

SERFF Tracking Number: MLLM-126160557 State: Arkansas
 Filing Company: Commonwealth Annuity and Life Insurance Company State Tracking Number: 42457
 Company Tracking Number: 0146ALM01-26
 TOI: A02.11 Individual Annuities- Deferred Non- Variable and Variable Sub-TOI: A02.11.002 Flexible Premium
 Product Name: Variable Annuity Applications
 Project Name/Number: Commonwealth Annuity and Life Insurance Company/0146ALM01-26

Filing at a Glance

Company: Commonwealth Annuity and Life Insurance Company

Product Name: Variable Annuity Applications SERFF Tr Num: MLLM-126160557 State: Arkansas
 TOI: A02.11 Individual Annuities- Deferred Non- Variable and Variable SERFF Status: Closed-Approved- Closed State Tr Num: 42457
 Sub-TOI: A02.11.002 Flexible Premium Co Tr Num: 0146ALM01-26 State Status: FEES PAID
 Filing Type: Form Reviewer(s): Linda Bird
 Author: Jeff Kulesus Disposition Date: 05/22/2009
 Date Submitted: 05/21/2009 Disposition Status: Approved-Closed
 Implementation Date Requested: On Approval Implementation Date:
 State Filing Description:

General Information

Project Name: Commonwealth Annuity and Life Insurance Company Status of Filing in Domicile: Pending
 Project Number: 0146ALM01-26 Date Approved in Domicile:
 Requested Filing Mode: Review & Approval Domicile Status Comments: Pending review and approval in Massachusetts.
 Explanation for Combination/Other: Market Type: Individual
 Submission Type: New Submission Group Market Size:
 Overall Rate Impact: Group Market Type:
 Filing Status Changed: 05/22/2009 Explanation for Other Group Market Type:
 Deemer Date: State Status Changed: 05/22/2009
 Submitted By: Jeff Kulesus Created By: Jeff Kulesus
 Corresponding Filing Tracking Number: SKML-125200807

Filing Description:

The Variable Annuity Applications provided with this filing are submitted for your review and approval consideration on behalf of Commonwealth Annuity and Life Insurance Company ("Commonwealth Annuity", or "Company"). A letter from Commonwealth Annuity authorizing Milliman to conduct this filing is included with this submission.

The forms are substantially similar to form AD-401 and PP-401 which were previously approved by the Department on

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07-19-2007, SERFF Tracking # SKML-125200807, State Tracking # 36236, save for deletion of the GLWB rider options in Section 13 on Page 5. Upon approval, form AD-405 and PP-406 will replace previously approved forms AD-401 and PP-401, respectively. The forms are submitted in final printed format except for slight font and formatting variations that may occur due to Commonwealth production printers. Commonwealth takes care to assure that printer-based variations are minimized; however, should changes occur, such changes will not alter the content or meaning of any approved forms.

Please note that portions of the forms are bracketed as variable and may change as described in the Statement of Variability.

No part of this filing contains unusual or possibly controversial items from normal Company or Industry standards. The forms were filed concurrently in the domiciliary State of Massachusetts and are there pending review and approval.

AD-405, Variable Annuity Application

The form AD-405 Variable Annuity Application is designed for use with previously approved form 3038-07, which was approved by the Department on 07-19-2007, SERFF Tracking # SKML-125200807, State Tracking # 36236.

PP-406, Variable Annuity Application

The form PP-406 Variable Annuity Application is designed for use with previously approved form 3039-07, which was approved by the Department on 07-19-2007, SERFF Tracking # SKML-125200807, State Tracking # 36236.

Flesch Scores are not provided for these forms because they fall under SEC/Federal regulation.

Your prompt review and approval of these forms is greatly appreciated.

Company and Contact

Filing Contact Information

Jeff Kulesus, Consultant Jeff.Kulesus@Milliman.com
2 Conway Park, Ste. 180 312-499-5635 [Phone]
150 Field Drive 847-604-8671 [FAX]
Lake Forest, IL 60045

Filing Company Information

(This filing was made by a third party - MUSA01)

Commonwealth Annuity and Life Insurance Company CoCode: 84824 State of Domicile: Massachusetts

SERFF Tracking Number: MLLM-126160557 State: Arkansas
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 TOI: A02.11 Individual Annuities- Deferred Non- Sub-TOI: A02.11.002 Flexible Premium
 Variable and Variable
 Product Name: Variable Annuity Applications
 Project Name/Number: Commonwealth Annuity and Life Insurance Company/0146ALM01-26
 2132 Turnpike Road, Suite 210 Group Code: 3891 Company Type: Life
 Southborough, MA 01772 Group Name: State ID Number:
 (508) 460-2400 ext. [Phone] FEIN Number: 04-6145677

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: a forms x \$25.00@ = \$50.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Commonwealth Annuity and Life Insurance Company	\$50.00	05/21/2009	28037566

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	05/22/2009	05/22/2009

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	Variable Annuity Application	Jeff Kulesus	05/22/2009	05/22/2009
Form	Variable Annuity Application	Jeff Kulesus	05/22/2009	05/22/2009

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Authorization Letter		Yes
Supporting Document	Statement of Variability		Yes
Supporting Document	Compliance Certification		Yes
Supporting Document	Regulation 6 Certification for Variable Products		Yes
Form (revised)	Variable Annuity Application		Yes
Form	Variable Annuity Application	Replaced	Yes
Form (revised)	Variable Annuity Application		Yes
Form	Variable Annuity Application	Replaced	Yes

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Amendment Letter

Submitted Date: 05/22/2009

Comments:

Please substitute the attached application forms for those previously provided. The forms attached to this amendment correct page reference errors on pages 1, 2 and 6.

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
AD-405	Application/Enrollment Form	Variable Annuity Application	Revised		SKML-125200807	AD-401	0.000	AD-405 Variable Annuity Application.pdf
PP-406	Application/Enrollment Form	Variable Annuity Application	Revised		AD-401	PP-401	0.000	PP-406 Variable Annuity Application.pdf

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 Variable and Variable
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Form Schedule

Lead Form Number: AD-405

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	AD-405	Application/ Variable Annuity Enrollment Application Form	Revised	Replaced Form #: AD-401 Previous Filing #: SKML-125200807	0.000	AD-405 Variable Annuity Application.pdf
	PP-406	Application/ Variable Annuity Enrollment Application Form	Revised	Replaced Form #: PP-401 Previous Filing #: AD-401	0.000	PP-406 Variable Annuity Application.pdf



Commonwealth Annuity and Life Insurance Company

Service Center:

[P.O. Box 758550, Topeka, KS 66675-8550]

Phone: [800-533-7881]

VARIABLE ANNUITY APPLICATION

Product: Advantage IV					
Plan Type:	<input type="checkbox"/> Non-Qualified	<input type="checkbox"/> 408(b)	<input type="checkbox"/> IRA (Traditional)	<input type="checkbox"/> 401(k)	<input type="checkbox"/> ERISA
	<input type="checkbox"/> 403(b)	<input type="checkbox"/> Roth IRA	<input type="checkbox"/> Simple IRA	<input type="checkbox"/> SEP-IRA	<input type="checkbox"/> NON-ERISA
	<input type="checkbox"/> 457(b) gov	<input type="checkbox"/> 457(b) non-gov	<input type="checkbox"/> Other _____	B/D Client Acct. # (if applicable) _____	

1. Employer Information (For 401, 403(b), Simple IRA, SEP-IRA and 457(b) plans)

Employer Name:	Date of Employment: ___/___/___
If this application is for an existing employer sponsored plan, please supply: Plan #: _____ Bill #: _____	
If this application is for a new employer sponsored plan, please complete form # [CWA-EMPR-07]	

2. Owner (If the owner is a Trust, please submit the first and last page of the Trust document and complete form # [CWA-TRCERT-07])

Name:	Birth/Trust Date (mo/day/yr) ___/___/___	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Street Address*:	City, State, Zip	SSN/Tax I.D. #:
Daytime Phone:	Mother's Maiden Name:	
Driver's License # or State ID # or Other Government Issue ID # and Expiration Date:		
E-mail:	Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, country of Origin:	

3. Joint Owner (Non-Qualified contracts only)

Name:	Birth/Trust Date (mo/day/yr) ___/___/___	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Street Address*:	City, State, Zip	SSN/Tax I.D. #:
Daytime Phone:	Mother's Maiden Name:	
Driver's License # or State ID # or Other Government Issue ID # and Expiration Date:		
E-mail:	Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, country of Origin:	

4. Annuitant (If different from owner)

Name:	Birth/Trust Date (mo/day/yr) ___/___/___	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Street Address*:	City, State, Zip	SSN/Tax I.D. #:
Daytime Phone:	E-mail:	

5. Joint Annuitant (Non-Qualified contracts only)

Name:	Birth/Trust Date (mo/day/yr) ___/___/___	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Street Address*:	City, State, Zip	SSN/Tax I.D. #:
Daytime Phone:	E-mail:	

PAYMENTS AND VALUES PROVIDED BY THE CONTRACT, WHEN BASED ON INVESTMENT EXPERIENCE OF THE SUBACCOUNTS, ARE VARIABLE AND ARE NOT GUARANTEED AS TO DOLLAR AMOUNT. THEY ARE NOT GUARANTEED BY THE COMPANY, ANY OTHER INSURANCE COMPANY, THE US GOVERNMENT OR ANY STATE GOVERNMENT, AND ARE NOT INSURED BY THE FDIC, THE FEDERAL RESERVE BOARD OR ANY OTHER FEDERAL OR STATE AGENCY. ALL RISK IS BORNE BY THE OWNER FOR THOSE FUNDS ASSIGNED TO A SEPARATE ACCOUNT.

THE INITIAL INTEREST RATE IS GUARANTEED ONLY FOR A LIMITED PERIOD OF TIME.

*REQUIRED: If mailing address is a P. O. Box, please provide street address in Remarks section on page 5.

6. Beneficiary

Unless you specify otherwise, payments will be shared equally by all primary beneficiaries who survive or, if none, by all contingent beneficiaries who survive. If additional space is needed, please use the Remarks section on page 6 or include a signed attachment to this application. If the beneficiary is a trust, corporation or partnership please provide the entity's name, address and date established

If you named joint owners, do not select a primary beneficiary below since the surviving joint owner is automatically the beneficiary of any death benefits resulting from the death of a joint owner.

Primary Name:	Relationship:	Birth Date ___/___/___	%
<input type="checkbox"/> Primary Name: <input type="checkbox"/> Contingent	Relationship:	Birth Date ___/___/___	%
<input type="checkbox"/> Primary Name: <input type="checkbox"/> Contingent	Relationship:	Birth Date ___/___/___	%
<input type="checkbox"/> Primary Name: <input type="checkbox"/> Contingent	Relationship:	Birth Date ___/___/___	%
<input type="checkbox"/> Primary Name: <input type="checkbox"/> Contingent	Relationship:	Birth Date ___/___/___	%
<input type="checkbox"/> Primary Name: <input type="checkbox"/> Contingent	Relationship:	Birth Date ___/___/___	%

7. Replacement

Do you have any existing annuity contracts or life insurance? Yes No

Will any existing life insurance or annuity contract be replaced or will values from another insurance policy or annuity contract (through loans, surrenders or otherwise) be used to pay purchase payments for the annuity contract applied for? Yes No

If yes, please indicate company name and policy number. Company Name: _____ Policy # _____

(If more than one company use Remarks section on page 5.)

8. Annuity Date

(mo/day/yr) ___/___/___ (Not to be earlier or later than the dates permitted under the contract.)

9. Purchase Payment(s) (Make checks payable to Commonwealth Annuity and Life Insurance Company)

A. Initial Payment \$: _____ Check Wire Bank Originating Wire _____

B. Expected Transfer Amount: _____ Distributor Trade/Transaction ID (if applicable): _____

Non-Qualified:	<input type="checkbox"/> 1035 Tax-Free Exchange	<input type="checkbox"/> Direct Investment (check/wire)	<input type="checkbox"/> CD/Mutual Fund Transfer
403(b) Qualified:	<input type="checkbox"/> Direct Transfer	<input type="checkbox"/> Direct Rollover	<input type="checkbox"/> Rollover
IRA/Roth:	<input type="checkbox"/> Direct Transfer <input type="checkbox"/> Rollover	<input type="checkbox"/> Regular Contribution (_____ Contribution Tax Year) <input type="checkbox"/> Direct Rollover	

C. Payroll Deduction:

	Purchase Payment Amount	# of Purchase Payments	Annual Purchase Payment	Purchase Payment Frequency
Employee		X =	\$	
Employer		X =	\$	
Total:			\$	

Please attach a voided check. (voided withdrawal slip may be used with savings accounts).

D. Pre-Authorized checking (Systematic Accumulations)
 I authorize automatic deductions of \$ _____ from my bank account to be applied to this contract at. A \$100 minimum applies.

Frequency: Every 1 3 6 12 Months
 Beginning: ___/___/___ (excluding 29th, 30th, 31st)

10. Purchase Payment Allocation Allocations must total 100%. Maximum of 18 subaccounts may be selected.

<p>Large Cap Blend</p> <p>___ % AIM V.I. Core Equity Fund (Series II)</p> <p>___ % FT VIP Franklin Mutual Global Discovery Securities Fund (Class 2)</p> <p>___ % Goldman Sachs VIT Equity Index Fund (Class S)</p> <p>___ % Goldman Sachs VIT Strategic Intl Equity Fund (Class S)</p> <p>___ % Goldman Sachs VIT Structured U.S. Equity Fund (Class S)</p> <p>___ % Oppenheimer Balanced/VA (Service Shares)</p> <p>Large Cap Growth</p> <p>___ % AIM V.I. Leisure Fund (Series II)</p> <p>___ % Goldman Sachs VIT Capital Growth Fund (Class S)</p> <p>___ % Janus Aspen Forty Portfolio (Service Shares)</p> <p>___ % Oppenheimer Global Securities Fund/VA (Service Shares)</p> <p>___ % Pioneer Emerging Markets VCT Portfolio (Class II)</p> <p>Large Cap Value</p> <p>___ % AllianceBernstein VPS International Value Portfolio (Class B)</p> <p>___ % FT VIP Franklin Income Securities Fund (Class 2)</p> <p>___ % FT VIP Franklin Mutual Shares Securities Fund (Class 2)</p> <p>___ % FT VIP Templeton Global Asset Allocation Fund (Class 2)</p> <p>___ % FT VIP Templeton Growth Securities Fund (Class 2)</p> <p>___ % Goldman Sachs VIT Growth and Income Fund (Class S)</p> <p>___ % Pioneer Cullen Value VCT Portfolio (Class II)</p> <p>Mid Cap Blend</p> <p>___ % Janus Aspen Perkins Midcap Value Portfolio (Service Shares)</p> <p>___ % Pioneer Mid Cap Value VCT Portfolio (Class II)</p> <p>Mid Cap Growth</p> <p>___ % Goldman Sachs VIT Growth Opportunities Fund (Class S)</p> <p>___ % Janus Aspen Series Enterprise Portfolio (Service Shares)</p> <p>Mid Cap Value</p> <p>___ % AllianceBernstein VPS Small/Mid Cap Value Portfolio (Class B)</p>	<p>Small Cap Blend</p> <p>___ % Goldman Sachs VIT Structured Small Cap Equity Fund (Class S)</p> <p>___ % Oppenheimer Main St Small Cap/VA (Service Shares)</p> <p>Small Cap Growth</p> <p>___ % AllianceBernstein VPS Small Cap Growth Portfolio (Class B)</p> <p>___ % Pioneer Growth Opportunities VCT Portfolio (Class II)</p> <p>Small Cap Value</p> <p>___ % FT VIP Franklin Small Cap Value Securities Fund (Class 2)</p> <p>Fixed Income</p> <p>___ % AllianceBernstein VPS Intermediate Bond Portfolio (Class B)</p> <p>___ % Goldman Sachs VIT Core Fixed Income Fund (Class S)</p> <p>___ % Goldman Sachs VIT Govt Income Fund (Class S)</p> <p>___ % Goldman Sachs VIT Money Market Fund (Class S) *</p> <p>___ % Oppenheimer Strategic Bond Fund/VA (Service Shares)</p> <p>Fixed Account</p> <p>___ %</p> <p>FOR QUALIFIED PLANS ONLY</p> <p>Large Cap Blend</p> <p>___ % Goldman Sachs Balanced Strategy Portfolio (Class A) *</p> <p>___ % Goldman Sachs Equity Growth Strategy Portfolio (Class A)</p> <p>___ % Goldman Sachs Growth & Income Strategy Portfolio (Class A) *</p> <p>___ % Goldman Sachs Growth Strategy Portfolio (Class A) *</p> <p>Large Cap Growth</p> <p>___ % Goldman Sachs Intl Real Estate Securities Fund (Class A)</p> <p>Mid Cap Growth</p> <p>___ % Goldman Sachs Real Estate Securities Fund (Class A)</p> <p>___ % Goldman Sachs Tollkeeper Fund (Class A)</p>
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11. Automatic Asset Rebalancing (Not available concurrently with Dollar Cost Averaging)

I elect Automatic Asset Rebalancing of all subaccounts. Frequency: Every 1 3 6 12 months

Beginning: ____/____/____ (excluding 29th, 30th, 31st)

Unless otherwise specified, rebalancing to the allocation percentages selected in Section 10 of this application will occur each period on the same day as the contract was issued. Note that the Fixed Account is not included in the Automatic Asset Balancing Program.

12. Dollar Cost Averaging (Not available with Automatic Asset Rebalancing).

Please transfer \$ _____ (\$100 minimum) from _____ (enter name of subaccount or Fixed Account)

Frequency: Every . 1 3 6 12 months Enhanced Dollar Cost Averaging Beginning: ____/____/____
 Unless otherwise specified, Dollar Cost Averaging will occur each period on the date the contract is issued. (excluding 29th, 30th, 31st)

Transfer To (Allocations must total 100%)

Large Cap Blend

- ____ % AIM V.I. Core Equity Fund (Series II)
- ____ % FT VIP Franklin Mutual Global Discovery Securities Fund (Class 2)
- ____ % Goldman Sachs VIT Equity Index Fund (Class S)
- ____ % Goldman Sachs VIT Strategic Intl Equity Fund (Class S)
- ____ % Goldman Sachs VIT Structured U.S. Equity Fund (Class S)
- ____ % Oppenheimer Balanced/VA (Service Shares)

Large Cap Growth

- ____ % AIM V.I. Leisure Fund (Series II)
- ____ % Goldman Sachs VIT Capital Growth Fund (Class S)
- ____ % Janus Aspen Forty Portfolio (Service Shares)
- ____ % Oppenheimer Global Securities Fund/VA (Service Shares)
- ____ % Pioneer Emerging Markets VCT Portfolio (Class II)

Large Cap Value

- ____ % AllianceBernstein VPS International Value Portfolio (Class B)
- ____ % FT VIP Franklin Income Securities Fund (Class 2)
- ____ % FT VIP Franklin Mutual Shares Securities Fund (Class 2)
- ____ % FT VIP Templeton Global Asset Allocation Fund (Class 2)
- ____ % FT VIP Templeton Growth Securities Fund (Class 2)
- ____ % Goldman Sachs VIT Growth and Income Fund (Class S)
- ____ % Pioneer Cullen Value VCT Portfolio (Class II)

Mid Cap Blend

- ____ % Janus Aspen Perkins Midcap Value Portfolio (Service Shares)
- ____ % Pioneer Mid Cap Value VCT Portfolio (Class II)

Mid Cap Growth

- ____ % Goldman Sachs VIT Growth Opportunities Fund (Class S)
- ____ % Janus Aspen Series Enterprise Portfolio (Service Shares)

Mid Cap Value

- ____ % AllianceBernstein VPS Small/Mid Cap Value Portfolio (Class B)

Small Cap Blend

- ____ % Goldman Sachs VIT Structured Small Cap Equity Fund (Class S)
- ____ % Oppenheimer Main St Small Cap/VA (Service Shares)

Small Cap Growth

- ____ % AllianceBernstein VPS Small Cap Growth Portfolio (Class B)
- ____ % Pioneer Growth Opportunities VCT Portfolio (Class II)

Small Cap Value

- ____ % FT VIP Franklin Small Cap Value Securities Fund (Class 2)

Fixed Income

- ____ % AllianceBernstein VPS Intermediate Bond Portfolio (Class B)
- ____ % Goldman Sachs VIT Core Fixed Income Fund (Class S)
- ____ % Goldman Sachs VIT Govt Income Fund (Class S)
- ____ % Goldman Sachs VIT Money Market Fund (Class S) *
- ____ % Oppenheimer Strategic Bond Fund/VA (Service Shares)

Fixed Account

____ %

FOR QUALIFIED PLANS ONLY

Large Cap Blend

- ____ % Goldman Sachs Balanced Strategy Portfolio (Class A) *
- ____ % Goldman Sachs Equity Growth Strategy Portfolio (Class A)
- ____ % Goldman Sachs Growth & Income Strategy Portfolio (Class A) *
- ____ % Goldman Sachs Growth Strategy Portfolio (Class A) *

Large Cap Growth

- ____ % Goldman Sachs Intl Real Estate Securities Fund (Class A)

Mid Cap Growth

- ____ % Goldman Sachs Real Estate Securities Fund (Class A)
- ____ % Goldman Sachs Tollkeeper Fund (Class A)

13. Optional Riders (this section must be completed)

A. **Optional Death Benefits** I/We elect the following optional rider and understand there is an additional charge.

Step-Up Rider

(AVAILABLE AT THE TIME OF APPLICATION AND CANNOT BE CANCELLED ONCE ELECTED. AGE RESTRICTIONS MAY APPLY)

B. **Other Optional Riders** I/We elect the following optional rider and I/We understand there is an additional charge for this rider.

No Withdrawal Charge Rider

(AVAILABLE AT THE TIME OF APPLICATION AND CANNOT BE CANCELLED ONCE ELECTED. AGE RESTRICTIONS MAY APPLY)

14. Consent to Electronic Delivery

I agree to have prospectus updates, semi-annual reports, proxy solicitation material and other applicable regulatory documents delivered to me via electronic delivery. I understand that at any time I may change my mind and choose to receive paper copies of applicable regulatory documents by calling [1-800-457-9047].

If you do not check the box above, you will receive paper copies of all required regulatory documents. You will not receive electronic copies in addition to paper copies provided.

15. Telephone Authorization

By signing this application, I authorize and direct Commonwealth Annuity and Life Insurance Company (Commonwealth Annuity) to accept telephone instructions from the owner, active insurance representative, and the individual listed below to effect transfers and/or future purchase payment allocation changes. I agree to hold harmless and indemnify Commonwealth Annuity and its affiliates and its directors, employees and representatives against any claim arising from such action. I am aware that I may deny the active insurance representative authorization to make telephone transfers by checking the designated box below.

Name of additional authorized individual (if any) _____

I do not authorize the active insurance representative to make telephone transfers on my behalf.

I do not accept this telephone transfer privilege.

16. Remarks

17. Warnings, Notices and Statements

Arkansas, Colorado, District of Columbia, Kentucky, Louisiana, Maine, New Mexico, Ohio, Oklahoma, Pennsylvania and Tennessee Fraud Warning - Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Florida Fraud Warning - Any person who knowingly and with intent to injure, defraud, or deceive any insurer, files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Maryland Fraud Warning: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Massachusetts Fraud 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 is guilty of a crime and may be subject to fines and confinement in prison.

Michigan Fraud Warning - Any person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer, as determined by a court of competent jurisdiction, is guilty of a crime.

New Jersey Fraud Warning - Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Washington Fraud Warning - It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Amounts received under a 403(b) annuity may be distributed only when the employee a) reaches 59 1/2; b) severs employment; c) dies; d) becomes disabled; or e) is eligible for hardship.

By signing below, you are indicating that you have received an IRA disclosure statement (if applicable).

RECEIPT IS ACKNOWLEDGED OF THE CURRENT PROSPECTUSES FOR THIS VARIABLE ANNUITY AND THE UNDERLYING FUNDS. PAYMENTS AND VALUES PROVIDED BY THE CONTRACT, WHEN BASED ON INVESTMENT EXPERIENCE OF THE SUBACCOUNTS, ARE VARIABLE AND ARE NOT GUARANTEED AS TO DOLLAR AMOUNT. THEY ARE NOT GUARANTEED BY THE COMPANY, ANY OTHER INSURANCE COMPANY, THE US GOVERNMENT OR ANY STATE GOVERNMENT, AND ARE NOT INSURED BY THE FDIC, THE FEDERAL RESERVE BOARD OR ANY OTHER FEDERAL OR STATE AGENCY. ALL RISK IS BORNE BY THE OWNER FOR THOSE FUNDS ASSIGNED TO A SEPARATE ACCOUNT.

THE INITIAL INTEREST RATE IS GUARANTEED ONLY FOR A LIMITED PERIOD OF TIME.

Please check here if you want a Statement of Additional Information.

I agree that the above statements are true and correct to the best of my knowledge and belief and are made as a basis for my application.

I acknowledge the receipt of the Warnings, Notices And Statements in Section 17.

18. Signatures

Application Made at (City):		State:	Date:
Signature of Owner/Participant:		Signature of Joint Owner: (if applicable)	
Signature of Plan Owner:(For 401, 403(b) and 457(b) plans, if applicable)			

19. Producer Information

Does the owner have any existing annuity contracts or life insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete the required replacement form.			
To the best of your knowledge, will any existing life insurance or annuity contract be replaced or will values from another insurance policy or annuity contract (through loans, surrenders or otherwise) be used to pay purchase payments for the annuity contract applied for? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please indicate annuity or life insurance below, enter the plan type code and submit any required replacement forms.			
<input type="checkbox"/> Life Insurance . <input type="checkbox"/> Annuity Plan Type Code _____			
(If more than one company use Remarks section on page 5.)			
I certify that the information provided by the owner has been accurately recorded; current prospectuses were delivered; no written sales materials other than those approved by the Principal Office were used; and I have reasonable grounds to believe the purchase of the contract applied for is suitable for the owner. Suitability information has been obtained and filed with the broker/dealer.			
Signature of Producer 1:		E-mail Address:	Insurance Producer #
Printed Name of Producer 1:		Phone #:	Date: Commission Option _____ Producer 1 _____ % Producer 2 _____ %
Signature of Producer 2 (if applicable):		E-mail Address:	Insurance Producer #
Printed Name of Producer 2 (if applicable):		Phone #:	Date:
Printed Name of Broker/Dealer:		Broker/Dealer Principal Approval Not Required:	
Branch Office Street Address for Contract Delivery			
Florida License ID # for Contracts Sold in Florida			



Commonwealth Annuity and Life Insurance Company
 Service Center:
 [P.O. Box 758550, Topeka, KS 66675-8550]
 Phone: [800-533-7881]

VARIABLE ANNUITY APPLICATION

Product: Preferred Plus					
Plan Type:	<input type="checkbox"/> Non-Qualified	<input type="checkbox"/> 408(b)	<input type="checkbox"/> IRA (Traditional)	<input type="checkbox"/> 401(k)	<input type="checkbox"/> ERISA
	<input type="checkbox"/> 403(b)	<input type="checkbox"/> Roth IRA	<input type="checkbox"/> Simple IRA	<input type="checkbox"/> SEP-IRA	<input type="checkbox"/> NON-ERISA
	<input type="checkbox"/> 457(b) gov	<input type="checkbox"/> 457(b) non-gov	<input type="checkbox"/> Other _____	B/D Client Acct. # (if applicable) _____	

1. Employer Information (For 401, 403(b), Simple IRA, SEP-IRA and 457(b) plans)

Employer Name:	Date of Employment: ___/___/___
If this application is for an existing employer sponsored plan, please supply: Plan #: _____ Bill #: _____	
If this application is for a new employer sponsored plan, please complete form # [CWA-EMPR-07]	

2. Owner (If the owner is a Trust, please submit the first and last page of the Trust document and complete form # [CWA-TRCERT-07])

Name:	Birth/Trust Date (mo/day/yr) ___/___/___	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Street Address*:	City, State, Zip	SSN/Tax I.D. #:
Daytime Phone:	Mother's Maiden Name:	
Driver's License # or State ID # or Other Government Issue ID # and Expiration Date:		
E-mail:	Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, country of Origin:	

3. Joint Owner (Non-Qualified contracts only)

Name:	Birth/Trust Date (mo/day/yr) ___/___/___	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Street Address*:	City, State, Zip	SSN/Tax I.D. #:
Daytime Phone:	Mother's Maiden Name:	
Driver's License # or State ID # or Other Government Issue ID # and Expiration Date:		
E-mail:	Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, country of Origin:	

4. Annuitant (If different from owner)

Name:	Birth/Trust Date (mo/day/yr) ___/___/___	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Street Address*:	City, State, Zip	SSN/Tax I.D. #:
Daytime Phone:	E-mail:	

5. Joint Annuitant (Non-Qualified contracts only)

Name:	Birth/Trust Date (mo/day/yr) ___/___/___	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Street Address*:	City, State, Zip	SSN/Tax I.D. #:
Daytime Phone:	E-mail:	

PAYMENTS AND VALUES PROVIDED BY THE CONTRACT, WHEN BASED ON INVESTMENT EXPERIENCE OF THE SUBACCOUNTS, ARE VARIABLE AND ARE NOT GUARANTEED AS TO DOLLAR AMOUNT. THEY ARE NOT GUARANTEED BY THE COMPANY, ANY OTHER INSURANCE COMPANY, THE US GOVERNMENT OR ANY STATE GOVERNMENT, AND ARE NOT INSURED BY THE FDIC, THE FEDERAL RESERVE BOARD OR ANY OTHER FEDERAL OR STATE AGENCY. ALL RISK IS BORNE BY THE OWNER FOR THOSE FUNDS ASSIGNED TO A SEPARATE ACCOUNT.

THE INITIAL INTEREST RATE IS GUARANTEED ONLY FOR A LIMITED PERIOD OF TIME.

*REQUIRED: If mailing address is a P. O. Box, please provide street address in Remarks section on page 5.

6. Beneficiary

Unless you specify otherwise, payments will be shared equally by all primary beneficiaries who survive or, if none, by all contingent beneficiaries who survive. If additional space is needed, please use the Remarks section on page 6 or include a signed attachment to this application. If the beneficiary is a trust, corporation or partnership please provide the entity's name, address and date established

If you named joint owners, do not select a primary beneficiary below since the surviving joint owner is automatically the beneficiary of any death benefits resulting from the death of a joint owner.

Primary Name:	Relationship:	Birth Date ___/___/___	%
<input type="checkbox"/> Primary Name: <input type="checkbox"/> Contingent	Relationship:	Birth Date ___/___/___	%
<input type="checkbox"/> Primary Name: <input type="checkbox"/> Contingent	Relationship:	Birth Date ___/___/___	%
<input type="checkbox"/> Primary Name: <input type="checkbox"/> Contingent	Relationship:	Birth Date ___/___/___	%
<input type="checkbox"/> Primary Name: <input type="checkbox"/> Contingent	Relationship:	Birth Date ___/___/___	%
<input type="checkbox"/> Primary Name: <input type="checkbox"/> Contingent	Relationship:	Birth Date ___/___/___	%

7. Replacement

Do you have any existing annuity contracts or life insurance? Yes No

Will any existing life insurance or annuity contract be replaced or will values from another insurance policy or annuity contract (through loans, surrenders or otherwise) be used to pay purchase payments for the annuity contract applied for? Yes No

If yes, please indicate company name and policy number. Company Name: _____ Policy # _____

(If more than one company use Remarks section on page 5.)

8. Annuity Date

(mo/day/yr) ___/___/___ (Not to be earlier or later than the dates permitted under the contract.)

9. Purchase Payment(s) (Make checks payable to Commonwealth Annuity and Life Insurance Company)

A. Initial Payment \$: Check Wire Bank Originating Wire _____

B. Expected Transfer Amount: Distributor Trade/Transaction ID (if applicable):

Non-Qualified:	<input type="checkbox"/> 1035 Tax-Free Exchange	<input type="checkbox"/> Direct Investment (check/wire)	<input type="checkbox"/> CD/Mutual Fund Transfer
403(b) Qualified:	<input type="checkbox"/> Direct Transfer	<input type="checkbox"/> Direct Rollover	<input type="checkbox"/> Rollover
IRA/Roth:	<input type="checkbox"/> Direct Transfer <input type="checkbox"/> Rollover	<input type="checkbox"/> Regular Contribution (_____ Contribution Tax Year) <input type="checkbox"/> Direct Rollover	

C. Payroll Deduction:

	Purchase Payment Amount	# of Purchase Payments	Annual Purchase Payment	Purchase Payment Frequency
Employee		X =	\$	
Employer		X =	\$	
Total:			\$	

Please attach a voided check. (voided withdrawal slip may be used with savings accounts).

D. Pre-Authorized checking (Systematic Accumulations)
 I authorize automatic deductions of \$ _____ from my bank account to be applied to this contract at. A \$100 minimum applies.

Frequency: Every 1 3 6 12 Months
 Beginning: ___/___/___ (excluding 29th, 30th, 31st)

10. Purchase Payment Allocation Allocations must total 100%. Maximum of 18 subaccounts may be selected.

Large Cap Blend

- ___ % AIM V.I. Core Equity Fund (Series II)
- ___ % FT VIP Franklin Mutual Global Discovery Securities Fund (Class 2)
- ___ % Goldman Sachs VIT Equity Index Fund (Class S)
- ___ % Goldman Sachs VIT Strategic Intl Equity Fund (Class S)
- ___ % Goldman Sachs VIT Structured U.S. Equity Fund (Class S)
- ___ % Oppenheimer Balanced/VA (Service Shares)

Large Cap Growth

- ___ % AIM V.I. Leisure Fund (Series II)
- ___ % Goldman Sachs VIT Capital Growth Fund (Class S)
- ___ % Janus Aspen Forty Portfolio (Service Shares)
- ___ % Oppenheimer Global Securities Fund/VA (Service Shares)
- ___ % Pioneer Emerging Markets VCT Portfolio (Class II)

Large Cap Value

- ___ % AllianceBernstein VPS International Value Portfolio (Class B)
- ___ % FT VIP Franklin Income Securities Fund (Class 2)
- ___ % FT VIP Franklin Mutual Shares Securities Fund (Class 2)
- ___ % FT VIP Templeton Global Asset Allocation Fund (Class 2)
- ___ % FT VIP Templeton Growth Securities Fund (Class 2)
- ___ % Goldman Sachs VIT Growth and Income Fund (Class S)
- ___ % Pioneer Cullen Value VCT Portfolio (Class II)

Mid Cap Blend

- ___ % Janus Aspen Perkins Midcap Value Portfolio (Service Shares)
- ___ % Pioneer Mid Cap Value VCT Portfolio (Class II)

Mid Cap Growth

- ___ % Goldman Sachs VIT Growth Opportunities Fund (Class S)
- ___ % Janus Aspen Series Enterprise Portfolio (Service Shares)

Mid Cap Value

- ___ % AllianceBernstein VPS Small/Mid Cap Value Portfolio (Class B)

Small Cap Blend

- ___ % Goldman Sachs VIT Structured Small Cap Equity Fund (Class S)
- ___ % Oppenheimer Main St Small Cap/VA (Service Shares)

Small Cap Growth

- ___ % AllianceBernstein VPS Small Cap Growth Portfolio (Class B)
- ___ % Pioneer Growth Opportunities VCT Portfolio (Class II)

Small Cap Value

- ___ % FT VIP Franklin Small Cap Value Securities Fund (Class 2)

Fixed Income

- ___ % AllianceBernstein VPS Intermediate Bond Portfolio (Class B)
- ___ % Goldman Sachs VIT Core Fixed Income Fund (Class S)
- ___ % Goldman Sachs VIT Govt Income Fund (Class S)
- ___ % Goldman Sachs VIT Money Market Fund (Class S) *
- ___ % Oppenheimer Strategic Bond Fund/VA (Service Shares)

Fixed Account

- ___ %

FOR QUALIFIED PLANS ONLY

Large Cap Blend

- ___ % Goldman Sachs Balanced Strategy Portfolio (Class A) *
- ___ % Goldman Sachs Equity Growth Strategy Portfolio (Class A)
- ___ % Goldman Sachs Growth & Income Strategy Portfolio (Class A) *
- ___ % Goldman Sachs Growth Strategy Portfolio (Class A) *

Large Cap Growth

- ___ % Goldman Sachs Intl Real Estate Securities Fund (Class A)

Mid Cap Growth

- ___ % Goldman Sachs Real Estate Securities Fund (Class A)
- ___ % Goldman Sachs Tollkeeper Fund (Class A)

11. Automatic Asset Rebalancing (Not available concurrently with Dollar Cost Averaging)

I elect Automatic Asset Rebalancing of all subaccounts.

Frequency: Every 1 3 6 12 months

Beginning: ___/___/___ (excluding 29th, 30th, 31st)

Unless otherwise specified, rebalancing to the allocation percentages selected in Section 10 of this application will occur each period on the same day as the contract was issued. Note that the Fixed Account is not included in the Automatic Asset Balancing Program.

12. Dollar Cost Averaging (Not available with Automatic Asset Rebalancing).

Please transfer \$ _____ (\$100 minimum) from _____ (enter name of subaccount)

Frequency: Every . 1 3 6 12 months Enhanced Dollar Cost Averaging Beginning: ____/____/____

Unless otherwise specified, Dollar Cost Averaging will occur each period on the date the contract is issued. (excluding 29th, 30th, 31st)

Transfer To (Allocations must total 100%)

Large Cap Blend

- ____ % AIM V.I. Core Equity Fund (Series II)
- ____ % FT VIP Franklin Mutual Global Discovery Securities Fund (Class 2)
- ____ % Goldman Sachs VIT Equity Index Fund (Class S)
- ____ % Goldman Sachs VIT Strategic Intl Equity Fund (Class S)
- ____ % Goldman Sachs VIT Structured U.S. Equity Fund (Class S)
- ____ % Oppenheimer Balanced/VA (Service Shares)

Large Cap Growth

- ____ % AIM V.I. Leisure Fund (Series II)
- ____ % Goldman Sachs VIT Capital Growth Fund (Class S)
- ____ % Janus Aspen Forty Portfolio (Service Shares)
- ____ % Oppenheimer Global Securities Fund/VA (Service Shares)
- ____ % Pioneer Emerging Markets VCT Portfolio (Class II)

Large Cap Value

- ____ % AllianceBernstein VPS International Value Portfolio (Class B)
- ____ % FT VIP Franklin Income Securities Fund (Class 2)
- ____ % FT VIP Franklin Mutual Shares Securities Fund (Class 2)
- ____ % FT VIP Templeton Global Asset Allocation Fund (Class 2)
- ____ % FT VIP Templeton Growth Securities Fund (Class 2)
- ____ % Goldman Sachs VIT Growth and Income Fund (Class S)
- ____ % Pioneer Cullen Value VCT Portfolio (Class II)

Mid Cap Blend

- ____ % Janus Aspen Perkins Midcap Value Portfolio (Service Shares)
- ____ % Pioneer Mid Cap Value VCT Portfolio (Class II)

Mid Cap Growth

- ____ % Goldman Sachs VIT Growth Opportunities Fund (Class S)
- ____ % Janus Aspen Series Enterprise Portfolio (Service Shares)

Mid Cap Value

- ____ % AllianceBernstein VPS Small/Mid Cap Value Portfolio (Class B)

Small Cap Blend

- ____ % Goldman Sachs VIT Structured Small Cap Equity Fund (Class S)
- ____ % Oppenheimer Main St Small Cap/VA (Service Shares)

Small Cap Growth

- ____ % AllianceBernstein VPS Small Cap Growth Portfolio (Class B)
- ____ % Pioneer Growth Opportunities VCT Portfolio (Class II)

Small Cap Value

- ____ % FT VIP Franklin Small Cap Value Securities Fund (Class 2)

Fixed Income

- ____ % AllianceBernstein VPS Intermediate Bond Portfolio (Class B)
- ____ % Goldman Sachs VIT Core Fixed Income Fund (Class S)
- ____ % Goldman Sachs VIT Govt Income Fund (Class S)
- ____ % Goldman Sachs VIT Money Market Fund (Class S) *
- ____ % Oppenheimer Strategic Bond Fund/VA (Service Shares)

Fixed Account

- ____ %

FOR QUALIFIED PLANS ONLY

Large Cap Blend

- ____ % Goldman Sachs Balanced Strategy Portfolio (Class A) *
- ____ % Goldman Sachs Equity Growth Strategy Portfolio (Class A)
- ____ % Goldman Sachs Growth & Income Strategy Portfolio (Class A) *
- ____ % Goldman Sachs Growth Strategy Portfolio (Class A) *

Large Cap Growth

- ____ % Goldman Sachs Intl Real Estate Securities Fund (Class A)

Mid Cap Growth

- ____ % Goldman Sachs Real Estate Securities Fund (Class A)
- ____ % Goldman Sachs Tollkeeper Fund (Class A)

13. Optional Riders (this section must be completed)

A. **Optional Death Benefits** I/We elect the following optional rider and understand there is an additional charge.

Step-Up Rider

(AVAILABLE AT THE TIME OF APPLICATION AND CANNOT BE CANCELLED ONCE ELECTED. AGE RESTRICTIONS MAY APPLY)

14. Consent to Electronic Delivery

I agree to have prospectus updates, semi-annual reports, proxy solicitation material and other applicable regulatory documents delivered to me via electronic delivery. I understand that at any time I may change my mind and choose to receive paper copies of applicable regulatory documents by calling [1-800-457-9047].

If you do not check the box above, you will receive paper copies of all required regulatory documents. You will not receive electronic copies in addition to paper copies provided.

15. Telephone Authorization

By signing this application, I authorize and direct Commonwealth Annuity and Life Insurance Company (Commonwealth Annuity) to accept telephone instructions from the owner, active insurance representative, and the individual listed below to effect transfers and/or future purchase payment allocation changes. I agree to hold harmless and indemnify Commonwealth Annuity and its affiliates and its directors, employees and representatives against any claim arising from such action. I am aware that I may deny the active insurance representative authorization to make telephone transfers by checking the designated box below.

Name of additional authorized individual (if any) _____

I do not authorize the active insurance representative to make telephone transfers on my behalf.

I do not accept this telephone transfer privilege.

16. Remarks

17. Warnings, Notices and Statements

Arkansas, Colorado, District of Columbia, Kentucky, Louisiana, Maine, New Mexico, Ohio, Oklahoma, Pennsylvania and Tennessee Fraud Warning - Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Florida Fraud Warning - Any person who knowingly and with intent to injure, defraud, or deceive any insurer, files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Maryland Fraud Warning: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Massachusetts Fraud 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 is guilty of a crime and may be subject to fines and confinement in prison.

Michigan Fraud Warning - Any person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer, as determined by a court of competent jurisdiction, is guilty of a crime.

New Jersey Fraud Warning - Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Washington Fraud Warning - It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Amounts received under a 403(b) annuity may be distributed only when the employee a) reaches 59 1/2; b) severs employment; c) dies; d) becomes disabled; or e) is eligible for hardship.

By signing below, you are indicating that you have received an IRA disclosure statement (if applicable).

RECEIPT IS ACKNOWLEDGED OF THE CURRENT PROSPECTUSES FOR THIS VARIABLE ANNUITY AND THE UNDERLYING FUNDS. PAYMENTS AND VALUES PROVIDED BY THE CONTRACT, WHEN BASED ON INVESTMENT EXPERIENCE OF THE SUBACCOUNTS, ARE VARIABLE AND ARE NOT GUARANTEED AS TO DOLLAR AMOUNT. THEY ARE NOT GUARANTEED BY THE COMPANY, ANY OTHER INSURANCE COMPANY, THE US GOVERNMENT OR ANY STATE GOVERNMENT, AND ARE NOT INSURED BY THE FDIC, THE FEDERAL RESERVE BOARD OR ANY OTHER FEDERAL OR STATE AGENCY. ALL RISK IS BORNE BY THE OWNER FOR THOSE FUNDS ASSIGNED TO A SEPARATE ACCOUNT.

THE INITIAL INTEREST RATE IS GUARANTEED ONLY FOR A LIMITED PERIOD OF TIME.

Please check here if you want a Statement of Additional Information.

I agree that the above statements are true and correct to the best of my knowledge and belief and are made as a basis for my application.

I acknowledge the receipt of the Warnings, Notices And Statements in Section 17.

18. Signatures

Application Made at (City):	State:	Date:
Signature of Owner/Participant:	Signature of Joint Owner: (if applicable)	
Signature of Plan Owner: (For 401, 403(b) and 457(b) plans, if applicable)		

19. Producer Information

Does the owner have any existing annuity contracts or life insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete the required replacement form.			
To the best of your knowledge, will any existing life insurance or annuity contract be replaced or will values from another insurance policy or annuity contract (through loans, surrenders or otherwise) be used to pay purchase payments for the annuity contract applied for? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please indicate annuity or life insurance below, enter the plan type code and submit any required replacement forms.			
<input type="checkbox"/> Life Insurance . <input type="checkbox"/> Annuity Plan Type Code _____			
(If more than one company use Remarks section on page 5.)			
I certify that the information provided by the owner has been accurately recorded; current prospectuses were delivered; no written sales materials other than those approved by the Principal Office were used; and I have reasonable grounds to believe the purchase of the contract applied for is suitable for the owner. Suitability information has been obtained and filed with the broker/dealer.			
Signature of Producer 1:	E-mail Address:	Insurance Producer #	
Printed Name of Producer 1:	Phone #:	Date:	Commission Option _____ Producer 1 _____ % Producer 2 _____ %
Signature of Producer 2 (if applicable):	E-mail Address:	Insurance Producer #	
Printed Name of Producer 2 (if applicable):	Phone #:	Date:	
Printed Name of Broker/Dealer:		Broker/Dealer Principal Approval Not Required:	
Branch Office Street Address for Contract Delivery			
Florida License ID # for Contracts Sold in Florida			

SERFF Tracking Number: MLLM-126160557 State: Arkansas
 Filing Company: Commonwealth Annuity and Life Insurance Company State Tracking Number: 42457
 Company Tracking Number: 0146ALM01-26
 TOI: A02.11 Individual Annuities- Deferred Non- Variable and Variable Sub-TOI: A02.11.002 Flexible Premium
 Product Name: Variable Annuity Applications
 Project Name/Number: Commonwealth Annuity and Life Insurance Company/0146ALM01-26

Supporting Document Schedules

	Item Status:	Status Date:
Bypassed - Item: Flesch Certification		
Bypass Reason: The forms provided with this submission are regulated by Federal law; therefore, we request that this requirement be waived.		

Comments:

	Item Status:	Status Date:
Satisfied - Item: Application		
Comments: The applications associated with this submission have been provided under the Forms Schedule tab.		

	Item Status:	Status Date:
Satisfied - Item: Authorization Letter		
Comments: Authorization Letter		
Attachment: Authorization Letter.pdf		

	Item Status:	Status Date:
Satisfied - Item: Statement of Variability		
Comments: Statement of Variability		
Attachment: Statement of Variability.pdf		

	Item Status:	Status Date:

SERFF Tracking Number: MLLM-126160557 State: Arkansas
Filing Company: Commonwealth Annuity and Life Insurance Company State Tracking Number: 42457
Company Tracking Number: 0146ALM01-26
TOI: A02.11 Individual Annuities- Deferred Non- Variable and Variable Sub-TOI: A02.11.002 Flexible Premium
Product Name: Variable Annuity Applications
Project Name/Number: Commonwealth Annuity and Life Insurance Company/0146ALM01-26

Date:

Satisfied - Item: Compliance Certification

Comments:

Compliance Certification

Attachment:

Arkansas Compliance Certification.pdf

Item Status:

Status

Date:

Satisfied - Item: Regulation 6 Certification for Variable Products

Comments:

Regulation 6 Certification for Variable Products

Attachment:

AR Regulation 6 Certification for Variable Products.pdf

COMMONWEALTH

Commonwealth Annuity and
Life Insurance Company
A Goldman Sachs Company

132 Turnpike Road, Suite 210
Southborough, MA 01772

Tel: (508) 460-2400

Fax: (508) 460-2401

www.commonwealthannuity.com

April 15, 2009

Jeff Kulesus, FLMI
Compliance Consultant
Milliman, Inc.
Two Conway Park
150 Field Drive, Suite 180
Lake Forest, Illinois 60045

RE: State Insurance Filing

Dear Mr. Kulesus:

This letter will serve as authorization from Commonwealth Annuity and Life Insurance Company for employees of Milliman, Inc. to file policy forms and other related material, and respond to inquiries on our behalf with all state insurance departments and jurisdictions where Commonwealth Annuity and Life Insurance Company is authorized to do business.

Sincerely,



Michael A. Reardon
Commonwealth Annuity and Life Insurance Company
Director, President, and Chief Executive Officer
Tel: 508-460-2423
Fax: 212.493.0324
mreardon@cwannuity.com

COMMONWEALTH ANNUITY AND LIFE INSURANCE COMPANY
STATEMENT OF VARIABILITY
VARIABLE ANNUITY APPLICATIONS

Form AD-405 and PP-406 Variable Annuity Applications

- Page 1:
 - Company logo – The Company logo has been bracketed to allow change of the logo without refiling the forms at some future date. The Company acknowledges that such change will not include a Company name change unless such name change is first filed with and approved by the Department.
 - Service Center Address and/or Telephone Number – Will change if the Service Center address and/or telephone number changes.
 - Product: – May vary by marketing name and product availability.
 - Form #s CWA-EMPR-07 and CWA-TRCERT-07– May vary if the Company administrative forms change at some future date.
- Page 3, Section 10. -- Purchase Payment Allocations – Fund options may vary according to fund availability.
- Page 4, Section 12, Dollar Cost Averaging -- Purchase Payment Allocations – Fund options may vary according to fund availability.
- Page 4, Section 13. Optional Riders – Options may change according to availability of state approved riders. Should changes in optional rider availability occur, such changes shall be in a manner that is uniform and nondiscriminatory for all applicants on a go-forward basis.
- Page 4, Section 14. Consent to Electronic Delivery – Telephone Number will change if the Telephone Number changes.
- Page 5, Section 17, Fraud Notices – Specific fraud statements may be revised based upon revised state law or regulation regarding such statements. Additional state fraud statements may be added upon newly enacted statute or newly adopted regulation in a given state that requires such on the Variable Annuity Application form.

Arkansas Compliance Certification

Company: Commonwealth Annuity and Life Insurance Company

Forms: AD-405, Variable Annuity Application
PP-406, Variable Annuity Application

On behalf of Commonwealth Annuity and Life Insurance Company (Company) I certify the following requirements have been reviewed and the forms and Company practices are in compliance with the following.

1. Ark. Code Ann. 23-79-138 Information to accompany policies

An information notice including; (1) the complete address and telephone number of the policyholder's service office of the company, (2) the name, address, and telephone number of the agent soliciting the policy, if applicable, and (3) the address and telephone number of the Arkansas State Insurance Department is provided to the policy owner.

2. Regulation 49 Life and Disability Guaranty Fund Notices

The Company provides a Life and Health Guaranty Notice to each policy owner.

3. Regulation 19 Unfair Sex Discrimination in the Sale of Insurance

The Company certifies it meets the provisions of this rule as well as all applicable requirements of the Department.



Signature

May 20, 2009
Date

Scott D. Silverman, VP and General Counsel
Name/Title

Commonwealth Annuity and Life Insurance Company

Regulation 6 Certification

To: Insurance Department in the State of Arkansas
Re: AD-405 Variable Annuity Application
PP-406 Variable Annuity Application

The company has reviewed the enclosed form(s) and certifies that, to the best of its knowledge and belief, each form submitted is consistent and complies with the requirements of Regulation 6.



Scott D. Silverman
Vice President and General Counsel

Date: May 20, 2009

SERFF Tracking Number: MLLM-126160557 State: Arkansas
 Filing Company: Commonwealth Annuity and Life Insurance State Tracking Number: 42457
 Company
 Company Tracking Number: 0146ALM01-26
 TOI: A02.11 Individual Annuities- Deferred Non- Sub-TOI: A02.11.002 Flexible Premium
 Variable and Variable
 Product Name: Variable Annuity Applications
 Project Name/Number: Commonwealth Annuity and Life Insurance Company/0146ALM01-26

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
05/21/2009	Form	Variable Annuity Application	05/22/2009	AD-405 Variable Annuity Application.pdf (Superceded)
05/21/2009	Form	Variable Annuity Application	05/22/2009	PP-406 Variable Annuity Application.pdf (Superceded)



Commonwealth Annuity and Life Insurance Company

Service Center:

[P.O. Box 758550, Topeka, KS 66675-8550]

Phone: [800-533-7881]

VARIABLE ANNUITY APPLICATION

Product: Advantage IV					
Plan Type:	<input type="checkbox"/> Non-Qualified	<input type="checkbox"/> 408(b)	<input type="checkbox"/> IRA (Traditional)	<input type="checkbox"/> 401(k)	<input type="checkbox"/> ERISA
	<input type="checkbox"/> 403(b)	<input type="checkbox"/> Roth IRA	<input type="checkbox"/> Simple IRA	<input type="checkbox"/> SEP-IRA	<input type="checkbox"/> NON-ERISA
	<input type="checkbox"/> 457(b) gov	<input type="checkbox"/> 457(b) non-gov	<input type="checkbox"/> Other _____	B/D Client Acct. # (if applicable) _____	

1. Employer Information (For 401, 403(b), Simple IRA, SEP-IRA and 457(b) plans)

Employer Name:	Date of Employment: ___/___/___
If this application is for an existing employer sponsored plan, please supply: Plan #: _____ Bill #: _____	
If this application is for a new employer sponsored plan, please complete form # [CWA-EMPR-07]	

2. Owner (If the owner is a Trust, please submit the first and last page of the Trust document and complete form # [CWA-TRCERT-07])

Name:	Birth/Trust Date (mo/day/yr) ___/___/___	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Street Address*:	City, State, Zip	SSN/Tax I.D. #:
Daytime Phone:	Mother's Maiden Name:	
Driver's License # or State ID # or Other Government Issue ID # and Expiration Date:		
E-mail:	Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, country of Origin:	

3. Joint Owner (Non-Qualified contracts only)

Name:	Birth/Trust Date (mo/day/yr) ___/___/___	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Street Address*:	City, State, Zip	SSN/Tax I.D. #:
Daytime Phone:	Mother's Maiden Name:	
Driver's License # or State ID # or Other Government Issue ID # and Expiration Date:		
E-mail:	Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, country of Origin:	

4. Annuitant (If different from owner)

Name:	Birth/Trust Date (mo/day/yr) ___/___/___	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Street Address*:	City, State, Zip	SSN/Tax I.D. #:
Daytime Phone:	E-mail:	

5. Joint Annuitant (Non-Qualified contracts only)

Name:	Birth/Trust Date (mo/day/yr) ___/___/___	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Street Address*:	City, State, Zip	SSN/Tax I.D. #:
Daytime Phone:	E-mail:	

PAYMENTS AND VALUES PROVIDED BY THE CONTRACT, WHEN BASED ON INVESTMENT EXPERIENCE OF THE SUBACCOUNTS, ARE VARIABLE AND ARE NOT GUARANTEED AS TO DOLLAR AMOUNT. THEY ARE NOT GUARANTEED BY THE COMPANY, ANY OTHER INSURANCE COMPANY, THE US GOVERNMENT OR ANY STATE GOVERNMENT, AND ARE NOT INSURED BY THE FDIC, THE FEDERAL RESERVE BOARD OR ANY OTHER FEDERAL OR STATE AGENCY. ALL RISK IS BORNE BY THE OWNER FOR THOSE FUNDS ASSIGNED TO A SEPARATE ACCOUNT.

THE INITIAL INTEREST RATE IS GUARANTEED ONLY FOR A LIMITED PERIOD OF TIME.

*REQUIRED: If mailing address is a P. O. Box, please provide street address in Remarks section on page 6

6. Beneficiary

Unless you specify otherwise, payments will be shared equally by all primary beneficiaries who survive or, if none, by all contingent beneficiaries who survive. If additional space is needed, please use the Remarks section on page 6 or include a signed attachment to this application. If the beneficiary is a trust, corporation or partnership please provide the entity's name, address and date established

If you named joint owners, do not select a primary beneficiary below since the surviving joint owner is automatically the beneficiary of any death benefits resulting from the death of a joint owner.

Primary Name:	Relationship:	Birth Date ___/___/___	%
<input type="checkbox"/> Primary Name: <input type="checkbox"/> Contingent	Relationship:	Birth Date ___/___/___	%
<input type="checkbox"/> Primary Name: <input type="checkbox"/> Contingent	Relationship:	Birth Date ___/___/___	%
<input type="checkbox"/> Primary Name: <input type="checkbox"/> Contingent	Relationship:	Birth Date ___/___/___	%
<input type="checkbox"/> Primary Name: <input type="checkbox"/> Contingent	Relationship:	Birth Date ___/___/___	%
<input type="checkbox"/> Primary Name: <input type="checkbox"/> Contingent	Relationship:	Birth Date ___/___/___	%

7. Replacement

Do you have any existing annuity contracts or life insurance? Yes No

Will any existing life insurance or annuity contract be replaced or will values from another insurance policy or annuity contract (through loans, surrenders or otherwise) be used to pay purchase payments for the annuity contract applied for? Yes No

If yes, please indicate company name and policy number. Company Name: _____ Policy # _____

(If more than one company use Remarks section on page 6.)

8. Annuity Date

(mo/day/yr) ___/___/___ (Not to be earlier or later than the dates permitted under the contract.)

9. Purchase Payment(s) (Make checks payable to Commonwealth Annuity and Life Insurance Company)

A. Initial Payment \$: _____ Check Wire Bank Originating Wire _____

B. Expected Transfer Amount: _____ Distributor Trade/Transaction ID (if applicable): _____

Non-Qualified: 1035 Tax-Free Exchange Direct Investment (check/wire) CD/Mutual Fund Transfer

403(b) Qualified: Direct Transfer Direct Rollover Rollover

IRA/Roth: Direct Transfer Regular Contribution (_____ Contribution Tax Year)
 Rollover Direct Rollover

C. Payroll Deduction:

	Purchase Payment Amount	# of Purchase Payments	Annual Purchase Payment	Purchase Payment Frequency
Employee		X =	\$	
Employer		X =	\$	
Total:			\$	

Please attach a voided check. (voided withdrawal slip may be used with savings accounts).

D. Pre-Authorized checking (Systematic Accumulations)
 I authorize automatic deductions of \$ _____ from my bank account to be applied to this contract at. A \$100 minimum applies.

Frequency: Every 1 3 6 12 Months
 Beginning: ___/___/___ (excluding 29th, 30th, 31st)

10. Purchase Payment Allocation Allocations must total 100%. Maximum of 18 subaccounts may be selected.

<p>Large Cap Blend</p> <p>___ % AIM V.I. Core Equity Fund (Series II)</p> <p>___ % FT VIP Franklin Mutual Global Discovery Securities Fund (Class 2)</p> <p>___ % Goldman Sachs VIT Equity Index Fund (Class S)</p> <p>___ % Goldman Sachs VIT Strategic Intl Equity Fund (Class S)</p> <p>___ % Goldman Sachs VIT Structured U.S. Equity Fund (Class S)</p> <p>___ % Oppenheimer Balanced/VA (Service Shares)</p> <p>Large Cap Growth</p> <p>___ % AIM V.I. Leisure Fund (Series II)</p> <p>___ % Goldman Sachs VIT Capital Growth Fund (Class S)</p> <p>___ % Janus Aspen Forty Portfolio (Service Shares)</p> <p>___ % Oppenheimer Global Securities Fund/VA (Service Shares)</p> <p>___ % Pioneer Emerging Markets VCT Portfolio (Class II)</p> <p>Large Cap Value</p> <p>___ % AllianceBernstein VPS International Value Portfolio (Class B)</p> <p>___ % FT VIP Franklin Income Securities Fund (Class 2)</p> <p>___ % FT VIP Franklin Mutual Shares Securities Fund (Class 2)</p> <p>___ % FT VIP Templeton Global Asset Allocation Fund (Class 2)</p> <p>___ % FT VIP Templeton Growth Securities Fund (Class 2)</p> <p>___ % Goldman Sachs VIT Growth and Income Fund (Class S)</p> <p>___ % Pioneer Cullen Value VCT Portfolio (Class II)</p> <p>Mid Cap Blend</p> <p>___ % Janus Aspen Perkins Midcap Value Portfolio (Service Shares)</p> <p>___ % Pioneer Mid Cap Value VCT Portfolio (Class II)</p> <p>Mid Cap Growth</p> <p>___ % Goldman Sachs VIT Growth Opportunities Fund (Class S)</p> <p>___ % Janus Aspen Series Enterprise Portfolio (Service Shares)</p> <p>Mid Cap Value</p> <p>___ % AllianceBernstein VPS Small/Mid Cap Value Portfolio (Class B)</p>	<p>Small Cap Blend</p> <p>___ % Goldman Sachs VIT Structured Small Cap Equity Fund (Class S)</p> <p>___ % Oppenheimer Main St Small Cap/VA (Service Shares)</p> <p>Small Cap Growth</p> <p>___ % AllianceBernstein VPS Small Cap Growth Portfolio (Class B)</p> <p>___ % Pioneer Growth Opportunities VCT Portfolio (Class II)</p> <p>Small Cap Value</p> <p>___ % FT VIP Franklin Small Cap Value Securities Fund (Class 2)</p> <p>Fixed Income</p> <p>___ % AllianceBernstein VPS Intermediate Bond Portfolio (Class B)</p> <p>___ % Goldman Sachs VIT Core Fixed Income Fund (Class S)</p> <p>___ % Goldman Sachs VIT Govt Income Fund (Class S)</p> <p>___ % Goldman Sachs VIT Money Market Fund (Class S) *</p> <p>___ % Oppenheimer Strategic Bond Fund/VA (Service Shares)</p> <p>Fixed Account</p> <p>___ %</p> <p>FOR QUALIFIED PLANS ONLY</p> <p>Large Cap Blend</p> <p>___ % Goldman Sachs Balanced Strategy Portfolio (Class A) *</p> <p>___ % Goldman Sachs Equity Growth Strategy Portfolio (Class A)</p> <p>___ % Goldman Sachs Growth & Income Strategy Portfolio (Class A) *</p> <p>___ % Goldman Sachs Growth Strategy Portfolio (Class A) *</p> <p>Large Cap Growth</p> <p>___ % Goldman Sachs Intl Real Estate Securities Fund (Class A)</p> <p>Mid Cap Growth</p> <p>___ % Goldman Sachs Real Estate Securities Fund (Class A)</p> <p>___ % Goldman Sachs Tollkeeper Fund (Class A)</p>
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11. Automatic Asset Rebalancing (Not available concurrently with Dollar Cost Averaging)

I elect Automatic Asset Rebalancing of all subaccounts. Frequency: Every 1 3 6 12 months

Beginning: ____/____/____ (excluding 29th, 30th, 31st)

Unless otherwise specified, rebalancing to the allocation percentages selected in Section 10 of this application will occur each period on the same day as the contract was issued. Note that the Fixed Account is not included in the Automatic Asset Balancing Program.

12. Dollar Cost Averaging (Not available with Automatic Asset Rebalancing).

Please transfer \$ _____ (\$100 minimum) from _____ (enter name of subaccount or Fixed Account)

Frequency: Every . 1 3 6 12 months Enhanced Dollar Cost Averaging Beginning: ____/____/____
 Unless otherwise specified, Dollar Cost Averaging will occur each period on the date the contract is issued. (excluding 29th, 30th, 31st)

Transfer To (Allocations must total 100%)

Large Cap Blend

- ____ % AIM V.I. Core Equity Fund (Series II)
- ____ % FT VIP Franklin Mutual Global Discovery Securities Fund (Class 2)
- ____ % Goldman Sachs VIT Equity Index Fund (Class S)
- ____ % Goldman Sachs VIT Strategic Intl Equity Fund (Class S)
- ____ % Goldman Sachs VIT Structured U.S. Equity Fund (Class S)
- ____ % Oppenheimer Balanced/VA (Service Shares)

Large Cap Growth

- ____ % AIM V.I. Leisure Fund (Series II)
- ____ % Goldman Sachs VIT Capital Growth Fund (Class S)
- ____ % Janus Aspen Forty Portfolio (Service Shares)
- ____ % Oppenheimer Global Securities Fund/VA (Service Shares)
- ____ % Pioneer Emerging Markets VCT Portfolio (Class II)

Large Cap Value

- ____ % AllianceBernstein VPS International Value Portfolio (Class B)
- ____ % FT VIP Franklin Income Securities Fund (Class 2)
- ____ % FT VIP Franklin Mutual Shares Securities Fund (Class 2)
- ____ % FT VIP Templeton Global Asset Allocation Fund (Class 2)
- ____ % FT VIP Templeton Growth Securities Fund (Class 2)
- ____ % Goldman Sachs VIT Growth and Income Fund (Class S)
- ____ % Pioneer Cullen Value VCT Portfolio (Class II)

Mid Cap Blend

- ____ % Janus Aspen Perkins Midcap Value Portfolio (Service Shares)
- ____ % Pioneer Mid Cap Value VCT Portfolio (Class II)

Mid Cap Growth

- ____ % Goldman Sachs VIT Growth Opportunities Fund (Class S)
- ____ % Janus Aspen Series Enterprise Portfolio (Service Shares)

Mid Cap Value

- ____ % AllianceBernstein VPS Small/Mid Cap Value Portfolio (Class B)

Small Cap Blend

- ____ % Goldman Sachs VIT Structured Small Cap Equity Fund (Class S)
- ____ % Oppenheimer Main St Small Cap/VA (Service Shares)

Small Cap Growth

- ____ % AllianceBernstein VPS Small Cap Growth Portfolio (Class B)
- ____ % Pioneer Growth Opportunities VCT Portfolio (Class II)

Small Cap Value

- ____ % FT VIP Franklin Small Cap Value Securities Fund (Class 2)

Fixed Income

- ____ % AllianceBernstein VPS Intermediate Bond Portfolio (Class B)
- ____ % Goldman Sachs VIT Core Fixed Income Fund (Class S)
- ____ % Goldman Sachs VIT Govt Income Fund (Class S)
- ____ % Goldman Sachs VIT Money Market Fund (Class S) *
- ____ % Oppenheimer Strategic Bond Fund/VA (Service Shares)

Fixed Account

____ %

FOR QUALIFIED PLANS ONLY

Large Cap Blend

- ____ % Goldman Sachs Balanced Strategy Portfolio (Class A) *
- ____ % Goldman Sachs Equity Growth Strategy Portfolio (Class A)
- ____ % Goldman Sachs Growth & Income Strategy Portfolio (Class A) *
- ____ % Goldman Sachs Growth Strategy Portfolio (Class A) *

Large Cap Growth

- ____ % Goldman Sachs Intl Real Estate Securities Fund (Class A)

Mid Cap Growth

- ____ % Goldman Sachs Real Estate Securities Fund (Class A)
- ____ % Goldman Sachs Tollkeeper Fund (Class A)

13. Optional Riders (this section must be completed)

A. **Optional Death Benefits** I/We elect the following optional rider and understand there is an additional charge.

Step-Up Rider

(AVAILABLE AT THE TIME OF APPLICATION AND CANNOT BE CANCELLED ONCE ELECTED. AGE RESTRICTIONS MAY APPLY)

B. **Other Optional Riders** I/We elect the following optional rider and I/We understand there is an additional charge for this rider.

No Withdrawal Charge Rider

(AVAILABLE AT THE TIME OF APPLICATION AND CANNOT BE CANCELLED ONCE ELECTED. AGE RESTRICTIONS MAY APPLY)

14. Consent to Electronic Delivery

I agree to have prospectus updates, semi-annual reports, proxy solicitation material and other applicable regulatory documents delivered to me via electronic delivery. I understand that at any time I may change my mind and choose to receive paper copies of applicable regulatory documents by calling [1-800-457-9047].

If you do not check the box above, you will receive paper copies of all required regulatory documents. You will not receive electronic copies in addition to paper copies provided.

15. Telephone Authorization

By signing this application, I authorize and direct Commonwealth Annuity and Life Insurance Company (Commonwealth Annuity) to accept telephone instructions from the owner, active insurance representative, and the individual listed below to effect transfers and/or future purchase payment allocation changes. I agree to hold harmless and indemnify Commonwealth Annuity and its affiliates and its directors, employees and representatives against any claim arising from such action. I am aware that I may deny the active insurance representative authorization to make telephone transfers by checking the designated box below.

Name of additional authorized individual (if any) _____

I do not authorize the active insurance representative to make telephone transfers on my behalf.

I do not accept this telephone transfer privilege.

16. Remarks

17. Warnings, Notices and Statements

Arkansas, Colorado, District of Columbia, Kentucky, Louisiana, Maine, New Mexico, Ohio, Oklahoma, Pennsylvania and Tennessee Fraud Warning - Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Florida Fraud Warning - Any person who knowingly and with intent to injure, defraud, or deceive any insurer, files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Maryland Fraud Warning: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Massachusetts Fraud 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 is guilty of a crime and may be subject to fines and confinement in prison.

Michigan Fraud Warning - Any person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer, as determined by a court of competent jurisdiction, is guilty of a crime.

New Jersey Fraud Warning - Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Washington Fraud Warning - It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Amounts received under a 403(b) annuity may be distributed only when the employee a) reaches 59 1/2; b) severs employment; c) dies; d) becomes disabled; or e) is eligible for hardship.

By signing below, you are indicating that you have received an IRA disclosure statement (if applicable).

RECEIPT IS ACKNOWLEDGED OF THE CURRENT PROSPECTUSES FOR THIS VARIABLE ANNUITY AND THE UNDERLYING FUNDS. PAYMENTS AND VALUES PROVIDED BY THE CONTRACT, WHEN BASED ON INVESTMENT EXPERIENCE OF THE SUBACCOUNTS, ARE VARIABLE AND ARE NOT GUARANTEED AS TO DOLLAR AMOUNT. THEY ARE NOT GUARANTEED BY THE COMPANY, ANY OTHER INSURANCE COMPANY, THE US GOVERNMENT OR ANY STATE GOVERNMENT, AND ARE NOT INSURED BY THE FDIC, THE FEDERAL RESERVE BOARD OR ANY OTHER FEDERAL OR STATE AGENCY. ALL RISK IS BORNE BY THE OWNER FOR THOSE FUNDS ASSIGNED TO A SEPARATE ACCOUNT.

THE INITIAL INTEREST RATE IS GUARANTEED ONLY FOR A LIMITED PERIOD OF TIME.

Please check here if you want a Statement of Additional Information.

I agree that the above statements are true and correct to the best of my knowledge and belief and are made as a basis for my application.

I acknowledge the receipt of the Warnings, Notices And Statements in Section 17

18. Signatures

Application Made at (City):		State:	Date:
Signature of Owner/Participant:		Signature of Joint Owner: (if applicable)	
Signature of Plan Owner:(For 401, 403(b) and 457(b) plans, if applicable)			

19. Producer Information

Does the owner have any existing annuity contracts or life insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete the required replacement form.			
To the best of your knowledge, will any existing life insurance or annuity contract be replaced or will values from another insurance policy or annuity contract (through loans, surrenders or otherwise) be used to pay purchase payments for the annuity contract applied for? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please indicate annuity or life insurance below, enter the plan type code and submit any required replacement forms.			
<input type="checkbox"/> Life Insurance . <input type="checkbox"/> Annuity Plan Type Code _____			
(If more than one company use Remarks section on page 6.)			
I certify that the information provided by the owner has been accurately recorded; current prospectuses were delivered; no written sales materials other than those approved by the Principal Office were used; and I have reasonable grounds to believe the purchase of the contract applied for is suitable for the owner. Suitability information has been obtained and filed with the broker/dealer.			
Signature of Producer 1:		E-mail Address:	Insurance Producer #
Printed Name of Producer 1:		Phone #:	Date: Commission Option _____ Producer 1 _____ % Producer 2 _____ %
Signature of Producer 2 (if applicable):		E-mail Address:	Insurance Producer #
Printed Name of Producer 2 (if applicable):		Phone #:	Date:
Printed Name of Broker/Dealer:		Broker/Dealer Principal Approval Not Required:	
Branch Office Street Address for Contract Delivery			
Florida License ID # for Contracts Sold in Florida			



Commonwealth Annuity and Life Insurance Company
 Service Center:
 [P.O. Box 758550, Topeka, KS 66675-8550]
 Phone: [800-533-7881]

VARIABLE ANNUITY APPLICATION

Product: Preferred Plus					
Plan Type:	<input type="checkbox"/> Non-Qualified	<input type="checkbox"/> 408(b)	<input type="checkbox"/> IRA (Traditional)	<input type="checkbox"/> 401(k)	<input type="checkbox"/> ERISA
	<input type="checkbox"/> 403(b)	<input type="checkbox"/> Roth IRA	<input type="checkbox"/> Simple IRA	<input type="checkbox"/> SEP-IRA	<input type="checkbox"/> NON-ERISA
	<input type="checkbox"/> 457(b) gov	<input type="checkbox"/> 457(b) non-gov	<input type="checkbox"/> Other _____	B/D Client Acct. # (if applicable) _____	

1. Employer Information (For 401, 403(b), Simple IRA, SEP-IRA and 457(b) plans)

Employer Name:	Date of Employment: ___/___/___
If this application is for an existing employer sponsored plan, please supply: Plan #: _____ Bill #: _____	
If this application is for a new employer sponsored plan, please complete form # [CWA-EMPR-07]	

2. Owner (If the owner is a Trust, please submit the first and last page of the Trust document and complete form # [CWA-TRCERT-07])

Name:	Birth/Trust Date (mo/day/yr) ___/___/___	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Street Address*:	City, State, Zip	SSN/Tax I.D. #:
Daytime Phone:	Mother's Maiden Name:	
Driver's License # or State ID # or Other Government Issue ID # and Expiration Date:		
E-mail:	Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, country of Origin:	

3. Joint Owner (Non-Qualified contracts only)

Name:	Birth/Trust Date (mo/day/yr) ___/___/___	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Street Address*:	City, State, Zip	SSN/Tax I.D. #:
Daytime Phone:	Mother's Maiden Name:	
Driver's License # or State ID # or Other Government Issue ID # and Expiration Date:		
E-mail:	Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, country of Origin:	

4. Annuitant (If different from owner)

Name:	Birth/Trust Date (mo/day/yr) ___/___/___	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Street Address*:	City, State, Zip	SSN/Tax I.D. #:
Daytime Phone:	E-mail:	

5. Joint Annuitant (Non-Qualified contracts only)

Name:	Birth/Trust Date (mo/day/yr) ___/___/___	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Street Address*:	City, State, Zip	SSN/Tax I.D. #:
Daytime Phone:	E-mail:	

PAYMENTS AND VALUES PROVIDED BY THE CONTRACT, WHEN BASED ON INVESTMENT EXPERIENCE OF THE SUBACCOUNTS, ARE VARIABLE AND ARE NOT GUARANTEED AS TO DOLLAR AMOUNT. THEY ARE NOT GUARANTEED BY THE COMPANY, ANY OTHER INSURANCE COMPANY, THE US GOVERNMENT OR ANY STATE GOVERNMENT, AND ARE NOT INSURED BY THE FDIC, THE FEDERAL RESERVE BOARD OR ANY OTHER FEDERAL OR STATE AGENCY. ALL RISK IS BORNE BY THE OWNER FOR THOSE FUNDS ASSIGNED TO A SEPARATE ACCOUNT.

THE INITIAL INTEREST RATE IS GUARANTEED ONLY FOR A LIMITED PERIOD OF TIME.

*REQUIRED: If mailing address is a P. O. Box, please provide street address in Remarks section on page 6

6. Beneficiary

Unless you specify otherwise, payments will be shared equally by all primary beneficiaries who survive or, if none, by all contingent beneficiaries who survive. If additional space is needed, please use the Remarks section on page 6 or include a signed attachment to this application. If the beneficiary is a trust, corporation or partnership please provide the entity's name, address and date established

If you named joint owners, do not select a primary beneficiary below since the surviving joint owner is automatically the beneficiary of any death benefits resulting from the death of a joint owner.

Primary Name:	Relationship:	Birth Date ___/___/___	%
<input type="checkbox"/> Primary Name: <input type="checkbox"/> Contingent	Relationship:	Birth Date ___/___/___	%
<input type="checkbox"/> Primary Name: <input type="checkbox"/> Contingent	Relationship:	Birth Date ___/___/___	%
<input type="checkbox"/> Primary Name: <input type="checkbox"/> Contingent	Relationship:	Birth Date ___/___/___	%
<input type="checkbox"/> Primary Name: <input type="checkbox"/> Contingent	Relationship:	Birth Date ___/___/___	%
<input type="checkbox"/> Primary Name: <input type="checkbox"/> Contingent	Relationship:	Birth Date ___/___/___	%

7. Replacement

Do you have any existing annuity contracts or life insurance? Yes No

Will any existing life insurance or annuity contract be replaced or will values from another insurance policy or annuity contract (through loans, surrenders or otherwise) be used to pay purchase payments for the annuity contract applied for? Yes No

If yes, please indicate company name and policy number. Company Name: _____ Policy # _____

(If more than one company use Remarks section on page 6.)

8. Annuity Date

(mo/day/yr) ___/___/___ (Not to be earlier or later than the dates permitted under the contract.)

9. Purchase Payment(s) (Make checks payable to Commonwealth Annuity and Life Insurance Company)

A. Initial Payment \$: Check Wire Bank Originating Wire _____

B. Expected Transfer Amount: Distributor Trade/Transaction ID (if applicable):

Non-Qualified:	<input type="checkbox"/> 1035 Tax-Free Exchange	<input type="checkbox"/> Direct Investment (check/wire)	<input type="checkbox"/> CD/Mutual Fund Transfer
403(b) Qualified:	<input type="checkbox"/> Direct Transfer	<input type="checkbox"/> Direct Rollover	<input type="checkbox"/> Rollover
IRA/Roth:	<input type="checkbox"/> Direct Transfer <input type="checkbox"/> Rollover	<input type="checkbox"/> Regular Contribution (_____ Contribution Tax Year) <input type="checkbox"/> Direct Rollover	

C. Payroll Deduction:

	Purchase Payment Amount	# of Purchase Payments	Annual Purchase Payment	Purchase Payment Frequency
Employee		X =	\$	
Employer		X =	\$	
Total:			\$	

Please attach a voided check. (voided withdrawal slip may be used with savings accounts).

D. Pre-Authorized checking (Systematic Accumulations)
 I authorize automatic deductions of \$ _____ from my bank account to be applied to this contract at. A \$100 minimum applies.

Frequency: Every 1 3 6 12 Months
 Beginning: ___/___/___ (excluding 29th, 30th, 31st)

10. Purchase Payment Allocation Allocations must total 100%. Maximum of 18 subaccounts may be selected.

Large Cap Blend

- ___ % AIM V.I. Core Equity Fund (Series II)
- ___ % FT VIP Franklin Mutual Global Discovery Securities Fund (Class 2)
- ___ % Goldman Sachs VIT Equity Index Fund (Class S)
- ___ % Goldman Sachs VIT Strategic Intl Equity Fund (Class S)
- ___ % Goldman Sachs VIT Structured U.S. Equity Fund (Class S)
- ___ % Oppenheimer Balanced/VA (Service Shares)

Large Cap Growth

- ___ % AIM V.I. Leisure Fund (Series II)
- ___ % Goldman Sachs VIT Capital Growth Fund (Class S)
- ___ % Janus Aspen Forty Portfolio (Service Shares)
- ___ % Oppenheimer Global Securities Fund/VA (Service Shares)
- ___ % Pioneer Emerging Markets VCT Portfolio (Class II)

Large Cap Value

- ___ % AllianceBernstein VPS International Value Portfolio (Class B)
- ___ % FT VIP Franklin Income Securities Fund (Class 2)
- ___ % FT VIP Franklin Mutual Shares Securities Fund (Class 2)
- ___ % FT VIP Templeton Global Asset Allocation Fund (Class 2)
- ___ % FT VIP Templeton Growth Securities Fund (Class 2)
- ___ % Goldman Sachs VIT Growth and Income Fund (Class S)
- ___ % Pioneer Cullen Value VCT Portfolio (Class II)

Mid Cap Blend

- ___ % Janus Aspen Perkins Midcap Value Portfolio (Service Shares)
- ___ % Pioneer Mid Cap Value VCT Portfolio (Class II)

Mid Cap Growth

- ___ % Goldman Sachs VIT Growth Opportunities Fund (Class S)
- ___ % Janus Aspen Series Enterprise Portfolio (Service Shares)

Mid Cap Value

- ___ % AllianceBernstein VPS Small/Mid Cap Value Portfolio (Class B)

Small Cap Blend

- ___ % Goldman Sachs VIT Structured Small Cap Equity Fund (Class S)
- ___ % Oppenheimer Main St Small Cap/VA (Service Shares)

Small Cap Growth

- ___ % AllianceBernstein VPS Small Cap Growth Portfolio (Class B)
- ___ % Pioneer Growth Opportunities VCT Portfolio (Class II)

Small Cap Value

- ___ % FT VIP Franklin Small Cap Value Securities Fund (Class 2)

Fixed Income

- ___ % AllianceBernstein VPS Intermediate Bond Portfolio (Class B)
- ___ % Goldman Sachs VIT Core Fixed Income Fund (Class S)
- ___ % Goldman Sachs VIT Govt Income Fund (Class S)
- ___ % Goldman Sachs VIT Money Market Fund (Class S) *
- ___ % Oppenheimer Strategic Bond Fund/VA (Service Shares)

Fixed Account

- ___ %

FOR QUALIFIED PLANS ONLY

Large Cap Blend

- ___ % Goldman Sachs Balanced Strategy Portfolio (Class A) *
- ___ % Goldman Sachs Equity Growth Strategy Portfolio (Class A)
- ___ % Goldman Sachs Growth & Income Strategy Portfolio (Class A) *
- ___ % Goldman Sachs Growth Strategy Portfolio (Class A) *

Large Cap Growth

- ___ % Goldman Sachs Intl Real Estate Securities Fund (Class A)

Mid Cap Growth

- ___ % Goldman Sachs Real Estate Securities Fund (Class A)
- ___ % Goldman Sachs Tollkeeper Fund (Class A)

11. Automatic Asset Rebalancing (Not available concurrently with Dollar Cost Averaging)

I elect Automatic Asset Rebalancing of all subaccounts.

Frequency: Every 1 3 6 12 months

Beginning: ___/___/___ (excluding 29th, 30th, 31st)

Unless otherwise specified, rebalancing to the allocation percentages selected in Section 10 of this application will occur each period on the same day as the contract was issued. Note that the Fixed Account is not included in the Automatic Asset Balancing Program.

12. Dollar Cost Averaging (Not available with Automatic Asset Rebalancing).

Please transfer \$ _____ (\$100 minimum) from _____ (enter name of subaccount)

Frequency: Every . 1 3 6 12 months Enhanced Dollar Cost Averaging Beginning: ____/____/____
 Unless otherwise specified, Dollar Cost Averaging will occur each period on the date the contract is issued. (excluding 29th, 30th, 31st)

Transfer To (Allocations must total 100%)

Large Cap Blend

- ____ % AIM V.I. Core Equity Fund (Series II)
- ____ % FT VIP Franklin Mutual Global Discovery Securities Fund (Class 2)
- ____ % Goldman Sachs VIT Equity Index Fund (Class S)
- ____ % Goldman Sachs VIT Strategic Intl Equity Fund (Class S)
- ____ % Goldman Sachs VIT Structured U.S. Equity Fund (Class S)
- ____ % Oppenheimer Balanced/VA (Service Shares)

Large Cap Growth

- ____ % AIM V.I. Leisure Fund (Series II)
- ____ % Goldman Sachs VIT Capital Growth Fund (Class S)
- ____ % Janus Aspen Forty Portfolio (Service Shares)
- ____ % Oppenheimer Global Securities Fund/VA (Service Shares)
- ____ % Pioneer Emerging Markets VCT Portfolio (Class II)

Large Cap Value

- ____ % AllianceBernstein VPS International Value Portfolio (Class B)
- ____ % FT VIP Franklin Income Securities Fund (Class 2)
- ____ % FT VIP Franklin Mutual Shares Securities Fund (Class 2)
- ____ % FT VIP Templeton Global Asset Allocation Fund (Class 2)
- ____ % FT VIP Templeton Growth Securities Fund (Class 2)
- ____ % Goldman Sachs VIT Growth and Income Fund (Class S)
- ____ % Pioneer Cullen Value VCT Portfolio (Class II)

Mid Cap Blend

- ____ % Janus Aspen Perkins Midcap Value Portfolio (Service Shares)
- ____ % Pioneer Mid Cap Value VCT Portfolio (Class II)

Mid Cap Growth

- ____ % Goldman Sachs VIT Growth Opportunities Fund (Class S)
- ____ % Janus Aspen Series Enterprise Portfolio (Service Shares)

Mid Cap Value

- ____ % AllianceBernstein VPS Small/Mid Cap Value Portfolio (Class B)

Small Cap Blend

- ____ % Goldman Sachs VIT Structured Small Cap Equity Fund (Class S)
- ____ % Oppenheimer Main St Small Cap/VA (Service Shares)

Small Cap Growth

- ____ % AllianceBernstein VPS Small Cap Growth Portfolio (Class B)
- ____ % Pioneer Growth Opportunities VCT Portfolio (Class II)

Small Cap Value

- ____ % FT VIP Franklin Small Cap Value Securities Fund (Class 2)

Fixed Income

- ____ % AllianceBernstein VPS Intermediate Bond Portfolio (Class B)
- ____ % Goldman Sachs VIT Core Fixed Income Fund (Class S)
- ____ % Goldman Sachs VIT Govt Income Fund (Class S)
- ____ % Goldman Sachs VIT Money Market Fund (Class S) *
- ____ % Oppenheimer Strategic Bond Fund/VA (Service Shares)

Fixed Account

____ %

FOR QUALIFIED PLANS ONLY

Large Cap Blend

- ____ % Goldman Sachs Balanced Strategy Portfolio (Class A) *
- ____ % Goldman Sachs Equity Growth Strategy Portfolio (Class A)
- ____ % Goldman Sachs Growth & Income Strategy Portfolio (Class A) *
- ____ % Goldman Sachs Growth Strategy Portfolio (Class A) *

Large Cap Growth

- ____ % Goldman Sachs Intl Real Estate Securities Fund (Class A)

Mid Cap Growth

- ____ % Goldman Sachs Real Estate Securities Fund (Class A)
- ____ % Goldman Sachs Tollkeeper Fund (Class A)

13. Optional Riders (this section must be completed)

A. **Optional Death Benefits** I/We elect the following optional rider and understand there is an additional charge.

Step-Up Rider

(AVAILABLE AT THE TIME OF APPLICATION AND CANNOT BE CANCELLED ONCE ELECTED. AGE RESTRICTIONS MAY APPLY)

14. Consent to Electronic Delivery

I agree to have prospectus updates, semi-annual reports, proxy solicitation material and other applicable regulatory documents delivered to me via electronic delivery. I understand that at any time I may change my mind and choose to receive paper copies of applicable regulatory documents by calling 1-800-457-9047.

If you do not check the box above, you will receive paper copies of all required regulatory documents. You will not receive electronic copies in addition to paper copies provided.

15. Telephone Authorization

By signing this application, I authorize and direct Commonwealth Annuity and Life Insurance Company (Commonwealth Annuity) to accept telephone instructions from the owner, active insurance representative, and the individual listed below to effect transfers and/or future purchase payment allocation changes. I agree to hold harmless and indemnify Commonwealth Annuity and its affiliates and its directors, employees and representatives against any claim arising from such action. I am aware that I may deny the active insurance representative authorization to make telephone transfers by checking the designated box below.

Name of additional authorized individual (if any) _____

I do not authorize the active insurance representative to make telephone transfers on my behalf.

I do not accept this telephone transfer privilege.

16. Remarks

17. Warnings, Notices and Statements

Arkansas, Colorado, District of Columbia, Kentucky, Louisiana, Maine, New Mexico, Ohio, Oklahoma, Pennsylvania and Tennessee Fraud Warning - Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Florida Fraud Warning - Any person who knowingly and with intent to injure, defraud, or deceive any insurer, files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Maryland Fraud Warning: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Massachusetts Fraud 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 is guilty of a crime and may be subject to fines and confinement in prison.

Michigan Fraud Warning - Any person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer, as determined by a court of competent jurisdiction, is guilty of a crime.

New Jersey Fraud Warning - Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Washington Fraud Warning - It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Amounts received under a 403(b) annuity may be distributed only when the employee a) reaches 59 1/2; b) severs employment; c) dies; d) becomes disabled; or e) is eligible for hardship.

By signing below, you are indicating that you have received an IRA disclosure statement (if applicable).

RECEIPT IS ACKNOWLEDGED OF THE CURRENT PROSPECTUSES FOR THIS VARIABLE ANNUITY AND THE UNDERLYING FUNDS. PAYMENTS AND VALUES PROVIDED BY THE CONTRACT, WHEN BASED ON INVESTMENT EXPERIENCE OF THE SUBACCOUNTS, ARE VARIABLE AND ARE NOT GUARANTEED AS TO DOLLAR AMOUNT. THEY ARE NOT GUARANTEED BY THE COMPANY, ANY OTHER INSURANCE COMPANY, THE US GOVERNMENT OR ANY STATE GOVERNMENT, AND ARE NOT INSURED BY THE FDIC, THE FEDERAL RESERVE BOARD OR ANY OTHER FEDERAL OR STATE AGENCY. ALL RISK IS BORNE BY THE OWNER FOR THOSE FUNDS ASSIGNED TO A SEPARATE ACCOUNT.

THE INITIAL INTEREST RATE IS GUARANTEED ONLY FOR A LIMITED PERIOD OF TIME.

Please check here if you want a Statement of Additional Information.

I agree that the above statements are true and correct to the best of my knowledge and belief and are made as a basis for my application.

I acknowledge the receipt of the Warnings, Notices And Statements in Section 17

18. Signatures

Application Made at (City):	State:	Date:
Signature of Owner/Participant:	Signature of Joint Owner: (if applicable)	
Signature of Plan Owner: (For 401, 403(b) and 457(b) plans, if applicable)		

19. Producer Information

Does the owner have any existing annuity contracts or life insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete the required replacement form.			
To the best of your knowledge, will any existing life insurance or annuity contract be replaced or will values from another insurance policy or annuity contract (through loans, surrenders or otherwise) be used to pay purchase payments for the annuity contract applied for? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please indicate annuity or life insurance below, enter the plan type code and submit any required replacement forms.			
<input type="checkbox"/> Life Insurance . <input type="checkbox"/> Annuity Plan Type Code _____			
(If more than one company use Remarks section on page 6.)			
I certify that the information provided by the owner has been accurately recorded; current prospectuses were delivered; no written sales materials other than those approved by the Principal Office were used; and I have reasonable grounds to believe the purchase of the contract applied for is suitable for the owner. Suitability information has been obtained and filed with the broker/dealer.			
Signature of Producer 1:	E-mail Address:	Insurance Producer #	
Printed Name of Producer 1:	Phone #:	Date:	Commission Option _____ Producer 1 _____ % Producer 2 _____ %
Signature of Producer 2 (if applicable):	E-mail Address:	Insurance Producer #	
Printed Name of Producer 2 (if applicable):	Phone #:	Date:	
Printed Name of Broker/Dealer:		Broker/Dealer Principal Approval Not Required:	
Branch Office Street Address for Contract Delivery			
Florida License ID # for Contracts Sold in Florida			