

SERFF Tracking Number: UNNC-126179559 State: Arkansas  
 Filing Company: Ameritas Life Insurance Corp. State Tracking Number: 42878  
 Company Tracking Number: UN 92  
 TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life  
 Adjustable Life  
 Product Name: UN 92 - Application for Insurance-ALIC  
 Project Name/Number: UN 92 - Application for Insurance/UN 92

## Filing at a Glance

Company: Ameritas Life Insurance Corp.

Product Name: UN 92 - Application for Insurance-ALIC SERFF Tr Num: UNNC-126179559 State: Arkansas

TOI: L09I Individual Life - Flexible Premium Adjustable Life SERFF Status: Closed-Approved- Closed State Tr Num: 42878

Sub-TOI: L09I.001 Single Life Co Tr Num: UN 92 State Status: Approved-Closed  
 Filing Type: Form Reviewer(s): Linda Bird

Authors: Bobbie Cramer, Joanne Friend, Jenny Andrus Disposition Date: 07/13/2009

Date Submitted: 07/02/2009 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval  
 State Filing Description:

Implementation Date:

## General Information

Project Name: UN 92 - Application for Insurance

Project Number: UN 92

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 07/13/2009

Status of Filing in Domicile: Pending

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: 07/13/2009

Created By: Bobbie Cramer

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Bobbie Cramer

Filing Description:

Re: The Union Central Life Insurance Company NAIC No. 80837-0943 FEIN No. 31-0472910

Acacia Life Insurance Company NAIC No. 60038-0943 FEIN No. 53-0022880

Ameritas Life Insurance Corp. NAIC No. 61301-0943 FEIN No. 47-0098400

Submission Form Identification: UN 92 PI et al - Application for Insurance (Simplified Issue)

Designation of form as Individual or Group Market: Individual

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Enclosed for your review and approval is our Application for Insurance (Simplified Issue) which we are updating and revising the format for a multi-company approach. This UN 92 Application series is being submitted in a modular format and will be used by the three UNIFI companies of Acacia Life Insurance Company, Ameritas Life Insurance Corporation, and The Union Central Life Insurance Company as our application for simplified issue for all individual life product lines. The applicant will be asked to check a box to indicate the Company for which they are applying.

Since your state requires each company be filed separately, we are also submitting these forms for the other two companies simultaneously with this filing.

Form UN 92 PI et al, will replace the Union Central Life forms of either UC 92 A, approved by your Department between 12/1/98 and 7/30/01, or UC 92-1 A, approved by your Department between 10/1/07 and 5/13/09. Form UN 92 PI et al, does not replace any previously approved forms for Acacia Life Insurance or Ameritas Life Insurance.

This format will eliminate costly duplicative forms and enable the same information required for all individual product lines to be either: 1) collected on the same form (such as name, address, etc); or 2) provided to the client on the same form (such as the Notice of Insurance Information Practices, Conditional Receipt, and Authorization). Product specific information will be collected on the enclosed product specific components (such as traditional or universal life, or variable universal life). This will enable streamlined and cost efficient computerized recordkeeping and also future compliance since only one form will need to be revised rather than multiple forms.

We are attaching an Exhibit A which lists the form numbers, form descriptions, flesch scores, and whether or not each form is replacing a previously approved form. The flesch scores listed on the Exhibit A exclude medical terminology, and federally or state required language. No part of this filing contains any unusual or possibly controversial items from normal company or industry standards.

These forms were filed concurrently with our state of domicile. If you have any questions or comments regarding this filing, please refer them to me at 1-800-825-1551, extension 52329 (email address: bcramer@unioncentral.com), or at the above-referenced address. Thank you for your consideration of this submission. Be assured it is appreciated.

Sincerely,

(Mrs.) Bobbie J. Cramer  
Senior Contract Analyst

## **Company and Contact**



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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	07/13/2009	07/13/2009

*SERFF Tracking Number:* UNNC-126179559      *State:* Arkansas  
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*Project Name/Number:* UN 92 - Application for Insurance/UN 92

## **Disposition**

Disposition Date: 07/13/2009

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	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document	Certificates		Yes
Form	Insurance Application - Personal Information		Yes
Form	Insurance Application - Policy Details		Yes
Form	Insurance Application - Policy Details - VUL		Yes
Form	Insurance Application - Investment Advisory Agreement		Yes
Form	Insurance Application -Allocation of Premiums		Yes
Form	Insurance Application - Financial, Lifestyle & Health Questionnaire		Yes
Form	Insurance Application - Agreement		Yes

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## Form Schedule

### Lead Form Number: UN 92

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	UN 92 PI	Application/ Insurance Application Enrollment - Personal Form Information	Initial		52.000	UN 92 PI.pdf
	UN 92 AL PD	Application/ Insurance Application Enrollment - Policy Details Form	Initial		50.000	UN 92 AL PD.pdf
	UN 92 AL PDV-EP	Application/ Insurance Application Enrollment - Policy Details - VUL Form	Initial		50.000	UN 92 AL PDV-EP.pdf
	UN 92 AL IA	Application/ Insurance Application Enrollment - Investment Form Advisory Agreement	Initial		50.000	UN 92 AL IA.pdf
	UN 92 AL AP-EP	Application/ Insurance Application Enrollment -Allocation of Form Premiums	Initial		50.000	UN 92 AL AP- EP.pdf
	UN 92 FI LHQ	Application/ Insurance Application Enrollment - Financial, Lifestyle Form & Health Questionnaire	Initial		60.000	UN 92 FI LHQ.pdf
	UN 92 AG	Application/ Insurance Application Enrollment - Agreement Form	Initial		55.000	UN 92 AG.pdf



# Application for Insurance Personal Information

**CHECK ALL COMPANIES THAT APPLY:**

**Acacia Life Insurance Company**  
P.O. Box 81889, Lincoln, NE 68501  
800-745-1112, Fax 402-467-7335  
(Client Service Department)

**Ameritas Life Insurance Corp.**  
P.O. Box 81889, Lincoln, NE 68501  
800-745-1112, Fax 402-467-7335

**The Union Central Life Insurance Company**  
P.O. Box 40888, Cincinnati, OH 45240  
800-319-6901, Fax 513-595-2218  
(Client Service Department)

### 1. Proposed Insured:

- a) Name: \_\_\_\_\_
- b) Date of Birth: \_\_\_\_\_ c) Sex:  Male  Female
- d) Place of Birth: \_\_\_\_\_
- e) Social Security/Tax ID No.: \_\_\_\_\_
- f) Driver's License or other Government issued picture ID:  
\_\_\_\_\_ State: \_\_\_\_\_
- g) Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_
- h) Tel. (Home): \_\_\_\_\_  
(Business): \_\_\_\_\_  
Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Best time to call: \_\_\_\_\_ at:  Business  Home  
In the event you are not available when our  
interviewer calls, may we speak with your spouse?  Yes  No
- i) Residency Status:  U.S. Resident  Other: \_\_\_\_\_
- j) Are you a U.S. Citizen:  Yes  No  
If "No," complete Foreign National form UN 0918  
and provide the following:  
Citizenship: \_\_\_\_\_  
Visa Type: \_\_\_\_\_ Visa #: \_\_\_\_\_
- k) Employer Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_
- l) Occupation: \_\_\_\_\_ Years: \_\_\_\_\_
- m) Duties: \_\_\_\_\_

### 2. Owner Information:

*(Complete only if Owner is other than Proposed Insured.)*

- a)  Individual b)  Trust (provide copy) c)  Partnership
- d)  Corporation: State of Incorporation: \_\_\_\_\_
- e) Full Name: \_\_\_\_\_
- f) Relationship to Proposed Insured(s): \_\_\_\_\_
- g) Trustee(s) Name: \_\_\_\_\_
- h) Date of Birth or Date of Trust: \_\_\_\_\_
- i) Social Security/Tax ID No.: \_\_\_\_\_
- j) Driver's License or other Government issued picture ID:  
\_\_\_\_\_ State: \_\_\_\_\_
- k) Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_
- l) Residency Status:  U.S. Resident  Other: \_\_\_\_\_
- m) Are you a U.S. Citizen:  Yes  No  
If "No," complete Foreign National form UN 0918  
and provide the following:  
Citizenship: \_\_\_\_\_  
Visa Type: \_\_\_\_\_ Visa #: \_\_\_\_\_

### 3. Beneficiary Information: *(Subject to change by Owner.)*

- a) Primary Beneficiary: \_\_\_\_\_  
\_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Relationship to Proposed Insured: \_\_\_\_\_  
Social Security/Tax ID: \_\_\_\_\_  
Date of Birth or Date of Trust: \_\_\_\_\_
- b) Contingent Beneficiary: \_\_\_\_\_  
\_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Relationship to Proposed Insured: \_\_\_\_\_  
Social Security/Tax ID: \_\_\_\_\_  
Date of Birth or Date of Trust: \_\_\_\_\_



# Universal Life Policy Details

**Ameritas Life Insurance Corp.**  
P.O. Box 81889, Lincoln, NE 68501  
800-745-1112, Fax 402-467-7335

## 1. Universal Life:

- a) Specified Amount (base only): \$ \_\_\_\_\_  
Plan of Insurance: \_\_\_\_\_
- b) Death Benefit Option:  
 Option A (Specified Amount)
- c) Planned Periodic Premium (modal): \$ \_\_\_\_\_  
Additional First-Year Premium  
(lump-sum deposits): \$ \_\_\_\_\_
- d) Single Life Supplementary Benefits:
  - Accelerated Benefit Rider  
(include Disclosure Statement)
  - Accidental Death Benefit Rider: \$ \_\_\_\_\_
  - Total Disability Rider: \$ \_\_\_\_\_
  - Other: \_\_\_\_\_

## 2. Premium:

- a) Send Premium Notices to:  Residence  Business  
 Owner  Insured  
 Other: (Specify relationship and address)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- b) Premium Frequency:
  - Annual  Electronic Fund Transfer (complete EFT form)
  - Semi-Annual  Salary Allotment
  - Quarterly  Other: \_\_\_\_\_
- c) Has any premium been given in connection with this application?  Yes  No  
(If "Yes," state amount paid for which Conditional Receipt has been given; the terms of which are hereby agreed to.)  
Amount: . . . . . \$ \_\_\_\_\_
- d) Association Discount: (If "Yes," provide IPN.)  Yes  No  
Association IPN: \_\_\_\_\_





# Variable Universal Life Investment Advisory Agreement

**Ameritas Life Insurance Corp.**  
P.O. Box 81889, Lincoln, NE 68501  
800-745-1112, Fax 402-467-7335

## Telephone Authorization:

Unless waived, the Owner and Producer/Registered Representative will have automatic telephone transfer authorization.

- I elect NOT to have telephone authorization.
- I elect NOT to have my Registered Representative have telephone authorization.

I hereby authorize and direct Ameritas Life Insurance Corp. ("Ameritas") to make allowable transfers of funds or reallocation of net premiums among available subaccounts based upon instructions received by telephone from: a) myself, as Owner; b) my Producer/Registered Representative; and c) the person(s) named below. Ameritas will not be liable for following instructions communicated by telephone that it reasonably believes to be genuine. Ameritas will employ reasonable procedures, including requiring the policy number to be stated, tape recording all instructions, and mailing written confirmation. If Ameritas does not employ reasonable procedures to confirm that instructions communicated by telephone are genuine, Ameritas may be liable for any losses due to unauthorized or fraudulent instructions.

Name per (c) above: \_\_\_\_\_ SS#: \_\_\_\_\_

Address: \_\_\_\_\_

I understand: a) all telephone transactions will be recorded; and b) this authorization will continue in force until the authorization is revoked by either Ameritas or me. The revocation is effective when received in writing or by telephone by the other party.

## Investment Advisory Agreement for Model Asset Allocation

- Selecting a model will change both the current and future allocations for your policy.
- To determine the appropriate model for your risk tolerance or to view specific investment allocation percentages, please refer to the Morningstar Asset Allocation brochure and worksheet or visit our web site.
- Upon receipt of this agreement, we will allocate according to the current version of the Morningstar Asset Allocation model in effect at that time, as indicated on our web site.

In electing to participate in the Model Asset Allocation program using the Asset Allocator tool, I understand:

- I am giving Ameritas Investment Corp. ("AIC"), an affiliate of Ameritas Life Insurance Corp. ("Ameritas"), discretionary authority to serve as my investment advisor for the program solely for purposes of developing asset allocation models and periodic updates to the models, and to instruct Ameritas to allocate my premiums and policy values pursuant to the model I select and any changes to the model by AIC. I am not retaining AIC as my investment adviser for any other financial planning purposes, unless agreed to expressly in writing. There is no additional charge for selecting the Model Asset Allocation program.
- I must decide whether participation in the program and which model is best for me. AIC will not make this decision for me. The Asset Allocator Questionnaire is only a tool to assist me. I may consult my own financial professional to help me.
- If I ever direct Ameritas to allocate my premiums or policy value to portfolios not included in the models, I will no longer receive updates to the models and this limited advisory agreement will terminate. In this circumstance, any rider requiring my participation in a modified Model Asset Allocation will also terminate. If I am entering into this limited advisory agreement pursuant to the terms of a rider, and I direct Ameritas to allocate my premiums or policy value to a model not allowed under the terms of the rider, this limited advisory agreement and the rider will both terminate.
- AIC and Ameritas may be subject to competing interests that have the potential to influence AIC's decision making with regard to the models, including revenue sharing from portfolios and principal underwriting fees. These potential conflicts are disclosed in the Policy prospectus and AIC's Form ADV Part II, which I acknowledge having received, and the Policy Statement of Additional Information, which I have the opportunity to obtain.
- AIC or Ameritas may terminate or change its available asset allocation program(s) at any time.
- This agreement is effective upon receipt and approval by Ameritas and AIC of my election to participate.



# Variable Universal Life

## Allocation of Premiums

### Excel Performance VUL

**Ameritas Life Insurance Corp.**  
 P.O. Box 81889, Lincoln, NE 68501  
 800-745-1112, Fax 402-467-7335

#### Allocation Among Investment Options:

Choose from an Investment Level Asset Allocation Model OR select your own investment options.

##### Investment Level Asset Allocation Model:

The models will be rebalanced quarterly. Choose ONE of the Asset Allocation Models below.

Information regarding the funds and allocations for each model are contained in the asset allocation brochures, which I acknowledge receipt of by signing this application.

- Aggressive Model     Capital Growth Model     Balanced Model     Moderate Model     Conservative Model

- OR -

##### Individual Investment Options

Use whole percentages only. Must total 100%. Funds listed by Advisor/Subadvisor.

If Dollar Cost Averaging, a portion must be invested in the Money Market Fund or Fixed Account (see prospectus for restrictions) and the Dollar Cost Averaging section of the Optional Program form must be completed.

##### Percentage Allocation

##### AIM Variable Insurance Funds:

- \_\_\_\_ % AIM V.I. Global Real Estate Fund, Series I  
 \_\_\_\_ % AIM V.I. International Growth Fund, Series  
 \_\_\_\_ % AIM V.I. Small Cap Equity Fund, Series I

##### The Alger American Fund:

- \_\_\_\_ % Alger American Balanced Portfolio, Class O  
 \_\_\_\_ % Alger American Capital Appreciation Portfolio, Class O

##### American Century Investments:

- \_\_\_\_ % American Century VP Mid Cap Value Fund, Class I

##### Calvert Variable Series, Inc.:

- \_\_\_\_ % Ameritas Core Strategies Portfolio  
 \_\_\_\_ % Ameritas MidCap Growth Portfolio  
 \_\_\_\_ % Ameritas MidCap Value Portfolio  
 \_\_\_\_ % Ameritas Money Market Portfolio  
 \_\_\_\_ % Ameritas Small Capitalization Portfolio  
 \_\_\_\_ % Ameritas Small Company Equity Portfolio  
 \_\_\_\_ % CVS Income Portfolio  
 \_\_\_\_ % CVS Social Balanced Portfolio  
 \_\_\_\_ % CVS Social Equity Portfolio  
 \_\_\_\_ % CVS Social International Equity Portfolio

##### DWS Variable Series I:

- \_\_\_\_ % DWS Capital Growth VIP Portfolio, Class A

##### DWS Variable Series II:

- \_\_\_\_ % DWS Dreman Small Mid Cap Value VIP Portfolio, Class A  
 \_\_\_\_ % DWS Global Thematic VIP Portfolio, Class A

##### Fidelity® Variable Insurance Products:

- \_\_\_\_ % Fidelity® VIP Contrafund® Portfolio, Initial Class  
 \_\_\_\_ % Fidelity® VIP Equity-Income Portfolio, Initial Class  
 \_\_\_\_ % Fidelity® VIP High Income Portfolio, Initial Class  
 \_\_\_\_ % Fidelity® VIP Investment Grade Bond Portfolio, Initial Class  
 \_\_\_\_ % Fidelity® VIP Investment Grade Bond Portfolio, Initial Class  
 \_\_\_\_ % Fidelity® VIP Overseas Portfolio, Initial Class  
 \_\_\_\_ % Fidelity® VIP Mid Cap Portfolio, Initial Class  
 \_\_\_\_ % Fidelity® VIP Strategic Income Portfolio, Initial Class

##### Franklin Templeton Variable Insurance Products Trust:

- \_\_\_\_ % Franklin Income Securities Fund, Class 2

##### Percentage Allocation

##### MFS® Variable Insurance Trust<sup>SM</sup>:

- \_\_\_\_ % MFS® VIT Research International Series, Initial Class  
 \_\_\_\_ % MFS® VIT Total Return Series, Initial Class  
 \_\_\_\_ % MFS® VIT Utilities Series, Initial Class  
 \_\_\_\_ % MFS® VIT Value Series, Initial Class

##### The Universal Institutional Funds, Inc.:

- \_\_\_\_ % UIF Emerging Markets Equity Portfolio, Class I

##### Neuberger Berman Advisers Management Trust

- \_\_\_\_ % Neuberger Berman AMT Guardian Portfolio, Class I

##### Oppenheimer Variable Account Funds:

- \_\_\_\_ % Oppenheimer Global Securities Fund/VA, Non-Service Shares

##### PIMCO Variable Insurance Trust:

- \_\_\_\_ % PIMCO Total Return Portfolio, Administrative Class

##### Summit Mutual Funds, Inc., Summit Pinnacle Series:

- \_\_\_\_ % Summit Barclays Capital Aggregate Bond Index Portfolio  
 \_\_\_\_ % Summit EAFE International Index Portfolio  
 \_\_\_\_ % Summit Inflation Protected Plus Portfolio  
 \_\_\_\_ % Summit Lifestyle ETF Market Strategy Aggressive Portfolio  
 \_\_\_\_ % Summit Lifestyle ETF Market Strategy Conservative Portfolio  
 \_\_\_\_ % Summit Lifestyle ETF Market Strategy Target Portfolio  
 \_\_\_\_ % Summit Nasdaq-100 Index Portfolio  
 \_\_\_\_ % Summit Natural Resources Portfolio  
 \_\_\_\_ % Summit Russell 2000 Small Cap Index Portfolio  
 \_\_\_\_ % Summit S&P 500 Index Portfolio  
 \_\_\_\_ % Summit S&P MidCap 400 Index Portfolio  
 \_\_\_\_ % Summit Zenith Portfolio

##### T. Rowe Price Equity Series, Inc.

- \_\_\_\_ % T. Rowe Price Blue Chip Growth Portfolio-II  
 \_\_\_\_ % T. Rowe Price Equity Income Portfolio-II

##### Third Avenue Variable Series Trust:

- \_\_\_\_ % Third Avenue Value Portfolio

##### Ivy Funds Variable Insurance Portfolios, Inc.:

- \_\_\_\_ % Ivy Funds VIP Science and Technology

##### Ameritas Life Insurance Corp.:

- \_\_\_\_ % Ameritas Fixed Account

100 % Total



# Universal Life / Traditional Life / VUL

- Financial Information
- Lifestyle and Health Questionnaire

### Acacia Life Insurance Company

P.O. Box 81889, Lincoln, NE 68501  
800-745-1112, Fax 402-467-7335  
(Client Service Department)

### Ameritas Life Insurance Corp.

P.O. Box 81889, Lincoln, NE 68501  
800-745-1112, Fax 402-467-7335

### The Union Central Life Insurance Company

P.O. Box 40888, Cincinnati, OH 45240  
800-319-6901, Fax 513-595-2218  
(Client Service Department)

## FINANCIAL INFORMATION

### 1. Existing and Pending Insurance - Proposed Insured:

- a) Total insurance in force on the Proposed Insured. \$ \_\_\_\_\_
- b) Total insurance currently pending with all companies, including this application. \$ \_\_\_\_\_

### 2. Existing Insurance (Replacement):

- a) Do you have any existing life insurance policies or annuity contracts? (If "Yes," complete a Replacement Notice if required by State Law.)  Yes  No
- b) Will any life insurance policy or annuity contract presently in force with this or any other company be discontinued, reduced, changed, or replaced if insurance now applied for is issued? (If "Yes," give details.)  Yes  No

Company: \_\_\_\_\_

Policy No.: \_\_\_\_\_ Type of Policy: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ Date: \_\_\_\_\_

### 3. Insurance Producer's Replacement Statement:

- a) To the best of your knowledge, does the applicant have any existing life insurance policies or annuity contracts?  Yes  No
- b) To the best of your knowledge, does the policy applied for involve replacement, in whole or in part, of any existing life insurance, annuity, disability income or overhead expense insurance, or any other accident and sickness insurance? (If "Yes," give details.)  Yes  No

Company: \_\_\_\_\_

Policy No.: \_\_\_\_\_

- c) Will a policy loan on one or more policies be utilized to pay any portion of the initial premium or deposit on the policy applied for?  Yes  No  
(If "Yes," give policy number(s) involved.) \_\_\_\_\_

### 4. Source of Premiums: (Check one or more.)

- Current Income  Cash Savings  Employer  
 Securities  Relative  Premium Finance  
 Sale of personal property or real estate  1035 Exchange  
 Insurance or annuity maturity value or death benefit  
 Insurance/Annuities (Loans/Withdrawals)  
 Rollover/Transfer of 401(k) or Pension Funds  
 Other: \_\_\_\_\_

## LIFESTYLE QUESTIONS (Please provide details for "Yes" answers.)

1. Have you used tobacco or nicotine products in any form within the last five years? (In Details, provide dates and type: cigarettes, cigars, cigarillos, a pipe, chewing tobacco, nicotine patches, gum, etc.)  Yes  No
2. Have you ever applied for insurance or reinstatement which has been: declined, postponed, rated, modified; or had any such insurance canceled or a renewal premium refused? (In Details, provide date, reason, and company name.)  Yes  No
3. Have you ever made any flights as: a pilot, student pilot, or crew member of any aircraft? (If "Yes," complete Aviation Questionnaire.)  Yes  No
4. Have you engaged in or plan to engage in any form of: motorized racing, scuba diving, parachuting, sky diving, hang gliding, ballooning, mountain climbing, rodeo, competitive skiing, snowmobiling, gliding, boat racing or any other hazardous sport? (If "Yes," complete appropriate form(s).)  Yes  No

## HEALTH QUESTIONS (Please provide details for "Yes" answers.)

1. a) Height: \_\_\_\_\_ b) Weight: \_\_\_\_\_
2. Have you ever been medically treated for or had any known indication of:
- a) Chest pain, palpitation, high blood pressure, heart murmur, heart attack or other disorder of the heart or blood vessels?  Yes  No
- b) Diabetes, thyroid, or other endocrine disorders?  Yes  No
- c) Disorder of skin, lymph glands, cyst, tumor or cancer?  Yes  No
3. Within the past 10 years, have you:
- a) Used marijuana, cocaine, barbiturates, tranquilizers, heroin, LSD, amphetamines, morphine, narcotics; or any other drug, except as legally prescribed by a physician?  Yes  No
- b) Consumed alcoholic beverages?  Yes  No

If "Yes," specify extent: \_\_\_\_\_

4. Have you been diagnosed by a licensed medical professional as having Acquired Immune Deficiency Syndrome (AIDS) or Human Immunodeficiency Virus (HIV)?  Yes  No

5. a) Name and address of personal or attending physician:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- b) Phone: \_\_\_\_\_ c) Date last consulted: \_\_\_\_\_

- d) Reason and any medication/treatment given:

\_\_\_\_\_  
 \_\_\_\_\_

- e) List any medications (prescription or nonprescription) you are currently taking: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

**Details.** For each "Yes," answer, provide question number, diagnoses, dates, duration, names and addresses of all attending physicians and medical facilities. Attach additional sheet if needed.



# Application for Insurance Agreement

**Acacia Life Insurance Company**  
P.O. Box 81889, Lincoln, NE 68501  
800-745-1112, Fax 402-467-7335  
(Client Service Department)

**Ameritas Life Insurance Corp.**  
P.O. Box 81889, Lincoln, NE 68501  
800-745-1112, Fax 402-467-7335

**The Union Central Life Insurance Company**  
P.O. Box 40888, Cincinnati, OH 45240  
800-319-6901, Fax 513-595-2218  
(Client Service Department)

## Agreement

The undersigned represent that their statements in this application and Part II, if such Part II is required by the companies listed above ("the Companies"), are true and complete to the best of their knowledge and belief. It is agreed that:

- (a) the only statements to be considered as the basis of the policy are those contained in the application or in any amendment to the application;
- (b) any prepayment made with this application will be subject to the provisions of the **CONDITIONAL RECEIPT**;
- (c) **if there is no prepayment made with this application, the policy will not take effect until:**
  - (1) **the first premium is paid during the lifetime of the proposed insured and while his/her health and the facts and other conditions affecting their insurability remain as described in this application and Part II, if required; and**
  - (2) **the policy is delivered to the Owner;**
- (d) no one except the President, a Vice President, the Secretary, or an Assistant Secretary can make, alter or discharge contracts or waive any of the Companies' rights or requirements; and
- (e) this application was signed and dated in the state indicated.

If applying for an indeterminate premium plan:

- (a) the premium for such plan is guaranteed for the initial guarantee period, and after such period, the current annual premium is not guaranteed and may change; and
- (b) the premium will never exceed the specified maximum.

## Fraud Notice

Any person who knowingly or with intent to defraud; submits an application or files a claim containing false, incomplete or misleading information; is guilty of a crime and may be subject to fines and criminal penalties, including imprisonment. In addition, insurance benefits may be denied if false information provided by an applicant is materially related to a claim.

Dated at: \_\_\_\_\_  
City State Month Day Year

\_\_\_\_\_  
Print or Type Proposed Insured Name.

**X** \_\_\_\_\_  
Signature of Proposed Insured.

\_\_\_\_\_  
Print or Type Owner if not Proposed Insured.

**X** \_\_\_\_\_  
Signature of Owner if not Proposed Insured.

\_\_\_\_\_  
Print or Type Insurance Producer Name. Producer No./Sit. Code.

**X** \_\_\_\_\_  
Signature of Licensed Soliciting Producer. Producer State Lic. No.

\_\_\_\_\_  
Print or Type Insurance Producer Name. Producer No./Sit. Code.

**X** \_\_\_\_\_  
Signature of Licensed Soliciting Producer. Producer State Lic. No.

\_\_\_\_\_  
Agency Name. Agency No.

## Taxpayer Identification Number (TIN)

Social Security Number

Employer Identification Number

Under penalties of perjury, I certify that:

- 1) The number shown on this form is my correct TIN (or I am waiting for a number to be issued to me); and
- 2) I am not subject to backup withholding either because: a) I am exempt from backup withholding; (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends; or (c) the IRS has notified me that I am no longer subject to backup withholding.

- 3) I am a U.S. Citizen or other U.S. Person (including a U.S. resident alien).

Cross out item (2) if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

**X** \_\_\_\_\_  
Signature of Owner, Trustee/Employer Date

SERFF Tracking Number: UNNC-126179559 State: Arkansas  
 Filing Company: Ameritas Life Insurance Corp. State Tracking Number: 42878  
 Company Tracking Number: UN 92  
 TOI: L091 Individual Life - Flexible Premium Sub-TOI: L091.001 Single Life  
 Adjustable Life  
 Product Name: UN 92 - Application for Insurance-ALIC  
 Project Name/Number: UN 92 - Application for Insurance/UN 92

## Supporting Document Schedules

	Item Status:	Status Date:
<p><b>Satisfied - Item:</b> Flesch Certification  <b>Comments:</b>  <b>Attachment:</b>            UN 92 Readability Cert - ALIC.pdf</p>		
<p><b>Bypassed - Item:</b> Application  <b>Bypass Reason:</b> We are only submitting an application.  <b>Comments:</b></p>		
<p><b>Bypassed - Item:</b> Outline of Coverage  <b>Bypass Reason:</b> n/a - we are only submitting an application.  <b>Comments:</b></p>		
<p><b>Satisfied - Item:</b> Certificates  <b>Comments:</b>  <b>Attachment:</b>            AR certs - ALIC.pdf</p>		

## READABILITY CERTIFICATION

I, Robert G. Lange, an officer of Ameritas Life Insurance Corp., hereby certify that the following form(s) has (have) the following readability score(s) as calculated by the Flesch Reading Ease Test and that this (these) form(s) meet(s) the reading ease requirements of the laws and regulations of your state.

<u>Form</u>	<u>Form Title</u>	<u>Readability Score #</u>
UN 92 PI	Application for Insurance-Personal Information	52
UN 92 AL PD	Application for Insurance-Policy Details	39*
UN 92 AL PDV-EP	Application for Insurance-Policy Details Variable Life	44*
UN 92 AL IA	Application for Insurance-Investment Advisory Agreement	35*
UN 92 AL AP-EP	Application for Insurance-Allocation of Premiums	35*
UN 92 FI LHQ	Application for Insurance-Financial, Lifestyle & Health Questionnaire	60
UN 92 AG	Application for Insurance-Agreement	55

# Flesch scores exclude medical terminology, and federal or state required language.

\*The score shown is the page taken by itself. When taken with all pages together, this page reaches an average flesch readability score of 50.



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Robert G. Lange  
Vice President, General Counsel & Assistant Secretary -  
Ameritas Life Insurance Corp.

06/09/09  
Date

**CERTIFICATION**  
**Arkansas**

We hereby certify that we have reviewed Arkansas Rule and Regulation 49 and that Acacia Life Insurance Company is in compliance regarding Life and Health Insurance Guaranty Association Notices.

We also certify that we have reviewed ACA 23-79-138 regarding the use of Complaint Notices and assure that Acacia Life Insurance Company is in compliance.



Robert G. Lange  
Vice President, General Counsel and Assistant Secretary  
Ameritas Life Insurance Company

July 2, 2009  
Date

**Reg. Section 6 DI: Method of Disclosure of Required Information**

All information required to be disclosed by this rule shall be set out conspicuously and in close conjunction with the statements to which such information relates or under appropriate captions of such prominence that it shall not be minimized, rendered obscure or presented in an ambiguous fashion or intermingled with the context of the advertisements so as to be confusing or misleading.

**Reg. Section 6 Life: Valuation**

The minimum valuation standard for universal life insurance policies shall be the Commissioners Reserve Valuation Method

**CERTIFICATION**  
**Arkansas**

We hereby certify that we have reviewed Rule and Regulation 19 and that Acacia Life Insurance Company meets the provisions of said Rule and Regulation, as well as all applicable requirements of your Department regarding Unfair Sex Discrimination in the Sale of Insurance.



Robert G. Lange  
Vice President, General Counsel and Assistant Secretary  
Ameritas Life Insurance Company

July 2, 2009  
Date