

SERFF Tracking Number: AGNN-126659696 State: Arkansas
Filing Company: Western National Life Insurance Company State Tracking Number: 45874
Company Tracking Number: 210-3X
TOI: A02I Individual Annuities- Deferred Non- Sub-TOI: A02I.003 Single Premium
Variable
Product Name: Index Annuity Application
Project Name/Number: Vanguard/210-3X

Filing at a Glance

Company: Western National Life Insurance Company

Product Name: Index Annuity Application SERFF Tr Num: AGNN-126659696 State: Arkansas
TOI: A02I Individual Annuities- Deferred Non- SERFF Status: Closed-Approved- State Tr Num: 45874
Variable Closed
Sub-TOI: A02I.003 Single Premium Co Tr Num: 210-3X State Status: Approved-Closed
Filing Type: Form Reviewer(s): Linda Bird
Author: Natalie Prevost Disposition Date: 06/15/2010
Date Submitted: 06/03/2010 Disposition Status: Approved-
Closed
Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: Vanguard
Project Number: 210-3X
Requested Filing Mode: Review & Approval

Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:
Filing Status Changed: 06/15/2010

Deemer Date:
Submitted By: Natalie Prevost
Filing Description:
VIA SERFF

Status of Filing in Domicile: Pending
Date Approved in Domicile:
Domicile Status Comments: Simultaneously
filing in Texas
Market Type: Individual
Group Market Size:
Group Market Type:
Explanation for Other Group Market Type:
State Status Changed: 06/15/2010
Created By: Natalie Prevost
Corresponding Filing Tracking Number:

Re: Western National Life Insurance Company
NAIC# 70432
FEIN# 75-0770838
Form# 210-3X Annuity Application

SERFF Tracking Number: AGNN-126659696 State: Arkansas
Filing Company: Western National Life Insurance Company State Tracking Number: 45874
Company Tracking Number: 210-3X
TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.003 Single Premium
Variable
Product Name: Index Annuity Application
Project Name/Number: Vanguard/210-3X

Dear:

Copies of the above-referenced form are enclosed and submitted. This form is new and does not replace any forms previously approved by your Department.

Form 210-3X is a single premium deferred annuity application form that will be used with our annuity products as approved by your Department.

Please contact me at 1-800-262-4764 ext. 8705 or via e-mail at Natalie.Prevoست@valic.com if I can assist with your review. My fax number is 713-831-6205. I look forward to your formal notification of approval.

Sincerely,

Natalie Prevost

Natalie Prevost
Legal Analyst

Enclosures

Company and Contact

Filing Contact Information

Natalie Prevost, natalie.prevost@aigretirement.com
2919 Allen Parkway 713-831-8705 [Phone]
L10-30 713-831-6932 [FAX]
Houston, TX 77019

Filing Company Information

Western National Life Insurance Company CoCode: 70432 State of Domicile: Texas
2929 Allen Parkway, L10-30 Group Code: 12 Company Type:
Houston, TX 77019 Group Name: State ID Number:
(713) 831-6006 ext. [Phone] FEIN Number: 75-0770838

SERFF Tracking Number: AGNN-126659696 State: Arkansas
Filing Company: Western National Life Insurance Company State Tracking Number: 45874
Company Tracking Number: 210-3X
TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.003 Single Premium
Variable
Product Name: Index Annuity Application
Project Name/Number: Vanguard/210-3X

Filing Fees

Fee Required? Yes
Fee Amount: \$100.00
Retaliatory? Yes
Fee Explanation: Fee for filing in Texas
Per Company: No

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|---|----------|----------------|---------------|
| Western National Life Insurance Company | \$100.00 | 06/03/2010 | 36981051 |

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Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|---------------------|------------|------------|----------------|
| Approved- Closed | Linda Bird | 06/15/2010 | 06/15/2010 |

SERFF Tracking Number: AGNN-126659696 *State:* Arkansas
Filing Company: Western National Life Insurance Company *State Tracking Number:* 45874
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TOI: A02I Individual Annuities- Deferred Non- *Sub-TOI:* A02I.003 Single Premium
Variable
Product Name: Index Annuity Application
Project Name/Number: Vanguard/210-3X

Disposition

Disposition Date: 06/15/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AGNN-126659696 *State:* Arkansas
Filing Company: Western National Life Insurance Company *State Tracking Number:* 45874
Company Tracking Number: 210-3X
TOI: A021 Individual Annuities- Deferred Non-Variable *Sub-TOI:* A021.003 Single Premium
Product Name: Index Annuity Application
Project Name/Number: Vanguard/210-3X

| Schedule | Schedule Item | Schedule Item Status | Public Access |
|----------------------------|---|-----------------------------|----------------------|
| Supporting Document | Flesch Certification | | Yes |
| Supporting Document | Application | | No |
| Supporting Document | Life & Annuity - Acturial Memo | | No |
| Supporting Document | SOV | | Yes |
| Form | Single Premium Deferred Annuity Application | | Yes |

205 East 10th Avenue
Amarillo, Texas 79101
Telephone 800.424.4990

Single Premium Deferred Annuity Application

OWNER (All Policyholder correspondence will be sent to this address.)

Name: John Doe Sex: M Age: 35 DOB: 1/1/1975
Address: 123 Any Street Marital Status: _____ SSN: 123-45-6789
Any City, USA XXXXX Daytime Phone: 123-456-7890

JOINT OWNER (Optional. Non-Qualified Annuities only.)

Name: _____ Sex: _____ Age: _____ DOB: _____
Marital Status: _____ SSN: _____ Daytime Phone: _____

ANNUITANT (If different from the Owner.) Upon the death of the Annuitant, Owner may designate a new Annuitant. If no designation is made within 30 days of the death of the Annuitant, the Owner will become the Annuitant.

Name: _____ Sex: _____ Age: _____ DOB: _____
Address: _____ Daytime Phone: _____ SSN: _____
Relationship to Owner: _____

OWNER'S BENEFICIARY DESIGNATION – In the event of death of Owner, surviving Joint Owner becomes Primary Beneficiary.

⊖ If you do not want the Joint Owner to be the Primary Beneficiary, check here and name Beneficiary below.

Primary Beneficiary: Name: _____ Relationship: _____

Contingent Beneficiary: Name: _____ Relationship: _____

INTEREST RATE (Interest is credited and compounded daily to achieve the annual rate. To achieve this rate, the premium must be left for the applicable term without any withdrawals.) The guaranteed minimum interest rate for the life of your policy is [2.00] %.

- [3 Year. The Interest Rate on the Single Premium is [3.50] % for three years. This rate includes a [1.00] % interest rate enhancement payable for three years.]
- [5 Year. The Interest Rate on the Single Premium is [3.50] % for five years.]
- [5 year MVA. The Interest Rate on the Single Premium is [_____] % for five years.]

PURCHASE PAYMENT

Policy Number: H123456 Policy Date: 01/01/2010
Single Premium Payment: \$ 10,000 Annuity Date: 01/01/2040

PLAN TYPE (required): **Non-Qualified** **Qualified**

Tax-Qualified Plans: [Traditional IRA Roth IRA Other: _____]

Check one: Initial Contribution for Tax Year _____ Transfer Rollover Roth IRA Conversion Year _____

SIGNATURES Checks must be made payable to **Western National Life Insurance Company**.

[Do you have any existing life insurance policies or annuity contracts? Yes No
Will this annuity replace, discontinue or change any existing life insurance or annuity contract issued by any company? Yes No (If yes, complete the following.) Company _____ Policy No. _____
Are you an active duty service member of the United States Armed Forces? Yes No]

I understand this annuity is not federally insured. On behalf of myself and any person who may claim any interest under this policy, I represent that all statements and answers in this application to the best of my knowledge and belief are complete and true. I have read and understand the important disclosures located on the reverse of this application.

Please initial if applicable: _____ I am applying for a market-value adjustment annuity. **I understand that amounts payable under the policy are subject to a market value adjustment and to an early distribution charge for the period specified in the policy.**

John Doe

Owner's Signature

Joint Owner's Signature (if applicable)

Signed at (city/state): Any City, USA XXXXX

on (date): 01/01/2010

REPRESENTATIVE INFORMATION

[To the best of my knowledge the applicant has an existing life insurance policy or annuity contract. Yes No
Do you have any reason to believe this annuity will replace, discontinue or change any existing life insurance or annuity? Yes No
As agent, have you complied with all State Replacement Regulations and completed all required State Replacement forms? Yes No
By signing this form, I certify that I have truly and accurately recorded herein the information provided by the applicant.]

Bill Agent

Licensed Agent's Signature

ABC Agency #12345

Agency Name and Number

Bill Agent

State Lic.#: 6789

Agent#: 24-7

Licensed Agent (Print name)

DISCLOSURES

[REDEMPTIONS FROM OPTIONAL RETIREMENT PROGRAMS AND OTHER PLANS: Distributions from employer-sponsored retirement programs, including optional retirement programs, will be subject to any limitations imposed by the plan.

For Louisiana Optional Retirement Program Participants Only: For participants in the Louisiana Optional Retirement Program, withdrawals are limited by the plan and must take the form of an annuity payable over your lifetime or the joint lifetime of you and your beneficiary.

For Texas Optional Retirement Program Participants Only:

- Benefits in the Texas Optional Retirement Program vest after one year and one day of participation in one or more optional retirement plans.
- Benefits under the Texas Optional Retirement Program are available to you only after you attain the age of 70 ½ years, or terminate participation by death, retirement, or termination of employment in all Texas institutions of higher education.
- Western National Life Insurance Company (WNLIC) will require written verification from the program administrator of your qualification for any requested redemption of any annuity benefits purchased under the Texas Optional Retirement Program.

California Senior Disclosure: Please be advised that the sale or liquidation of any stock, bond, IRA, certificate of deposit, mutual fund, annuity, or other asset to fund the purchase of this product may have tax consequences, early withdrawal penalties, or other costs or penalties as a result of the sale or liquidation, and you may wish to consult independent legal or financial advice before selling or liquidating any assets and prior to the purchase of any life or annuity products being solicited, offered for sale, or sold.]

FRAUD WARNING

[In some states we are required to advise you of the following: Any person who knowingly intends to defraud or facilitates a fraud against an insurer by submitting an application or filing a false claim, or makes an incomplete or deceptive statement of a material fact, may be guilty of insurance fraud.

Arkansas, North Dakota, South Carolina, South Dakota, and Texas Residents Only: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, commits insurance fraud, which may be a crime and may subject the person to civil and criminal penalties.

Colorado, Kentucky, New Mexico, Ohio, and Pennsylvania Residents Only: 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.

District of Columbia and Rhode Island Residents Only: 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.

Louisiana, Maryland and Massachusetts Residents Only: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit, or 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.

New Jersey Residents Only: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Maine, Tennessee, Virginia and Washington Residents Only: 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 and denial of insurance benefits.

Oklahoma Residents Only: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claims for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.]

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Supporting Document Schedules

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

| | Item Status: | Status Date: |
|--------------------------------------|--------------|--------------|
| Satisfied - Item: SOV | | |
| Comments: | | |
| Attachment: SOV-210-3X.pdf | | |

CERTIFICATION

WESTERN NATIONAL LIFE INSURANCE COMPANY, NAIC # 70432, hereby certifies that the following form(s) comply with the Flesch scale of readability requirements of your State and the form(s) achieve the following score:

| <u>Form Number</u> | <u>Form Description</u> | <u>Flesch Score</u> |
|--------------------|---|---------------------|
| 210-3X | SINGLE PREMIUM DEFERRED ANNUITY APPLICATION | 40.2 |



Tracey Harris - Vice President

June 3, 2010

Date

Statement of Variability for Form 210-3X

We have bracketed or determined that the following information will be variable. Any changes will be for future use only, and on a non-discriminatory basis. We have bracketed the following information:

1. Contact Information: The location and telephone number are bracketed for administrative purposes.
2. MVA Terms and Current GMIR: To allow for flexibility in offering different interest rate MVA terms. For example, depending on economic and market conditions, it may be necessary to remove from the market certain term period, etc. The terms may range between 1 and 10 years. In addition, we have included blanks for the current crediting rate to be completed. The current GMIR is 2.0% and may range between 1.00% and 5.00%. Any changes to interest rate MVA terms and the current crediting rate will be applicable to new issues only.
3. Qualified Information: To allow for flexibility in the information collected and Tax Qualified Plans offered, and the ability to make changes that comply with applicable state or federal requirements.
4. Replacement Information: To allow for flexibility in the information collected, and to make changes to comply with state or federal requirements. Replacement information will always be on the application as required, but may be subject to change based on state or federal updates.
5. Disclosures and Fraud Warnings: The disclosures and fraud warnings so that text may be modified to comply with changes in state law.



Tracey Harris - Vice President

June 3, 2010

Date