Filing at a Glance

Company: United Heritage Life Insurance Company

Product Name: Individual Whole Life Policy-Conversion	SERFF Tr Num: HERT-126618773	State: Arkansas
TOI: L07I Individual Life - Whole	SERFF Status: Closed-Approved-Closed	State Tr Num: 45740
Sub-TOI: L07I.101 Fixed/Indeterminate Premium - Single Life	Co Tr Num: CONV-1950U-2010	State Status: Approved-Closed
Filing Type: Form		Reviewer(s): Linda Bird
	Author: Michele MacKenzie	Disposition Date: 05/24/2010
	Date Submitted: 05/20/2010	Disposition Status: Approved-Closed
Implementation Date Requested:		Implementation Date:
State Filing Description:		

General Information

Project Name: Individual Whole Life Policy-Conversion
Project Number: Conv-1950U-2010
Requested Filing Mode:
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:
Filing Status Changed: 05/24/2010

Deemer Date:
Submitted By: Michele MacKenzie
Filing Description:

Status of Filing in Domicile: Pending
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Individual
Group Market Size:
Group Market Type:
Explanation for Other Group Market Type:
State Status Changed: 05/24/2010
Created By: Michele MacKenzie
Corresponding Filing Tracking Number:

United Heritage Life Insurance Company NAIC 63983

RE: Individual Whole Life Policy Form No. 1950U(05-2010)
Individual Application for Whole Life Form No. 30-01CONV(05-2010)
Proposed Implementation Date: On Approval
Filed with the Domicile State of Idaho with an Interstate Compact Filing done May 14, 2010 and still pending

approval.

Gentlemen:

United Heritage presents for your review and approval the above named documents. The sole purpose of these documents is to provide persons covered under the United Heritage Group policy and certificate with a policy that will provide individual coverage should the Group member lose his group status for any reason and need to convert his group coverage to individual. This is a simplified policy with no requirement for underwriting. Neither the policy or the application will be used for any other purpose.

The application itself is also presented in the simplest form. Because there will be no underwriting requirements, the application gives our company the minimum information necessary, so that the group member may convert his/her coverage with ease and simplification.

This is a unisex policy and will not be illustrated. The policy meets industry standards and there are no arbitrary or ambiguous provisions. This policy and application were drafted per the Interstate Compact Individual Whole Life standards and the Individual Life Insurance Application Standards and in accordance with individual state laws where appropriate.

We believe that this policy and application meet or exceed the regulatory and statutory requirements of your state. Should you have any questions or need further documentation, please do not hesitate to contact me at 800-657-6351 or by email at mmackenzie@unitedheritage.com.

Sincerely,
Michele MacKenzie, AIRC, CCP
Paralegal, Regulatory Compliance Analyst

Company and Contact

Filing Contact Information

Michele MacKenzie, Regulatory Compliance Analyst — mmackenzie@unitedheritage.com
707 W. United Heritage Court — 208-475-0981 [Phone] 2281 [Ext]
Meridian, ID 83680

Filing Company Information

United Heritage Life Insurance Company
PO BOX 7777
Meridian, ID 83680-7777
(208) 475-0981 ext. [Phone]

CoCode: 63983
Group Code: 2878
Group Name:
FEIN Number: 82-0123320

State of Domicile: Idaho
Company Type:
State ID Number:

Filing Fees

Fee Required?	Yes
Fee Amount:	$100.00
Retaliatory?	No
Fee Explanation:	2 Forms @ $50.00 each
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United Heritage Life Insurance Company	$100.00	05/20/2010	36701689

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	05/24/2010	05/24/2010

Disposition

Disposition Date: 05/24/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	*HERT-126618773*	*State:*	*Arkansas*
Filing Company:	*United Heritage Life Insurance Company*	*State Tracking Number:*	*45740*
Company Tracking Number:	*CONV-1950U-2010*		
TOI:	*L07I Individual Life - Whole*	*Sub-TOI:*	*L07I.101 Fixed/Indeterminate Premium - Single Life*
Product Name:	*Individual Whole Life Policy-Conversion*		
Project Name/Number:	*Individual Whole Life Policy-Conversion/Conv-1950U-2010*		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Form	Individual Whole Life Insurance Policy-Conversion		Yes
Form	Individual Whole Life Insurance Application		Yes
Form	Individual Whole Life Policy Specifications Pages		Yes
Form	Statement of Variables 1950U		Yes

Form Schedule

Lead Form Number: 1950U(05-2010)

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	1950U(05-2010)	Policy/Contract/Fraternal Certificate	Individual Whole Life Insurance Policy-Conversion	Initial		52.800	1950U(05-2010).pdf
	30-01CONV(05-2010)	Application/Enrollment Form	Individual Whole Life Insurance Application	Initial		50.000	30-01CONV(05-2010).pdf
	1950U(05-2010)-Spec Pages	Schedule Pages	Individual Whole Life Policy Specifications Pages	Initial			1950U(05-2010)-Spec (2).pdf
	1950U(05-2010)-SOV	Other	Statement of Variables 1950U	Initial			1950U(05-2010)-SOV.pdf

UNITED HERITAGE®
Life Insurance Company
707 E United Heritage Ct, Meridian, Idaho 83642-3527
P. O. Box 7777 - Meridian, Idaho 83680-7777
1-800-657-6351

http://www.unitedheritage.com

READ YOUR POLICY CAREFULLY

We agree to pay the death benefit, less indebtedness, to the beneficiary if the insured dies while this policy is in force.

THIRTY DAY RIGHT TO EXAMINE POLICY - Please carefully examine this policy. PROVISIONS OF THIS SECTION APPLY TO NEW AND REPLACEMENT POLICIES. You may return this policy for any reason within thirty days after you received it by delivering it or mailing it to the insurer or to the agent through whom it was purchased. If returned, this policy will be void from its beginning, and the premium we received will be returned to you, and the company shall be in the same position as if no policy has been issued.

Signed for the Company at Meridian, Idaho.

Marjorie A. Hopkins — **Secretary**

Dennis L. Johnson — **President**

WHOLE LIFE POLICY
PREMIUMS PAYABLE FOR LIFE
NON-PARTICIPATING

Table of Contents

Policy Specification Page 2A

Definitions 3

Premiums 4

Death Benefits 4

Nonforfeiture Provisions 5

Policy Loans 6

Settlement Options 7

Ownership 12

General Provisions 13

Definitions

Attained Age - the age of the insured on the policy date plus the number of completed policy years.

Beneficiary - the person named in the application to receive the insurance proceeds at the death of the insured. A Contingent Beneficiary is a person who will receive the insurance proceeds if the primary beneficiary dies before the death of the insured. An Irrevocable Beneficiary is a beneficiary whose permission is needed to change or add to the beneficiary designation.

Cash Value - .is the guaranteed cash value for the plan of insurance.

Cash Surrender Value - the cash value less indebtedness on the policy.

Company - the company is United Heritage Life Insurance Company. The words "we," "our," and "us" refer to the company. Our Home Office address is 707 E. United Heritage Court, P.O. Box 7777, Meridian, Idaho 83680-7777.

In Force - the insured's life remains insured under the terms of the policy.

Indebtedness - the sum of any unpaid policy loans, including unpaid interest.

Insured - the person named on the Policy Specification Page.

Issue Age - the age of the insured on the policy date.

Owner - the person named in the application to own the policy. The words "you" and "your" refer to the owner.

Payee - the person to whom we pay the insurance proceeds, usually the beneficiary.

Policy Anniversary - each year from the policy date.

Policy Date - the day the policy began**.**

Policy Year - a period of one year beginning on the policy date or on any policy anniversary.

Successor-Owner - the person named by you to own the policy by assignment or after you die.

Premiums

Your first premium

The first premium for this policy is shown on the Policy Specification Page. This premium is due on the policy date and must be paid before the policy will be in effect.

Subsequent premiums

We will send you premium payment notices for the frequency and amount of premium due.

Where premiums are payable

Each premium after the first one is payable at our Home Office. If you ask, we will give you a receipt signed by our President or Secretary.

Grace period

This policy has a grace period of 31 days. This means if a premium is not paid on or before the date it is due, it may be paid within the following 31 days. During the grace period, the policy will stay in force.

If the insured dies during the grace period, we will deduct any overdue premiums from the death benefits payable.

Reinstatement

If this policy terminates at the end of a grace period, you may reinstate it. The rules applying to reinstatement are:

1. We must receive your written request for reinstatement within three years from the beginning of the grace period;
2. You must show us that the insured is insurable;
3. You must pay all overdue premiums with compound interest at the rate of 6% per year; and
4. Any policy debt that existed at the end of the grace period must be paid or reinstated, with interest rates not exceeding the interest rate as permitted in the loan provision.

During the insured's lifetime, with the exception for fraud to obtain reinstatement, the statements made on the application for reinstatement of this policy shall be contestable for two years from the date of the reinstatement, where permitted by the laws of the state where the policy is delivered. This policy will also be contestable should the insured commit suicide during the first two years from the reinstatement date.

Death Benefits

If the insured dies while this policy is in force, we will pay the death benefit less any indebtedness to the named beneficiary within 31 days of receipt of due proof of the insured's death. A certified copy of the death certificate of the insured or any other lawful evidence providing the same information may be submitted. We also require proof of the claimant's interest in the proceeds.

The death benefit includes:

- amount of insurance shown on the Policy Specification Page including riders; and
- any premiums paid past the due date following the date of death; less
- any indebtedness on the policy.

Interest will be paid on policy proceeds from the date of death until the payment of your claim, after 31 days from the date that we:

- receive due proof of death; and
- receive sufficient information to determine the liability and the appropriate person entitled to receive the proceeds; and
- receive proof that any legal actions, if any, which may delay payment of the proceeds are resolved.

Interest will be paid at the rate or rates applicable to the policy for funds that are left on deposit with us.

If no beneficiary survives the insured, death benefits will be payable to the estate of the insured. If more than one Primary Beneficiary has been named, proceeds will be shared evenly unless otherwise specified. If more than one Contingent Beneficiary has been named, proceeds will be shared evenly unless otherwise specified.

Nonforfeiture Provisions

If premium payments are discontinued and there is a surrender value, you have the following options:

1. Surrender the policy; or
2. Buy paid-up insurance; or

If premium payments are discontinued during a policy year, the benefit provided under this section will be calculated with allowance for the lapse of time and the payment of fractional premiums beyond the last preceding policy anniversary.

You must choose an option within 60 days after the premium payment was due. Such value will be calculated as of the date the premium payment was due.

If you elect to buy paid-up insurance, we will take the amount you would have received for surrendering the policy and buy paid-up insurance. If the policy is surrendered within 30 days of the policy anniversary the cash surrender value will be an amount not less than the present value, on such anniversary, of the future guaranteed benefits provided for by the policy decreased by any indebtedness to the company on the policy.

If you elect to surrender the policy, you will receive the surrender value of the policy. A surrender of a life insurance policy is effective on the date the request is received, if the requests is made by written notice to the United Heritage Life Insurance Company or authorized agent and contains the following:

1. A statement that makes it clear that the policyowner intends to surrender in whole or in part the contract in question;
2. The policy number of the policy to be surrendered;
3. The name of the insured on the policy to be surrendered;

4. The signature of the owner of the policy and, if required by the policy or by a legally binding document of which the insurer has actual notice, the signature of a collateral assignee, irrevocable beneficiary or other person having an interest in the policy through the legally binding document;
5. Either the policy itself or, in lieu of the policy, a statement that the policy itself has been lost or destroyed.

The death benefits and benefits provided under the Nonforfeiture Provisions section are not less than the minimum values and benefits required by or pursuant to the insurance laws of the state in which the policy is delivered.

A detailed statement of the method of computation of cash values and paid-up insurance under this policy has been filed with the insurance department of the state in which this policy was delivered. All values are calculated using the methods required by the Standard Nonforfeiture Law for Life Insurance. Cash values are at least equal to those required on the policy date by the state in which this policy was delivered.

Policy Loans

Policy loans

While this policy is in force, you may borrow any amount not to exceed the cash value at the end of the current policy year less an amount equal to the sum of the following:

1. interest in advance to the next policy anniversary;
2. any existing indebtedness;
3. any unpaid balance of the premium for the current policy year.

The loan shall be made upon the sole security of this policy and proper assignment of this policy to us. You may take less than the full loan value available. We reserve the right to defer the payment of the loan for the period permitted by law, but not for more than six months after we have received your request unless such payment would be used to pay premiums on policies in force with us.

Interest

Interest is payable in advance. The interest rate applies to the unpaid balance of the loan. On cash loans, the first interest payment is due on the date of the loan. After that, we will send a bill every three months for the interest then due.

We may change the maximum interest rate from time to time as permitted by law.

The interest rate charged will not exceed the greater of:

(1) the "Published Monthly Average" for the calendar month ending two months before the date on which the rate is determined; or
(2) the interest rate used to compute the cash surrender values under the policy during the applicable period plus 1% per year.

The maximum rate shall not exceed 15% per year.

The "Published Monthly Average" is Moody's Corporate Bond Yield Average-Monthly Average Corporates as published by Moody's Investors Service, Inc., or any successor to it. In the event that Moody's Corporate Bond Yield Average-Monthly Average Corporates is no longer published, the Published Monthly Average will be a substantially similar average established by regulation by the Director of Insurance.

The Moody's Corporate Bond Yield Average-Monthly Average Corporates is an interest rate determined at the end of each month. Because interest is payable in advance, we have filed a detailed statement with the Insurance Department showing that our rate in advance is not more than the Moody's rate.

The interest rate will be determined once every three months. No change in the interest rate which is less than 1/2% per year will be made.

You will be notified of the initial interest rate at the time the loan request is made. We also will notify you of any change in the interest rate applicable to an outstanding loan. Your policy will not terminate in a policy year as the sole result of a change in the interest rate during that policy year. Your insurance will remain in force until the time it would have terminated had the interest rate not changed.

Repayment

You may repay all or any part of the loan at any time while this policy is in force during the lifetime of the insured. The minimum loan payment amount is $20.00.

If interest on any indebtedness is not paid when due it shall be added to the existing indebtedness and shall bear interest at a rate no greater than the loan rate.

Any existing indebtedness, including any due and accrued interest, and any unpaid premiums to the end of the current policy year may be deducted from the loan value or the proceeds of the loan.

Outstanding loans will reduce the death benefit, the cash value and the maturity value of the policy.

If you have elected the automatic premium loan option, a loan will automatically be applied to pay an overdue premium for your policy.

Termination

Whenever the policy loan including accrued interest equals or exceeds the cash value of this policy we will terminate this policy 31 days after we mail a termination notice to the last known address of both you and any assignee of record.

Settlement Options

Availability

The proceeds payable to the beneficiary upon the death of the insured will be paid in one sum or may be applied in whole or in part to any of the following settlement options. The proceeds payable to you upon surrender of this policy will be paid in one sum or may be applied in whole or in part to any of the following settlement options. You may elect a settlement option while the insured is alive. You also may elect the use of more than one settlement option. If you have not made an election which is still in force when the proceeds become payable, the payee may elect any option.

If no election has been made by the date of the death of the insured, an election may be made by the beneficiary within one year of the death of the insured.

Interest will be added to the proceeds payable from the date of death to the date of settlement at a rate not less than that required by law.

Minimum payment

If income payments are expected to be less than $25, we may change the frequency of payment so that payments will be not less than $25. If we do this, the total payments we make will not be reduced from the amount that would have been received.

Identity of the payee

The payee personally must endorse our checks. If this does not occur, we must receive satisfactory proof that the payee is alive. If someone else is to receive the payments for the payee, we must be given proper authority to make payments to someone other than the payee. Then we require continuing proof that the payee is alive.

Basis of payments

The guaranteed rate of interest under Options A, B, and C is 1% compounded yearly. Payments under Options D and E are based on the Annuity 2000 Mortality Table with interest at 1%.

Alternate basis of payments

After a settlement option has been elected, if, on the date payments are to begin, larger payments would result using our Single Premium Immediate Annuity policy then being issued, we will make payments under that annuity policy instead**.** Such an action by us will be without charge to the payee.

Description of options

Your payment options are described below. If we agree, another option may be elected.

Option A

Interest Payment Option. We will hold the amount left with us under this option. Interest on the balance will be paid or added to the balance. The actual rate of interest paid or added is set each year by our Board of Directors.

Option B

Fixed Amount Payment Option. Each payment will be for an agreed fixed amount. Payments will continue until the amount left with us, including interest, runs out**.**

Option C

Fixed Number of Payments Option. Equal payments will be made for any period selected. The payments will be made monthly, quarterly, or annually as you choose.

OPTION C TABLE

FIXED NUMBER OF PAYMENTS OPTION

Number of Years	Income for Each $1,000 of Proceeds Annual Payments	Monthly Payments
5	$204.00	$17.08
10	104.54	8.75
15	71.41	5.98
20	54.87	4.59
25	44.96	3.76

Values for periods not shown will be quoted upon request.

If this option is chosen and if the payee dies before we have made payments for the required number of years, we will continue payments to the payee's beneficiary until the total number of payments made to the payee prior to his or her death and to the payee's beneficiary after the payee's death equals the number of payments originally chosen for the option.

Option D

Lifetime Payment Option. Equal monthly payments will be made during the lifetime of the payee.

OPTION D TABLE

LIFETIME PAYMENT OPTION

Age	Monthly Income for Each $1,000 Proceeds
50	$2.86
51	2.93
52	3.00
53	3.07
54	3.14
55	3.22
56	3.31
57	3.40
58	3.49
59	3.59
60	3.70
61	3.81
62	3.93
63	4.05
64	4.19
65	4.33
66	4.49
67	4.65
68	4.83
69	5.01
70	5.21
71	5.43
72	5.66
73	5.91
74	6.17
75	6.46
76	6.77
77	7.10
78	7.45
79	7.84
80	8.25
81	8.69
82	9.17
83	9.69
84	10.25
85	10.84
86	11.48
87	12.17
88	12.90
89	13.67
90	14.49

Values for ages not shown will be quoted upon request. If this option is chosen, no payments will be made after the payee's death.

Option E

Fixed Number of Payments with Lifetime Payments Thereafter Option. Equal monthly payments will be made for the period specified and thereafter during the lifetime of the payee.

OPTION E TABLE

120 MONTHLY PAYMENTS WITH LIFETIME PAYMENTS THEREAFTER OPTION

Age	Monthly Income for Each $1,000 of Proceeds	Age	Monthly Income for Each $1,000 of Proceeds
50	$2.85	70	4.96
51	2.91	71	5.13
52	2.98	72	5.30
53	3.05	73	5.48
54	3.12	74	5.67
55	3.20	75	5.86
56	3.28	76	6.05
57	3.36	77	6.24
58	3.45	78	6.44
59	3.55	79	6.64
60	3.65	80	6.83
61	3.75	81	7.02
62	3.86	82	7.20
63	3.97	83	7.38
64	4.10	84	7.54
65	4.22	85	7.69
66	4.36	86	7.84
67	4.50	87	7.97
68	4.65	88	8.08
69	4.80	89	8.19
		90	8.29

Values for periods or ages not shown will be quoted upon request.

If this option is chosen, and if the payee dies before we have made 120 monthly payments, we will continue monthly payments to the payee's beneficiary until the total number of the payments made to the payee prior to his or her death and to the payee's beneficiary after the payee's death equals 120. If the payee dies after we have made 120 monthly payments, no payments will be made.

Electing an Option

We require that a written request be received at our Home Office when an election is made. If the option elected is D or E, we may require proof of the payee's date of birth.

Prior to the date the proceeds become payable, you may elect any option or change a previous election by sending us your written request. Your election or change will take effect as of the date you signed the request, subject to any payments made or other action taken by us before we received your request.

Ownership

Rights of owner

While the insured is alive, you have many rights, benefits, and privileges under this policy. These rights are subject to the consent of each irrevocable beneficiary, if any. These include:

- assigning the policy;
- naming of a successor owner;
- changing the beneficiary;
- electing all policy options;
- membership in United Heritage Mutual Holding Company.

Ownership ends when the insured dies.

Assigning the policy

You may assign this policy at any time while it is in force. You must send us a signed copy of the assignment. We are not responsible for the validity of any assignment. When the assignment is filed, your rights and those of any beneficiary will be subject to it.

Any assignment of this policy must be released before proceeds can be placed under a settlement option.

The payee receiving income payments under this policy cannot assign or otherwise encumber any payment.

Naming a successor-owner

You may name or change a successor-owner at any time while this policy is in force. We require you to send us, in writing, a copy of such naming or changing. The change will become effective on the date the notice of change is signed by the owner and subject to any payments or actions already taken by the Company prior to receipt of the notice.

If you die and there is no successor-owner, your estate will be the owner.

Changing the beneficiary

You may change the beneficiary during the insured's lifetime. To do this, send us a written copy of the change. We may require you to complete some other forms.

The change will take effect as of the date it was signed, even if the insured dies before we record it. Any change will be without any liability to us on account of payment made or action taken before the notice is recorded at our Home Office.

Membership in United Heritage Mutual Holding Company

You are a member of United Heritage Mutual Holding Company while this policy is in force. You have a right to vote, either in person or by proxy, at all member meetings.

Notice of annual meeting

The annual meeting of the members of United Heritage Mutual Holding Company is held in our Home Office in Meridian, Idaho, on the third Monday in May at 10:00 a.m. local time.

General Provisions

Legal contract

This is a legal contract between you and us. It has been issued in return for the application and the payment in advance of the first premium shown on the Policy Specification Page. This policy, the application, and any applicable riders or endorsements attached are the entire contract. Statements made in the application, in the absence of fraud, are considered representations and not warranties.

We issued this policy based upon the answers in the application. We have assumed all of the answers to be true and complete to the best of the applicant's knowledge and belief. If any of the answers are not true or complete, we may have the right to contest the policy for two years as provided in the Incontestability section and send back all premiums. **Read the copy of the application attached to this policy.** If anything is not true or complete, write to us so that we can determine if it will affect the policy. You will be notified of our decision.

Changes to the policy

No change in this policy will be valid unless it is:

- in writing;
- attached to this policy; and
- approved in writing by the President, a Vice President or Secretary.

None of our agents or employees of the company may change this policy or waive any of its provisions.

Incontestability

The amount of this policy will be incontestable, except for non-payment of premiums, after it has been in force during the lifetime of the insured for two years from the policy date.

Also, we will not deny a claim unless:

- an answer in the application was not true or complete;
- a copy of such application was attached to this policy; and
- if we had known the truth, we would not have issued this policy.

Misstatement of age

If the age of an insured is not shown correctly on the application, we will adjust the death benefit to be the amount that the premiums paid would have purchased at the correct age.

Suicide

If the insured dies by suicide, while sane or insane, within two years from the policy date the death benefit will not be paid. (One year in the state of North Dakota). The amount payable will be the total of premiums paid less any indebtedness on this policy.

Policy is non-participating

This policy, while it is in force, is not eligible to receive dividends.

Conformity

This policy is subject to the laws of the state in which the policy was delivered. If part of this policy does not follow the law, we will treat that part as if it is in agreement with the law.

UNITED HERITAGE LIFE INSURANCE COMPANY
P.O. BOX 7777 - MERIDIAN, IDAHO 83680-7777

APPLICATION FOR INDIVIDUAL WHOLE LIFE INSURANCE - CONVERSION

NOTICE: Your eligibility for Life Insurance under the Group Insurance Policy issued by United Heritage Life Insurance Company to your employer terminated on the date shown in the Employer Completed Section of this application below. You are hereby notified that under the terms of the Group policy, you may convert your Group Life Insurance coverage in the amount specified in your insurance certificate to an Individual Whole Life Insurance policy without disability or supplemental benefits. United Heritage Life Insurance Company must receive the written application for insurance and the first payment of premium within 31 days of your termination of coverage.

TO BE COMPLETED BY EMPLOYER

Employer _____ **Phone #** _____

Address _____

Group Policy Number(s) _____

Name of Employee _____

Date of Hire _____ **Termination Date of Insurance and/or Employment** _____

Amount of Terminated Group Life Insurance: Basic $ _____ Supplemental $ _____

Reason for termination-of group insurance: _____

TO BE COMPLETED BY EMPLOYEE OR CONVERTING DEPENDENT

NAME IN FULL _____ **SOCIAL SECURITY NO.** _____

DATE OF BIRTH _____ **AGE** _____ ❑ **MALE** ❑ **FEMALE**

PHONE #: _____ **EMAIL:** _____

TYPE OF POLICY	AMOUNT TO BE CONVERTED	PREMIUM TO BE PAID	AMOUNT REMITTED WITH THIS APPLICATION
WHOLE LIFE INSURANCE	$	❑ Annually ❑ Semi-Annually ❑ Monthly PC	$

RESIDENCE ADDRESS _____

MAILING ADDRESS (if different than residence) _____

Primary Beneficiary Name _____ **Relationship** _____

Address _____ **Split %** _____

Primary Beneficiary Name _____ **Relationship** _____

Address _____ **Split %** _____

Contingent Beneficiary Name _____ **Relationship** _____

Address _____ **Split %** _____

Contingent Beneficiary Name _____ **Relationship** _____

Address _____ **Split %** _____

INSURED SHALL BE OWNER UNLESS A DIFFERENT OWNER IS DESIGNATED BELOW:

Other: Name _____ **SS#** _____

Address _____ **Relationship to Insured** _____

Please see reverse side. Important disclosure information regarding your application for conversion.
You must read and sign before submitting to the Company.

AGREEMENT

In accordance with the terms and conditions of the conversion privilege contained within my Employer Group Insurance Policy, I make application to convert my insurance coverage under the Group Policy to an individual whole life plan issued by United Heritage Life Insurance Company. I understand that no person other than an officer of United Heritage Life Insurance Company is authorized to pass on the acceptability for insurance, to modify or change any contract or to waive any company requirement. I understand and agree that the insurance applied for will not take effect until the policy is actually issued by the Company and the first full premium has been paid.

I also understand that:

1. Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

   Arkansas: 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.

   California: For your protection California law requries the following to appear on this form. Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

2. The individual policy is issued on the basis of this application will be effective on the Policy date shown on the specification page of the policy; and

3. The Incontestability and Suicide provisions of the individual policy will begin on the Policy date shown on the specification page of the policy; and

4. If any benefit becomes payable under any benefit provision of the Group Policy, no payment will be made by the individual policy. Instead, United Heritage Life Insurance Company will refund any premiums paid for the individual policy coverage.

Signed at _____, State of _____ , this _____ day of _____, 20_____

_____	_____
Signature Of Person To Be Insured (If under age 15, parent or guardian must sign)	Signature of Owner (If other than person to be insured)

For Home Office Use

POLICY SPECIFICATION PAGE

You may contact the [*State of Residence*] Department of Insurance at
[*123 Anywhere Street*]
[*PO Box xxxxx*]
[*Anytown, USA 12345*]
[*(xxx)-xxx-xxxx*]

Insured: [John Doe]

Face Amount: [$10,000]

Age: [35]

Policy Date: [May 1, 2010]

Policy Number: [0999999]

Owner: [JOHN DOE]

BENEFICIARY: Shown in the Application unless changed.

Type of Coverage	Effective Date	Amount	Premium	Years Payable
Whole Life Policy	[5/01/2010]	[$10,000]	[$537.60]	[86]
Policy Fee			120.00	

TOTAL FIRST PREMIUM ON POLICY DATE

Annual	Semi-annual	Special Monthly
[$657.60]	[$341.95]	[$57.21]

SPECIAL MONTHLY CAN BE USED ONLY WITH AUTOMATIC BANK CHECK, PAYROLL DEDUCTION OR GOVERNMENT ALLOTMENT.

TABLE OF NONFORFEITURE VALUES FOR POLICY NUMBER [0999999]

The values shown in the following table apply to a policy with a face amount of $10,000 without adjustment for any indebtedness. Values for policy years not shown will be furnished upon request.

End of Year	Cash Value	Paid-up Insurance
1	0	0
2	0	0
3	30	190
4	110	670
5	200	1,160
6	280	1,560
7	380	2,030
8	470	2,410
9	570	2,800
10	670	3,160
11	770	3,490
12	880	3,830
13	990	4,140
14	1,110	4,460
15	1,220	4,710
16	1,350	5,010
17	1,470	5,250
18	1,600	5,500
19	1,740	5,760
20	1,870	5,960
21	2,010	6,180
22	2,150	6,370
23	2,300	6,580
24	2,440	6,740
25	2,600	6,940
26	2,750	7,090
27	2,910	7,260
28	3,070	7,410
29	3,230	7,550
30	3,390	7,670
31	3,560	7,810
32	3,720	7,920
33	3,900	8,050
34	4,070	8,160
35	4,250	8,270
36	4,420	8,360
37	4,600	8,460
38	4,780	8,550
39	4,960	8,640
40	5,140	8,720
41	5,320	8,800
42	5,500	8,870
43	5,680	8,940
44	5,860	9,010
45	6,040	9,080
46	6,210	9,140
47	6,370	9,190
48	6,530	9,240
49	6,690	9,290
50	6,840	9,330
51	6,990	9,380

End of Year	Cash Value	Paid-up Insurance
52	7,130	9,420
53	7,260	9,450
54	7,380	9,480
55	7,500	9,520
56	7,610	9,540
57	7,730	9,570
58	7,850	9,600
59	7,970	9,630
60	8,070	9,650
61	8,160	9,670
62	8,230	9,680
63	8,300	9,700
64	8,380	9,720
65	8,460	9,730
66	8,540	9,750
67	8,620	9,760
68	8,700	9,780
69	8,770	9,800
70	8,840	9,810
71	8,900	9,820
72	8,960	9,830
73	9,010	9,840
74	9,060	9,850
75	9,110	9,860
76	9,150	9,870
77	9,190	9,880
78	9,220	9,880
79	9,260	9,890
80	9,290	9,890
81	9,320	9,890
82	9,360	9,910
83	9,380	9,910
84	9,410	9,910
85	9,440	9,920
86	10,000	10,000

Reserves:

The reserves for this policy are based on the 2001 Commissioners Standard Ordinary Mortality Table, ultimate, continuous functions, sex distinct, age last birthday basis, composite, 4.00% interest.

Nonforfeiture values:

The cash values for this policy are based on the 2001 Commissioners Standard Ordinary Mortality Table, ultimate, curtate functions, Table (50), age last birthday basis, composite, 5.00% interest. Cash values are never less than the net single premium for the death benefit then in force.

UNITED HERITAGE LIFE INSURANCE COMPANY
STATEMENT OF VARIABLES
POLICY NO. 1950U(05-2010)
SPECIFICATION PAGES

PAGE NO.	ITEM(s) NO.		EXPLANATION
2A	1	State :	Arkansas
	2-5	Address & Telephone #	1200 W. Third St. Little Rock,AR 72201-1904 800-282-9134
	6-12		Information is particular to the insured: Name, Face Amount, Age, Policy Date, Policy Number, Owner and Beneficiary
	13	Effective Date	Will be the same as policy date (Variable 9)
	14	Amount	Face Amount of the Policy
	15	Premium Amount	This amount includes one time Policy Fee
	15	Years Payable	With a 35 year old applicant pay out will be 121 years
	17	Annual	Annual Premium Payment for age and dollars shown
	18	Semi-Annual	Semi Annual Premium Amount for age and dollars shown
	19	Special Monthly	Monthly Premium for age and dollars shown. Only available if the amount of premium is done by EFT, Payroll Deduction or Government Allotment
2B-2C		Table of Non Forfeiture Values	

Supporting Document Schedules

Item Status: **Status Date:**

Satisfied - Item: Flesch Certification

Comments:

Attachment:

Certification of Readability.pdf

Item Status: **Status Date:**

Satisfied - Item: Application

Comments:

New product application filed on the Form Schedule.

UNITED HERITAGE®
Life Insurance Company
a United Heritage Financial Group Company

May, 2010

CERTIFICATION OF READABILITY

I, Deborah Sloan, Senior V.P. & Chief Actuary, hereby certify that the following policy and application forms comply with Flesch Readability Score of 50 or more.

Form: 1950U(05-2010) Individual Whole Life Conversion Policy
Form: 30-01CONV(05-2010) Individual Whole Life Conversion Application

Deborah Sloan

Deborah Sloan

Senior Vice President & Chief Actuary

United Heritage Life Insurance Company
(208) 493-6100 - Toll Free 1-800-657-6351
P.O. Box 7777 - Meridian, Idaho 83680-7777
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