

SERFF Tracking Number: AEGB-127733252 State: Arkansas  
Filing Company: Western Reserve Life Assurance Co. of Ohio State Tracking Number: 50125  
Company Tracking Number: SA03 0911  
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life  
Adjustable Life  
Product Name: SA03 0911  
Project Name/Number: Supplemental Application/L027-1

## Filing at a Glance

Company: Western Reserve Life Assurance Co. of Ohio

Product Name: SA03 0911

TOI: L09I Individual Life - Flexible Premium

Adjustable Life

Sub-TOI: L09I.001 Single Life

Filing Type: Form

SERFF Tr Num: AEGB-127733252 State: Arkansas

SERFF Status: Closed-Approved- State Tr Num: 50125

Closed

Co Tr Num: SA03 0911

Author: Joanne Nolte

Date Submitted: 10/28/2011

State Status: Approved-Closed

Reviewer(s): Linda Bird

Disposition Date: 11/01/2011

Disposition Status: Approved-

Closed

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

## General Information

Project Name: Supplemental Application

Project Number: L027-1

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Deemer Date:

Submitted By: Joanne Nolte

Filing Description:

Commissioner of Insurance

Arkansas Insurance Division

Compliance - Life/Health

1200 West Third Street

Little Rock, AR 72201-1904

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: Concurrently

Submitted

Market Type: Individual

Individual Market Type:

Filing Status Changed: 11/01/2011

State Status Changed: 11/01/2011

Created By: Joanne Nolte

Corresponding Filing Tracking Number: WRL:

10000233, 10000234, 30822730, 30822750

RE: WESTERN RESERVE LIFE ASSURANCE CO. OF OHIO NAIC#468-91413

*SERFF Tracking Number:*      *AEGB-127733252*                      *State:*                      *Arkansas*  
*Filing Company:*              *Western Reserve Life Assurance Co. of Ohio*      *State Tracking Number:*      *50125*  
*Company Tracking Number:*      *SA03 0911*  
*TOI:*                      *L09I Individual Life - Flexible Premium*      *Sub-TOI:*                      *L09I.001 Single Life*  
*Adjustable Life*  
*Product Name:*              *SA03 0911*  
*Project Name/Number:*      *Supplemental Application/L027-1*

**Form Numbers:**

**SA03 0911W – Fixed Settlement Endorsement Election**

Dear Sir/Madam:

Please find attached a copy of the above referenced form. This is a new form and is not intended to replace any forms previously approved by your Department. This form has been submitted in final printed form in which it will be distributed to Insureds. This form is subject to only minor modifications in paper size and stock, ink, border, Company logo, Company address, adaptation to computer printing, and Officers' signatures.

Fixed Settlement Endorsement Election – is a supplemental application that will be used by the policy owner to elect their Net Death Benefit settlement option at the time of policy issue.

We intend to use the Fixed Settlement Endorsement Election with the Income Protection Option (a Fixed Settlement Endorsement) form IPO02 which has been approved by your department on October 13, 2011 under SERFF Tracking # AEGB- 127621940.

This supplemental application will be used via paper by licensed agents. We intend to use these forms in a traditional manner whereby the owner/applicant signs the application in ink and submits the application to the Company.

We also plan to make this application form available electronically. It is our intent to use this application form in a variety of electronic environments, including a laptop and web based application process. Regardless of the application process used, we intend to adopt measures to secure both the integrity of the document once signed, and the confidentiality of any information transmitted, including transmission of information via a secured socket layer/secured line. The information contained in the application will be transmitted to our administrative office electronically as well as the electronic signature of the owner/applicant. Current technology will be used to ensure that the confidential information is not compromised. All processes used will comply with the Uniform Electronic Transactions act, and to the extent applicable, the Federal E-SIGN Act.

We hereby certify that any electronic signature we obtain will be linked to the date on the electronic application in such a manner that the electronic signature is invalidated if any of the data on the application is changed. We also certify that such electronic signature intended for use with these applications will not be affixed to or duplicated on any other document.

A copy of this application, identical to the filed form, will be printed and made part of any policy issued.

SERFF Tracking Number: AEGB-127733252 State: Arkansas  
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 Adjustable Life  
 Product Name: SA03 0911  
 Project Name/Number: Supplemental Application/L027-1

We would appreciate your review and approval of this form. Should you have any questions or need any additional information, please do not hesitate to contact me.

Sincerely,

Joanne D. Nolte  
 Policy Analyst, Contract Development  
 (515) 339-7519  
 Fax #: (319) 355-2501  
 Joanne.nolte@transamerica.com

## Company and Contact

### Filing Contact Information

Joanne Nolte, Analyst jnolte@aegonusa.com  
 4333 Edgewood Rd. NE 515-339-7519 [Phone]  
 MS 2225 319-355-2501 [FAX]  
 Cedar Rapids, IA 52499

### Filing Company Information

Western Reserve Life Assurance Co. of Ohio CoCode: 91413 State of Domicile: Ohio  
 4333 Edgewood Road NE Group Code: 468 Company Type:  
 Cedar Rapids, IA 52499 Group Name: State ID Number:  
 (319) 355-7888 ext. [Phone] FEIN Number: 43-1162657

## Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
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Western Reserve Life Assurance Co. of Ohio \$50.00 10/28/2011 53279138

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	11/01/2011	11/01/2011



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<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification		Yes
<b>Supporting Document</b>	Application		Yes
<b>Supporting Document</b>	Health - Actuarial Justification		No
<b>Supporting Document</b>	Outline of Coverage		No
<b>Supporting Document</b>	Statement of Variability		Yes
<b>Form</b>	Income Protection Option Election		Yes

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## Form Schedule

**Lead Form Number: SA03 0911W**

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	SA03 0911W	Application/ Income Protection Enrollment Option Election Form	Initial		51.200	SA03 0911W.pdf



Administrative Office located at: [4333 Edgewood Road NE, Cedar Rapids, Iowa 52499]

## INCOME PROTECTION OPTION ELECTION

You have requested payment of the death benefit of your policy through the Fixed Settlement Endorsement. The payments stated below are the amounts requested by you. Actual payment amounts will be made as outlined in the Fixed Settlement Endorsement and the Policy Data. This form will be made part of your policy. If there are multiple beneficiaries listed on the application, the payments below will be split between them as indicated in the beneficiary section of the application.

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The undersigned owner hereby requests that the death benefit be paid as follows:

### Initial Lump Sum

\$\_\_\_\_\_ paid to the Beneficiary when the company determines that the policy's death benefit is payable. (If elected a minimum of [\$10,000] is required.)

### Monthly Payments

\$\_\_\_\_\_ per month paid to the Beneficiary for the Guaranteed Period.  
(If elected a minimum of [\$100] is required.)

### Guaranteed Period

The amount of time during which monthly payments shall be made and/or the duration until the Final Lump Sum is paid is \_\_\_\_\_ years (must be at least [5] years and not more than [25] years).

### Final Lump Sum

\$\_\_\_\_\_ paid to the Beneficiary at the end of the Guaranteed Period.  
(If elected a minimum of [\$10,000] is required.)

\_\_\_\_\_  
Signature of owner

\_\_\_\_\_  
Date

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## Supporting Document Schedules

**Item Status:** **Status Date:**

**Satisfied - Item:** Flesch Certification

**Comments:**

**Attachments:**

AR - Rule and Regulation 19.pdf

Flesch Score (WRL).pdf

**Item Status:** **Status Date:**

**Satisfied - Item:** Application

**Comments:**

This supplemental application will be used with the following previously approved applications:

6000 R0103 AR approved 1/15/03

L 108 0805 AR approved 1/12/06

U000310 approved 8/31/07

U323 0110 approved 2/1/10

U324 0110 approved 2/1/10

**Item Status:** **Status Date:**

**Bypassed - Item:** Health - Actuarial Justification

**Bypass Reason:** Not applicable.

**Comments:**

**Item Status:** **Status Date:**

**Bypassed - Item:** Outline of Coverage

**Bypass Reason:** Not applicable.

**Comments:**

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**Item Status:**

**Status  
Date:**

**Satisfied - Item:** Statement of Variability

**Comments:**

**Attachment:**

SA03 0911 Statement of Variability.pdf

WESTERN RESERVE LIFE ASSURANCE CO. OF  
**RULE AND REGULATION 19**  
**STATE OF ARKANSAS**

Form Number: SA03 0911W

Date: October 27, 2011

I hereby certify that the accompanying life product is in compliance with Rule and Regulation 19.

*Cheryl Bock*

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Cheryl Bock, Assist. Vice President Contract Development

**FLESCH READABILITY CERTIFICATION**  
**WESTERN RESERVE LIFE ASSURANCE CO. OF OHIO**

**Form Number (may vary by state)**

**Flesch Score**

SA03 0911W

51.2

I certify that the machine scored Flesch Readability score(s) for the above mentioned form(s) is/are accurate.

*Cheryl Bock*

\_\_\_\_\_  
Cheryl Bock  
Assistant Vice President

10/18/11  
Date

## STATEMENT OF VARIABILITY

### SUPPLEMENTAL APPLICATION: SA03 0911

We have bracketed the variable items in this form. No change in the variability will be made which in any way expands the scope of the wording. We reserve the right to correct, at any time, any and all typographical errors that do not impact the benefits or intent of language.

#### **SA03 0911 – Fixed Settlement Endorsement (Income Protection Option Election) Application**

1. **Administrative Office Address:** The Administrative Office address may change to another location in the future.
2. **Initial Lump Sum:** The minimum amount required is currently \$10,000 but could change in the future.
3. **Monthly Payments:** The minimum amount is currently \$100 but could change in the future.
4. **Guaranteed Period:** The amount of time during which monthly payments shall be made, if elected, currently is at least 5 years and not more than 25 years. This could change in the future.
5. **Final Lump Sum:** The minimum amount required is currently \$10,000 but could change in the future.