Filing at a Glance

Company: Liberty Life Assurance Company of Boston

Product Name: Single Premium Deferred Annuity 2010	SERFF Tr Num: LLAC-126735961	State: Arkansas
TOI: A02I Individual Annuities- Deferred Non-Variable	SERFF Status: Closed-Approved-Closed	State Tr Num: 46307
Sub-TOI: A02I.003 Single Premium	Co Tr Num: SPDA-2010023,-M,APP-2010022,-O,RPFW-2010042, RROP-2010075, RWWC-2010043, RAW-2010044	State Status: Approved-Closed
Filing Type: Form		Reviewer(s): Linda Bird
	Authors: Andrew Baron, Margaret Gallagher, Lindsey Boisvert	Disposition Date: 08/02/2010
	Date Submitted: 07/23/2010	Disposition Status: Approved-Closed
Implementation Date Requested:		Implementation Date:
State Filing Description:		

General Information

Project Name:	Status of Filing in Domicile: Pending
Project Number:	Date Approved in Domicile:
Requested Filing Mode:	Domicile Status Comments: As of July 1, 2010, New Hampshire is the domicile state for Liberty Life Assurance Company of Boston. Since NH is a member of the IIPRC. A filing is pending with the Interstate Compact.
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Group Market Size:
Overall Rate Impact:	Group Market Type:
Filing Status Changed: 08/02/2010	Explanation for Other Group Market Type:
	State Status Changed: 08/02/2010
Deemer Date:	Created By: Margaret Gallagher
Submitted By: Margaret Gallagher	Corresponding Filing Tracking Number:

SERFF Tracking Number:	*LLAC-126735961*	*State:*	*Arkansas*
Filing Company:	*Liberty Life Assurance Company of Boston*	*State Tracking Number:*	*46307*
Company Tracking Number:	*SPDA-2010023,-M,APP-2010022,-O,RPFW-2010042, RROP-2010075, RWWC-2010043, RAW-2010044*		
TOI:	*A02I Individual Annuities- Deferred Non-Variable*	*Sub-TOI:*	*A02I.003 Single Premium*
Product Name:	*Single Premium Deferred Annuity 2010*		
Project Name/Number:	*/*		

Filing Description:

RE: SPDA-2010023 Single Premium Deferred Annuity Contract
SPDA-2010023-M Contract Information page

RPFW-2010042 Additional Penalty Free Withdrawal Rider
RROP-2010075 Return of Premium Guarantee Rider
RWWC-2010043 Waiver of Withdrawal Charges Rider
RAVW-2010044 Account Value Withdrawal Rider

APP-2010022 Application for Individual Fixed Deferred Annuity
APP-2010022-O Supplement to Application for Individual Fixed Deferred Annuity

The above referenced forms are being submitted for review and approval. These forms are new and will not replace any forms currently on file with the Department. This product enables the applicant to select none, one, or more optional riders. The optional riders are being filed as a part of this filing.

This contract provides for an account value interest rate enhancement. This interest rate enhancement is intended for use with forms SPDA-201023 and SPDA-2010023-M, at issue, for new issues.

The specifications page, form SPDA-2010023-M, is referred to as a Contract Information page. The specification page will be used with form SPDA-2010023.

Form RPFW-2010042 is an Additional Penalty-Free Withdrawal Rider that waives the withdrawal charge for all partial withdrawals made in any contract year after the first, if the total of the amounts withdrawn does not exceed 5% of the account value at the beginning of the contract year.

Form RROP-2010075 is a Return of Premium Guarantee Rider. This rider provides that the amount payable in the event of a full withdrawal will never be less than the total of all premiums paid less any prior withdrawals, and less premium tax.

Form RWWC-2010043 is a Waiver of Withdrawal Charges Rider. This rider waives withdrawal charges if the owner or owner's spouse has a Qualifying Medical Stay, Terminal Condition, or is Chronically Ill, as described in the endorsement.

Form RAVW-2010044 is an Account Value Withdrawal Rider. This rider waives withdrawal charges for a withdrawal made in any contract year after the guaranteed interest rate duration, during any time the total renewal interest rate is below the minimum interest threshold.

The charge for each rider is a lower credited interest rate. Riders may be bundled into modules, with one charge identified for all riders in a module. Additional riders may be filed for use in a module or riders may be interchanged with in modules.

These forms will be applied for using form APP-2010022. This application is included in the filing.
Form APP-2010022 is an Application for Individual Fixed Deferred Annuity. This form is new and will not replace any form on file with the Department. This form can be used to apply for single premium and flexible premium deferred annuity products.

The application will be available in paper format and may be available electronically. When available electronically, use of electronic signature will confirm to the requirements of your jurisdiction.

We expect to use the application with or without agent involvement.

Form APP-2010022-O is a Supplement to Application for Individual Fixed Deferred Annuity. This form is new and will not replace any form on file with the Department. This form is intended to be used when there is additional information that will not fit on the product application.

Three Statement of Variability forms identify variable information for the forms being filed. Brackets are used on the forms to identify the variable material. These brackets will not appear on final production versions of the forms.

These forms will be marketed through agents licensed with Liberty Life Assurance Company of Boston or marketed directly to the consumer. This product is intended to be sold for general use in the general individual market.

Please refer to certifications under the Supporting Documents tab of this SERFF filing for a certification that the owner will be provided a timely notification when the declared interest rate declines to a point at which the waiver of withdrawal charge benefit is available and a certification from company officer regarding deferral of account value.

Company and Contact

Filing Contact Information

Margaret Gallagher, Senior Product and Contract Analyst
100 Liberty Way
Dover, NH 03820

Margaret.Gallagher@LibertyMutual.com
800-451-7065 [Phone] 36130 [Ext]
603-743-3162 [FAX]

Filing Company Information

Liberty Life Assurance Company of Boston	CoCode: 65315	State of Domicile: Massachusetts
100 Liberty Way	Group Code:	Company Type:
Dover, NH 03820	Group Name:	State ID Number:
(800) 451-7065 ext. [Phone]	FEIN Number: 04-6076039	

Filing Fees

Fee Required?	Yes
Fee Amount:	$50.00
Retaliatory?	No
Fee Explanation:	$50 per filing
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Liberty Life Assurance Company of Boston	$50.00	07/23/2010	38250597
Liberty Life Assurance Company of Boston	$350.00	07/23/2010	38255287

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	08/02/2010	08/02/2010

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	07/23/2010	07/23/2010	Margaret Gallagher	07/23/2010	07/23/2010

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	Contract Information Page	Margaret Gallagher	07/29/2010	07/29/2010
Form	Application for Individual Fixed Deferred Annuity	Margaret Gallagher	07/29/2010	07/29/2010
Supporting Document	Statement of Variability	Margaret Gallagher	07/29/2010	07/29/2010
Form	Single Premium Deferred Annuity Contract	Margaret Gallagher	07/28/2010	07/28/2010

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted

Change in State of Domicile	Note To Reviewer	Margaret Gallagher	07/26/2010 07/26/2010

Disposition

Disposition Date: 08/02/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	*LLAC-126735961*	*State:*	*Arkansas*
Filing Company:	*Liberty Life Assurance Company of Boston*	*State Tracking Number:*	*46307*
Company Tracking Number:	*SPDA-2010023,-M,APP-2010022,-O,RPFW-2010042, RROP-2010075, RWWC-2010043, RAW-2010044*		
TOI:	*A02I Individual Annuities- Deferred Non-Variable*	*Sub-TOI:*	*A02I.003 Single Premium*
Product Name:	*Single Premium Deferred Annuity 2010*		
Project Name/Number:	*/*		

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	Actuarial Memoranda		No
Supporting Document *(revised)*	Statement of Variability		Yes
Supporting Document	Statement of Variability	Replaced	Yes
Supporting Document	Certifications		Yes
Form *(revised)*	Single Premium Deferred Annuity Contract		Yes
Form	Single Premium Deferred Annuity Contract	Replaced	Yes
Form *(revised)*	Contract Information Page		Yes
Form	Contract Information Page	Replaced	Yes
Form *(revised)*	Application for Individual Fixed Deferred Annuity		Yes
Form	Application for Individual Fixed Deferred Annuity	Replaced	Yes
Form	Supplement to Application for Individual Fixed Deferred Annuity		Yes
Form	Additional Penalty Free Withdrawal Rider		Yes
Form	Return of Premium Guarantee Rider		Yes
Form	Waiver of WIthdrawal Charges Rider		Yes
Form	Account Value Withdrawal Rider		Yes

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	07/23/2010
Submitted Date	07/23/2010
Respond By Date	08/23/2010

Dear Margaret Gallagher,

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 $350.00 is received.

Please feel free to contact me if you have questions.
Sincerely,
Linda Bird

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	07/23/2010
Submitted Date	07/23/2010

Dear Linda Bird,

Comments:
Please excuse the miscalculation on the filing fee.

Response 1

Comments: There was an outdated attachment in the General Instructions that was referenced for the fees that indicated $50 per filing. The additional $350 has been added to the filing.

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 $350.00 is received.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

I hope that this will speed the process along to an approval disposition.

Sincerely,
Andrew Baron, Lindsey Boisvert, Margaret Gallagher

Amendment Letter

Submitted Date: 07/29/2010

Comments:

Contract Information Page and Application adjustments (7/29/2010)

We made a few tweaks to page C1 of the Contract Information page and to the first page of the application:
• “CONTINUED” has been removed from the CIP heading.
• With the exception of the Riders and Endorsements section details, all lines on page C1 are flush left.
• In the Riders and Endorsements section of the CIP, “Rider Charges*” and its associated footnote are bracketed because these will not appear on a contract when there are no riders included in the contract.
• On the first page of the application, we added a bracketed “A” to section 1 to be used if the application is printed for use with both SPDA and FPDA.

Updated Statements of Variability include descriptions of the additional bracketed areas.

Changed Items:
Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
SPDA-2010023-M	Schedule Pages	Contract Information Page	Initial				0.000	SPDA-2010023-M 7-29-2010.pdf
APP-2010022	Application/Enrollment Form	Application for Individual Fixed Deferred Annuity	Initial				57.800	APP-2010022 Filing.pdf

Supporting Document Schedule Item Changes:

User Added -Name: Statement of Variability
Comment:
SOV SPDA-2010023 +4 riders.pdf

SERFF Tracking Number:	*LLAC-126735961*	*State:*	*Arkansas*
Filing Company:	*Liberty Life Assurance Company of Boston*	*State Tracking Number:*	*46307*
Company Tracking Number:	*SPDA-2010023,-M,APP-2010022,-O,RPFW-2010042, RROP-2010075, RWWC-2010043, RAW-2010044*		
TOI:	*A02I Individual Annuities- Deferred Non-Variable*	*Sub-TOI:*	*A02I.003 Single Premium*
Product Name:	*Single Premium Deferred Annuity 2010*		
Project Name/Number:	*/*		

SOV APP-2010022 7-29-2010.pdf

SOV SPDA-2010023-M 7-29-2010.pdf

Amendment Letter

Submitted Date: 07/28/2010

Comments:

Extra paragraph on cover page removed.

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
SPDA-2010023	Policy/Contract/Fraternal Certificate	Single Premium Deferred Annuity Contract	Initial				54.900	SPDA-2010023 (v 7-28-2010).pdf

SERFF Tracking Number:	*LLAC-126735961*	*State:*	*Arkansas*
Filing Company:	*Liberty Life Assurance Company of Boston*	*State Tracking Number:*	*46307*
Company Tracking Number:	*SPDA-2010023,-M,APP-2010022,-O,RPFW-2010042, RROP-2010075, RWWC-2010043, RAW-2010044*		
TOI:	*A02I Individual Annuities- Deferred Non-Variable*	*Sub-TOI:*	*A02I.003 Single Premium*
Product Name:	*Single Premium Deferred Annuity 2010*		
Project Name/Number:	*/*		

Note To Reviewer

Created By:
Margaret Gallagher on 07/26/2010 09:48 AM
Last Edited By:
Linda Bird
Submitted On:
08/02/2010 02:41 PM
Subject:
Change in State of Domicile
Comments:
Please note that the Liberty Life Assurance Company domicile state has changed to New Hampshire as of July 1, 2010. The information on the Companies and Contact tab shows the previous domicile state of Massachusetts. Unfortunately, there is no way to change this field in SERFF after submission.

Future submissions will appropriately reflect the domicile state of New Hampshire.

I apologize for any inconvenience this may cause. Please let me know if further action is needed from our Company.

Sincerely,
Margaret Gallagher

Form Schedule

Lead Form Number: SPDA-2010023

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	SPDA-2010023	Policy/Contract/Fraternal Certificate	Single Premium Deferred Annuity Contract	Initial		54.900	SPDA-2010023 (v 7-28-2010).pdf
	SPDA-2010023-M	Schedule Pages	Contract Information Page	Initial		0.000	SPDA-2010023-M 7-29-2010.pdf
	APP-2010022	Application/Enrollment Form	Application for Individual Fixed Deferred Annuity	Initial		57.800	APP-2010022 Filing.pdf
	APP-2010022-O	Other	Supplement to Application for Individual Fixed Deferred Annuity	Initial		60.800	APP-2010022-O Filing.pdf
	RPFW-2010042	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Additional Penalty Free Withdrawal Rider	Initial		61.000	RPFW-2010042 Filing.pdf
	RROP-2010075	Policy/Contract/Fraternal Certificate: Amendment, Insert Page,	Return of Premium Guarantee Rider	Initial		62.000	RROP-2010075 Filing.pdf

RWWC-2010043	Endorsement or Rider Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Waiver of WIthdrawal Charges Rider	Initial	51.800	RWWC-2010043 Filing.pdf
RAVW-2010044	Endorsement or Rider Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Account Value Withdrawal Rider	Initial	51.000	RAVW-2010044 Filing.pdf

LIBERTY LIFE ASSURANCE COMPANY OF BOSTON
A Member of the Liberty Mutual Group

Home office: 175 Berkeley Street, P.O. Box 140, Boston, Massachusetts 02117-0140
Service center: 100 Liberty Way, Dover, New Hampshire 03820-5808
For inquiries, call (800) 451-7065 or write our service center at the address above.

PLEASE READ THIS CONTRACT CAREFULLY.

We will pay the benefits provided in this contract, subject to its terms and conditions.

We have issued this contract in consideration of the owner's application and the receipt of the single premium.

Right to Return

If the owner is not satisfied, the owner may return this contract to us or our agent within 30 days of its receipt and any premium paid, including any fees or charges, will be refunded, minus any prior withdrawals. After returning this contract, this contract is considered void from the beginning, and the parties will be in the same position as if this contract had not been issued.

This is a legal contract between the owner and Liberty Life Assurance Company of Boston, a stock company.

Signed for the Company.

Dexter R. Legg
SECRETARY

Edmund F Kelly
PRESIDENT

Contract Description

Single Premium Deferred Annuity contract with Account Value Interest Rate Enhancement.
The annuity benefit begins on the annuity date.
A benefit is payable at death before the annuity date.
This contract is non-participating.
This contract contains a benefit for waiving withdrawal charges.

Contract Guide Page

Definitions 3
Benefits 4
Annuity Date 4
Premium 4
Owner, Annuitant, and Beneficiary 4
Death Benefits 6
Payment of Proceeds 7
Payment of Proceeds Options 7
Contract Values 8
Annuity Benefits 8
Contract Withdrawal 9
General Contract Provisions 9
Incontestability 10
Taxes 10
Reports 11

DEFINITIONS

This is what we mean when we use the following words in this contract:

Annuitant
The individual on whose life annuity payments are based.

Contract
The same as policy.

Annuity Date
The date annuity payments are scheduled to begin.

Contract Date
The date this contract is issued and an owner's rights and benefits begin. The contract date is shown on the Contract Information page.

Insurance Producer
An agent, sales representative or other authorized representative acting in the capacity of an agent on behalf of Liberty Life Assurance Company of Boston.

Owner, You, Your
The owner or any joint owner of this contract, who may be someone other than the annuitant.

Proceeds
All or part of the amount payable under any provision of this contract.

Written Request
A notice in writing, satisfactory to us, placed on file at our service center.

We, our, us, the Company
Liberty Life Assurance Company of Boston

BENEFITS

Types of Benefits

This contract provides for:

- a withdrawal benefit;
- a death benefit; and
- the payment of an annuity benefit beginning on the annuity date.

ANNUITY DATE

Annuity Date

The annuity date is the date shown on the Contract Information page.

Subject to our approval, the owner may change the annuity date by making a written request at least 60 days before the annuity date. The annuity date must be no later than the first day of the calendar month after the anniversary following the 95th birthday of the annuitant identified on the Contract Information page, unless otherwise agreed to by us.

If the annuity date is changed, all statements in this contract about the annuity date will refer to the new annuity date.

PREMIUM

Single Premium

The single premium is shown on the Contract Information page and is payable on or before delivery of the contract. The premium is payable at our Service Center or delivered to an authorized insurance producer. We will give the owner a receipt upon request.

The minimum single premium is shown on the Contract Information Page.

OWNER, ANNUITANT, AND BENEFICIARY

Owner

An owner is as named in the application on the contract date, and may be changed by written request. Any new owner must satisfy our issue age requirements, as shown on the Contract Information page.

Joint ownership is not permitted if the owner is a non-natural owner, or if the Contract Information page states that this contract is an Individual Retirement Annuity (IRA) plan or other qualified plan. Joint owners own the contract equally with right of survivorship.

If any owner dies before the annuity date while this contract is in force, the beneficiary(ies) will control the contract after such a death, and the entire remaining interest in the contract must be distributed in the manner described in the Death Benefits provision.

If any owner dies on or after the annuity date while this contract is in force, the beneficiary(ies) will receive the entire remaining interest in the contract in the manner described in the Death Benefits provision.

Annuitant

The annuitant is the individual on whose life annuity payments will be based. The annuitant is as named in the application on the contract date.

If the annuitant dies before the annuity date while this contract is in force, the owner will become the new annuitant, unless otherwise specified. If the owner and annuitant are the same, the beneficiary(ies) will receive the death benefit as described in the Death Benefit provision.

If the owner is a non-natural owner, the death or change of the annuitant will be treated as the death of the owner.

If the annuitant is not the owner and dies on or after the annuity date while this contract is in force, the beneficiary(ies) will receive the remaining guaranteed benefit and be paid as scheduled or as otherwise agreed.

Beneficiary

The primary beneficiary will be the beneficiary. If there are joint owners and one owner dies, the surviving joint owner will be the primary beneficiary. If there are no joint owners, the primary beneficiary is the beneficiary named in the application on the contract date, and may be changed by written request. If there is more than one primary beneficiary and an owner does not state otherwise: all surviving primary beneficiaries will share the benefit equally; and if there is only one surviving primary beneficiary, that person will receive the entire benefit. If no primary beneficiary is alive, the contingent beneficiary will be the beneficiary. If there is more than one contingent beneficiary, the rules stated above for multiple primary beneficiaries will apply.

Change of Ownership, Beneficiary or Annuitant

The owner, beneficiary and annuitant are as named in the application, unless otherwise changed. The current owner may change an owner, beneficiary, or annuitant by written request. Any new owner must meet our issue age requirements, subject to our approval. If the owner is a non-natural owner, the annuitant can only be changed after withdrawal charges are no longer applicable. These changes can only be made prior to the annuity date and will take effect as of the date the request is signed by the owner. We will acknowledge receipt in writing. The changes will be subject to any assignment, and to any payment made or action taken by us before receipt.

DEATH BENEFITS

Death of Owner or Joint Owner Before Annuity Date

If the owner or any joint owner dies before the annuity date, the beneficiary may terminate this contract by receiving the full account value. If the beneficiary(ies) does not elect to receive the full account value, the contract will remain in force for the time period specified below.

If any owner dies before the annuity date, the entire interest in the contract generally must be distributed within five years following the death of the owner or joint owner if the beneficiary is not the surviving spouse. During this period, the beneficiary may exercise all ownership rights and may terminate this contract by receiving the full account value. If this contract is still in force at the end of the five-year period, we will terminate the contract by paying the account value to the beneficiary. If the beneficiary and any contingent beneficiaries are not then alive, we will pay any person(s) named by the beneficiary in a written request; otherwise the beneficiary's estate.

Alternatively, the beneficiary may receive the entire interest in the contract in the form of annuity payments by choosing a Payment of Proceeds option by written request. Payments made under that option:

- must be made over the life of the beneficiary or over a period not exceeding that person's life expectancy;
- must start within one year after the date of death;
- must be made at least annually; and
- if the option provides for payments to continue after the death of the beneficiary, these payments cannot be changed by the successor beneficiary.

If the decedent's surviving spouse is the sole beneficiary, the surviving spouse continues the contract as the sole owner, and the death of the surviving spouse will be treated as the death of the owner. This is permitted one time only.

If no election of the method of distribution is made by the beneficiary(ies), we will provide a lump-sum settlement five years following the date of death.

Death of Owner or Joint Owner on or After Annuity Date

If any owner dies on or after the annuity date, any remaining payments will continue at least as rapidly as under the distribution method being used at the date of death.

Interest on Death Benefit

We will add interest from the date of death to the date of payment at the same rate provided in the Minimum Annual Interest Rate for Payment of Proceeds.

PAYMENT OF PROCEEDS

Payment

The proceeds of this contract will be subject first to the interest of an assignee. We will pay any remaining proceeds to:

- the owner in the event of a withdrawal before the annuity date;
- the beneficiary(ies) in the event of the owner's death before the annuity date;
- the owner after the annuity date; or
- the beneficiary(ies) in the event of the annuitant's death after the annuity date.

Unless a Payment of Proceeds option is elected, the proceeds will be paid in one lump sum. Unless otherwise provided, payment will be made in equal shares to those beneficiaries entitled to receive the proceeds.

Proof Before Payment

Payment to the beneficiary(ies) will be made only if we receive proof, satisfactory to us, of the death of the owner before the annuity date, or of the death of the annuitant on or after the annuity date. We also have the right to require proof:

- of the correct age of the annuitant before making the first annuity payment; and
- that the annuitant is living on the date each annuity payment is payable.

PAYMENT OF PROCEEDS OPTIONS

Payment of Proceeds Options

The proceeds may be applied under one of the following options. An option must be selected by written request. The owner may select an option during the owner's lifetime. If the owner has not selected an option before the owner's death, the beneficiary may choose one, subject to the Death Benefits provision and the requirements of Section 72(s) of the Internal Revenue Code. We will not permit withdrawals after a Life Income or Fixed Period option is selected.

1. **Interest:** We will pay interest monthly on proceeds left on deposit with us. We will declare the interest rate each year. It will never be less than the Minimum Annual Interest Rate for Payment of Proceeds shown on the Contract Information page.

2. **Fixed Period:** We will pay equal monthly installments for not more than 25 years. The minimum amount of each installment may be determined from the Fixed Period Table shown on the Contract Information page. This table is based on the minimum annual interest rate for Payment of Proceeds shown on the Contract Information page.

3. **Life Income:** We will pay equal monthly installments for the lifetime of the annuitant with or without a guaranteed period. The minimum amount of each installment may be determined from the Life Income Table. This table is based on the Annuity 2000 Mortality Table and on the minimum annual interest rate for Payment of Proceeds shown on the Contract Information page. The guaranteed period selected may be: (1) 10 years; (2) 15 years; or (3) 20 years.

4. **Other Payment:** We will pay the proceeds in any other manner that may be mutually agreed upon.

The annuity benefits at the time of their commencement will not be less than those that would be provided by the application of the surrender value to purchase a single premium immediate annuity contract at purchase rates offered by us at the time to the same class of annuitants, if such product is available at the time that payment of proceeds option is exercised.

Availability

No option may be selected unless the amount to be applied will provide a monthly installment payment of at least $20. Unless we consent, these options will not be available if the beneficiary is an assignee, administrator, executor, trustee, association, partnership, or corporation.

CONTRACT VALUES

Determination of Account Value

The account value equals:

- the single premium; minus
- any applicable premium tax; minus
- any applicable rider, or endorsement charges; plus
- credited interest; minus
- the sum of all amounts withdrawn, including any applicable withdrawal charges.

Interest Credits

Interest is credited daily on the account value at interest rates which we will declare. Interest is guaranteed as specified on the Contract Information page. A rate higher than the guaranteed rate may be declared. The declared interest rate will never be less than the guaranteed annual interest rate.

Interest rates are effective annual interest rates. An effective annual interest rate is the rate which results after having interest compounded daily for one full year.

Interest will be earned from the date any premium is received at our service center.

Minimum Values

Surrender values and benefits payable after a death will not be less than the minimum values required by the state where this contract was delivered.

ANNUITY BENEFITS

Determination of Annuity Payment

We will pay the annuity payment beginning on the annuity date if the owner and the annuitant are living on the annuity date. The annuity payment is the amount that will be provided by applying the account value on the annuity date to one of the options described in the Payment of Proceeds Options section and selected by the owner. The owner may choose or change a payment option by making a written request at least 60 days prior to the annuity date. Unless the owner chooses otherwise, the automatic payment option is a Life Income payment option, with a 10-year guaranteed period. However, if the annuity payment is less than $20, the account value will be paid in one lump sum.

CONTRACT WITHDRAWAL

Contract Withdrawal

Prior to the annuity date, the surrender value at any time is the account value at that time minus any withdrawal charges. An owner may withdraw from this contract all or part of its surrender value upon written request, provided such a request is made at least 60 days prior to the annuity date. Upon withdrawal of the full surrender value, this contract will terminate.

The owner may also make a withdrawal of a portion of the surrender value under this contract. A withdrawal must be at least $250 and the account value remaining after the withdrawal must be at least the amount shown on the Contract Information page.

We may defer the payment of a withdrawal for up to six months.

Withdrawal Charge

A withdrawal charge will be deducted from the amount of the account value withdrawn.

The withdrawal charge will be the applicable percentage rate from the Table of Withdrawal Charges on the Contract Information page multiplied by the account value withdrawn.

Waiver of Withdrawal Charge

We will waive the withdrawal charge for all withdrawals made in any contract year after the first, if the total of the amounts withdrawn does not exceed the percentage shown on the Contract Information page of the account value at the beginning of the contract year. Amounts withdrawn in excess of this percentage will be subject to a withdrawal charge on the amount in excess.

We will waive the withdrawal charge after the 5th contract year if you elect a payment option that provides for payments being made over no less than 5 years and the final payment being made no earlier than the 10th anniversary date of the contract.

GENERAL CONTRACT PROVISIONS

This Contract

This contract is issued in consideration of the application and the single premium. All statements made in the application are representations and not warranties. No statement made by or on behalf of the owner or annuitant will be used by us to contest this contract, or defend a claim under it, unless it is in the application.

Any additional riders are shown on the Contract Information page. These riders are attached to and made a part of this contract. This contract, the attached application, and any subsequent attached applications, contain the entire contract between the owner and us.

Waiver

Only an officer of the Company can waive or change any provision of this contract, and only by means of a written document.

Misstatement of Age or Sex

If the age or sex of the annuitant has been misstated, any proceeds will be adjusted to that amount which would have been provided at the correct age and sex. Age refers to the annuitant's age last birthday on the contract date. Any adjustment will include interest at the rate shown on the Contract Information page, either paid to the person receiving payments or claimed by us against the person who was overpaid.

Non-Participating

This contract is not eligible for dividends.

Assignment

This contract may be assigned. We will not be on notice of any assignment until the assignment is received at our service center. The assignment, unless otherwise specified by the owner, will take effect as of the date the notice of assignment is signed by the owner, subject to any payments made or actions taken by us prior to receipt of this notice. We will acknowledge receipt in writing. We assume no responsibility for the validity or effect of any assignment and may rely solely on the assignee's statement of interest.

Contract Anniversary

Contract years and anniversaries will be computed from the contract date.

INCONTESTABILITY

Incontestability

We will not contest this contract.

TAXES

Annuity Qualification

This contract is intended to qualify for treatment as an annuity under the Internal Revenue Code as it now exists or may later be amended. The terms of the contract will be interpreted in accordance with the requirements of Section 72(s) of the Internal Revenue Code. We reserve the right to amend this contract to comply with future changes in the Code and its regulations. Any amendments will be made by an endorsement approved by the proper regulatory authorities. We will promptly provide the owner with a copy of any amendment.

Income Tax

We will withhold any income taxes a governmental authority requires us to withhold with respect to the amount payable. Withdrawals, assignments and changes of ownership may have income tax implications. The owner should consult with a personal tax advisor for tax information.

Premium Tax

We will deduct any premium tax or other taxes levied by any governmental authority with respect to this contract where applicable from one or more of the following:

- the owner's payments to us
- the surrender value
- any amount payable by us under this contract

REPORTS

Annual Report

Once each year until the annuity date, we will send the owner a report which includes at least the following information:

- the beginning and end dates of the current report period;
- the account value, if any, at the beginning of the current report period and at the end of the current report period;
- the amounts that have been credited to or debited from the account value during the current report period; and
- the current surrender value at the end of the report period.

Information contained in the annual report will provide current information as of a date not more than four months prior to the date of mailing.

The owner may request additional annual reports. We may charge a reasonable fee, not greater than $25, for any subsequent reports during the same contract year.

LIBERTY LIFE ASSURANCE COMPANY OF BOSTON

A Member of the Liberty Mutual Group

Contract Description

Single Premium Deferred Annuity contract with Account Value Interest Rate Enhancement.
The annuity benefit begins on the annuity date.
A benefit is payable at death before the annuity date.
This contract is non-participating.
This contract contains a benefit for waiving withdrawal charges.

SPDA-2010023

CONTRACT INFORMATION

Annuitant:	[John Doe]	Contract Number:	[123456789NP3]
Issue Age:	[65]	Contract Date:	[January 1, 2010]
Owner:	[John Doe]	Annuity Date:	[January 1, 2040]
[Joint Owner:]	[Jane Doe]	Single Premium:	[$ 15,000.00]
Beneficiary:	As stated in application unless otherwise changed.	Tax Status:	[Qualified]

Guaranteed Interest Rate Duration: ..... [4 Years]

Annual Interest Rate for Guaranteed Interest Rate Duration..... [3.00%]

Riders and Endorsements [Rider Charges*]

[None]

[Module 1] ..... [-0.50%]

[Additional Penalty-Free Withdrawal Rider]

[Return of Premium Guarantee Rider]

[Module 2] ..... [-0.10%]

[Waiver of Withdrawal Charges Rider]

[Module 3] ..... [-0.20%]

[Account Value Withdrawal Rider
Minimum Interest Threshold [3.0%]]

[* The above charges are deductions from your Annual Interest Rates. Under no circumstances will the account value be credited with less than the Guaranteed Annual Interest Rate.]

Guaranteed Annual Interest Rate..... [2.00%]

Account values with [$100,000] or higher will receive an additional [0.15%] Account Value Interest Rate Enhancement.

CONTRACT INFORMATION (continued)

Contract Charges

Withdrawal Charge: ..... Described in the Withdrawal Charge provision

Table of Withdrawal Charges

This table applies to the single premium in an event of a withdrawal. There are no withdrawal charges after contract year [eight].

Contract Year	**[1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**[9] and later years]**
Withdrawal Charge	[8.00%	7.00%	6.00%	5.00%	4.00%	3.00%	2.00%	1.00%	0.00%]

Minimum Account Value Following Withdrawal: ..... [$15,000.00]

Minimum Single Premium: .....[[$15,000.00] or amount mutually agreed upon.]

Withdrawal Charge waived as stated in Waiver of Withdrawal Charge provision ..... [5.0%]

Misstatement of Age or Sex Adjustment Interest Rate ..... [3.0%]

Maximum Issue Age ..... [85]

CONTRACT INFORMATION (continued)

Payment of Proceeds Options

Minimum Annual Interest Rate for Payment of Proceeds:..... [1.00%]

Fixed Period Table
Minimum Installment Payment Per $1,000 Applied

[

Number of Years	Monthly Payment	Number of Years	Monthly Payment	Number of Years	Monthly Payment	Number of Years	Monthly Payment	Number of Years	Monthly Payment
1	83.71	6	14.30	11	7.99	16	5.63	21	4.40
2	42.07	7	12.32	12	7.36	17	5.33	22	4.22
3	28.18	8	10.83	13	6.83	18	5.05	23	4.05
4	21.24	9	9.68	14	6.37	19	4.81	24	3.90
5	17.08	10	8.75	15	5.98	20	4.59	25	3.76

]

Life Income Table
Minimum Installment Payment Per $1,000 Applied

[

Male				Female			
Age	Guaranteed Period			Age	Guaranteed Period		
	10 Years	15 Years	20 Years		10 Years	15 Years	20 Years
50	2.97	2.94	2.90	50	2.74	2.73	2.71
51	3.04	3.01	2.96	51	2.80	2.79	2.76
52	3.11	3.08	3.02	52	2.87	2.85	2.82
53	3.19	3.15	3.08	53	2.93	2.91	2.87
54	3.26	3.22	3.14	54	3.00	2.98	2.94
55	3.35	3.30	3.21	55	3.07	3.04	3.00
56	3.43	3.37	3.28	56	3.15	3.12	3.06
57	3.53	3.46	3.35	57	3.23	3.19	3.13
58	3.62	3.54	3.41	58	3.31	3.27	3.20
59	3.72	3.63	3.49	59	3.40	3.35	3.27
60	3.83	3.72	3.56	60	3.49	3.44	3.34
61	3.94	3.82	3.63	61	3.59	3.53	3.42
62	4.06	3.92	3.70	62	3.70	3.62	3.50
63	4.18	4.02	3.77	63	3.81	3.72	3.57
64	4.31	4.12	3.84	64	3.92	3.82	3.65
65	4.45	4.23	3.91	65	4.05	3.93	3.73
66	4.59	4.33	3.98	66	4.17	4.03	3.81
67	4.74	4.44	4.04	67	4.31	4.15	3.88
68	4.89	4.55	4.10	68	4.46	4.26	3.96
69	5.05	4.66	4.16	69	4.61	4.38	4.03
70	5.21	4.77	4.22	70	4.77	4.50	4.10
71	5.38	4.87	4.27	71	4.93	4.62	4.17
72	5.55	4.98	4.32	72	5.11	4.74	4.23
73	5.73	5.08	4.36	73	5.29	4.86	4.28
74	5.91	5.17	4.40	74	5.48	4.97	4.33
75	6.10	5.27	4.43	75	5.68	5.09	4.38
76	6.28	5.35	4.46	76	5.88	5.19	4.42
77	6.46	5.43	4.49	77	6.09	5.30	4.45
78	6.65	5.51	4.51	78	6.30	5.39	4.48
79	6.83	5.58	4.53	79	6.51	5.48	4.50
80	7.01	5.64	4.54	80	6.72	5.56	4.52

]

Liberty Mutual.

Liberty Life Assurance Company of Boston
Service Center, 100 Liberty Way, Dover, NH 03820

_____

APPLICATION FOR INDIVIDUAL FIXED DEFERRED ANNUITY

1A. SINGLE PREMIUM DEFERRED ANNUITY (SPDA) SELECTION (Select one product in either section 1a or 1b)

☐ **Modular**	Select modules, if applicable: ☐ Module 1 ☐ Module 2 ☐ Module 3		Single Premium:
☐ **High Bonus**	Initial Credited Interest Rate Guarantee: ☐ 1 Year ☐ 5 Years	☐ Waive Return of Premium Guarantee from Contract	$_____
☐ **Low Bonus**	Initial Credited Interest Rate Guarantee: ☐ 1 Year ☐ 5 Years		

1B. FLEXIBLE PAYMENT DEFERRED ANNUITY (FPDA) SELECTION

☐ **Flexible Payment Deferred Annuity**	Initial Payment: $_____	Subsequent Payments: $_____

2. ANNUITANT INFORMATION

Name (First, MI, Last)	Residence Address (Street, City, State, ZIP)	Mailing Address (If different)
Birth Date Telephone Number	Social Security/TIN	Are you a United States Resident? ☐ Yes ☐ No ☐ Male ☐ Female

3A. OWNER INFORMATION (If different than annuitant) / 3B. JOINT OWNER INFORMATION (If applicable)

3A. OWNER INFORMATION		3B. JOINT OWNER INFORMATION	
Name/Organization (First, MI, Last)	Relationship to Annuitant	Name/Organization (First, MI, Last)	Relationship to Annuitant
Residence Address (Street, City, State, ZIP)		Residence Address (Street, City, State, ZIP)	
Mailing Address (If different)		Mailing Address (If different)	
Birth Date Telephone Number	Social Security/TIN	Birth Date Telephone Number	Social Security/TIN
☐ Male ☐ Female	Are you a United States Resident? ☐ Yes ☐ No	☐ Male ☐ Female	Are you a United States Resident? ☐ Yes ☐ No

4. BENEFICIARY INFORMATION (All designated beneficiaries will be considered primary, sharing equally, unless otherwise indicated.)

Name Relationship to Owner % ☐ Primary ☐ Contingent	Name Relationship to Owner % ☐ Primary ☐ Contingent
Name Relationship to Owner % ☐ Primary ☐ Contingent	Name Relationship to Owner % ☐ Primary ☐ Contingent

5. TAX STATUS

☐ Non-Qualified Annuity <u>or</u> ☐ Qualified Annuity (If selected, complete type below)
☐ Roth IRA ☐ SIMPLE IRA ☐ Other_____

6. OTHER COVERAGE/REPLACEMENT INFORMATION (If required, complete and submit replacement forms.)

		Yes	No
(A)	Is there any life insurance or annuity applied for or in force, other than group insurance, for the proposed owner(s)?	☐	☐
(B)	Will this contract replace any existing life insurance or annuity in this or any other company? Company Name _____ Contract Number _____	☐	☐
(C)	Does the proposed owner intend to sell, or transfer ownership of a contract issued as a result of this application?	☐	☐
(D)	Has the proposed owner entered into an agreement, or discussed any arrangement, for the sale or transfer of a contract issued as a result of this application?	☐	☐
(E)	Provide full details here for questions answered "Yes." (Question #, Details)		

IDENTIFICATION VERIFICATION NOTICE

In order to help the United States government fight the funding of terrorism and other crimes, such as money laundering, the Company is required to obtain, record and verify certain information before issuing a contract or processing transactions, such as changing ownership. The information includes name, address, and identification number from a government issued form of identification with your photograph, such as a driver's license or passport, your Social Security/Tax ID number, and for individuals, your date of birth. The verification process may require you to provide us with additional supporting documentation. We may also seek to verify the information by other means. If you do not provide the required information, or we are not able to verify the information you provided, federal law may prohibit us from issuing a contract or carrying out transactions for you.

Social Security/Tax ID Number (TIN) Certification

By signing this application, I, the named owner, certify under penalties of perjury that: (1) the Social Security/Tax ID number shown on this application is correct, and (2) that I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding. (If you are subject to backup withholding, cross out item 2 above.)

Fraud Notice

Residents of all states EXCEPT those listed below: Any person who knowingly, and with intent to injure, defraud or deceive any insurance company, submits an application or files a statement of claim containing any false, incomplete or misleading information may be subject to criminal or civil penalties.

CO: 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.

DC: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

LA: 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: 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.

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

PA: 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.

Agreement

I(We) declare that all statements and answers given in this application are true and complete to the best of my(our) knowledge and belief. I(We) also agree that: (1) no agent/insurance producer has the authority to waive any rights or requirements of the Company, or make or modify any annuity contract; (2) no information obtained by any such person will bind the Company unless set out in writing in a part of the application; and (3) all statements and answers given in this application will form the basis for, and become part of, any annuity contract issued by the Company under this application.

Signature of Annuitant	Signature of Owner	Signature of Joint Owner
Signature of Agent/Insurance Producer	Signed in City and State	Date (mm/dd/yy)

Agent/Insurance Producer Information

	Yes	No
To the best of your knowledge, will the contract applied for replace any existing life insurance or annuity in this or any other company?	☐	☐

By signing this application, I certify that this application and any accompanying forms and disclosures have been completed in accordance with applicable law and Company procedures, and all information has been recorded accurately and completely as supplied by the applicant(s). As a licensed agent/insurance producer, I also certify that I have completed required product and anti-money laundering training. I believe the product applied for is suitable and recommend acceptance without qualification.

Signature of Agent/Insurance Producer	Telephone Number	Fax Number	E-mail Address
Agent/Insurance Producer License Number	Bank/Office Name		Branch Name/Office Number

Owner Photo Identification Verification

	Issue State or Type/Issuer	License or ID Number	Expiration Date
☐ Driver's License ☐ Other Government Issued ID			
☐ Check if the agent/insurance producer has not verified ID information.			

Liberty Life Assurance Company of Boston
Service Center, 100 Liberty Way, Dover, NH 03820

SUPPLEMENT TO APPLICATION FOR INDIVIDUAL FIXED DEFERRED ANNUITY

Owner Name/Organization (First, MI, Last)	Social Security/TIN

4. ADDITIONAL BENEFICIARY INFORMATION

(All designated beneficiaries will be considered primary, sharing equally, unless otherwise indicated.)

Name	Relationship to Owner	%	☐ Primary ☐ Contingent	Name	Relationship to Owner	%	☐ Primary ☐ Contingent
Name	Relationship to Owner	%	☐ Primary ☐ Contingent	Name	Relationship to Owner	%	☐ Primary ☐ Contingent
Name	Relationship to Owner	%	☐ Primary ☐ Contingent	Name	Relationship to Owner	%	☐ Primary ☐ Contingent
Name	Relationship to Owner	%	☐ Primary ☐ Contingent	Name	Relationship to Owner	%	☐ Primary ☐ Contingent
Name	Relationship to Owner	%	☐ Primary ☐ Contingent	Name	Relationship to Owner	%	☐ Primary ☐ Contingent
Name	Relationship to Owner	%	☐ Primary ☐ Contingent	Name	Relationship to Owner	%	☐ Primary ☐ Contingent

6. ADDITIONAL REPLACEMENT INFORMATION (If required, complete and submit replacement forms.)

(B) Complete details below for each life insurance or annuity contract in this or any other company to be replaced.

Company Name _____ Contract Number _____

Company Name _____ Contract Number _____

Company Name _____ Contract Number _____

Company Name _____ Contract Number _____

Company Name _____ Contract Number _____

(E) Provide full details here for questions answered "Yes." (Question #, Details)

SIGNATURES

Signature of Annuitant	Signature of Owner	Signature of Joint Owner
Signature of Agent/Insurance Producer	Signed in City and State	Date (mm/dd/yy)

Liberty Life Assurance Company of Boston
Service Center
100 Liberty Way
Dover, NH 03820

ADDITIONAL PENALTY FREE WITHDRAWAL RIDER

Waiver of Withdrawal Charge Benefit

We will waive the withdrawal charge for all partial withdrawals made in any contract year after the first, if the total of the amounts withdrawn does not exceed 5% of the account value at the beginning of the contract year. This 5% is in addition to the percentage shown on the Contract Information page.

Cost of the Rider

The cost of this rider is a reduction in annual gross interest rates, as shown on the Contract Information page.

Termination

This rider will terminate on the earliest of:

- the annuity date of this contract; or
- the date this contract terminates for any reason.

Termination will not prejudice the waiver of any withdrawal charge while the waiver benefit is in force.

This Rider and This Contract

This rider is made a part of the owner's contract if we have it listed on the Contract Information page.

Effective Date

This rider is effective on the contract date of this contract.

Edmund F Kelly
PRESIDENT

Liberty Life Assurance Company of Boston
Service Center
100 Liberty Way
Dover, NH 03820

RETURN OF PREMIUM GUARANTEE RIDER

Return of Premium Guarantee Benefit

The amount payable in the event of a full withdrawal will never be less than the total of all premiums paid less any prior withdrawals, and less premium tax.

Cost of the Rider

The cost of this rider is a reduction in annual gross interest rates, as shown on the Contract Information page.

Termination

This rider will terminate on the earliest of:

- the annuity date of this contract; or
- the date this contract terminates for any reason.

This Rider and This Contract

This rider is made a part of the owner's contract if we have it listed on the Contract Information page.

Effective Date

This rider is effective on the contract date of this contract.

Edmund F Kelly
PRESIDENT

Liberty Life Assurance Company of Boston
Service Center
100 Liberty Way
Dover, NH 03820

WAIVER OF WITHDRAWAL CHARGES RIDER

Waiver of Withdrawal Charge Benefit

We will waive the withdrawal charge as described in this endorsement.

Qualifying Medical Stay

To qualify for the waiver of withdrawal charge as a result of a qualifying medical stay:

- the owner must have a qualifying medical stay which begins after the first contract year and lasts at least 45 days during any continuous 60-day period; or
- the owner's spouse must have a qualifying medical stay which begins after the first contract year and lasts at least 45 days during any continuous 60-day period; and
- the owner must mail the written request for this waiver, together with proof, satisfactory to us, of the stay, within 180 days of initial eligibility.

If the owner or owner's spouse had a qualifying medical stay within 45 days prior to the contract date, a waiver of withdrawal charge will not be considered for the owner or owner's spouse, until the later of:

- six months from the date of the last qualifying medical stay; or
- the first contract anniversary.

Qualifying medical stay means:

1. confinement in a qualified institution; and
2. treatment by a qualified medical professional.

Qualified Institution

A qualified institution means a licensed hospital or licensed skilled or intermediate care nursing facility at which:

1. medical treatment is available on a daily basis; and
2. daily medical records are kept on each patient.

It does not include:

1. a facility whose purpose is to provide accommodations, board or personal care services to individuals who do not need medical or nursing care; or
2. a place mainly for rest.

Qualified Medical Professional

A qualified medical professional is a legally qualified practitioner of the healing arts who is:

1. acting within the scope of his or her license;
2. not a resident of the owner's household; and
3. not a member of the owner's immediate family (children, grandchildren, parents, grandparents, siblings, and their spouses).

Treatment means the rendering of medical care or advice related to a specific medical condition. Treatment includes diagnosis and subsequent care. It does not include routine monitoring unless medically necessary.

Terminal Condition and Chronically Ill

The withdrawal charge can be waived if the owner has a terminal condition or is chronically ill.

If the owner or owner's spouse had a terminal condition or was chronically ill prior to the contract date, a waiver of the withdrawal charge will not be permitted.

Definition of Terminal Condition

Terminal condition means a medical condition which is expected to result in the owner or owner's spouse's death within 24 months from the date of the medical certification submitted to us in connection with the application for the waiver of withdrawal charge, and from which there is no reasonable prospect of recovery. Such terminal condition must be certified by a physician who meets the definition of a physician under Section 101(g) of the Internal Revenue Code.

Definition of Chronically Ill

Chronically ill means any owner or owner's spouse who has been certified by a licensed health care practitioner within the last 12 months as:

- being unable to perform, without substantial assistance from another individual, at least two activities of daily living for a period of at least 90 days due to a loss of functional capacity; or
- requiring substantial supervision to protect such individual from threats to health and safety due to severe cognitive impairment.

Such licensed health care practitioner must meet the definition of a licensed health care practitioner under Section 7702B(c) of the Internal Revenue Code.

Activities of Daily Living

The activities of daily living are:

- eating
- toileting
- transferring
- bathing
- dressing
- continence

Conditions

The owner's right to receive the waiver of withdrawal charge is subject to the following conditions:

1. We must receive evidence, satisfactory to us, of the owner or owner's spouse's eligibility for this benefit. Evidence satisfactory to us, may include, but is not limited to:
   - the records of the owner or owner's spouse's attending physician, including a prognosis of the owner or owner's spouse;
   - all pertinent facts concerning the owner or owner's spouse's health; and
   - a medical examination of the owner or owner's spouse conducted by a physician chosen by us and at our expense. If there is a difference of opinion as to the prognosis of the owner or owner's spouse, the opinion of a licensed physician, acceptable to both us and the owner, will control.
2. The owner must choose the option in writing in a form satisfactory to us.

If a claim is denied by us, the surrender proceeds will not be disbursed until the owner is notified of the denial and provided with the opportunity to accept or reject the surrender proceeds, including any withdrawal charges.

A claim form will be provided to the owner within ten working days of the withdrawal request. If the claim form is not furnished within ten working days, it is considered that the claimant complied with the claim requirements if the claimant submits written proof covering the occurrence, the character and the extent of the occurrence for which claim is made.

Cost of the Rider

The cost of this rider is a reduction in annual gross interest rates, as shown on the Contract Information page.

Termination

This rider will terminate on the earliest of:

- the annuity date of this contract; or
- the date this contract terminates for any reason.

Termination will not prejudice the waiver of any withdrawal charge while the waiver benefit is in force.

This Rider and This Contract

This rider is made a part of the owner's contract if we have it listed on the Contract Information page.

Effective Date

This rider is effective on the contract date of this contract.

PRESIDENT

Liberty Life Assurance Company of Boston
Service Center
100 Liberty Way
Dover, NH 03820

ACCOUNT VALUE WITHDRAWAL RIDER

Waiver of Withdrawal Charge Benefit

We will waive the withdrawal charge for a withdrawal made in any contract year after the guaranteed interest rate duration, during any time the declared annual interest rate before any rider charges are applied is below the minimum interest threshold. The minimum interest threshold is shown on the Contract Information page.

We will notify the contract owner within 30 days of the contract anniversary if the interest rate drops below the minimum interest threshold. If the renewal interest rate is later raised to an amount at or above the minimum interest threshold, the owner can request a withdrawal of the account value by written request within 60 days of the contract anniversary.

Cost of the Rider

The cost of this rider is a reduction in annual gross interest rates, as shown on the Contract Information page.

Termination

This rider will terminate on the earliest of:

- the annuity date of this contract; or
- the date this contract terminates for any reason.

Termination will not prejudice the waiver of any withdrawal charge while the waiver benefit is in force.

This Rider and This Contract

This rider is made a part of the owner's contract if we have it listed on the Contract Information page.

Effective Date

This rider is effective on the contract date of this contract.

Edmund F Kelly
PRESIDENT

Supporting Document Schedules

Item Status: **Status Date:**

Satisfied - Item: Flesch Certification

Comments:

Attachments:

Flesch Certification 7-23-2010 WJD.pdf
Rule 19 Certification WJD.pdf
PLA-9319 AR Rev 07-05.pdf

Item Status: **Status Date:**

Satisfied - Item: Statement of Variability

Comments:

Attachments:

SOV SPDA-2010023 +4 riders.pdf
SOV APP-2010022 7-29-2010.pdf
SOV SPDA-2010023-M 7-29-2010.pdf

Item Status: **Status Date:**

Satisfied - Item: Certifications

Comments:

The attachment includes certifications for the following:
- Deferral of Payment
- Declared Interest Rate
- Variable Material

Attachment:

Certifications (3) WJD 7-23-2010.pdf

FLESCH CERTIFICATION

Liberty Life Assurance Company of Boston

I certify on behalf of the Company that the forms referenced below are in compliance with the readability requirements of the Interstate Insurance Product Regulation Commission.

The Flesch Reading Ease Test was applied to forms RPFW-2010042 and RROP-2010075 in each form's entirety. The Flesch Reading Ease Test was applied to forms SPDA-2010023, RWWC-2010043 and RAVW-2010044 in each form's entirety, excluding the company name, proper names, address, telephone number, table of contents, form number, captions, subcaptions, officer's signatures, defined terms and form revision date. The Flesch Reading Ease Test was applied to forms APP-2010022, and APP-2010022-O in each form's entirety, excluding the company name, proper names, address, telephone number, form number, captions, subcaptions, officer's signatures, defined terms, required language and form revision date.

SPDA-2010023	RPFW-2010042	RROP-2010075	RWWC-2010043	RAVW-2010044
Words 2,814	Words 191	Words 149	Words 807	Words 178
Characters 13,361	Characters 937	Characters 720	Characters 3,950	Characters 830
Paragraphs 116	Paragraphs 21	Paragraphs 19	Paragraphs 51	Paragraphs 10
Sentences 156	Sentences 7	Sentences 5	Sentences 28	Sentences 9
Flesch 54.9	**Flesch 61.0**	**Flesch 62.0**	**Flesch 51.8**	**Flesch 51.0**

APP-2010022	APP-2010022-O
Words 212	Words 44
Characters 1,074	Characters 229
Paragraphs 22	Paragraphs 6
Sentences 9	Sentences 2
Flesch 57.8	**Flesch 60.8**

Scoring calculated using Microsoft Word 2010.

William J. Dauksewicz, CLU, ChFC, CPCU
Vice President and Manager
Individual Life Compliance
Liberty Life Assurance Company of Boston
July 23, 2010

Liberty Life Assurance Company of Boston

Arkansas Certification

Rule 19 Unfair Sex Discrimination in the Sale of Insurance

On behalf of Liberty Life Assurance Company of Boston, I certify that this filing submission meets the provisions of Arkansas Rule 19 as well as all applicable requirements of the Arkansas Department of Insurance.

July 23, 2010

Date

William J. Dauksewicz, CLU, ChFC, CPCU
Vice President and Manager
Individual Life Compliance
Liberty Life Assurance Company of Boston
100 Liberty Way
Dover, NH 03820

LIMITATIONS AND EXCLUSIONS UNDER THE ARKANSAS LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION ACT

Residents of this state who purchase life insurance, annuities or health and accident insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association"). The purpose of the Guaranty Association is to assure that policy and contract owners will be protected, within certain limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Guaranty Association will assess its other member insurance companies for the money to pay the claims of policy owners who live in this state and, in some cases, to keep coverage in force. The valuable extra protection provided by the member insurers through the Guaranty Association is not unlimited, however. And, as noted in the box below, this protection is not a substitute for consumers' care in selecting insurance companies that are well managed and financially stable.

DISCLAIMER

The Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association") may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions and require continued residency in this state. You should not rely on coverage by the Guaranty Association in purchasing an insurance policy or contract.

Coverage is NOT provided for your policy or contract or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract.

Insurance companies or their agents are required by law to provide you with this notice. However, insurance companies and their agents are prohibited by law from using the existence of the Guaranty Association to induce you to purchase any kind of insurance policy.

The Arkansas Life and Health Insurance Guaranty Association
c/o The Liquidation Division
1023 West Capitol
Little Rock, Arkansas 72201

Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904

The state law that provides for this safety-net is called the Arkansas Life and Health Insurance Guaranty Association Act ("Act"). Below is a brief summary of the Act's coverages, exclusions and limits. This summary does not cover all provisions of the Act; nor does it in any way change anyone's rights or obligations under the Act or the rights or obligations of the Guaranty Association.

COVERAGE

Generally, individuals will be protected by the Guaranty Association if they live in this state and hold a life, annuity or health insurance contract or policy, or if they are insured under a group insurance contract issued by a member insurer. The beneficiaries, payees or assignees of policy or contract owners are protected as well, even if they live in another state.

EXCLUSIONS FROM COVERAGE

However, persons owning such policies are NOT protected by the Guaranty Association if:

- They are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state);
- The insurer was not authorized to do business in this state;

- Their policy or contract was issued by a nonprofit hospital or medical service organization, an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policy or contract owner is subject to future assessments, or by an insurance exchange.

The Guaranty Association also does NOT provide coverage for:

- Any policy or contract or portion thereof which is not guaranteed by the insurer or for which the owner has assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract;
- Any policy of reinsurance (unless an assumption certificate was issued);
- Interest rate yields that exceed an average rate;
- Dividends and voting rights and experience rating credits;
- Credits given in connection with the administration of a policy by a group contract holder;
- Employers' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);
- Unallocated annuity contracts (which give rights to group contractholders, not individuals);
- Unallocated annuity contracts issued to/in connection with benefit plans protected under Federal Pension Benefit Corporation ("FPBC")(whether the FPBC is yet liable or not);
- Portions of an unallocated annuity contract not owned by a benefit plan or a government lottery (unless the owner is a resident) or issued to a collective investment trust or similar pooled fund offered by a bank or other financial institution);
- Portions of a policy or contract to the extent assessments required by law for the Guaranty Association are preempted by State or Federal law;
- Obligations that do not arise under the policy or contract, including claims based on marketing materials or side letters, riders or other documents which do not meet filing requirements, or claims for policy misrepresentations, or extra-contractual or penalty claims;
- Contractual agreements establishing the member insurer's obligations to provide book value accounting guarantees for defined contribution benefit plan participants (by reference to a portfolio of assets owned by a nonaffiliate benefit plan or its trustees).

LIMITS ON AMOUNT OF COVERAGE

The Act also limits the amount the Guaranty Association is obligated to cover: The Guaranty Association cannot pay more than what the insurance company would owe under a policy or contract. Also, for any one insured life, the Guaranty Association will pay a maximum of $300,000 - no matter how many policies and contracts there were with the same company, even if they provided different types of coverages. Within this overall $300,000 limit, the Association will not pay more than $300,000 in health insurance benefits, $300,000 in present value of annuity benefits, or $300,000 in life insurance death benefits or net cash surrender values - again, no matter how many policies and contracts there were with the same company, and no matter how many different types of coverages. There is a $1,000,000 limit with respect to any contract holder for unallocated annuity benefits, irrespective of the number of contracts held by the contract holder. These are limitations for which the Guaranty Association is obligated before taking into account either its subrogation and assignment rights or the extent to which those benefits could be provided out of the assets of the impaired or insolvent insurer.

Liberty Life Assurance Company of Boston

STATEMENT OF VARIABILITY

July 22, 2010

SPDA-2010023	**Single Premium Deferred Annuity Contract**
RPFW-2010042	**Additional Penalty Free Withdrawal Rider**
RROP-2010075	**Return of Premium Guarantee Rider**
RWWC-2010043	**Waiver of Withdrawal Charges Rider**
RAVW-2010044	**Account Value Withdrawal Rider**

Variable information is indicated through the use of brackets. Brackets will not appear on the owner's printed contract.

Bracketed Field Name on form	Description of Variability
Home Office address Service Center address Service Center phone Signatures and Titles	The addresses, phone number for the service center, signatures and titles are as stated and as applicable based on the form. In the event that these change in the future, a revised Statement of Variability would be filed.
footer Rev 00/00	This is an administrative area used to identify administrative information.

Forms are submitted in final print and are subject to modifications in paper size, color, stock, binding, and ink, shading, borders, font type and size and changes that occur as a result of company adaptation to computer printing/typesetting.

Liberty Life Assurance Company of Boston

STATEMENT OF VARIABILITY

July 29, 2010

APP-2010022 Application for Individual Fixed Deferred Annuity
APP-2010022-O Supplement to Application for Individual Fixed Deferred Annuity

APP-2010022	Application for Individual Fixed Deferred Annuity
Bracketed Field Name	**Description of Variability**
Logo *Service Center address*	In the event that the Company revises the logo and/or the Service Center address, the Company would provide notice to the Interstate Insurance Product Regulation Commission.
Field below Service Center Address and field at top of second and third pages [_____]	This field is an administrative field. The field is intended to display the application or policy number which would change by application. This field may be used for other administrative purposes, moved to another location on the application or may be removed.
1[A]	"A" will only appear if section 1B for FPDA is added to the application.
Instructions appearing at right of section titles and within sections: 1. "(Select one product in either section…" 3A. "(If different than annuitant)" 3B. "(If applicable)" 4. "(All designated beneficiaries will be …" In 5. "(If selected, complete type below)" 6. "(If required, complete and submit …"	Instructions may appear in different locations of the application—after the section title to help the applicant with the completion of the form or within sections. Instructions are offset within parentheses. Some instructions, such as those in the Name, Residence Address and Mailing Address will remain as shown on this filed version. However, the Company may adjust the instructions over time to facilitate better understanding for the applicant and thus to improve the application process.
Within SPDA Information section: "Modular" "Module 1" " Module 2" "Module 3" "High Bonus" "1 Year" "5 Year" "Low Bonus" "1 Year" "5 Year" "Waive Return of Premium Guarantee …"	These titles are generic descriptions of different product selections. The Company may change these names to be marketing names or other descriptive title for the product. The Company may delete items that are not available.
1B. Flexible Payment Deferred Annuity (FPDA) Selection	The current version of the application will not include this section. However, the Company wants to reserve the possibility of using this same form to apply for an FPDA product in the future. Fields within the section are variable and changed to other marketing or administrative names, as applicable.
Within 5. Tax Status section "Roth IRA" … "Simple IRA" … "Other_____"	These are the current types of qualified annuity options that may appear on the form. The Company may remove or add other qualified annuity types over time as determined by our business needs.
Within Other Coverage/Replacement Information: (C) (D) (E)	These questions are included to address possible stranger-owned annuity issues and may be revised, expanded or removed based on regulatory directives and business decisions.
Identification Verification Notice	The text in this section is subject to change based upon applicable compliance requirements. This section may be removed.
"Insurance Producer"	The term "insurance producer" is an alternate term used for agent and may be removed or changed to a term designated by a regulatory requirement.
Owner Photo Identification Verification	This is an administrative section of the application that will be used to facilitate the application process. This may be removed or changed to accommodate business needs.
"Distribution Strip"	In the footer, this administrative field may be used for manifold forms. For example, different sheets of the form would be marked: "Agent" "Home Office" "Client" or other terms as administratively determined. This may be removed, if not needed.
"Barcode"	In the footer, a barcode or other code may be used on the application. The location, size, or type of identifier is subject to change. This may be deleted.
Bottom right of each page	In the footer, the bottom right is used for administrative notation to identify revision date and other notations to help administer the business.

STATEMENT OF VARIABILITY

(continued)

July 29, 2010

APP-2010022-O	Supplement to Application for Individual Fixed Deferred Annuity
Bracketed Field Name	**Description of Variability**
Logo *Service Center address*	In the event that the Company revises the logo and/or the Service Center address, the Company would provide notice to the Interstate Insurance Product Regulation Commission.
Field below Service Center Address and field at top of second and third pages [_____]	This field is an administrative field. The field is intended to display the application or policy number which would change by application. This field may be used for other administrative purposes, moved to another location on the application or may be removed.
Instructions appearing at right of section titles and within sections: 4. "(All designated beneficiaries will be …" 6. "(If required, complete and submit …"	Instructions may appear in different locations of the application—after the section title to help the applicant with the completion of the form or within sections. Instructions are offset within parentheses. Some instructions, such as those in the Name, Residence Address and Mailing Address will remain as shown on this filed version. However, the Company may adjust the instructions over time to facilitate better understanding for the applicant and thus to improve the application process.
"Insurance Producer"	The term "insurance producer" is an alternate term used for agent and may be removed or changed to a term designated by a regulatory requirement.
"Distribution Strip"	In the footer, this administrative field may be used for manifold forms. For example, different sheets of the form would be marked: "Agent" "Home Office" "Client" or other terms as administratively determined. This may be removed, if not needed.
"Barcode"	In the footer, a barcode or other code may be used on the application. The location, size, or type of identifier is subject to change. This may be deleted.
"Rev 00/00"	In the footer, the bottom right is used for administrative notation to identify revision date and other notations to help administer the business.

Forms are submitted in final print and are subject to modifications in paper size, color, stock, binding, and ink, shading, borders, font type and size, company logo, company service center address and changes that occur as a result of company adaptation to computer printing/typesetting.

Liberty Life Assurance Company of Boston

STATEMENT OF VARIABILITY

July 29, 2010

SPDA-2010023-M **Contract Information Page for Single Premium Deferred Annuity**

Variable information is indicated through the use of brackets. Brackets will not appear on the owner's printed contract.

Bracketed Field Name on form	Description of Variability
1. Annuitant	This is the Annuitant's name and is unique by contract.
2. Contract Number	This is the contract number and is unique by contract.
3. Issue Age	This is the Annuitant's age at issue and is unique by annuitant.
4. Contract Date	This is the contract issue date and is unique by contract.
5. Owner	This is the Owner's name and is unique by contract.
6. Annuity Date	This is the date that annuity payments are scheduled to begin and is unique by contract issued. This has to be more than 12 months from the issue date and is no later than the contract anniversary following the annuitant's 95th birthday.
7. Joint Owner	For an annuity with more than one owner, the joint owner would be identified here. This is unique by contract. If there is no joint owner, the joint owner field may not display.
8. Single Premium	This is the premium paid on the contract and is unique by contract. The minimum is $15,000. There is no maximum.
9. Tax Status	The possible entries for this field are: "Qualified" or "Non-qualified" or other descriptive term.
10. Guaranteed Interest Rate Duration	This identifies the year or years in which the Guaranteed Interest Rate is affected. Range: Year 1 – Year 9
11. Annual Interest Rate for Guaranteed Interest Rate Duration	This is the rate applied for the Guaranteed Interest Rate Duration before any riders or endorsements are included. The range is: 1% to 20%
12. Rider Charges* *and associated footnote* "* The above charges are …"	This text will not appear on the form if there are no riders included: "None" will print under the Riders and Endorsements section.

Statement of Variability continued on next page

SPDA-2010023-M **Contract Information Page for Single Premium Deferred Annuity**(continued)	
Bracketed Field Name on form	**Description of Variability**
13. Riders and Endorsements	This section identifies riders and endorsements included in the contract. If there are no riders or endorsements, this will be "None" Other possible rider options, filed concurrently with this contract are the following: ① [Module 1]..... [-0.50%] [Additional Penalty Free Withdrawal Rider] [Return of Premium Guarantee Rider] ② [Module 2]..... [-0.10%] [Waiver of Withdrawal Charges Rider] ③ [Module 3]..... [-0.20%] [Account Value Withdrawal Rider Minimum Interest Threshold [3.0%]] These basis points are the costs of the modules. These are set at issue and will not change for the duration of the annuity. Range of cost: 0.01% to 2.00% The Module names will be assigned marketing names. The rider names are bracketed because the Company may rearrange the module bundles to include any combination of the riders with a corresponding different cost. ① Module 1 currently includes two riders: ▪ Additional Penalty Free Withdrawal Rider ▪ Return of Premium Guarantee Rider ② Module 2 currently has one rider: Waiver of Withdrawal Charges Rider. ③ Module 3 currently has one rider: Account Value Withdrawal Rider Minimum Interest Threshold range is 1.00% to 20.00%
14. Guaranteed Annual Interest Rate	Bracketed items are fixed at issue and will not change after issue. They only change for new issues. The guaranteed interest rate is set at issue and does not change for in-force contracts. We do not specify to the contract owner the method for determination of the guaranteed interest rate because it is fixed at issue. Any changes for prospective issues would be made in accordance with the non-forfeiture law, as described in the Actuarial Memorandum. We raise the interest rate when the formula dictates. When the formula allows for a lower Guaranteed Interest Rate, we may retain the current interest rate if the cost for changing the rate is greater than the benefit to the company. The minimum guaranteed interest rate will never be less than 1 percent (1%) or greater than 3 percent (3%).
15. *Minimum Account Value eligible for the Account Value Interest Rate Enhancement* …[$100,000]…	This is the minimum account value at which the Account Value Interest Rate Enhancement is included. This is set at issue and will not change for the life of the product. Range: $25,000 to $250,000
16. *Basis Points Value for the Account Value Interest Rate Enhancement* …[0.15%]…	Basis points value is added to the Annual Interest Rate for the Guaranteed Interest Rate Duration when the minimum account value threshold is met. Range: 0.01% to 1%

SPDA-2010023-M **Contract Information Page for Single Premium Deferred Annuity**(continued)	
Bracketed Field Name on form	**Description of Variability**
17. *footer* …[of C3]… …[SPDA]… …[barcode]	 This will be the total number of pages included in the Contract Information page and may vary by contract. Administrative information for Company processing. Reserved for possible barcode identification or other administrative information deemed appropriate by the Company.
18. Table of Withdrawal Charges	Bracketed items are fixed at issue and will not change after issue. Withdrawal Charges will only change for new issues. Any changes to the Withdrawal Charge pattern would be in accordance with the non-forfeiture law. Withdrawal charges will be: Between 0 and 8% in year 1 — Between 0 and 3% in year 6 Between 0 and 7% in year 2 — Between 0 and 2% in year 7 Between 0 and 6% in year 3 — Between 0 and 1% in year 8 Between 0 and 5% in year 4 — Between 0% in year 9 Between 0 and 4% in year 5 The Withdrawal Charges will never increase from year to year.
19. Minimum Account Value Following Withdrawal	Bracketed items are fixed at issue and will not change after issue. Any change to this amount will be done uniformly for all new annuities. The minimum account value following withdrawal range is $1 to $100,000.
20. Minimum Single Premium	Minimum amount $15,000 or amount mutually agreed. Range is: $1 to $100,000
21. Withdrawal Charge waived…	Range: 1.00% to 20.00%
22. Misstatement of Age or Sex Adjustment Interest Rate	Range: 1.00% to 6.00%
23. Maximum Issue Age	This is the maximum age for issuing this annuity contract. Current value: 85 Range: 75 to 90
24. Minimum Annual Interest Rate for Payment of Proceeds	Current value: 1.00% Range: 0.50% to 3.00%
25. Fixed Period Table	This is set at issue and is unique by contract.
26. Life Income Table	This is set at issue and is unique by contract.

Forms are submitted in final print and are subject to modifications in paper size, color, stock, binding, and ink, shading, borders, font type and size and changes that occur as a result of company adaptation to computer printing/typesetting.

SPDA-2010023-M	**Contract Information Page for Single Premium Deferred Annuity**(continued)
Bracketed Field Name on form	**Description of Variability**

Liberty Life Assurance Company of Boston

Deferral of Payment Certification

On behalf of Liberty Life Assurance Company of Boston, I certify that written request will be made to and written approval received from the chief insurance regulator of the state of domicile of the Company prior to the Company exercising any contractual right to defer the payment of any cash surrender value, partial withdrawal, or loan value for a period of not more than six months.

Declared Interest Rate Certification

On behalf of Liberty Life Assurance Company of Boston, I certify that the contract owner will be provided a timely notification when the declared interest rate declines to a point at which the waiver of withdrawal charge benefit is available.

Variable Material Certification

On behalf of Liberty Life Assurance Company of Boston, I certify that that any change or modification to a variable item shall be administered in accordance with the requirements of the Department of Insurance in this state.

July 23, 2010

Date

William J. Dauksewicz, CLU, ChFC, CPCU
Vice President and Manager
Individual Life Compliance
Liberty Life Assurance Company of Boston
100 Liberty Way
Dover, NH 03820

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
07/23/2010	Form	Single Premium Deferred Annuity Contract	07/28/2010	SPDA-2010023 Filing.pdf (Superceded)
07/23/2010	Form	Contract Information Page	07/29/2010	SPDA-2010023-M 7-23-2010.pdf (Superceded)
07/23/2010	Form	Application for Individual Fixed Deferred Annuity	07/29/2010	APP-2010022 Filing.pdf (Superceded)
07/23/2010	Supporting Document	Statement of Variability	07/29/2010	SOV SPDA-2010023 +4 riders.pdf SOV SPDA-2010023-M.pdf (Superceded) SOV APP-2010022.pdf (Superceded)

LIBERTY LIFE ASSURANCE COMPANY OF BOSTON
A Member of the Liberty Mutual Group

Home office: 175 Berkeley Street, P.O. Box 140, Boston, Massachusetts 02117-0140
Service center: 100 Liberty Way, Dover, New Hampshire 03820-5808
For inquiries, call (800) 451-7065 or write our service center at the address above.
Additional information can be obtained by contacting the insurance regulatory authority of the state in which this contract was issued. The contact information is provided on the Contract Information page.

PLEASE READ THIS CONTRACT CAREFULLY.

We will pay the benefits provided in this contract, subject to its terms and conditions.

We have issued this contract in consideration of the owner's application and the receipt of the single premium.

Right to Return

If the owner is not satisfied, the owner may return this contract to us or our agent within 30 days of its receipt and any premium paid, including any fees or charges, will be refunded, minus any prior withdrawals. After returning this contract, this contract is considered void from the beginning, and the parties will be in the same position as if this contract had not been issued.

This is a legal contract between the owner and Liberty Life Assurance Company of Boston, a stock company.

Signed for the Company.

Dexter R. Legg
SECRETARY

Edmund F Kelly
PRESIDENT

Contract Description

Single Premium Deferred Annuity contract with Account Value Interest Rate Enhancement.
The annuity benefit begins on the annuity date.
A benefit is payable at death before the annuity date.
This contract is non-participating.
This contract contains a benefit for waiving withdrawal charges.

Contract Guide Page

Definitions 3
Benefits 4
Annuity Date 4
Premium 4
Owner, Annuitant, and Beneficiary 4
Death Benefits 6
Payment of Proceeds 7
Payment of Proceeds Options 7
Contract Values 8
Annuity Benefits 8
Contract Withdrawal 9
General Contract Provisions 9
Incontestability 10
Taxes 10
Reports 11

DEFINITIONS

This is what we mean when we use the following words in this contract:

Annuitant
The individual on whose life annuity payments are based.

Contract
The same as policy.

Annuity Date
The date annuity payments are scheduled to begin.

Contract Date
The date this contract is issued and an owner's rights and benefits begin. The contract date is shown on the Contract Information page.

Insurance Producer
An agent, sales representative or other authorized representative acting in the capacity of an agent on behalf of Liberty Life Assurance Company of Boston.

Owner, You, Your
The owner or any joint owner of this contract, who may be someone other than the annuitant.

Proceeds
All or part of the amount payable under any provision of this contract.

Written Request
A notice in writing, satisfactory to us, placed on file at our service center.

We, our, us, the Company
Liberty Life Assurance Company of Boston

BENEFITS

Types of Benefits

This contract provides for:

- a withdrawal benefit;
- a death benefit; and
- the payment of an annuity benefit beginning on the annuity date.

ANNUITY DATE

Annuity Date

The annuity date is the date shown on the Contract Information page.

Subject to our approval, the owner may change the annuity date by making a written request at least 60 days before the annuity date. The annuity date must be no later than the first day of the calendar month after the anniversary following the 95th birthday of the annuitant identified on the Contract Information page, unless otherwise agreed to by us.

If the annuity date is changed, all statements in this contract about the annuity date will refer to the new annuity date.

PREMIUM

Single Premium

The single premium is shown on the Contract Information page and is payable on or before delivery of the contract. The premium is payable at our Service Center or delivered to an authorized insurance producer. We will give the owner a receipt upon request.

The minimum single premium is shown on the Contract Information Page.

OWNER, ANNUITANT, AND BENEFICIARY

Owner

An owner is as named in the application on the contract date, and may be changed by written request. Any new owner must satisfy our issue age requirements, as shown on the Contract Information page.

Joint ownership is not permitted if the owner is a non-natural owner, or if the Contract Information page states that this contract is an Individual Retirement Annuity (IRA) plan or other qualified plan. Joint owners own the contract equally with right of survivorship.

If any owner dies before the annuity date while this contract is in force, the beneficiary(ies) will control the contract after such a death, and the entire remaining interest in the contract must be distributed in the manner described in the Death Benefits provision.

If any owner dies on or after the annuity date while this contract is in force, the beneficiary(ies) will receive the entire remaining interest in the contract in the manner described in the Death Benefits provision.

Annuitant

The annuitant is the individual on whose life annuity payments will be based. The annuitant is as named in the application on the contract date.

If the annuitant dies before the annuity date while this contract is in force, the owner will become the new annuitant, unless otherwise specified. If the owner and annuitant are the same, the beneficiary(ies) will receive the death benefit as described in the Death Benefit provision.

If the owner is a non-natural owner, the death or change of the annuitant will be treated as the death of the owner.

If the annuitant is not the owner and dies on or after the annuity date while this contract is in force, the beneficiary(ies) will receive the remaining guaranteed benefit and be paid as scheduled or as otherwise agreed.

Beneficiary

The primary beneficiary will be the beneficiary. If there are joint owners and one owner dies, the surviving joint owner will be the primary beneficiary. If there are no joint owners, the primary beneficiary is the beneficiary named in the application on the contract date, and may be changed by written request. If there is more than one primary beneficiary and an owner does not state otherwise: all surviving primary beneficiaries will share the benefit equally; and if there is only one surviving primary beneficiary, that person will receive the entire benefit. If no primary beneficiary is alive, the contingent beneficiary will be the beneficiary. If there is more than one contingent beneficiary, the rules stated above for multiple primary beneficiaries will apply.

Change of Ownership, Beneficiary or Annuitant

The owner, beneficiary and annuitant are as named in the application, unless otherwise changed. The current owner may change an owner, beneficiary, or annuitant by written request. Any new owner must meet our issue age requirements, subject to our approval. If the owner is a non-natural owner, the annuitant can only be changed after withdrawal charges are no longer applicable. These changes can only be made prior to the annuity date and will take effect as of the date the request is signed by the owner. We will acknowledge receipt in writing. The changes will be subject to any assignment, and to any payment made or action taken by us before receipt.

DEATH BENEFITS

Death of Owner or Joint Owner Before Annuity Date

If the owner or any joint owner dies before the annuity date, the beneficiary may terminate this contract by receiving the full account value. If the beneficiary(ies) does not elect to receive the full account value, the contract will remain in force for the time period specified below.

If any owner dies before the annuity date, the entire interest in the contract generally must be distributed within five years following the death of the owner or joint owner if the beneficiary is not the surviving spouse. During this period, the beneficiary may exercise all ownership rights and may terminate this contract by receiving the full account value. If this contract is still in force at the end of the five-year period, we will terminate the contract by paying the account value to the beneficiary. If the beneficiary and any contingent beneficiaries are not then alive, we will pay any person(s) named by the beneficiary in a written request; otherwise the beneficiary's estate.

Alternatively, the beneficiary may receive the entire interest in the contract in the form of annuity payments by choosing a Payment of Proceeds option by written request. Payments made under that option:

- must be made over the life of the beneficiary or over a period not exceeding that person's life expectancy;
- must start within one year after the date of death;
- must be made at least annually; and
- if the option provides for payments to continue after the death of the beneficiary, these payments cannot be changed by the successor beneficiary.

If the decedent's surviving spouse is the sole beneficiary, the surviving spouse continues the contract as the sole owner, and the death of the surviving spouse will be treated as the death of the owner. This is permitted one time only.

If no election of the method of distribution is made by the beneficiary(ies), we will provide a lump-sum settlement five years following the date of death.

Death of Owner or Joint Owner on or After Annuity Date

If any owner dies on or after the annuity date, any remaining payments will continue at least as rapidly as under the distribution method being used at the date of death.

Interest on Death Benefit

We will add interest from the date of death to the date of payment at the same rate provided in the Minimum Annual Interest Rate for Payment of Proceeds.

PAYMENT OF PROCEEDS

Payment

The proceeds of this contract will be subject first to the interest of an assignee. We will pay any remaining proceeds to:

- the owner in the event of a withdrawal before the annuity date;
- the beneficiary(ies) in the event of the owner's death before the annuity date;
- the owner after the annuity date; or
- the beneficiary(ies) in the event of the annuitant's death after the annuity date.

Unless a Payment of Proceeds option is elected, the proceeds will be paid in one lump sum. Unless otherwise provided, payment will be made in equal shares to those beneficiaries entitled to receive the proceeds.

Proof Before Payment

Payment to the beneficiary(ies) will be made only if we receive proof, satisfactory to us, of the death of the owner before the annuity date, or of the death of the annuitant on or after the annuity date. We also have the right to require proof:

- of the correct age of the annuitant before making the first annuity payment; and
- that the annuitant is living on the date each annuity payment is payable.

PAYMENT OF PROCEEDS OPTIONS

Payment of Proceeds Options

The proceeds may be applied under one of the following options. An option must be selected by written request. The owner may select an option during the owner's lifetime. If the owner has not selected an option before the owner's death, the beneficiary may choose one, subject to the Death Benefits provision and the requirements of Section 72(s) of the Internal Revenue Code. We will not permit withdrawals after a Life Income or Fixed Period option is selected.

1. **Interest:** We will pay interest monthly on proceeds left on deposit with us. We will declare the interest rate each year. It will never be less than the Minimum Annual Interest Rate for Payment of Proceeds shown on the Contract Information page.

2. **Fixed Period:** We will pay equal monthly installments for not more than 25 years. The minimum amount of each installment may be determined from the Fixed Period Table shown on the Contract Information page. This table is based on the minimum annual interest rate for Payment of Proceeds shown on the Contract Information page.

3. **Life Income:** We will pay equal monthly installments for the lifetime of the annuitant with or without a guaranteed period. The minimum amount of each installment may be determined from the Life Income Table. This table is based on the Annuity 2000 Mortality Table and on the minimum annual interest rate for Payment of Proceeds shown on the Contract Information page. The guaranteed period selected may be: (1) 10 years; (2) 15 years; or (3) 20 years.

4. **Other Payment:** We will pay the proceeds in any other manner that may be mutually agreed upon.

The annuity benefits at the time of their commencement will not be less than those that would be provided by the application of the surrender value to purchase a single premium immediate annuity contract at purchase rates offered by us at the time to the same class of annuitants, if such product is available at the time that payment of proceeds option is exercised.

Availability

No option may be selected unless the amount to be applied will provide a monthly installment payment of at least $20. Unless we consent, these options will not be available if the beneficiary is an assignee, administrator, executor, trustee, association, partnership, or corporation.

CONTRACT VALUES

Determination of Account Value

The account value equals:

- the single premium; minus
- any applicable premium tax; minus
- any applicable rider, or endorsement charges; plus
- credited interest; minus
- the sum of all amounts withdrawn, including any applicable withdrawal charges.

Interest Credits

Interest is credited daily on the account value at interest rates which we will declare. Interest is guaranteed as specified on the Contract Information page. A rate higher than the guaranteed rate may be declared. The declared interest rate will never be less than the guaranteed annual interest rate.

Interest rates are effective annual interest rates. An effective annual interest rate is the rate which results after having interest compounded daily for one full year.

Interest will be earned from the date any premium is received at our service center.

Minimum Values

Surrender values and benefits payable after a death will not be less than the minimum values required by the state where this contract was delivered.

ANNUITY BENEFITS

Determination of Annuity Payment

We will pay the annuity payment beginning on the annuity date if the owner and the annuitant are living on the annuity date. The annuity payment is the amount that will be provided by applying the account value on the annuity date to one of the options described in the Payment of Proceeds Options section and selected by the owner. The owner may choose or change a payment option by making a written request at least 60 days prior to the annuity date. Unless the owner chooses otherwise, the automatic payment option is a Life Income payment option, with a 10-year guaranteed period. However, if the annuity payment is less than $20, the account value will be paid in one lump sum.

CONTRACT WITHDRAWAL

Contract Withdrawal

Prior to the annuity date, the surrender value at any time is the account value at that time minus any withdrawal charges. An owner may withdraw from this contract all or part of its surrender value upon written request, provided such a request is made at least 60 days prior to the annuity date. Upon withdrawal of the full surrender value, this contract will terminate.

The owner may also make a withdrawal of a portion of the surrender value under this contract. A withdrawal must be at least $250 and the account value remaining after the withdrawal must be at least the amount shown on the Contract Information page.

We may defer the payment of a withdrawal for up to six months.

Withdrawal Charge

A withdrawal charge will be deducted from the amount of the account value withdrawn.

The withdrawal charge will be the applicable percentage rate from the Table of Withdrawal Charges on the Contract Information page multiplied by the account value withdrawn.

Waiver of Withdrawal Charge

We will waive the withdrawal charge for all withdrawals made in any contract year after the first, if the total of the amounts withdrawn does not exceed the percentage shown on the Contract Information page of the account value at the beginning of the contract year. Amounts withdrawn in excess of this percentage will be subject to a withdrawal charge on the amount in excess.

We will waive the withdrawal charge after the 5th contract year if you elect a payment option that provides for payments being made over no less than 5 years and the final payment being made no earlier than the 10th anniversary date of the contract.

GENERAL CONTRACT PROVISIONS

This Contract

This contract is issued in consideration of the application and the single premium. All statements made in the application are representations and not warranties. No statement made by or on behalf of the owner or annuitant will be used by us to contest this contract, or defend a claim under it, unless it is in the application.

Any additional riders are shown on the Contract Information page. These riders are attached to and made a part of this contract. This contract, the attached application, and any subsequent attached applications, contain the entire contract between the owner and us.

Waiver

Only an officer of the Company can waive or change any provision of this contract, and only by means of a written document.

Misstatement of Age or Sex

If the age or sex of the annuitant has been misstated, any proceeds will be adjusted to that amount which would have been provided at the correct age and sex. Age refers to the annuitant's age last birthday on the contract date. Any adjustment will include interest at the rate shown on the Contract Information page, either paid to the person receiving payments or claimed by us against the person who was overpaid.

Non-Participating

This contract is not eligible for dividends.

Assignment

This contract may be assigned. We will not be on notice of any assignment until the assignment is received at our service center. The assignment, unless otherwise specified by the owner, will take effect as of the date the notice of assignment is signed by the owner, subject to any payments made or actions taken by us prior to receipt of this notice. We will acknowledge receipt in writing. We assume no responsibility for the validity or effect of any assignment and may rely solely on the assignee's statement of interest.

Contract Anniversary

Contract years and anniversaries will be computed from the contract date.

INCONTESTABILITY

Incontestability

We will not contest this contract.

TAXES

Annuity Qualification

This contract is intended to qualify for treatment as an annuity under the Internal Revenue Code as it now exists or may later be amended. The terms of the contract will be interpreted in accordance with the requirements of Section 72(s) of the Internal Revenue Code. We reserve the right to amend this contract to comply with future changes in the Code and its regulations. Any amendments will be made by an endorsement approved by the proper regulatory authorities. We will promptly provide the owner with a copy of any amendment.

Income Tax

We will withhold any income taxes a governmental authority requires us to withhold with respect to the amount payable. Withdrawals, assignments and changes of ownership may have income tax implications. The owner should consult with a personal tax advisor for tax information.

Premium Tax

We will deduct any premium tax or other taxes levied by any governmental authority with respect to this contract where applicable from one or more of the following:

- the owner's payments to us
- the surrender value
- any amount payable by us under this contract

REPORTS

Annual Report

Once each year until the annuity date, we will send the owner a report which includes at least the following information:

- the beginning and end dates of the current report period;
- the account value, if any, at the beginning of the current report period and at the end of the current report period;
- the amounts that have been credited to or debited from the account value during the current report period; and
- the current surrender value at the end of the report period.

Information contained in the annual report will provide current information as of a date not more than four months prior to the date of mailing.

The owner may request additional annual reports. We may charge a reasonable fee, not greater than $25, for any subsequent reports during the same contract year.

LIBERTY LIFE ASSURANCE COMPANY OF BOSTON

A Member of the Liberty Mutual Group

Contract Description

Single Premium Deferred Annuity contract with Account Value Interest Rate Enhancement.
The annuity benefit begins on the annuity date.
A benefit is payable at death before the annuity date.
This contract is non-participating.
This contract contains a benefit for waiving withdrawal charges.

SPDA-2010023

CONTRACT INFORMATION CONTINUED

Annuitant:	[John Doe]	Contract Number:	[123456789NP3]
Issue Age:	[65]	Contract Date:	[January 1, 2010]
Owner:	[John Doe]	Annuity Date:	[January 1, 2040]
[Joint Owner:]	[Jane Doe]	Single Premium:	[$ 15,000.00]
Beneficiary:	As stated in application unless otherwise changed.	Tax Status:	[Qualified]

Guaranteed Interest Rate Duration: ..... [4 Years]

Annual Interest Rate for Guaranteed Interest Rate Duration..... [3.00%]

Account values of [$100,000] or higher will receive an additional [0.15%] Account Value Interest Rate Enhancement.

Riders and Endorsements — Rider Charges*

[None]

[Module 1] ..... [-0.50%]

[Additional Penalty-Free Withdrawal Rider]

[Return of Premium Guarantee Rider]

[Module 2] ..... [-0.10%]

[Waiver of Withdrawal Charges Rider]

[Module 3] ..... [-0.20%]

[Account Value Withdrawal Rider
Minimum Interest Threshold [3.0%]]

* The above charges are deductions from your Annual Interest Rates. Under no circumstances will the account value be credited with less than the Guaranteed Annual Interest Rate.

Guaranteed Annual Interest Rate ..... [2.00%]

Account values with $100,000 or higher will receive an additional [0.15%] Account Value Interest Rate Enhancement.

CONTRACT INFORMATION CONTINUED

Contract Charges

Withdrawal Charge: ..... Described in the Withdrawal Charge provision

Table of Withdrawal Charges

This table applies to the single premium in an event of a withdrawal. There are no withdrawal charges after contract year [eight].

Contract Year	**[1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**[9] and later years]**
Withdrawal Charge	[8.00%	7.00%	6.00%	5.00%	4.00%	3.00%	2.00%	1.00%	0.00%]

Minimum Account Value Following Withdrawal: ..... [$15,000.00]

Minimum Single Premium: .....[[$15,000.00] or amount mutually agreed upon.]

Withdrawal Charge waived as stated in Waiver of Withdrawal Charge provision ..... [5.0%]

Misstatement of Age or Sex Adjustment Interest Rate ..... [3.0%]

Maximum Issue Age ..... [85]

CONTRACT INFORMATION CONTINUED

Payment of Proceeds Options

Minimum Annual Interest Rate for Payment of Proceeds:..... [1.00%]

Fixed Period Table
Minimum Installment Payment Per $1,000 Applied

[

Number of Years	Monthly Payment	Number of Years	Monthly Payment	Number of Years	Monthly Payment	Number of Years	Monthly Payment	Number of Years	Monthly Payment
1	83.71	6	14.30	11	7.99	16	5.63	21	4.40
2	42.07	7	12.32	12	7.36	17	5.33	22	4.22
3	28.18	8	10.83	13	6.83	18	5.05	23	4.05
4	21.24	9	9.68	14	6.37	19	4.81	24	3.90
5	17.08	10	8.75	15	5.98	20	4.59	25	3.76

]

Life Income Table
Minimum Installment Payment Per $1,000 Applied

[

Male				Female			
Age	Guaranteed Period			Age	Guaranteed Period		
	10 Years	15 Years	20 Years		10 Years	15 Years	20 Years
50	2.97	2.94	2.90	50	2.74	2.73	2.71
51	3.04	3.01	2.96	51	2.80	2.79	2.76
52	3.11	3.08	3.02	52	2.87	2.85	2.82
53	3.19	3.15	3.08	53	2.93	2.91	2.87
54	3.26	3.22	3.14	54	3.00	2.98	2.94
55	3.35	3.30	3.21	55	3.07	3.04	3.00
56	3.43	3.37	3.28	56	3.15	3.12	3.06
57	3.53	3.46	3.35	57	3.23	3.19	3.13
58	3.62	3.54	3.41	58	3.31	3.27	3.20
59	3.72	3.63	3.49	59	3.40	3.35	3.27
60	3.83	3.72	3.56	60	3.49	3.44	3.34
61	3.94	3.82	3.63	61	3.59	3.53	3.42
62	4.06	3.92	3.70	62	3.70	3.62	3.50
63	4.18	4.02	3.77	63	3.81	3.72	3.57
64	4.31	4.12	3.84	64	3.92	3.82	3.65
65	4.45	4.23	3.91	65	4.05	3.93	3.73
66	4.59	4.33	3.98	66	4.17	4.03	3.81
67	4.74	4.44	4.04	67	4.31	4.15	3.88
68	4.89	4.55	4.10	68	4.46	4.26	3.96
69	5.05	4.66	4.16	69	4.61	4.38	4.03
70	5.21	4.77	4.22	70	4.77	4.50	4.10
71	5.38	4.87	4.27	71	4.93	4.62	4.17
72	5.55	4.98	4.32	72	5.11	4.74	4.23
73	5.73	5.08	4.36	73	5.29	4.86	4.28
74	5.91	5.17	4.40	74	5.48	4.97	4.33
75	6.10	5.27	4.43	75	5.68	5.09	4.38
76	6.28	5.35	4.46	76	5.88	5.19	4.42
77	6.46	5.43	4.49	77	6.09	5.30	4.45
78	6.65	5.51	4.51	78	6.30	5.39	4.48
79	6.83	5.58	4.53	79	6.51	5.48	4.50
80	7.01	5.64	4.54	80	6.72	5.56	4.52

]

Liberty Mutual.

Liberty Life Assurance Company of Boston
Service Center, 100 Liberty Way, Dover, NH 03820

_____

APPLICATION FOR INDIVIDUAL FIXED DEFERRED ANNUITY

1. SINGLE PREMIUM DEFERRED ANNUITY (SPDA) SELECTION (Select one product in either section 1a or 1b)

☐ **Modular**	Select modules, if applicable: ☐ Module 1 ☐ Module 2 ☐ Module 3		Single Premium:
☐ **High Bonus**	Initial Credited Interest Rate Guarantee: ☐ 1 Year ☐ 5 Years	☐ Waive Return of Premium Guarantee from Contract	$_____
☐ **Low Bonus**	Initial Credited Interest Rate Guarantee: ☐ 1 Year ☐ 5 Years		

1B. FLEXIBLE PAYMENT DEFERRED ANNUITY (FPDA) SELECTION

☐ **Flexible Payment Deferred Annuity**	Initial Payment: $_____	Subsequent Payments: $_____

2. ANNUITANT INFORMATION

Name (First, MI, Last)	Residence Address (Street, City, State, ZIP)		Mailing Address (If different)
Birth Date	Telephone Number	Social Security/TIN	Are you a United States Resident? ☐ Yes ☐ No ☐ Male ☐ Female

3A. OWNER INFORMATION (If different than annuitant) / 3B. JOINT OWNER INFORMATION (If applicable)

3A. OWNER INFORMATION		3B. JOINT OWNER INFORMATION	
Name/Organization (First, MI, Last)	Relationship to Annuitant	Name/Organization (First, MI, Last)	Relationship to Annuitant
Residence Address (Street, City, State, ZIP)		Residence Address (Street, City, State, ZIP)	
Mailing Address (If different)		Mailing Address (If different)	
Birth Date / Telephone Number	Social Security/TIN	Birth Date / Telephone Number	Social Security/TIN
☐ Male ☐ Female	Are you a United States Resident? ☐ Yes ☐ No	☐ Male ☐ Female	Are you a United States Resident? ☐ Yes ☐ No

4. BENEFICIARY INFORMATION (All designated beneficiaries will be considered primary, sharing equally, unless otherwise indicated.)

Name	Relationship to Owner	%	☐ Primary ☐ Contingent	Name	Relationship to Owner % ☐ Primary ☐ Contingent
Name	Relationship to Owner	%	☐ Primary ☐ Contingent	Name	Relationship to Owner % ☐ Primary ☐ Contingent

5. TAX STATUS

☐ Non-Qualified Annuity <u>or</u> ☐ Qualified Annuity (If selected, complete type below)
☐ Roth IRA ☐ SIMPLE IRA ☐ Other_____

6. OTHER COVERAGE/REPLACEMENT INFORMATION (If required, complete and submit replacement forms.)

		Yes	No
(A)	Is there any life insurance or annuity applied for or in force, other than group insurance, for the proposed owner(s)?	☐	☐
(B)	Will this contract replace any existing life insurance or annuity in this or any other company? Company Name _____ Contract Number _____	☐	☐
(C)	Does the proposed owner intend to sell, or transfer ownership of a contract issued as a result of this application?	☐	☐
(D)	Has the proposed owner entered into an agreement, or discussed any arrangement, for the sale or transfer of a contract issued as a result of this application?	☐	☐
(E)	Provide full details here for questions answered "Yes." (Question #, Details)		

IDENTIFICATION VERIFICATION NOTICE

In order to help the United States government fight the funding of terrorism and other crimes, such as money laundering, the Company is required to obtain, record and verify certain information before issuing a contract or processing transactions, such as changing ownership. The information includes name, address, and identification number from a government issued form of identification with your photograph, such as a driver's license or passport, your Social Security/Tax ID number, and for individuals, your date of birth. The verification process may require you to provide us with additional supporting documentation. We may also seek to verify the information by other means. If you do not provide the required information, or we are not able to verify the information you provided, federal law may prohibit us from issuing a contract or carrying out transactions for you.

Social Security/Tax ID Number (TIN) Certification

By signing this application, I, the named owner, certify under penalties of perjury that: (1) the Social Security/Tax ID number shown on this application is correct, and (2) that I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding. (If you are subject to backup withholding, cross out item 2 above.)

Fraud Notice

Residents of all states EXCEPT those listed below: Any person who knowingly, and with intent to injure, defraud or deceive any insurance company, submits an application or files a statement of claim containing any false, incomplete or misleading information may be subject to criminal or civil penalties.

CO: 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.

DC: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

LA: 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: 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.

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

PA: 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.

Agreement

I(We) declare that all statements and answers given in this application are true and complete to the best of my(our) knowledge and belief. I(We) also agree that: (1) no agent/insurance producer has the authority to waive any rights or requirements of the Company, or make or modify any annuity contract; (2) no information obtained by any such person will bind the Company unless set out in writing in a part of the application; and (3) all statements and answers given in this application will form the basis for, and become part of, any annuity contract issued by the Company under this application.

Signature of Annuitant	Signature of Owner	Signature of Joint Owner
Signature of Agent/Insurance Producer	Signed in City and State	Date (mm/dd/yy)

Agent/Insurance Producer Information

	Yes	No
To the best of your knowledge, will the contract applied for replace any existing life insurance or annuity in this or any other company?	☐	☐

By signing this application, I certify that this application and any accompanying forms and disclosures have been completed in accordance with applicable law and Company procedures, and all information has been recorded accurately and completely as supplied by the applicant(s). As a licensed agent/insurance producer, I also certify that I have completed required product and anti-money laundering training. I believe the product applied for is suitable and recommend acceptance without qualification.

Signature of Agent/Insurance Producer	Telephone Number	Fax Number	E-mail Address
Agent/Insurance Producer License Number	Bank/Office Name		Branch Name/Office Number

Owner Photo Identification Verification

	Issue State or Type/Issuer	License or ID Number	Expiration Date
☐ Driver's License ☐ Other Government Issued ID			
☐ Check if the agent/insurance producer has not verified ID information.			

Liberty Life Assurance Company of Boston

STATEMENT OF VARIABILITY

July 21, 2010

SPDA-2010023-M **Contract Information Page for Single Premium Deferred Annuity**

Variable information is indicated through the use of brackets. Brackets will not appear on the owner's printed contract.

Bracketed Field Name on form	Description of Variability
1. Annuitant	This is the Annuitant's name and is unique by contract.
2. Contract Number	This is the contract number and is unique by contract.
3. Issue Age	This is the Annuitant's age at issue and is unique by annuitant.
4. Contract Date	This is the contract issue date and is unique by contract.
5. Owner	This is the Owner's name and is unique by contract.
6. Annuity Date	This is the date that annuity payments are scheduled to begin and is unique by contract issued. This has to be more than 12 months from the issue date and is no later than the contract anniversary following the annuitant's 95th birthday.
7. Joint Owner	For an annuity with more than one owner, the joint owner would be identified here. This is unique by contract. If there is no joint owner, the joint owner field may not display.
8. Single Premium	This is the premium paid on the contract and is unique by contract. The minimum is $15,000. There is no maximum.
9. Tax Status	The possible entries for this field are: "Qualified" or "Non-qualified" or other descriptive term.
10. Guaranteed Interest Rate Duration	This identifies the year or years in which the Guaranteed Interest Rate is affected. Range: Year 1 – Year 9
11. Annual Interest Rate for Guaranteed Interest Rate Duration	This is the rate applied for the Guaranteed Interest Rate Duration before any riders or endorsements are included. The range is: 1% to 20%
12. *Minimum Account Value eligible for the Account Value Interest Rate Enhancement* …[$100,000]…	This is the minimum account value at which the Account Value Interest Rate Enhancement is included. This is set at issue and will not change for the life of the product. Range: $25,000 to $250,000
13. *Basis Points Value for the Account Value Interest Rate Enhancement* …[0.15%]…	Basis points value is added to the Annual Interest Rate for the Guaranteed Interest Rate Duration when the minimum account value threshold is met. Range: 0.01% to 1%

SPDA-2010023-M **Contract Information Page for Single Premium Deferred Annuity**(continued)	
Bracketed Field Name on form	**Description of Variability**
14. Riders and Endorsements	This section identifies riders and endorsements included in the contract. If there are no riders or endorsements, this will be "None" Other possible rider options, filed concurrently with this contract are the following: ① [Module 1]..... [-0.50%] [Additional Penalty Free Withdrawal Rider] [Return of Premium Guarantee Rider] ② [Module 2]..... [-0.10%] [Waiver of Withdrawal Charges Rider] ③ [Module 3]..... [-0.20%] [Account Value Withdrawal Rider Minimum Interest Threshold [3.0%]] These basis points are the costs of the modules. These are set at issue and will not change for the duration of the annuity. Range of cost: 0.01% to 2.00% The Module names will be assigned marketing names. The rider names are bracketed because the Company may rearrange the module bundles to include any combination of the riders with a corresponding different cost. ① Module 1 currently includes two riders: ▪ Additional Penalty Free Withdrawal Rider ▪ Return of Premium Guarantee Rider ② Module 2 currently has one rider: Waiver of Withdrawal Charges Rider. ③ Module 3 currently has one rider: Account Value Withdrawal Rider Minimum Interest Threshold range is 1.00% to 20.00%
15. Guaranteed Annual Interest Rate	Bracketed items are fixed at issue and will not change after issue. They only change for new issues. The guaranteed interest rate is set at issue and does not change for in-force contracts. We do not specify to the contract owner the method for determination of the guaranteed interest rate because it is fixed at issue. Any changes for prospective issues would be made in accordance with the non-forfeiture law, as described in the Actuarial Memorandum. We raise the interest rate when the formula dictates. When the formula allows for a lower Guaranteed Interest Rate, we may retain the current interest rate if the cost for changing the rate is greater than the benefit to the company. The minimum guaranteed interest rate will never be less than 1 percent (1%) or greater than 3 percent (3%).
16. *footer* …[of C3]… …[SPDA]… …[barcode]	 This will be the total number of pages included in the Contract Information page and may vary by contract. Administrative information for Company processing. Reserved for possible barcode identification or other administrative information deemed appropriate by the Company.

Liberty Life Assurance Company of Boston

STATEMENT OF VARIABILITY

July 21, 2010
(continued)

SPDA-2010023-M Contract Information Page for Single Premium Deferred Annuity(continued)	
Bracketed Field Name on form	**Description of Variability**
17. Table of Withdrawal Charges	Bracketed items are fixed at issue and will not change after issue. Withdrawal Charges will only change for new issues. Any changes to the Withdrawal Charge pattern would be in accordance with the non-forfeiture law. Withdrawal charges will be: Between 0 and 8% in year 1 — Between 0 and 3% in year 6 Between 0 and 7% in year 2 — Between 0 and 2% in year 7 Between 0 and 6% in year 3 — Between 0 and 1% in year 8 Between 0 and 5% in year 4 — Between 0% in year 9 Between 0 and 4% in year 5 The Withdrawal Charges will never increase from year to year.
18. Minimum Account Value Following Withdrawal	Bracketed items are fixed at issue and will not change after issue. Any change to this amount will be done uniformly for all new annuities. The minimum account value following withdrawal range is $1 to $100,000.
19. Minimum Single Premium	Minimum amount $15,000 or amount mutually agreed. Range is: $1 to $100,000
20. Withdrawal Charge waived…	Range: 1.00% to 20.00%
21. Misstatement of Age or Sex Adjustment Interest Rate	Range: 1.00% to 6.00%
22. Maximum Issue Age	This is the maximum age for issuing this annuity contract. Current value: 85 Range: 75 to 90
23. Minimum Annual Interest Rate for Payment of Proceeds	Current value: 1.00% Range: 0.50% to 3.00%
24. Fixed Period Table	This is set at issue and is unique by contract.
25. Life Income Table	This is set at issue and is unique by contract.

Forms are submitted in final print and are subject to modifications in paper size, color, stock, binding, and ink, shading, borders, font type and size and changes that occur as a result of company adaptation to computer printing/typesetting.

Liberty Life Assurance Company of Boston

STATEMENT OF VARIABILITY

July 22, 2010

APP-2010022	Application for Individual Fixed Deferred Annuity
APP-2010022-O	Supplement to Application for Individual Fixed Deferred Annuity

APP-2010022	Application for Individual Fixed Deferred Annuity
Bracketed Field Name	**Description of Variability**
Logo Service Center address	In the event that the Company revises the logo and/or the Service Center address, the Company would provide notice to the Interstate Insurance Product Regulation Commission.
Field below Service Center Address and field at top of second and third pages [_____]	This field is an administrative field. The field is intended to display the application or policy number which would change by application. This field may be used for other administrative purposes, moved to another location on the application or may be removed.
Instructions appearing at right of section titles and within sections: 1. "(Select one product in either section…" 3A. "(If different than annuitant)" 3B. "(If applicable)" 4. "(All designated beneficiaries will be …" In 5. "(If selected, complete type below)" 6. "(If required, complete and submit …"	Instructions may appear in different locations of the application—after the section title to help the applicant with the completion of the form or within sections. Instructions are offset within parentheses. Some instructions, such as those in the Name, Residence Address and Mailing Address will remain as shown on this filed version. However, the Company may adjust the instructions over time to facilitate better understanding for the applicant and thus to improve the application process.
Within SPDA Information section: "Modular" "Module 1" " Module 2" "Module 3" "High Bonus" "1 Year" "5 Year" "Low Bonus" "1 Year" "5 Year" "Waive Return of Premium Guarantee …"	These titles are generic descriptions of different product selections. The Company may change these names to be marketing names or other descriptive title for the product. The Company may delete items that are not available.
1B. Flexible Payment Deferred Annuity (FPDA) Selection	The current version of the application will not include this section. However, the Company wants to reserve the possibility of using this same form to apply for an FPDA product in the future. Fields within the section are variable and changed to other marketing or administrative names, as applicable.
Within 5. Tax Status section "Roth IRA" … "Simple IRA" … "Other_____"	These are the current types of qualified annuity options that may appear on the form. The Company may remove or add other qualified annuity types over time as determined by our business needs.
Within Other Coverage/Replacement Information: (C) (D) (E)	These questions are included to address possible stranger-owned annuity issues and may be revised, expanded or removed based on regulatory directives and business decisions.
Identification Verification Notice	The text in this section is subject to change based upon applicable compliance requirements. This section may be removed.
"Insurance Producer"	The term "insurance producer" is an alternate term used for agent and may be removed or changed to a term designated by a regulatory requirement.
Owner Photo Identification Verification	This is an administrative section of the application that will be used to facilitate the application process. This may be removed or changed to accommodate business needs.
"Distribution Strip"	In the footer, this administrative field may be used for manifold forms. For example, different sheets of the form would be marked: "Agent" "Home Office" "Client" or other terms as administratively determined. This may be removed, if not needed.
"Barcode"	In the footer, a barcode or other code may be used on the application. The location, size, or type of identifier is subject to change. This may be deleted.
Bottom right of each page	In the footer, the bottom right is used for administrative notation to identify revision date and other notations to help administer the business.

STATEMENT OF VARIABILITY

(continued)

July 22, 2010

APP-2010022-O	Supplement to Application for Individual Fixed Deferred Annuity
Bracketed Field Name	**Description of Variability**
Logo Service Center address	In the event that the Company revises the logo and/or the Service Center address, the Company would provide notice to the Interstate Insurance Product Regulation Commission.
Field below Service Center Address and field at top of second and third pages [_____]	This field is an administrative field. The field is intended to display the application or policy number which would change by application. This field may be used for other administrative purposes, moved to another location on the application or may be removed.
Instructions appearing at right of section titles and within sections: 4. "(All designated beneficiaries will be …" 6. "(If required, complete and submit …"	Instructions may appear in different locations of the application—after the section title to help the applicant with the completion of the form or within sections. Instructions are offset within parentheses. Some instructions, such as those in the Name, Residence Address and Mailing Address will remain as shown on this filed version. However, the Company may adjust the instructions over time to facilitate better understanding for the applicant and thus to improve the application process.
"Insurance Producer"	The term "insurance producer" is an alternate term used for agent and may be removed or changed to a term designated by a regulatory requirement.
"Distribution Strip"	In the footer, this administrative field may be used for manifold forms. For example, different sheets of the form would be marked: "Agent" "Home Office" "Client" or other terms as administratively determined. This may be removed, if not needed.
"Barcode"	In the footer, a barcode or other code may be used on the application. The location, size, or type of identifier is subject to change. This may be deleted.
"Rev 00/00"	In the footer, the bottom right is used for administrative notation to identify revision date and other notations to help administer the business.

Forms are submitted in final print and are subject to modifications in paper size, color, stock, binding, and ink, shading, borders, font type and size, company logo, company service center address and changes that occur as a result of company adaptation to computer printing/typesetting.