

SERFF Tracking Number:	NALF-126308425	State:	Arkansas
Filing Company:	National Life Insurance Company	State Tracking Number:	43531
Company Tracking Number:	8683(1009)		
TOI:	A02I Individual Annuities- Deferred Non-Variable	Sub-TOI:	A02I.003 Single Premium
Product Name:	Green Mountain Freedom		
Project Name/Number:	Green Mountain Freedom /8683(1009)		

Filing at a Glance

Company: National Life Insurance Company

Product Name: Green Mountain Freedom

TOI: A02I Individual Annuities- Deferred Non-Variable

Sub-TOI: A02I.003 Single Premium

Filing Type: Form

SERFF Tr Num: NALF-126308425 State: Arkansas

SERFF Status: Closed-Approved-Closed State Tr Num: 43531

Co Tr Num: 8683(1009)

State Status: Approved-Closed

Reviewer(s): Linda Bird

Authors: Susan Carey, Laurie Trombly, Junan Boldrey, Dionne Wills

Disposition Date: 09/21/2009

Date Submitted: 09/17/2009

Disposition Status: Approved-Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name: Green Mountain Freedom

Project Number: 8683(1009)

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 07/23/2009

Domicile Status Comments: This form is approved in Vermont.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: Resubmission

Previous Filing Number: 8683(1009)

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 09/21/2009

Explanation for Other Group Market Type:

State Status Changed: 09/21/2009

Deemer Date:

Created By: Dionne Wills

Submitted By: Dionne Wills

Corresponding Filing Tracking Number:

Filing Description:

Submission: Enclosed for your review is a copy of Form No. 8683(1009). This form had been previously submitted and approved by your department on 09/02/2009 under SERFF Tracking Number NALF-126281946. This form was subsequently withdrawn because the filing company information in that filing was incorrect. The filing I submit today is exactly the same with the only change being a different filing company listed under Companies and Contact.

<i>SERFF Tracking Number:</i>	<i>NALF-126308425</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>National Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>43531</i>
<i>Company Tracking Number:</i>	<i>8683(1009)</i>		
<i>TOI:</i>	<i>A02I Individual Annuities- Deferred Non-Variable</i>	<i>Sub-TOI:</i>	<i>A02I.003 Single Premium</i>
<i>Product Name:</i>	<i>Green Mountain Freedom</i>		
<i>Project Name/Number:</i>	<i>Green Mountain Freedom /8683(1009)</i>		

Readability Statistics: The policy has a Flesch Readability Score of 68.5

Description: The policy is an individual fixed-rate single premium deferred annuity. It does not have any unusual features: it is not equity-indexed nor is it two-tiered.

The policy has guaranteed values based on the 5-year Treasury Constant Maturity rate ("CMT-5") reported by the Federal Reserve for the calendar month two months prior to the month of issue, rounded to the nearest 20th of 1%, reduced by 125 basis points, the resulting answer limited to not more than 3.00% and not less than 1.00%. The guaranteed minimum interest rate does not change for a given annuity contract once that contract is issued.

National Life may, at time of issue and at its discretion, declare and guarantee a base rate for the first and second policy years higher than that determined by the indexed formula. The first year rate may contain an interest rate bonus in addition to the base rate. If this is so, the higher guarantees will be reflected on the Data Page, and such rate(s) will be declared and applied to new issues on a non-discriminatory basis.

No loads are assessed against the policy. Withdrawal charges are a percentage of the Accumulation Value withdrawn and are fully identified in the policy form. The owner may access up to 10% of the Accumulation Value each year after the first without imposition of a withdrawal charge. This is provided contractually.

The Accumulation Value is subject to a surrender penalty, termed a Withdrawal Charge, which declines to zero over 10 policy years. It is 110% in the first policy year. It reduces by one percent per year for the next ten policy years. The Withdrawal Charge is zero after the tenth policy year. After the first (1st) policy year, reductions due to a partial withdrawal from the Cash Value are not subject to a Withdrawal Charge to the extent the withdrawal does not exceed ten percent (10%) of the Accumulation Value. Other than the Withdrawal Charge, the Accumulation Value is not subject to loads. Partial withdrawals above this penalty-free amount or during the first policy year include the amount of applicable Withdrawal Charge.

Minimum and Maximum Issue Ages, Maturity Age. The minimum and maximum issue ages are 0 and 85, respectively. Maturity is fixed at attained age 99.

The Market. National Life will offer the policy through all licensed agents contracted with the company for sale to the general public.

The Application. Application Form No. 8754 is a new application that will be used in conjunction with this policy

SERFF Tracking Number: NALF-126308425 State: Arkansas
Filing Company: National Life Insurance Company State Tracking Number: 43531
Company Tracking Number: 8683(1009)
TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.003 Single Premium
Variable
Product Name: Green Mountain Freedom
Project Name/Number: Green Mountain Freedom /8683(1009)

Advertising Material. Advertising material for this product is still under development and will be filed in the appropriate jurisdictions upon receipt.

Actuarial Requirements. A Memorandum demonstrating compliance of the form with the Standard Valuation Law and the Standard Nonforfeiture Law for Annuities is enclosed.

Statement of Variability. A Statement of Variability disclosing the policy's non-guaranteed elements that are bracketed is enclosed.

Previously Approved Riders and Endorsements. Several of our previously approved endorsements will be used with this policy and are identified in the chart below:

Description	Form Number	Approval Date
IRA Endorsement	9422(0303)	04/29/2003
ROTH IRA Endorsement	9513(0303)	04/29/2003
SIMPLE IRA Endorsement	7459(0303)	04/29/2003

Filing Fee Requirement. This is a resubmission of a form that was previously approved and the filing fee was included in that filing.

Company and Contact

Filing Contact Information

Junan Boldrey, Manager, Policy Filings
1300 West Mockingbird Lane
Dallas, TX 75247

jboldrey@nationallife.com
800-543-3794 [Phone] 9316 [Ext]
214-638-9196 [FAX]

Filing Company Information

National Life Insurance Company
One National Life Drive
Montpelier, VT 05604
(802) 229-3333 ext. [Phone]

CoCode: 66680 State of Domicile: Vermont
Group Code: -99 Company Type:
Group Name: State ID Number:
FEIN Number: 03-0144090

Filing Fees

SERFF Tracking Number: NALF-126308425 State: Arkansas
Filing Company: National Life Insurance Company State Tracking Number: 43531
Company Tracking Number: 8683(1009)
TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.003 Single Premium
Variable
Product Name: Green Mountain Freedom
Project Name/Number: Green Mountain Freedom /8683(1009)

Fee Required? No
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
National Life Insurance Company	\$0.00	09/17/2009	

SERFF Tracking Number: NALF-126308425 State: Arkansas
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Variable
Product Name: Green Mountain Freedom
Project Name/Number: Green Mountain Freedom /8683(1009)

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	09/21/2009	09/21/2009

SERFF Tracking Number: NALF-126308425 *State:* Arkansas
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Variable
Product Name: Green Mountain Freedom
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Disposition

Disposition Date: 09/21/2009

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		Yes
Supporting Document	Life & Annuity - Actuarial Memo		No
Supporting Document	Third Party Authorization		Yes
Supporting Document	Statement of Variability- Policy		Yes
Supporting Document	Statement of Variability- Application		Yes
Form	Single Premium Deferred Annuity		Yes
Form	Application for Annuity		Yes

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Form Schedule

Lead Form Number: 8683(1009)

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	8683(1009)	Policy/Contract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Other	Other Explanation: See General Information.	68.500	8683(1009) .pdf
	8754(1009)	Application/ Enrollment Form	Other	Other Explanation: See General Informatio.	58.100	8754(1009).p df

YOUR SINGLE PREMIUM DEFERRED ANNUITY POLICY

Policy Number: NG000001X

Annuitant: John Doe

Owner: John Doe

Issue Date: September 1, 2009

Annuity Date: September 1, 2073

Issue Age: 35

Annuity Benefits

We will pay an annuity income beginning on the Annuity Date if the Annuitant and Owner and, if named, Joint Owner are then living, subject to the terms of this Policy.

Death Benefits

We will pay a Death Benefit to the Beneficiary when We receive due proof of the death of the Owner, Joint Owner, or the Annuitant occurring before the Annuity Date, subject to the terms of this Policy.

Right to Examine this Policy

This Policy may be returned within thirty days after it is received. Return it to Our Administrative Office or to the agent through whom it was purchased. We will cancel the Policy and return any premium paid.

Request for Information

Upon written request from You, We will provide, within a reasonable time, factual information regarding the benefits and provisions of this Policy.

This Policy is signed for **National Life Insurance Company, Montpelier, Vermont**, by


Mehman Assad
President & Chief Executive Officer


James F. McQuade
Secretary

Registrar

This Policy is a legal contract between You and the Company. **Please read it carefully.** We want You to understand the coverage it provides.

Single Premium Deferred Annuity. Income payments starting on the Annuity Date. Death Benefit payable before the Annuity Date. Nonparticipating.



NATIONAL LIFE INSURANCE COMPANY

Administrative Office: 1300 West Mockingbird Lane • Dallas, Texas 75247-4921 • Telephone: 800-579-2878

Home Office: One National Life Drive • Montpelier, Vermont 05604 • Telephone: 802-229-3333 • www.nationallife.com

8683(1009)

DATA PAGE

Policy Number: [NG000001X]

Issue Date: [September 01, 2009]

Annuitant: [John Doe]

Annuity Date: [September 01, 2073]

Owner: [John Doe]

Issue Age: [35]

Coverage

Single Premium Deferred Annuity

Single Premium

[\$10,000.00]

Guaranteed Minimum Annual Effective Interest Rates:

[7.70]% for the first Policy Year, [2.70]% for Policy Year Two, and [1.20]% thereafter.

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In this Policy, the words **We, Us, Our** and **The Company** mean National Life Insurance Company. **You** and **Your** mean the Owner of the Policy.

PART I: OWNERSHIP OF THE POLICY

Owner

The Owner on the Issue Date of this Policy is named in the application. If the Owner is not designated in the application, the Annuitant is the Owner.

Joint Owner

A Joint Owner may be named in the application on the Issue Date of this Policy. If a Joint Owner is named, You and Your shall refer to both the Owner and the Joint Owner together.

Rights of Owner

You may exercise all rights and privileges under this Policy, while the Annuitant is living, prior to the Annuity Date. Use of these rights may be subject to the consent of any Assignee or irrevocable Beneficiary.

Transfer of Ownership

Subject to the limitations described below, You may transfer ownership of this Policy. We will not be responsible for any payment We make or other action We take before a copy of the written request for transfer of ownership is received at Our Administrative Office. We are not responsible for the validity of the transfer. We may require the Policy to record the transfer.

Under certain provisions of the Internal Revenue Code, ownership and assignment of annuity policies are restricted. If this annuity is issued to qualify under such a provision, this will be specified in the application. We will restrict ownership and assignment of this Policy so that it will comply with the provisions of the Internal Revenue Code or any successor statute.

Assignment

Subject to the limitations described in the Transfer of Ownership provision, this Policy may be assigned. We will not be responsible for any payment We make or any other action We take before a written copy of the assignment is received at Our Administrative Office. We are not responsible for the validity of the assignment.

PART 2: THE ANNUITANT

Annuitant

The Annuitant is named in the application and on the Data Page of this Policy. The Annuitant may not be changed after this Policy is issued, except as otherwise provided in this Policy. If the Annuitant is living on the Annuity Date while this Policy is in force, We will pay an annuity income as provided in Payment of Benefits, Part 5.

Contingent Annuitant

If the Owner and the Joint Owner, if one has been named, are both natural persons, and neither the Owner nor the Joint Owner are the Annuitant, You may name a Contingent Annuitant in the application or by written request. The written request must be signed while the Annuitant is living and prior to the Annuity Date. The designation of a Contingent Annuitant takes effect on the date We approve it and is subject to any action We take before receiving the request. Any designation of a Contingent Annuitant expires on the Annuity Date.

If the Annuitant dies prior to the Annuity Date while this Policy is in force and while the Contingent Annuitant is alive:

- The Death Benefit will not be payable;
- The Contingent Annuitant becomes the Annuitant for purposes of this Policy; and
- All other rights and benefits provided by this Policy will continue in effect.

Under certain provisions of the Internal Revenue Code, You are not permitted to name a Contingent Annuitant. If this annuity is issued to qualify under such a provision in the Internal Revenue Code, the Contingent Annuitant provision will not apply.

PART 3: BENEFICIARY PROVISIONS

Beneficiary

The Beneficiary on the Issue Date of this Policy is named in the application. The primary Beneficiary will receive any Death Benefit payable under this Policy. A contingent Beneficiary may be named to receive the Death Benefit if the primary Beneficiary is not living at the time the Death Benefit is payable. If no named Beneficiary is living at the time the Death Benefit is payable, it will be paid to Your estate.

You may name more than one primary Beneficiary and more than one contingent Beneficiary. If more than one Beneficiary is to receive the Death Benefit, it will be paid in equal shares unless You specify otherwise in writing.

If a Joint Owner is named under the Policy, on the death of either the Owner or Joint Owner, the surviving Owner will be the sole Beneficiary.

Minors

If a Beneficiary is a minor, We will make payment to the minor's court appointed guardian. If there is no court appointed guardian, We will hold the Death Benefit at interest until the minor reaches the age of majority as defined by the state where this Policy was issued. We may require proof of age of any Beneficiary.

Change of Beneficiary

You may change the Beneficiary at any time during the Annuitant's life. You must make a written request to Our Administrative Office in a form acceptable to Us. We may require the Policy to record the change. The request will take effect when signed, subject to any action We take before receiving it.

PART 4: POLICY DATES AND VALUES

Issue Date

The Issue Date of this Policy is shown on the Data Page. It is the date that Your Policy takes effect.

Policy Years

Policy Years are yearly periods which start on the Issue Date and on the same month and day of each year thereafter.

Annuity Date

Annuity income payments begin on the Annuity Date shown on the Data Pages if the Annuitant is living.

Net Single Premium

The Net Single Premium is the Single Premium shown on the Data Page of this Policy, minus any applicable Premium Tax (see *Premium Taxes, Part 6*).

Total Withdrawals

All of the Cash Value of this Policy may be withdrawn at any time before the commencement of any annuity income payments. If all of the Cash Value is withdrawn, this Policy will terminate.

Cash Value

The Cash Value of this Policy is the Accumulation Value less applicable Withdrawal Charges and less any applicable Premium Tax (see *Premium Taxes, Part 6*). We reserve the right to defer the payment of the Cash Value for a period not to exceed six (6) months after making written request and receiving written approval of the commissioner of insurance of the state in which this Policy is issued. If We exercise the right to defer the payment of the Cash Value and if required by state law, We will pay interest according to the laws of the state in which this Policy is issued.

You may withdraw all of the value of this annuity to provide a periodic income from Us. If You do so before the end of the fifth Policy Year, We will determine the annuity payments using the Cash Value. If You do so after the end of the fifth Policy Year, We will determine the annuity payments using the Accumulation Value, less any applicable Premium Tax (see *Premium Taxes, Part 6*).

Accumulation Value

The benefits We pay depend on the Accumulation Value. We determine the Accumulation Value by adding:

- The Net Single Premium received; and
- Interest earned,

And subtracting:

- Any Partial Withdrawals made; and
- Any Withdrawal Charges assessed.

Withdrawal Charges

If You request a Total or Partial Withdrawal during the first ten Policy Years, We will deduct a Withdrawal Charge from the Accumulation Value. If the amount withdrawn during a Policy Year is less than or equal to the Free Withdrawal Amount, then the Withdrawal Charge is zero. The Withdrawal Charge on any additional amount withdrawn equals (a) times (b), where:

- (a) is the additional amount withdrawn; and
- (b) is the Withdrawal Charge Percentage for the Policy Year in which the withdrawal occurs.

Withdrawal Charge Percentage

The Withdrawal Charge Percentage is ten percent in Policy Year one, reducing by one percent per year for the next ten Policy Years. **The Withdrawal Charge Percentage is zero after the tenth Policy Year.**

Free Withdrawal Amount

In the first Policy Year, the Free Withdrawal Amount is zero. In Policy Years two and later, the Free Withdrawal Amount equals ten percent of the Accumulation Value at the time of the first Partial Withdrawal in that Policy Year. If the first Partial Withdrawal in a Policy Year exceeds the Free Withdrawal Amount, Withdrawal Charges are assessed as defined above, and the Free Withdrawal Amount for the remainder of the Policy Year is zero. If the first Partial Withdrawal is less than or equal to the Free Withdrawal Amount, no Withdrawal Charges are assessed, and the Free Withdrawal Amount is reduced by the amount withdrawn. Each Partial Withdrawal after the first one in a Policy Year is then treated in the same manner as the first Partial Withdrawal, measured against any remaining Free Withdrawal Amount at the time of the Partial Withdrawal.

Partial Withdrawals

Prior to the Annuity Date, You may withdraw part of the Cash Value of this Policy at any time. Partial Withdrawals are subject to the following limits:

- each Partial Withdrawal must be at least \$500, and
- a Partial Withdrawal may not reduce the Accumulation Value to less than \$5,000.

Please note that the order of withdrawal, whether interest or principal, may not be identical to the order of withdrawal of earnings or premium as regarded by the Internal Revenue Service.

Interest

We will add interest to the Accumulation Value each day. The Guaranteed Minimum Annual Effective Interest Rates are shown on the Data Page. We may declare an excess interest rate in addition to the guaranteed rate at any time. However, interest already added will not be affected by any such change.

PART 5: PAYMENT OF BENEFITS

Death Benefits

While this Policy is in force and prior to the Annuity Date, We will pay a Death Benefit at the earlier of:

- the death of the Owner or
- the death of the Joint Owner or
- if neither the Owner nor the Joint Owner is the Annuitant, the death of the Annuitant, unless a validly designated Contingent Annuitant is living.

The Death Benefit will be the Accumulation Value as of the date of death if the Annuitant dies. The Death Benefit will be the Cash Value as of the date of death if the Owner dies and the Owner is not the Annuitant. The Death Benefit will be the Cash Value as of the date of death if the Joint Owner dies and the Joint Owner is not the Annuitant. Payment will be made to the Beneficiary upon receipt of due proof of death. You may specify how the Death Benefit is to be paid, subject to the limits imposed by Section 72(s) of the Internal Revenue Code. If You do not specify how the Death Benefit is to be paid, the payment will be in a single sum unless the Beneficiary elects otherwise. In any event, the Death Benefit will be paid within five years of the date of death, unless one of the following exceptions applies.

Death of the Owner or Joint Owner

If the Owner or the Joint Owner dies and the Beneficiary is the surviving spouse of the decedent, the Beneficiary may elect to be treated as the successor Owner of the Policy and continue the Policy. If the Owner or Joint Owner who dies is also the Annuitant, and the Beneficiary is the surviving spouse of the decedent who elects to be treated as the successor Owner and continue the Policy, the Beneficiary will become the Annuitant. In the event of such an election, on the death of the surviving spouse, the Death Benefit will be paid within five years of the date of such death, or distributed in accordance with the next paragraph, even if the Beneficiary at that time is a surviving spouse.

If the Owner or the Joint Owner dies and the surviving spouse of the decedent is not the Beneficiary, the Beneficiary may elect to receive the Beneficiary's entire interest in the Policy over such Beneficiary's life or over a period not extending beyond the life expectancy of such Beneficiary. Such distributions must begin within one year from the date of death.

Death of the Annuitant, if neither the Owner nor the Joint Owner is the Annuitant

Except as provided in the next section (*Non-Natural Owners*), if neither the Owner nor the Joint Owner is the Annuitant and the Annuitant dies, the Beneficiary may elect to receive the Beneficiary's entire interest in the Policy over such Beneficiary's life or over a period not extending beyond the life expectancy of such Beneficiary. Such distributions must begin within one year from the date of death.

Non-Natural Owners

If either the Owner or the Joint Owner is not an individual and the Annuitant dies, and the Annuitant's surviving spouse is the Beneficiary, the Beneficiary may elect to be treated both as the successor Owner and as the successor Annuitant of the Policy and continue the Policy. In the event of such an election, on the death of the Annuitant's surviving spouse, the Death Benefit will be paid within five years of the date of such death, or distributed in accordance with the next paragraph, even if the Beneficiary at that time is a surviving spouse.

If either the Owner or the Joint Owner is not an individual and the Annuitant dies, and the Annuitant's surviving spouse is not the Beneficiary, the Beneficiary may elect to receive the Beneficiary's entire interest in the Policy over such Beneficiary's life or over a period not extending beyond the life expectancy of such Beneficiary. Such distributions must begin within one year from the date of death.

Annuity Benefits

If the Annuitant is living on the Annuity Date and this Policy is in effect, We will apply the value of this annuity to provide a periodic income.

The Annuity Benefits will be paid to You unless You direct Us in writing to pay another person. The amount and duration of the annuity depend on the amount applied and the Payment Option under which it is applied. If the Payment Option is one involving the life of the Annuitant, We reserve the right to require periodic proof that the Annuitant is still living.

If the Annuitant dies on or after the Annuity Date, (or if both the Annuitant and the joint annuitant die if the selected Payment Option is a Joint and Survivor Payment Option), any remaining payments provided by the selected Payment Option will be paid to the Beneficiary.

If:

- (a) neither the Owner nor the Joint Owner is the Annuitant or the joint annuitant; and
- (b) the Owner or the Joint Owner dies on or after the Annuity Date;

any remaining payments provided by the selected Payment Option will be paid to the Beneficiary.

If the Owner, the Joint Owner, the Annuitant, or the joint annuitant dies on or after the Annuity Date, or if You direct Us in writing irrevocably to pay the Annuity Benefits to another person, and that person dies on or after the Annuity Date, any remaining benefits will be paid at least as rapidly as under the Payment Option in effect as of the date of death.

If You elect to receive the Annuity Benefits in a single sum, We will pay You the Cash Value on the Annuity Date.

PART 6: OTHER PROVISIONS

This part contains important general and required provisions.

This Agreement

This Policy, the application, and any attached riders and endorsements constitute the complete agreement between You and Us. We have issued this Policy in exchange for the application and the payment of the premium. Any change in this Policy must be in writing, signed by one of Our officers, and in the form of an amendment or endorsement to this Policy. No agent has the power or authority to waive, change, or alter any of the terms or conditions of this Policy. Only one of Our officers has the power or authority to waive, change, or alter any of the terms or conditions of this Policy.

Incontestability

We cannot contest this Policy.

Misstatement of Age

If the Annuitant's age or gender has been misstated on the application, the benefits will be those which the premium paid would have bought for the correct age and gender. We will adjust the annuity payments on the basis of the correct age and gender. The total amount of any underpayment that may have been made will be credited with 5% interest and added to the annuity payment next following the adjustment. The total amount of any overpayment that may have been made will be charged with 5% interest and deducted from the annuity payments, as required, next following the adjustment.

Protection from Creditors

Benefits and Values payable under this Policy will be free from claims of creditors to the extent allowed by law.

Premium Taxes

Some states impose a Premium Tax on annuities. In the event that a Premium Tax is imposed on the premium received, such tax will be deducted from the premium. In the event that a Premium Tax is imposed at any other time, such Premium Tax will be deducted from any benefit payable under this Policy.

Reports

At least once each year, We will send You a report showing the Accumulation Value. The report will also show all amounts added to and subtracted from the Accumulation Value during the period the report covers.

Nonparticipating

This Policy is not entitled to share in the profits or surplus of the Company.

Tax Qualification

We may amend this Policy as necessary to comply with the Internal Revenue Service requirements. Otherwise, this Policy may not be amended unless You agree in writing.

Required Standards

All values under this Policy meet the requirements of the Standard Nonforfeiture Law for individual deferred annuities. A detailed statement of Our computation method for all values and reserves has been filed with the insurance department of the state where this Policy is delivered. All values and reserves are equal to, or greater than, those required by the laws of such state. Any paid-up annuity, cash values or Death Benefits or reserves under this Policy are not less than the minimum benefits required by any statute of the state in which the Policy is delivered.

Our Liability

We will not incur any liability or be responsible for Your failure, in whole or in part, to comply with the provisions set forth in the Internal Revenue Code or any other law.

PART 7: THE PAYMENT OPTIONS

This part contains methods of payments of the Death and Annuity Benefits. Monthly income payments are illustrated, but other frequencies of payments may be available.

Option Selection

You may select the option under which benefits will be paid while the Annuitant is still alive and prior to the Annuity Date. If no option is selected on the Annuity Date, Life Income Option 2(b) will be used automatically.

Installment Income Options (Option 1)

We will pay monthly income for a selected term or amount. The first payment is due on the Annuity Date. The right to withdraw money under the Installment Income Options will be as agreed upon when the option is elected. The following Installment Income Options are available.

1(a) Income for a Selected Term.

We will make equal monthly payments for the number of years selected (not less than 5 years or more than 25 years). The monthly income for each \$1,000 applied will not be less than those shown in Table 1. This table is based on interest guaranteed at a 1% annual effective rate.

1(b) Income of Selected Amount.

We will make equal monthly payments of an amount selected. Payments will continue until the amount applied, including interest, has been paid. Payments must be made for at least 5 years and for not more than 25 years. We guarantee interest at a 1% annual effective rate.

Table 1 - Installment Income Payments for a Selected Term (Per \$1,000)					
Years	Monthly Income	Years	Monthly Income	Years	Monthly Income
5	\$17.08	12	\$7.36	19	\$4.81
6	14.30	13	6.83	20	4.59
7	12.32	14	6.37	21	4.40
8	10.83	15	5.98	22	4.22
9	9.68	16	5.63	23	4.05
10	8.75	17	5.33	24	3.90
11	7.99	18	5.05	25	3.76

Life Income Options (Option 2)

Payments depend on the life of the Annuitant. The monthly income for each \$1,000 applied will not be less than those shown in Table 2. We will pay monthly income to the named person for the certain period selected and then for as long as the Annuitant is alive. The first payment is due on the Annuity Date. The money applied under a Life Income Option cannot be withdrawn once payments begin. The following Life Income Options are available.

2(a) Payments For Life Only.

We will make equal monthly payments for the lifetime of the Annuitant. Payments stop when the Annuitant dies.

2(b) Payments For At Least 10 Years.

We will make equal monthly payments for 10 years and then for as long as the Annuitant is alive.

2(c) Payments For At Least 20 Years.

We will make equal monthly payments for 20 years and then for as long as the Annuitant is alive.

2(d) Payments For At Least The Amount Applied (Installment Refund).

We will make equal monthly payments until We have paid the amount applied and then for as long as the Annuitant is alive.

Age	2(a) Life Only	2(b) 10 Yrs. Certain	2(c) 20 Yrs. Certain	2(d) Install. Refund	Age	2(a) Life Only	2(b) 10 Yrs. Certain	2(c) 20 Yrs. Certain	2(d) Install. Refund
54	\$3.11	3.09	3.01	2.82	77	7.01	6.21	4.46	5.08
55	3.19	3.17	3.07	2.88	78	7.37	6.40	4.49	5.25
56	3.27	3.25	3.14	2.94	79	7.75	6.60	4.51	5.43
57	3.36	3.33	3.21	3.00	80	8.16	6.80	4.53	5.62
58	3.45	3.42	3.28	3.06	81	8.61	6.99	4.54	5.82
59	3.55	3.51	3.35	3.13	82	9.09	7.18	4.56	6.03
60	3.66	3.61	3.42	3.20	83	9.61	7.36	4.57	6.24
61	3.77	3.71	3.49	3.27	84	10.17	7.53	4.58	6.48
62	3.88	3.82	3.57	3.35	85	10.77	7.68	4.58	6.72
63	4.01	3.93	3.64	3.43	86	-	7.83	4.59	6.98
64	4.14	4.05	3.72	3.51	87	-	7.96	4.59	7.24
65	4.28	4.18	3.79	3.60	88	-	8.08	4.59	7.53
66	4.43	4.31	3.87	3.69	89	-	8.19	4.59	7.82
67	4.59	4.45	3.94	3.79	90	-	8.28	4.59	8.13
68	4.77	4.60	4.01	3.89	91	-	8.37	4.59	-
69	4.95	4.75	4.07	4.00	92	-	8.44	4.59	-
70	5.15	4.91	4.14	4.11	93	-	8.51	4.59	-
71	5.36	5.08	4.20	4.23	94	-	8.56	4.59	-
72	5.59	5.25	4.26	4.36	95	-	8.61	4.59	-
73	5.83	5.44	4.31	4.49	96	-	8.65	4.59	-
74	6.10	5.62	4.35	4.63	97	-	8.68	4.59	-
75	6.38	5.81	4.39	4.77	98	-	8.71	4.59	-
76	6.68	6.01	4.43	4.92	99	-	8.72	4.59	-

Joint and Survivor Life Income (Option 3)

We will make equal monthly payments during the joint lifetime of two persons and the remaining lifetime of the survivor. The monthly income for each \$1,000 applied for sample age combinations will not be less than those shown in Table 3. The first payment is due on the Annuity Date. The money applied under a Joint and Survivor Life Income Option cannot be withdrawn once payments begin.

If the joint annuitant is the Annuitant's spouse, the amount of each monthly payment made to the spouse as survivor will not exceed the amount of each monthly payment made to the Annuitant.

If the joint annuitant is not the Annuitant's spouse, the option elected must be in such form that the present value of the payments to the Annuitant will exceed one-half of the present value of all payments to be made to the Annuitant and joint annuitant. Present values will be determined as of the Annuity Date on the basis of the actuarial assumptions We use in determining the amount of the annuity payments.

The values in Tables 2 and 3 are based on the Annuitant's (or Annuitants') age(s) (nearer birthday) on the Annuity Date. We may require proof of ages. Tables 2 and 3 are based on interest guaranteed at a 1% annual effective rate and the a2000 Individual Annuity Mortality Table blended for unisex use. Amounts of income for any age or of ages not shown will be furnished on request.

Age	55	60	65	70	75	80	85	90	95
55	2.72	2.86	2.97	3.05	3.11	3.14	3.17	3.18	3.18
60	2.86	3.06	3.24	3.39	3.49	3.56	3.60	3.63	3.64
65	2.97	3.24	3.51	3.75	3.94	4.08	4.17	4.22	4.25
70	3.05	3.39	3.75	4.12	4.45	4.71	4.90	5.01	5.07
75	3.11	3.49	3.94	4.45	4.96	5.43	5.80	6.04	6.19
80	3.14	3.56	4.08	4.71	5.43	6.17	6.84	7.34	7.68
85	3.17	3.60	4.17	4.90	5.80	6.84	7.91	8.85	9.55
90	3.18	3.63	4.22	5.01	6.04	7.34	8.85	10.35	11.62
95	3.18	3.64	4.25	5.07	6.19	7.68	9.55	11.62	13.58

More Information About Our Payment Options

Other Selections. We may agree to other Installment Income or Life Income options.

Right to Increase Monthly Income

Subject to Our approval, a person who is to receive payments may make an extra contribution at the time of option selection to increase the income to be received. The contribution will be applied under the option at the same rates as are the benefits. We may make a charge, which will not exceed 3% of the extra contribution, plus any Premium Tax required. We may limit the extra contribution to an amount equal to the benefits.

Amounts Too Small

If payments would be less than \$20, We may change the frequency of payments or pay the benefits in cash.

Automatic Cancellation

A previous election of a Payment Option for Death Benefits will be cancelled if the Beneficiary is changed.

Payments to Minors

While a person named to receive benefits is a minor, We will make all payments to the court appointed guardian of the minor's estate. We may require proof of age of any such person.

APPLICATION FOR ANNUITY

NATIONAL LIFE INSURANCE COMPANY

Administrative Office: 1300 West Mockingbird Lane • Dallas, TX 75247-492 • Telephone: 800-579-2878
 Home Office: One National Life Drive • Montpelier, Vermont 05604 • Telephone: 802-229-3333 • www.nationallife.com

Section I – Owner/Joint Owner/Annuitant

Owner's Name		SS No or Taxpayer ID	DOB (m/d/yy)	Age	Sex
John Doe		123-45-6789	6/01/1974	35	M
Home Address		City	State	Zip Code	
123 Main Street		Dallas	TX	75247	
Home Phone Number	Home Fax Number	Home e-mail Address			
123-456-7891	123-456-1987	jdoe@nol.com			
Annuitant's Name (if different from Owner)		SS No or Taxpayer ID	DOB (m/d/yy)	Age	Sex
Home Address		City	State	Zip Code	
Home Phone Number	Home Fax Number	Home e-mail Address			
Joint Owner's Name (if applicable, non-qualified only)		SS No or Taxpayer ID	DOB (m/d/yy)	Age	Sex
Home Address		City	State	Zip Code	
Home Phone Number	Home Fax Number	Home e-mail Address			

Section II – Beneficiary

Primary Beneficiary		Relationship	Social Security Number	DOB (m/d/yy)	Share
1)	Jane Doe	Wife	321-46-6724	6/01/1974	100 %
2)					%
Contingent Beneficiary		Relationship	Social Security Number	DOB (m/d/yy)	Share
1)					%
2)					%

Section III – Premium

Amount Paid with Application	Rollover/Transfer (Approximate)	<input type="checkbox"/> Documentation Submitted With App: Single Transfer(s) or Rollover(s)
10,000		

Section IV – Plan Selected Green Mountain Freedom

Section V – Plan Qualification

403 (b) TSA
 ERISA 403(b)
 ROTH 403(b)
 IRA
 ROTH IRA
 SIMPLE IRA
 457 Def. Comp
 Pension/Profit Sharing
 IRA Rollover
 Non-Qualified
 412(i)
 401(k)
 SEP
 ERISA ROTH 403(b)
 Other (specify) _____

Section VI – Existing Insurance

Do you, the applicant, know that replacement of existing life insurance or an existing annuity is or may be involved in the purchase of this annuity?

Yes No Applicant's Initials JD

Do you, the agent, know that replacement of existing life insurance or an existing annuity is or may be involved in the purchase of this annuity?

Yes No Agent's Initials JD

If the answer to either or both questions is yes, you must complete the appropriate replacement and exchange forms. However, if your state has adopted the NAIC Regulations for replacements, you must complete the appropriate forms regardless of your answers to the above questions.

Section VII – Remarks

Section VIII – For Administrative Endorsement Only

Section IX – Fraud Warnings and Notices

DC/LA/MD—Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. **FL – Notice:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree. **KY/ME/OH – Any person who knowingly and with intent to injure, defraud, or deceive any insurer files an application for insurance 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.** **NJ – Notice:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties. **AR/NM/PA – Warning:** 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 such person to criminal and civil penalties. **VA – Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.** **TN/WA – It is a crime to knowingly provide false incomplete or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.**

Section X – Acknowledgments

The Annuitant and the Owner, if other than the Annuitant; (1) represents, to the best of their knowledge and belief, that all statements and answers contained herein are full, complete and true as written and are correctly recorded; and, (2) expressly agrees as follows:

1. This application and the answers and agreements contained herein shall be the basis of, a part of the consideration for and a part of the annuity hereby applied for.
2. The payment of premium constitutes consideration to National Life Insurance Company (hereafter "the Company"), for the granting of an annuity and upon payment becomes the absolute property of the Company. As provided in the Right to Examine provision on the policy cover the annuity may be returned to us, cancelled, and we will return any premium paid.
3. If proof of age is not given with this application, the Annuitant(s) will furnish the Company with such proof before annuity payments begin.
4. The annuity applied for shall take effect on the date the premium is received by the Company.
5. The Company is authorized to amend this application by an appropriate notation in the space designated "For Administrative Endorsement Only" in order to correct apparent errors or omissions. The acceptance of any annuity issued on this application shall constitute acceptance and ratification of the beneficiary designation, if any, in such annuity and of any amendments contemplated above except that no change shall be made in the plan of annuity or benefits without the written acceptance of the Annuitant(s) or of the Owner if other than the Annuitant(s).

W9: Under the penalties of perjury, I certify that: (1) the number shown on this application is my correct taxpayer identification number; (2) the IRS has never notified me that I am subject to backup withholding, or has notified me that I am no longer subject to such withholding or I am exempt from such withholding; and (3) I am a U.S. person (including a U.S. resident alien). **You must cross out item 2 if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return.**

Section XI – Signature and Agent Information

Dated at (city/state) Halla, TX on (month/day/year) August 1, 2009
Signature of Owner John Doe Signature of Annuitant (if different from Owner) _____
Signature of Joint Owner (if applicable) _____

To the best of my knowledge, a replacement is is not involved in this transaction. (Agent to check box.) Florida License ID No. _____

I certify that I have truly and accurately recorded on the application the information provided by the Applicant.

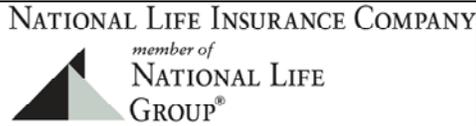
Signature of Agent John Smith Soliciting Agent (print) John Smith Agent No. 1234 Percent 100%
Agent Phone Number 321-634-1234 Other Agent (print) _____ Agent No. _____ Percent _____

Trail Commission Option

NATIONAL LIFE IS A DYNAMIC AND GROWING FAMILY OF INSURANCE AND FINANCIAL SERVICE COMPANIES OFFERING A COMPREHENSIVE RANGE OF LIFE INSURANCE, ASSET ACCUMULATION AND RETIREMENT PLANNING PRODUCTS. OUR FLAGSHIP, NATIONAL LIFE INSURANCE COMPANY, HAS BEEN SERVING CUSTOMERS WITH VALUE AND INTEGRITY SINCE 1850, AND IS LICENSED IN ALL 50 STATES AND THE DISTRICT OF COLUMBIA.

Single Premium Deferred Annuity. Income payments starting on the Annuity Date. Death Benefit payable before the Annuity Date. Nonparticipating.

The Owner is a member of National Life Holding Company while this Policy is in force. The annual meetings of the Company are held at its Home Office in Montpelier, Vermont, on the second Friday in May in each year at 9 o'clock A.M.



Administrative Office
 1300 West Mockingbird Lane
 Dallas, Texas 75247-4921
 1-800-579-2878

Contract Summary

Policy Information

Annuitant: John Doe
Age at Issue: 35
Product: Green Mountain Freedom
Policy: NG000001x

Agent Information

Name: Sam Sample
MS/Suite: 100
Address: 1245 Main street
City, State, Zip: Montpelier, VT 05604

End Of Year	Annual Premium	Projected Values at Year End			Guaranteed Values at Year End		
		Cash Surrender Value	Death Benefit	Yield	Cash Surrender Value	Death Benefit	Yield
1	\$ 10,000	\$ 9,693	\$ 10,770	(3.07%)	\$ 9,693	\$ 10,770	(3.07%)
2	-	10,165	11,061	0.82%	10,165	11,061	0.82%
3	-	10,542	11,359	1.77%	10,388	11,194	1.28%
4	-	10,931	11,666	2.25%	10,614	11,328	1.50%
5	-	11,334	11,981	2.54%	10,845	11,464	1.64%
6	-	\$ 11,751	\$ 12,305	2.73%	\$ 11,079	\$ 11,601	1.72%
7	-	12,182	12,637	2.86%	11,318	11,741	1.78%
8	-	12,628	12,978	2.96%	11,561	11,881	1.83%
9	-	13,089	13,328	3.04%	11,808	12,024	1.86%
10	-	13,565	13,688	3.10%	12,059	12,168	1.89%
20	-	\$ 17,867	\$ 17,867	2.94%	\$ 13,710	\$ 13,710	1.59%
At Age							
70	-	\$ 26,645	\$ 26,645	2.84%	\$ 16,396	\$ 16,396	1.42%
99	-	\$ 57,697	\$ 57,697	2.78%	\$ 23,173	\$ 23,173	1.32%

Projected values assume a first year annual effective interest rate of 7.70% and 2.70% thereafter, which is guaranteed for the second policy year, but not guaranteed beyond that time. Guaranteed values are based on a guaranteed annual effective interest rate of 7.70% for the first policy year, 2.70% for the second policy year, and 1.20% thereafter. Cash surrender values reflect the deduction for withdrawal charges which are a percentage of the amount withdrawn. The withdrawal charge is ten percent in the first policy year, reducing by one percent per year for the next nine policy years. There are no withdrawal charges after the tenth policy year. Withdrawal charges are net of the 10.00% penalty free withdrawal where applicable.

Monthly life income, with 120 payments certain, provided at age 99 will amount to the following:

- 1 \$503.12 - Based on projected values and guaranteed annuity purchase rates; projected values are not guaranteed.
- 1 \$202.07 - Based on guaranteed values and annuity purchase rates.

THIS CONTRACT MAY RESULT IN A LOSS IF KEPT FOR ONLY A FEW YEARS.

Any correspondence regarding this policy may be forwarded either to our Home Office or your Agent listed above.

APPLICATION FOR ANNUITY

NATIONAL LIFE INSURANCE COMPANY

Administrative Office: 1300 West Mockingbird Lane • Dallas, TX 75247-492 • Telephone: 800-579-2878
Home Office: One National Life Drive • Montpelier, Vermont 05604 • Telephone: 802-229-3333 • www.nationallife.com

Section I – Owner/Joint Owner/Annuitant

Owner's Name	SS No or Taxpayer ID	DOB (m/d/yy)	Age	Sex
Home Address	City	State	Zip Code	
Home Phone Number	Home Fax Number	Home e-mail Address		
Annuitant's Name (if different from Owner)	SS No or Taxpayer ID	DOB (m/d/yy)	Age	Sex
Home Address	City	State	Zip Code	
Home Phone Number	Home Fax Number	Home e-mail Address		
Joint Owner's Name (if applicable, non-qualified only)	SS No or Taxpayer ID	DOB (m/d/yy)	Age	Sex
Home Address	City	State	Zip Code	
Home Phone Number	Home Fax Number	Home e-mail Address		

Section II – Beneficiary

Primary Beneficiary	Relationship	Social Security Number	DOB (m/d/yy)	Share
1)				%
2)				%
Contingent Beneficiary	Relationship	Social Security Number	DOB (m/d/yy)	Share
1)				%
2)				%

Section III – Premium

Amount Paid with Application	Rollover/Transfer (Approximate)	<input type="checkbox"/> Documentation Submitted With App: Single Transfer(s) or Rollover(s)

Section IV – Plan Selected Green Mountain Freedom

Section V – Plan Qualification

- 403 (b) TSA ERISA 403(b) ROTH 403(b) IRA ROTH IRA SIMPLE IRA 457 Def. Comp Pension/Profit Sharing
 IRA Rollover Non-Qualified 412(i) 401(k) SEP ERISA ROTH 403(b) Other (specify) _____

Section VI – Existing Insurance

Do you, the applicant, know that replacement of existing life insurance or an existing annuity is or may be involved in the purchase of this annuity?

Yes No Applicant's Initials _____

Do you, the agent, know that replacement of existing life insurance or an existing annuity is or may be involved in the purchase of this annuity?

Yes No Agent's Initials _____

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Section VII – Remarks

Section VIII – For Administrative Endorsement Only

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Section X – Acknowledgments

The Annuitant and the Owner, if other than the Annuitant; (1) represents, to the best of their knowledge and belief, that all statements and answers contained herein are full, complete and true as written and are correctly recorded; and, (2) expressly agrees as follows:

1. This application and the answers and agreements contained herein shall be the basis of, a part of the consideration for and a part of the annuity hereby applied for.
2. The payment of premium constitutes consideration to National Life Insurance Company (hereafter "the Company"), for the granting of an annuity and upon payment becomes the absolute property of the Company. As provided in the Right to Examine provision on the policy cover the annuity may be returned to us, cancelled, and we will return any premium paid.
3. If proof of age is not given with this application, the Annuitant(s) will furnish the Company with such proof before annuity payments begin.
4. The annuity applied for shall take effect on the date the premium is received by the Company.
5. The Company is authorized to amend this application by an appropriate notation in the space designated "For Administrative Endorsement Only" in order to correct apparent errors or omissions. The acceptance of any annuity issued on this application shall constitute acceptance and ratification of the beneficiary designation, if any, in such annuity and of any amendments contemplated above except that no change shall be made in the plan of annuity or benefits without the written acceptance of the Annuitant(s) or of the Owner if other than the Annuitant(s).

W9: Under the penalties of perjury, I certify that: (1) the number shown on this application is my correct taxpayer identification number; (2) the IRS has never notified me that I am subject to backup withholding, or has notified me that I am no longer subject to such withholding or I am exempt from such withholding; and (3) I am a U.S. person (including a U.S. resident alien). **You must cross out item 2 if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return.**

Section XI – Signature and Agent Information

Dated at (city/state) _____ on (month/day/year) _____

Signature of Owner _____ Signature of Annuitant (if different from Owner) _____

Signature of Joint Owner (if applicable) _____

To the best of my knowledge, a replacement is is not involved in this transaction. (Agent to check box.) Florida License ID No. _____

I certify that I have truly and accurately recorded on the application the information provided by the Applicant.

Signature of Agent _____ Soliciting Agent (print) _____ Agent No. _____ Percent _____

Agent Phone Number _____ Other Agent (print) _____ Agent No. _____ Percent _____

Trail Commission Option

SERFF Tracking Number: NALF-126308425 State: Arkansas
 Filing Company: National Life Insurance Company State Tracking Number: 43531
 Company Tracking Number: 8683(1009)
 TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.003 Single Premium
 Variable
 Product Name: Green Mountain Freedom
 Project Name/Number: Green Mountain Freedom /8683(1009)

Supporting Document Schedules

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

	Item Status:	Status Date:
Satisfied - Item: Application		
Comments:		
Attachment: 8754(1009).pdf		

	Item Status:	Status Date:
Satisfied - Item: Third Party Authorization		
Comments:		
Attachment: Designated Representatives.pdf		

	Item Status:	Status Date:
Satisfied - Item: Statement of Variability- Policy		
Comments:		
Attachment: 8683(1009)SOV.pdf		

	Item Status:	Status Date:
Satisfied - Item: Statement of Variability- Application		

SERFF Tracking Number: NALF-126308425 *State:* Arkansas
Filing Company: National Life Insurance Company *State Tracking Number:* 43531
Company Tracking Number: 8683(1009)
TOI: A021 Individual Annuities- Deferred Non- *Sub-TOI:* A021.003 Single Premium
Variable
Product Name: Green Mountain Freedom
Project Name/Number: Green Mountain Freedom /8683(1009)

Comments:

Attachment:

8754(1009) SOV.pdf

STATE OF ARKANSAS
DEPARTMENT OF INSURANCE
READABILITY CERTIFICATION

Arkansas Rule ACA 23-80-206

Company Name National Life Insurance Company NAIC # 65528,

hereby certifies that the following form(s) achieve a Flesch reading ease test score of:

FORM NUMBER

FLESCH SCORE

8683(1009)

68.5



Signature

Carl J. Lutz, Vice President

August 28, 2009

Date

APPLICATION FOR ANNUITY

NATIONAL LIFE INSURANCE COMPANY

Administrative Office: 1300 West Mockingbird Lane • Dallas, TX 75247-492 • Telephone: 800-579-2878
 Home Office: One National Life Drive • Montpelier, Vermont 05604 • Telephone: 802-229-3333 • www.nationallife.com

Section I – Owner/Joint Owner/Annuitant

Owner's Name		SS No or Taxpayer ID	DOB (m/d/yy)	Age	Sex
John Doe		123-45-6789	6/01/1974	35	M
Home Address		City	State	Zip Code	
123 Main Street		Dallas	TX	75247	
Home Phone Number	Home Fax Number	Home e-mail Address			
123-456-7891	123-456-1987	jdoe@nol.com			
Annuitant's Name (if different from Owner)		SS No or Taxpayer ID	DOB (m/d/yy)	Age	Sex
Home Address		City	State	Zip Code	
Home Phone Number	Home Fax Number	Home e-mail Address			
Joint Owner's Name (if applicable, non-qualified only)		SS No or Taxpayer ID	DOB (m/d/yy)	Age	Sex
Home Address		City	State	Zip Code	
Home Phone Number	Home Fax Number	Home e-mail Address			

Section II – Beneficiary

Primary Beneficiary		Relationship	Social Security Number	DOB (m/d/yy)	Share
1)	Jane Doe	Wife	321-46-6724	6/01/1974	100 %
2)					%
Contingent Beneficiary		Relationship	Social Security Number	DOB (m/d/yy)	Share
1)					%
2)					%

Section III – Premium

Amount Paid with Application	Rollover/Transfer (Approximate)	<input type="checkbox"/> Documentation Submitted With App: Single Transfer(s) or Rollover(s)
10,000		

Section IV – Plan Selected Green Mountain Freedom

Section V – Plan Qualification

403 (b) TSA
 ERISA 403(b)
 ROTH 403(b)
 IRA
 ROTH IRA
 SIMPLE IRA
 457 Def. Comp
 Pension/Profit Sharing
 IRA Rollover
 Non-Qualified
 412(i)
 401(k)
 SEP
 ERISA ROTH 403(b)
 Other (specify) _____

Section VI – Existing Insurance

Do you, the applicant, know that replacement of existing life insurance or an existing annuity is or may be involved in the purchase of this annuity?

Yes No Applicant's Initials JD

Do you, the agent, know that replacement of existing life insurance or an existing annuity is or may be involved in the purchase of this annuity?

Yes No Agent's Initials JD

If the answer to either or both questions is yes, you must complete the appropriate replacement and exchange forms. However, if your state has adopted the NAIC Regulations for replacements, you must complete the appropriate forms regardless of your answers to the above questions.

Section VII – Remarks

Section VIII – For Administrative Endorsement Only

Section IX – Fraud Warnings and Notices

DC/LA/MD—Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. **FL – Notice:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree. **KY/ME/OH – Any person who knowingly and with intent to injure, defraud, or deceive any insurer files an application for insurance 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.** **NJ – Notice:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties. **AR/NM/PA – Warning:** 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 such person to criminal and civil penalties. **VA – Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.** **TN/WA – It is a crime to knowingly provide false incomplete or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.**

Section X – Acknowledgments

The Annuitant and the Owner, if other than the Annuitant; (1) represents, to the best of their knowledge and belief, that all statements and answers contained herein are full, complete and true as written and are correctly recorded; and, (2) expressly agrees as follows:

1. This application and the answers and agreements contained herein shall be the basis of, a part of the consideration for and a part of the annuity hereby applied for.
2. The payment of premium constitutes consideration to National Life Insurance Company (hereafter "the Company"), for the granting of an annuity and upon payment becomes the absolute property of the Company. As provided in the Right to Examine provision on the policy cover the annuity may be returned to us, cancelled, and we will return any premium paid.
3. If proof of age is not given with this application, the Annuitant(s) will furnish the Company with such proof before annuity payments begin.
4. The annuity applied for shall take effect on the date the premium is received by the Company.
5. The Company is authorized to amend this application by an appropriate notation in the space designated "For Administrative Endorsement Only" in order to correct apparent errors or omissions. The acceptance of any annuity issued on this application shall constitute acceptance and ratification of the beneficiary designation, if any, in such annuity and of any amendments contemplated above except that no change shall be made in the plan of annuity or benefits without the written acceptance of the Annuitant(s) or of the Owner if other than the Annuitant(s).

W9: Under the penalties of perjury, I certify that: (1) the number shown on this application is my correct taxpayer identification number; (2) the IRS has never notified me that I am subject to backup withholding, or has notified me that I am no longer subject to such withholding or I am exempt from such withholding; and (3) I am a U.S. person (including a U.S. resident alien). **You must cross out item 2 if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return.**

Section XI – Signature and Agent Information

Dated at (city/state) Halla, TX on (month/day/year) August 1, 2009
Signature of Owner John Doe Signature of Annuitant (if different from Owner) _____
Signature of Joint Owner (if applicable) _____

To the best of my knowledge, a replacement is is not involved in this transaction. (Agent to check box.) Florida License ID No. _____

I certify that I have truly and accurately recorded on the application the information provided by the Applicant.

Signature of Agent John Smith Soliciting Agent (print) John Smith Agent No. 1234 Percent 100%
Agent Phone Number 321-634-1234 Other Agent (print) _____ Agent No. _____ Percent _____

Trail Commission Option



July 23, 2009

To Whom It May Concern:

This letter is to authorize the following Life Insurance Company of the Southwest employees as Designated Representatives of National Life Insurance Company to author documents, submit and respond to product filings on its behalf:

Daniel R. Adams, ASA, MAAA
Actuarial Associate – Product Development of Life Insurance Company of the Southwest
dadams@nationallife.com
214-638-9200

Michelle R. Beilharz, ASA, MAAA
Actuary – Product Development of Life Insurance Company of the Southwest
mbeilharz@nationallife.com
214-638-9218

Geoff Bird, FSA, MAAA
Vice President – Product Development of Life Insurance Company of the Southwest
gbird@nationallife.com
214-638-9357

Junan Boldrey
Manager, Policy Filing – Product Development of Life Insurance Company of the Southwest
jbaldrey@nationallife.com
214-638-9316

Michael C. Ward, FSA, MAAA
Vice President – Product Development of Life Insurance Company of the Southwest
mward@nationallife.com
214-638-9129

Dionne Wills
Insurance Product Analyst – Product Development of Life Insurance Company of the Southwest
dwills@nationallife.com
214-638-9316

The Designated Representatives may be contacted at their email addresses and direct phone numbers listed above or by mail, toll-free telephone, or fax as follows:

Life Insurance Company of the Southwest
1300 West Mockingbird Lane
Dallas, Texas 75247
Phone: 800-543-3794
Fax: 214-638-9129

National Life Insurance Company thanks you for your consideration in this matter.

Sincerely,

Wade H. Mayo
Senior Vice President

Policy Form 8683(1009) - Statement of Variability

Variables for the Policy Data Section (Owner, Annuitant, etc...) are based on the information in the application.

Variable for the Single Premium under the Single Premium Section:

- [\$10,000] – The dollar amount prints automatically based on the amount received.

The policy's non-guaranteed rate-type elements and their descriptive text which are bracketed on the Data Page are limited to the following values (low to high):

- Guaranteed Minimum Annual Effective Interest Rates
 - The rates are variable but will be fixed at issue of each policy and will not be redetermined subsequent to issue (i.e. no interest rate reset provision). These rates include:
 - First Policy Year (1.00% to 20.00%)
 - Policy Year Two (1.00% to 20.00%)
 - Policy Years Three and after (1.00% to 3.00%)
 - The methodology for setting such rates is listed below.

Determination of the Guaranteed Minimum Annual Effective Interest Rates

The rates guaranteed for the first two policy years may be in excess of the rates guaranteed for subsequent policy years. If higher rates are so declared at time of issue, then the rate for the first policy year will be at least as large as the rate for policy year two, and the rate for policy year two will be at least as large as the rate for subsequent policy years. If higher rates are so declared for policy years one and two, they will be declared in a manner that is not unfairly discriminatory to any class of policyholders. The rates guaranteed for policy years three and later will be equal to the nonforfeiture rate. The nonforfeiture rate will change from calendar month to calendar month for policies issued in the months as determined in the following. The rates employed during a calendar month for issues in that month will be the 5-year Treasury Constant Maturity rate ("CMT-5") reported by the Federal Reserve for the calendar month two months prior to the month of issue, rounded to the nearest 20th of 1%, reduced by 125 basis points, the resulting answer limited to not more than 3% and not less than 1%.

Sample Calculation Nonforfeiture Rate for Current Issues

The policy form submitted with an Issue Date of September 1, 2009 would use the rate of 2.46% reported by the Federal Reserve for the month of July 2009. The rate is rounded to the nearest 1/20th of 1% with a result of 2.45%. That rate is then reduced by 125 basis points with a result of 1.20%.

National Life Insurance Company
Statement of Variability 8754(1009)

Variable material in the application is denoted with brackets.

- 1) Premium – two options will be available for the Premium Section:
 - a. Single Premium – use with single premium deferred annuities.
 - b. Flexible Premium – use with flexible premium deferred annuities.
- 2) Plan Selected – Currently the only product on this list is Green Mountain Freedom. This list may later include new products developed utilizing this application.
- 3) Variables for the plan qualification line of business codes are limited to the values shown below. If the product can only be sold in a particular market (e.g., tax-qualified market) then that line of business will be the only choice in this option. If the product can be sold in multiple markets then those line of business will be listed as options:
 - 403 (b) TSA will appear only for 403(b) tax sheltered annuity markets
 - ERISA 403(b) will appear only for 403(b) tax sheltered annuity markets
 - ROTH 403(b) will appear only for 403(b) tax sheltered annuity markets
 - IRA will appear only for individual retirement annuity markets
 - ROTH IRA will appear only for individual retirement annuity markets
 - SIMPLE IRA will appear only for individual retirement annuity markets
 - 457 Def. Comp will appear only for 457 deferred compensation annuity market
 - Pension/Profit Sharing will appear only for the pension and/or profit sharing annuity markets
 - IRA Rollover will appear only for individual retirement annuity market
 - Non-Qualified will appear only for non qualified annuity market
 - 412(i) will appear only for 412(i) annuity market
 - 401(k) will appear only for 401(k) annuity market
 - SEP
 - ERISA ROTH 403(b)
 - Other (specify)_____
- 4) Trail Commission Option will appear only for products that have this feature