

SERFF Tracking Number: NWST-126125394 State: Arkansas
 Filing Company: The Northwestern Mutual Life Insurance Company State Tracking Number: 42236
 Company Tracking Number: 90-1550 (0809)
 TOI: A05I Individual Annuities- Immediate Non- Variable Sub-TOI: A05I.000 Annuities - Immediate Non-variable
 Product Name: 90-1550 (0809)
 Project Name/Number: 90-1550 (0809)/90-1550 (0809)

Filing at a Glance

Company: The Northwestern Mutual Life Insurance Company

Product Name: 90-1550 (0809)

SERFF Tr Num: NWST-126125394 State: Arkansas

TOI: A05I Individual Annuities- Immediate Non- Variable

SERFF Status: Closed-Approved- Closed State Tr Num: 42236

Sub-TOI: A05I.000 Annuities - Immediate Non- variable

Co Tr Num: 90-1550 (0809) State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Authors: John Kotarski, Mai Xiong, Tiffiney Durham

Date Submitted: 04/28/2009

Disposition Date: 05/08/2009

Disposition Status: Approved-Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name: 90-1550 (0809)

Status of Filing in Domicile: Authorized

Project Number: 90-1550 (0809)

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 05/08/2009

Explanation for Other Group Market Type:

State Status Changed: 05/08/2009

Deemer Date:

Created By: Tiffiney Durham

Submitted By: Tiffiney Durham

Corresponding Filing Tracking Number:

Filing Description:

We are submitting the above referenced application form for your review and approval. We plan to introduce this form on or around August 1, 2009.

This form replaces form 90-1550 (0302). The above referenced form contains many updates, including numerous formatting changes.

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Based on this information, your approval of the above referenced form is respectfully requested. If you have any questions or need additional information, please call me at (414) 665-5637 or e-mail me at johnkotarski@northwesternmutual.com.

Company and Contact

Filing Contact Information

John Kotarski, Product Compliance Specialist johnkotarski@northwesternmutual.com
 720 East Wisconsin Avenue 414-665-5637 [Phone]
 Rm S845 414-665-5006 [FAX]
 Milwaukee, WI 53202

Filing Company Information

The Northwestern Mutual Life Insurance Company CoCode: 67091 State of Domicile: Wisconsin
 720 East Wisconsin Avenue Group Code: 860 Company Type: Life
 Rm S845 Group Name: State ID Number:
 Milwaukee, WI 53202 FEIN Number: 39-0509570
 (414) 665-4224 ext. [Phone]

Filing Fees

Fee Required? Yes
 Fee Amount: \$20.00
 Retaliatory? No
 Fee Explanation: \$20.00 per application (QTY 1)
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Northwestern Mutual Life Insurance Company	\$20.00	04/28/2009	27478870

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	05/08/2009	05/08/2009

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Company
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Variable
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Disposition

Disposition Date: 05/08/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	AR Certification		Yes
Form	Single Premium Immediate Annuity Application		Yes

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Form Schedule

Lead Form Number: 90-1550 (0809)

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	90-1550 (0809)	Application/ Single Premium Enrollment Immediate Annuity Form Application	Revised	Replaced Form #: 90-1550 (0302) Previous Filing #:	52.500	90-1550 (0809) AR.pdf

SINGLE PREMIUM IMMEDIATE ANNUITY APPLICATION

1. OTHER POLICIES

Has a Northwestern Mutual policy ever been issued on the annuitant's life?

Yes, the last policy number is: _____ No

2. ANNUITANT/JOINT ANNUITANT (Please Print)

Name: First, MI, Last _____

Sex _____ Birthdate _____ (MM/DD/YYYY)

Taxpayer ID _____

Home Phone Number () _____

Residence Address (Required) _____

Mailing Address _____
(If different than residence address)

City, State, Zip _____

Country, if other than US _____

US Citizen? Yes No

If no, what country? _____

(Complete below ONLY if a form of Joint and Survivor Plan is elected)

Joint Annuitant Name: _____
First, MI, Last

Sex _____ Birthdate _____ (MM/DD/YYYY)

Taxpayer ID _____

Home Phone Number () _____

Residence Address (Required) _____

Mailing Address _____
(If different than residence address)

City, State, Zip _____

Country, if other than US _____

US Citizen? Yes No

If no, what country? _____

3. MARKET CATEGORY

This annuity is *(Check one)*

A. A personal annuity.

B. An Individual Retirement Annuity (IRA).

\$ _____ contributed for the current _____ tax yr.

\$ _____ contributed for the previous _____ tax yr.

\$ _____ rollover/transfer from another institution.

C. Roth IRA

D. A pension or profit sharing plan.

Incorporated

Unincorporated

E. A non-tax qualified business plan.

F. Government deferred compensation Plan (IRC 457)
Plan (IRC 457)

4. OWNER (Owner must complete Substitute form W-4P)

A. Annuitant

B. Corporation or Trust - Enter information below.

Other - Enter information below.

Name: First, MI, Last/Corporation/Trust _____

Sex _____ Birthdate _____ (MM/DD/YYYY)

Residence Address *(If mailing address is different, provide both addresses.)* _____

City, State, Zip _____

Owner Telephone Number () _____

Relationship to Annuitant _____

Taxpayer ID _____

US Citizen? Yes No *(If no, provide copy of green card)*

If no, what country? _____

Date of Trust _____ (MM/DD/YYYY)

Name of Trustees _____

5. BENEFICIARY INFORMATION

Cannot be annuitant. If no beneficiary is listed, Estate of Annuitant will be named.

No beneficiary designation will be applicable if zero year period certain option is selected.

Section A is required unless a zero year period certain option is selected.

A. Direct Beneficiary for payments certain after the death of the Annuitant and, if applicable, the death of the Joint Annuitant.

Name _____

Taxpayer ID _____ Relationship _____

Name _____

Taxpayer ID _____ Relationship _____

Name _____

Taxpayer ID _____ Relationship _____

B. Further Payees for the payment of the present value of any unpaid payments certain.

Name _____

Taxpayer ID _____ Relationship _____

6. REPLACEMENT

As a result of this purchase, will the values or benefits of any other life insurance policy or annuity contract, on any life be affected in any way?

Yes No

Will this annuity:

A. Replace other policies or contracts? Yes No

B. Result in 1035 exchange? Yes No

7. PLAN (Check and Complete one)

If A-G is selected, proof of age for the Annuitant and Joint Annuitant is required.

A. Single Life (0-20) _____ years period certain

B. Single Life Refund

C. Joint Life with 100% to Survivor (0-20) _____ years period certain

D. Joint Life with 2/3 to Survivor (0-20) _____ years period certain

E. Joint Life with 1/2 to Survivor (0-20) _____ years period certain

F. Joint Life with 2/3 to Joint Annuitant (0-20) _____ years period certain

G. Joint Life with 1/2 to Joint Annuitant (0-20) _____ years period certain

H. Period Certain for a period of (2-30) _____ years

Check box only if exception to Premature Distribution Tax for Substantially Equal Periodic Payments applies. See certification in Section 9B on page 3.

8. DATE AND AMOUNT OF ANNUITY PAYMENTS

A. Single premium paid with this application \$ _____

B. Amount of each annuity payment \$ _____

C. Make payments: Monthly Quarterly
 Semi-Annually Annually

D. Date of first payment (MM/DD/YYYY) _____
(Not more than 13 months after premium payment.)

Based on proposal Attached, *or*
 Dated (MM/DD/YYYY) _____

9. ANNUITY PAYMENTS

(Check and Complete A, B, C or D.)

A. Annuitant – Make check payable to the annuitant and send to the annuitant's address

B. Owner – Make check payable to the owner and send to the owner's address

C. Owner - Direct deposit to the owner's Bank Account (United States banks only)

Complete Owner's bank information below:

Northwestern Mutual is authorized to credit payments to this account at the bank indicated.

Bank Name _____

Bank Routing/Transit Number _____

Account Number _____

Account Type

Checking – a voided check must be attached (deposit ticket not acceptable)

Savings

D. Other

Name _____

Address _____
(STREET & NO. OR RFD)

City, County, State, Zip _____

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Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:			
Attachment:	Flesch Readability Certification.pdf		

		Item Status:	Status Date:
Bypassed - Item:	Application		
Bypass Reason:	N/A ~ This is not a policy filing.		
Comments:			

		Item Status:	Status Date:
Satisfied - Item:	AR Certification		
Comments:			
Attachment:	xAR Certification.pdf		

READABILITY CERTIFICATION

I certify to the best of my knowledge and belief that the following forms meet the readability, legibility, and format requirements of any applicable laws and regulations of your state, and that the Flesch Readability Scores are as follows:

<u>Form Number</u>	<u>Flesch Readability Score</u>
90-1550 (0809)	52.5

THE NORTHWESTERN MUTUAL
LIFE INSURANCE COMPANY



Ted A. Matchulat
Director Product Compliance

4/17/2009

Date

THE NORTHWESTERN MUTUAL LIFE INSURANCE COMPANY

Re: 90-1550 (0809)

We hereby certify that we have carefully reviewed the form(s) submitted herewith and to the best of our knowledge and ability find:

- a. That said form(s) conform(s) to Regulation 19s10B and all applicable Arkansas Insurance Statutes and Department requirements.
- b. That said form(s) contain(s) no provision previously disapproved by the Insurance Department of Arkansas.



Ted A. Matchulat
Product Compliance Officer

04/28/2009

Date