

SERFF Tracking Number: NAWS-126455168 State: Arkansas
Filing Company: National Western Life Insurance Company State Tracking Number: 44634
Company Tracking Number: 01-S026(REV.01/10)
TOI: A10 Annuities - Other Sub-TOI: A10.000 Annuities - Other
Product Name: Application Supplement for Withdrawal Benefit Rider
Project Name/Number: Application Supplement for Withdrawal Benefit Rider/01-S026(REV.01/10)

Filing at a Glance

Company: National Western Life Insurance Company

Product Name: Application Supplement for Withdrawal Benefit Rider SERFF Tr Num: NAWS-126455168 State: Arkansas

TOI: A10 Annuities - Other

SERFF Status: Closed-Approved-Closed State Tr Num: 44634

Sub-TOI: A10.000 Annuities - Other

Co Tr Num: 01-S026(REV.01/10) State Status: Approved-Closed

Filing Type: Form

Author: Stephanie Foskitt Reviewer(s): Linda Bird

Date Submitted: 01/20/2010 Disposition Date: 01/25/2010

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Application Supplement for Withdrawal Benefit Rider

Status of Filing in Domicile: Authorized

Project Number: 01-S026(REV.01/10)

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: This form is deemed exempt in our state of domicile, Colorado, under Bulletin B-4.1.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 01/25/2010

Explanation for Other Group Market Type:

State Status Changed: 01/25/2010

Deemer Date:

Created By: Stephanie Foskitt

Submitted By: Stephanie Foskitt

Corresponding Filing Tracking Number:

Filing Description:

January 20, 2010

Arkansas Department of Insurance

Life and Health Compliance

1200 West Third Street

Little Rock, Arkansas 72201-1904

SERFF Tracking Number: NAWS-126455168 State: Arkansas
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Product Name: Application Supplement for Withdrawal Benefit Rider
Project Name/Number: Application Supplement for Withdrawal Benefit Rider/01-S026(REV.01/10)

Re: Application Supplement for Annuity Withdrawal Benefit Rider, form number 01-S026(Rev.01/10)
National Western Life Insurance Company, NAIC 66850, FEIN 84-0467208

To Whom It May Concern:

Please find attached the above captioned form submitted to your state for formal approval. This form will replace a previously approved form by the same name, but with form number 01-S026(REV.07/08) approved for use on July 18, 2008 as SERFF filing NAWS-125736057. This form is deemed exempt by our state of domicile, Colorado, under Bulletin B-4.1. This filing contains no unusual or possibly controversial items from normal industry standards.

This application supplement is used in conjunction with the company's annuity application to issue either of the two annuity riders titled Withdrawal Benefit Rider, form number 01-3128-09 approved on October 5, 2009 as SERFF filing NAWS-126311063, or 01-3128-08 approved on July 18, 2008 as SERFF filing NAWS-125736057.

The primary difference between the submitted Application Supplement and the previously approved version is the addition of clarifying information. Because the supplement is now used in conjunction with two riders, it was necessary to add rider charge information for the most recently approved rider. Please find attached a marked-up copy of the previously approved Application Supplement.

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

Sincerely,
Stephanie Foskitt
Contract Compliance Analyst

We reserve the right to change the format of this form without changing any of the language. Printing standards will never be less than those required by your state.

Company and Contact

Filing Contact Information

Stephanie Foskitt, Contract Compliance Analyst SFoskitt@NationalWesternLife.com
National Western Life Insurance Company 512-719-1563 [Phone]
850 East Anderson Lane 512-719-8522 [FAX]
Austin, TX 78752

Filing Company Information

SERFF Tracking Number: NAWS-126455168 State: Arkansas
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 Company Tracking Number: 01-S026(REV.01/10)
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 Product Name: Application Supplement for Withdrawal Benefit Rider
 Project Name/Number: Application Supplement for Withdrawal Benefit Rider/01-S026(REV.01/10)
 National Western Life Insurance Company CoCode: 66850 State of Domicile: Colorado
 850 East Anderson Lane Group Code: -99 Company Type:
 Austin, TX 78752-1602 Group Name: State ID Number:
 (512) 836-1010 ext. [Phone] FEIN Number: 84-0467208

Filing Fees

Fee Required? Yes
 Fee Amount: \$20.00
 Retaliatory? No
 Fee Explanation: \$20 per form x 1 form = \$20 total
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
National Western Life Insurance Company	\$20.00	01/20/2010	33654865
National Western Life Insurance Company	\$30.00	01/20/2010	33665838

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 Product Name: Application Supplement for Withdrawal Benefit Rider
 Project Name/Number: Application Supplement for Withdrawal Benefit Rider/01-S026(REV.01/10)

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	01/25/2010	01/25/2010

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Filing Fees	Note To Filer	Ashley Roberts	01/21/2010	01/21/2010
Filing Fee	Note To Reviewer	Stephanie Foskitt	01/20/2010	01/20/2010
Filing Fee	Note To Filer	Ashley Roberts	01/20/2010	01/20/2010

SERFF Tracking Number: *NAWS-126455168* *State:* *Arkansas*
Filing Company: *National Western Life Insurance Company* *State Tracking Number:* *44634*
Company Tracking Number: *01-S026(REV.01/10)*
TOI: *A10 Annuities - Other* *Sub-TOI:* *A10.000 Annuities - Other*
Product Name: *Application Supplement for Withdrawal Benefit Rider*
Project Name/Number: *Application Supplement for Withdrawal Benefit Rider/01-S026(REV.01/10)*

Disposition

Disposition Date: 01/25/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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 Project Name/Number: Application Supplement for Withdrawal Benefit Rider/01-S026(REV.01/10)

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Actuarial Memo		No
Supporting Document	Cover Letter		Yes
Supporting Document	MARKED UP - Previously Approved Application Supplement & New Application Supplement		Yes
Form	Application Supplement for Withdrawal Benefit Rider		Yes

SERFF Tracking Number: *NAWS-126455168* *State:* *Arkansas*
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Project Name/Number: *Application Supplement for Withdrawal Benefit Rider/01-S026(REV.01/10)*

Note To Filer

Created By:

Ashley Roberts on 01/21/2010 02:14 PM

Last Edited By:

Linda Bird

Submitted On:

01/25/2010 09:26 AM

Subject:

Filing Fees

Comments:

The general instruction page is currently being revised.

Thank you,

Ashley

SERFF Tracking Number: NAWS-126455168 State: Arkansas
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Note To Reviewer

Created By:

Stephanie Foskitt on 01/20/2010 02:21 PM

Last Edited By:

Linda Bird

Submitted On:

01/25/2010 09:26 AM

Subject:

Filing Fee

Comments:

Ashley,

The General Instructions on SERFF are what I use to know what the filing fees are going to be. The General Instructions, which were last modified February 2009, show that separate forms are \$20 each.

If the filing fee has changed, please revise the General Instructions appropriately so the industry will know there has been a change.

Thank you,
Stephanie Foskitt

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Project Name/Number: *Application Supplement for Withdrawal Benefit Rider/01-S026(REV.01/10)*

Note To Filer

Created By:

Ashley Roberts on 01/20/2010 01:19 PM

Last Edited By:

Linda Bird

Submitted On:

01/25/2010 09:26 AM

Subject:

Filing Fee

Comments:

Our filing fees have recently been revised under our Rule 57. The filing fee for the filinf and review of each life and/or accident and health certificate rider, application, or endorsment, if filed separately from the basic form, per insurer per form is now \$50.00.

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Form Schedule

Lead Form Number: 01-S026(Rev.01/10)

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	01-S026(Rev.01/10)	Application/ Enrollment Form	Application Supplement for Withdrawal Benefit Rider	Revised	Replaced Form #: 01-S026(Rev.07/08) Previous Filing #: NAWS-125736057	51.000	01-S026(Rev.01.10) Application Supplement.pdf



Annuity Withdrawal Benefit Rider
Application Supplement

To apply for Withdrawal Benefit Rider form 01-3128-08, or 01-3128-09, and state variations

Complete this application supplement to add the Withdrawal Benefit Rider to your annuity. This application supplement MUST BE completed and returned with the annuity application. The Withdrawal Benefit Rider WILL NOT be added to your annuity after the annuity application has been processed.

There is a charge for this rider, which is assessed annually. The charge is deducted annually from the Account Value until the rider is terminated. The rider charge for rider form 01-3128-08 is based upon a percentage of the Account Value of the annuity. The rider charge for rider form 01-3128-09 is based upon a percentage of either: 1. The Accumulation Period Withdrawal Payment Base during the Accumulation Period, or 2. the Withdrawal Payment Base during the Withdrawal Period.

Annuitant: _____ Date of Birth _____
(Must be the same as the annuity application)

Joint Annuitant, if any: _____ Date of Birth _____

Owner: _____ Date of Birth _____
(Must be the same as the annuity application)

Joint Owner: _____ Date of Birth _____
(Must be the same as the annuity application)

Dated at (city and state) _____ this _____ day of _____ 20 ____ .

Owner Signature _____ Annuitant Signature _____

Joint Owner Signature _____

Agent Signature as Witness _____ Date _____

Agent Name _____ Agent Number _____

SERFF Tracking Number: NAWS-126455168 State: Arkansas
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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification		
Comments: Rule & Reg 19 is not applicable to Application Supplement filing. Rule & Reg 49 is not applicable to Application Supplement filing. Flesch Certification is attached. Consumer Information Notice is not applicable to Application Supplement filing.		
Attachment: Officer Flesch 01-S026_Rev.01-10_.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application		
Bypass Reason: No policies submitted for approval.		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Life & Annuity - Acturial Memo		
Bypass Reason: No Actuarial material associated with the submitted form.		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: Cover Letter		
Comments:		
Attachment: AR 01-S026(Rev.01-10) Cover Letter.pdf		

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Project Name/Number: Application Supplement for Withdrawal Benefit Rider/01-S026(REV.01/10)

Item Status:

**Status
Date:**

Satisfied - Item: MARKED UP - Previously
Approved Application Supplement
& New Application Supplement

Comments:

Marked up to indicate changes made.

Attachments:

01-S026(Rev.07.08) Application Supplement.pdf
01-S026(Rev.01.10) Application Supplement (Marked Up).pdf

NATIONAL WESTERN LIFE INSURANCE COMPANY
FLESCH READING EASE TEST SCORE CERTIFICATE
Form Number 01-S026(Rev.01/10)

I hereby certify the following:

1. The Flesch Reading Ease Test score is as indicated below.
2. The form is printed, except for specifications pages, schedules and tables, in not less than ten point type.
3. The number of words contained in the text is as indicated below.
4. The entire form was analyzed.

<u>Form No.</u>	<u>Flesch Score</u>	<u>Words</u>
01-S026(Rev.01/10)	51.00	131



Paul D. Facey, FSA, MAAA, FCIA, FLMI
Senior Vice President and Chief Actuary



January 20, 2010

Arkansas Department of Insurance
Life and Health Compliance
1200 West Third Street
Little Rock, Arkansas 72201-1904

Re: Application Supplement for Annuity Withdrawal Benefit Rider, form number 01-S026(Rev.01/10)
National Western Life Insurance Company, NAIC 66850, FEIN 84-0467208

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

Sincerely,

A handwritten signature in cursive script that reads "SFoskitt".

Stephanie Foskitt
Contract Compliance Analyst

We reserve the right to change the format of this form without changing any of the language. Printing standards will never be less than those required by your state.



Annuity Withdrawal Benefit Rider Application Supplement

To apply for Withdrawal Benefit Rider form 01-3128-08 and state variations

Complete this application supplement to **add the Withdrawal Benefit Rider to your annuity**. This application supplement **MUST BE** completed and returned **with the annuity application**. The Withdrawal Benefit Rider **WILL NOT be added** to your annuity after the annuity application has been processed.

There is a charge for this rider which is assessed annually based upon a percentage of the Account Value of the annuity. The charge is deducted annually from the Account Value until the rider is terminated.

Annuitant: _____ Date of Birth _____
(Must be the same as the annuity application)

Joint Annuitant, if any: _____ Date of Birth _____

Owner: _____ Date of Birth _____
(Must be the same as the annuity application)

Joint Owner: _____ Date of Birth _____
(Must be the same as the annuity application)

Dated at (city and state) _____ this _____ day of _____ 20____ .

Owner Signature _____ Annuitant Signature _____

Joint Owner Signature _____

Agent Signature as Witness _____ Date _____

Agent Name _____ Agent Number _____



Annuity Withdrawal Benefit Rider Application Supplement

To apply for Withdrawal Benefit Rider form 01-3128-08, or 01-3128-09, and state variations

Complete this application supplement to **add the Withdrawal Benefit Rider to your annuity**. This application supplement **MUST BE** completed and returned **with the annuity application**. The Withdrawal Benefit Rider **WILL NOT be added** to your annuity after the annuity application has been processed.

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Owner: _____ Date of Birth _____
(Must be the same as the annuity application)

Joint Owner: _____ Date of Birth _____
(Must be the same as the annuity application)

Dated at (city and state) _____ this _____ day of _____ 20 ____ .

Owner Signature _____ Annuitant Signature _____

Joint Owner Signature _____

Agent Signature as Witness _____ Date _____

Agent Name _____ Agent Number _____