

SERFF Tracking Number: SUNL-126127981 State: Arkansas
 Filing Company: Sun Life Assurance Company of Canada State Tracking Number: 42179
 Company Tracking Number: MSUL-LLPR-2009
 TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.002 Joint (Last Survivor)
 Adjustable Life
 Product Name: Loan Lapse Protection Rider
 Project Name/Number: Loan Lapse Protection Rider/MSUL-LLPR-2009

Filing at a Glance

Company: Sun Life Assurance Company of Canada

Product Name: Loan Lapse Protection Rider SERFF Tr Num: SUNL-126127981 State: Arkansas
 TOI: L09I Individual Life - Flexible Premium SERFF Status: Closed-Approved- State Tr Num: 42179
 Adjustable Life Closed
 Sub-TOI: L09I.002 Joint (Last Survivor) Co Tr Num: MSUL-LLPR-2009 State Status: Approved-Closed
 Filing Type: Form Reviewer(s): Linda Bird
 Disposition Date: 05/07/2009
 Authors: Margaret Carvalho,
 Thomas Miele, Christopher
 McAuliffe, Pat Squillacioti
 Date Submitted: 04/24/2009 Disposition Status: Approved-Closed
 Implementation Date: Implementation Date:

Implementation Date Requested:
 State Filing Description:

General Information

Project Name: Loan Lapse Protection Rider
 Project Number: MSUL-LLPR-2009
 Requested Filing Mode: Review & Approval

Explanation for Combination/Other:
 Submission Type: New Submission
 Overall Rate Impact:
 Filing Status Changed: 05/07/2009

Deemer Date:
 Submitted By: Margaret Carvalho

Filing Description:
 Sun Life Assurance Company of Canada
 NAIC # 549-80802
 FEIN # 38-1082080

Status of Filing in Domicile: Not Filed
 Date Approved in Domicile:
 Domicile Status Comments: This form is exempt from our domiciliary state of Michigan.
 Market Type: Individual
 Group Market Size:
 Group Market Type:
 Explanation for Other Group Market Type:
 State Status Changed: 05/07/2009
 Created By: Margaret Carvalho
 Corresponding Filing Tracking Number: MSUL-LLPR-2009

SERFF Tracking Number: SUNL-126127981 State: Arkansas
Filing Company: Sun Life Assurance Company of Canada State Tracking Number: 42179
Company Tracking Number: MSUL-LLPR-2009
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.002 Joint (Last Survivor)
Adjustable Life
Product Name: Loan Lapse Protection Rider
Project Name/Number: Loan Lapse Protection Rider/MSUL-LLPR-2009

Re: MSUL-LLPR-2009 – Loan Lapse Protection Rider

Dear Sir or Madam:

We submit the above referenced form for your review and approval. This form is new and does not replace any other forms previously approved by your Department. This form is intended to comply with all applicable laws, rules, bulletins and published guidelines of your state. It is submitted in final printed form and is subject only to minor modifications in paper stock, ink, and adaptation to computer printing.

This form is exempt from filing in our domiciliary state of Michigan.

MSUL-LLPR-2009 - Loan Lapse Protection Rider

Form MSUL-LLPR-2009 is an optional rider that prevents the policy from terminating due to insufficient value. There is a charge associated with this rider but it will only apply if and when the lapse protection benefit goes effective. The issue ages for this rider are the same as with the base policy.

Initially, this form will be used with form MSUL-2009, a Flexible Premium Survivorship Universal Life Insurance Policy recently approved by your Department effective 4/20/09.

This form will be used in the general individual life market. It will be marketed on an individual basis by our licensed sales representatives. It will not be mass marketed or solicited by mail.

Please do not hesitate to contact me if you have any questions regarding this submission. Thank you for your attention to this matter.

Company and Contact

Filing Contact Information

Margaret Carvalho, Compliance Consultant margaret.carvalho@sunlife.com
One Sun Life Executive Park 781-446-1811 [Phone]
Wellesley Hills, MA 02481 781-237-3327 [FAX]

Filing Company Information

Sun Life Assurance Company of Canada CoCode: 80802 State of Domicile: Michigan
One Sun Life Executive Park Group Code: 549 Company Type:
SC2175, State Filings Group Name: State ID Number:
Wellesley Hills, MA 02481 FEIN Number: 38-1082080

SERFF Tracking Number: SUNL-126127981 State: Arkansas
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Product Name: Loan Lapse Protection Rider
Project Name/Number: Loan Lapse Protection Rider/MSUL-LLPR-2009

(800) 432-1102 ext. [Phone]

Filing Fees

Fee Required? Yes
Fee Amount: \$20.00
Retaliatory? No
Fee Explanation: 1 x 20.00 = 20.00
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Sun Life Assurance Company of Canada	\$20.00	04/24/2009	27412691

SERFF Tracking Number: SUNL-126127981 State: Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	05/07/2009	05/07/2009

SERFF Tracking Number: SUNL-126127981 State: Arkansas
 Filing Company: Sun Life Assurance Company of Canada State Tracking Number: 42179
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 TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.002 Joint (Last Survivor)
 Adjustable Life
 Product Name: Loan Lapse Protection Rider
 Project Name/Number: Loan Lapse Protection Rider/MSUL-LLPR-2009

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Form	Loan Lapse Protection Rider		Yes

SERFF Tracking Number: SUNL-126127981 State: Arkansas
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 TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.002 Joint (Last Survivor)
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 Product Name: Loan Lapse Protection Rider
 Project Name/Number: Loan Lapse Protection Rider/MSUL-LLPR-2009

Form Schedule

Lead Form Number: MSUL-LLPR-2009

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	MSUL-LLPR-2009	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Loan Lapse Protection Rider	Initial		50.000	MSUL-LLPR-2009.pdf

SUN LIFE ASSURANCE COMPANY OF CANADA

LOAN LAPSE PROTECTION RIDER

This rider is part of the Policy to which it attaches and is effective as of the Policy Date, unless otherwise indicated in Section 1 of the Policy. If the terms of this rider and the Policy conflict, this rider's provisions will control.

Lapse Protection

This rider, when it operates as described below, prevents the Policy from terminating for Insufficient Value on and after the Rider Exercise Date.

Rider Exercise Date

The Rider Exercise Date is the Processing Date on or next following the earliest date by which all of the following have occurred:

1. the younger Insured is Attained Age 75 or older;
2. the Policy has been in force at least 15 Policy Years;
3. the outstanding Policy Debt is greater than the Specified Face Amount;
4. the outstanding Policy Debt equals or exceeds 96% of the Account Value;
5. not more than 30% of the Policy Debt has been a result of loan activity in the 36 months immediately preceding the Rider Exercise Date;
6. the sum of Withdrawals made equals the sum of Premiums paid; and
7. We have received your request to exercise this Rider.

On the Rider Exercise Date, the administrative charge described below will be deducted, the Policy changes described below will occur, and the Policy will never terminate for Insufficient Value.

Administrative Charge

On the Rider Exercise Date, the Account Value will be reduced by a charge equal to the excess of 99.5% of the Account Value over the Policy Debt.

Policy Changes on the Rider Exercise Date

On the Rider Exercise Date, after deduction of the Administrative Charge:

1. the Death Benefit will be changed to equal 105% of the Account Value;
2. Monthly Deductions will cease;
3. no further Premium payments will be accepted; and
4. Specified Face Amount increases and decreases will no longer be permitted.
5. Supplemental benefit riders attached to the Policy will terminate.

Termination

This rider will terminate on the earlier of:

1. The date the Policy is surrendered for its Cash Surrender Value; or
2. The date, prior to the Rider Exercise Date, that we receive a written request from you to terminate this Rider.



[Donald A. Stewart, Chief Executive Officer]

SERFF Tracking Number: SUNL-126127981 State: Arkansas
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Supporting Document Schedules

Item Status: **Status Date:**

Satisfied - Item: Flesch Certification

Comments:

Attachments:

Readability Certification - AR 4-24-09.pdf

Actuarial&Officer-Certification of Compliance -Reg 34 - AR 4-24-09.pdf

Certification of Compliance-Reg 19 - AR 4-24-09.pdf

Item Status: **Status Date:**

Satisfied - Item: Application

Comments:

Application form UND 14-652 approved 8/2/07.

Attachment:

AR UND 14-652 Approval 8-2-07.pdf

Item Status: **Status Date:**

Bypassed - Item: Outline of Coverage

Bypass Reason: not applicable

Comments:

**STATE OF ARKANSAS
READABILITY CERTIFICATION**

COMPANY NAME: Sun Life Assurance Company of Canada

This is to certify that the form(s) referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Form Number	Score
MSUL-LLPR-2009	50



Thomas Miele
Assistant Vice President

April 24, 2009
Date

**STATE OF ARKANSAS
CERTIFICATION OF COMPLIANCE**

Company Name: Sun Life Assurance Company of Canada

Form Title(s): Loan Lapse Protection Rider

Form Number(s): MSUL-LLPR-2009

I hereby certify that to the best of my knowledge and belief, the above form(s) and submission complies with Arkansas Regulation 34.



Thomas Miele
Assistant Vice President

April 24, 2009
Date



Olga Rasin, FSA, MAAA
Associate Product Officer

April 24, 2009
Date

**STATE OF ARKANSAS
CERTIFICATION OF COMPLIANCE**

Company Name: Sun Life Assurance Company of Canada

Form Title(s): Loan Lapse Protection Rider

Form Number(s): MSUL-LLPR-2009

I hereby certify that to the best of my knowledge and belief, the above form(s) and submission complies with Reg. 19, as well as the other laws and regulations of the State of Arkansas.



Thomas Miele
Assistant Vice President

April 24, 2009
Date

Filing at a Glance

Company: Sun Life Assurance Company of Canada

Product Name: UND 14/652

SERFF Tr Num: SNLE-125226539 State: Arkansas

TOI: L06I Individual Life - Variable

SERFF Status: Closed

State Tr Num: 36371

Sub-TOI: L06I.002 Single Life - Flexible

Co Tr Num:

State Status: Closed

Premium

Filing Type: Form

Co Status:

Reviewer(s): Linda Bird

Authors: Margaret Carvalho,

Disposition Date: 08-02-2007

Thomas Miele, Christopher

McAuliffe

Date Submitted: 07-10-2007

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

General Information

Project Name: Part I of Application for Sun Prime Series Life Insurance - Canada Company Status of Filing in Domicile: Not Filed

Project Number: UND 14/652

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: Our domiciliary state of Sun Life Assurance Company of Canada is Michigan. These forms are exempt from filing pursuant to Michigan Department of Insurance Exemption Orders of 1981 (Order 97-010-M).

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 08-02-2007

Company Status Changed:

State Status Changed: 08-02-2007

Deemer Date:

Corresponding Filing Tracking Number: UND 14/652

Filing Description:

Re: UND 14/652 Part I of Application for Sun Prime Series Life Insurance

We submit the above listed form for your review and approval. This form is new and does not replace any other forms previously approved by your Department. It does not contain any unusual or controversial items from normal company or industry standards. It is submitted in final printed form and is subject only to minor modifications in paper stock, ink, and adaptation to computer printing.

This form is intended to comply with all laws, rules, bulletins and published guidelines applicable to this form.

Our domiciliary state of Sun Life Assurance Company of Canada is Michigan. These forms are exempt from filing pursuant to Michigan Department of Insurance Exemption Orders of 1981 (Order 97-010-M).

UND 14/652 Part I of Application for Sun Prime Series Life Insurance

Form UND 14/652 is Part I of the application. It will also be used by our subsidiary company Sun Life Assurance Company of Canada (U.S.), a separate filing is being made for that company.

The enclosed form includes brackets around the items that may vary. The use of variability in the enclosed form will be administered in a uniform and non-discriminatory manner and shall not result in unfair discrimination.

This form will be used with products we offer in the general individual life market.

Please do not hesitate to contact me if you have any questions regarding this submission. Thank you for your attention to this matter.

Company and Contact

Filing Contact Information

Margaret Carvalho, Compliance Consultant margaret.carvalho@sunlife.com
One Sun Life Executive Park (781) 446-1811 [Phone]
Wellesley Hills, MA 02481 (781) 237-3327[FAX]

Filing Company Information

Sun Life Assurance Company of Canada CoCode: 80802 State of Domicile: Michigan
One Sun Life Executive Park, Group Code: 549 Company Type:
Individual State Filing, SC 1114
Wellesley Hills, MA 02481 Group Name: State ID Number:
(800) 432-1102 ext. [Phone] FEIN Number: 38-1082080

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? Yes
Fee Explanation: 1x50.00=50.00
Per Company: No

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
9047796	\$50.00	06-29-2007

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	08-02-2007	08-02-2007

Disposition

Disposition Date: 08-02-2007

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

Created by SERFF on 08-03-2007 06:30 AM

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity-Actuarial Memo		Yes
Form	Part I of Application for Sun Prime Series Life Insurance		Yes

Form Schedule

Lead Form Number: UND 14/652

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	UND 14/652	Application/Part I of Application Enrollment Form	for Sun Prime Series Life Insurance	Initial		70	UND 14-652 M-Group Part I Generic.pdf

Sun Life Assurance Company of Canada Sun Life Assurance Company of Canada (U.S.)

(Hereinafter referred to as "the Company")
One Sun Life Executive Park, Wellesley Hills, MA 02481



Part I of Application for Sun Prime Series Life Insurance

Section A: Insured First Insured

1a. Ms. ___ Mr. ___ Dr. ___ Miss ___ Mrs. ___		1b. Name (first, middle initial, last)		1c. Male ___ Female ___	1d. Birth Date (m/d/y)
1e. Birthplace (country/state)		1f. Social Security/Tax ID Number	1g. Home Phone Number		1h. Work Phone Number
1i. Address (street, city, state, zip code, country) (If mailing address differs, provide in Section K.)					
1j. Permanent U.S. Resident Yes ___ No ___	1k. Years in U.S.	1l. U.S. Citizen Yes ___ No ___	1m. If No: Valid Green Card or Visa Number		1n. Driver's License State of Issue
1o. Driver's License Number		1p. Occupation, Employer Name and Address			

Second Insured

2a. Ms. ___ Mr. ___ Dr. ___ Miss ___ Mrs. ___		2b. Name (first, middle initial, last)		2c. Male ___ Female ___	2d. Birth Date (m/d/y)
2e. Birthplace (country/state)		2f. Social Security/Tax ID Number	2g. Home Phone Number		2h. Work Phone Number
2i. Address (street, city, state, zip code, country) (If mailing address differs, provide in Section K.)					
2j. Permanent U.S. Resident Yes ___ No ___	2k. Years in U.S.	2l. U.S. Citizen Yes ___ No ___	2m. If No: Valid Green Card or Visa Number		2n. Driver's License State of Issue
2o. Driver's License Number		2p. Occupation, Employer Name and Address			

Section B: Owner

If the Owner is the same as the Insured, specify: First Insured ___ Second Insured ___ Both ___ and **ONLY complete question 1g- Email Address.** Specify: Company ___ Individual ___ Trust ___

1a. Owner Name			1b. Relationship to Insured		
1c. Social Security/Tax ID Number		1d. Birth/Trust Date (m/d/y)	1e. Permanent U.S. Resident: Yes ___ No ___		1f. U.S. Citizen: Yes ___ No ___
1g. Email Address			1h. Phone Number		
1i. Name(s) Authorized Company Representative(s)/Trustee(s)					1j. State Trust Established
1k. Address (street, city, state, zip code, country)					
1l. Contingent Owner: Name, Relationship to Insured					

Section C: Coverage

Universal Life (UL)

1a. [Sun Prime Protector Universal Life] ____ [_____]	2a. [Sun Prime Survivorship Universal Life] ____ [_____]
1b. Face Amount \$ _____	2b. Face Amount \$ _____
1c. Supplemental Benefits/Riders: __Accidental Death Benefit Rider (face amount) \$ _____ __Exchange of Insured Rider __Waiver of Monthly Deductions Rider __Charitable Giving Benefit Rider** __Payment of Stipulated Premium Amount Rider (stipulated amount) \$ _____ __Enhanced Surrender Value Rider __Supplemental Insurance Rider (face amount) \$ _____ [_____]	2c. Supplemental Benefits/Riders: __Estate Preservation Rider __Policy Split Option __Charitable Giving Benefit Rider** __Supplemental Insurance Rider (face amount) \$ _____ [_____]
1d. Death Benefit Options – Select One: __Option A – Face Amount (Level) __Option B – Face Amount plus Account Value [_____]	2d. Death Benefit Options – Select One: __Option A – Face Amount (Level) __Option B – Face Amount plus Account Value [_____]

Variable Universal Life (VUL)

3a. [Prime VUL] ____ [_____] 3b. Face Amount (excluding Supplemental Benefits) \$ _____ 3c. Supplemental Benefits/Riders: __Charitable Giving Benefit Rider** __Payment of Stipulated Premium Amount Rider (stipulated amount) \$ _____ __Waiver of Monthly Deductions Rider __Supplemental Insurance Rider (face amount) \$ _____ __Accelerated Benefits Rider __Enhanced Cash Surrender Value Rider __Long Term Accumulation Rider __Loan Lapse Protection Rider [_____] 3d. Death Benefit Options – Select One: __Option A – Face Amount (Level) __Option B – Face Amount plus Account Value [__Option C – Specified Face Amount plus Premiums] [_____]

****Charitable Giving Benefit Rider – Complete if selected above:**

4a. Name of Accredited Organization	4b. 501(c) Tax ID Number
4c. Address	4d. After you receive confirmation of the charitable organization, choose one: I/We will notify the charity of my/our intent __OR Permit the Company to notify the charity of my/our intent upon my/our death __

Section D: Premium Plan and Fund Information

Ensure the information matches the illustration.

1a. Planned Periodic Premium Amount
1b. Frequency __Annual __Semi-Annual __Monthly (pre-authorized checking) __List Bill (If existing list bill, provide number:_____)
1c. Will the premium for this policy be financed through single or multiple loan(s) from a private or public lender now or in the future? Yes____ No____ If yes, complete the Life Insurance Source of Premium Eligibility Questionnaire.
1d. Definition of Life Insurance Test to be Used __Guideline Premium Test __Cash Value Accumulation Test

Section E: Beneficiary

1a. Primary Name	1b. Relationship	1c. %
2a. Primary Name	2b. Relationship	2c. %
3a. Primary Name	3b. Relationship	3c. %
4a. Contingent Name	4b. Relationship	4c. %
5a. Contingent Name	5b. Relationship	5c. %

Note: Unless otherwise specified: The surviving beneficiaries within a class (primary or contingent) will share equally.

Section F: Payor

1. If payor is Insured or Owner check here____ and move to section G.
2. If payor is other than the Insured or Owner, indicate type __Company __Individual __Trust and complete questions 2a – 2d. __

2a. Name	2b. Social Security/Tax ID Number
2c. Mailing Address (street, city, state, zip code, country)	
2d. Name(s) of Authorized Representative(s) (only if a Company is the Payor) or Trustee(s) if a Trust is the Payor.	

Section G: Other Insurance/Replacement Information

1. Does the Applicant/Owner(s) have any existing individual life insurance policy or annuity contract, including those under a binding or conditional receipt or those within an unconditional refund period? ___ Yes ___ No

2. Will any existing life insurance policy or annuity contract be lapsed, forfeited, surrendered, partially surrendered, assigned, reduced in value or used as a source of premium for the coverage for which application is being made? ___ Yes ___ No

If the answer to No. 1 is "yes", provide the applicable state form(s). If the answer to No. 2 is "yes", provide the applicable state form(s) and provide the information requested in the following table.

Insurance Company	Insured or Annuitant	Policy or Contract Number

3. If a replacement is involved, is it intended as an IRC Section 1035 exchange? ___Yes ___No
If yes, provide the necessary forms.

4. For each Proposed Insured, provide details below for all insurance in-force and/or pending, on either a formal or an informal basis, with the Company and any other companies. Include those policies or applications owned personally or by a third party, including but not restricted to individuals(s), business, charity, life settlement or viatical company. **If none, Individual or First Insured initial here _____, Second Insured initial here _____.**

Proposed Insured	Insurance Company	Business/ Personal/ Settlement	Issue Year/Pending	Formal/ Informal	Total Face Amount	Policy Number
a.						
b.						
c.						
d.						
e.						

5. For each Proposed Insured, state the ultimate amount of life insurance coverage that will be in place on each life (excluding group life or corporate owned life insurance) with the issue of this policy and any other pending application with another company.
Individual or First Insured \$ _____ Second Insured \$ _____

6. Is the policy applied for through this application being purchased for the purpose of being assigned or sold to a third party or will it replace a policy whose ownership has been assigned or sold to a third party? ___Yes ___No
If yes, complete Part 2 of the Life Insurance Source of Premium Eligibility Questionnaire.

7. If a policy applied for through this application is issued by the Company, will the policy within the next three years be used for any purpose other than the purpose indicated in Section H (Finances/Plan Use) of this application? ___Yes ___No
If yes, provide details:

8. Has an Application for insurance on the life/lives of the Proposed Insured(s) been declined or offered on a basis other than applied? ___Yes ___No
If yes, provide details: _____

Section H: Finances/Plan Use

1. Total Household Income \$	2. Total Household Net Worth \$
------------------------------	---------------------------------

3. The coverage will be used primarily for:
 Income Replacement Split Dollar Business Continuity Supplemental Retirement Income
 Deferred Compensation Plan Estate Plan Key Person Charitable Gift Bonus Plan
 Premium Financing Other _____

VUL Suitability:

4. Has it been explained to you that the values and benefits provided by the coverage are based on the investment experience of a separate account and may increase or decrease depending upon the investment experience?..... Yes No
 5. Is the coverage, as applied for, in accordance with the insurance and financial objectives you have expressed? Yes No

Section I: Proposed Insured(s) Lifestyle Information

	Insured 1	Insured 2
1. Have you used tobacco, (cigarettes, cigars, chewing tobacco, etc.) or products containing nicotine (nicorette gum, nicotine patch, etc.) within the past 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you used tobacco or nicotine products in the past and stopped?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, date stopped: _____		
3. Do you plan to travel or reside outside of the U.S. and Canada in the next two years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, submit the required Foreign Travel/Residence/Citizenship Questionnaire.		
4. Do you hold an active pilot's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you flown as a pilot or co-pilot in any type of aircraft, within the past two years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, submit the required Aviation Questionnaire.		
6. Have you participated in scuba diving, parachuting, hang gliding, motorized racing or any hazardous sport? If yes, indicate the sport: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. While operating a motor vehicle, boat or aircraft, in the last five years, have you:		
a. Been charged with any moving violations?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Had an operator's license restricted, suspended or revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Been charged with operating under the influence of alcohol or drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide details: _____		

Section J: Proposed Insured(s) Medical Contact Information

First Proposed Insured		Second Proposed Insured	
1a. Name, Phone Number and Address of Primary Physician/Health Care Provider		2a. Name, Phone Number and Address of Primary Physician/Health Care Provider	
1b. Reason for Last Visit	1c. Date (m/d/y)	2b. Reason for Last Visit	2c. Date (m/d/y)
1d. Name, Phone Number and Address of Medical Specialist Last Seen		2d. Name, Phone Number and Address of Medical Specialist Last Seen	
1e. Reason for Last Visit and Results	1f. Date (m/d/y)	2e. Reason for Last Visit	2f. Date (m/d/y)

If the application is being submitted on a non-medical basis, complete a separate Part II of Application for Life insurance.

Section K: Additional Information/Special Requests

Section L: Signature Section

Declarations

I/We understand and agree that:

1. The information provided in this Application (Part I and Part II Medical, if required) is the basis for and becomes part of the insurance contract issued as a result of this Application.
2. No broker/registered representative or medical examiner has the authority to make or modify the Company's guidelines, to decide whether anyone proposed for insurance is an acceptable risk or to waive any of the Company's rights or requirements.
3. In accepting coverage, I/we also accept any corrections and amendments made by the Company. No change in plan, amount, benefits, age at issue or classification can be made without my/our written consent. However, the Company may change non-guaranteed elements of the coverage at its sole discretion.
4. Except as provided in a Temporary Life Insurance Agreement having the same date as the Application, no insurance requested in this Application will be effective (a) until coverage is issued during the lifetime of the Proposed Insured(s); and (b) until the Company has received the first full premium due on any coverage that is not Variable Universal Life or the initial premium due on any Variable Universal Life coverage requested; and (c) **the statements made in this Application are still complete and true as of the date the coverage is delivered.**
5. Sales illustrations are used to assist in understanding how the coverage could perform over time, under a number of assumptions. I/we acknowledge that rates of return or credited interest rates assumed in sales illustrations are hypothetical only and are not estimates or guarantees. The actual performance of any such coverage, including account values, cash surrender values, death benefit and duration of coverage, will be different from what may be illustrated because the hypothetical assumptions used in an illustration may not be indicative of actual future performance. I/we also understand that any sales illustration used is not a contract and will not become part of any coverage issued by the Company.
6. In connection herewith, it is expressly acknowledged that the insurance, as applied for, is suitable for the insurance needs and financial objectives of the undersigned.

I/we declare that the statements and answers in this Application are complete and true to the best of my/our knowledge and believe that they are correctly recorded.

I/we understand that 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 that person to criminal and civil penalties.

For Variable Universal Life applications, I/we also hereby understand and agree that values and benefits provided by the life insurance coverage applied for are based on the investment experience of a separate account and are not guaranteed, such that:

- **The death benefit amount may increase or decrease to reflect the investment experience of the various sub-accounts.**
- **The duration of coverage may increase or decrease due to the investment experience of the variable sub-accounts.**
- **The account value and cash surrender value may increase or decrease to reflect the investment experience of the variable sub-accounts.**
- **With respect to the variable sub-accounts, there is no guaranteed minimum coverage value nor are any coverage values guaranteed as to dollar amount.**

The owner acknowledges receipt of a current prospectus from the Company for the variable universal life insurance.

I/we understand all the policy features, including the financial impact of the Supplemental Insurance Rider as it was explained to me by the Broker/Registered Representative listed below.

Customer Identification Notice: To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who makes an application. This means we will ask you for your name, address, date of birth and other information that will allow us to identify you. We may ask to see your driver's license or other identifying documents.

I acknowledge receipt of the Customer Identification Notice. I understand that the identity information being provided by me is required by Federal law to be collected in order to verify my identity and I authorize its use for this purpose.

Authorization

I/we, hereby authorize any: (a) physician, health care provider, health plan, medical professional, hospital, clinic, laboratory, pharmacy or other medical or health care facility, that has provided payment, treatment or services to me or on my behalf; (b) insurance company; (c) state department of motor vehicles; (d) consumer reporting agency; or the Medical Information Bureau, Inc., to disclose or furnish to the Underwriting Department of the Company, their subsidiaries, affiliates, third party administrators and reinsurers, any and all non-health information relating to me.

I/we understand that the Company will use the information it obtains to: (a) underwrite my Application for coverage, (b) make eligibility, risk rating, coverage issuance and enrollment determinations; (c) obtain reinsurance; (d) administer claims and determine or fulfill responsibility for coverage and provision of benefits; (e) administer coverage; and/or (f) conduct other legally permissible activities that relate to any coverage I/we have or have applied for with the Company.

I/we hereby authorize the Company to disclose any information it obtains about me to the Medical Information Bureau, Inc., or any other life insurance company with which I/we do business. I/we understand that the Company will not disclose information it obtains about me except as authorized by this Authorization; as may be required or permitted by law; or as I/we may further authorize. I/we understand that if information is redisclosed as permitted by this Authorization, it may no longer be protected by applicable federal privacy law.

This Authorization shall apply to information relating to my dependents if they are to be insured under the life insurance coverage applied for.

I/we understand that: (a) this Authorization shall be valid for 24 months from the date I sign it; (b) I/we may revoke it at any time by providing written notice to the Underwriting Department of the Company at the address shown on page 1 of this form, subject to the rights of any person who acted in reliance on it prior to receiving notice of its revocation; and (c) my authorized representative and I/we are entitled to receive a copy of the Authorization upon request. A copy of this Authorization shall be as valid as the original.

Signature of Proposed Insured (not required if under age 15)	Signature of 2nd Proposed Insured (not required if under age 15)
Signature of Personal Representative of Proposed Insured	Signature of Personal Representative of Proposed Insured
Relationship to Proposed Insured	Relationship to Proposed Insured
Signature of Owner (if other than Proposed Insured)	Signature of Owner (if other than Proposed Insured)
Signature of Co-Owner	Signature of Co-Owner
Signature of Broker/Registered Representative	

Signed by Owner at:

City/State	Date (m/d/y)
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Section M: Broker's/Registered Representative's Report Page

- | | Life One | Life Two |
|--|----------------|----------------|
| 1. If the Application was taken on a non-medical basis, were answers from the Proposed Insured(s) obtained personally and in your presence? | ___ Yes ___ No | ___ Yes ___ No |
| 2. Does the Proposed Insured(s) appear to be in good health? | ___ Yes ___ No | ___ Yes ___ No |
| 3. Are you aware of anything about the lifestyle, habits or driving record of the Proposed Insured(s) that would have an adverse effect on insurability? | ___ Yes ___ No | ___ Yes ___ No |
| If yes, provide details: | | |
| 4. Do you have any knowledge as to whether a formal or informal application for life insurance on the Proposed Insured has been submitted to another insurer or reviewed by one or more reinsurance companies on a facultative basis? | ___ Yes ___ No | ___ Yes ___ No |
| If yes, provide details: _____ | | |
| 5. Previous address of Proposed Insured(s) if moved within the last two years: _____ | | |
| 6. Does the Applicant/Owner(s) have any existing individual life insurance policy or annuity contract, including those under a binding or conditional receipt or those within an unconditional refund period? ___ Yes ___ No | | |
| If "yes", provide the applicable state form(s). | | |
| 7. Will any existing life insurance policy or annuity contract be lapsed, forfeited, surrendered, partially surrendered, assigned, reduced in value or used as a source of premium for the coverage for which application is being made? ___ Yes ___ No | | |
| If "yes", provide details and applicable state form(s). | | |
| 8. Based on your reasonable inquiry about the Owner's financial situation, insurance objectives and needs, do you believe that the coverage as applied for is suitable for the insurance needs and anticipated financial objectives of the Owner? ___ Yes ___ No | | |
| 9. Proposed Insured's Marital Status: Life One _____ Life Two _____ | | |
| 10. Proposed Insured's Annual Household Income: Life One _____ Life Two _____ | | |

CERTIFICATION:

I, _____ certify:

Print Registered Representative's Name

1. (a) that the questions contained in this Application were asked of the Proposed Insured(s) and Owner and correctly recorded; (b) that this Application, report and any accompanying information are complete and true to the best of my knowledge and belief; (c) that I have given the Proposed Insured(s) the Privacy Information Notices including Medical Information Bureau, Inc. (MIB, Inc.), Fair Credit Reporting Act, and Consumer Report Notices; and (d) that the provisions of the Temporary Life Insurance Agreement, including limitations and exclusions, have been explained to the Owner.
2. For Variable Universal Life applications: (a) that I have reviewed with the Owner all the policy features and have given a current prospectus for the plan of insurance indicated in Section C of this Application, and (b) that information regarding the policy applied for and the Owner's financial situation, insurance objectives and needs has been submitted to my Broker/Dealer for suitability review.
3. That evidence as to the identities of the Owner(s) has been obtained and recorded.
4. That the source of funds for purchase of the insurance has been obtained and recorded.

Anti-Money Laundering Customer Identity Information

I have reviewed the Owner's identity document presented and recorded the following information from it:

Applicant's Name _____
 Address _____
 City _____ State _____ Date of Birth ____/____/____
 ID Document (Individual) _____
 (e.g., Driver's License)
 ID Document (Corporation or other non-natural person) _____
 (e.g., a government issued document showing the existence of the entity, e.g., a certificate of good standing or equivalent)
 ID Number _____ Expiration Date ____/____/____

Anti-Money Laundering Training

I have received relevant anti-money laundering training within the last 12 months, given by the Company, another insurance company or other financial institution, or offered through a national association (e.g., NAIFA, NAILBA) or competent third party (e.g., LIMRA). I also hereby acknowledge my obligations, including compliance with the Company's Anti-Money Laundering Program, as described in the Company's Market Conduct Guide for Individual Life and Annuity Producers.

Date (m/d/y)	State Insurance License Number	Signature(s) of Broker(s)/Registered Representative(s)
		X
		X
		X

Rate Information

Rate data does NOT apply to filing.

Supporting Document Schedules

Review Status:

Bypassed -Name: Certification/Notice

07-09-2007

Bypass Reason: not applicable

Comments:

Review Status:

Bypassed -Name: Application

07-09-2007

Bypass Reason: application for review and approval is attached to the Form Schedule.

Comments:

Review Status:

Bypassed -Name: Life & Annuity-Actuarial Memo

07-09-2007

Bypass Reason: not applicable

Comments: