

SERFF Tracking Number: AMFA-126974269 State: Arkansas
 Filing Company: Ameritas Life Insurance Corp. State Tracking Number: 47964
 Company Tracking Number: 2703 ALIC SPIA
 TOI: A05I Individual Annuities- Immediate Non- Variable Sub-TOI: A05I.000 Annuities - Immediate Non-variable
 Product Name: 2703 - ALIC SPIA
 Project Name/Number: 2703 - ALIC SPIA /2703 - ALIC SPIA

Filing at a Glance

Company: Ameritas Life Insurance Corp.

Product Name: 2703 - ALIC SPIA SERFF Tr Num: AMFA-126974269 State: Arkansas
 TOI: A05I Individual Annuities- Immediate Non- Variable SERFF Status: Closed-Approved- Closed State Tr Num: 47964
 Sub-TOI: A05I.000 Annuities - Immediate Non- variable Co Tr Num: 2703 ALIC SPIA State Status: Approved-Closed
 Filing Type: Form Reviewer(s): Linda Bird
 Authors: Cindy Meyer, Teri Tran Disposition Date: 02/22/2011
 Date Submitted: 02/11/2011 Disposition Status: Approved-Closed
 Implementation Date Requested: 05/01/2011 Implementation Date:
 State Filing Description:

General Information

Project Name: 2703 - ALIC SPIA Status of Filing in Domicile: Authorized
 Project Number: 2703 - ALIC SPIA Date Approved in Domicile: 02/07/2011
 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: 02/22/2011
 State Status Changed: 02/22/2011
 Deemer Date: Created By: Teri Tran
 Submitted By: Teri Tran Corresponding Filing Tracking Number:
 Filing Description:
 RE: Ameritas Life Insurance Corp.
 NAIC NO.: 0943-61301
 FEIN NO.: 47-0098400

FORMS: 2703 -- Single Premium Immediate Annuity
 QRPE 5-11 -- Qualified Retirement Plan Endorsement
 UN 1386 5-11 -- Application for Single Premium Immediate Annuity

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We hereby submit the forms listed above for your review and approval. Annuity policy 2703 is a new form and does not replace any previously approved form. Endorsement QRPE 5-11 will be attached to the policy for the purpose of conforming it to the provisions of the IRS Code, Sections 401(a) and 401(k). Application UN 1386 5-11 is a new application to be used for this Single Premium Immediate Annuity. These forms will become effective on May 2, 2011 or upon approval, whichever is later.

The following is a list of the previously approved forms that will be used with this product:

Form Number/Name -- Date Approved -- Tracking Number

AEIRA01 – IRA Endorsement -- 02/17/2010 -- 44820

AEROTH01 – ROTH Endorsement -- 02/17/2010 -- 44820

AESIRA01 – SIMPLE Endorsement -- 02/17/2010 -- 44820

UE 11-10 – Unisex Endorsement* -- 11/09/2010 -- 47223

(*UE 11-10 was submitted and approved for use with Life products. We now request it be allowed for use with Annuity products.)

2703 – Single Premium Immediate Annuity

This is a fixed annuity used to provide guaranteed periodic payments based on the annuity option selected and the amount of the single premium.

Issue Ages: 0 – 85 (86 – 90 with Home Office approval)

Minimum Premium: \$5,000

Maximum Premium: \$1,000,000 (Premiums over \$1,000,000 may be issued with Home Office approval)

There is an unrestricted market for which this product is intended. The policy will be marketed on an individual basis. There is no limitation on the use of the form by certain agents.

QRPE 5-11 – Qualified Retirement Plan Endorsement

This endorsement is created pursuant to ERISA requirements for plans qualifying for special tax treatment under Section 401 of the IRS Code of 1986. It does not replace any previously approved form.

UN 1386 5-11 – Application for Single Premium Immediate Annuity

This application is newly created for use with the Single Premium Immediate Annuity. It does not replace any previously approved form.

We request that certain items be considered variable text. A Statement of Variability, which explains these variable fields and provides any ranges or applicable replacement text, is attached under Supporting Documentation.

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No part of this filing contains any unusual or possibly controversial items from normal company or industry standards.

Since our printers use various fonts and layouts, we reserve the right to format the pages to conform to the printer's requirements. No change in language will occur, only a possible page break, or renumbering of a page.

If you have any questions regarding this submission, please do not hesitate to contact me at 1-800-745-1112, extension 87899, via fax 402-467-7956, or e-mail ttran@ameritas.com.

Sincerely,

Teri Tran, FLMI, ACS
Contract Analyst

Company and Contact

Filing Contact Information

Teri Tran, Contract Analyst
5900 O Street
P O Box 81889
Lincoln, NE 68501-1889

ttran@ameritas.com
800-745-1112 [Phone] 87899 [Ext]
402-467-7956 [FAX]

Filing Company Information

Ameritas Life Insurance Corp.
5900 O Street
P O Box 81889
Lincoln, NE 68501-1889
(800) 756-1112 ext. [Phone]

CoCode: 61301 State of Domicile: Nebraska
Group Code: 943 Company Type:
Group Name: State ID Number:
FEIN Number: 47-0098400

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: \$50.00 for Annuity Submission (policy and related forms)

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Variable
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Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Ameritas Life Insurance Corp.	\$50.00	02/11/2011	44630646
Ameritas Life Insurance Corp.	\$100.00	02/18/2011	44853142

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Disposition

Disposition Date: 02/22/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Statement of Variability		Yes
Form	Single Premium Immediate Annuity		Yes
Form	Qualified Retirement Plan Endorsement		Yes
Form	Application for Single Premium Immediate Annuity		Yes

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 02/18/2011
Submitted Date 02/18/2011
Respond By Date 03/18/2011

Dear Teri Tran,

This will acknowledge receipt of the captioned filing.

Objection 1

Comment: Regulation 57 was revised effective January 2010, the filing fee is now \$50.00 per form. We will hold your filing in a pending status until the additional \$100.00 is received.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

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Response Letter

Response Letter Status Submitted to State
Response Letter Date 02/18/2011
Submitted Date 02/18/2011

Dear Linda Bird,

Comments:

Thank you for the clarification on the filing fees.

Response 1

Comments: I have submitted an additional \$100.00 to cover the 3 forms submitted for review.

Related Objection 1

Comment:

Regulation 57 was revised effective January 2010, the filing fee is now \$50.00 per form. We will hold your filing in a pending status until the additional \$100.00 is received.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

If you have any questions, please do not hesitate to contact me.

Sincerely,
Cindy Meyer, Teri Tran

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Form Schedule

Lead Form Number: 2703

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	2703	Policy/Cont Single Premium ract/Fratern Immediate Annuity al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		51.000	2703.pdf
	QRPE 5-11	Policy/Cont Qualified Retirement ract/Fratern Plan Endorsement al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		52.000	QRPE 5-11.pdf
	UN 1386 5-11	Application/ Application for Single Enrollment Premium Immediate Form Annuity	Initial		45.000	UN 1386 5-11-Bracketed.pdf



5900 O Street
Lincoln, NE 68501

Client Service Office



[800-745-1112]
Fax: [402-467-7335]



[PO Box 81889
Lincoln, NE 68501]

Annuitant(s): [John Doe]
[Jane Doe]

Owner(s): [John Doe]
[Jane Doe]

Policy Number: [0123456789]

We will pay the *annuity payment* amount, subject to the terms of this policy.

LOOK AT THE APPLICATION FORMS. This policy is issued based on payment of the premium and the answers in the application (see copy attached). If all answers are not true and complete, this policy may be affected.

PLEASE READ THIS POLICY CAREFULLY. This policy is a legal contract between *you* and Ameritas Life Insurance Corp.

20-DAY RIGHT TO EXAMINE THIS POLICY. It is important to *us* that *you* are satisfied with this policy. *You* have 20 days to review this policy after *you* receive it. If this policy is a replacement for an existing policy, *you* have 30 days to review this policy after *you* receive it. If *you* are not satisfied, *you* may send it back to *us* or give it to *our* agent. In such case, this policy will be void from the beginning. *We* will refund the premium paid within 10 days after this policy is returned.

AMERITAS LIFE INSURANCE CORP.

[ SPECIMEN  SPECIMEN]

[President Secretary]

Single Premium Immediate Annuity
Nonparticipating

[www.ameritas.com]

TABLE OF CONTENTS

POLICY SCHEDULE	3
DEFINITIONS	4
OWNERSHIP	4
ANNUITY PROVISIONS	4
DEATH PROVISIONS	4
Death of Owner	4
Death of Annuitant	4
Notification and Payment Requirements Upon Death	5
Beneficiary	5
GENERAL PROVISIONS	5
Entire Contract	5
Nonparticipating Policy	5
Assignment	5
Misstatement of Age or Gender	6
Proof of Survival	6
Basis of Values	6
Policy Termination.	6

POLICY SCHEDULE

Policy Number: [0123456789]
Owner(s): [John Doe]
[Jane Doe]
Annuitant: [John Doe]
Annuitant Issue Age and Gender: [65, Male]
[Joint Annuitant: Jane Doe]
[Joint Annuitant Issue Age and Gender: 64, Female]
Policy Date: [January 1, 2011]
Single Premium: \$[50,000.00]
Annuity Payment: \$[277.60]
Frequency of Payment: [Monthly]
First Payment Date: [February 1, 2011]
Annuity Option: [Life - non-refund

We will make annuity payments during the annuitant's lifetime with no minimum number of payments guaranteed.]

This is a single premium immediate annuity. *Annuity payments* will be paid, subject to the terms of this policy.

DEFINITIONS

(Defined terms appear in italics throughout this policy.)

ANNUITY PAYMENTS. Means the series of payments that will be made pursuant to the annuity option selected by *you*.

ISSUE AGE. Means the *annuitant's* age as of the birthday nearest to the policy date.

PAYEE. Means the recipient of *annuity payments*. *You* are the *payee* unless *you* specify a different *payee* by *written notice*. The number of permissible *payees* is subject to *our* approval.

WE, US, OUR. Means Ameritas Life Insurance Corp.

WRITTEN NOTICE. Means written information *we* have received which is signed by *you* and is acceptable to *us*.

YOU, YOUR. Means the owner as shown on the policy schedule unless changed.

OWNERSHIP

As long as an annuitant is living, *you* may exercise any policy rights. *Your* rights will be subject to any assignment, and to the rights of any irrevocable beneficiary.

Joint owners can own the policy. The signature of all owners is required to exercise any contractual rights.

A change of owner may be made at any time by *written notice*. It will take effect on the date *we* receive *written notice*. A change of owner will automatically revoke any prior owner designation.

ANNUITY PROVISIONS

We will make *annuity payments* to the *payee*, according to the annuity option shown on the policy schedule, beginning on the first payment date, subject to the Death Provisions.

If the amount of the *annuity payment* will depend on the *issue age* or gender of the annuitant, *we* reserve the right to request adequate proof of the annuitant's *issue age* and gender (or joint annuitant's, if any). *We* reserve the right to delay *annuity payments* until acceptable proof is received.

DEATH PROVISIONS

DEATH OF OWNER. If an owner dies before the first payment date, the single premium will be paid to the beneficiary. If an owner dies after the first payment date, the remaining *annuity payments*, if any, as provided under the annuity option shown on the policy schedule, will continue to be paid to the beneficiary at least as rapidly as under the method of distribution then being used.

DEATH OF ANNUITANT. If an annuitant dies before the first payment date and there is:

- (1) a surviving joint annuitant, the *annuity payments* will be adjusted so that they equal what would have been paid under a single life annuity where the annuitant is the same surviving joint annuitant.
- (2) no surviving joint annuitant, the owner will receive the guaranteed *annuity payments*, if any, as specified in the annuity option shown on the policy schedule.

If an annuitant dies after the first payment date, the remaining *annuity payments*, if any, as provided under the annuity option shown on the policy schedule, will be paid to the beneficiary.

NOTIFICATION AND PAYMENT REQUIREMENTS UPON DEATH. *We* may require due proof of death of the owner, annuitant, or beneficiary before making any payments under the Death Provisions. Due proof of death will be one of the following:

- (1) a certified death certificate;
- (2) a certified decree of a court of competent jurisdiction as to the findings of death; or
- (3) any other proof satisfactory to *us*.

We will pay in compliance with applicable state and federal laws. This includes, but is not limited to, compliance with the Internal Revenue Code, as amended; in particular, section 72(s).

BENEFICIARY. Unless *your* beneficiary designation provides otherwise, *we* will follow these rules:

- (1) *We* will pay:
 - (a) equal shares to the surviving primary beneficiaries or if there are none,
 - (b) equal shares to the surviving contingent beneficiaries or if there are none,
 - (c) to *your* estate.
- (2) No revocable beneficiary has rights in this policy until the owner dies.
- (3) An irrevocable beneficiary cannot be changed without his or her consent.
- (4) The interest of any beneficiary is subject to the rights of any assignee shown on *our* records.
- (5) When beneficiaries are not shown by name (such as “children”), *we* may find who they are from sworn statements and not wait for court records.

Unless *your* beneficiary designation provides otherwise, if one (or more) of the beneficiaries is deceased and the percentage allocation is unequal, then the deceased beneficiary’s percentage will be divided proportionately amongst the remaining beneficiaries.

Unless an irrevocable beneficiary designation has been made, *you* may change the beneficiary at any time by *written notice* to *us*. *We* must approve any change. If approved, it will take effect on the date the *written notice* was received by *us*. *We* will not be liable for any payments *we* make or actions *we* take before the change is approved.

GENERAL PROVISIONS

ENTIRE CONTRACT. This policy is a legal contract that *you* have entered into with *us*. The entire contract consists of this policy and the attached copy of the application. Statements made in the application for issuance are representations and not warranties.

Any change in the contract must be written and signed by *our* President, or a Vice President, or the Secretary, or the Assistant Secretary. No one else is authorized to bind *us*. At *your* request, *we* may make payments in a manner acceptable to *us*.

NONPARTICIPATING POLICY. This policy is nonparticipating. No dividends will be paid under this policy.

ASSIGNMENT. *You* may assign this policy by giving *written notice*. *We* will not be responsible for the validity of an assignment. *We* will not be liable for any payments *we* make or actions *we* take before *we* receive *written notice* of an assignment.

MISSTATEMENT OF AGE OR GENDER. If the age or gender of an annuitant has been misstated, the benefits will be those which the premium would have purchased for the correct age and gender. If we have made incorrect *annuity payments*, we will adjust future payments. The adjustments will reflect any overpayment or underpayment. The adjustments will be based on the interest rate used to determine the *annuity payments*.

PROOF OF SURVIVAL. We have the right to require proof that the annuitant, owner or beneficiary is living before making a payment.

BASIS OF VALUES. This policy has no cash or loan values.

POLICY TERMINATION. This policy will terminate upon the occurrence of any of the following events:

- (1) the last *annuity payment*; or
- (2) the policy is returned under the Right to Examine Policy provision.

Single Premium Immediate Annuity
Nonparticipating

Ameritas Life Insurance Corp.

QUALIFIED RETIREMENT PLAN ENDORSEMENT

PURPOSE. This endorsement is attached to and made a part of *your* annuity contract. It is intended to conform the contract to the provisions of the Internal Revenue Code of 1986, as amended ("Code"), for plans qualifying for special tax treatment under Sections 401, 403(a) and 403(b) of the Code. If there is a conflict between the terms of the contract and the terms of this endorsement, the endorsement controls. The contract may be amended from time to time to comply with the legal requirements deemed by *us* to be necessary to establish or maintain the qualified status of such pensions or profit-sharing plan.

CHANGE OF OWNERSHIP. This contract is issued to or purchased by the trustee of a qualified pension or profit sharing plan. The ownership of this contract may be changed only if the new owner is: (a) the annuitant, (b) a trustee or successor trustee of a pension or profit-sharing trust which is qualified under Section 401 of the Code, or (c) the employer of the annuitant provided that the contract after transfer is maintained under the terms of a retirement plan qualified under Section 401 or 403(a) of the Code for the benefit of the annuitant. Notice of the change must be by *written notice* in a form acceptable to *us* and received at *our* home office.

ENTIRE CONTRACT. *We* are not a party to, nor are *we* bound by, any plan or trust in connection with this contract. The terms of this contract shall govern *our* rights and duties, notwithstanding any contrary terms of any such plan or trust. *We* shall be under no obligation under or by reason of issuance of this contract either: (a) to determine whether any payments, distributions or transfers comply with any plan or trust or with applicable laws, or (b) to administer any plan or trust.

NONTRANSFERABILITY. If *you* are not the trustee of a trust qualified under Section 401 of the Code, *you* may not sell, assign, discount or pledge this contract as collateral for a loan or to secure the performance of any obligation or of any purpose to any person other than to *us*.

CLAIMS OF CREDITORS. Except as otherwise provided in this contract, neither the annuitant nor the beneficiary may commute, anticipate, assign or otherwise encumber any amounts to be paid in settlement of this contract. To the extent allowed by law, no such amount shall be subject to any legal process in payment of any claim against the annuitant or beneficiary.

AMERITAS LIFE INSURANCE CORP.

[ SPECIMEN  SPECIMEN]

[President Secretary]



Application for Single Premium Immediate Annuity

Please print clearly in black ink. This form will be photocopied.

1. Policyowner If a Trust, give Trustee name and Trust date. All correspondence will be sent to this address. A copy of the trust should be submitted with the application.

U.S. Citizen: Yes No Sex: M F

Full Name _____ Date of Birth _____

Social Security # or Tax I.D. Number _____ Date of Trust _____

Address _____ Day Phone _____

City/State/ZIP _____ E-mail _____

JOINT OWNER (Optional)

U.S. Citizen: Yes No Sex: M F

Full Name _____ Date of Birth or Trust _____

Social Security # or Tax I.D. Number _____ Relationship to Owner _____

Address _____ Day Phone _____

City/State/ZIP _____ E-mail _____

2. Annuitant If other than owner.

Full Name _____ U.S. Citizen: Yes No Sex: M F

Social Security # or Tax I.D. Number _____ Date of Birth or Trust _____

Address _____ Relationship to Owner _____

City/State/ZIP _____ Day Phone _____

JOINT ANNUITANT (Optional)

Full Name _____ U.S. Citizen: Yes No Sex: M F

Social Security # or Tax I.D. Number _____ Date of Birth or Trust _____

Address _____ Relationship to Owner _____

City/State/ZIP _____ Day Phone _____

3. Beneficiary If joint owner, both owners must be named primary beneficiaries. If left blank, the beneficiary will be the estate of the Owner. Unless otherwise indicated, multiple beneficiaries of the same class shall be paid equally to the survivor or survivors. Please provide full names.

PRIMARY _____ Social Security # _____

Relationship to Owner _____ Date of Birth _____

CONTINGENT _____ Social Security # _____

Relationship to Owner _____ Date of Birth _____

4. Annuity Type

Plan Type

Type of Transfer

- | | | |
|--|---|--|
| <input type="checkbox"/> Nonqualified | <input type="checkbox"/> 408(k) SEP-IRA | <input type="checkbox"/> 1035 Exchange |
| <input type="checkbox"/> 401(a) Pension/Profit Sharing | <input type="checkbox"/> 408(p) SIMPLE IRA | <input type="checkbox"/> Direct Transfer |
| <input type="checkbox"/> 401(k) Profit Sharing | <input type="checkbox"/> 408A ROTH IRA (Regular Contribution) | <input type="checkbox"/> Direct Rollover |
| <input type="checkbox"/> 408(b) IRA | <input type="checkbox"/> _____ | <input type="checkbox"/> Roth Conversion |

NOTE FOR ARIZONA RESIDENTS: On written request, we will provide, within a reasonable time, reasonable factual information regarding the benefits and provisions of the policy for which you are applying. If you are not satisfied, you may return the policy to us or the selling agent within ten days of the date of delivery of the policy (thirty days if you are age 65 or older). The amount of the refund will be equal to that permitted by Arizona Insurance Code.

9. For your protection, please read the following notice:

In several states other than those listed below, we are required to warn you of the following: Subject to the incontestability provisions of the policy, any person who knowingly and with intent to defraud provides false, incomplete, or misleading information in an application for insurance, or who knowingly presents a false or fraudulent claim for payment of a loss or benefit, is guilty of a crime and may be subject to fines and criminal penalties, including imprisonment. In addition, insurance benefits may be denied if false information provided by an applicant is materially related to a claim.

Note for Colorado Residents: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud The Company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Note for Florida Residents: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Note for Georgia, Kansas, Nebraska, Texas and Washington Residents: Any person who knowingly and with intent to defraud provides false, incomplete, or misleading information in an application for insurance, or who knowingly presents a false or fraudulent claim for payment of a loss or benefit, may be guilty of a crime and may be subject to fines and criminal penalties, including imprisonment. In addition, insurance benefits may be denied if false information provided by an applicant is materially related to a claim.

Note for Maine Residents: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

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

Note for Massachusetts Residents: Subject to the incontestability provisions of the policy, any person who knowingly and with intent to defraud provides false, incomplete, or misleading information in an application for insurance, or who knowingly presents a false or fraudulent claim for payment of a loss or benefit, is guilty of a crime and may be subject to fines and criminal penalties, including imprisonment. In addition, insurance benefits may be denied if false information provided by an applicant is materially related to a claim.

Note for Minnesota and Vermont Residents: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

Note for New Hampshire Residents: Any reference to "spouse" is defined to include partners to a civil union. The Federal Defense of Marriage Act states that civil union partners are not considered married under federal law. Therefore, the favorable tax treatment provided by federal tax law to a surviving spouse is NOT available to a surviving civil union partner. For information regarding federal tax laws, please consult a tax advisor.

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

Note for Oklahoma Residents: Subject to the incontestability provisions of the policy, any person who knowingly and with intent to defraud provides false, incomplete, or misleading information in an application for insurance, or who knowingly presents a false or fraudulent claim for payment of a loss or benefit, is guilty of a crime and may be subject to fines and criminal penalties, including imprisonment.

Note for Oregon Residents: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

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

10. Acknowledgment

- 1. I (We) hereby represent to the best of my (our) knowledge and belief that each of the statements and answers contained above are full, complete, and true.
- 2. I (We) certify that the Social Security or taxpayer identification number shown above is correct.

Dated at _____ (City) _____ (State) On this Date _____

X _____
Signature of Owner

X _____
Signature of Joint Owner (if applicable)

X _____
Signature of Annuitant if other than Owner

X _____
Signature of Joint Annuitant If other than Joint Owner (if applicable)

Title of Officer or Trustee(s)

Title of Officer or Trustee(s)

11. Producer's Statement (Must check appropriate box)

- a. To your knowledge does the Owner (Applicant) have any existing policies of life or annuity? Yes No
- b. Do you have any knowledge or reason to believe that replacement of existing life insurance or annuity coverage may be involved? Yes No
(If yes, give details in Section 7 and complete any state required replacement forms.)
- c. Did you see the Proposed Owner at the time of application completion? Yes No

You must obtain a copy of a government-issued picture form of identification (I.D.) for each owner and submit it with this application. Examples of acceptable forms are: Driver's License, Passport, Military I.D., Green Card.

If it is not possible to obtain a copy, you must provide the following information:

Form of I.D. used for Owner _____ I.D. # _____ Expiration Date _____
Form of I.D. used for Joint Owner (if applicable) _____ I.D. # _____ Expiration Date _____

What was or will be the source of funds used to apply for the policy?

Checking Account Savings Account Proceeds from Investments Inheritance Other _____

I certify that the information provided by the Owner has been accurately recorded. **For MN residents, I have delivered the Minnesota Guaranty Notice.** I have reasonable grounds to recommend the purchase of the policy as suitable for the Owner.

X _____
Signature of Agent/Producer _____ Date _____

Print Name Here _____ / _____
Agent Code / Percentage Florida License I.D. # _____ Agency or Broker/Dealer _____

X _____
Signature of Agent/Producer _____ Date _____

Print Name Here _____ / _____
Agent Code / Percentage Florida License I.D. # _____ Agency or Broker/Dealer _____

12. Policy Delivery If not completed, policy will be sent to Owner.

Send to: Owner Agent/Producer

13. Producer/Dealer Information

Agent/Producer Name (please print) _____ Agent Code _____ Situation # _____

Agent/Producer Name (please print) _____ Agent Code _____ Situation # _____

Agency/Broker/Dealer (please print) _____ Agent Code _____ Situation # _____

14. Questions? If ALIC has questions concerning this application, whom should we call at your office?

Agent/Producer remarks and special instructions:

Name (please print) _____ Phone _____ Fax _____

If you have questions completing this application or any other supporting documentation, please call: **1-800-745-1112**. E-mail _____

15. Mail Application To:

Ameritas Life Insurance Corp.
P.O. Box 81889
Lincoln, NE 68501-1889
Fax#: 402-467-7335
www.ameritas.com

Overnight Deliveries:
Ameritas Life Insurance Corp.
5900 O Street
Lincoln, NE 68510

SERFF Tracking Number: AMFA-126974269 State: Arkansas
Filing Company: Ameritas Life Insurance Corp. State Tracking Number: 47964
Company Tracking Number: 2703 ALIC SPIA
TOI: A051 Individual Annuities- Immediate Non- Variable Sub-TOI: A051.000 Annuities - Immediate Non-variable
Product Name: 2703 - ALIC SPIA
Project Name/Number: 2703 - ALIC SPIA /2703 - ALIC SPIA

Supporting Document Schedules

Item Status: **Status**
Date:

Satisfied - Item: Flesch Certification

Comments:

Attachment:

Readability Certification-AR.pdf

Item Status: **Status**
Date:

Satisfied - Item: Statement of Variability

Comments:

Attachment:

2703-Statement of Variability.pdf

STATE OF ARKANSAS

CERTIFICATION OF READABILITY

INSURER: Ameritas Life Insurance Corp.

Ameritas Life Insurance Corp. hereby certifies that this filing achieves a Flesch Reading Ease Test Score as stated below:

Form Number	Form Title	Flesch Score
2703	Single Premium Immediate Annuity	51
QRPE 5-11	Qualified Retirement Plan Endorsement	52 when scored with policy
UN 1386 5-11	Application for Single Premium Immediate Annuity	45 when scored with policy



SIGNATURE:

TYPED NAME:

Robert G. Lange
Vice President, General Counsel & Assistant Secretary

DATE:

February 11, 2011

Ameritas Life Insurance Corp.
Statement of Variability
2703 – Single Premium Immediate Annuity

POLICY COVER: The following information is bracketed on the policy cover.

1. (a) **Client Service Office Phone Number**
- (b) **Client Service Office Fax Number**
- (c) **Client Service Office Address**
- (d) **Annuitant(s)**
- (e) **Owner(s)**
- (f) **Policy Number**

Items 1(a) through 1(f) are personalized to the policy purchased. They are included as John Doe specimen information in the submitted policy.

- (g) **Officer Signatures and Titles**
- (h) **Website Address**

POLICY SCHEDULE – PAGE 3: The following information is bracketed on the schedule page. This information is personalized to the policy purchased. It is included as John Doe specimen information in the submitted policy.

2. (a) **Policy Number**
- (b) **Owner(s)**
- (c) **Annuitant**
- (d) **Annuitant Issue Age and Gender**
- (e) **Joint Annuitant**
- (f) **Joint Annuitant Issue Age and Gender**
- (g) **Policy Date**
- (h) **Single Premium**
- (i) **Annuity Payment**
- (j) **Frequency of Payment**
- (k) **First Payment Date**
- (l) **Annuity Option:** One of the following Annuity Options will be shown on the policy schedule based on the annuity option selected on the application. For those options with a guaranteed period, the number of years which can be selected ranges from a minimum of 5 to a maximum of 20. This range is bracketed within each applicable option described below.

- (1) [Life – Non-Refund

We will make annuity payments during the annuitant's lifetime with no minimum number of payments guaranteed.]

- (2) [Life Annuity with Guaranteed Period of [5, 10, 15, 20] Years

We will make annuity payments for the guaranteed period selected by you, and continue them for the annuitant's lifetime.]

- (3) [Life Annuity with Installment Refund

We will make annuity payments until the total amount paid equals the single premium shown above, and continue them during the annuitant's lifetime. If the annuitant dies before the total amount paid equals the single premium shown above, we will continue to make annuity payments to the beneficiary until the total amount paid equals the single premium shown above.]

- (4) [Life Annuity with Cash Refund

We will make annuity payments during the annuitant's lifetime and if the annuitant dies before the total amount paid equals the single premium shown above, we will make a lump sum payment to the beneficiary equal to the difference.]

(5) [Guaranteed Period of [5-20] Years

We will make annuity payments for the guaranteed period selected by you. Payments will cease at the end of the guaranteed period.]

(6) [Joint and Survivor Life Annuity Non-Refund

We will make annuity payments during the joint lifetime of the annuitants and then during the lifetime of the surviving annuitant, with no minimum number of payments guaranteed.]

(7) [Joint and Survivor Life Annuity Non-Refund 1/2

We will make annuity payments during the joint lifetime of the annuitants and then reducing to 1/2 of the annuity payment during the lifetime of the surviving annuitant, with no minimum number of payments guaranteed.]

(8) [Joint and Survivor Life Annuity Non-Refund 2/3

We will make annuity payments during the joint lifetime of the annuitants and then reducing to 2/3 of the annuity payment during the lifetime of the surviving annuitant, with no minimum number of payments guaranteed.]

(9) [Joint and Survivor Life Annuity with Guaranteed Period of [5, 10, 15, 20] Years

We will make annuity payments for the guaranteed period selected by you. We will continue payments during the joint lifetime of the annuitants and then during the lifetime of the surviving annuitant.]

(10) [Joint and Survivor Life Annuity with Installment Refund

We will make annuity payments until the total amount paid equals the single premium shown above. If both annuitants die before the total amount paid equals the single premium shown above, we will continue to make annuity payments to the beneficiary until the total amount paid equals the single premium shown above.]

(11) [Joint and Survivor Life Annuity with Cash Refund

We will make annuity payments during the joint lifetime of the annuitants and then during the lifetime of the surviving annuitant. If both annuitants die before the total amount paid equals the single premium shown above, we will make a lump sum payment to the beneficiary equal to the difference.]

ENDORSEMENT (ORPE 5-11): The following information is bracketed on the endorsement.

3. (a) **Officer Signatures and Titles**

APPLICATION (UN 1386 5-11): The following information is bracketed on the application.

4. (a) **Page 1: Company Address**

(b) **Page 5 – Sections 12-15:** This page contains information completed by Agents/Producers for internal use only. It also contains our client service office phone number and mailing addresses. This entire page is bracketed to allow for changes as we deem necessary.