

SERFF Tracking Number:	KCLF-126890523	State:	Arkansas
Filing Company:	Kansas City Life Insurance Company	State Tracking Number:	47336
Company Tracking Number:	KCL-AP-F-1110		
TOI:	L08 Life - Other	Sub-TOI:	L08.000 Life - Other
Product Name:	M652		
Project Name/Number:	M652/M652		

Filing at a Glance

Company: Kansas City Life Insurance Company

Product Name: M652

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

SERFF Tr Num: KCLF-126890523 State: Arkansas

SERFF Status: Closed-Approved-
Closed State Tr Num: 47336

Co Tr Num: KCL-AP-F-1110

Author: Brooke Hood

Date Submitted: 11/17/2010

State Status: Approved-Closed

Reviewer(s): Linda Bird

Disposition Date: 11/19/2010

Disposition Status: Approved-
Closed

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name: M652

Project Number: M652

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 11/19/2010

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 11/09/2010

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 11/19/2010

Created By: Brooke Hood

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Brooke Hood

Filing Description:

With this filing, Kansas City Life Insurance Company is submitting for review its newly developed Designation of Death Benefit Payout Endorsement (M652). Also included in this filing are the corresponding Schedule Page and Supplement to Application (A163) to be used along with this endorsement.

This optional endorsement will be available for use with Kansas City Life Insurance Company's whole life, universal life and term life policies and variable universal life contracts. There is no charge associated with this endorsement. The Designation of Death Benefit Payout Endorsement allows the Owner of the policy to choose how the death benefit will be paid out to the Beneficiary. The Owner will make the payout designation using the Supplement to Application A163, choosing an initial Lump Sum Benefit Amount, Installment Benefit Amount, Installment Benefit Period, and Installment

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 Project Name/Number: M652/M652

Benefit Mode. These elections will formally become a part of the life insurance policy by use of endorsement M652 and the corresponding Schedule Page.

Company and Contact

Filing Contact Information

Brooke Hood, Compliance Analyst II
 3520 Broadway
 Kansas City, MO 64111
 bhood@kclife.com
 816-753-7299 [Phone] 8420 [Ext]

Filing Company Information

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

Filing Fees

Fee Required? Yes
 Fee Amount: \$60.00
 Retaliatory? No
 Fee Explanation: \$20.00 per form x 3 forms = \$60
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Kansas City Life Insurance Company	\$60.00	11/17/2010	42011731
Kansas City Life Insurance Company	\$90.00	11/19/2010	42127506

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	11/19/2010	11/19/2010

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Linda Bird	11/19/2010	11/19/2010	Brooke Hood	11/19/2010	11/19/2010

SERFF Tracking Number: KCLF-126890523 *State:* Arkansas
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Disposition

Disposition Date: 11/19/2010

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	Actuarial Memorandum		No
Supporting Document	Statement of Variability		Yes
Form	Designation of Death Benefit Payout		Yes
	Endorsement		
Form	Schedule Page		Yes
Form	Designation of Death Benefit Payout		Yes
	Endorsement Supplement to Application		

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Product Name: M652
Project Name/Number: M652/M652

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 11/19/2010
Submitted Date 11/19/2010
Respond By Date 12/20/2010

Dear Brooke Hood,

This will acknowledge receipt of the captioned filing.

Objection 1

Comment: Regulation 57 was revised effective January 2010, the filing fee is now \$50.00 per form. We will hold your filing in a pending status until the additional \$90.00 is received.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

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Project Name/Number: M652/M652

Response Letter

Response Letter Status Submitted to State
Response Letter Date 11/19/2010
Submitted Date 11/19/2010

Dear Linda Bird,

Comments:

Please be advised that your noted objection item has been addressed as follows.

Response 1

Comments: A second EFT transaction has been made in the amount of \$90.00

Related Objection 1

Comment:

Regulation 57 was revised effective January 2010, the filing fee is now \$50.00 per form. We will hold your filing in a pending status until the additional \$90.00 is received.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

I apologize for the error in the originally submitted filing fee amount. I hope that this modification will allow for continued and favorable review of this filing.

Sincerely,
Brooke Hood

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Form Schedule

Lead Form Number: M652

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	M652	Policy/Cont	Designation of Death Initial ract/Fratern Benefit Payout al Endorsement Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		49.500	M652.pdf
	A163-AR	Application/	Designation of Death Initial Enrollment Benefit Payout Form Endorsement Supplement to Application			42.400	SchedulePage.pdf A163-AR.pdf



**KANSAS CITY LIFE
INSURANCE COMPANY**

Designation of Death Benefit Payout Endorsement

This endorsement forms a part of the {policy} to which it is attached. The purpose of this endorsement is to amend the {policy} in order to set forth the payment terms of the death proceeds in accordance with the elections made by the Owner of the {policy}. There is no charge for this endorsement. {Policy} provisions not modified by this endorsement remain in effect as stated in the {policy}.

The {policy} is revised as described in this endorsement with the following provisions regarding the payment of death proceeds:

We will pay the death proceeds to the Beneficiary in accordance with the schedule elected by the Owner as shown in Section 1, {Policy} Data, *Designation of Death Benefit Payout Endorsement Schedule*. When death proceeds are payable, the Lump Sum Benefit Amount will be paid to the Beneficiary. The Installment Benefit Amount will then be paid for the Installment Benefit Period and according to the frequency selected for the Installment Benefit Mode. Payment of the Installment Benefit Amount will begin one Installment Benefit modal period after the Lump Sum Benefit Amount is paid.

The Lump Sum Benefit and Installment Benefit Amount will be adjusted to reflect any difference between the death proceeds payable and the Specified Amount, shown in Section 1, {Policy} Data, *Designation of Death Benefit Payout Endorsement Schedule*. Any variation in death proceeds payable from the Specified Amount will first be applied as an adjustment to the Lump Sum Benefit Amount. Any remaining adjustment needed will be applied to the present value of the Installment Benefit and will reduce the Installment Benefit Amount in the same proportion as the reduction in the present value of the Installment Benefit.

The Beneficiary cannot change the *Designation of Death Benefit Payout Endorsement Schedule* or elect a single lump sum after the death of the Insured. If the Beneficiary dies before the end of the Installment Benefit Period, We will continue payment of the Installment Benefit Amount to their successor Beneficiary. If no successor Beneficiary is named or if the successor Beneficiary is also deceased, the remaining value of the death proceeds will be paid in full to the deceased Beneficiary's estate.

In all other respects, the terms, conditions, and provisions of the {policy} will remain the same.

Signed for Kansas City Life Insurance Company, a stock company, at its Home Office, 3520 Broadway, PO Box 219139, Kansas City, MO 64121-9139.

Secretary

President

SECTION 1. {POLICY} DATA (CONTINUED) DATE PREPARED: {11/05/2010}

INSURED

{John Doe}

{POLICY} NUMBER

{9999999}

DESIGNATION OF DEATH BENEFIT PAYOUT ENDORSEMENT

Endorsement Effective Date: {November 5, 2010}

Designation of Death Benefit Payout Endorsement Schedule

Specified Amount: {\$953,020}

Lump Sum Benefit Amount: {\$100,000}

Installment Benefit Amount: {\$100,000}

Installment Benefit Mode: {Annually}

Installment Benefit Period: {10 Years}

The Specified Amount shown above corresponds to the Designation of Death Benefit Payout Endorsement Schedule shown. The Specified Amount was calculated as the Lump Sum Benefit Amount plus the present value of the Installment Benefit on the endorsement effective date.

Any variation in death proceeds payable from the Specified Amount will first be applied as an adjustment to the Lump Sum Benefit Amount. Any remaining adjustment needed will be applied to the present value of the Installment Benefit and will reduce the Installment Benefit Amount in the same proportion as the reduction in the present value of the Installment Benefit.



**KANSAS CITY LIFE
INSURANCE COMPANY**

**DESIGNATION OF DEATH BENEFIT PAYOUT ENDORSEMENT
SUPPLEMENT TO APPLICATION**

This application is for the election of the Designation of Death Benefit Payout Endorsement.

Name of Insured: _____

Policy Number* _____

*Complete only if this supplement is for an inforce policy.

Please indicate your desired death benefit payout elections:

Specified Amount: \$ _____

Lump Sum Benefit Amount: \$ _____

Installment Benefit:

\$ _____ for _____ Years

*Installment Benefit Amount
(min. amount of \$100)*

*Installment Benefit Mode
(Annually, Semi-Annually,
Quarterly, Monthly)*

*Installment Benefit Period
(min. period of 5 years, max.
period of 30 years)*

Any variation in death proceeds payable from the Specified Amount will first be applied as an adjustment to the Lump Sum Benefit Amount. Any remaining adjustment needed will be applied to the present value of the Installment Benefit and will reduce the Installment Benefit Amount in the same proportion as the reduction in the present value of the Installment Benefit.

By signing below you understand and agree that the information recorded above will form a part of the policy to which this Supplement is attached.

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 _____, 20____
City/State Day Month Year

Owner's Signature

Agent Code

Agent Signature

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Supporting Document Schedules

Item Status: **Status**
Date:

Satisfied - Item: Flesch Certification

Comments:

Attachments:

AR_Readability Certification.pdf
ComplianceCertification_AR.pdf

Item Status: **Status**
Date:

Satisfied - Item: Application

Comments:

The policies/contracts with which this endorsement will be issued use Application for Life Insurance, A160-AR, approved on February 18, 2010. The Supplement to Application to be used with the endorsement is included for review and approval on the Forms Schedule tab.

Item Status: **Status**
Date:

Satisfied - Item: Statement of Variability

Comments:

Attachment:

Statement of Variability.pdf

READABILITY CERTIFICATION

<i>FORM NUMBER</i>	<i>READABILITY SCORE</i>
M652	49.5
A163	42.4



Name: Marc Bensing

Title: Assistant Vice President

Company: Kansas City Life Insurance Company

Date: November 15, 2010

**STATE OF ARKANSAS
COMPLIANCE CERTIFICATION**

COMPANY NAME: Kansas City Life Insurance Company

FORM TITLE(S): Designation of Death Benefit Payout Endorsement

FORM NUMBER(S): M652

I hereby certify that to the best of my knowledge and belief, the above form and submission is in compliance with Rule 19, Rule & Regulation 49 and ACA §23-79-138, as well as the other laws, rules and regulations of the State of Arkansas.

A handwritten signature in black ink that reads "Marc S. Bensing". The signature is written in a cursive style and is positioned above a horizontal line.

Marc Bensing
Assistant Vice President
Kansas City Life Insurance Company

Date: November 17, 2010

Statement of Variability

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

Endorsement M652:

Policy/Contract

Schedule Page:

Policy/Contract

Date Prepared

Policy Contract

Insured Name

Policy or Contract Number

Endorsement Effective Date

Specified Amount:

Lump Sum Benefit Amount plus the present value of the Installment Benefit on the endorsement effective date.

Lump Sum Benefit Amount:

The benefit amount selected by the Owner at issue of the endorsement that is to be payable upon the death of the Insured.

Installment Benefit Amount

The amount selected by the Owner at issue of the endorsement to be paid during the Installment Benefit Period according to the frequency selected for the Installment Benefit Mode. The minimum required benefit amount is \$100.

Installment Benefit Mode

The frequency of distribution of the Installment Benefit Amount payments. The Owner can elect distribution annually, semi-annually, quarterly, or monthly.

Installment Benefit Period

The length of time during which the Installment Benefit Amount payments will be made. The minimum period available for the Owner's election is 5 years; the maximum period is 30 years.