Filing at a Glance

Company: Midland National Life Insurance Company

Product Name: 9704C	SERFF Tr Num: NALH-126536026	State: Arkansas
TOI: L06I Individual Life - Variable	SERFF Status: Closed-Approved-Closed	State Tr Num: 45162
Sub-TOI: L06I.002 Single Life - Flexible Premium	Co Tr Num: 9704C	State Status: Approved-Closed
Filing Type: Form		Reviewer(s): Linda Bird
	Authors: Laurie Gruba, Paula Kunkel-White, Gayle Lovorn, Gail Velen	Disposition Date: 03/16/2010
	Date Submitted: 03/10/2010	Disposition Status: Approved-Closed
Implementation Date Requested: On Approval		Implementation Date:

State Filing Description:

General Information

Project Name: 9704C
Project Number: 9704C
Requested Filing Mode: Review & Approval

Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:
Filing Status Changed: 03/16/2010

Deemer Date:
Submitted By: Carrie Block
Filing Description:

Status of Filing in Domicile: Pending
Date Approved in Domicile:
Domicile Status Comments: Submitted concurrently in Iowa, our state of domicile.
Market Type: Individual
Group Market Size:
Group Market Type:
Explanation for Other Group Market Type:
State Status Changed: 03/16/2010
Created By: Gail Velen
Corresponding Filing Tracking Number:

NAIC# 66044 / FEIN# 46-0164570
SUPPLEMENT TO APPLICATION FOR VARIABLE LIFE INSURANCE FORM 9704C

Dear Reviewer:

We are filing the above referenced form for your review and approval. This form is being filed for use on a general basis with variable life policies. The form will be laser printed and we reserve the right to change fonts and layouts.

No part of this filing contains any unusual or possibly controversial items from normal Company or industry standards.

Form 9704C will be used by the applicant to designate premium allocations to available investment options. Upon approval, this form replaces form 9704B, previously approved by your department. The substantial differences between the new form and the current form are as follows: 1) we have made some formatting changes; 2) removed a section regarding document delivery via CD, as we do not have that capability at this time; 3) slightly revised the authorizations; and 4) bracketed the statement where the policyowner can provide their e-mail address if they are interest in receiving information on electronic document delivery; to indicate if an applicant is interested in receiving information on electronic document delivery via the internet, as we are currently in the process of completing our systems process to capture the information. We will not include it on the application until the process is completed.

We reserve the right to add, change, and delete funds. For this reason we have bracketed the funds listed under the “Self-Directed Portfolio” section.

In addition, we have bracketed the Fraud Warning section to allow for additional states’ fraud warning, if required. Note that the wording within the Fraud Warning section for each state is NOT variable. The purpose of the brackets is to allow us the flexibility to add new notice language in response to a state requirement without having to refile the form.

Your review for approval of this filing, at your earliest convenience, would be appreciated. Please feel free to contact me if you have any questions.

Company and Contact

Filing Contact Information

Gail Velen, Sr. Contracts Analyst
525 W. Van Buren
Chicago, IL 60607

gvelen@nacolah.com
800-800-3656 [Phone] 87664 [Ext]
605-373-8632 [FAX]

Filing Company Information

Midland National Life Insurance Company	CoCode: 66044	State of Domicile: Iowa
525 W. Van Buren Street	Group Code: 431	Company Type: Life and Annuity
Chicago, IL 60607	Group Name:	State ID Number:
(800) 800-3656 ext. [Phone]	FEIN Number: 46-0164570	

Filing Fees

Fee Required?	Yes
Fee Amount:	$50.00
Retaliatory?	No
Fee Explanation:	$50 per application; one application
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Midland National Life Insurance Company	$50.00	03/10/2010	34773320

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	03/16/2010	03/16/2010

Disposition

Disposition Date: 03/16/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	*NALH-126536026*	*State:*	*Arkansas*
Filing Company:	*Midland National Life Insurance Company*	*State Tracking Number:*	*45162*
Company Tracking Number:	*9704C*		
TOI:	*L06I Individual Life - Variable*	*Sub-TOI:*	*L06I.002 Single Life - Flexible Premium*
Product Name:	*9704C*		
Project Name/Number:	*9704C/9704C*		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Form	Supplement to Application for Variable Life Insurance		Yes

Form Schedule

Lead Form Number: 9704C

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	9704C	Application/ Enrollment Form	Supplement to Application for Variable Life Insurance	Initial		0.000	9704C with brackets.pdf

MIDLAND NATIONAL®
Life Insurance Company
A Member of the Sammons Financial Group

SUPPLEMENT TO APPLICATION FOR VARIABLE LIFE INSURANCE

Initial Allocation Percentages Only

Choose One: **Easy-Select or Self-Directed** Portfolio for Initial Allocation

Easy-Select Portfolio*

- ☐ Conservative Portfolio Model
- ☐ Moderate Conservative Portfolio Model
- ☐ Moderate Portfolio Model
- ☐ Moderate Aggressive Portfolio Model
- ☐ Aggressive Portfolio Model
- ☐ In addition, if you want to allocate a percentage of your premium to the General Account indicate here _____%

* If selected we will automatically transfer current assets and set up for an annual portfolio rebalance.

Self-Directed Portfolio - Do not use this section if you chose an Easy-Select Portfolio Option (see above). Use whole numbers only. Total must equal 100%. A maximum of 15 Portfolio Allocations. Deduction percentages will be the same as Premium Percentages, unless indicated otherwise.

Portfolio	Premiums	Deductions
General Account	_____%	_____%
AL Capital Appreciation	_____%	_____%
AL MidCap Growth	_____%	_____%
AC VP International	_____%	_____%
FI VIP Asset Manager℠	_____%	_____%
FI VIP Balanced	_____%	_____%
FI VIP Equity-Income	_____%	_____%
FI VIP Freedom 2015	_____%	_____%
FI VIP Freedom 2025	_____%	_____%
FI VIP Freedom Income	_____%	_____%
FI VIP Growth & Income	_____%	_____%
FI VIP High Income	_____%	_____%
FI VIP Investment Grade Bond	_____%	_____%
FI VIP Money Market	_____%	_____%
GS VIT Large Cap Value Fund	_____%	_____%
Invesco V.I. Financial Services Fund	_____%	_____%
Invesco V.I. International Growth Fund	_____%	_____%
LA Growth & Income	_____%	_____%
LA Mid-Cap Value	_____%	_____%
MFS® VIT New Discovery Series	_____%	_____%
MFS® VIT Total Return Series	_____%	_____%
NB AMT Regency	_____%	_____%
PIM VIT Real Return	_____%	_____%
ProFund VP Japan	_____%	_____%
ProFund VP Small Cap Value	_____%	_____%
VE Worldwide Hard Assets	_____%	_____%
VG VIF High Yield Bond	_____%	_____%
VG VIF Mid-Cap Index	_____%	_____%
VG VIF Short-Term Invest-Grade	_____%	_____%
VG VIF Total Bond Market Index	_____%	_____%

Portfolio	Premiums	Deductions
Dollar Cost Averaging – Requires Form #6339	_____%	_____%
AL LargeCap Growth	_____%	_____%
AC VP Capital Appreciation	_____%	_____%
AC VP Value	_____%	_____%
FI VIP Asset Manager: Growth®	_____%	_____%
FI VIP Contrafund®	_____%	_____%
FI VIP Freedom 2010	_____%	_____%
FI VIP Freedom 2020	_____%	_____%
FI VIP Freedom 2030	_____%	_____%
FI VIP Growth	_____%	_____%
FI VIP Growth Opportunities	_____%	_____%
FI VIP Index 500	_____%	_____%
FI VIP Mid Cap	_____%	_____%
FI VIP Overseas	_____%	_____%
GS VIT Structured Small Cap Equity Fund	_____%	_____%
Invesco V.I. Global Health Care Fund	_____%	_____%
LA Capital Structure	_____%	_____%
LA International	_____%	_____%
MFS® VIT Growth Series	_____%	_____%
MFS® VIT Research Series	_____%	_____%
MFS® VIT Utilities Series	_____%	_____%
PIM VIT High Yield	_____%	_____%
PIM VIT Total Return	_____%	_____%
ProFund VP Oil & Gas	_____%	_____%
ProFund VP Ultra Mid-Cap	_____%	_____%
VG VIF Balanced	_____%	_____%
VG VIF International	_____%	_____%
VG VIF REIT Index	_____%	_____%
VG VIF Small Company Growth	_____%	_____%
VG VIF Total Stock Market Index	_____%	_____%
Total of All Funds	100 %	100 %

Please see the prospectus regarding investment limitations associated with the Variable Universal Life-Death Benefit product.

MIDLAND NATIONAL LIFE INSURANCE COMPANY • EXECUTIVE OFFICE • ONE SAMMONS PLAZA • SIOUX FALLS, SD 57193- • PRINCIPAL OFFICE • WEST DES MOINES, IA
Phone: (605) 335-5700 • New Business Fax - Red Team: (605) 373-8571 Blue Team: (605) 335-7583 Green Team: (605) 373-8573 • Fax Center: (605) 335-3621 • www.MNLife.com

THE DEATH BENEFIT MAY BE VARIABLE OR FIXED UNDER SPECIFIC CONDITIONS.

CASH VALUES MAY INCREASE OR DECREASE (EVEN TO THE EXTENT OF BEING REDUCED TO ZERO) IN ACCORDANCE WITH THE EXPERIENCE OF THE SEPARATE ACCOUNT.

	YES	NO
PROSPECTUS VERIFICATION		
Have you received a prospectus for the Variable Universal Life Insurance Contract?	☐	☐
Do you believe that this product will meet your insurance needs and financial objectives?	☐	☐

Check this box ☐ if you would like to receive a copy of the Statement of Additional Information.

[Please provide your e-mail address if you are interested in receiving information on electronic document delivery via the internet: _____
e-mail address]

TELEPHONE REALLOCATION AUTHORIZATION (READ CAREFULLY) I hereby authorize and direct Midland National Life Insurance Company (MNL) to act on telephone instructions when proper identification has been furnished, to exchange units between the General Account or Fund Portfolios and/or change the allocation of future premium payments. I agree that MNL is not liable for any loss arising from any exchange or change in allocation of future premium payments by acting in accordance with these telephone instructions that MNL believes to be genuine. MNL will employ reasonable procedures to confirm that telephone instructions are genuine.	☐	☐
AUTHORIZATION FOR REGISTERED REPRESENTATIVE/AGENT (READ CAREFULLY) I hereby authorize and direct Midland National Life Insurance Company (MNL) to act on telephone, written, or facsimile instructions communicated by the Registered Representative/Agent of Record to exchange units between the Fund Portfolios and/or change the allocation of future premium payments and deductions. This authorization does not grant the Representative discretion to communicate any transaction without my prior approval. I agree that MNL is not liable for any loss arising from any exchange or change in allocation of future premium payments acting in accordance with these instructions that MNL believes to be genuine. MNL will employ reasonable procedures to confirm that instructions are genuine. This authorization will remain in effect until: a) MNL receives written notification of cancellation from the owner; b) a change of ownership is processed; or c) the named Representative is no longer contracted and appointed with MNL.	☐	☐
REGISTERED REPRESENTATIVE CERTIFICATION I certify that I have reviewed the application and supplemental application completed by the Proposed Owner, determined that all questions are answered fully, completely and accurately as supplied by the applicant and recorded full details as required. I understand that any subsequent modifications or additions made to the application after it is submitted must be initialed by the client. I have not made any statement which differs from this material nor have I made any promises about the expected future values of the contract.	☐	☐

FRAUD WARNING

[FL Residents - 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 of the third degree.

ME Residents - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

MD Residents - 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.

WA Residents - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines or a denial of insurance benefits.]

PROPOSED INSURED (Print)	SOCIAL SECURITY NUMBER	
PROPOSED INSURED (Signature)	SIGNED AT (City, State)	DATE
PROPOSED OWNER (Signature)	REPRESENTATIVE	

Supporting Document Schedules

Item Status: **Status Date:**

Satisfied - Item: Flesch Certification

Comments:

Flesch Certification is not applicable for this variable universal life supplemental application filing.

Attachment:

AR L & H 1 cert.pdf

Item Status: **Status Date:**

Bypassed - Item: Application

Bypass Reason: Not Applicable to this filing.

Comments:

State of Arkansas

Certificate of Compliance

Application Form: 9704C

On behalf of Midland National Life Insurance Company, I certify the company is in compliance with:

Rule and Regulation 19.

Rule and Regulation 49 – each policyholder will be provided a life and health guaranty notice at time of issue.

A.C.A. § 23-79-138 for Policy Information Requirements – each policy will contain the contact information of the policyholder's service office, soliciting agent and the state insurance department.

Carrie A. Block

Carrie Block, Senior Contracts Analyst

Date: March 10, 2010