

SERFF Tracking Number: AMFA-126678966 State: Arkansas  
Filing Company: Ameritas Life Insurance Corp. State Tracking Number: 46057  
Company Tracking Number: AL 64349-1 E APP/AL 64349-1 S APP  
TOI: A03G Group Annuities - Deferred Variable Sub-TOI: A03G.002 Flexible Premium  
Product Name: Ameritas GRA Application  
Project Name/Number: AL 64349-1 E APP/AL 64349-1 S APP/AL 64349-1 E APP/AL 64349-1 S APP

## Filing at a Glance

Company: Ameritas Life Insurance Corp.

Product Name: Ameritas GRA Application SERFF Tr Num: AMFA-126678966 State: Arkansas

TOI: A03G Group Annuities - Deferred Variable SERFF Status: Closed-Approved- State Tr Num: 46057  
Closed

Sub-TOI: A03G.002 Flexible Premium Co Tr Num: AL 64349-1 E APP/AL State Status: Approved-Closed  
64349-1 S APP

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Joanne Friend, Bobbie  
Cramer, Jenny Andrus

Disposition Date: 06/29/2010

Date Submitted: 06/25/2010

Disposition Status: Approved-  
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: AL 64349-1 E APP/AL 64349-1 S APP

Status of Filing in Domicile: Pending

Project Number: AL 64349-1 E APP/AL 64349-1 S APP

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Large

Overall Rate Impact:

Group Market Type: Employer

Filing Status Changed: 06/29/2010

Explanation for Other Group Market Type:

State Status Changed: 06/29/2010

Deemer Date:

Created By: Jenny Andrus

Submitted By: Jenny Andrus

Corresponding Filing Tracking Number:

Filing Description:

Re: Ameritas Life Insurance Corp.

NAIC No. 0943-61301 FEIN No. 47-0098400

Submission Form Identification: AL 64349-1 E APP – Application Allocated Separate Accounts Group Annuity Contract.

AL 64349-1 S APP – Application Allocated Separate Accounts Group Annuity Contract.

Description of Form as Individual or Group Market: Group

To be used with Contract Form Identification No:

SERFF Tracking Number: AMFA-126678966 State: Arkansas  
Filing Company: Ameritas Life Insurance Corp. State Tracking Number: 46057  
Company Tracking Number: AL 64349-1 E APP/AL 64349-1 S APP  
TOI: A03G Group Annuities - Deferred Variable Sub-TOI: A03G.002 Flexible Premium  
Product Name: Ameritas GRA Application  
Project Name/Number: AL 64349-1 E APP/AL 64349-1 S APP/AL 64349-1 E APP/AL 64349-1 S APP

AL 64349 – Allocated Group Annuity Contract approved by your state on 08/30/2006.

General Description of Submission: Applications to be used with above referenced group annuity contract

Enclosed for your review and approval are the above-referenced applications. These applications will replace AL 64349 E APP and AL 64349 S APP which was previously approved by your state on 08/18/2009.

The applications are identical except that the AL 64349-1 E APP will be used for our larger cases, with slightly different funds. Currently, the applications refer to Morningstar Asset Allocation Models. Our contract with Morningstar is terminating. Accordingly, we are updating the applications to reflect this change.

These forms are exempt from any “flesch score” or readability requirements in your statutes or regulations as it is subject to federal jurisdiction and the language contained therein is drafted to conform to the requirements of federal law.

No part of this filing contains any unusual or possibly controversial items from normal company or industry standards. Since our printers use various fonts and layouts, we reserve the right to format the pages to conform to the printers requirements. No change in language will occur, only a possible page break, or renumbering of a page.

## Company and Contact

### Filing Contact Information

Jenny Andrus, Contract Analyst jandrus@unioncentral.com  
1876 Waycross Road 800-825-1551 [Phone] 52984 [Ext]  
P O Box 40888 513-595-2918 [FAX]  
Cincinnati, OH 45240

### Filing Company Information

Ameritas Life Insurance Corp. CoCode: 61301 State of Domicile: Nebraska  
5900 O Street Group Code: 943 Company Type:  
P O Box 81889 Group Name: State ID Number:  
Lincoln, NE 68501-1889 FEIN Number: 47-0098400  
(800) 756-1112 ext. [Phone]

-----

## Filing Fees

Fee Required? Yes  
Fee Amount: \$100.00  
Retaliatory? No

SERFF Tracking Number: AMFA-126678966 State: Arkansas  
Filing Company: Ameritas Life Insurance Corp. State Tracking Number: 46057  
Company Tracking Number: AL 64349-1 E APP/AL 64349-1 S APP  
TOI: A03G Group Annuities - Deferred Variable Sub-TOI: A03G.002 Flexible Premium  
Product Name: Ameritas GRA Application  
Project Name/Number: AL 64349-1 E APP/AL 64349-1 S APP/AL 64349-1 E APP/AL 64349-1 S APP  
Fee Explanation:  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Ameritas Life Insurance Corp.	\$100.00	06/25/2010	37542149

SERFF Tracking Number: AMFA-126678966 State: Arkansas  
Filing Company: Ameritas Life Insurance Corp. State Tracking Number: 46057  
Company Tracking Number: AL 64349-1 E APP/AL 64349-1 S APP  
TOI: A03G Group Annuities - Deferred Variable Sub-TOI: A03G.002 Flexible Premium  
Product Name: Ameritas GRA Application  
Project Name/Number: AL 64349-1 E APP/AL 64349-1 S APP/AL 64349-1 E APP/AL 64349-1 S APP

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	06/29/2010	06/29/2010

*SERFF Tracking Number:* AMFA-126678966      *State:* Arkansas  
*Filing Company:* Ameritas Life Insurance Corp.      *State Tracking Number:* 46057  
*Company Tracking Number:* AL 64349-1 E APP/AL 64349-1 S APP  
*TOI:* A03G Group Annuities - Deferred Variable      *Sub-TOI:* A03G.002 Flexible Premium  
*Product Name:* Ameritas GRA Application  
*Project Name/Number:* AL 64349-1 E APP/AL 64349-1 S APP/AL 64349-1 E APP/AL 64349-1 S APP

## **Disposition**

Disposition Date: 06/29/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AMFA-126678966 State: Arkansas  
 Filing Company: Ameritas Life Insurance Corp. State Tracking Number: 46057  
 Company Tracking Number: AL 64349-1 E APP/AL 64349-1 S APP  
 TOI: A03G Group Annuities - Deferred Variable Sub-TOI: A03G.002 Flexible Premium  
 Product Name: Ameritas GRA Application  
 Project Name/Number: AL 64349-1 E APP/AL 64349-1 S APP/AL 64349-1 E APP/AL 64349-1 S APP

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	Application Allocated Separate Accounts		Yes
	Group Annuity Contract		
Form	Application Allocated Separate Accounts		Yes
	Group Annuity Contract		

SERFF Tracking Number: AMFA-126678966 State: Arkansas  
 Filing Company: Ameritas Life Insurance Corp. State Tracking Number: 46057  
 Company Tracking Number: AL 64349-1 E APP/AL 64349-1 S APP  
 TOI: A03G Group Annuities - Deferred Variable Sub-TOI: A03G.002 Flexible Premium  
 Product Name: Ameritas GRA Application  
 Project Name/Number: AL 64349-1 E APP/AL 64349-1 S APP/AL 64349-1 E APP/AL 64349-1 S APP

## Form Schedule

**Lead Form Number: AL 64349-1 E APP/AL 64349-1 S APP**

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	AL 64349-1 E APP	Application/ Enrollment Form	Application Allocated Initial Separate Accounts Group Annuity Contract			0.000	AL 64349-1 E APP.pdf
	AL 64349-1 S APP	Application/ Enrollment Form	Application Allocated Initial Separate Accounts Group Annuity Contract			0.000	AL 64349-1 S APP.pdf

# Application Allocated Separate Accounts Group Annuity Contract

**Ameritas Life Insurance Corp.**

[P. O. Box 81889]

[Lincoln, NE 68501-1889]

## APPLICANT

The Trustee(s) of the Plan \_\_\_\_\_ hereby apply (ies) for an Allocated Separate Accounts Group Annuity Contract No.: \_\_\_\_\_

## PLAN INFORMATION

Name of Employer / Plan Sponsor: \_\_\_\_\_

Legal Name of Plan: \_\_\_\_\_

Employer's Tax Identification Number (EIN): \_\_\_\_\_

**FUND SELECTION** – Please select the funds you wish to make available to your plan. If your plan intends to participate in the Fiduciary Investment Safeguard, you must select: (1) at least one investment alternative from the following fund asset classes: [Capital Preservation; Investment Grade Bond; Domestic Large Capitalization (large cap); Domestic Mid Capitalization (mid cap); Domestic Small Capitalization (small cap); International or World Stock (excluding Emerging Markets/Small Cap International) funds); AND (2) a Qualified Default Investment Alternative that satisfies Labor Regulation Section 2550.404c-5(e).

### Capital Preservation

- **Stable Value/Guaranteed**
- Guaranteed Investment Account\*
- Stable Fixed Investment Account<sup>1</sup>
- **[ Money Market**
- Calvert Cash Reserves Institutional Prime\*

### Investment Grade Bond

- American Century Government Bond
- Calvert Income I
- Calvert Long-Term Income
- Calvert Short Duration Income\*
- Calvert Short-Term Government\*
- Calvert VP Barclays Capital Aggregate Bond Index
- Calvert VP Inflation Protected Plus
- Payden GNMA
- PIMCO Total Return
- Vanguard Long-Term Investment-Grade

### High Yield/Multisector Bond

- Calvert High Yield Bond
- Fidelity Advisor Strategic Income
- Payden/Kravitz Cash Balance Plan (Cash Balance Plans Only)
- PIMCO High Yield

### Domestic Large Cap

- **Large Growth**
- Alger Capital Appreciation
- Alger Large Cap Growth
- American Century Growth
- Ameritas Growth Account

### Domestic Large Cap - Continued

- **Large Growth - Continued**
- Calvert Large Cap Growth
- Calvert Social Index
- Calvert Social Investment Equity
- Fidelity Advisor New Insights
- Invesco Multi-Sector
- Marsico Focus
- T. Rowe Price Blue Chip Growth
- Vanguard Growth Index

### • Large Blend

- Calvert VP S&P 500 Index
- Fidelity® VIP Contrafund®
- FMI Large Cap
- Neuberger Berman Guardian
- Oppenheimer Main Street/VA

### • Large Value

- American Century Equity Income
- American Century Value
- Calvert Large Cap Value
- MFS Value
- T. Rowe Price Equity Income
- Vanguard Value Index

### Domestic Mid Cap

- **Mid Growth**
- Alger Mid Cap Growth
- American Century Heritage
- Invesco Van Kampen Mid Cap Growth

### Domestic Mid Cap - Continued

- **Mid Blend**
- Calvert VP S&P MidCap 400 Index
- FMI Common Stock
- Neuberger Berman Regency
- **Mid Value**
- American Century Mid Cap Value
- Fidelity Advisor Value
- Perkins Mid Cap Value

### Domestic Small Cap

- **Small Growth**
- Baron Small Cap
- Wasatch Small Cap Growth
- **Small Blend**
- Calvert Small Cap Value
- Calvert VP Russell 2000 Small Cap Index
- DWS Dreman Small Cap Value
- Fidelity Advisor Small Cap
- Neuberger Berman Genesis
- Royce Pennsylvania Mutual
- Royce Total Return
- Third Avenue Small-Cap Value
- Wasatch Small Cap Value
- **Small Value**
- American Century Small Cap Value
- Perkins Small Cap Value
- Vanguard Small Cap Value Index]

<sup>1</sup>If your plan selects the Stable Fixed Investment Account, your plan may **NOT** select a competing fund, denoted by the \* above.



# Application Allocated Separate Accounts Group Annuity Contract

**Ameritas Life Insurance Corp.**  
 [P. O. Box 81889]  
 [Lincoln, NE 68501-1889]

## FUND SELECTION (Continued)

### International or World Stock

- **Large Cap International**

- Calvert VP EAFE International Index
- Invesco International Growth
- MFS International Value
- MFS Research International
- Thornburg International Value, R4
- Vanguard Total International Stock Index

- **World Stock**

- FTVIPT Templeton Growth Securities
- Oppenheimer Global Securities/VA
- Third Avenue Value

### Real Estate

- Morgan Stanley IF US Real Estate
- Vanguard REIT Index

### World Bond

- FTVIPT Templeton Global Bond Securities

### Emerging Markets/Small Cap International

- Invesco Developing Markets
- Morgan Stanley IF Emerging Markets
- Third Avenue International Value

### Technology

- Seligman Communications & Information
- Waddell & Reed Advisors Science and Technology

### Utilities

- MFS Utilities

### Healthcare

- DWS Health Care

### Natural Resources

- Calvert VP Natural Resources

### Qualified Default Investment Alternative

- **Balanced**

- Calvert VP Balanced Index
- Ivy Asset Strategy
- T. Rowe Price Capital Appreciation
- Vanguard Wellington

### Qualified Default Investment Alternative - Continued

- **Target Date**

- American Century LIVESTRONG Income
- American Century LIVESTRONG 2015
- American Century LIVESTRONG 2025
- American Century LIVESTRONG 2035
- American Century LIVESTRONG 2045
- T. Rowe Price Retirement Income
- T. Rowe Price Retirement 2010
- T. Rowe Price Retirement 2020
- T. Rowe Price Retirement 2030
- T. Rowe Price Retirement 2040
- T. Rowe Price Retirement 2050

- **Lifestyle**

- Calvert Conservative Allocation
- Calvert Moderate Allocation
- Calvert Aggressive Allocation
- Calvert VP Lifestyle Conservative
- Calvert VP Lifestyle Moderate
- Calvert VP Lifestyle Aggressive]

**DEFAULT FUND:** The PARTICIPANT DEFAULT FUND will be the [T. Rowe Price Capital Appreciation – Advisor Class] unless otherwise specified in writing, regardless if it is chosen as an investment option. (Please note that the participants will have access to this fund as an investment option). The Participant Default Fund will be used if contributions are received without investment instruction for a participant. The PLAN DEFAULT FUND will be the [Calvert Cash Reserves] and will be used in the case of a plan transferring from another provider prior to the receipt of any allocation information. Note that the default funds are subject to market fluctuation, as well as any applicable contract charges. As a result, losses are possible in the default funds. If utilizing a corporate unallocated account, please list the dollar amount or percentage along with fund selection.

This application is being made a part of the said contract, and attaches all the terms and conditions thereto.

\_\_\_\_\_  
Trustee Signature(s)

\_\_\_\_\_  
Soliciting Agent Signature

\_\_\_\_\_  
Trustee Printed Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

You must positively identify the Trustees with a government-issued picture form of identification (I.D.). Examples of acceptable forms are: Driver's License, Passport, Military I.D, or Green card. Also obtain a copy of the government-issued I.D. and submit it with this application. If you are unable to make a copy, the following information must be provided.

\_\_\_\_\_  
Form of Identification

\_\_\_\_\_  
I.D. # / State

\_\_\_\_\_  
Expiration Date

# Application Allocated Separate Accounts Group Annuity Contract

**Ameritas Life Insurance Corp.**  
[P. O. Box 81889]  
[Lincoln, NE 68501-1889]

**Unless specific state language is noted below, the following general fraud notice applies.**

## **FRAUD NOTICE**

Any person knowingly or with intent to defraud; submits an application or files a claim containing false, incomplete or misleading information; is guilty of a crime and may be subject to fines and criminal penalties, including imprisonment. In addition, insurance benefits may be denied if false information provided by an applicant is materially related to a claim.

## **GA, KS, NE, VT and WA RESIDENTS**

Any person who knowingly or with intent to defraud; submits an application or files a claim containing false, incomplete or misleading information; may be guilty of a crime and may be subject to fines and criminal penalties, including imprisonment. In addition, insurance benefits may be denied if false information provided by an applicant is materially related to a claim.

## **CO RESIDENTS**

It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

## **FL RESIDENTS**

Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim or any application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

## **CA RESIDENTS**

For your protection California law requires the following to appear on this form. Any person who knowingly presents a 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.

## **CT RESIDENTS**

Any person who knowingly or with intent to defraud; submits an application or files a claim containing false, incomplete or misleading information; is guilty of a crime and may be subject to fines and criminal penalties, including imprisonment. In addition, insurance benefits may be denied if false information provided by an applicant is materially related to a claim during the contestability period.

## **TX RESIDENTS**

Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

## **DC RESIDENTS**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information on an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

## **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.

## **TN 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 denial of insurance benefits.

## **MA RESIDENTS**

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.

## **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.

## **NJ RESIDENTS**

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

## **OR RESIDENTS**

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

## **PA RESIDENTS**

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 material 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.

## **VA RESIDENTS**

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

# Application Allocated Separate Accounts Group Annuity Contract

**Ameritas Life Insurance Corp.**  
[P. O. Box 81889]  
[Lincoln, NE 68501-1889]

## APPLICANT

The Trustee(s) of the Plan \_\_\_\_\_ hereby apply (ies) for an Allocated Separate Accounts Group Annuity Contract No.: \_\_\_\_\_

## PLAN INFORMATION

Name of Employer / Plan Sponsor: \_\_\_\_\_

Legal Name of Plan: \_\_\_\_\_

Employer's Tax Identification Number (EIN): \_\_\_\_\_

**FUND SELECTION** – Please select the funds you wish to make available to your plan. If your plan intends to participate in the Fiduciary Investment Safeguard, you must select: (1) at least one investment alternative from the following fund asset classes: [Capital Preservation; Investment Grade Bond; Domestic Large Capitalization (large cap); Domestic Mid Capitalization (mid cap); Domestic Small Capitalization (small cap); International or World Stock (excluding Emerging Markets/Small Cap International] funds); AND (2) a Qualified Default Investment Alternative that satisfies Labor Regulation Section 2550.404c-5(e).

### Capital Preservation

- **Stable Value/Guaranteed**
  - Guaranteed Investment Account\*
  - Stable Fixed Investment Account<sup>1</sup>
- **[Money Market**
  - Calvert Cash Reserves Institutional Prime\*

### Investment Grade Bond

- American Century Government Bond
- Calvert Income, A
- Calvert Long Term Income
- Calvert Short Duration Income\*
- Calvert Short-Term Government\*
- Calvert VP Barclays Capital Aggregate Bond Index
- Calvert VP Inflation Protected Plus
- Payden GNMA
- PIMCO Total Return

### High Yield/Multisector Bond

- Calvert High Yield Bond
- Fidelity Advisor Strategic Income
- Payden/Kravitz Cash Balance Plan (*Cash Balance Plans Only*)
- PIMCO High Yield

### Domestic Large Cap

- **Large Growth**
  - Alger Capital Appreciation
  - Alger Large Cap Growth
  - American Century Growth
  - Ameritas Growth Account

### Domestic Large Cap - Continued

- **Large Growth - Continued**
  - Calvert Large Cap Growth
  - Calvert Social Index
  - Calvert Social Investment Equity
  - Invesco Multi-Sector
  - Fidelity Advisor New Insights
  - Marsico Focus
  - T. Rowe Price Blue Chip Growth

### • Large Blend

- Calvert VP S&P 500 Index
- Fidelity® VIP Contrafund®
- FMI Large Cap
- Neuberger Berman Guardian
- Oppenheimer Main Street/VA

### • Large Value

- American Century Equity Income
- American Century Value
- Calvert Large Cap Value
- MFS Value
- T. Rowe Price Equity Income

### Domestic Mid Cap

- **Mid Growth**
  - Alger Mid Cap Growth
  - American Century Heritage
  - Invesco Van Kampen Mid Cap Growth

### Domestic Mid Cap - Continued

- **Mid Blend**
  - Calvert VP S&P MidCap 400 Index
  - FMI Common Stock
  - Neuberger Berman Regency
- **Mid Value**
  - American Century Mid Cap Value
  - Fidelity Advisor Value
  - Perkins Mid Cap Value

### Domestic Small Cap

- **Small Growth**
  - Baron Small Cap
  - Wasatch Small Cap Growth
- **Small Blend**
  - Calvert Small Cap Value
  - Calvert VP Russell 2000 Small Cap Index
  - DWS Dreman Small Cap Value
  - Fidelity Advisor Small Cap
  - Neuberger Berman Genesis
  - Royce Pennsylvania Mutual
  - Royce Total Return
  - Third Avenue Small Cap Value
  - Wasatch Small Cap Value
- **Small Value**
  - American Century Small Cap Value
  - Perkins Small Cap Value]

<sup>1</sup>If your plan selects the Stable Fixed Investment Account, your plan may **NOT** select a competing fund, denoted by the \* above.

# Application Allocated Separate Accounts Group Annuity Contract

**Ameritas Life Insurance Corp.**  
[P. O. Box 81889]  
[Lincoln, NE 68501-1889]

## FUND SELECTION (Continued)

### International or World Stock

- **Large Cap International**
  - Calvert VP EAFE International Index
  - Invesco International Growth
  - MFS International Value
  - MFS Research International
  - Thornburg International Value, R4
- **World Stock**
  - FTVIPT Templeton Growth Securities
  - Oppenheimer Global Securities/VA
  - Third Avenue Value
- Real Estate**
  - Morgan Stanley IF US Real Estate
- World Bond**
  - FTVIPT Templeton Global Bond Securities

### Emerging Markets/Small Cap International

- Invesco Developing Markets
- Morgan Stanley IF Emerging Markets
- Third Avenue International Value

### Technology

- Seligman Communications & Information
- Waddell & Reed Advisors Science and Technology

### Utilities

- MFS Utilities

### Healthcare

- DWS Health Care

### Natural Resources

- Calvert VP Natural Resources

### Qualified Default Investment Alternative

- **Balanced**
  - Calvert VP Balanced Index
  - Ivy Asset Strategy
  - T. Rowe Price Capital Appreciation
- **Target Date**
  - American Century LIVESTRONG Income
  - American Century LIVESTRONG 2015
  - American Century LIVESTRONG 2025
  - American Century LIVESTRONG 2035
  - American Century LIVESTRONG 2045
  - T. Rowe Price Retirement Income
  - T. Rowe Price Retirement 2010
  - T. Rowe Price Retirement 2020
  - T. Rowe Price Retirement 2030
  - T. Rowe Price Retirement 2040
  - T. Rowe Price Retirement 2050
- **Lifestyle**
  - Calvert Conservative Allocation
  - Calvert Moderate Allocation
  - Calvert Aggressive Allocation
  - Calvert VP Lifestyle Conservative
  - Calvert VP Lifestyle Moderate
  - Calvert VP Lifestyle Aggressive]

**DEFAULT FUND:** The PARTICIPANT DEFAULT FUND will be the [T. Rowe Price Capital Appreciation – Advisor Class] unless otherwise specified in writing, regardless if it is chosen as an investment option. (Please note that the participants will have access to this fund as an investment option). The Participant Default Fund will be used if contributions are received without investment instruction for a participant. The PLAN DEFAULT FUND will be the [Calvert Cash Reserves] and will be used in the case of a plan transferring from another provider prior to the receipt of any allocation information. Note that the default funds are subject to market fluctuation, as well as any applicable contract charges. As a result, losses are possible in the default funds. If utilizing a corporate unallocated account, please list the dollar amount or percentage along with fund selection.

This application is being made a part of the said contract, and attaches all the terms and conditions thereto.

\_\_\_\_\_  
Trustee Signature(s)

\_\_\_\_\_  
Soliciting Agent Signature

\_\_\_\_\_  
Trustee Printed Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

You must positively identify the Trustees with a government-issued picture form of identification (I.D.). Examples of acceptable forms are: Driver's License, Passport, Military I.D, or Green card. Also obtain a copy of the government-issued I.D. and submit it with this application. If you are unable to make a copy, the following information must be provided.

\_\_\_\_\_  
Form of Identification

\_\_\_\_\_  
I.D. # / State

\_\_\_\_\_  
Expiration Date

# Application Allocated Separate Accounts Group Annuity Contract

**Ameritas Life Insurance Corp.**  
[P. O. Box 81889]  
[Lincoln, NE 68501-1889]

---

**Unless specific state language is noted below, the following general fraud notice applies.**

## **FRAUD NOTICE**

Any person knowingly or with intent to defraud; submits an application or files a claim containing false, incomplete or misleading information; is guilty of a crime and may be subject to fines and criminal penalties, including imprisonment. In addition, insurance benefits may be denied if false information provided by an applicant is materially related to a claim.

## **GA, KS, NE, VT and WA RESIDENTS**

Any person who knowingly or with intent to defraud; submits an application or files a claim containing false, incomplete or misleading information; may be guilty of a crime and may be subject to fines and criminal penalties, including imprisonment. In addition, insurance benefits may be denied if false information provided by an applicant is materially related to a claim.

## **CO RESIDENTS**

It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

## **FL RESIDENTS**

Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim or any application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

## **CA RESIDENTS**

For your protection California law requires the following to appear on this form. Any person who knowingly presents a 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.

## **CT RESIDENTS**

Any person who knowingly or with intent to defraud; submits an application or files a claim containing false, incomplete or misleading information; is guilty of a crime and may be subject to fines and criminal penalties, including imprisonment. In addition, insurance benefits may be denied if false information provided by an applicant is materially related to a claim during the contestability period.

## **TX RESIDENTS**

Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

## **DC RESIDENTS**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information on an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

## **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.

## **TN 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 denial of insurance benefits.

## **MA RESIDENTS**

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.

## **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.

## **NJ RESIDENTS**

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

## **OR RESIDENTS**

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

## **PA RESIDENTS**

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 material 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.

## **VA RESIDENTS**

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

SERFF Tracking Number: AMFA-126678966 State: Arkansas  
Filing Company: Ameritas Life Insurance Corp. State Tracking Number: 46057  
Company Tracking Number: AL 64349-1 E APP/AL 64349-1 S APP  
TOI: A03G Group Annuities - Deferred Variable Sub-TOI: A03G.002 Flexible Premium  
Product Name: Ameritas GRA Application  
Project Name/Number: AL 64349-1 E APP/AL 64349-1 S APP/AL 64349-1 E APP/AL 64349-1 S APP

## Supporting Document Schedules

**Item Status:**

**Status**

**Date:**

**Satisfied - Item:** Flesch Certification

**Comments:**

Required Certifications are attached.

**Attachments:**

Reg 19 CERTIFICATION\_ALIC\_.pdf

Reg 49 CERTIFICATION\_ALIC\_.pdf

UNIV READABILITY CERT.pdf

**Item Status:**

**Status**

**Date:**

**Bypassed - Item:** Application

**Bypass Reason:** Not applicable - we are not filing a policy.

**Comments:**

**Reg 19 CERTIFICATION**  
**Arkansas**

I, Robert F. Lange, an officer for Ameritas Life Insurance Company. hereby certify that we have reviewed Rule and Regulation 19 and that we meet the provisions of said Rule and Regulation, as well as all applicable requirements of your Department regarding Unfair Sex Discrimination in the Sale of Insurance.

A handwritten signature in black ink that reads "Robert G. Lange". The signature is written in a cursive style with a large initial "R" and "L".

Robert G. Lange  
Vice President, General Counsel and Assistant Secretary

June 17, 2010  
Date

**Reg 49 CERTIFICATION**  
**Arkansas**

I, Robert F. Lange, an officer for Ameritas Life Insurance Company, hereby certify that I have reviewed Arkansas Rule and Regulation 49 and that we are in compliance regarding Life and Health Insurance Guaranty Association Notices.

I also certify that we have reviewed ACA 23-79-138 regarding the use of Complaint Notices and assure that we are in compliance.



Robert G. Lange  
Vice President, General Counsel and Assistant Secretary

June 17, 2010  
Date

***Reg. Section 6 DI: Method of Disclosure of Required Information***

All information required to be disclosed by this rule shall be set out conspicuously and in close conjunction with the statements to which such information relates or under appropriate captions of such prominence that it shall not be minimized, rendered obscure or presented in an ambiguous fashion or intermingled with the context of the advertisements so as to be confusing or misleading.

***Reg. Section 6 Life: Valuation***

The minimum valuation standard for universal life insurance policies shall be the Commissioners Reserve Valuation Method

## READABILITY CERTIFICATION

I, Robert G. Lange, an officer of Ameritas Life Insurance Corp., hereby certify that the following form(s) has (have) the following readability score(s) as calculated by the Flesch Reading Ease Test and that this (these) form(s) meet(s) the reading ease requirements of the laws and regulations of your state.

<u>Form</u>	<u>Form Title</u>	<u>Readability Score</u>
AL 64349-1 E APP	GRA Application	**
AL 64349-1 S APP	GRA Application	**



---

**Robert G. Lange**  
**Vice President, General Counsel & Asst. Secretary**

June 18, 2010

\*\*These forms are exempt from any flesch score or readability requirements in your statutes or regulations as it is subject to federal jurisdiction and the language contained therein is drafted to conform to the requirements of federal law.