

SERFF Tracking Number: AULD-126654982 State: Arkansas
Filing Company: American United Life Insurance Company State Tracking Number: 45845
Company Tracking Number: I-21672
TOI: A10 Annuities - Other Sub-TOI: A10.000 Annuities - Other
Product Name: Application for Individual Fixed Annuity
Project Name/Number: Application for Individual Fixed Annuity/I-21672

Filing at a Glance

Company: American United Life Insurance Company

Product Name: Application for Individual Fixed Annuity SERFF Tr Num: AULD-126654982 State: Arkansas

TOI: A10 Annuities - Other

Sub-TOI: A10.000 Annuities - Other

Filing Type: Form

SERFF Status: Closed-Approved-Closed

Co Tr Num: I-21672

Authors: Danita Ragland-Hatton,
Angela Riggles

Date Submitted: 06/01/2010

State Tr Num: 45845

State Status: Approved-Closed

Reviewer(s): Linda Bird

Disposition Date: 06/03/2010

Disposition Status: Approved-Closed

Implementation Date:

Implementation Date Requested:

State Filing Description:

General Information

Project Name: Application for Individual Fixed Annuity

Project Number: I-21672

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 06/03/2010

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: 06/03/2010

Created By: Angela Riggles

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Angela Riggles

Filing Description:

Enclosed for your review and approval is form I-21672, Application for Individual Fixed Annuity. This form will be used for fixed annuities, both deferred and immediate.

Form I-21672 replaces Individual Annuity Application forms 7-12086.1, approved in your state on May 16, 1997 and 7-15087, approved in your state on September 22, 2003.

This application will be used with our flexible premium deferred annuity, forms LA-31.JKT S5 and LA-31.JKT AC,

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approved in your state on January 13, 2004; our single premium immediate annuity, form LA-21, approved in your state on June 8, 1987, and our single premium immediate annuity, forms LA-22 and LA-23, approved in your state on January 19, 1988, along with any future annuities approved in your state (as appropriate).

Once approved, this application will be made available in paper format. We do anticipate making it available electronically in the future.

We reserve the right to make any typographical corrections, or make revisions to the appearance of these forms due to printing standards.

Thank you for your assistance with this filing.

Company and Contact

Filing Contact Information

Angie Riggles, Product Analyst angela.riggles@oneamerica.com
 One American Square 317-285-4371 [Phone]
 P.O. Box 7127 317-285-1297 [FAX]
 Indianapolis, IN 46206-7127

Filing Company Information

American United Life Insurance Company	CoCode: 60895	State of Domicile: Indiana
One American Square	Group Code: 619	Company Type:
P.O. Box 7127	Group Name:	State ID Number:
Indianapolis, IN 46206	FEIN Number: 35-0145825	
(877) 285-7660 ext. [Phone]		

Filing Fees

Fee Required?	Yes
Fee Amount:	\$20.00
Retaliatory?	No
Fee Explanation:	1 application x \$20
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American United Life Insurance Company	\$20.00	06/01/2010	36930968

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American United Life Insurance Company \$30.00 06/03/2010 36971572

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	06/03/2010	06/03/2010

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Linda Bird	06/03/2010	06/03/2010	Angela Riggles	06/03/2010	06/03/2010

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
revision	Note To Reviewer	Angela Riggles	06/17/2010	06/17/2010

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Disposition

Disposition Date: 06/03/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	statement of variability		No
Form	Application for Individual Fixed Annuity		No

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 06/03/2010
Submitted Date 06/03/2010
Respond By Date 07/05/2010

Dear Angie Riggles,

This will acknowledge receipt of the captioned filing.

Objection 1

No Objections

Comment: Regulation 57 was revised effective January 2010, the filing fee is now \$50.00 per form. We will hold your filing in a pending status until the additional \$30.00 is received.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

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Response Letter

Response Letter Status Submitted to State
Response Letter Date 06/03/2010
Submitted Date 06/03/2010

Dear Linda Bird,

Comments:

Response 1

Comments: The additional fee has been submitted. Thank you.

Related Objection 1

Comment:

Regulation 57 was revised effective January 2010, the filing fee is now \$50.00 per form. We will hold your filing in a pending status until the additional \$30.00 is received.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,

Angela Riggles, Danita Ragland-Hatton

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Note To Reviewer

Created By:

Angela Riggles on 06/17/2010 09:28 AM

Last Edited By:

Angela Riggles

Submitted On:

06/17/2010 09:28 AM

Subject:

revision

Comments:

Ms. Bird, we would like to insert an additional question in the Producer Statement/Signatures signature. Is it possible to re-open this file so the form may be reviewed, or will a new filing need to be created? Thank you.

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Form Schedule

Lead Form Number: I-21672

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	I-21672	Application/ Enrollment Form Application for Individual Fixed Annuity	Initial		50.100	I-21672 Application.PDF

Application for Individual Fixed Annuity

(Please print in dark ink.)

Products and financial services provided by
American United Life Insurance Company®
a ONEAMERICA® company
One American Square, P.O. Box 6004
Indianapolis, IN 46206-6004
1-800-537-6442



1. Proposed Annuitant/Owner

Full Name: _____ Male Female
First name Middle name Last name

Social Security #: _____ Birthdate (Month-Day-Year): _____

Mailing Address: Street _____ City _____
State _____ Zip _____ Phone # (_____) _____

2. Proposed Owner (if other than Annuitant)

Person Corporation Trust Annuitant and Spouse Jointly (Complete Joint Owner Endorsement) Employer Plan
 Proposed Annuitant under _____ (State) UGMA, UTMA (Complete below for Custodian)

Full Name of Person, Custodian, or Name of Corporation, Trust, or Employer Plan _____

Full Name of Corporate Officer(s) or Trustee(s) and Title(s) _____

Social Security or Tax ID # _____ Male Female Birthdate _____

Mailing Address: Street _____ City _____ State _____ Zip _____
Phone No. (_____) _____ Relationship to Annuitant _____

3. Primary Beneficiary

Unless otherwise directed, the contract proceeds shall be divided equally among all persons who are named as primary beneficiary.

Please Select One:

Benefit Paid Equally Benefit % Designated (benefit amounts completed below must total 100%)
 Any lawful children of the owner, per stirpes, which means that if any primary beneficiary is not living at the time a death benefit is payable, and that beneficiary has living children, those children shall receive, share and share alike, the share of the proceeds which their parent would have received if living. If no living children, then the deceased primary beneficiary's portion is payable to the remaining living primary beneficiary.

_____ Male Female % of Benefit: _____
Full Name or Name of Corporation or Trust

Social Security or Tax ID#: _____ Birthdate (Month-Day-Year): _____

Resident Street Address: _____ Relationship to Owner: _____
City State Zip Code

_____ Male Female % of Benefit: _____
Full Name or Name of Corporation or Trust

Social Security or Tax ID#: _____ Birthdate (Month-Day-Year): _____

Resident Street Address: _____ Relationship to Owner: _____
City State Zip Code

_____ Male Female % of Benefit: _____
Full Name or Name of Corporation or Trust

Social Security or Tax ID#: _____ Birthdate (Month-Day-Year): _____

Resident Street Address: _____ Relationship to Owner: _____
City State Zip Code

_____ Male Female % of Benefit: _____
Full Name or Name of Corporation or Trust

Social Security or Tax ID#: _____ Birthdate (Month-Day-Year): _____

Resident Street Address: _____ Relationship to Owner: _____
City State Zip Code

4. Contingent Beneficiary (if no primary beneficiary is living)

Please Select One:

Benefit Paid Equally Benefit % Designated (*benefit amounts completed below must total 100%*)

Any lawful children of the owner, per stirpes, which means that if any contingent beneficiary is not living at the time a death benefit is payable, and that beneficiary has living children, those children shall receive, share and share alike, the share of the proceeds which their parent would have received if living. If no living children, then the deceased contingent beneficiary's portion is payable to the remaining living contingent beneficiary.

_____ Male Female % of Benefit: _____
Full Name or Name of Corporation or Trust

Social Security or Tax ID#: _____ Birthdate (*Month-Day-Year*): _____

Resident Street Address: _____ Relationship to Owner: _____
City State Zip Code

_____ Male Female % of Benefit: _____
Full Name or Name of Corporation or Trust

Social Security or Tax ID#: _____ Birthdate (*Month-Day-Year*): _____

Resident Street Address: _____ Relationship to Owner: _____
City State Zip Code

_____ Male Female % of Benefit: _____
Full Name or Name of Corporation or Trust

Social Security or Tax ID#: _____ Birthdate (*Month-Day-Year*): _____

Resident Street Address: _____ Relationship to Owner: _____
City State Zip Code

_____ Male Female % of Benefit: _____
Full Name or Name of Corporation or Trust

Social Security or Tax ID#: _____ Birthdate (*Month-Day-Year*): _____

Resident Street Address: _____ Relationship to Owner: _____
City State Zip Code

6. Type of Funding (IRS Classification)

- Non-qualified
- Qualified
 - IRA Roth IRA SEP IRA SIMPLE IRA*
 - Other _____

Please refer to Online Services or the Advanced Sales Department for requirements for the following plans:

- One401(k) 403(b) TDA* 457 Governmental Plan 457 Tax Exempt Employer Plan
- 401(k) 412 Pension/Profit Sharing

*Employer information is required:

Company Name: _____
 Address: Street _____ City _____ State _____ Zip _____

7. Premiums

Initial Premium(s):

- Cash Amount \$ _____
 - "60 day" rollover New IRA contribution tax year _____
 - Amount \$ _____
 - "60 day" rollover New IRA contribution tax year _____
- Direct Transfer or Direct Rollover – *please provide information as to the source of the money and include the original paperwork for us to send to the current carrier.*
 - Direct transfer or direct rollover by original owner
 - Spousal death claim qualified rollover
 - Non-spousal inherited/stretch rollover (\$50,000 minimum)
 1. Amount \$ _____ Current Carrier _____
 Current IRS Qualification Type _____ Account # _____
 If Employer Plan, Plan Name _____
 2. Amount \$ _____ Current Carrier _____
 Current IRS Qualification Type _____ Account # _____
 If Employer Plan, Plan Name _____
- 1035 Exchange of Non-qualified Life Insurance or Annuity Contract
 - Exchange of Non-qualified Life Insurance or Annuity Contract by original owner
 - Intra-Enterprise non-spousal inherited/stretch non-qualified exchange (\$50,000 minimum)
 1. Amount \$ _____ Current Insurance Company _____
 Account # _____
 2. Amount \$ _____ Current Insurance Company _____
 Account # _____

8. Billing (complete for flexible premium products only)

- No Billing
- Annual billing for \$ _____
- Monthly Automatic Premium Payment – please complete Bank Draft Authorization form and provide a voided check.
- Add to existing list bill – please complete list bill form, including employer name and existing list bill number.

9. Replacement Information

Do you have existing life insurance or annuity(ies) with this or any other company? Yes No
 Will this annuity be replacing or changing any existing life insurance or annuity with this or any other company? Yes No

If money is coming from a qualified direct transfer/rollover, complete below:

Original contract IRS plan type: _____

List all life insurance or annuities in force on Proposed Annuitant:

a. Company Name	Policy No.	Amount	ADB	Year Issued
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

b. Is an application for life insurance or annuity pending with this or any other company? Yes No
 Company Name: _____ Amount \$ _____

Fraud Warnings

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.

Arizona

For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Arkansas, District of Columbia

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 requires 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.

Delaware

Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Florida

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.

New Jersey

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

Oregon

Any person who knowingly and with intent to defraud, or solicit another to defraud an insurer by filing a claim containing a false statement as to any material fact may be violating state law.

Substitute W-9 Certification

Under penalties of perjury, I certify that:

- (1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding and
- (3) I am a U.S. citizen or other U.S. person (as defined in Form W-9 located at *www.irs.gov*)

Check this box if you have been notified by the IRS that you are currently subject to withholding because of under reporting interest or dividend on your tax return.

THE INTERNAL REVENUE SERVICE DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN THE CERTIFICATION REQUIRED TO AVOID BACKUP WITHHOLDING.

Electronic Funds Transfer Authorization

If I have selected a Single Premium Immediate Annuity and have authorized Electronic Funds Transfer in Section 5, my signature below authorizes American United Life Insurance Company® ("AUL") to deposit all contract payments due me into the account identified herein by Electronic Funds Transfer. I discharge AUL from any further liability for any payments deposited to my account under this authorization. I also authorize AUL to initiate corrections, if necessary, to any amounts credited to my account in error. I agree that any payment that AUL deposits to my account after my death shall be considered to be a payment made in error. I further agree that any such payments shall be returned to AUL by the financial institution if funds are available in my account or shall be returned to AUL by my estate or my heirs if the funds in my account are not sufficient to make the required correction. I understand that AUL may terminate its Electronic Funds Transfer services at any time and for any reason and may make contract payment by checks instead. My election of Electronic Funds Transfer will remain in effect until AUL receives a written revocation from me in sufficient time to enable AUL to act on the written revocation (or until AUL withdraws this service).

Signatures

I represent that I have read and understand all the statements and answers given in this application and that they are true and complete to the best of my knowledge and belief. I agree and understand that: a) any annuity issued will be based on the statements and answers given in this application and any amendments to it; b) no contract shall take effect unless and until this application is approved by the company at its Home Office and the first premium is received while each proposed owner and annuitant is alive; c) no information will be considered to have been given to the company unless it is stated in the application; d) no agent has the authority to make or alter any contract for the company.

If this annuity is to fund a 403(b), I understand the restrictions on distributions from a 403(b) tax deferred annuity as set out in Section 403(b)(11) of the Internal Revenue Code.

Any annuity issued includes a Right to Examine provision which should be reviewed by the owner. Any questions should be directed to the company within the stated Right to Examine period.

Proposed Annuitant Signature _____

Signed at (City, State) _____ Date _____

Proposed Owner Signature if other than Annuitant (include title if applicable) _____

Signed at (City, State) _____ Date _____

Producer Statement/Signatures

Producer: To the best of your knowledge, will the annuity applied for replace any existing insurance or annuity? Yes No

Producer Printed Name _____ Producer Signature _____

AUL Producer Code _____ Share % _____ Date _____

Producer Printed Name _____ Producer Signature _____

AUL Producer Code _____ Share % _____ Date _____

Florida Only:

Producer Printed Name _____ Producer Signature _____

FL License # _____ Date _____

Producer Printed Name _____ Producer Signature _____

FL License # _____ Date _____

RECEIPT

(Applicant retains receipt upon completion)

Received from _____ the sum of \$ _____
in connection with an annuity from American United Life Insurance Company® (AUL). Interest will begin and will be credited at the interest rate in effect on the date that the premium is received in the AUL Home Office.

Producer Printed Name

Producer Signature

Date

**ALL CHECKS MUST BE MADE PAYABLE TO AMERICAN UNITED LIFE INSURANCE COMPANY®
DO NOT MAKE CHECKS PAYABLE TO A PRODUCER OR ANY OTHER ENTITY OR LEAVE PAYEE BLANK.**

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachment: I-21672 Flesch Certification.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application Bypass Reason: filing an application for approval, attached to form schedule Comments:		

	Item Status:	Status Date:
Satisfied - Item: statement of variability Comments: Attachment: SOV I-21672.pdf		

CERTIFICATE OF READABILITY

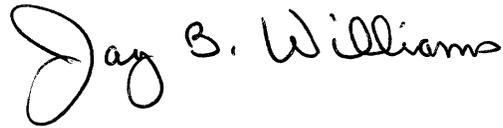
I, Jay B. Williams, Vice President of American United Life Insurance Company, hereby certify that the following form(s) have the following readability scores as calculated by the Flesch Reading Ease Test and that these forms meet the reading ease requirements of your state.

FORM(S)

READABILITY SCORE

I-21672

50.1

A handwritten signature in black ink that reads "Jay B. Williams". The signature is written in a cursive style with a large, stylized initial "J".

5/25/2010

Date

Jay B. Williams
Vice President
Chief Compliance Officer

American United Life Insurance Company
Statement of Variability
Individual Fixed Annuity Application
I-21672

Page		Reason for Variability
1	American United Life Insurance Company address and telephone number	Bracketed in case the address or phone number is changed.
1	OneAmerica	Company logo has been bracketed in case it is changed.
3	Product Selection	Bracketed to allow the company to add other approved products when necessary.
5	Fraud Warnings	Bracketed in case state laws dictate that language must be changed.
6	Producer Statement/Signatures	Bracketed so that reference to Florida may be removed from this application if necessary.