

SERFF Tracking Number: NAWS-126218703 State: Arkansas
Filing Company: National Western Life Insurance Company State Tracking Number: 42884
Company Tracking Number: SU-6605
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Replacement Transactions Form
Project Name/Number: Replacement Transactions Form/SU-6605

Filing at a Glance

Company: National Western Life Insurance Company

Product Name: Replacement Transactions Form SERFF Tr Num: NAWS-126218703 State: Arkansas

TOI: L08 Life - Other SERFF Status: Closed-Approved- Closed State Tr Num: 42884

Sub-TOI: L08.000 Life - Other Co Tr Num: SU-6605 State Status: Approved-Closed
Filing Type: Form Reviewer(s): Linda Bird

Author: Stephanie Foskitt Disposition Date: 07/21/2009

Date Submitted: 07/07/2009 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Replacement Transactions Form

Project Number: SU-6605

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 07/21/2009

Deemer Date:

Submitted By: Stephanie Foskitt

Filing Description:

To Whom it May Concern:

Status of Filing in Domicile: Authorized

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 07/21/2009

Created By: Stephanie Foskitt

Corresponding Filing Tracking Number:

As per the requirements of Rule 97 (Life Insurance and Annuities Replacement), please find attached form SU-6605. This form will satisfy the requirements of Rule 97.

Thank you for your time and consideration in this matter. If you have any questions or need more information, please feel free to contact me by email at SFoskitt@NationalWesternLife.com or by phone at 512-719-1563.

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	07/21/2009	07/21/2009

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Disposition

Disposition Date: 07/21/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Form	Arkansas Replacement Transactions Comparison Form		Yes

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Form Schedule

Lead Form Number: SU-6605

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	SU-6605	Application/ Enrollment Form	Arkansas Replacement Transactions Comparison Form	Initial			SU-6605 Arkansas Replacement Transactions Comparison Form.pdf

PLEASE READ CAREFULLY: This information has been prepared for you so that you may make an informed decision on the use of any of your policy values to fund the purchase of a new policy or contract.

1. Name of Insured _____

2. Age of Insured _____

3. Is there an existing life insurance policy or annuity contract? YES NO

4. List Existing Life Insurance policies and/or Annuity Contracts

5. Investment Objectives

6. Did the agent discuss your risk tolerance, financial status, and current assets as they relate to the current and potential policy or contract? (See Question #18 to document details leading to determination of suitability) YES NO

7. Monthly Financial Needs

8. Will the owner need access to cash values in the near future? YES NO

9. Potential Tax implications¹ relating to this purchase

10. Amount of bonus, if any

11. Is the bonus dependent on any precondition being met? YES NO

If, YES, explain:

12. Did the insured enter into the transaction against the advice of the producer? YES NO

¹ Agent should only list known tax implications. The insured should also be advised to contact his or her personal tax advisor.

13. Why is the replacing contract in the best interest of the insured?

14. Any other information that may reasonably show suitability of the product:

Suitability Chart Comparing New and Existing Contracts

	Existing Contract	New Contract
Death Benefit		
Withdrawal Privileges/Liquidity		
Special Features		
Surrender Charges/Period		
Initial Rate of Return		
Current/Initial Value		

I have received a copy of this form.

Policyowner Signature _____ Date _____

I have retained a copy of this form as required under Arkansas law, and will forward a copy to the company.

Agent Signature _____ Date _____

Agent Number _____

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Supporting Document Schedules

Item Status: **Status**
Date:

Satisfied - Item: Flesch Certification

Comments:

R&R 19 is not applicable to replacement notice.

R&R 49 is property and casualty - not applicable to life/annuity.

Consumer Information Notice is a requirement to file policies.

Flesch Certification is attached.

Attachment:

Officer Flesch Cert SU-6605 Replacement Transactions Form.pdf

Item Status: **Status**
Date:

Bypassed - Item: Application

Bypass Reason: No policy is submitted for approval here, only the Replacement Transactions Form required by Rule 97.

Comments:

**NATIONAL WESTERN LIFE INSURANCE COMPANY
FLESCH READING EASE TEST SCORE CERTIFICATE**

**Replacement Form Number SU-6605
Arkansas Replacement Transactions Comparison Form**

I hereby certify the following:

1. The Flesch Reading Ease Test score is 53.
2. The form is printed in not less than ten point type.
3. The number of words contained in the text is 197.
4. The entire form was analyzed.



Paul Facey, FSA, MAAA
Senior Vice President and Chief Actuary