20	231.85	1,128.07	18	123	2,000.00
AGE 60	295.19	1,292.82	18	249	2,000.00
AGE 62	315.10	1,343.87	18	153	2,000.00
AGE 65	331.14	699.59	17	268	1,000.00
AGE 121	1,000.00				1,000.00

\*VALUES SHOWN WILL BE REDUCED BY ANY EXISTING INDEBTEDNESS.

THIS POLICY DOES NOT PAY CASH DIVIDENDS.  
 POLICY LOAN INTEREST RATE IS 8.00% IN ADVANCE.

PREMIUM CLASS: STANDARD PREMIUMS PAYABLE ON POLICY FOR LIFE

LIFE INSURANCE SURRENDER COST INDEX	LIFE INSURANCE NET PAYMENT COST INDEX
YEAR 10 57.31	YEAR 10 60.83
YEAR 20 54.32	YEAR 20 57.66

AN EXPLANATION OF THE INTENDED USE OF THESE INDEXES IS PROVIDED IN THE LIFE INSURANCE BUYERS GUIDES.

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

## Schedule Page

<u>ANNUAL PREMIUM ALLOCATION</u>	<u>FIRST YEAR</u>	<u>RENEWAL YEARS</u>
ORDINARY LIFE POLICY:	\$67.40	\$33.70
TOTAL ANNUAL PREMIUM:	\$67.40	\$33.70

MONTHLY PREMIUM EQUALS 1/12 OF ANNUAL PREMIUM

### TABLE OF GUARANTEED POLICY VALUES FOR THE FACE AMOUNT SHOWN BELOW

END OF POLICY YEAR	CASH VALUE	REDUCED PAID-UP INS.*	EXTENDED TERM INS. YEARS    DAYS		END OF POLICY YEAR	CASH VALUE	REDUCED PAID-UP INS.*	EXTENDED TERM INS. YEARS    DAYS
1	-	-	0    0		13	132.16	794.01	15    113
2	-	-	0    0		14	145.93	848.74	15    136
3	9.17	78.68	3    59		15	160.02	901.32	15    252
4	20.18	166.69	6    20		16	174.39	951.79	16    169
5	31.56	251.02	8    91		17	188.89	999.79	17    38
6	43.27	331.52	10   62		18	203.39	1,045.22	17    231
7	55.29	408.26	11   259		19	217.77	1,088.02	18    16
8	67.60	481.35	12   308		20	231.85	1,128.07	18    123
9	80.12	550.58	13   246		AGE 60	295.19	1,292.82	18    249
10	92.82	616.11	14   118		AGE 62	315.10	1,343.87	18    153
11	105.71	678.28	14   296		AGE 65	331.14	699.59	17    268
12	118.79	737.37	15    49					

\*Value for first year of Reduced Paid-Up Insurance (See Guaranteed Policy Values)

NONFORFEITURE:                      FIRST YEAR 25.71237    RENEWAL YEARS 12.85619  
INTEREST RATE PER YEAR: RESERVES 4.0%                      CASH VALUES 5.0%

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

INITIAL PREMIUM MODE: MONTHLY  
POLICY NO: 01234    DATE OF POLICY: MAY 1, 2009    DATE OF ISSUE: MAY 1, 2009

INSURED: JOHN DOE                      AGE: 35                      SEX: MALE  
OWNER: JOHN DOE  
INITIAL FACE AMOUNT:                      \$2,000  
ULTIMATE FACE AMOUNT:                      \$1,000

BENEFICIARY: AS NAMED IN THE APPLICATION UNLESS CHANGED.

WHOLE LIFE INSURANCE PAYABLE: LIFE

SUPPLEMENTAL BENEFITS PAYABLE FOR PERIOD AS SHOWN IN EACH RIDER

PREMIUM CLASS:                      STANDARD

PREMIUM DUE DATES:                      SAME AS DATE OF ISSUE

**MADISON NATIONAL LIFE INSURANCE COMPANY, INC.**

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

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

**INDIVIDUAL APPLICATION FOR WHOLE LIFE INSURANCE**

Applicant/Insured		MILITARY APPLICATION				
Name: <i>(First, Middle, Last)</i> John Steven Doe		<input checked="" type="checkbox"/> New Application <input type="checkbox"/> Adding Dependent		Email Address: johndoe@yahoo.com		
SSN or Tax ID No. 987-65-4321	Phone No(s). h( 608 ) 222-2222 w( 608 ) 211-3333 c( 608 ) 325-2213	Pay Grade: C-7	Discharge Date: 1/1/2011			
Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F	Date of Birth <i>(mo/day/year)</i> June 1, 1981	Age 27	Weight 179	Height 5'7"		
Military Mailing Address - Branch of Service Military Unit 567 Military Trail, Fort McCoy, AR 12345						
Permanent Address: Street, City, State, Zip or Country 567 Kingdome Street, Madison, WI 53662						
Mail Policy documents to: <input type="checkbox"/> Military Address <input type="checkbox"/> Permanent Address <input type="checkbox"/> Agent's Address						
<b>Dependent Coverage</b>						
<input checked="" type="checkbox"/> None <input type="checkbox"/> Family <input type="checkbox"/> Children Only		No. of Dependents: _____ Please complete the below dependent information.				
Dependent(s) Name <i>(First, Middle, Last)</i>		Birth Date	Age	Weight	Height	Birth Place
		Spouse				
		Child				
<b>Whole Life Coverage</b>						
Initial Face Amount \$10,000		Administrative Endorsements/Notes:				
Premium <i>(Premium checks must ONLY be made payable to (list the payee as) Madison National Life Insurance Co., Inc.)</i>						
COVERAGE	MODE PREMIUM	Payment Type <input type="checkbox"/> PAC <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> Allotment <input type="checkbox"/> Other:				
Insured	\$ 674.00	Payment Mode <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Monthly				
Family/Children	\$	<input type="checkbox"/> Other:				
Total:	\$ 674.00	Is Automatic Premium Loan Elected? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
<b>Beneficiary</b>						
<input type="checkbox"/> Primary-Name <i>(First, Middle, Last)</i> John Sam Doe		Age 58	Address 567 Kingdome Street, Madison, AR 53662		Relationship Father	
<input type="checkbox"/> Contingent-Name <i>(First, Middle, Last)</i>		Age	Address		Relationship	
<b>Health Questions</b> Check all applicable disorders/conditions. Give details below. Use second page if necessary.						
To the best of your knowledge and belief, within the past 5 years have You, or any Family member named above, been diagnosed as, or received treatment by a medical professional for, having any of the following conditions:						
Heart Attack or Coronary Artery Disease?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Diseases or disorders of the blood, lungs, kidney, stomach, intestinal tract or liver?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Heart ailment, diseases or abnormalities of heart muscles, nerves or vessels?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Diseases or disorders of the brain or nervous system?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
High or low blood pressure or Hypertension?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Acquired Immune Deficiency Syndrome (AIDS)?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Diabetes, high or low blood sugar?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Aids Related Complex (ARC)		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Cancer of any type, Melanoma or Malignancy?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Human Immunodeficiency Virus (HIV)?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Alcohol or drug abuse?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Any other conditions not listed here?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
During the last 5 years, have you had an insurance application postponed or declined? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Dates	Conditions	Doctor Names and Addresses			Results	

IWLM-A-0209-AR

**Existing Insurance/Replacement Questions & Signatures****Applicant/Insured:**

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

**Agent:** To the best of your knowledge,

- does the Applicant/Insured have any existing life insurance policies or annuities in force?  Yes  No
  - is the life insurance applied for intended to replace any existing life insurance or annuity?  Yes  No
- If the Applicant indicates above that he or she has existing policies or contracts, you must present and read to him or her the required Replacement information. Did you complete this?  Yes  No

<i>John Doe</i>	<i>04/01/09</i>	<i>Scott Johnson</i>	<i>04/01/09</i>
Signature of Applicant/Insured	Date	Signature of Agent	Date

**Applicant/Insured Certifications and Signature**

- I certify under penalty and perjury that my statements made on this Application are true, complete, and correct to the best of my knowledge and belief. I understand Madison National Life Insurance Company, Inc. is required to verify the identity of its members. Providing my name, address, date-of-birth and social security, or tax payer identification, number allows them to verify my identity. I acknowledge receipt of "Notice to Proposed Insured".
- I hereby authorize any licensed physician, medical practitioner, hospital, clinic, Veterans Administration Facility, or other medically related facility, state or local government agency, insurance or reinsurance company, Medical Information Bureau, Inc., consumer reporting agency, or employer, to give to Madison National Life Insurance Company, Inc., its legal representative or its reinsurers any and all such information to use for underwriting insurance. Such information may include diagnosis, treatment and prognosis with respect to any physical or mental condition, employment, other insurance coverage, claims history and mode of living. I also know that if a consumer report about me is prepared, I may request a copy of the report. I also have the right to be interviewed as part of the application process and I may contact Madison National Life Insurance Company for further information.
- I agree that this authorization, in connection with this form, shall be valid for 24 months from my signature date and that I, or my representative, have the right to revoke this authorization at any time. However, I realize that any such revocation may be a basis for denying the policy being applied for. I realize such failure to sign an authorization statement may impair the ability of a regulated insurance agency to process applications and may be a basis for denying this application. I agree that a photocopy of this authorization shall be as valid as the original and I understand that a copy is available to me upon request.

**WARNING:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance may be guilty of a crime and subject to fines, confinement in prison and/or denial of insurance benefits.

<i>John Doe</i>	<i>04/01/09</i>	<i>Fort McCoy, AR</i>
Signature of Applicant/Insured	Date	Dated at this City & State:

**Agent(s) Statements****To the best of your knowledge and belief:**

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

What Applicant/Insured government-issued identification did you verify? *Drivers License* ID No. Verified: *3857663759D*

<i>Scott Johnson</i>	
Name of Agent (typed/printed) <i>Scott Johnson</i>	Name of Agent (typed/printed)
Signature of Agent	Signature of Agent
Date: <i>04/01/09</i> License No. <i>35-6778Z</i>	Date: _____ License No. _____
Home Telephone No. <i>608-123-4567</i>	Home Telephone No.

IWLM-A-0209-AR

**CONDITIONAL RECEIPT**

(This receipt must not be detached unless payment of the first premium has been made at the time of application)  
 Received from \_\_\_\_\_, \$\_\_\_\_\_ in connection with this application for life insurance which bears the same date as the receipt. If this application is not approved, the payment evidenced by this receipt will be returned. If the application is approved, the policy will be effective with the date of application unless otherwise indicated herein.

IWLM-A-0209