

SERFF Tracking Number: KCLF-126307004 State: Arkansas
Filing Company: Kansas City Life Insurance Company State Tracking Number: 43536
Company Tracking Number: J183 (30)
TOI: L02I Individual Life - Endowment Sub-TOI: L02I.000 Life - Endowment
Product Name: J183 (30)
Project Name/Number: J183 (30)/J183 (30)

Filing at a Glance

Company: Kansas City Life Insurance Company

Product Name: J183 (30)

SERFF Tr Num: KCLF-126307004 State: Arkansas

TOI: L02I Individual Life - Endowment

SERFF Status: Closed-Approved-
Closed State Tr Num: 43536

Sub-TOI: L02I.000 Life - Endowment

Co Tr Num: J183 (30)

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Author: Kathleen Frese

Disposition Date: 09/25/2009

Date Submitted: 09/18/2009

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: J183 (30)

Status of Filing in Domicile: Pending

Project Number: J183 (30)

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: 09/25/2009

Explanation for Other Group Market Type:

State Status Changed: 09/25/2009

Deemer Date:

Created By: Kathleen Frese

Submitted By: Kathleen Frese

Corresponding Filing Tracking Number:

Filing Description:

Kansas City Life Insurance Company

NAIC # 65129-588 FEIN # 44-0308260

Schedule Pages for Form No. J183-AR, Modified Premium Endowment at Age 95 Life Insurance Policy -
Nonparticipating

Dear Sir or Madam:

Enclosed for your review and approval are copies of the above-referenced policy schedule pages for our new Modified Premium Endowment at Age 95 Life Insurance Policy (30 year premium period).

SERFF Tracking Number: KCLF-126307004 State: Arkansas
 Filing Company: Kansas City Life Insurance Company State Tracking Number: 43536
 Company Tracking Number: J183 (30)
 TOI: L021 Individual Life - Endowment Sub-TOI: L021.000 Life - Endowment
 Product Name: J183 (30)
 Project Name/Number: J183 (30)/J183 (30)

These schedule pages will be used with policy form shell J183-AR, our Modified Premium Endowment at Age 95 Life Insurance Policy which was approved by your Department on 08/31/2009 under SERFF Tracking No. KCLF-126207189.

Company and Contact

Filing Contact Information

Kathleen Frese, Senior Compliance Analyst kfrese@kclife.com
 P O Box 219139 800-821-5529 [Phone] 8283 [Ext]
 Kansas City, MO 64121-9139 816-753-3018 [FAX]

Filing Company Information

Kansas City Life Insurance Company CoCode: 65129 State of Domicile: Missouri
 P O Box 219139 Group Code: 588 Company Type: Life
 Kansas City, MO 64121-9139 Group Name: State ID Number:
 (800) 821-5529 ext. [Phone] FEIN Number: 44-0308260

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? Yes
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Kansas City Life Insurance Company	\$50.00	09/18/2009	30660158

SERFF Tracking Number: KCLF-126307004 State: Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	09/25/2009	09/25/2009

SERFF Tracking Number: KCLF-126307004 *State:* Arkansas
Filing Company: Kansas City Life Insurance Company *State Tracking Number:* 43536
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TOI: L021 Individual Life - Endowment *Sub-TOI:* L021.000 Life - Endowment
Product Name: J183 (30)
Project Name/Number: J183 (30)/J183 (30)

Disposition

Disposition Date: 09/25/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: KCLF-126307004 *State:* Arkansas
Filing Company: Kansas City Life Insurance Company *State Tracking Number:* 43536
Company Tracking Number: J183 (30)
TOI: L021 Individual Life - Endowment *Sub-TOI:* L021.000 Life - Endowment
Product Name: J183 (30)
Project Name/Number: J183 (30)/J183 (30)

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Statement of Variability		Yes
Form	Schedule Pages for Modified Premium Endowment at Age 95 Life Insurance Policy		Yes

SERFF Tracking Number: KCLF-126307004 State: Arkansas
 Filing Company: Kansas City Life Insurance Company State Tracking Number: 43536
 Company Tracking Number: J183 (30)
 TOI: L021 Individual Life - Endowment Sub-TOI: L021.000 Life - Endowment
 Product Name: J183 (30)
 Project Name/Number: J183 (30)/J183 (30)

Form Schedule

Lead Form Number: J183-AR

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	J183-AR	Schedule Pages	Schedule Pages for Modified Premium Endowment at Age 95 Life Insurance Policy	Initial		0.000	AR J183 Basic Schedule Page 30.pdf

Section 1: Policy Data

Beneficiary

As stated in the application or in any subsequent agreements, amendments, or endorsements.

Owner

[The Insured]

Issue Age

[35]

Sex

[Male]

Risk Classification

[Preferred Non-tobacco]

Level Premium Period

30 Years

Nonforfeiture Interest Rate

5%

Loan Interest Rate

8%

Mortality Tables

Reserves:

2001 Commissioners Standard Ordinary Preferred Class Structure Mortality Tables, Smoker and Non-Smoker Male and Female, Ultimate, age nearest birthday.

Nonforfeiture Benefits:

2001 Commissioners Standard Ordinary Smoker and Non-Smoker Male and Female, Ultimate Mortality Tables, age nearest birthday.

Policy Number

[9999999]

Insured

[John A. Doe]

Face Amount

[\$100,000]

Policy Date

[August 6, 2009]

Final Conversion Date

[August 6, 2029]

Re-Qualification Expiration Date

[August 6, 2024]

Policy Endowment Date

[August 6, 2069]

Endowment Amount

[\$100,000]

Section 1: Policy Data (continued)

Date Prepared: [6/06/2009]

Insured
[John A. Doe]

Policy Number
[9999999]

<u><i>Form Number</i></u>	<u><i>Benefit Description</i></u>	<u><i>Amount of Insurance</i></u>	<u><i>Initial Annual Premium</i></u>	<u><i>Renewal Premiums Payable</i></u>
J183	Modified Premium Endowment at Age 95 Life Insurance Policy - Nonparticipating	[\$100,000]	[\$375.00]	*To age 95

Other Premium Options – First 30 Years:	Semi-Annual [\$187.50]	Quarterly [\$93.75]	Monthly [\$31.25]	PAC [\$31.25]
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*The premiums shown above are guaranteed and include any additional benefit provided by rider or endorsement. They are level for the first 30 years. Thereafter, the renewal annual premiums for the policy increase each year as shown on the following page.

Section 1: Policy Data (continued)

Date Prepared: [6/06/2009]

Insured
[John A. Doe]

Policy Number
[9999999]

Premium Schedule

Policy Anniversary	Age	Annual Premium
August 6		
[2009]	[35]	[\$375.00]
[2010]	[36]	[\$375.00]
[2011]	[37]	[\$375.00]
[2012]	[38]	[\$375.00]
[2013]	[39]	[\$375.00]
[2014]	[40]	[\$375.00]
[2015]	[41]	[\$375.00]
[2016]	[42]	[\$375.00]
[2017]	[43]	[\$375.00]
[2018]	[44]	[\$375.00]
[2019]	[45]	[\$375.00]
[2020]	[46]	[\$375.00]
[2021]	[47]	[\$375.00]
[2022]	[48]	[\$375.00]
[2023]	[49]	[\$375.00]
[2024]	[50]	[\$375.00]
[2025]	[51]	[\$375.00]
[2026]	[52]	[\$375.00]
[2027]	[53]	[\$375.00]
[2028]	[54]	[\$375.00]
[2029]	[55]	[\$375.00]
[2030]	[56]	[\$375.00]
[2031]	[57]	[\$375.00]
[2032]	[58]	[\$375.00]
[2033]	[59]	[\$375.00]
[2034]	[60]	[\$375.00]
[2035]	[61]	[\$375.00]
[2036]	[62]	[\$375.00]
[2037]	[63]	[\$375.00]
[2038]	[64]	[\$375.00]
[2039]	[65]	[\$2,961.00]
[2040]	[66]	[\$3,255.00]
[2041]	[67]	[\$3,551.00]
[2042]	[68]	[\$3,873.00]
[2043]	[69]	[\$4,204.00]
[2044]	[70]	[\$4,606.00]

Section 1: Policy Data (continued)

Date Prepared: [6/06/2009]

Insured
[John A. Doe]

Policy Number
[9999999]

Premium Schedule (continued)

Policy Anniversary	Age	Annual Premium
January 1		
[2045]	[71]	[\$5,055.00]
[2046]	[72]	[\$5,645.00]
[2047]	[73]	[\$6,267.00]
[2048]	[74]	[\$6,923.00]
[2049]	[75]	[\$7,640.00]
[2050]	[76]	[\$8,514.00]
[2051]	[77]	[\$9,539.00]
[2052]	[78]	[\$10,740.00]
[2053]	[79]	[\$12,133.00]
[2054]	[80]	[\$13,677.00]
[2055]	[81]	[\$15,449.00]
[2056]	[82]	[\$17,322.00]
[2057]	[83]	[\$19,369.00]
[2058]	[84]	[\$21,660.00]
[2059]	[85]	[\$24,238.00]
[2060]	[86]	[\$27,128.00]
[2061]	[87]	[\$30,317.00]
[2062]	[88]	[\$33,781.00]
[2063]	[89]	[\$37,485.00]
[2064]	[90]	[\$41,407.00]
[2065]	[91]	[\$45,186.00]
[2066]	[92]	[\$49,183.00]
[2067]	[93]	[\$53,439.00]
[2068]	[94]	[\$57,979.00]

The annual premiums shown are guaranteed. Premiums shown above include premium for any additional benefit provided by rider or endorsement. If any additional benefit provided by rider or endorsement terminates the premium will be decreased by the appropriate amount.

Section 1: Policy Data (continued)

Date Prepared: [6/06/2009]

Insured
[John A. Doe]

Policy Number
[9999999]

Table of Guaranteed Values

End of Policy Year	Policy Anniversary August 6	Cash or Loan Value	Paid-Up Insurance	Extended Insurance Years	Days
1	[2009]	[\$0]	[\$0]	[0]	[0]
2	[2010]	[\$0]	[\$0]	[0]	[0]
3	[2011]	[\$0]	[\$0]	[0]	[0]
4	[2012]	[\$0]	[\$0]	[0]	[0]
5	[2013]	[\$200]	[\$1,200]	[1]	[144]
6	[2014]	[\$200]	[\$1,100]	[1]	[105]
7	[2015]	[\$225]	[\$1,200]	[1]	[117]
8	[2016]	[\$338]	[\$1,700]	[1]	[286]
9	[2017]	[\$450]	[\$2,200]	[2]	[47]
10	[2018]	[\$563]	[\$2,600]	[2]	[148]
11	[2019]	[\$788]	[\$3,500]	[3]	[32]
12	[2020]	[\$1,013]	[\$4,300]	[3]	[260]
13	[2021]	[\$1,238]	[\$5,000]	[4]	[86]
14	[2022]	[\$1,688]	[\$6,500]	[5]	[88]
15	[2023]	[\$2,138]	[\$7,900]	[5]	[341]
16	[2024]	[\$2,588]	[\$9,200]	[6]	[143]
17	[2025]	[\$3,150]	[\$10,800]	[6]	[336]
18	[2026]	[\$3,713]	[\$12,200]	[7]	[115]
19	[2027]	[\$4,275]	[\$13,500]	[7]	[212]
20	[2028]	[\$4,838]	[\$14,700]	[7]	[268]
21	[2029]	[\$5,513]	[\$16,100]	[7]	[342]
22	[2030]	[\$6,188]	[\$17,400]	[8]	[14]
23	[2031]	[\$6,750]	[\$18,300]	[7]	[347]
24	[2032]	[\$7,313]	[\$19,100]	[7]	[298]
25	[2033]	[\$7,875]	[\$19,900]	[7]	[235]
26	[2034]	[\$8,550]	[\$20,800]	[7]	[196]
27	[2035]	[\$9,225]	[\$21,700]	[7]	[150]
28	[2036]	[\$9,900]	[\$22,500]	[7]	[99]
29	[2037]	[\$10,575]	[\$23,200]	[7]	[46]
30	[2038]	[\$11,250]	[\$23,900]	[6]	[352]
Age 60	[2033]	[\$7,875]	[\$19,900]	[7]	[235]
Age 62	[2035]	[\$9,225]	[\$21,700]	[7]	[150]
Age 65	[2038]	[\$11,250]	[\$23,900]	[6]	[352]

Values shown in the table above are for completed policy years. These values assume that premiums are paid for the number of years stated and that there is no indebtedness. Values between policy anniversaries will be adjusted for any premiums paid and time elapsed during the year. A reduction in Face Amount will proportionally reduce the cash or loan value. Paid-Up Insurance and Extended Insurance may also be reduced. Values for any policy year not shown will be furnished on request.

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TOI: L021 Individual Life - Endowment Sub-TOI: L021.000 Life - Endowment
Product Name: J183 (30)
Project Name/Number: J183 (30)/J183 (30)

Supporting Document Schedules

Item Status: **Status**
Date:

Satisfied - Item: Flesch Certification

Comments:

Attachments:

Consumer Info Compliance.pdf
Regulation 19 Cert.pdf
Regulation 49 Cert.pdf

Item Status: **Status**
Date:

Satisfied - Item: Application

Comments:

Application form number A130-U was approved by your Department on 01/09/1995.

Attachment:

A130-U AR DC LA TN 2009.pdf

Item Status: **Status**
Date:

Satisfied - Item: Statement of Variability

Comments:

Attachment:

Statement of Variability.pdf

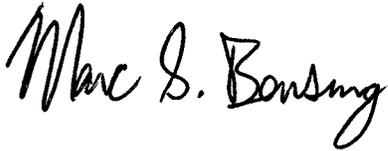
STATE OF ARKANSAS
Consumer Information Notice
COMPLIANCE CERTIFICATION

COMPANY NAME: Kansas City Life Insurance Company

FORM TITLE(S): Modified Premium Endowment at Age 95 Life Insurance Policy
- Nonparticipating

FORM NUMBER(S): J183-AR

I hereby certify that to the best of my knowledge and belief, the above forms and submissions are in compliance with ACA 23-79-138 and Bulletin 11-88, as well as the other laws, rules and regulations of the State of Arkansas.



Marc Bensing
Assistant Vice President
Kansas City Life Insurance Company

September 18, 2009

**STATE OF ARKANSAS
COMPLIANCE CERTIFICATION**

COMPANY NAME: Kansas City Life Insurance Company

FORM TITLE(S): Modified Premium Endowment at Age 95 Life Insurance Policy –
Nonparticipating

FORM NUMBER(S): J183-AR

I hereby certify that to the best of my knowledge and belief, the above form and submission is in compliance with Regulation 19, as well as the other laws, rules and regulations of the State of Arkansas.



Marc Bensing
Assistant Vice President
Kansas City Life Insurance Company

Date: September 18, 2009

**STATE OF ARKANSAS
COMPLIANCE CERTIFICATION**

COMPANY NAME: Kansas City Life Insurance Company

FORM TITLE(S): Modified Premium Endowment at Age 95 Life Insurance Policy -
Nonparticipating

FORM NUMBER(S): J183-AR

I hereby certify that to the best of my knowledge and belief, the above form and submission is in compliance with Regulation 49, as well as the other laws, rules and regulations of the State of Arkansas.



Marc Bensing
Assistant Vice President
Kansas City Life Insurance Company

Date: September 18, 2009



Personal Data

Proposed Insured Information

Full Name, Date of Birth, State of Birth, SSN, Former Full Name, Street Address, City, State, Zip, Home Phone No., Driver's License No., State Issued, Occupation and Duties, Work Phone No., Years Employed, Employer, Street Address, City, State, Zip, Best Place to Call, Best Time to Call, Former Employer, Occupation and Duties

Ownership Information

(Insured will be Owner, unless otherwise stated)

Primary Owner, Date of Birth, State of Birth, SSN or Tax ID, Relationship to Insured, Street Address, City, State, Zip, Successor Owner, Relationship to Insured

Applicant Information

(Please complete the following information if the applicant is someone other than the Insured or Owner.)

Applicant, Relationship to Insured, Street Address, City, State, Zip

Beneficiary Information *(with right to change)

Primary Beneficiary - First and Last Name, Relationship to Insured, Contingent Beneficiary - First and Last Name, Relationship to Insured

* Unless otherwise stated, benefits are payable equally to the named beneficiary(s) or to the survivor or survivors.

Special Requests (Policy date, alternate or additional policy, existing PAC or CB number, etc.) **Home Office Endorsements**

PLAN DATA

Life Insurance

Plan Name _____ Specified/Face Amount \$ _____ Coverage A
 Option B

Planned/Annual Premium \$ _____ Automatic Premium Loan Yes No Proposed Risk Class _____

Special Class Premium \$ _____ Reason for Special Class Premium _____

Riders/Benefits

Disability Continuance of Insurance (UL only) Assured Insurability \$ _____
 Disability Payment of Premium (UL only) Survivorship Purchase Option
 Guaranteed Endowment (UL only) Spouse's Term _____ units
 Terminal Illness (UL only) Children's Term _____ units
 Other Insured Coverage (UL only) Other _____
 (Complete information below) Cost of Living (UL only) _____
 Pension Increase (UL only) _____
 Extra Protection Rider (UL only) \$ _____
 Waiver of Premium (Non UL) _____
 Accidental Death \$ _____

Other Insureds (OI)

	Full Name	Marital Status	Specified Amount
1st OI	_____	<input type="checkbox"/> Non-Smoker <input type="checkbox"/> Smoker	\$ _____ <input type="checkbox"/> ADB \$ _____
2nd OI	_____	<input type="checkbox"/> Non-Smoker <input type="checkbox"/> Smoker	\$ _____ <input type="checkbox"/> ADB \$ _____
3rd OI	_____	<input type="checkbox"/> Non-Smoker <input type="checkbox"/> Smoker	\$ _____ <input type="checkbox"/> ADB \$ _____
4th OI	_____	<input type="checkbox"/> Non-Smoker <input type="checkbox"/> Smoker	\$ _____ <input type="checkbox"/> ADB \$ _____
5th OI	_____	<input type="checkbox"/> Non-Smoker <input type="checkbox"/> Smoker	\$ _____ <input type="checkbox"/> ADB \$ _____

Complete the following for all Other Insureds. If years employed is less than 2, show prior occupation in Special Requests. If any information is identical to the Primary Insured's, write **Same**.

	Social Security Number	State of Birth	Occupations and Exact Duties	Employer's Name and Address	Yrs. Emp.
1st OI	_____	_____	_____	_____	_____
2nd OI	_____	_____	_____	_____	_____
3rd OI	_____	_____	_____	_____	_____
4th OI	_____	_____	_____	_____	_____
5th OI	_____	_____	_____	_____	_____

	Street Address, City, State, Zip	Telephone No. <input type="checkbox"/> (home) <input type="checkbox"/> (work)	Most Convenient Time and Place to Contact	Driver's License Number & State Issued
1st OI	_____	() <input type="checkbox"/> (home) <input type="checkbox"/> (work)	_____	_____
2nd OI	_____	() <input type="checkbox"/> (home) <input type="checkbox"/> (work)	_____	_____
3rd OI	_____	() <input type="checkbox"/> (home) <input type="checkbox"/> (work)	_____	_____
4th OI	_____	() <input type="checkbox"/> (home) <input type="checkbox"/> (work)	_____	_____
5th OI	_____	() <input type="checkbox"/> (home) <input type="checkbox"/> (work)	_____	_____

Annuities

Plan Name _____

Single Premium Annual Premium \$ _____
 Flexible Premium

* Non-qualified IRA Money Purchase Variable
 Market 501(c)(3)(TSA) SEP Profit Sharing Fixed
 HR10 401(k) 403(b) Other _____

Yes Amount of Are any funds the result of a Yes
 Rollover No Transfer \$ _____ transfer from a Qualified Plan No

* If the Owner is other than the Annuitant, the beneficiary, in the event of the Owner's death, will automatically be the Annuitant unless otherwise specified below.
 Owner's Beneficiary _____ Relationship to Owner _____

BILLING INFORMATION

Premium Mode Ann SA Qtly Mo * PAC GA CB FAP Single Other _____

* I request Kansas City Life to withdraw the **initial** monthly premium from my checking account to pay the premium on this policy.

Premium Notices to Owner Other (If other, give name and address below) _____
 Primary Insured _____

Modal Premium Amount for Other Financial Services \$ _____ Branch of Service for GA _____
 Payor's SSN for Government Allotment _____

Credit Card Information for Initial Premium

Bankcard VISA Account Number _____
 Mastercard

Name Shown on Card _____ Expiry Date _____

REPLACEMENT

1. Will any existing life, health or annuity contract be lapsed, reissued, surrendered, or converted (to reduce amount, premium or period of coverage including surrender options) if the proposed policy is issued? Yes No
2. Will the proposed policy be financed by loans from this or any other policy? Yes No
 If **Yes**, give name of company(ies) or amount(s) _____
3. Will the proposed policy be part of an IRC Section 1035 Exchange? Yes No

EVIDENCE OF INSURABILITY

Insurance History

Proposed Insured(s)	Company	Year Issued	Insurance Amount	ADB Amount
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____

1. In the **past 3 years** have any of the Proposed Insureds applied for life or health insurance or reinstatement thereof without receiving it exactly as requested? Yes No
2. Do any of the Proposed Insureds have an application for life or health insurance pending in any other company or intend to apply for such insurance within the next 10 days? Yes No

Details to all **Yes** answers: _____

Non Medical Underwriting Questions

Questions apply to all Proposed Insureds.

1. Do any of the family members listed on this application live outside the Primary Insured's household?..... Yes No
2. Are any Proposed Insureds not a U.S. citizen? Yes No
If **Yes**, how long has(have) the Proposed Insured(s) been in the United States? _____
What type Visa? _____ Visa Number? _____
3. Have any of the Proposed Insureds in the last 12 months, or do any of the Proposed Insureds within the next 24 months, intend to travel or reside outside the continental U.S. or Canada? If **Yes**, explain below. Yes No
4. In the **past 3 years**, has any Proposed Insured:
 - a. been cited or convicted for any moving motor vehicle violations? If **Yes**, explain below. Yes No
 - b. had a driver's license suspended or revoked? If **Yes**, explain below. Yes No
 - c. flown as a pilot, co-pilot, or crew member of an aircraft? If **Yes**, complete the Aviation Questionnaire. Yes No
 - d. engaged in sky or scuba diving, hang gliding, racing or any other hazardous sport or hobby? If **Yes**, complete the Avocations Questionnaire. Yes No
5. Has any Proposed Insured ever been convicted of a felony? If **Yes**, explain below..... Yes No
6. For Proposed Insured (a) and Other Insureds (b), is there any **family history** of diabetes, cancer, high blood pressure, heart or kidney disease, mental illness, suicide or stroke? If **Yes**, explain below..... Yes No

Relationship	Age if Living		Family History or Cause of Death	Age at Death	
	a	b		a	b
Father					
Mother					
Brothers and Sisters					

Details to all **Yes** answers: _____

Juvenile Insurance (Age 0-17)

1. If any Proposed Insured(s) is(are) less than 1, what was birth weight? (name and birth weight) _____
2. If any Proposed Insured(s) is(are) age 5-15, what is grade in school? (name and grade) _____
3. Are all children insured equally? Yes No If **No**, please explain. _____
4. Amount of insurance in force on father \$ _____
5. Amount of insurance in force on mother \$ _____

Financial Information

Complete For Personal Insurance Sales

Purpose of insurance Family Income Protection Estate Planning College Savings Other _____
(Check all that apply) Mortgage Protection Retirement Savings Final Expenses

Annual earned income (Include Salary, Bonus, Commissions)

Proposed Insured \$ _____ Other Insured \$ _____
 Spouse \$ _____ Family net worth \$ _____
 (Total assets minus total liabilities)

Has(Have) the Proposed Insured(s) ever filed bankruptcy? Yes No

If **Yes**, please provide type (Chapter 7, 11, 13) and date closed. _____

Spouse's Occupation _____ Amount of life insurance in force on Spouse \$ _____

Complete For Business Insurance Sales

Purpose of insurance Key Person Buy/Sell Other _____
(Check all that apply) Deferred Compensation Creditor

For the option(s) checked, how was amount of insurance determined? _____
 (Please provide documentation)

Annual earned income of Proposed Insured \$ _____ Proposed Insured's ownership of company _____ %

Are other owners, officers or key persons being insured? Yes No If **No**, please explain. _____

Total assets of company \$ _____ Total liabilities of company \$ _____

Net worth of company \$ _____ Net income of company after taxes last fiscal year \$ _____

Has company ever filed bankruptcy? Yes No If **Yes**, please provide type (Chapter 7, 11, 13) and date closed. _____

Civilian Aviation Questionnaire

Name of Proposed Insured _____

As a pilot or student pilot, indicate the number of hours flown in command _____ Date of last flight _____

Type of license currently held Commercial Student Private

Do you hold a valid instrument rating? Yes No

Number of hours flown in the last 12 months _____ Number of hours flown in the last 12-24 months _____ Number of flying hours contemplated in next 12 months _____

Purpose of present and future flying Pleasure Personal Business Commercial Other (specify) _____

Type and class of aircraft flown Propeller Glider Home-Built Jet Balloon Ultralite Helicopter Hang Glider

Do you expect to engage in any of the following type of flying during the next 12 months? If **Yes**, state which and number of hours.

	<u>Hours</u>		<u>Hours</u>
<input type="checkbox"/> Scheduled Airlines	_____	<input type="checkbox"/> Pipeline Inspection	_____
<input type="checkbox"/> Nonscheduled Airlines	_____	<input type="checkbox"/> Air Taxi or Sight Seeing	_____
<input type="checkbox"/> Employer Owned Aircraft	_____	<input type="checkbox"/> Photography	_____
<input type="checkbox"/> Crop Dusting	_____	<input type="checkbox"/> Mapping	_____
<input type="checkbox"/> Water Bombing	_____	<input type="checkbox"/> Test or Inspection Flying	_____
<input type="checkbox"/> Student Instruction	_____	<input type="checkbox"/> Aerobatics	_____
<input type="checkbox"/> Charter Flying	_____	<input type="checkbox"/> Racing	_____
<input type="checkbox"/> Freight or Mail Carrying	_____	<input type="checkbox"/> Any Other for Pay Flying	_____ Type _____

Have you ever:

- a. been in an aircraft accident? Yes No If **Yes** to a., b., c., explain below in Additional Details.
- b. been grounded? Yes No
- c. been fined or reprimanded? Yes No

Do you have any operational limitations on your medical certificate? Yes No If **Yes**, explain below in Additional Details.

Do you contemplate any flying in Alaska? Yes No

Do you contemplate any flying outside the continental United States? Yes No If **Yes**, explain below in Additional Details.

If aviation required an extra premium or exclusion rider, which would you prefer? Extra Premium Exclusion Rider

Additional Details

Name of Proposed Insured _____

UNDERWATER DIVING

Frequency (Days) _____	Average Depth _____	Average Time (minutes) _____	Last 12 Months _____	1 to 2 Years Ago _____	Estimated Next 12 Months _____
	0-65 ft.				
	66-100 ft.				
Type <input type="checkbox"/> Scuba	101-150 ft.				
<input type="checkbox"/> Skin or snorkel	Over 150 ft.				

Purpose

- Recreation Wreck/Salvage/Retrieval Commercial
 Search/Rescue Instructor Other _____

Certification (Check highest certificate attained.)

- Basic Open-Water Advanced Open Water Dive Master/Instructor No Certificate

Locations

- Lakes Rivers Oceans
 Quarries Pools Other _____

Do you use the "buddy system"? Yes No Do you do any ice diving? Yes No

Do you do any cave diving? Yes No Date of last dive _____

PARACHUTING OR SKYDIVING

Amateur Association
 Professional or club member Yes No

Number of years _____ Date of last jump _____ Average number of jumps per year _____

Do you compete for record attempts? Yes No Do you use experimental equipment? Yes No

AUTOMOBILE RACING

Type of vehicle used in races? _____ What is the maximum speed attained? _____ What is the average speed attained? _____

Purposes of racing Amateur Both (give details)
 Professional _____

How many races did you enter in the last 12 months? _____ How many races did you enter in the last 13-24 months? _____ How many races do you contemplate in the next 12 months? _____

Championship (Indy Cars)
 Demolition
 Drag Racing (Circle ones that apply: Funny Car, Top Fuel, Pro Stock, Modified Production, Modified Super Stock, Pure Stock)
 Formula Racing (Circle ones that apply: Formula One, Superverve, Vee, Ford)
 Midget Car Racing
 Sports Car Racing (Circle ones that apply: CanAm, TransAm, Production, A, B, C, All American GT, Showroom Stock, Vintage Sports)
 Stock Car (Circle ones that apply: NASCAR Winston Cup Division, Winston Division, NASCAR Busch Grand National Division, NASCAR Modified Division, USAC Super Modified Division, Amateur, Street Stock, Hobby Division)
 Racing not covered above: Give type and details. _____

Other Avocations

(Please give details in Remarks section)

- Ballooning Mountain or Rock Climbing Bungee Jumping
 Hang Gliding Motorboat or Powerboat Racing White Water Rafting
 Ultralite Flying Motorcycle Racing Other

Remarks

Name of Proposed Insured _____

Permanent Address (non-military residence) _____

STATUS

Branch of Service _____

Date entered active service _____ Present pay grade _____

Name and location of present unit _____

Have you or your unit been alerted for overseas assignment? Yes No

If **Yes**, where? _____

Usual duty assignment (i.e., Tank Mechanic, Cook, Radar Operator, etc.) _____

Do you qualify for hazardous duty pay? Yes No

If **Yes**, why? (i.e., flying duty, submarine duty, etc.). _____

Have you any reason to believe you will, within the next 90 days, be transferred or have you any knowledge of any change in activities? Yes No

If **Yes**, give details. _____

Military Aviation

How many total hours have you accumulated as a pilot or as a crew member? _____

Hours estimated next 12 months as a pilot or as a crew member? _____

Job title _____ Aviation activity and duties _____

Do you fly for proficiency only? Yes No

If **Yes**, specify hours flown and give full details. _____

Duty assignment (MAC, SAC, TAC, etc.) _____

Aircraft in which duties are performed (F4, B52, T28, HO-1, etc.) _____

Agreement and Signatures

It is understood and agreed as follows:

1. The statements and answers recorded in all parts of this application are true and complete.
2. No information regarding any Proposed Insured will be considered known by the Company unless explicitly set out in writing on this application.
3. This application, and the answers to any required medical exam, will become a part of any policy issued on it.
4. No agent has the authority to waive any of the Company's rights or rules, or to make or change any contract.
5. The insurance applied for will take effect only after the following occur while the Proposed Insured(s) is(are) living and his/her(their) health is as stated in this application: (1) the policy is delivered to the applicant; and (2) the first full premium is paid in cash. The only exception to this is provided in the Temporary Insurance Agreement if the agreement has been issued and the advance payment required by the agreement has been made.
6. Any changes or additions made by the Company in " Home Office Endorsements" will be ratified by the applicant's acceptance of any life insurance policy issued on this application. However, any change in the classification, amount of insurance, issue age, plan of insurance or any benefits will not be effective unless accepted in writing by me(us).
7. I(We) have received the Notice of Information Practices which explains my(our) rights under the Fair Credit Reporting Act.
8. I(We) have paid \$ _____ * to the agent in exchange for the Temporary Insurance Agreement and I(we) acknowledge that I(we) fully understand and accept its terms.

***All premium checks must be made payable to Kansas City Life Insurance Company
Do not make check payable to the agent or leave the payee blank.**

AUTHORIZATION: I(We) authorize the following to give information (defined below) to Kansas City Life or any person or group acting on the part of Kansas City Life: any medical professional, medical care institution, the Medical Information Bureau, Inc., insurer, reinsurer, government agency, consumer reporting agency or employer. "Information" means facts of: a medical nature in regard to my(our) physical or mental condition; employment; other insurance coverage; or any other non-medical facts. I(We) understand that this information will be used by Kansas City Life to determine eligibility for insurance. I(We) agree this Authorization is valid for two and one-half years from the date signed. I(We) know that I(we) have a right to receive a copy of this Authorization upon request. I(We) agree that a photographic copy of this Authorization is as valid as the original.

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.

Dated at _____ this _____ day of _____, _____.

Primary Insured's Signature (if under 15, parent/guardian signature)

Applicant's Signature (if other than Primary Insured)

Spouse's Signature (if spouse coverage applied for)

First Other Insured's Signature (if over age 18)

Second Other Insured's Signature (if over age 18)

Third Other Insured's Signature (if over age 18)

Fourth Other Insured's Signature (if over age 18)

Fifth Other Insured's Signature (if over age 18)

Statement of Agent

I certify that the statements of the Primary Insured, applicant and any other Proposed Insured(s) have been correctly recorded in this application and that any premium payment shown in item 8 above has been collected by me and a Temporary Insurance Agreement given to the applicant.

To the best of my knowledge the insurance applied for in this application will will not replace existing insurance.

Were all Proposed Insureds seen by you at the time of application? Yes No If **No**, an examination may be required.

Agent Code Signature of Writing Agent

Agent Code Signature of Other Agent(s) (if split case)

Agency Code Agency



PAC Instructions:

1. This form is to be used to request the establishment of a new PAC plan or change banks or accounts under an existing PAC plan. Do not use this form to add a policy to an existing PAC plan. Instead, simply provide the existing PAC plan number in the Special Requests section of the application.
2. **Attach a personalized sample check from the account to be used.**
3. The total monthly premium on all policies in a PAC plan must be at least \$10.

Request for PAC: I request Kansas City Life Insurance Company to make monthly withdrawals from my checking account to pay premiums on this policy applied for, or to make monthly withdrawals from my checking account to pay premiums on the following additional pending applications. Name of Proposed Insured(s). (Include policy number if available.) _____

Draft Date: I request the Company to draw the PAC check or debit entry on or after the * _____ day of the month.

*Available draft days are the 1st through the 28th.

Account Information:

Payor's Name _____

Bank Name _____ Branch Name (if any) _____

Checking Savings Account Number _____ Bank Transit Number _____

Address where account is maintained _____ City _____ State _____ Zip _____

Agreement for Automatic Premium Payments and Authorization to Honor Checks Drawn by the Company

It is agreed that:

1. This PAC plan does not change any policy provisions. The payors authorization is not in lieu of payment in cash of the first premium, and does not constitute advance payment required by the Temporary Insurance Agreement.
2. Upon 30 days written notice, this PAC plan may be stopped or changed at any time by the owner of any policy under this PAC plan, the Company or the payor.
3. Withdrawals will be made on or about the premium draft date shown above.
4. No premium notices or receipts will be sent. Debit entries or checks, when paid, will constitute receipts for premiums.
5. The privilege of paying premiums under this PAC plan may be revoked by the Company if any check or debit entry is not paid upon presentation.
6. The Company's rights in respect to each check and/or debit entry will be the same as if it were signed personally by me.
7. If any debit or check entry is dishonored, the Company will be under no liability whatsoever, even if such dishonor results in forfeiture of insurance.
8. I authorize the Company to pay and charge to my(our) account, debit entries or checks drawn by and payable to the order of the Company, provided there are sufficient collected funds present to pay same upon presentation. This authorization will remain in effect until revoked by me in writing, a copy of which will be sent to the Company. Until the Company receives such notice, I agree that the Company will be fully protected in honoring any such debit.

Date _____ Signature of Premium Payor _____



KANSAS CITY LIFE
INSURANCE COMPANY

To obtain further information contact:
New Business Department
Kansas City Life Insurance Company
PO Box 219371
Kansas City, MO 64121-9371

NOTICE OF INFORMATION PRACTICES

Including Fair Credit Reporting Act Notice and MIB, Inc. Notice

Thank you for your application. It is the major source of information about you which we use in evaluating your application and issuing your contract. However, we wish to inform you that an investigative consumer report may be ordered as to your insurability. If an investigative consumer report is prepared in connection with this application, you may request to be interviewed in connection with the preparation of this report. This report may include, if applicable, information as to your character, general reputation, personal characteristics and mode of living (except as may be related directly or indirectly to your sexual orientation) as may be obtained through interviews with family members, friends, neighbors and associates. If you would like to know whether such a report was ordered and, if so, receive additional information as to its nature and scope, including the name, address and phone number of the reporting agency, we will be pleased to furnish this information upon your written request to our Home Office at the address above. You may receive a copy of such report by contacting the reporting agency. Our experience shows that information from investigative reports usually does not have any adverse effect on our underwriting decision. However, if it should, we will notify you in writing of this fact as well as provide you the identity by name and address of the reporting agency. You may then wish to discuss the matter with that agency.

We are committed to protecting the privacy of our customer's nonpublic personal information. We will only disclose our customer's nonpublic personal information: among the affiliated companies of the Kansas City Life Group; to provide services to our customers and administer our business; to market products; and as otherwise permitted by law. We may disclose our customer's nonpublic personal information to our agents and representatives to provide services to our customers and for marketing purposes. When we contract with other entities to provide support or marketing services, we will require them to adhere to our privacy standards.

Sometimes we acquire medical information about our customers, for instance, to underwrite an insurance contract or to process an insurance claim. We will keep our customer's medical information confidential. We will not share our customer's medical information even among the affiliated companies of the Kansas City Life Group without the customer's consent. We will only use or disclose our customer's medical information to underwrite insurance, process claims, administer our business, to comply with laws and regulations or as otherwise authorized by our customers.

You have the right to obtain access to certain items of information we have collected about you, and you have the further right to request correction of information if you feel it is inaccurate.

If you wish to have a more detailed description of our information practices, we will be pleased to furnish this information upon your written request to our New Business Department, Kansas City Life Insurance Company, PO Box 219371, Kansas City, MO 64121-9371.

MIB, Inc. Notice

Information regarding your insurability will be treated as confidential. Kansas City Life Insurance Company or its reinsurers may, however, make a brief report thereon to the MIB, Inc., formerly known as Medical Information Bureau, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information about you in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information in your file. Please contact MIB at 866-692-6901 (TTY 866-346-3642). If you question the accuracy of the information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information office is 50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734.

Kansas City Life Insurance Company, or its reinsurers, may also release information from its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its website at www.mib.com.

Statement of Variability for Form No. J183

Any use of variability shall be administered in a uniform and non-discriminatory manner and shall not result in unfair discrimination.

Owner, Sex, Policy Number, Insured:

This information varies with each consumer.

Risk Classification:

Preferred Elite Nontobacco (PENT)

Preferred Nontobacco (PNT)

Standard Nontobacco (SNT)

Preferred Tobacco (PT)

Standard Tobacco (ST)

This is determined by underwriting

Issue Age:

For risk classes PENT, PNT, SNT and PT the issue ages are 20-50.

For risk class Male ST in B50 the issue ages are 20-43.

For risk class ST other than Male ST B50 the issue ages are 20-45.

This information varies with each customer.

Face Amount

For risk classes PENT, PNT, PT for all issue ages the minimum issue limit is \$100,000 and there is no upper limit.

For risk classes SNT, ST for all issue ages the minimum issue limit is \$50,000 and there is no upper limit.

This is elected by the owner.

Endowment Amount:

For risk classes PENT, PNT, PT for all issue ages the minimum issue limit is \$100,000 and there is no upper limit.

For risk classes SNT, ST for all issue ages the minimum issue limit is \$50,000 and there is no upper limit.

This is elected by the owner

Premium Amounts:

The minimum premium amount is \$199 annually and there is no maximum.

This is based on the Insured's age, sex, risk class and face amount

Table of Guaranteed Values:

This is based on the Insured's age, sex, risk class and face amount