

SERFF Tracking Number: OXFR-127809054 State: Arkansas
Filing Company: Christian Fidelity Life Insurance Company State Tracking Number: 50231
Company Tracking Number:
TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
Product Name: CF400 Assurance
Project Name/Number: /

Filing at a Glance

Company: Christian Fidelity Life Insurance Company

Product Name: CF400 Assurance

SERFF Tr Num: OXFR-127809054 State: Arkansas

TOI: L071 Individual Life - Whole

SERFF Status: Closed-Approved-
Closed State Tr Num: 50231

Sub-TOI: L071.101 Fixed/Indeterminate
Premium - Single Life

Co Tr Num:

State Status: Approved-Closed

Filing Type: Form

Author: Pat O'Hara

Reviewer(s): Linda Bird

Date Submitted: 11/09/2011

Disposition Date: 11/18/2011

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Not Filed

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 11/18/2011

State Status Changed: 11/18/2011

Deemer Date:

Created By: Pat O'Hara

Submitted By: Pat O'Hara

Corresponding Filing Tracking Number:

Filing Description:

The attached forms, Form Numbers: CF400, FE400-CFLIC, are being submitted for your review and approval. No part of this filing contains any unusual or possibly controversial items from normal company or industry standards.

The Policy is an Individual Whole Life policy. The plan will be marketed through independent agents.

I certify that I have performed Flesch readability tests on the application and form combination, and achieved a minimum Flesch Reading Ease Score of 56..

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Please advise if you need any additional information.

Thank you

D. Patrick O'Hara
 Regulatory Compliance Analyst
 Oxford Life Insurance Company
 Phone: 602-263-6666 ext 670130
 Email: patohara@oxfordlife.com

Company and Contact

Filing Contact Information

Pat O'Hara, Regulatory Compliance Analyst PatO'Hara@Oxfordlife.com
 2721 N. Central Ave. 602-263-6666 [Phone] 670130
 [Ext]

Phoenix, AZ 85004

Filing Company Information

Christian Fidelity Life Insurance Company CoCode: 61859 State of Domicile: Arizona
 2721 North Central Avenue Group Code: Company Type:
 Phoenix, AZ 85004-1172 Group Name: State ID Number:
 (888) 757-3732 ext. [Phone] FEIN Number: 74-0483480

Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? No
 Fee Explanation: Application and Policy = \$100.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Christian Fidelity Life Insurance Company	\$100.00	11/09/2011	53625268

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	11/18/2011	11/18/2011

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	11/15/2011	11/15/2011	Pat O'Hara	11/15/2011	11/15/2011

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	Certificate of Compliance	Pat O'Hara	11/17/2011	11/17/2011
Supporting Document	Statement of Policy Cost	Pat O'Hara	11/16/2011	11/16/2011

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Objection Letter of 11/15/2011	Note To Filer	Linda Bird	11/17/2011	11/17/2011
Objection Letter of 11/15/2011	Note To Filer	Linda Bird	11/16/2011	11/16/2011

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Filing Company: *Christian Fidelity Life Insurance Company* *State Tracking Number:* *50231*
Company Tracking Number:
TOI: *L071 Individual Life - Whole* *Sub-TOI:* *L071.101 Fixed/Indeterminate Premium - Single*
Life
Product Name: *CF400 Assurance*
Project Name/Number: */*

Disposition

Disposition Date: 11/18/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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 Product Name: CF400 Assurance
 Project Name/Number: /

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Actuarial Memo		No
Supporting Document	guarantee association notice		Yes
Supporting Document	Statement of Policy Cost		Yes
Supporting Document	Certificate of Compliance		Yes
Form	CF400 Policy		Yes
Form	FE400-CFLIC Application		Yes

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Product Name: CF400 Assurance
Project Name/Number: /

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 11/15/2011
Submitted Date 11/15/2011
Respond By Date 12/15/2011

Dear Pat O'Hara,

This will acknowledge receipt of the captioned filing.

Objection 1

Comment: Ark. Code Ann. 23-79-138 requires that certain information accompany every policy. Bulletin 15-2009 further address this issue.

Regulation 49 requires that a Life and Health guaranty notice be given to each policy owner. Please review your issue procedures and assure us that you are in compliance with Regulation 49.

Regulation 19s10B requires that all new or revised filings submitted must contain a certification that the submission meets the provisions of this rule as well as all applicable requirements of this Department.

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

Sincerely,
Linda Bird

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Project Name/Number: /

Response Letter

Response Letter Status Submitted to State
Response Letter Date 11/15/2011
Submitted Date 11/15/2011

Dear Linda Bird,

Comments:

Response 1

Comments: I have attached a copy of the Guaranty Notice issued to Arkansas Policyholders.

Please advise if you need any additional information.

Patrick O'Hara

Related Objection 1

Comment:

Ark. Code Ann. 23-79-138 requires that certain information accompany every policy. Bulletin 15-2009 further address this issue.

Regulation 49 requires that a Life and Health guaranty notice be given to each policy owner. Please review your issue procedures and assure us that you are in compliance with Regulation 49.

Regulation 19s10B requires that all new or revised filings submitted must contain a certification that the submission meets the provisions of this rule as well as all applicable requirements of this Department.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: guarantee association notice

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

SERFF Tracking Number: *OXFR-127809054* *State:* *Arkansas*
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Project Name/Number: */*
Life

**Sincerely,
Pat O'Hara**

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Company Tracking Number:
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Project Name/Number: /

Amendment Letter

Submitted Date: 11/17/2011

Comments:

I have attached the Certificate of Compliance as required by Reg. 19.

The Consumer Information is included in the Statement of Policy Cost. I have attached a copy to the Supporting Documents tab. Please advise if this is not sufficient.

Thank you.

Patrick O'Hara

Changed Items:

Supporting Document Schedule Item Changes:

User Added -Name: Certificate of Compliance

Comment:

Certificate of Compliance 11-17-11.pdf

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Project Name/Number: /

Note To Filer

Created By:

Linda Bird on 11/17/2011 09:15 AM

Last Edited By:

Linda Bird

Submitted On:

11/17/2011 09:15 AM

Subject:

Objection Letter of 11/15/2011

Comments:

Please refer to Supporting Documentation under Flesch Certification. "Compliance is required for the following."

Rule & Reg. 19

Rule & Reg. 49

Flesch Certification Ark. Code Ann 23-80-206

Consumer Information Notice 23-79-138

We have received the Flesch Certification and the Guaranty Fund Notice. The certification of Rule & Reg. 19 and Consumer Information has not been submitted.

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Amendment Letter

Submitted Date: 11/16/2011

Comments:

The Name and Address and phone number of the producer appears in the Statement of Policy Cost issued with the Policy. The Producer's name and number also appear in the Application, which is made part of the Policy.

I have attached a sample Statement of Policy Cost to the Supporting Documents tab.

Please advise if you need any additional information.

Patrick O'Hara

Changed Items:

Supporting Document Schedule Item Changes:

User Added -Name: Statement of Policy Cost

Comment:

OL 400 and CF 400 Statement of Policy Cost and Benefit.pdf

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Project Name/Number: /

Note To Filer

Created By:

Linda Bird on 11/16/2011 09:14 AM

Last Edited By:

Linda Bird

Submitted On:

11/16/2011 09:14 AM

Subject:

Objection Letter of 11/15/2011

Comments:

Thank you for notification of compliance with Regulation 49. However, we also need the company to provide notice of their compliance of Ark. Code Ann. 23-79-138 and Regulation 19s10B.

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Form Schedule

Lead Form Number: CF400

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	CF400	Policy/Contract/Fraternal Certificate	CF400 Policy	Initial		56.000	CF400AR 11-9-11.pdf
	FE400-CFLIC	Application/Enrollment Form	FE400-CFLIC Application	Initial		56.000	FE400-CFLIC Rev1-2011.pdf



2721 NORTH CENTRAL AVENUE, PHOENIX, ARIZONA 85004-1172
(866) 641-9999

WHOLE LIFE POLICY

CHRISTIAN FIDELITY LIFE INSURANCE COMPANY will provide the benefits described in this Policy in consideration of the payment of the premiums as outlined in the Policy Data Page.

This policy is a legal contract between You and Us. ***Upon Written Request, We are required to provide within a reasonable period of time reasonable factual information regarding the benefits and provisions of this Policy.*** To obtain information or to make further inquiries regarding this Policy, You may call Our toll-free number, (866) 641-9999. You may also write to Us at Our Home Office address shown above or visit Our website at www.christianfidelity.com.

**NOTICE OF THIRTY DAY RIGHT TO EXAMINE
- RIGHT TO CANCEL -**

YOU HAVE PURCHASED A LIFE INSURANCE POLICY. PLEASE READ IT CAREFULLY. THE POLICY INCLUDES THE PROVISIONS BOTH ON THE PAGES WITHIN AND ON ALL AMENDMENTS, RIDERS, AND ENDORSEMENTS THAT ARE ATTACHED.

IF, FOR ANY REASON, YOU ARE NOT SATISFIED WITH THIS POLICY, YOU MAY RETURN IT TO US OR TO YOUR AGENT WITHIN THIRTY DAYS FROM THE DATE YOU RECEIVED IT FOR A FULL PREMIUM REFUND. IF WE DO NOT MAKE THE REFUND WITHIN 10 DAYS OF THE DATE WE RECEIVE THE POLICY, WE SHALL PAY INTEREST AS REQUIRED BY THE STATE IN WHICH THE POLICY IS DELIVERED.

Signed for Christian Fidelity Life Insurance Company at Phoenix, Arizona:

President

Secretary

**NO ANNUAL DIVIDENDS
WHOLE LIFE INSURANCE POLICY
BENEFIT PAYABLE UPON INSURED'S DEATH
PREMIUMS PAYABLE DURING LIFETIME OF INSURED**

POLICY DATA PAGE

Plan Description [Whole Life Insurance]	Policy Number [9876543210]
Name of Insured [John Doe]	Name of Owner [Joan Doe]
Insured's Date of Birth [4/15/1945]	Insured's Gender [Male]
Policy Date [6/1/2010]	Insured's Issue Age [65]
Face Amount [\$10,000]	Risk Class [Non-Tobacco]

Plan Description/Coverage	Face Amount	Premium Payment Period	Annual Premium Payment
[Whole Life Insurance]	[\$10,000]	[56 Years]	[\$540.00]
Total			[\$540.00]
Policy Fee			[\$30.00]
Annual Premium			[\$570.00]
[Quarterly Premium]			[\$151.10]

[State Department of Insurance 1-888-XXX-XXXX]

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TABLE OF GUARANTEED VALUES

[per \$10,000 Face Amount]

End of Policy Year	Attained Age	Cash Value	Extended Term		End of Policy Year	Attained Age	Cash Value	Extended Term	
			Years	Days				Years	Days
[1	66	0	0	0	36	101	8,241	4	1
2	67	23	0	44	37	102	8,327	3	331
3	68	341	1	235	38	103	8,412	3	294
4	69	664	2	326	39	104	8,494	3	255
5	70	993	3	317	40	105	8,574	3	211
6	71	1325	4	236	41	106	8,651	3	162
7	72	1658	5	98	42	107	8,727	3	105
8	73	1990	5	274	43	108	8,801	3	38
9	74	2321	6	39	44	109	8,873	2	349
10	75	2652	6	133	45	110	8,942	2	314
11	76	2983	6	199	46	111	9,010	2	276
12	77	3312	6	242	47	112	9,075	2	231
13	78	3,638	6	265	48	113	9,137	2	176
14	79	3,957	6	272	49	114	9,198	2	101
15	80	4,269	6	264	50	115	9,256	1	364
16	81	4,571	6	245	51	116	9,313	1	337
17	82	4,864	6	215	52	117	9,367	1	304
18	83	5,148	6	177	53	118	9,418	1	257
19	84	5,423	6	132	54	119	9,468	1	146
20	85	5,687	6	83	55	120	9,513	0	356
21	86	5,939	6	30	56	121	10,000	0	0]
22	87	6,176	5	344					
23	88	6,399	5	298					
24	89	6,605	5	249					
25	90	6,796	5	198					
26	91	6,973	5	145					
27	92	7,141	5	91					
28	93	7,298	5	33					
29	94	7,446	4	345					
30	95	7,583	4	300					
31	96	7,710	4	254					
32	97	7,833	4	206					
33	98	7,949	4	158					
34	99	8,057	4	110					
35	100	8,153	4	58					

The above Table of Guaranteed Values is based on the Commissioner's 2001 Standard Ordinary Mortality Table, gender- and smoker-distinct, age last birthday, at an annual rate of 5.0%, using continuous functions. These values assume that all due premiums have been paid and that there is no Indebtedness. A detailed description of the method by which these Cash Values are computed has been filed with the Insurance Department in the state where the Policy was delivered. All values are greater than or equal to those required by the laws of that state, assuming no Policy Fee. Interim Cash Values will be adjusted for the time elapsed and the payment of premiums since the last anniversary.

DEFINITIONS

Assignee – A person to whom some right or interest in this Policy is transferred.

Attained Age – The Issue Age increased by the number of completed Policy Years.

Beneficiary – The person or entity designated at the time of the Insured's death to receive Death Benefits under this Policy. The originally designated Beneficiary is shown in the application, a copy of which is attached. The Beneficiary may be changed according to the Change of Owner or Beneficiary provision. If the Death Benefit is payable to more than one person, payment will be made in equal shares unless specified otherwise.

Cash Value – Unless this Policy is continuing as Extended Term Insurance, the minimum Cash Values are as described on Page 4.

Death Benefit – The amount We pay upon the death of the Insured.

Extended Term Insurance – In the event a policy is in default, the Net Cash Value may be used as a single premium to purchase insurance that is effective for a specified length of time with the same Face Amount as this Policy. The length of time the insurance is effective depends on the amount of the Net Cash Value and the Attained Age of the Insured.

Face Amount – The amount shown on the Policy Data Page.

Home Office – The Home Office of Christian Fidelity Life Insurance Company is 2721 N. Central Ave., Phoenix, AZ 85004-1172.

Indebtedness – The sum of any outstanding loans against this Policy plus accumulated interest at the Loan Interest Rate.

Insured – The person named on the Policy Data Page whose life is insured under this Policy.

Issue Age – The age on the Insured's last birthday as of the Policy Date. It is shown on the Policy Data Page.

Loan Interest Rate – The annual interest rate is [7.4%], payable in advance, compounded annually.

Net Cash Value – The Cash Value less any Indebtedness. Should the Insured live to the Attained Age of 121, We shall pay You the Net Cash Value in full satisfaction of Our obligations under this Policy.

Owner, You, Your – The person or entity named on the Policy Data Page who possesses all rights and privileges under this Policy.

Parties – Owner, Insured, payee, Beneficiary, claimant or heirs and Christian Fidelity Life Insurance Company.

Policy Date – The date this Policy is issued and the premium is applied by Us to Your Policy. It is shown on the Policy Data Page.

Policy Month – The first Policy Month begins on the Policy Date. Subsequent Policy Months begin on the same day of each subsequent month.

Policy Year – The first Policy Year begins on the Policy Date. Subsequent Policy Years begin on the same month and day of each subsequent year.

We, Us, Our – Christian Fidelity Life Insurance Company.

Written Request – Instructions received by Us at Our Home Office, in writing, using a form provided by Us. A Written Request must be signed and dated by all Owners and Assignees. We reserve the right to reject any incomplete or unclear Written Request.

GENERAL PROVISIONS

Arbitration – Any dispute, controversy, or claim, whether contractual or non-contractual, between the Parties, Our parent, affiliates, subsidiaries, or agents, arising out of this Contract, relating to the breach or alleged breach of any provision or covenant under this Agreement, shall be resolved by voluntary post dispute non-binding arbitration in accordance with the Commercial Arbitration Rules of the American Arbitration Association, pursuant to an Arbitration held in Phoenix, Arizona. Any actions, suits or disputes must be brought in Your, individual capacity, and not as a plaintiff or class member in any purported class or representative proceeding. The prevailing party shall be entitled to receive from the other party its reasonable attorneys' fees and costs incurred in connection with any action, proceeding or arbitration hereunder.

Assignment of Policy - No assignment of this Policy will be binding on Us unless it a Written Request that has been recorded at Our Home Office. This Policy may not be assigned without the written consent of all irrevocable Beneficiaries, if any. Any assignment will be subject to any prior assignment of record. We will not assume responsibility for the validity of any assignment. Any claim under an assignment will be subject to proof of the Assignee's interest. Unless otherwise specified by the Owner, the assignment shall take effect on 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.

Change of Owner or Beneficiary – During the lifetime of the Insured, and subject to the prior written consent of any Assignee or irrevocable Beneficiary, to the extent permitted by law, You may make a Written Request to change the Owner or Beneficiary. We will not be bound by any change unless it is recorded at Our Home Office. Unless otherwise specified by the Owner, the change in Owner or Beneficiary shall take effect on the date the Written Request is signed by the Owner, subject to any payments made or actions taken by Us prior to receipt of this notice.

Currency – All financial transactions under this Policy are to be made in United States dollars.

Entire Contract - This Policy is issued in consideration of the application and payment of the premium shown on the Policy Data Page. This Policy, the application, a copy of which is attached, and any attached amendments, endorsements and riders make the entire contract.

Incontestability – This Policy is not contestable, except for nonpayment of premiums, after it has been in force during the lifetime of the Insured for two years from the later of the Policy Date or the most recent reinstatement. In the absence of fraud, all statements made while applying for this Policy or for its reinstatement will be deemed representations and not warranties. Only material misstatements contained in an application for reinstatement may be used to contest such reinstatement.

Jurisdiction – This Policy is subject to the laws of the State in which it is delivered. If any provision of this Policy is contrary to any law to which it is subject, such provision is amended to conform to the minimum requirements of such law.

Misstatement of Age, Gender or Tobacco - If the Issue Age, gender or tobacco status of the Insured has been misstated, all amounts payable under this Policy will be those that would have been provided had the correct Issue Age, gender or tobacco status been stated.

Policy Changes - Only Our President and Secretary have the authority to make any change to this Policy. No other person has the authority to make any change to this Policy. Any change must be made in writing. Unless You object in writing, We will change this Policy, as necessary, to permit it to be treated as a Life Insurance Policy under any applicable Federal or State law, rule or regulation.

Reinstatement - This Policy may be reinstated within three years after it ceases to be in force unless it has been surrendered for its Net Cash Value or any Extended Term Insurance period has expired. Reinstatement is subject to You providing Us with evidence of insurability that is

satisfactory to Us. You must also pay all premiums in arrears and repay any Indebtedness, both with interest at 6% per annum, compounded annually.

Rights of the Owner - You may exercise all rights, privileges, options, and benefits provided by this Policy.

Settlement Options - Upon request, We will offer Your Beneficiaries settlement options as a means to receive the Death Benefit. We have the right to require proof of any payee's age and gender, including a certified copy of the Birth Certificate and/or a copy of the State identification of such payee.

Suicide Exclusion - If the Insured commits suicide within two years from the Policy Date, while sane or insane, the Death Benefit will be limited to the premiums paid less any Indebtedness.

POLICY VALUES

Net Cash Value – The Net Cash Value is the Cash Value, less any Indebtedness. Upon Written Request, You may surrender this Policy for its Net Cash Value.

Surrender – Upon Written Request, You may surrender this policy for the Net Cash Value at any time, and if surrendered within 30 days following a policy anniversary, the value available shall not be less than the Cash Value as of the anniversary date, less any Indebtedness. We may defer the payment for the period permitted by law, but not more than six months after receiving Your Written Request.

Default – When a premium is in default, and upon Written Request, You may:

- Surrender this Policy for its Net Cash Value, if any, as of the due date of the first unpaid premium. We may defer the payment for the period permitted by law, but not more than six months after receiving Your Written Request, or
- Elect to continue this Policy for a period as Extended Term Insurance. The Extended Term Insurance period will be determined as of the due date of the first unpaid premium by applying the Net Cash Value, if any, at the net single premium rate. The net single premium rate depends on the Issue Age and on the length of time since the Policy Date. During the Extended Term Insurance period there will be a surrender value but no loan value. Such surrender value will equal the net single premium for the amount and remaining period of Extended Term Insurance. During the thirty-day period following each anniversary such surrender value will not be less than the surrender value on that anniversary. The Death Benefit during the Extended Term Insurance period is the Face Amount.

If the option to Surrender is not elected within sixty days after the due date of an unpaid premium, the Extended Term Insurance option will automatically apply.

PREMIUM PROVISIONS

Premiums - Each premium is payable in advance on or before its due date. Premiums shall be paid to Us at Our Home Office. A receipt will be given upon request.

Grace Period - A grace period of 31 days will be allowed for the payment of each premium after the first due date is missed. During this grace period this Policy will remain in force. If the Insured dies during a grace period, any premium due will be deducted from the Death Benefit. If any premium is unpaid at the end of the grace period, this Policy will terminate, subject to the Automatic Premium Loan and Policy Values Provisions, as of the date such premium was due. The Owner shall have the entire grace period within which to remit payment. Any payments sent by U.S. mail shall be postmarked within the grace period.

Automatic Premium Loan Provision – Unless You have elected otherwise, if any premium is not paid before the end of the grace period, We will charge as a loan against this Policy that premium, as well as any remaining premium to the end of the then current Policy Year, both including Loan Interest from the end of the grace period in accordance with the Policy Loan Provisions. If the resulting total Indebtedness would exceed the Cash Value at the end of the current Policy Year, this Policy will be continued as Extended Term Insurance as described under the Policy Values provisions.

POLICY LOAN PROVISIONS

Upon Written Request, so long as no premium is in default beyond the end of the grace period, You may borrow money from Us on the sole security of this Policy. The resulting total Indebtedness may not exceed the Cash Value at the end of the then current Policy Year reduced by any unpaid premium for that year, including any Loan Interest that would be payable on a loan of such premium. We may defer the granting of any loan, other than for the payment of premiums, for no more than six months after receiving Your Written Request.

Loan Interest – Loan interest is payable on each Policy anniversary, except at the time a loan is made. At that time interest to the next Policy anniversary will be payable on the date of the loan. Interest not paid when due will be added to the loan and will bear interest thereafter at the Loan Interest Rate.

Loan Repayment – You may repay any portion of the Indebtedness at any time while the Insured is living and while this Policy is in force and not being continued as Extended Term Insurance. We will refund any corresponding unearned interest or credit it to the Indebtedness as of the date of payment.

Loan Exceeding Cash Value – If the Indebtedness exceeds the Cash Value, We will notify You or the last Assignee by mail at the last known address. If You do not pay such excess within 31 days after We mail the notice, this Policy will terminate on the 32nd day.

DEATH BENEFIT PROVISIONS

Amount Paid – The amount paid to the Beneficiary is the Face Amount less any Indebtedness, less any unpaid premium, if you are in the grace period. The amount paid may be increased by the portion of any premium paid beyond the Policy Month in which the Insured died. If the Policy is continuing as Extended Term Insurance, the amount paid will be the Face Amount. Upon making this payment, We are discharged from all future claims.

Interest on Death Benefit – Interest shall accrue at a rate of 8% per year and be payable from the date of death if the Company does not provide payment of policy proceeds within 31 days of the following:

- (i) The date that due proof of death is received by the company;
- (ii) The date We receive sufficient information to determine Our liability, the extent of the liability, and the appropriate payee legally entitled to the proceeds; and

(iii) The date that legal impediments to payment of proceeds that depend on the action of parties other than the company are resolved and sufficient evidence of the same is provided to the company. Legal impediments to payment include, but are not limited to (a) The establishment of guardianships and conservatorships; (b) the appointment and qualification of trustees, executors and administrators; and (c) the submission of information required to satisfy a state and federal reporting requirements.

Payment of Policy Proceeds – We will pay the Death Benefit within 31 days of Our receipt of all of the following:

- Sufficient proof of the Insured's death;
- Sufficient proof of the Beneficiary's identity;
- A properly completed claim form; and
- This Policy or a lost Policy statement.

An original, certified copy of the Death Certificate issued by the State Office of Vital Records and Statistics is sufficient Proof of Death. We may accept alternative proof at Our sole discretion.

We will make payment in accordance with the latest Beneficiary designation. The interest of any Beneficiary who dies before the Insured will terminate at the death of such Beneficiary. The interest of any Beneficiary who dies at the time of, or within fifteen days after, the death of the Insured will also terminate if no benefits have been paid to such Beneficiary.

If no Beneficiary survives the Insured, then the Owner, if living, will be the Beneficiary. If the Owner is not living, the Owner's estate will be the Beneficiary.



2721 NORTH CENTRAL AVENUE, PHOENIX, ARIZONA 85004-1172
(866) 641-9999

**NO ANNUAL DIVIDENDS
WHOLE LIFE INSURANCE POLICY
BENEFIT PAYABLE UPON INSURED'S DEATH
PREMIUMS PAYABLE DURING LIFETIME OF INSURED**



2721 North Central Avenue • Phoenix, Arizona 85004
(866) 641-9999

01-001



APPLICATION

TELEPHONE INTERVIEW 1-888-801-5123

Section A — Personal Information

PROPOSED INSURED

Name (First, MI, Last)

Address, City, State, Zip Code

SSN, Tax I.D.# or Green Card Number

Gender

Date of Birth

Birth State

Phone Number
()

Email Address

U.S. Citizen Yes No

If no, are you a Permanent U.S. Resident Yes No

OWNER (If other than Proposed Insured)

Owner's Name (First, MI, Last)

Owner's Address, City, State, Zip Code

Owner's SSN, Tax I.D.# or Green Card Number

Relationship

Phone Number
()

Does the Proposed Insured and/or Owner, have any existing life insurance or annuity coverage? Yes No
Is this policy being purchased to replace any existing life insurance or annuity coverage? Yes No If Yes, please list:

Company

Policy No.

Address, City, State, Zip Code

Has the Owner, Proposed Insured or Beneficiary entered into or made plans to enter into any agreement or contract to sell or assign the ownership of, or a beneficial interest in this policy? Yes No If yes, no coverage will be issued.

BENEFICIARY

Primary

Address, City, State, Zip Code

Relationship

SSN

%

Primary

Address, City, State, Zip Code

Relationship

SSN

%

Contingent

Address, City, State, Zip Code

Relationship

SSN

%

Contingent

Address, City, State, Zip Code

Relationship

SSN

%

Section B — Policy Information

PREMIUM AMOUNT \$ _____

FACE AMOUNT \$ _____

PAYMENT FREQUENCY: Monthly Quarterly Semi-Annually Annually

Additional out-of-pocket costs may apply should you choose to pay your premiums monthly, quarterly or semi-annually.

Check here if Owner does **not** want the Automatic Premium Loan provision:

Section C — If any question in Section C is answered "Yes", or if height and weight exceeds the maximum range, NO COVERAGE CAN BE ISSUED.	ANSWER FOR PROPOSED INSURED	
1. What is your height and weight?	H _____	W _____
2. Have you had, or been medically advised to have, an organ transplant, or have you been medically diagnosed as having a terminal illness or life expectancy of 12 months or less, or have you been diagnosed, treated (including dialysis) or taken medication for chronic kidney disease or kidney (renal) insufficiency or kidney or liver failure or do you have paralysis of two or more extremities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Have you been medically treated or diagnosed by a medical professional as having Acquired Immune Deficiency Syndrome (AIDS), AIDS related complex (ARC), or any immune deficiency related disorder or tested positive for the Human Immunodeficiency Virus (HIV)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Are you currently: hospitalized, confined to a bed or nursing facility, or using oxygen equipment to assist in breathing, or receiving Hospice Care?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Have you been treated for insulin shock, diabetic coma, or ever taken insulin shots prior to the age of 50 or were you diagnosed with Diabetes prior to age 30?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Have you ever been medically diagnosed, treated, or taken medication for: congestive heart failure (CHF), cardiomyopathy, Alzheimer's, dementia, organic brain syndrome, schizophrenia, bipolar disorder, mental incapacity, Lou Gehrig's disease (ALS), or Huntington's disease?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Within the past 24 months, have you been confined more than twice to a hospital, nursing facility, convalescent care facility, assisted living facility, mental facility or Hospice Care?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Within the past 24 months have you been diagnosed with internal cancer or melanoma, leukemia, lymphoma, stroke, transient ischemic attack (TIA) or have you had an amputation caused by any disease?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Have you had more than one occurrence or any metastasis of any cancer in your lifetime (excluding basal or squamous cell skin cancer), or are you currently being treated for cancer or recurrence of cancer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Within the past 24 months have you:		
a. been medically diagnosed, treated or taken medication for: angina, chronic hepatitis, cystic fibrosis, Pulmonary Fibrosis, chronic obstructive pulmonary disease (COPD), chronic bronchitis, emphysema, respiratory failure or required oxygen equipment to assist in breathing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. been diagnosed as having, been treated for or hospitalized for: heart attack, heart disease, heart or circulatory surgery (including pacemaker, by-pass, heart valve replacement, angioplasty or stent implant), uncontrolled high blood pressure or any procedure to improve circulation to the heart or brain?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. had Hodgkin's Disease, cirrhosis, liver disease, or systemic lupus (SLE)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. had any neuromuscular disease (including cerebral palsy, multiple sclerosis, grand mal seizures, or Parkinson's disease)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Within the past 10 years, have you been convicted of a felony or are you currently on parole or on probation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. Within the last 5 years have you been treated for, been advised to have treatment for, or excessively used, alcohol or any drugs of abuse, or have you been convicted of operating a vehicle while impaired or under the influence of alcohol or any drugs, or had your driver's license suspended or revoked, or attempted suicide?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. Have you been declined or postponed for life or health insurance in the past two years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14. Do you have any impairment, whether physical or mental, for which you need or receive assistance or supervision in performing normal activities of daily living such as dressing, eating, bathing, incontinence, toileting, taking medications, or moving without any type of physical assistance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Section D – If any question in Section D is answered "Yes", it may not necessarily exclude coverage.		
15. Are you taking medication for any impairment in Section C?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
16. Have you used any nicotine based products in the past 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
17. Have you applied for life insurance with any other insurance companies in the last two years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
18. Proposed Insured's driver's license number _____ State _____	<input type="checkbox"/> None	

Section E — Statements and Authorizations

PROPOSED INSURED'S STATEMENT (or Owner if legal representative)

I have read and understood the Application. I am not currently taking and I am not under the influence of any medications or drugs that would affect my ability to fully understand and to fully and accurately complete this Application. The representations in Sections A, B, C, D and E are true. I agree the policies shall not be in effect until they have been issued by Christian Fidelity Life Insurance Company ("the Company") and the premium is paid during my lifetime. I understand that the Producer has no authority to approve the Application, change the policies, or waive any policy provisions. I understand no insurance will be effective until the date stated in the policies and all eligibility requirements are met. The purpose of this Application is not to sell or assign it to any type of viatical settlement, senior settlement or life settlement company.

Proposed Insured's Initials

MEDICAL AUTHORIZATION

I authorize any physician, medical practitioner, hospital, medical care facility, the Veteran's Administration, insurance company, the Medical Information Bureau (MIB), pharmacy, pharmacy benefit manager, insurance laboratories, my employer or consumer reporting agency, to give Christian Fidelity Life Insurance Company or its reinsurers any information they have about my health, including confidential HIV-related information. I acknowledge receipt of the Medical Information Bureau Pre-Notice on page 7. I agree that a copy of this authorization is as valid as the original and I can obtain a copy on request. This authorization is valid for use in underwriting risk selection purposes only and is valid for 36 months, except for HIV-related information, which is only valid for 180 days from the date below.

WARNING

FRAUD NOTICE

Any person who knowingly submits a false statement in an Application or files a claim containing false or deceptive statements may be guilty of insurance fraud and subject to penalties under state law.

I have read, understand, and acknowledge the Fraud Notice.

Proposed Insured's Initials

Owner's Initials

MISREPRESENTATION NOTICE

If your answers to the questions in the application are incorrect or untrue, Christian Fidelity Life Insurance Company may deny coverage by voiding or canceling your policy and returning your premium payments to you or your estate. Be aware that voiding or canceling your policy may have an adverse impact to your intended beneficiary (ies).

I have read, understand, and acknowledge the Misrepresentation Notice. I agree that the information on this application will be relied on to determine insurability and that incorrect or untrue information may result in coverage being voided, subject to the Incontestability provision in the policy.

Proposed Insured's Initials

Owner's Initials

Proposed Insured's Signature

Owner's Signature

Date

Section F — Producer Only

PRODUCER'S STATEMENT

To the best of my knowledge and belief the Proposed Insured and/or Owner **does** **does not** have any existing life insurance or annuity coverage and the life insurance applied for **will** **will not** replace any existing life insurance or annuity coverage. I certify that I have verified the personal information of the Applicant by viewing a state issued driver's license, state issued I.D. card, military I.D. card, Permanent U.S. Resident (Green Card), passport or other government issued picture I.D. card. I further certify that any information recorded by me on this Application is true and accurate to the best of my knowledge and that the Proposed Insured and Owner appeared to me to be lucid and to fully understand all of the questions on this Application. I certify to the best of my knowledge that the Owner or Proposed Insured is not being paid cash or promised services as an inducement to enter into this insurance transaction and to my knowledge, this insurance transaction will not be sold or assigned for any type of senior settlement, life settlement or any other secondary market.

Writing Producer's Signature

Producer's Printed Name / Producer's Number

Date

PRODUCER USE ONLY IF REQUESTING COMMISSION SPLITS **Assurance** **Advanced Wealth Transfer**

Producer's Printed Name

Producer's Number

Split

%

Producer's Printed Name

Producer's Number

Split

%

MAIL POLICY TO: **Owner** **Producer**



2721 North Central Avenue • Phoenix, Arizona 85004
(866) 641-9999



ASSURANCE – FINAL EXPENSE PRE-AUTHORIZED WITHDRAWAL PLAN

Complete the following information for initial and future recurring automatic withdrawals of premium payments

I, the undersigned, agree that I want all premiums withdrawn from the account listed below in an amount sufficient to pay the premium due for the insurance policy. Additionally, I hereby authorize and request Christian Fidelity Life Insurance Company to initiate electronic debit entries or effect a change by any other commercially accepted practice to my account indicated on the attached check (or the information provided below) for premiums and other such payments that may become due in any amount under this policy. I request that this Authorization, unless previously revoked, continue to apply to any conversion, renewal, or change later made in the policy. I agree that this Authorization in no way affects the terms of the policy, other than the frequency of payment and I understand that if premiums are not paid within the grace period allowed by the policy, as in the event of withdrawals being dishonored, or for any other reason, then the policy shall terminate subject to any non forfeiture provision of the policy. This Authorization may be terminated by either party by giving written notice to the other.

Premium Amount to Withdraw \$ _____ Monthly Quarterly Semi-Annually Annually

The effective date and draft date must be the same. If no effective/draft date is designated, the policy's effective date and initial draft date will be the date that the application was received by Christian Fidelity.
Future draft dates must occur within 30 days of application date. Please select the draft date you prefer.

Policy Effective/Draft Date (Between the 1st and 28th): Month: _____ Day: _____

Bank Account Information:

Bank Name and Phone Number: _____

Bank Address: _____

Payor Name: _____

Bank Routing Number: _____ Account Number: _____

Type of Account: **Savings** (write routing and account numbers below and circle the corresponding numbers)
 Checking (attach void check)

Bank Routing Number

Bank Account Number

0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9

FOR CHECKING ACCOUNTS
TAPE COPY OF VOIDED CHECK HERE

PAYOR SIGNATURE: (as on financial institution's records). A copy of this document sent via electronic transmission is as valid as the original.

X _____ Date _____



This authorization complies with the HIPAA Privacy Rule

HIPAA Authorization
for Release of Health
Related Information

Name(s) of Primary Proposed Insured/Patient

Date of Birth

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I authorize any health plan; physician; health care professional; hospital; clinic; laboratory; pharmacy, pharmacy benefit manager; medical facility; insurance company; insurance support organization (such as MIB Group, Inc. or any of its members or affiliates); or other health care provider that has provided payment, treatment or services to me or on my behalf (collectively, "My Providers") to disclose the entire medical record and any other protected health information concerning me to the company referenced on this authorization ("the Company") and their Producers; employees; and representatives. This includes information on the diagnosis or treatment of Human Immunodeficiency Virus (HIV) infection and sexually transmitted diseases. This also includes information on the diagnosis and treatment of mental illness and the use of alcohol; drugs; and tobacco, but excludes psychotherapy notes.

By my signature below, I acknowledge that any agreements I have made to restrict my protected health information do not apply to this authorization and I instruct My Providers to release and disclose the entire medical record without restriction for use in underwriting risk selection purposes.

This protected health information can be disclosed under the authorization at my request, as permitted by § 164.508 of the privacy regulations issued pursuant to the Health Insurance Portability and Accountability Act ("HIPAA Privacy Rule").

This authorization will remain in force for 36 months following the date of my signature below, regardless of my condition and whether living or deceased, and a copy of this authorization is as valid as the original. I understand that I have the right to revoke this authorization in writing, at any time, by sending a written request for revocation to the Company (**Attention: Policyholder Service Department, 2721 North Central Avenue, Phoenix, AZ 85004**). I understand that a revocation is not effective to the extent that any of My Providers has relied on this Authorization or to the extent that the Company has a legal right to contest a claim under an insurance policy or to contest the policy itself. I understand that any information disclosed pursuant to this authorization may be subject to redisclosure by the recipient and may no longer be protected by federal regulations governing privacy and confidentiality of health information (such as the HIPAA Privacy Rule). However, the Company will protect the privacy of health information in accordance with other applicable state and/or federal privacy laws and its own privacy policies.

I understand that My Providers may not refuse to provide treatment or payment for health care services because I refuse to sign this authorization. I further understand that if I refuse to sign this authorization to release my complete medical record the Company may not be able to process my Application; or if coverage has been issued, may not be able to make any benefit payments. I acknowledge that I have received a copy of this authorization.

Signature of Primary Proposed Insured/Personal Representative

Date

If signed by an individual's Personal Representative, describe authority to sign on behalf of the individual:

Power of Attorney Other (please describe): _____



CONDITIONAL RECEIPT

PLEASE READ THIS CAREFULLY. This Conditional Receipt will not become effective unless each of the following conditions are met:

- 1) The premium is paid according to the method of premium payment selected in the application in an amount equal to or greater than the minimum required by the Policy; and is received by the Company.
- 2) All underwriting and application requirements are completed no more than 45 days after the date of this Receipt;
- 3) There is no material misrepresentation in the Application, telephone or other interviews, or medical information provided to the Company and
- 4) On the effective date, the Proposed Insured is insurable for the insurance requested in the Application.

If all requirements are not met, or the person(s) to be insured dies by suicide, the liability of the Company is limited to a full refund to the Owner of all premiums received by the Company.

In the event of an adverse underwriting decision, the Company will mail notice to the Owner of the rejection of the Application for insurance and refund the premium, thereby terminating this Receipt. This Receipt provides no insurance for riders or additional benefits.

All checks must be made payable to Christian Fidelity Life Insurance Company. Do not make checks payable to the Producer or leave payable blank.

The Company's liability is limited to a refund of the premium paid.

I have advised the Proposed Insured and Owner of the terms, conditions, and limitations of this Conditional Receipt. If the premium is paid by Pre-Authorized Withdrawal Plan, the Payor has completed the form. If the premium is received by check, I have received from _____ a check in the amount of \$_____. The Application bears the same date as this Receipt. I acknowledge that no producer or broker is authorized to alter or waive the terms of this Receipt, or pass on insurability.

Dated at (City & State)

On (Date)

Producer's Signature

LEAVE THIS PAGE WITH OWNER IF PAYMENT IS MADE WITH APPLICATION.



PRIVACY NOTICE

Your privacy is protected. Christian Fidelity Life Insurance Company (We, Us, Our), like other insurance companies, sometimes evaluates the medical history and other personal information about Applicants to determine their eligibility for certain policies. (Personal information includes information such as age, occupation, physical condition, health history, habits, general reputation, credit and career.) We also use this information to administer Your insurance coverage after it is in force.

We rely heavily on information provided by You. We may also supplement this information from other sources, such as medical professionals or institutions that have treated You or family members covered under Your policy; insurance support organizations; other insurance companies to which You have applied; and employers.

Any information You give Us regarding Your insurability and any information received from other sources will be treated as strictly confidential. In some situations, and in compliance with applicable law, We may disclose necessary items of information to third parties, who may retain a copy and disclose the information to others for whom they perform such services, without Your specific authorization. Unless You request otherwise, Your name, address, date of birth and phone number may be used by Us or Our affiliates to inform you of other insurance products or services which are available. We may also disclose this information to: (1) an organization performing administrative, business or professional services for Us; (2) other insurance companies to which You apply; and (3) your physician or medical professional.

You have the right to be told about and to copy, if you wish, items of personal information that appear in Our files. You also have the right to seek correction of information you believe to be inaccurate.

THE ABOVE IS A GENERAL DESCRIPTION OF OUR PRIVACY PRACTICES. IF YOU WOULD LIKE A MORE DETAILED EXPLANATION OF OUR PRACTICES AND THE CIRCUMSTANCES UNDER WHICH WE MAY USE OR DISCLOSE INFORMATION, PLEASE WRITE TO OUR PRIVACY OFFICER AT CHRISTIAN FIDELITY LIFE INSURANCE COMPANY, 2721 NORTH CENTRAL AVENUE, PHOENIX, AZ 85004-1172, OR VISIT WWW.CHRISTIANFIDELITY.COM.

FAIR CREDIT REPORTING ACT NOTICE

With regard to Your Application, We may have requested an investigative consumer report. These reports contain information about Your character, general reputation, mode of living and health except as may be related directly or indirectly to Your sexual orientation. The information may have been obtained through interviews with You, Your neighbors, friends and others who know You. Upon request, We will give You the name and address of the consumer reporting firm so that You may request a copy of the report.

MIB PRE-NOTICE – Proposed Insured

Information regarding Your insurability will be treated as confidential. Christian Fidelity Life Insurance Company, or its reinsurers, may, however, make a brief report thereon to the Medical Information Bureau (MIB), a not-for-profit membership organization of insurance companies, that operates an information exchange on behalf of its members. If You apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, the MIB, upon request, will supply Christian Fidelity Life Insurance Company with the information in its file.

Upon receipt of a request from You, the MIB will arrange disclosure of any information it may have in Your file. Please contact MIB at 866-692-6901 (TTY: 866-346-3642). If You question the accuracy of information in the MIB's file, you may contact the MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of the Bureau's information office is: 50 Braintree Hill, Suite 400, Braintree, Massachusetts 02184-8734.

Christian Fidelity Life Insurance Company, or its reinsurers, may also release information in its file to MIB and to other life or health insurance companies to whom You may apply for life or health insurance, or to whom a claim for benefits may be submitted.

STRANGER OWNED LIFE INSURANCE (STOLI) NOTICE

State insurance law may prohibit the owner of a life insurance policy from entering into any agreement to sell, transfer or assign a life insurance policy prior to the date the policy was issued, or within a period of time specified by state law after the date the policy was issued. You should consult with legal advisors if you have any questions about these matters.

LEAVE THIS PAGE WITH OWNER

For Use With Life Insurance Applications

SERFF Tracking Number: OXFR-127809054 State: Arkansas
 Filing Company: Christian Fidelity Life Insurance Company State Tracking Number: 50231
 Company Tracking Number:
 TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
 Product Name: CF400 Assurance
 Project Name/Number: /

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification		
Comments:		
Attachment: Readability Certification CF400 & FE400 CFLIC a.pdf		

	Item Status:	Status Date:
Satisfied - Item: Application		
Comments:		
Attachment: CF400AR 11-9-11.pdf		

	Item Status:	Status Date:
Satisfied - Item: Life & Annuity - Acturial Memo		
Comments:		
Attachment: Assurance Actuarial Memo (CF400).pdf		

	Item Status:	Status Date:
Satisfied - Item: guarantee association notice		
Comments:		
Attachment: GA01AR.pdf		

	Item Status:	Status Date:
Satisfied - Item: Statement of Policy Cost		

SERFF Tracking Number: OXFR-127809054 State: Arkansas
Filing Company: Christian Fidelity Life Insurance Company State Tracking Number: 50231
Company Tracking Number:
TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
Product Name: CF400 Assurance
Project Name/Number: /

Comments:

Attachment:

OL 400 and CF 400 Statement of Policy Cost and Benefit.pdf

Item Status:

**Status
Date:**

Satisfied - Item: Certificate of Compliance

Comments:

Attachment:

Certificate of Compliance 11-17-11.pdf



READABILITY CERTIFICATION

This is to certify that the attached forms, CF400 & FE400-CFLIC, combined, achieved a minimum Flesch Reading Ease Score of 56 and are in compliance with applicable State laws and regulations.

Christian Fidelity Life Insurance Company



Jan Riedell

Secretary

Title

November 1, 2010

Date



2721 NORTH CENTRAL AVENUE, PHOENIX, ARIZONA 85004-1172
(866) 641-9999

WHOLE LIFE POLICY

CHRISTIAN FIDELITY LIFE INSURANCE COMPANY will provide the benefits described in this Policy in consideration of the payment of the premiums as outlined in the Policy Data Page.

This policy is a legal contract between You and Us. ***Upon Written Request, We are required to provide within a reasonable period of time reasonable factual information regarding the benefits and provisions of this Policy.*** To obtain information or to make further inquiries regarding this Policy, You may call Our toll-free number, (866) 641-9999. You may also write to Us at Our Home Office address shown above or visit Our website at www.christianfidelity.com.

**NOTICE OF THIRTY DAY RIGHT TO EXAMINE
- RIGHT TO CANCEL -**

YOU HAVE PURCHASED A LIFE INSURANCE POLICY. PLEASE READ IT CAREFULLY. THE POLICY INCLUDES THE PROVISIONS BOTH ON THE PAGES WITHIN AND ON ALL AMENDMENTS, RIDERS, AND ENDORSEMENTS THAT ARE ATTACHED.

IF, FOR ANY REASON, YOU ARE NOT SATISFIED WITH THIS POLICY, YOU MAY RETURN IT TO US OR TO YOUR AGENT WITHIN THIRTY DAYS FROM THE DATE YOU RECEIVED IT FOR A FULL PREMIUM REFUND. IF WE DO NOT MAKE THE REFUND WITHIN 10 DAYS OF THE DATE WE RECEIVE THE POLICY, WE SHALL PAY INTEREST AS REQUIRED BY THE STATE IN WHICH THE POLICY IS DELIVERED.

Signed for Christian Fidelity Life Insurance Company at Phoenix, Arizona:

President

Secretary

**NO ANNUAL DIVIDENDS
WHOLE LIFE INSURANCE POLICY
BENEFIT PAYABLE UPON INSURED'S DEATH
PREMIUMS PAYABLE DURING LIFETIME OF INSURED**

POLICY DATA PAGE

Plan Description [Whole Life Insurance]	Policy Number [9876543210]
Name of Insured [John Doe]	Name of Owner [Joan Doe]
Insured's Date of Birth [4/15/1945]	Insured's Gender [Male]
Policy Date [6/1/2010]	Insured's Issue Age [65]
Face Amount [\$10,000]	Risk Class [Non-Tobacco]

Plan Description/Coverage	Face Amount	Premium Payment Period	Annual Premium Payment
[Whole Life Insurance]	[\$10,000]	[56 Years]	[\$540.00]
Total			[\$540.00]
Policy Fee			[\$30.00]
Annual Premium			[\$570.00]
[Quarterly Premium]			[\$151.10]

[State Department of Insurance 1-888-XXX-XXXX]

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TABLE OF GUARANTEED VALUES

[per \$10,000 Face Amount]

End of Policy Year	Attained Age	Cash Value	Extended Term		End of Policy Year	Attained Age	Cash Value	Extended Term	
			Years	Days				Years	Days
[1	66	0	0	0	36	101	8,241	4	1
2	67	23	0	44	37	102	8,327	3	331
3	68	341	1	235	38	103	8,412	3	294
4	69	664	2	326	39	104	8,494	3	255
5	70	993	3	317	40	105	8,574	3	211
6	71	1325	4	236	41	106	8,651	3	162
7	72	1658	5	98	42	107	8,727	3	105
8	73	1990	5	274	43	108	8,801	3	38
9	74	2321	6	39	44	109	8,873	2	349
10	75	2652	6	133	45	110	8,942	2	314
11	76	2983	6	199	46	111	9,010	2	276
12	77	3312	6	242	47	112	9,075	2	231
13	78	3,638	6	265	48	113	9,137	2	176
14	79	3,957	6	272	49	114	9,198	2	101
15	80	4,269	6	264	50	115	9,256	1	364
16	81	4,571	6	245	51	116	9,313	1	337
17	82	4,864	6	215	52	117	9,367	1	304
18	83	5,148	6	177	53	118	9,418	1	257
19	84	5,423	6	132	54	119	9,468	1	146
20	85	5,687	6	83	55	120	9,513	0	356
21	86	5,939	6	30	56	121	10,000	0	0]
22	87	6,176	5	344					
23	88	6,399	5	298					
24	89	6,605	5	249					
25	90	6,796	5	198					
26	91	6,973	5	145					
27	92	7,141	5	91					
28	93	7,298	5	33					
29	94	7,446	4	345					
30	95	7,583	4	300					
31	96	7,710	4	254					
32	97	7,833	4	206					
33	98	7,949	4	158					
34	99	8,057	4	110					
35	100	8,153	4	58					

The above Table of Guaranteed Values is based on the Commissioner's 2001 Standard Ordinary Mortality Table, gender- and smoker-distinct, age last birthday, at an annual rate of 5.0%, using continuous functions. These values assume that all due premiums have been paid and that there is no Indebtedness. A detailed description of the method by which these Cash Values are computed has been filed with the Insurance Department in the state where the Policy was delivered. All values are greater than or equal to those required by the laws of that state, assuming no Policy Fee. Interim Cash Values will be adjusted for the time elapsed and the payment of premiums since the last anniversary.

DEFINITIONS

Assignee – A person to whom some right or interest in this Policy is transferred.

Attained Age – The Issue Age increased by the number of completed Policy Years.

Beneficiary – The person or entity designated at the time of the Insured's death to receive Death Benefits under this Policy. The originally designated Beneficiary is shown in the application, a copy of which is attached. The Beneficiary may be changed according to the Change of Owner or Beneficiary provision. If the Death Benefit is payable to more than one person, payment will be made in equal shares unless specified otherwise.

Cash Value – Unless this Policy is continuing as Extended Term Insurance, the minimum Cash Values are as described on Page 4.

Death Benefit – The amount We pay upon the death of the Insured.

Extended Term Insurance – In the event a policy is in default, the Net Cash Value may be used as a single premium to purchase insurance that is effective for a specified length of time with the same Face Amount as this Policy. The length of time the insurance is effective depends on the amount of the Net Cash Value and the Attained Age of the Insured.

Face Amount – The amount shown on the Policy Data Page.

Home Office – The Home Office of Christian Fidelity Life Insurance Company is 2721 N. Central Ave., Phoenix, AZ 85004-1172.

Indebtedness – The sum of any outstanding loans against this Policy plus accumulated interest at the Loan Interest Rate.

Insured – The person named on the Policy Data Page whose life is insured under this Policy.

Issue Age – The age on the Insured's last birthday as of the Policy Date. It is shown on the Policy Data Page.

Loan Interest Rate – The annual interest rate is [7.4%], payable in advance, compounded annually.

Net Cash Value – The Cash Value less any Indebtedness. Should the Insured live to the Attained Age of 121, We shall pay You the Net Cash Value in full satisfaction of Our obligations under this Policy.

Owner, You, Your – The person or entity named on the Policy Data Page who possesses all rights and privileges under this Policy.

Parties – Owner, Insured, payee, Beneficiary, claimant or heirs and Christian Fidelity Life Insurance Company.

Policy Date – The date this Policy is issued and the premium is applied by Us to Your Policy. It is shown on the Policy Data Page.

Policy Month – The first Policy Month begins on the Policy Date. Subsequent Policy Months begin on the same day of each subsequent month.

Policy Year – The first Policy Year begins on the Policy Date. Subsequent Policy Years begin on the same month and day of each subsequent year.

We, Us, Our – Christian Fidelity Life Insurance Company.

Written Request – Instructions received by Us at Our Home Office, in writing, using a form provided by Us. A Written Request must be signed and dated by all Owners and Assignees. We reserve the right to reject any incomplete or unclear Written Request.

GENERAL PROVISIONS

Arbitration – Any dispute, controversy, or claim, whether contractual or non-contractual, between the Parties, Our parent, affiliates, subsidiaries, or agents, arising out of this Contract, relating to the breach or alleged breach of any provision or covenant under this Agreement, shall be resolved by voluntary post dispute non-binding arbitration in accordance with the Commercial Arbitration Rules of the American Arbitration Association, pursuant to an Arbitration held in Phoenix, Arizona. Any actions, suits or disputes must be brought in Your, individual capacity, and not as a plaintiff or class member in any purported class or representative proceeding. The prevailing party shall be entitled to receive from the other party its reasonable attorneys' fees and costs incurred in connection with any action, proceeding or arbitration hereunder.

Assignment of Policy - No assignment of this Policy will be binding on Us unless it a Written Request that has been recorded at Our Home Office. This Policy may not be assigned without the written consent of all irrevocable Beneficiaries, if any. Any assignment will be subject to any prior assignment of record. We will not assume responsibility for the validity of any assignment. Any claim under an assignment will be subject to proof of the Assignee's interest. Unless otherwise specified by the Owner, the assignment shall take effect on 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.

Change of Owner or Beneficiary – During the lifetime of the Insured, and subject to the prior written consent of any Assignee or irrevocable Beneficiary, to the extent permitted by law, You may make a Written Request to change the Owner or Beneficiary. We will not be bound by any change unless it is recorded at Our Home Office. Unless otherwise specified by the Owner, the change in Owner or Beneficiary shall take effect on the date the Written Request is signed by the Owner, subject to any payments made or actions taken by Us prior to receipt of this notice.

Currency – All financial transactions under this Policy are to be made in United States dollars.

Entire Contract - This Policy is issued in consideration of the application and payment of the premium shown on the Policy Data Page. This Policy, the application, a copy of which is attached, and any attached amendments, endorsements and riders make the entire contract.

Incontestability – This Policy is not contestable, except for nonpayment of premiums, after it has been in force during the lifetime of the Insured for two years from the later of the Policy Date or the most recent reinstatement. In the absence of fraud, all statements made while applying for this Policy or for its reinstatement will be deemed representations and not warranties. Only material misstatements contained in an application for reinstatement may be used to contest such reinstatement.

Jurisdiction – This Policy is subject to the laws of the State in which it is delivered. If any provision of this Policy is contrary to any law to which it is subject, such provision is amended to conform to the minimum requirements of such law.

Misstatement of Age, Gender or Tobacco - If the Issue Age, gender or tobacco status of the Insured has been misstated, all amounts payable under this Policy will be those that would have been provided had the correct Issue Age, gender or tobacco status been stated.

Policy Changes - Only Our President and Secretary have the authority to make any change to this Policy. No other person has the authority to make any change to this Policy. Any change must be made in writing. Unless You object in writing, We will change this Policy, as necessary, to permit it to be treated as a Life Insurance Policy under any applicable Federal or State law, rule or regulation.

Reinstatement - This Policy may be reinstated within three years after it ceases to be in force unless it has been surrendered for its Net Cash Value or any Extended Term Insurance period has expired. Reinstatement is subject to You providing Us with evidence of insurability that is

satisfactory to Us. You must also pay all premiums in arrears and repay any Indebtedness, both with interest at 6% per annum, compounded annually.

Rights of the Owner - You may exercise all rights, privileges, options, and benefits provided by this Policy.

Settlement Options - Upon request, We will offer Your Beneficiaries settlement options as a means to receive the Death Benefit. We have the right to require proof of any payee's age and gender, including a certified copy of the Birth Certificate and/or a copy of the State identification of such payee.

Suicide Exclusion - If the Insured commits suicide within two years from the Policy Date, while sane or insane, the Death Benefit will be limited to the premiums paid less any Indebtedness.

POLICY VALUES

Net Cash Value – The Net Cash Value is the Cash Value, less any Indebtedness. Upon Written Request, You may surrender this Policy for its Net Cash Value.

Surrender – Upon Written Request, You may surrender this policy for the Net Cash Value at any time, and if surrendered within 30 days following a policy anniversary, the value available shall not be less than the Cash Value as of the anniversary date, less any Indebtedness. We may defer the payment for the period permitted by law, but not more than six months after receiving Your Written Request.

Default – When a premium is in default, and upon Written Request, You may:

- Surrender this Policy for its Net Cash Value, if any, as of the due date of the first unpaid premium. We may defer the payment for the period permitted by law, but not more than six months after receiving Your Written Request, or
- Elect to continue this Policy for a period as Extended Term Insurance. The Extended Term Insurance period will be determined as of the due date of the first unpaid premium by applying the Net Cash Value, if any, at the net single premium rate. The net single premium rate depends on the Issue Age and on the length of time since the Policy Date. During the Extended Term Insurance period there will be a surrender value but no loan value. Such surrender value will equal the net single premium for the amount and remaining period of Extended Term Insurance. During the thirty-day period following each anniversary such surrender value will not be less than the surrender value on that anniversary. The Death Benefit during the Extended Term Insurance period is the Face Amount.

If the option to Surrender is not elected within sixty days after the due date of an unpaid premium, the Extended Term Insurance option will automatically apply.

PREMIUM PROVISIONS

Premiums - Each premium is payable in advance on or before its due date. Premiums shall be paid to Us at Our Home Office. A receipt will be given upon request.

Grace Period - A grace period of 31 days will be allowed for the payment of each premium after the first due date is missed. During this grace period this Policy will remain in force. If the Insured dies during a grace period, any premium due will be deducted from the Death Benefit. If any premium is unpaid at the end of the grace period, this Policy will terminate, subject to the Automatic Premium Loan and Policy Values Provisions, as of the date such premium was due. The Owner shall have the entire grace period within which to remit payment. Any payments sent by U.S. mail shall be postmarked within the grace period.

Automatic Premium Loan Provision – Unless You have elected otherwise, if any premium is not paid before the end of the grace period, We will charge as a loan against this Policy that premium, as well as any remaining premium to the end of the then current Policy Year, both including Loan Interest from the end of the grace period in accordance with the Policy Loan Provisions. If the resulting total Indebtedness would exceed the Cash Value at the end of the current Policy Year, this Policy will be continued as Extended Term Insurance as described under the Policy Values provisions.

POLICY LOAN PROVISIONS

Upon Written Request, so long as no premium is in default beyond the end of the grace period, You may borrow money from Us on the sole security of this Policy. The resulting total Indebtedness may not exceed the Cash Value at the end of the then current Policy Year reduced by any unpaid premium for that year, including any Loan Interest that would be payable on a loan of such premium. We may defer the granting of any loan, other than for the payment of premiums, for no more than six months after receiving Your Written Request.

Loan Interest – Loan interest is payable on each Policy anniversary, except at the time a loan is made. At that time interest to the next Policy anniversary will be payable on the date of the loan. Interest not paid when due will be added to the loan and will bear interest thereafter at the Loan Interest Rate.

Loan Repayment – You may repay any portion of the Indebtedness at any time while the Insured is living and while this Policy is in force and not being continued as Extended Term Insurance. We will refund any corresponding unearned interest or credit it to the Indebtedness as of the date of payment.

Loan Exceeding Cash Value – If the Indebtedness exceeds the Cash Value, We will notify You or the last Assignee by mail at the last known address. If You do not pay such excess within 31 days after We mail the notice, this Policy will terminate on the 32nd day.

DEATH BENEFIT PROVISIONS

Amount Paid – The amount paid to the Beneficiary is the Face Amount less any Indebtedness, less any unpaid premium, if you are in the grace period. The amount paid may be increased by the portion of any premium paid beyond the Policy Month in which the Insured died. If the Policy is continuing as Extended Term Insurance, the amount paid will be the Face Amount. Upon making this payment, We are discharged from all future claims.

Interest on Death Benefit – Interest shall accrue at a rate of 8% per year and be payable from the date of death if the Company does not provide payment of policy proceeds within 31 days of the following:

- (i) The date that due proof of death is received by the company;
- (ii) The date We receive sufficient information to determine Our liability, the extent of the liability, and the appropriate payee legally entitled to the proceeds; and

(iii) The date that legal impediments to payment of proceeds that depend on the action of parties other than the company are resolved and sufficient evidence of the same is provided to the company. Legal impediments to payment include, but are not limited to (a) The establishment of guardianships and conservatorships; (b) the appointment and qualification of trustees, executors and administrators; and (c) the submission of information required to satisfy a state and federal reporting requirements.

Payment of Policy Proceeds – We will pay the Death Benefit within 31 days of Our receipt of all of the following:

- Sufficient proof of the Insured's death;
- Sufficient proof of the Beneficiary's identity;
- A properly completed claim form; and
- This Policy or a lost Policy statement.

An original, certified copy of the Death Certificate issued by the State Office of Vital Records and Statistics is sufficient Proof of Death. We may accept alternative proof at Our sole discretion.

We will make payment in accordance with the latest Beneficiary designation. The interest of any Beneficiary who dies before the Insured will terminate at the death of such Beneficiary. The interest of any Beneficiary who dies at the time of, or within fifteen days after, the death of the Insured will also terminate if no benefits have been paid to such Beneficiary.

If no Beneficiary survives the Insured, then the Owner, if living, will be the Beneficiary. If the Owner is not living, the Owner's estate will be the Beneficiary.



2721 NORTH CENTRAL AVENUE, PHOENIX, ARIZONA 85004-1172
(866) 641-9999

**NO ANNUAL DIVIDENDS
WHOLE LIFE INSURANCE POLICY
BENEFIT PAYABLE UPON INSURED'S DEATH
PREMIUMS PAYABLE DURING LIFETIME OF INSURED**



Christian Fidelity
Life Insurance Company

Administrative Office:
2721 North Central Ave.
Phoenix, Arizona 85004-1172
(866) 641-9999

NOTICE CONCERNING COVERAGE 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

or

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

The state law that provides for this safety-net coverage is called the Arkansas Life and Health Insurance Guaranty Association Act (“Act”). Below is a brief summary of this 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 holding 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;
 - Employer's 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 nonaffiliated 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 these benefits could be provided out of the assets of the impaired or insolvent insurer.



2721 NORTH CENTRAL AVENUE, PHOENIX, ARIZONA 85004-1172
 (866) 641-9999

STATEMENT OF POLICY COST AND BENEFIT INFORMATION

Plan Description

[Limited Premium Whole Life Insurance]

Name of Owner

[Joan Doe]

Name of Insured

[John Doe]

Insured's Date of Birth

[1/15/1945]

Policy Date

[6/1/2010]

Face Amount

[\$50,000]

Risk Class

[Non-Tobacco]

Date Prepared

[6/1/2010]

Policy Number

[9876543210]

Insured's Gender

[Male]

Insured's Issue Age

[65]

Producer

[Albert Agent]

Producer Address

[1234 Main Street]

[Suite 123]

[Phoenix, AZ 85004]

Producer Telephone Number

[(123) 456-7890]

Inquiries regarding this Policy should be directed to your Producer or to Our Home Office.

PROJECTED POLICY VALUES

AGE	POLICY YEAR	PREMIUM	END OF YEAR CASH VALUES	BEGINNING OF YEAR DEATH BENEFIT*
[66]	1	[\$570.00]	[\$0	[\$10,000.00
[67]	2	[\$570.00]	22.50	10,000.00
[68]	3	[\$570.00]	340.80	10,000.00
[69]	4	[\$570.00]	664.40	10,000.00
[70]	5	[\$570.00]	993.00	10,000.00
[71]	6	[\$570.00]	1,325.00	10,000.00
[72]	7	[\$570.00]	1,657.90	10,000.00
[73]	8	[\$570.00]	1,989.80	10,000.00
[74]	9	[\$570.00]	2,321.10	10,000.00
[75]	10	[\$570.00]	2,652.20	10,000.00
[85]	20	[\$570.00]	5,687.10	10,000.00
121	[56]	[\$570.00]	10,000.00]	10,000.00]

*If the Insured commits suicide within [two] years from the Policy Date, while sane or insane, the Death Benefit will be limited to the premiums paid less any Indebtedness.

	END OF YEAR	SURRENDER COST INDEX	NET PAYMENT INDEX
[BASIC POLICY]	10	[25.51]	[73.80]
[BASIC POLICY]	20	[23.05]	[45.73]

The indices are useful for the comparison of the relative costs of two or more similar policies. Such index does not necessarily define true cost but is presented as a means of comparison. A low index number represents a better value than a higher one. An explanation of the intended use of these indices is provided in the Life Insurance Buyer's Guide.

The life insurance interest adjusted surrender cost index is the average annual premium minus the average annual yearly cash value increase for the period, all adjusted for interest.

The Effective Policy Loan Annual Percentage Interest Rate is [7.4]%, payable in advance.

This is a non-participating Policy. No dividends are payable under this Policy.

CERTIFICATE OF COMPLIANCE

I, Jan Riedell, Secretary, certify that the forms in this submission comply with all laws, rules bulletins and published guidelines applicable to this particular type of form in the State of Arkansas.



Jan Riedell
Secretary

11-17-11

Date