

SERFF Tracking Number: NAWS-126600527 State: Arkansas  
Filing Company: National Western Life Insurance Company State Tracking Number: 45809  
Company Tracking Number: 01-9046-10  
TOI: A10 Annuities - Other Sub-TOI: A10.000 Annuities - Other  
Product Name: Application for Deferred Annuity  
Project Name/Number: Application for Deferred Annuity/01-9046-10

## Filing at a Glance

Company: National Western Life Insurance Company

Product Name: Application for Deferred Annuity SERFF Tr Num: NAWS-126600527 State: Arkansas

TOI: A10 Annuities - Other SERFF Status: Closed-Approved- State Tr Num: 45809  
Closed

Sub-TOI: A10.000 Annuities - Other Co Tr Num: 01-9046-10 State Status: Approved-Closed

Filing Type: Form Reviewer(s): Linda Bird

Author: Stephanie Foskitt Disposition Date: 06/01/2010

Date Submitted: 05/27/2010 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: Application for Deferred Annuity

Project Number: 01-9046-10

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Authorized

Date Approved in Domicile:

Domicile Status Comments: This form is deemed exempt by our state of domicile, Colorado.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 06/01/2010

Explanation for Other Group Market Type:

State Status Changed: 06/01/2010

Deemer Date:

Created By: Stephanie Foskitt

Submitted By: Stephanie Foskitt

Corresponding Filing Tracking Number:

Filing Description:

Re: Application for Annuity, Form number 01-9046AR-10

National Western Life Insurance Company, NAIC 66850, FEIN 84-0467208

To Whom It May Concern:

Please find attached the above captioned form submitted to your state for formal approval. This form will replace a previously approved form, form number 01-9046AR-97 approved for use in Arkansas on August 27, 1997. This form is

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deemed exempt by our state of domicile, Colorado, under Bulletin B-4.1. This filing contains no unusual or possibly controversial items from normal industry standards.

Form 01-9046AR-10, Application for Annuity, will be used to issue previously approved flexible premium deferred annuity products. We may also use this application to issue other annuity products as developed and submitted for approval in the future.

This form will replace a previously approved form, form number 01-9046AR-97 approved for use in Arkansas on August 27, 1997. The most significant difference is the addition/update of the Fraud Warning. We also made the following small changes: Removed "Employer" line from the Annuitant section, Added "Date of Birth" and "Telephone Number" to the owner and joint owner section, Added "Address" and "Date of Birth" to the Beneficiaries section (one for each Primary & Contingent).

Thank you for your time and consideration in this matter. If you have any questions or need more information, please feel free to contact me by email at SFoskitt@NationalWesternLife.com or by phone at 512-719-1563.

Sincerely,  
Stephanie Foskitt  
Contract Compliance Analyst

We reserve the right to change the format of this form without changing any of the language. Printing standards will never be less than those required by your state.

## Company and Contact

### Filing Contact Information

Stephanie Foskitt, Contract Compliance Analyst SFoskitt@NationalWesternLife.com

National Western Life Insurance Company 512-719-1563 [Phone]  
850 East Anderson Lane 512-719-8522 [FAX]  
Austin, TX 78752

### Filing Company Information

National Western Life Insurance Company CoCode: 66850 State of Domicile: Colorado  
850 East Anderson Lane Group Code: -99 Company Type:  
Austin, TX 78752-1602 Group Name: State ID Number:  
(512) 836-1010 ext. [Phone] FEIN Number: 84-0467208

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## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No  
Fee Explanation: \$50 per application x 1 application = \$50 total  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
National Western Life Insurance Company	\$50.00	05/27/2010	36864664

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	06/01/2010	06/01/2010

*SERFF Tracking Number:*      *NAWS-126600527*                      *State:*                      *Arkansas*  
*Filing Company:*              *National Western Life Insurance Company*      *State Tracking Number:*      *45809*  
*Company Tracking Number:*      *01-9046-10*  
*TOI:*                      *A10 Annuities - Other*                      *Sub-TOI:*                      *A10.000 Annuities - Other*  
*Product Name:*              *Application for Deferred Annuity*  
*Project Name/Number:*      *Application for Deferred Annuity/01-9046-10*

## **Disposition**

Disposition Date: 06/01/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

*SERFF Tracking Number:*      *NAWS-126600527*                      *State:*                      *Arkansas*  
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<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification		Yes
<b>Supporting Document</b>	Application		No
<b>Supporting Document</b>	Life & Annuity - Acturial Memo		No
<b>Supporting Document</b>	Cover Letter		Yes
<b>Form</b>	Application for Deferred Annuity		Yes

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## Form Schedule

**Lead Form Number: 01-9046AR-10**

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	01-9046AR-10	Application/ Enrollment Form Application for Deferred Annuity	Initial		74.000	01-9046AR-10.pdf

**ANNUITANT:**

Name \_\_\_\_\_ Sex \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**OWNER:** This section **must be left blank** on IRA, SEP AND TSA plans.

Full Name (if other than annuitant) \_\_\_\_\_ Telephone Number \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Joint Owner \_\_\_\_\_ Date of Birth \_\_\_\_\_ Telephone Number \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_  
Contingent Owner (if other than annuitant) \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

**BENEFICIARY OF ANNUITANT:**

Primary Beneficiary \_\_\_\_\_ Relationship to Annuitant \_\_\_\_\_  
Address \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Contingent Beneficiary \_\_\_\_\_ Relationship to Annuitant \_\_\_\_\_  
Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

**PLAN:** Plan Name \_\_\_\_\_

Tax Status:  Non-Qualified  IRA  HR-10(Keogh)  403b(TSA)  SEP/IRA  401k  
 Other \_\_\_\_\_

Will this annuity replace any existing insurance or annuities in this or any other company? .....  Yes  No  
(If yes, complete applicable replacement forms in states where required.)

**PREMIUMS:**

Premiums: Submitted with application \$ \_\_\_\_\_ If IRA, premium submitted applies to tax year \_\_\_\_\_  
Amount to be billed \$ \_\_\_\_\_ Expected first yearly premium \$ \_\_\_\_\_  
Anticipated amount on policy exchanges or transfers \$ \_\_\_\_\_  
(If any, attach Transfer Form No. SA-8600, the policy/document that is to be exchanged, and any applicable replacement form.)

Mode:  Single Premium  Annual  Semi-annual  Monthly  Other \_\_\_\_\_  
 9 pay per year  10 pay per year Circle months **not** to bill: 

J	F	M	A	M	J	J	A	S	O	N	D
---	---	---	---	---	---	---	---	---	---	---	---

Date for 1st premium billing: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Billing Type:  Bank Draft  Direct Bill  List Bill  Government Allotment  \_\_\_\_\_

Special Billing Instructions: Billing Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**SPECIAL REQUESTS:**

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.

I have read the statements above and to the best of my knowledge and belief they are true and correct. Any statement made by either the agent of this application or by any other person shall not be binding on the Company unless such statement is reduced to writing by the Company and made a part of the annuity contract. I have received and read a copy of the annuity information brochure and understand the features of the plan of insurance applied for.

Signed in (City) \_\_\_\_\_ (State) \_\_\_\_\_ on (date) \_\_\_\_\_

\_\_\_\_\_  
Annuitant Signature

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Agent Signature (agent must complete reverse side)

\_\_\_\_\_  
Joint Owner Signature

**AGENT'S SECTION:**

Do you have any reason to believe that replacement of existing insurance or annuity will be involved? .....  Yes  No  
If yes, give details below and attach applicable replacement forms.

Agent Signature   X   Agent Number \_\_\_\_\_

Agent Name (printed) \_\_\_\_\_ Agent Phone \_\_\_\_\_

Commission Splits:

Agent Number	Agent Name	Commission Split
_____	_____	_____ %
_____	_____	_____ %
_____	_____	_____ %
_____	_____	_____ %

**\*\*\*ALL CHECKS MUST BE PAYABLE TO NATIONAL WESTERN LIFE INSURANCE COMPANY\*\*\***

**NATIONAL WESTERN LIFE INSURANCE COMPANY**  
850 East Anderson Lane, Austin, Texas 78752

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## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Flesch Certification		
<b>Comments:</b>		
<b>Attachment:</b> 01-9046AR-10.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Application		
<b>Bypass Reason:</b> The application submitted for approval is attached to the Form Schedule tab.		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Cover Letter		
<b>Comments:</b>		
<b>Attachment:</b> AR 01-9046-10 Cover Letter.pdf		

**ANNUITANT:**

Name \_\_\_\_\_ Sex \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**OWNER:** This section **must be left blank** on IRA, SEP AND TSA plans.

Full Name (if other than annuitant) \_\_\_\_\_ Telephone Number \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Telephone Number \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_  
Joint Owner \_\_\_\_\_  
Contingent Owner (if other than annuitant) \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

**BENEFICIARY OF ANNUITANT:**

Primary Beneficiary \_\_\_\_\_ Relationship to Annuitant \_\_\_\_\_  
Address \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Contingent Beneficiary \_\_\_\_\_ Relationship to Annuitant \_\_\_\_\_  
Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

**PLAN:** Plan Name \_\_\_\_\_

Tax Status:  Non-Qualified  IRA  HR-10(Keogh)  403b(TSA)  SEP/IRA  401k  
 Other \_\_\_\_\_

Will this annuity replace any existing insurance or annuities in this or any other company? .....  Yes  No  
(If yes, complete applicable replacement forms in states where required.)

**PREMIUMS:**

Premiums: Submitted with application \$ \_\_\_\_\_ If IRA, premium submitted applies to tax year \_\_\_\_\_  
Amount to be billed \$ \_\_\_\_\_ Expected first yearly premium \$ \_\_\_\_\_  
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Signed in (City) \_\_\_\_\_ (State) \_\_\_\_\_ on (date) \_\_\_\_\_

\_\_\_\_\_  
Annuitant Signature

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Owner Signature

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Agent Signature (agent must complete reverse side)

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Agent Number	Agent Name	Commission Split
_____	_____	_____ %
_____	_____	_____ %
_____	_____	_____ %
_____	_____	_____ %

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**NATIONAL WESTERN LIFE INSURANCE COMPANY**  
850 East Anderson Lane, Austin, Texas 78752



May 27, 2010

Arkansas Department of Insurance  
Life and Health Compliance  
1200 West Third Street  
Little Rock, Arkansas 72201-1904

Re: **Application for Annuity, Form number 01-9046-10**  
National Western Life Insurance Company, NAIC 66850, FEIN 84-0467208

To Whom It May Concern:

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Thank you for your time and consideration in this matter. If you have any questions or need more information, please feel free to contact me by email at [SFoskitt@NationalWesternLife.com](mailto:SFoskitt@NationalWesternLife.com) or by phone at 512-719-1563.

Sincerely,

A handwritten signature in cursive script that reads "SFoskitt".

Stephanie Foskitt  
Contract Compliance Analyst

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