

<i>SERFF Tracking Number:</i>	AGNN-126807542	<i>State:</i>	Arkansas
<i>Filing Company:</i>	Western National Life Insurance Company	<i>State Tracking Number:</i>	46762
<i>Company Tracking Number:</i>	310-4X		
<i>TOI:</i>	A02I Individual Annuities- Deferred Non-Variable	<i>Sub-TOI:</i>	A02I.002 Flexible Premium
<i>Product Name:</i>	310-4X		
<i>Project Name/Number:</i>	/		

## Filing at a Glance

Company: Western National Life Insurance Company

Product Name: 310-4X

SERFF Tr Num: AGNN-126807542 State: Arkansas

TOI: A02I Individual Annuities- Deferred Non-Variable

SERFF Status: Closed-Approved- Closed State Tr Num: 46762

Sub-TOI: A02I.002 Flexible Premium

Co Tr Num: 310-4X

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Author: Angie Fox

Disposition Date: 09/15/2010

Date Submitted: 09/10/2010

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

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:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 09/15/2010

Explanation for Other Group Market Type:

State Status Changed: 09/15/2010

Deemer Date:

Created By: Angie Fox

Submitted By: Angie Fox

Corresponding Filing Tracking Number:

Filing Description:

Attached is a form submitted for your review and approval. This form is new and does not replace any forms previously approved by your Department. This filing does not contain any unusual or controversial items.

We certify that we are in compliance with Regulations 19 and 49 as well as AR. Code Ann. 23-79-138.

Form 310-4X is a flexible premium deferred fixed annuity application. It will be used with our deferred annuity policy, A189-04, approved by your Department on 07/16/04.

SERFF Tracking Number: AGNN-126807542 State: Arkansas  
 Filing Company: Western National Life Insurance Company State Tracking Number: 46762  
 Company Tracking Number: 310-4X  
 TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.002 Flexible Premium  
 Variable  
 Product Name: 310-4X  
 Project Name/Number: /

## Company and Contact

### Filing Contact Information

Angie Fox, [angie.fox@aigretirement.com](mailto:angie.fox@aigretirement.com)  
 2919 Allen Parkway, L10-30 713-831-6050 [Phone]  
 Houston, TX 77019 713-831-6932 [FAX]

### Filing Company Information

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

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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$100.00  
 Retaliatory? Yes  
 Fee Explanation: the fee for making this filing in our domicile state of Texas is \$100; therefore, \$100 is included with this submission.  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Western National Life Insurance Company	\$100.00	09/10/2010	39428906

SERFF Tracking Number: AGNN-126807542 State: Arkansas  
Filing Company: Western National Life Insurance Company State Tracking Number: 46762  
Company Tracking Number: 310-4X  
TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.002 Flexible Premium  
Variable  
Product Name: 310-4X  
Project Name/Number: /

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	09/15/2010	09/15/2010

*SERFF Tracking Number:* AGNN-126807542      *State:* Arkansas  
*Filing Company:* Western National Life Insurance Company      *State Tracking Number:* 46762  
*Company Tracking Number:* 310-4X  
*TOI:* A021 Individual Annuities- Deferred Non-      *Sub-TOI:* A021.002 Flexible Premium  
Variable  
*Product Name:* 310-4X  
*Project Name/Number:* /

## **Disposition**

Disposition Date: 09/15/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AGNN-126807542 State: Arkansas  
 Filing Company: Western National Life Insurance Company State Tracking Number: 46762  
 Company Tracking Number: 310-4X  
 TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.002 Flexible Premium  
 Variable  
 Product Name: 310-4X  
 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	SOV		Yes
Form	Flexible Premium Deferred Annuity Application		Yes



[ 205 East 10<sup>th</sup> Avenue  
Amarillo, Texas 79101  
Telephone 800.424.4990 ]

## Flexible Premium Deferred Annuity Application

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

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Address: \_\_\_\_\_ Marital Status: \_\_\_\_\_ SSN: \_\_\_\_\_  
 Daytime Phone: \_\_\_\_\_

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

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Marital Status: \_\_\_\_\_ SSN: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

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

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

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

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

**Primary Beneficiary:** Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
**Contingent Beneficiary:** Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**INTEREST RATE/INITIAL GUARANTEE PERIOD** (Interest is credited and compounded daily to achieve the annual rate. To achieve this rate, the premium must be left in the Annuity for the full year without any withdrawals.)

**Choose One:**

- 1 yr Guarantee Return of Premium The rate on the initial premium is [\_\_\_\_\_] % for the first year. This rate includes a [\_\_\_\_\_] % enhancement payable During the first year.
- 1 yr No Guarantee Return of Premium The rate on the initial premium is [\_\_\_\_\_] % for [\_\_\_\_\_] years. This rate includes a [\_\_\_\_\_] % enhancement payable for [\_\_\_\_\_] years.
- 3 yr. The rate on the initial premium is [\_\_\_\_\_] % for [\_\_\_\_\_] years.
- 5 yr. The minimum guaranteed interest rate for the life of your policy is [\_\_\_\_\_] %.

**PURCHASE PAYMENT**

Policy Number: \_\_\_\_\_ Policy Date: \_\_\_\_\_  
 Initial Premium Payment: \$ \_\_\_\_\_ Annuity Date: \_\_\_\_\_

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

**Tax-Qualified Plans:** [  Traditional IRA  SEP IRA  Roth IRA  401 (Corporate Plan)  403(b) TSA  Other: \_\_\_\_\_ ]  
 Check one:  Initial Contribution for Tax Year \_\_\_\_\_  Transfer  Rollover  Roth IRA Conversion Year \_\_\_\_\_

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

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

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

X \_\_\_\_\_ X \_\_\_\_\_  
 Owner's Signature Joint Owner's Signature (if applicable)  
 Signed at (city/state): \_\_\_\_\_ on (date): \_\_\_\_\_

**REPRESENTATIVE INFORMATION**

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

X \_\_\_\_\_  
 Licensed Agent's Signature Agency Name and Number  
 \_\_\_\_\_ State Lic.#: \_\_\_\_\_ Agent#: \_\_\_\_\_  
 Licensed Agent (Print name)

## DISCLOSURES

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

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

**For Texas Optional Retirement Program Participants Only:**

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

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

## FRAUD WARNING

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

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

**Colorado, Kentucky, New Mexico, Ohio, and Pennsylvania Residents Only:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**District of Columbia and Rhode Island Residents Only:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance, is guilty of a crime and may be subject to fines and confinement in prison.

**Louisiana, Maryland and Massachusetts Residents Only:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit, or knowingly and willfully presents false information in an application for insurance, is guilty of a crime and may be subject to fines and confinement in prison.

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

**Maine, Tennessee, Virginia and Washington Residents Only:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

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



## CERTIFICATION

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

<u>Form Number</u>	<u>Form Description</u>	<u>Flesch Score</u>
310-4X	Flexible Premium Deferred Annuity Application	49.4



\_\_\_\_\_  
Tracey Harris - Vice President

\_\_\_\_\_  
September 9, 2010

Date

## Statement of Variability for Form 310-4X

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

1. Contact Information: The location and telephone number are bracketed for administrative purposes.
2. Interest Rate: The current interest rates may vary from time to time between 1.0% to 10.0%. The current rates and durations will vary according to economic conditions. Any changes will be applicable only to new issues.
3. Qualified Information: To allow for flexibility in the information collected and Tax Qualified Plans offered, and the ability to make changes that comply with applicable state or federal requirements.
4. Replacement Information: To allow for flexibility in the information collected, and to make changes to comply with state or federal requirements. Replacement information will always be on the application as required, but may be subject to change based on state or federal updates.
5. Disclosures and Fraud Warnings: The disclosures and fraud warnings so that text may be modified to comply with changes in state law.



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Tracey Harris - Vice President

September 3, 2010

Date