

<i>SERFF Tracking Number:</i>	<i>CAKN-126951974</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Catholic Financial Life</i>	<i>State Tracking Number:</i>	<i>47551</i>
<i>Company Tracking Number:</i>	<i>CNO-98</i>		
<i>TOI:</i>	<i>A05I Individual Annuities- Immediate Non-Variable</i>	<i>Sub-TOI:</i>	<i>A05I.000 Annuities - Immediate Non-variable</i>
<i>Product Name:</i>	<i>Single Premium Immediate Annuity</i>		
<i>Project Name/Number:</i>	<i>SPIA/CNO-94</i>		

Filing at a Glance

Company: Catholic Financial Life

Product Name: Single Premium Immediate Annuity SERFF Tr Num: CAKN-126951974 State: Arkansas

TOI: A05I Individual Annuities- Immediate Non-Variable SERFF Status: Closed-Approved-Closed State Tr Num: 47551

Sub-TOI: A05I.000 Annuities - Immediate Non-variable Co Tr Num: CNO-98 State Status: Approved-Closed

Filing Type: Form

Author: Donna Peterson

Reviewer(s): Linda Bird

Date Submitted: 12/17/2010

Disposition Date: 01/04/2011

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: SPIA

Project Number: CNO-94

Requested Filing Mode:

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: Wisconsin, our state of domicile, is part of the Interstate Compact. This product was filed with the Compact and is under review.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 01/04/2011

State Status Changed: 01/04/2011

Deemer Date:

Created By: Donna Peterson

Submitted By: Donna Peterson

Corresponding Filing Tracking Number:

Filing Description:

Catholic Financial Life is a fraternal benefit society filing a Single Premium Immediate Annuity (Form No. 2010 SPIA). This filing will replace form IA001-06/09 originally filed by Catholic Knights; approved 7/21/2009. SERFF filing number CAKN-126200248.

SERFF Tracking Number: CAKN-126951974 State: Arkansas
Filing Company: Catholic Financial Life State Tracking Number: 47551
Company Tracking Number: CNO-98
TOI: A05I Individual Annuities- Immediate Non- Variable Sub-TOI: A05I.000 Annuities - Immediate Non-variable
Product Name: Single Premium Immediate Annuity
Project Name/Number: SPIA/CNO-94

Catholic Knights merged with Catholic Family Life Insurance on April 1, 2010 and the new society name was approved in Wisconsin, our state of domicile, on June 17, 2010, and by Arkansas on 7/7/2010. We are refiling to update the name change and to bring the formatting in line with Catholic Financial Life's new portfolio.

We made 5 changes with the refiling:

- 1) All references to Catholic Knights were changed to Catholic Financial Life
- 2) The layout of the specifications page was changed from two columns to one.
- 3) We added Section 2 Definitions for clarity
- 4) We restated General Provision 3.1 The Contract - for clarity.
- 5) We added Section 3.8 Successor Owner.

All of the above changes and additions are highlighted in yellow for easy recognition. Approved, issued contracts will not be highlighted.

Application (form no. 2010 ANTY APP) approved on 7/1/2010; SERFF filing no. CAKN-126676715; state filing no: 46023 will be used with this annuity.

The form is submitted in John Doe fashion. To the best of our knowledge this filing is complete and intended to comply with the insurance laws of your jurisdiction.

Company and Contact

Filing Contact Information

Donna Peterson, donna.peterson@catholicfinanciallife.org
1100 W Wells Street 414-278-6509 [Phone]
Milwaukee, WI 53233

Filing Company Information

Catholic Financial Life CoCode: 56030 State of Domicile: Wisconsin
1100 West Wells Street Group Code: Company Type: Fraternal
Milwaukee, WI 53233 Group Name: State ID Number: 2796
(414) 273-6266 ext. 6509[Phone] FEIN Number: 39-0201015

Filing Fees

SERFF Tracking Number: CAKN-126951974 State: Arkansas
Filing Company: Catholic Financial Life State Tracking Number: 47551
Company Tracking Number: CNO-98
TOI: A05I Individual Annuities- Immediate Non- Sub-TOI: A05I.000 Annuities - Immediate Non-variable
Variable
Product Name: Single Premium Immediate Annuity
Project Name/Number: SPIA/CNO-94

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Catholic Financial Life	\$50.00	12/17/2010	43073213

SERFF Tracking Number: CAKN-126951974 State: Arkansas
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Product Name: Single Premium Immediate Annuity
Project Name/Number: SPIA/CNO-94

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	01/04/2011	01/04/2011

SERFF Tracking Number: CAKN-126951974 *State:* Arkansas
Filing Company: Catholic Financial Life *State Tracking Number:* 47551
Company Tracking Number: CNO-98
TOI: A05I Individual Annuities- Immediate Non- *Sub-TOI:* A05I.000 Annuities - Immediate Non-variable
Variable
Product Name: Single Premium Immediate Annuity
Project Name/Number: SPIA/CNO-94

Disposition

Disposition Date: 01/04/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: CAKN-126951974 *State:* Arkansas
Filing Company: Catholic Financial Life *State Tracking Number:* 47551
Company Tracking Number: CNO-98
TOI: A051 Individual Annuities- Immediate Non-Variable *Sub-TOI:* A051.000 Annuities - Immediate Non-variable
Product Name: Single Premium Immediate Annuity
Project Name/Number: SPIA/CNO-94

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Regulation 19 Certification		Yes
Supporting Document	Statement of Variability		Yes
Form	Single Premium Immediate Annuity		Yes

SERFF Tracking Number: CAKN-126951974 *State:* Arkansas
Filing Company: Catholic Financial Life *State Tracking Number:* 47551
Company Tracking Number: CNO-98
TOI: A051 Individual Annuities- Immediate Non-Variable *Sub-TOI:* A051.000 Annuities - Immediate Non-variable
Product Name: Single Premium Immediate Annuity
Project Name/Number: SPIA/CNO-94

Form Schedule

Lead Form Number: 2010 SPIA AR

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	2010 SPIA AR	Policy/Contract	Single Premium Immediate Annuity Certificate	Initial		50.300	POL SPIA AR.pdf



CATHOLIC FINANCIAL LIFE
1100 West Wells Street
Milwaukee Wisconsin 53233
800-927-2547

www.catholicfinanciallife.org

Annuitant: [John Doe]
Certificate Number: [123456]

SINGLE PREMIUM IMMEDIATE ANNUITY
Non- Participating

READ YOUR CONTRACT CAREFULLY This is a legally binding insurance contract between you and **Catholic Financial Life**, a Fraternal Benefit Society. The contract is issued based on the signed application and receipt of the full payment of the initial premium.

Catholic Financial Life agrees to pay the benefits provided in this contract subject to its terms and conditions.

RIGHT TO CANCEL – The owner may cancel this contract for any reason before midnight on the twentieth (20th) day after the owner received the certificate. If the contract is a replacement contract the owner may cancel this contract for any reasons before midnight on the thirtieth (30th) day after receipt of the certificate.

This is done by delivering or mailing a written notice and the certificate to **Catholic Financial Life**, 1100 West Wells Street, Milwaukee, Wisconsin 53233, to our authorized agent through whom you purchased the insurance, or to any **Catholic Financial Life** authorized agent. If mail is used, it is effective on the date postmarked with a correct address and sufficient postage. **Catholic Financial Life** will return all payments for this insurance within ten (10) days after it receives the notice and the certificate. This contract will then be void from the beginning.

Signed at our Home Office in Milwaukee, Wisconsin, on the certificate date.

[
William R. O'Toole *Allan E. Foye*
]

President

Secretary

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SECTION 1 SPECIFICATIONS PAGE

ANNUITANT: [John Doe]
ANNUITANT GENDER: [Male]

ANNUITANT DATE OF BIRTH: [6/1/1975]
CERTIFICATE NUMBER: [1234567]

OWNER: [Jane Doe]

CERTIFICATE DATE: [11/15/2010]

(The Certificate Date is the Effective date for tax qualified plan provisions. The Owner shall comply with the tax qualified plan provisions to prevent loss of the advantages of tax deferral and to prevent tax penalties.)

SINGLE PREMIUM: [\$25,000]

FIRST PAYMENT DATE: [11/15/2011]
BENEFIT PATTERN: [Level]
[FINAL PAYMENT DATE: 11/15/2015]

BENEFIT PAYMENT: [\$5,227.25]
PAYMENT FREQUENCY: [Annual]
NUMBER OF CERTAIN PAYMENTS: [5]

[THIS CONTRACT IS IRREVOCABLE AND NO SURRENDERS ARE ALLOWED]

Annuity Description:

[Five year (5) Period Certain

Guaranteed level payments will be made for the period elected only. Payments will continue to be made to the named Beneficiary until the end of the period elected, even if the Annuitant dies during that time. However, the payments terminate at the end of the guaranteed period, regardless of whether the Annuitant is alive or deceased.]

BASE COMMUTATION RATE: [5.00%]

BENEFICIARY As stated in the application unless subsequently changed as provided in this contract.

The telephone number of the AR Department of Insurance is 501-371-2600

SECTION 2 DEFINITIONS

YOU and **YOUR** refer to the owner of this annuity contract. The owner is as shown in Section 1, unless later changed as provided in this certificate. The owner may be someone other than the annuitant.

WE, US and **OUR** means Catholic Financial Life, a Fraternal Benefit Society.

The **BENEFICIARY** is the person who has a right to receive the death benefit proceeds.

The **CERTIFICATE DATE** is the date this contract goes into effect. It is shown in Section 1.

The **CONTRACT** is this certificate, together with the application. Our Amended and Restated Articles of Incorporation and Bylaws also are part of the contract.

CONTRACT YEARS and **MONTHS** are measured from the certificate date shown in Section 1. For example, if the certificate date is September 1, 2010, the first year ends August 31, 2011.

IN FORCE means this contract is in effect.

TERMINATE means this contract is no longer in effect.

WRITTEN NOTICE means information received at our Home Office. Such information must be written, signed by you, and acceptable to us.

To make this certificate clear and easy to read, we have left out many cross references and conditional statements. Therefore, the provisions of the certificate must be read as a whole.

SECTION 3 GENERAL PROVISIONS

3.1 The Contract

This contract is issued in consideration of:

- a. your application;
- b. the payment of premium; and
- c. the contract provisions.

The entire contract consists of:

- a. this certificate;
- b. the attached application;
- c. our Amended and Restated Articles of Incorporation and Bylaws, as amended from time to time.

No change in our Articles of Incorporation or Bylaws as amended made after the contract date shall reduce or change the benefits promised in this contract. Membership in Catholic Financial Life is based solely on being an Annuitant under this contract. Membership will expire if and when this contract is surrendered. However, cessation of membership will not change any of the contractual rights under this contract.

All statements made by the applicant for issuance, reinstatement or renewal of this contract shall, in the absence of fraud, be deemed representations and not warranties. We will not use any statement, unless made in the application, to void this contract or to deny a claim.

No agent or person other than the President or Secretary has the authority to change or modify this contract or waive any of its provisions.

Any paid-up annuity, cash surrender or death benefits that may be available under this contract are not less than the minimum benefits required by any statute of the state in which the contract is delivered.

3.2 Incontestability

This contract will not be contested by us after it has been in force during the lifetime of the Annuitant for two (2) years from the certificate issue date.

3.3 Proof of Survival

As a condition of making payment under this contract the Society may require due proof that the Annuitant is living on the due date of any life income payment. We will not require proof more than once in any twelve-month period.

3.4 Misstatement of Age or Sex

If the age or sex of any of the Annuitants has been misstated, the amount payable under this contract will be adjusted to that which the premiums paid would have purchased at the correct age and sex. Age is determined on an age nearest birthday basis. Any overpayments or underpayments made by the Society shall be deducted from or added to the payment or payments next succeeding the date of correction.

3.5 Maintenance of Solvency

If our reserves should become impaired, we will determine your fair share of such impairment. If you do not pay us this amount it shall be deducted from the first payments due after such determination has been made.

3.6 Non-Participating

The contract will not share in the divisible surplus of the Society.

3.7 The Owner

The Initial owner is named on page 3. All contract rights may be exercised by the Owner without the consent of any beneficiary. These rights may be exercised only during the lifetime of the Annuitant.

There may be subsequent Owners. In this certificate, "Owner" refers to the then-current Owner. During the lifetime of the Annuitant, the Owner may transfer ownership of this contract by a written assignment that is satisfactory to us and received at our Home Office. Such a transfer is then effective as of the date the Owner signed it.

3.8 Successor Owner

The contract owner may designate a successor owner to assume the responsibilities and duties of the contract owner in the event of the death of the owner. The successor owner may be an individual, at least 18 years of age, or a corporation, partnership, trust or other entity. The successor owner has no rights in regard to the contract and cannot direct any changes, conversion, transfers or cancellations, except in the event of the death of the contract owner. The contract owner may change the designation of the successor owner at any time.

3.9 The Annuitant

The Annuitant is name on page 3. The Annuitant is the measuring life that determines the eligibility of the benefit payments.

3.10 Collateral Assignment

The Owner may assign this contract as collateral security by a written assignment that is satisfactory to us. We assume no responsibility for the validity or effect of any collateral assignment of this contract. We will not be responsible to an assignee for any payment or other action that we take before we receive the assignment at our home office. Unless otherwise specified by the Owner, an assignment shall take effect on the date the notice of assignment is signed. Any payments made or actions taken by Catholic Financial Life prior to receipt of this notice will not be affected.

The rights of a beneficiary under this contract are subordinate to those of an assignee, unless the beneficiary was effectively designated as an irrevocable beneficiary prior to the assignment.

SECTION 4 BENEFITS

4.1 Premium Payment

One single premium shall be due and payable at the Home Office of the Society on the certificate issue date. No part of such payment shall be returned in the event of the Annuitant's death at any time.

4.2 Payment of Annuity

Payments will be made as of the First Payment Date and the end of each period thereafter. The amount of each payment is shown on page 3.

If you selected a benefit payment increase, We will increase the payment annually by the percentage indicated on page 3, starting on the first anniversary of the First Payment Date.

4.3 Commutation of Annuity Payments (CAP)

Unless page 3 states that this certificate is irrevocable, you may elect to receive a CAP that meets the requirements of this section 4.3. This value is based on the guaranteed remaining payments. You must have a life income with a period certain payment option. This certificate must still be within the period certain. The commuted value shall be payable in a lump sum only.

The lump sum payable on any day is the present value of the guaranteed remaining payments in the period certain. An interest rate is used to discount the remaining guaranteed payments. This rate will be equal to the base commutation rate on page 3 increased by a rate not to exceed 2.00%. The present value of any remaining annuity payments is always less than the sum of those benefit payments. The higher the interest rate the lower the lump sum.

Commutations are not allowed in the first year this contract is in force. A CAP is only allowed a maximum of two (2) times while the certificate is in force. Each lump sum must be a minimum of \$2,000. The remaining payment under the existing mode must be \$50 or more after any CAP.

If you elect to receive a CAP, the amount of all future period certain payments will be decreased. The decrease in payment amounts will be in the same proportion as the ratio of the CAP amount to the present value of the remaining period certain payments immediately before the surrender. The amount of the life contingent payments after the period certain will not be affected by the payment of the commuted value.

The Owner may, at any time while a CAP value is available, request information on the commuted value of the period certain. Upon receipt of request for information on the commuted value, We shall provide the Owner notification within 15 days of the following:

- 1) The amount payable and the "as of" date of the calculation
- 2) The amount of the remaining payments

We will allow two (2) free requests for information per year. We reserve the right to charge up to \$50 per additional request during that same year.

Upon receipt of a request from the owner for the payment of the commuted value, we shall pay the commuted value within 15 days of the receipt of the request if we have already provided the applicable commutation information above. If we have not provided the applicable commutation information we will do so within 15 days of receipt of the request. Upon receipt of the information, the owner may accept or reject our commuted value offer and notify us accordingly. If the owner accepts, we will pay the commuted value within 15 days of receipt of such notification. The actual commuted amount payable will be determined as of the designated date of payment.

4.4 Death Proceeds

If the Annuitant dies (or if there are two Annuitants, both Annuitants die) the remaining guaranteed payments, if any, are payable to the beneficiary(ies) as Death Proceeds as follows:

- 1) The continuation of the remaining guaranteed payments, subject to a \$50 minimum periodic benefit payment
OR
- 2) A discounted lump sum. An interest rate is used to discount the remaining guaranteed payments. The rate will be equal to the base commutation rate increased by a rate not to exceed 1.00%. The present value of any remaining annuity payments is always less than the sum of those benefit payments. The higher the interest rate the lower the lump sum.

SECTION 5 BENEFICIARY

5.1 Designated Beneficiary

The beneficiary is the person or persons to whom the remaining balance of payments, if any, are payable when the Annuitant dies. You may name a contingent beneficiary to become the beneficiary if all the beneficiaries die while the Annuitant is alive. If no beneficiary or contingent beneficiary is named, or if none is alive when the Annuitant dies, the Owner (or the Owner's estate) will be the beneficiary. If more than one beneficiary is alive when the Annuitant dies, we will pay them in equal shares, unless you have chosen otherwise.

5.2 Change of Beneficiary

While the Annuitant is alive, you may change any beneficiary not designated as irrevocable by written notice to us. No change is binding on us until it is recorded at our home office. Once recorded, the change binds us as of the date you signed it. The change will not apply to any payment made by us before we recorded your request. We may require that you send us this certificate to make the change.

5.3 Claims of Creditors

To the extent permitted by law, no amount payable under this contract will be subject to the claims of creditors of a beneficiary.

SINGLE PREMIUM IMMEDIATE ANNUITY
Non-Participating



CATHOLIC FINANCIAL LIFE
1100 West Wells Street
Milwaukee Wisconsin 53233
800-927-2547
www.catholicfinanciallife.org

<i>SERFF Tracking Number:</i>	<i>CAKN-126951974</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>Single Premium Immediate Annuity</i>		
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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification		
Comments:		
Attachment: Flesch Cert AR.pdf		

	Item Status:	Status Date:
Satisfied - Item: Application		
Comments: This application was approved on 7/1/2010; SERFF filing no: CAKN-126676715 State filing no: 46023		
Attachment: Annuity App CFL vrsn apprvd.pdf		

	Item Status:	Status Date:
Satisfied - Item: Regulation 19 Certification		
Comments:		
Attachment: Reg 19 CERT AR signd.pdf		

	Item Status:	Status Date:
Satisfied - Item: Statement of Variability		
Comments:		
Attachment: SoV Nov 2010.pdf		

**STATE OF ARKANSAS
READABILITY CERTIFICATION**

COMPANY NAME: Catholic Financial Life

This is to certify that the forms referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Form Number	Score
2010 SPIA AR	50.3



Daniel H. Strasburg, FSA, MAAA
Vice President and Chief Actuary
December 2, 2010



Application for Membership and Annuity to:

Catholic Financial Life
1100 West Wells Street
Milwaukee, Wisconsin 53233
(800) 927-2547

(Please Print)

A. INFORMATION REGARDING ANNUITANT (Person on whose Life Annuity is desired)

1. Sex: Female Male New Member
2. DOB: Month Day Year Age
3. Social Security/ITIN No: Driver License No.
4. Annuitant's Name: First Middle Initial Last
5. Annuitant's Address: Street City State Zip
Phone (home) Phone (work) Email
6. Are you a US Citizen, or do you have permanent residence status?
7. Employer's (Full name, address and phone number):
8. Is the annuitant Catholic? Yes No
9. Joint Annuitant (for SPIA Joint and Survivor plans only)
Name: Relationship to Annuitant:
Social Security/ITIN No: DOB:

B. OWNER (Must complete section if Owner is not Annuitant)

The owner will be:
Name: First Middle Initial Last Relationship to Annuitant:
Social Security/ITIN/TAX No: DOB:
Address of Owner:
Street City State Zip
Phone (home) Phone (work) Email

C. PAYOR (If payor is other than the annuitant or owner complete)

Name: First Middle Initial Last Relationship:
Address: Street City State Zip
Phone (home) Phone (work) Email
Social Security/ITIN/Tax ID No.: DOB:

D. BENEFICIARY (Do not complete for SPIA Single Life plan. Use Remarks for additional names.)

Primary: Full Name Relationship Social Security/Tax ID No
Contingent: Full Name Relationship Social Security/Tax ID No

Unless otherwise directed, the annuity proceeds shall be divided equally among all persons who are named as primary beneficiary and who survive the owner or annuitant. If no primary beneficiaries survive, the proceeds shall be divided equally among all persons who are named as contingent beneficiary and who survive the owner or annuitant as applicable.

E. TYPE OF CONTRACT

1. **SINGLE PREMIUM DEFERRED ANNUITY** **FLEXIBLE PREMIUM DEFERRED ANNUITY**

Contract Plan: _____

2. SINGLE PREMIUM IMMEDIATE ANNUITY:

- Single Life Single Life w/ Period Certain _____ Yrs
- Joint Life with 100% Survivor
- Joint Life with 100% Survivor and 10 yr Period Certain
- Joint Life with 50% Survivor
- Period Certain _____ Yrs

3. FOR ALL PLANS – Check one of the following:

- Non-Qualified IRA (Tax Year _____) ROTH IRA (Tax Year _____)
- SEP (Simplified Employee Pension)

F. PREMIUM PAYMENT and PAYOUT INFORMATION

1. DEFERRED:

- Single Premium Plan paid \$ _____
- Flexible Premium: Amount Submitted with application \$ _____ Amount billed \$ _____
- Premium Frequency (*Check one*) Ann Semi Qtlly EFT _____ (day) Do not bill

2. IMMEDIATE: Premium Paid \$ _____

a. PAYMENT PATTERN (*Available on Single Life; Single life with 10, 15, or 20 years certain; or Joint and Survivor without period certain*):

- Level
- Increasing Payments 3% annual increase 5% annual increase

b. PAYMENT METHOD: EFT Check Apply Payments to contract No. _____

c. COMPLETE IF PLAN ELECTED HAS A GUARANTEED PERIOD CERTAIN:

Do you wish to irrevocably waive the future right to a partial surrender of the commuted value of any remaining Period Certain payments Yes No

d. Elective Withholding: (*Complete for Single Premium Immediate Annuities*)

_____ I wish to have _____% Federal Income Tax withheld from the taxable portion of each payment.
 _____ I do not wish to have Federal Income Tax withheld.

(If withholding applies and an election is not made, we will withhold 10% Federal Income tax from each payment)

e. PAYMENT MODE: (*all plans*) Annual Semi Qtlly MO

3. EFT (*all plans*) submit authorization card and void check or deposit slip

G. SOURCE OF TRANSFER/ROLLOVER

- Traditional IRA to Traditional IRA Qualified Retirement Plan (401K) to Traditional or Roth IRA
- 403(b) to Traditional IRA From SIMPLE IRA to Roth IRA
- From Traditional IRA to ROTH IRA From ROTH IRA to ROTH IRA
- 1035 Exchange (non-qualified) Approx Amount \$ _____

Source of Funds _____

(note 2-year-holding period during which a SIMPLE IRA can only be rolled over into another SIMPLE IRA)

H. REPLACEMENT QUESTIONS

Do you have existing life insurance or annuity contracts with us or any other company? YES NO

Is this annuity intended to replace or change any life insurance or annuity contract in force with us or any other company? YES NO

(If yes, submit the required replacement forms)

READ CAREFULLY BEFORE SIGNING

AUTHORIZATION TO OBTAIN INFORMATION AND ACKNOWLEDGEMENT STATEMENT

I AUTHORIZE any consumer reporting agency, employer or government agency having any non-medical information of me to give to Catholic Financial Life any and all such information. To facilitate the rapid submission of such information, I authorize all said sources, to give such records or knowledge to any agency employed by Catholic Financial Life to collect and transmit such information. I understand the information obtained by use of this Authorization will be used by Catholic Financial Life to determine eligibility for insurance. to any person or organization EXCEPT to reinsuring companies.

I KNOW that I may request a copy of this Authorization.

I AGREE THAT A PHOTOGRAPHIC COPY OF THIS Authorization shall be as valid as the original.

I ACKNOWLEDGE receipt of the Notice to Applicant.

I AGREE this Authorization shall be valid for two years from the date shown below.

I, the undersigned, hereby apply to Catholic Financial Life for membership, insurance, or annuity in the amount, on the plan, and at the rate as stated; further,

I, hereby agree that this application and this statement of insurability (when used in lieu of a medical examination) and the contract applied for, together with the Articles of Incorporation, By-Laws, Rules and Regulations, and any amendments thereto previously adopted, or which may hereafter be adopted, shall constitute the entire contract between the parties hereto; further,

IT IS AGREED:

- 1) All statements in this application, which includes pages 1-3 are, to the best of my knowledge and belief, complete and true;
- 2) No information acquired by any agent shall bind the Society unless set out in writing in this application;
- 3) No agent can accept risks or modify contracts, or waive any rights or requirements of the Society;
- 4) Unless otherwise provided in a conditional receipt bearing the date of the application, no liability exists until a contract is delivered to, and accepted by the owner and the first payment is paid during the lifetime and insurability of the person proposed for coverage under this contract;
- 5) If proof of age is not given with this application, the Annuitant will furnish the Society with such proof before annuity payments begin;
- 6) The contract applied for shall take effect on the later of:
 - (a) the date requested by the applicant, if such request is made, or:
 - (b) the date the application is approved by the Society at its Home Office;
- 7) The acceptance of any contract issued on this application shall constitute acceptance and ratification of any corrections, additions or changes made by the Society, except that no change will be made in the plan of annuity or payment without written ratification of the applicant.

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Date and signed at (City) _____ (State) _____ on: Mo ___ Day ___ Year _____

_____	_____	_____
Signature of Annuitant	Signature of Licensed Agent	Agent No./%
_____	_____	_____
Signature of Owner if other than Annuitant	Signature of Licensed Agent	Agent No./%

**STATE OF ARKANSAS
CERTIFICATION OF COMPLIANCE**

Company Name: Catholic Financial Life

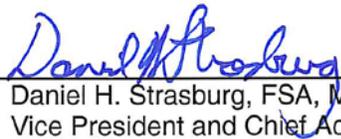
Form Titles:

Form Numbers:

Single Premium Immediate Annuity

2010 SPIA AR

I hereby certify that to the best of my knowledge and belief, the above forms and submission complies with Reg. 19, as well as the other laws and regulations of the State of Arkansas.



Daniel H. Strasburg, FSA, MAAA
Vice President and Chief Actuary
December 1, 2010

CATHOLIC FINANCIAL LIFE

STATEMENT OF VARIABLE MATERIAL FOR CONTRACT FORM NO. 2010 SPIA AR

PAGE	VARIABLE ITEM	DESCRIPTION
Cover	Signatures	The signatures are those in effect at this time and over time may change. The signatures will be those officers applicable at the time this certificate is issued.
3	ANNUITANT[S]: [John Doe]	This variable item is illustrative and will be Annuitant specific. If this is a joint certificate, there will be two names listed.
3	ANNUITANT[S] DATE OF BIRTH: [6/1/1975]	This variable item is illustrative and will be Annuitant specific. If this is a joint certificate, there will be two dates listed.
3	ANNUITANT[S] GENDER[S]: [Male]	This variable item is illustrative and will be Annuitant specific. If this is a joint certificate, there will be two genders listed.
3	CERTIFICATE NUMBER: [1234567]	This variable item is illustrative and will be Owner specific.
3	OWNER: [Jennifer Doe]	This variable item is illustrative and will be Owner specific.
3	CERTIFICATE DATE: [11/15/2010]	This variable item is illustrative and will be Owner specific.
3	SINGLE PREMIUM [\$25,000]	This variable item is illustrative and will be Owner specific
3	FIRST PAYMENT DATE: [11/15/2011]	This variable item is determined by issue date and payment frequency.
3	BENEFIT PAYMENT: [\$5,227.25]	This variable item is calculated based on the Single Premium Payment, Payment Frequency and the Plan Election Option selected by the Owner. This is the initial benefit payment and will change if the owner elects an increasing payment plan. This payment will also change if there is a partial surrender elected during the Period Certain.
3	BENEFIT PATTERN: [Level]	This variable item will be Owner specific and may not be changed after issue. Options are: <ul style="list-style-type: none"> ▪ Level Payments ▪ 3% Annual Increase ▪ 5% Annual Increase The annual increase options are not available for Payments for a Guaranteed Period (not life) and Joint Life Annuity with 100% Survivor and 10 Year Period Certain.
3	PAYMENT FREQUENCY: [Annual]	This variable item may be either: Annual, Semi Annual, Quarterly, or Monthly.
3	[FINAL PAYMENT DATE 11/15/2015]	This variable item is based on the number of period certain years chosen.
3	NUMBER OF CERTAIN PAYMENTS: [5]	This variable item will be Owner specific and can range from 0-360 for a single life. In a joint life case, the period certain can only be 10 years, meaning it would range from 0-120.

3	[THIS CONTRACT IS IRREVOCABLE AND NO SURRENDERS ARE ALLOWED]	<p>This variable item will appear as shown if:</p> <ul style="list-style-type: none"> ▪ this option is selected by the Owner at issue or ▪ if this is a certificate without a life option (Payments for a Guaranteed Period Non-Life) ▪ if this is a contract without a Period Certain <p>Otherwise this statement will appear: [COMMUTED VALUES ARE AVAILABLE AFTER THE FIRST POLICY YEAR AND WHILE THE ANNUITANT IS STILL WITHIN THE PERIOD CERTAIN.]</p>
3	ANNUITY DESCRIPTION: [Five-5 year Period Certain]	<p>This variable item is selected by the Owner at issue and may be:</p> <ul style="list-style-type: none"> ▪ Payments for a Guaranteed Period (not life) - Guaranteed level payments will be made for the period elected only. Payments will continue to be made to the named Beneficiary until the end of the period elected, even if the Annuitant dies during that time. However, the payments terminate at the end of the guaranteed period, regardless of whether the Annuitant is alive or deceased. Final Payment date is dd/mm/yyyy. ▪ Single Life Annuity – An Annuity which provides for periodic payments for as long as the Annuitant is alive. ▪ Single Life Annuity with Period Certain – An Annuity which provides for periodic payments for as long as the Annuitant is alive. The election of a Period Certain guarantees that payments will continue to a named Beneficiary until the end of the period elected, even if the Annuitant may die earlier. ▪ Joint Life Annuity with 100% of Monthly Income to the Survivor - Guaranteed payments will be made for as long as both or one of the named Annuitants are living. <p>Joint Life Annuity with 100% Survivor with Period Certain – Guaranteed payments will be made for as long as both or one of the named Annuitants are living. The election of a Period Certain guarantees that payments will continue to a named Beneficiary until the end of the period elected, even if both Annuitants have died.</p>
3	BASE COMMUTATION RATE: [5.00%]	This variable item is based on Issue Date and Payment Election Option and shall have a minimum of 0.00%.
3	You may contact the [WI] insurance department at [1-800-236-8517] regarding unresolved issues	The state of issue is a variable item as well as the corresponding toll-free number for that state insurance department at the time this certificate is issued

I certify that any change or modification to a variable item shall be administered in accordance with the requirements in the Variability of Information section, including any requirements for prior approval of a change or modification.

Elizabeth Emory Gabrys

Elizabeth Emory Gabrys, FSA, MAAA
Product Actuary
November 15, 2010