

SERFF Tracking Number: FNWW-126993655 State: Arkansas
Filing Company: Farmers New World Life Insurance Company State Tracking Number: 47757
Company Tracking Number: 2011 TIAA
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: TIAA Application and Agreement
Project Name/Number: 2011 TIAA/

Filing at a Glance

Company: Farmers New World Life Insurance Company

Product Name: TIAA Application and Agreement

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

SERFF Tr Num: FNWW-126993655

SERFF Status: Closed-Approved-Closed

Co Tr Num: 2011 TIAA

Authors: Christine Andreason, Peter Lindstrom

Date Submitted: 01/20/2011

State: Arkansas

State Tr Num: 47757

State Status: Approved-Closed

Reviewer(s): Linda Bird

Disposition Date: 03/03/2011

Disposition Status: Approved-Closed

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name: 2011 TIAA

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Deemer Date:

Submitted By: Peter Lindstrom

Filing Description:

January 20, 2011

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 03/03/2011

State Status Changed: 01/24/2011

Created By: Christine Andreason

Corresponding Filing Tracking Number: 2011 TIAA

NAIC NO.: 0212-63177

Re: Form No.:

31-5153 Application for Life Insurance Part 1

31-5167 e-Life Insurance Application

SERFF Tracking Number: FNWW-126993655 State: Arkansas
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TIAA Temporary Insurance Application and Agreement (TIAA)

Dear Sir or Madam:

We are submitting copies of the above referenced forms for your approval. All forms are in final format with the exception of subtle changes that may occur in font and pagination due to conversion to our mainframe and/or PC based forms systems.

These forms are intended to replace previously filed and approved Application for Life Insurance Part 1 and the e-Life Insurance Application. Our Temporary Insurance Application and Agreement (TIAA) is a new form. This form will only be used with the Application for Life Insurance Part 1 and the e-Life Insurance Application but not our Simple Application for Life Insurance. These forms are intended for use with all our permanent fixed and variable life policies. Only a few minor changes have been made to the previously approved forms. I have enclosed a Red-lined version of each form showing the changes made. These changes are list below:

1. The Temporary Insurance Eligibility Question has been removed from each application.
2. Our Temporary Insurance Agreement (TIA) Coverage section has been revised to increase the Temporary Insurance Coverage to the lesser of \$500,000 or the face amount of the policy.
3. The Temporary Insurance Agreement for Application for Life Insurance has been removed from the applications.
4. A new, separate Temporary Insurance Application and Agreement (TIAA) form will be used to apply for Temporary Insurance Coverage.

We will be attaching form 31-4226 the Fraud Warnings and Other Notices page to all of these application forms. Form 31-4226 was previously filed in your state with a similar application form.

No part of this filing contains any unusual or possibly controversial items from normal company or industry standards. We plan to introduce these forms in your state once approval has been received. These forms will be used by licensed representatives who are appointed with the company and may sell through our agency distribution systems.

In addition to the policy forms, this filing packet contains the required certifications and filing fees, if any. Washington, our state of domicile has no filing fee. To the best of our knowledge, these forms comply with the laws of your state and department. Please provide your approval of these forms. If you have any questions, please call me at 206-275-8131, or email me at peter.lindstrom@farmersinsurance.com.

Sincerely,

Pete Lindstrom
Contract Specialist

Company and Contact

SERFF Tracking Number: FNWW-126993655 State: Arkansas
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Filing Contact Information

Peter Lindstrom, Contract Specialist peter.lindstrom@farmersinsurance.com
 3003 77th Ave SE 206-275-8131 [Phone]
 Mercer Island, WA 98040 206-236-6526 [FAX]

Filing Company Information

Farmers New World Life Insurance Company CoCode: 63177 State of Domicile: Washington
 3003 77th Avenue S.E. Group Code: 212 Company Type: Life
 Mercer Island, WA 98040 Group Name: State ID Number:
 (206) 275-8131 ext. [Phone] FEIN Number: 91-0335750

Filing Fees

Fee Required? Yes
 Fee Amount: \$150.00
 Retaliatory? No
 Fee Explanation: 3 forms x \$50.00 = \$150.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Farmers New World Life Insurance Company	\$150.00	01/20/2011	43944643

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	03/03/2011	03/03/2011
Approved-Closed	Linda Bird	01/24/2011	01/24/2011

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	Temporary Insurance Application and Agreement (TIAA)	Peter Lindstrom	03/02/2011	03/02/2011
Supporting Document	corrected form TIAA	Peter Lindstrom	03/02/2011	03/02/2011

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Reopen Request	Note To Filer	Linda Bird	03/02/2011	03/02/2011
Reopen Request	Note To Reviewer	Christine Andreason	03/01/2011	03/01/2011

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Product Name: TIAA Application and Agreement
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Disposition

Disposition Date: 03/03/2011

Implementation Date:

Status: Approved-Closed

Comment: Correction made to previously approved form TIAA.

Rate data does NOT apply to filing.

SERFF Tracking Number: FNWW-126993655 State: Arkansas
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 Product Name: TIAA Application and Agreement
 Project Name/Number: 2011 TIAA/

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Statement of Variability		Yes
Supporting Document	Redlined forms		Yes
Supporting Document	corrected form TIAA		Yes
Form (<i>revised</i>)	Temporary Insurance Application and Agreement (TIAA)		Yes
Form	Temporary Insurance Application and Agreement (TIAA)	Replaced	Yes
Form	Application for Life Insurance Part 1		Yes
Form	eLife Insurance Application		Yes

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Product Name: TIAA Application and Agreement
Project Name/Number: 2011 TIAA/

Disposition

Disposition Date: 01/24/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: FNWW-126993655 State: Arkansas
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Statement of Variability		Yes
Supporting Document	Redlined forms		Yes
Supporting Document	corrected form TIAA		Yes
Form (<i>revised</i>)	Temporary Insurance Application and Agreement (TIAA)		Yes
Form	Temporary Insurance Application and Agreement (TIAA)	Replaced	Yes
Form	Application for Life Insurance Part 1		Yes
Form	eLife Insurance Application		Yes

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 Product Name: TIAA Application and Agreement
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Amendment Letter

Submitted Date: 03/02/2011

Comments:

During a recent review of our previously approved form TIAA, Farmers New World Life Insurance Company noticed a mistake in the wording found in the Agent’s Authorization section. In the Agent’s Authorization section the agent should certify that no answers to the questions are answered “Yes.” However, in our previously approved form we inadvertently inserted “No” instead of “yes” in the agent certification.

We have provided a revised TIAA and red-lined version showing the only change to our previously approved form. No other changes are made to the previously approved form. This change is needed to make the agent certification consistent with the terms of the TIAA application form requesting the Primary Proposed Insured and Additional Proposed Insured to answer questions one through five. If any of the five questions is answered “Yes” the TIAA is declined.

Please provide your approval of this new form.

Thank you,
 Pete Lindstrom

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
TIAA	Application/ETemporary Enrollment Form	Insurance Application and Agreement (TIAA)	Initial				55.290	TIAA - Gen 31-5174 Filing Master rev 3-11.pdf

Supporting Document Schedule Item Changes:

User Added -Name: corrected form TIAA

Comment: see our comments for this correction
 TIAA - Gen 31-5174 Correction rev 3-11.pdf

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Product Name: TIAA Application and Agreement
Project Name/Number: 2011 TIAA/

Note To Filer

Created By:

Linda Bird on 03/02/2011 08:01 AM

Last Edited By:

Linda Bird

Submitted On:

03/02/2011 08:01 AM

Subject:

Reopen Request

Comments:

Filing has been re-opened in order for corrections to be made.

SERFF Tracking Number: FNWW-126993655 *State:* Arkansas
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Company Tracking Number: 2011 TIAA
TOI: L08 Life - Other *Sub-TOI:* L08.000 Life - Other
Product Name: TIAA Application and Agreement
Project Name/Number: 2011 TIAA/

Note To Reviewer

Created By:

Christine Andreason on 03/01/2011 01:40 PM

Last Edited By:

Christine Andreason

Submitted On:

03/01/2011 01:40 PM

Subject:

Reopen Request

Comments:

During a recent review of our previously approved form TIAA, Farmers New World Life Insurance Company noticed a mistake in the wording found in the Agent's Authorization section. In the Agent's Authorization section the agent should certify that no answers to the questions are answered "Yes." However, in our previously approved form we inadvertently inserted "No" instead of "yes" in the agent certification.

The form has not been implemented yet.

Could you please reopen this filing so we can make this change.

Thanks,

Pete Lindstrom

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Form Schedule

Lead Form Number: Temporary Insurance Application and Agreement

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	TIAA	Application/Temporary Insurance Enrollment Form	Initial		55.290	TIAA - Gen 31-5174 Filing Master rev 3-11.pdf
	31-5153	Application/ Application for Life Enrollment Form	Initial		60.740	31-5153 Life App Part 1 - NAIC-Gen TIAA.pdf
	31-5167	Application/ eLife Insurance Enrollment Form	Initial		58.850	31-5167 e-Life App - NAIC-Gen TIAA.pdf

Farmers New World Life Insurance Company

Mercer Island Life Office: 3003 77th Ave. S.E., Mercer Island, WA 98040-2890 (206) 232-8400
 Columbus Life Office: P.O. Box 182325, Columbus, OH 43218-2325 (614) 764-9975
 Variable Policy Service Office: P.O. Box 724208, Atlanta, GA 31139 (877) 376-8008



FARMERS
LIFE INSURANCE

Application Number: _____

Temporary Insurance Application and Agreement (TIAA)

Name of Primary Proposed Insured: _____ Date of Birth: _____

Notice to Proposed Insured(s) and Proposed Owner

This Temporary Insurance Application and Agreement (TIAA) provides coverage in an amount limited to the amount applied for in the application for life insurance (Application) bearing the same number as the Application Number printed above (exclusive of riders or supplemental benefits) or **[\$500,000]**, whichever is less, and applies to the life of the Primary Proposed Insured and, if applicable the Additional Proposed Insured named in the Application. In the event of multiple pending applications on the Primary Proposed Insured or Additional Proposed Insured, the maximum amount of Temporary Insurance coverage available at any one time is **[\$500,000]** on any one life subject to the terms of this TIAA and regardless of the number of TIAAs on the Primary Proposed Insured or Additional Proposed Insured, if any. If children are included in the Application in the Children's Insurance Rider Information, coverage will be provided in the amount permitted and applied for under the Children's Insurance Rider without completion of the eligibility questions set forth below, except that no child under the age of 15 days shall be eligible. The Primary Proposed Insured, Additional Proposed Insured and children eligible under the Children's Insurance Rider may be referred to herein as "Any Proposed Insured" **Coverage under this TIAA begins on the Effective Date and ends on the Stop Date described below. No agent of Farmers New World Life Insurance Company (FNWL) has the authority to change the terms and conditions of this TIAA.**

Temporary Insurance Application

The Primary Proposed Insured and Additional Proposed Insured named in the Application must each answer the questions set forth below.

Terms of Eligibility

In order to qualify for Temporary Insurance:

- 1) The Primary Proposed Insured and Additional Proposed Insured must have completed and signed the Application;
- 2) The Primary Proposed Insured and Additional Proposed Insured and/or Proposed Owner, if different from the Primary Proposed Insured must have paid the first full modal premium; and
- 3) The Primary Proposed Insured and Additional Proposed Insured must truthfully answer the following five (5) questions "No."

If any of the following five (5) questions cannot be truthfully answered "No" for the Primary Proposed Insured or Additional Proposed Insured named in the Application or if any questions are left blank, no agent of FNWL is authorized to collect premiums associated with the Application and this TIAA and no life insurance coverage is in force by virtue of your Application or this TIAA for either the Proposed Insured or Additional Proposed Insured.

	Primary Proposed Insured		Additional Proposed Insured	
	Yes	No	Yes	No
1. Is any Proposed Insured less than 15 days old or more than 70 years old as of the date of the Application?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Has any Proposed Insured had or ever been told he/she had or consulted a physician for or received treatment for any of the following: disorder of the heart or blood vessels, angina, heart attack, stroke, cancer, tumor, Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or any other immunological disorder, drug dependency, or alcohol dependency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Within the past two years, has any Proposed Insured had any symptoms of, treatment for, or any medical condition that resulted in hospitalization for more than five days?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Has any Proposed Insured ever applied for insurance which has been declined, rated or modified in any way?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Within the past 90 days has any Proposed Insured been unable to perform the normal duties of his/her occupation for 15 or more working days because of health reasons?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Temporary Insurance Agreement

This Temporary Insurance Agreement provides for a death benefit limited to the amount applied for in the Application (exclusive of riders or supplemental benefits) or **{ \$500,000 }**, whichever is less. In the event of multiple pending applications on a Primary Proposed Insured or Additional Proposed Insured the maximum amount of Temporary Insurance coverage available at any one time is **{ \$500,000 }** on any one life. Temporary Insurance benefits will be paid, subject to the Limitations described below, upon presentation of due proof of death of Any Proposed Insured, occurring between the Effective Date and Stop Date of this Temporary Insurance Agreement and following any necessary investigation. The death benefit will be paid to the person(s) who would have received payment under the Policy applied for had it taken effect. In the event the Application is declined or withdrawn or this TIAA is cancelled for any reason, FNWL's only obligation will be to return the premium paid.

Terms and Conditions

Effective Date

Once the Terms of Eligibility have been met Temporary Insurance coverage begins on the date this TIAA is signed.

Effect of claim

In the event that a claim on the life of the Primary Proposed Insured is made under this TIAA, FNWL will refund the excess of premium paid, over that which would be solely attributable to the temporary coverage from the Effective Date to the date of death. This amount will be in addition to any amounts found to be payable under the terms of the TIAA. Any premium due will be deducted from the proceeds. In the event of multiple applications on Any Proposed Insured the maximum amount of Temporary Insurance coverage available at any one time is **{ \$500,000 }** on any one life. In the event of a claim on a child included in the Application in the Children's Insurance Rider Information, the amount of coverage will be provided in the amount permitted and applied for under the Children's Insurance Rider.

Stop Date

Temporary Insurance coverage ends when:

- A Policy takes effect as a result of the Application;
- The Proposed Policy Owner receives notice that either this TIAA or the Application has been declined; and in no case later than 12:01 A.M. Pacific Standard Time of the fifth day after FNWL has mailed a letter giving such notice; or
- FNWL receives the Proposed Policy Owner's signed request to cancel or withdraw either the Application or this TIAA.

Limitations

No Temporary Insurance benefits will be paid if the full first modal premium payment is not honored by the bank upon first presentation. If a material misrepresentation or omission of fact is made with respect to the Eligibility requirements above or the Primary Proposed Insured or Proposed Additional Insured dies by suicide, whether sane or insane, Temporary Insurance coverage will be void and FNWL's only obligation shall be to return the premium paid.

I (We) represent that: (1) I (we) have read and received a copy of this TIAA and agree to all of its terms and conditions; (2) I (we) understand and agree that no life insurance coverage, other than coverage provided by this TIAA, is in force by virtue of my Application, until a policy takes effect; (3) I (we) understand that purchasing Temporary Insurance coverage does not guarantee that FNWL will issue a policy on Any Proposed Insured's life; (4) I (we) understand that no agent of FNWL is authorized to change or waive the terms of the TIAA or collect premium if the Primary Proposed Insured or Additional Proposed Insured is ineligible for coverage under this TIAA; (5) I (we) have read, or have had read to me (us), and that I (we) understand the fraud warning and/or other notice listed on Form 31-4226 for my (our) state of residence, if any.

Primary Proposed Insured Signature
(or parent if Primary Proposed Insured is a juvenile)

Date of this TIAA

Proposed Policy Owner Signature and title, if applicable
(if other than Primary Proposed Insured)

Additional Proposed Insured Signature

Proposed Owner's Spouse Signature
(where required in community property states when a person other than Policy Owner's spouse is named as Primary Beneficiary)

Policy Co-Owner Signature and title, if applicable

Licensed Insurance Agent's Statement

Amount Remitted: \$ _____ Name of person from whom received: _____

On the date of this TIAA, I received the first modal premium in exchange for this TIAA. The TIAA bears the same date and number as the Application –I agree that I am not authorized to change or waive the terms of this TIAA and represent that I have not attempted to do so. **I further certify that I asked and accurately recorded the answers to the five (5) questions contained in the Terms of Eligibility and that neither the Primary Proposed Insured, nor the Additional Proposed Insured answered "Yes" to any of the questions listed.** I have read and explained the terms of this TIAA to the Proposed Insured(s) and Proposed Policy Owner. I have left a copy with the Proposed Policy Owner.

Licensed Insurance Agent Signature

Licensed Insurance Agent Code Number

Farmers New World Life Insurance Company

Mercer Island Life Office: 3003 77th Ave. S.E., Mercer Island, WA 98040-2890 (206) 232-8400
 Columbus Life Office: P.O. Box 182325, Columbus, OH 43218-2325 (614) 764-9975
 Variable Policy Service Office: P.O. Box 724208, Atlanta, GA 31139 (877) 376-8008



FARMERS
LIFE INSURANCE

Application Number: LA

Application for Life Insurance Part 1

A. Primary Proposed Insured				
Name of Primary Proposed Insured (<i>First/Middle/Last/Suffix i.e. Jr., Sr.</i>)				
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (<i>mm/dd/yyyy</i>)	Place of Birth (<i>State, Country</i>)	Social Security Number (SSN)	
Marital Status	Driver License Number	License Issue State	Height	Weight
Residence Address (<i>Street, City, State, Zip Code</i>)				
Billing Address (<i>Street, City, State, Zip Code</i>) (<i>if different from Residence Address</i>)				
Primary Telephone Number		Secondary Telephone Number		Primary Language Spoken (<i>if other than English</i>)
Occupation		Duties		Number of Years
Employer Name			Annual Income	Annual Household Income
Parent Name (<i>if Primary Proposed Insured is a juvenile and if other than Proposed Policy Owner</i>)				
B. Additional Proposed Insured				
Name of Additional Proposed Insured (<i>First/Middle/Last/Suffix i.e. Jr., Sr.</i>)				
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (<i>mm/dd/yyyy</i>)	Place of Birth (<i>State, Country</i>)	Social Security Number (SSN)	
Marital Status	Driver License Number	License Issue State	Height	Weight
Residence Address (<i>Street, City, State, Zip Code</i>)				
Occupation		Duties		Number of Years
Employer Name		Relationship to Primary Proposed Insured <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Other _____		
C. Proposed Policy Owner Complete only if other than the Primary Proposed Insured. <i>Note: Complete section C for Trust Ownership, Policy Co-Owner (optional) and Successor Policy Owner (optional).</i>				
Name of Proposed Policy Owner (<i>First/Middle/Last/Suffix i.e. Jr., Sr.</i>)				
Primary Telephone Number		Secondary Telephone Number		Primary Language Spoken (<i>if other than English</i>)
Relationship to Primary Proposed Insured <input type="checkbox"/> Business <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Other _____				
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (<i>mm/dd/yyyy</i>)	Place of Birth (<i>State, Country</i>)	Taxpayer ID Number or SSN	
Address (<i>Street, City, State, Zip Code</i>)				

D. Product Information Plans, Benefits, and Riders may not be available in all states. Benefits and Riders may not be available for all plans.

(See Product Guide for Product Information)

Plan _____ Face Amount \$ _____ <input type="checkbox"/> Standard <input type="checkbox"/> Preferred <input type="checkbox"/> Premier <input type="checkbox"/> Non-nicotine <input type="checkbox"/> Nicotine <input type="checkbox"/> Juvenile Accidental Death Benefit \$ _____ Guaranteed Insurability Benefit \$ _____ <i>(juvenile policy only)</i> <input type="checkbox"/> Waiver of Premium <i>(adult policy only)</i> <input type="checkbox"/> Payor/Owner Benefits <i>(juvenile policy only)</i> <input type="checkbox"/> Other/Additional Insured Insurance Amount \$ _____ Children's Insurance Rider _____ units <input type="checkbox"/> Accelerated Benefit Rider for Terminal Illness <i>(Complete disclosure form, if applicable)</i>	<i>Whole Life plans only - nonforfeiture options:</i> <input type="checkbox"/> Automatic Premium Loan <input type="checkbox"/> Extended Term Insurance <input type="checkbox"/> Reduced Paid-Up Insurance <i>Premier Whole Life only:</i> Excess Credit Option <input type="checkbox"/> Cash <input type="checkbox"/> Paid-Up Additions <input type="checkbox"/> Premium/Retirement Deposit Fund <input type="checkbox"/> Reduced Premium Single Premium Rider \$ _____ One-Year Term Rider \$ _____	<i>Universal Life plans only:</i> Death Benefit Option <i>(choose one)</i> <input type="checkbox"/> Increasing/Variable (A) <input type="checkbox"/> Level (B) <input type="checkbox"/> Automatic Increase Benefit <i>(select no more than one of the following)</i> <input type="checkbox"/> Waiver of Deduction <input type="checkbox"/> Monthly Disability Benefit \$ _____ per month <i>Level Term 2000 (20 and 30 year) only:</i> <input type="checkbox"/> Critical Illness Accelerated Benefit Rider \$ _____ Benefit Amount <i>(Complete disclosure form and Application Supplement)</i>
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E. Sales Illustration

Has the Proposed Policy Owner been provided a written illustration that conforms to this Application for life insurance coverage?
 Yes No

F. Payment and Billing Information A modal billing fee may apply for payments other than annual.

Total payment submitted with application: \$ _____

Billing Method:

<input type="checkbox"/> Bank Check Plan <i>monthly deduction</i> <i>(Complete a Bank Authorization form)</i>	<input type="checkbox"/> Farmers EasyPay number _____	<input type="checkbox"/> Direct Bill <i>(select desired frequency)</i>
<input type="checkbox"/> Government Allotment	<input type="checkbox"/> Folio/Agent Payroll Deduction	<input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual
<input type="checkbox"/> Other _____	<input type="checkbox"/> FIG/Farmers Employee Deduction	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly

Universal Life Plans: Planned Premium \$ _____ Lump Sum Payment \$ _____

Premium/Retirement Deposit Fund: Initial Payment \$ _____ Regular Payment \$ _____

G. Other Insurance In Force and Replacement

<i>Complete for all Proposed Insured(s). (Use "Other Remarks" in section P if necessary.)</i>	Primary Proposed Insured	Additional Proposed Insured
Is there any life insurance or annuity in-force or application pending on the life of any Proposed Insured? <i>If "Yes," complete required replacement form(s) and provide details below.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will any life insurance or annuity be reduced, replaced, or discontinued; or will payment of premiums be stopped if the insurance applied for is issued? <i>If "Yes," complete required replacement form(s) and provide details below.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Proposed Insured	Company Name	Life Amount	ADB Amount	Policy Number	Will Policy be Replaced?

Is the insurance applied for intended to be a 1035 Exchange? *If "Yes," complete 1035 Exchange forms.* Yes No

L. Supplementary Information <i>(Use appropriate "Additional Details" space in section P, if necessary.)</i>	Primary Proposed Insured	Additional Proposed Insured
1.a. Are you a United States Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.b. How long have you continuously resided in the United States?		
1.c. If not a United States Citizen, are you residing here legally with a Temporary (Non-immigrant) Visa or Permanent Resident Visa (Green Card)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.d. Visa Type and Expiry date:		
2. Have you, in the past five years, used Tobacco or Nicotine products in any form? <i>If "Yes," provide type of Tobacco/Nicotine product and date of last use:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you, in the past 10 years, had your driver's license suspended, revoked, or been convicted of reckless driving, or driving under the influence (DUI/DWI)? <i>If "Yes," provide date(s), type(s) of violation(s), and location (city and state):</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you, in the past 10 years, pled guilty or no contest to, or been convicted of a felony? <i>If "Yes," provide date(s) of conviction(s), type(s) of felony(ies), location (city and state), and date(s) of release from court supervision:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you, in the past two years, flown as a student pilot, pilot or crewmember (or do you plan to in the future)? <i>If "Yes," complete an aviation questionnaire.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you, in the past two years, on a professional or amateur basis, participated in airborne sports, motor powered racing, mountain or rock climbing, or scuba diving (or do you plan to in the future)? <i>If "Yes," complete the applicable questionnaire.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Within the next two years, do you plan to travel or work outside the United States? <i>If "Yes," provide destination, purpose, dates, and length of time:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Have you had an application for life, accident, or health insurance, or reinstatement of a policy, declined, postponed, cancelled, or issued other than as applied for? <i>If "Yes," provide date(s), type(s) of insurance, final action, and reason(s):</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

M. Beneficiary Information Beneficiaries by class will share and share alike unless specific percentages are noted. *(Use "Other Remarks" in section P, if necessary.)*

Primary Beneficiary(ies) Name(s) <i>(First/Middle/Last/Suffix i.e. Jr., Sr.)</i>	% of share <i>(must total 100%)</i>	Date of Birth <i>(mm/dd/yyyy)</i>	Relationship to Primary Proposed Insured
Contingent Beneficiary(ies) Name(s) <i>(First/Middle/Last/Suffix i.e. Jr., Sr.)</i>	% of share <i>(must total 100%)</i>	Date of Birth <i>(mm/dd/yyyy)</i>	Relationship to Primary Proposed Insured

If a Testamentary Trust is named as Beneficiary, has a will been established? Yes No

Include delay clause? Yes No If "Yes," 15-day, or indicate number of days: _____ - days *(not to exceed 180 days)*

N. Trust Ownership, Policy Co-Owner (optional) and Successor Policy Owner (optional)

Trust Ownership Name of Trust: _____ Trust Date: _____

Policy Co-Owner

Successor Policy Owner

Name: _____

Address: _____

Gender: _____ Date of Birth: _____ Relationship to Primary Proposed Insured: _____

Social Security/Tax Identification Number: _____

O. Additional Details / Other Remarks

Primary Proposed Insured's Additional Details *(Use for any explanation where space is insufficient. Indicate question number.)*

Question Number Details

Additional Proposed Insured's Additional Details *(Use for any explanation where space is insufficient. Indicate question number.)*

Question Number Details

Other Remarks *(Use for explanation where space is insufficient. Indicate section and give full details.)*

Section Details

Certification, Authorization and Acknowledgement Signatures

Temporary Insurance Acknowledgement

I (We), the Proposed Owner(s), understand and agree that no insurance coverage is in force as a result of this Application for insurance until the policy applied for has been issued, and the first full modal premium has been paid. If the policy is issued other than applied for, no coverage is in effect until the policy is issued, delivered and accepted, and the first full modal premium has been paid. If a request to backdate the policy has been made, no coverage is in effect until the policy is issued and delivered during the lifetime of the Proposed Insured(s) and the first full modal premium has been paid. "Policy" as used herein shall mean a policy issued and in effect as a result of this Application whether issued as applied for or otherwise. I (We) understand that I (we) have the right to purchase Temporary Insurance that, if I (we) meet all eligibility requirements, will provide a limited amount of coverage from the time the Temporary Insurance Application and Agreement (TIAA) is signed until the Policy takes effect. The terms and conditions for Temporary Insurance, including eligibility, coverage, duration and termination are described on the TIAA attached to and bearing the same application number as this Application. If I (we) am eligible and choose to purchase Temporary Insurance, I (we) understand that the first full modal premium payment collected is for Temporary Insurance and that the entire premium payment will be applied to the Policy if and when it takes effect. If I (we) am not eligible or choose not to purchase Temporary Insurance, no agent of Farmers New World Life Insurance Company (FNWL) is allowed to accept a premium payment in connection with this Application or an application for Temporary Insurance and no coverage of any kind is in force by virtue of this Application. In the event of multiple pending applications on a Proposed Insured or Additional Proposed Insured, the maximum amount of Temporary Insurance coverage payable by FNWL is **500,000** on any one life, subject to the terms of the Temporary Insurance Agreement described on the TIAA and regardless of the number of Temporary Insurance Agreements.

Illustration

If the Proposed Policy Owner(s) has not been provided a written illustration, I (we), as Proposed Policy Owner(s), acknowledge that no illustration conforming to the coverage being requested has been provided yet, and if required by state regulation, an illustration conforming to the policy as issued will be provided no later than at the time of the Policy Contract delivery.

Taxpayer Certification

Under penalties of perjury, I (we), as Proposed Policy Owner(s), certify that: 1. The Social Security Number(s) shown on this form is (are) my (our) correct taxpayer identification number(s) (TIN) (or I (we) am (are) waiting for a number to be issued to me (us)), and 2. I (We) am (are) not subject to backup withholding because: (a) I (we) am (are) exempt from backup withholding, or (b) I (we) have not been notified by the Internal Revenue Service (IRS) that I (we) am (are) subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me (us) that I (we) am (are) no longer subject to backup withholding, and 3. I (We) am (are) a U.S. person(s) (including a U.S. resident alien).

If any of the answers above are "No," please initial and date here: _____ . An IRS Form W-9 must be completed, signed and submitted with this Application.

Authorization

I (We) authorize any licensed physician; medical practitioner; hospital; clinic or other medical or medically related facility; insurance company; the Medical Information Bureau; the Veterans Administration; or any consumer reporting agency, who possesses any information regarding medical history; care; treatment; advice, including but not limited to information related to HIV; sexually transmitted disease; nicotine use; drug use or treatment; prescription drug history; alcoholism; or mental health disorder; or non-medical information, such as motor vehicle; financial and criminal records, pertaining to me (us) to give to FNWL, its reinsurers and their authorized representatives any such information. I (We) realize that I (we) or my (our) authorized representative have the right to receive a copy of this authorization. A copy of this authorization shall be as valid as the original. This authorization is valid for 24 months from the date shown below. If my (our) state laws address the collection, use, and disclosure of HIV/Acquired Immunodeficiency Syndrome (AIDS) related information by Insurers, I (we) will receive a separate notice regarding the collection and disclosure of HIV/AIDS related information. I (We) understand that portions or all of the data collected to create this Application for Life Insurance Part 1 (Application), including my (our) signature(s), may be transmitted by electronic means and/or retained in electronic format. By signing below, I (we) consent to this transaction by electronic means and confirm that I (we) have not withdrawn my (our) consent. I (We) will receive a paper copy of this Application with the Policy Contract, if issued, or upon receipt of a written request directed to FNWL.

Acknowledgement

I (We) have read, or have had read to me (us), the Important Notice disclosure statement given to me (us) on this date. I (We) have read the completed Application, or have had it read to me (us), and agree that all answers are true and complete to the best of my (our) knowledge and belief and will be relied upon to determine my (our) insurability. I (We) acknowledge that this Application and any additional applications, application amendments, application supplements, questionnaires, and medical examination forms, completed and signed by me (us), are part of the Application and will be attached to, and made part of the Policy Contract, if issued. I (We) understand that receipt of the Application and any attached forms by FNWL does not guarantee a policy will be issued. **I (We) agree that: (1) I (We) will notify FNWL if any statement or answer given in any part of the Application changes prior to delivery of the Policy Contract; and (2) except as provided in the Temporary Insurance Agreement, if eligible, the insurance policy will not begin unless the first modal premium is paid and all persons proposed for insurance are living and insurable as set forth in applications attached to the Policy Contract when it is delivered to the Policy Owner on or after the issue date.** I (We) also acknowledge that I (we) have read, or have had read to me (us), the fraud warning and/or other notice listed on Form 31-4226 for my (our) state of residence, if any.

Signed at _____ on _____
Month, Day, Year

Primary Proposed Insured Signature
(or parent if Primary Proposed Insured is a juvenile)

Signed at _____ on _____
Month, Day, Year

Proposed Policy Owner Signature (if other than Primary Proposed Insured), and title, if applicable

Additional Proposed Insured Signature

Proposed Owner's Spouse Signature (where required in community property states when a person other than Policy Owner's spouse is named as Primary Beneficiary)

Policy Co-Owner Signature and title, if applicable

I certify that I have truly and accurately recorded on this Application the information given by the Primary Proposed Insured, Additional Proposed Insured, and Proposed Policy Owner(s). To the best of my knowledge, there Is Is **Not** any life insurance or annuity in-force or application pending on the life of the Proposed Insured. To the best of my knowledge, the life insurance applied for Is Is **Not** intended to replace or reduce current coverage with this or any other company. If a replacement, was sales material used in the solicitation? Yes No. If "Yes," you must submit copies of the materials to FNWL and/or the Proposed Policy Owner(s), if applicable, as required by state regulations.

Agent Name (please print or type) _____ Agent/Representative Code Number _____ Agent Signature _____ Date _____

Farmers New World Life Insurance Company

Mercer Island Life Office: 3003 77th Ave. S.E., Mercer Island, WA 98040-2890 (206) 232-8400

Columbus Life Office: P.O. Box 182325, Columbus, OH 43218-2325 (614) 764-9975

Variable Policy Service Office: P.O. Box 724208, Atlanta, GA 31139 (877) 376-8008



FARMERS
LIFE INSURANCE

Important Notice

Leave this Disclosure Statement with the Primary Proposed Insured and Additional Proposed Insured

We appreciate your Application for Life Insurance with Farmers New World Life, and want to assure you that your request will receive prompt consideration. As part of our normal procedure for processing your request, an investigative consumer report may be obtained regarding you. You have the right to be interviewed in connection with this report. The information is secured by an independent inspection company or by Farmers New World Life through personal interviews with your friends, neighbors, business associates, and others with whom you may be acquainted. This report, if obtained, contains information as to personal character, general reputation, and mode of living except as may be related directly or indirectly to your sexual orientation. Upon written request to us, further information as to the nature and scope of this report will be provided. You may also request a copy of the report. If inaccuracies exist in the report, you have the right to request correction. Corrections will be made upon our receipt of proof of the inaccuracy. Any adverse underwriting decision based on this report will be disclosed to you in writing.

Information regarding your insurability will be treated as confidential. Farmers New World Life or its reinsurers, may however, make a brief report thereon to the Medical Information Bureau, a non-profit membership organization to life insurance companies which operates an information exchange on behalf of its members. If you apply to another Bureau member for life or health insurance coverage, or a claim for benefits is submitted to such a company, the Bureau, upon request, will supply such company with the information it may have in its file.

Upon receipt of a request from you, the Bureau will arrange disclosure of any information it may have about you in its file. If you question the accuracy of information in the Bureau's file, you may contact the Bureau 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 {MIB Group Inc. 50 Braintree Hill, Suite 400, Braintree, MA 02184-8734; toll-free telephone number: (866) 692-6901 (TTY 866-346-3642 for hearing impaired); www.mib.com.}

Farmers New World Life, or its reinsurers, may also release information in its file to other life insurance companies to which you may apply for life or health insurance, or to which a claim for benefits may be submitted during the consideration of a claim.

Farmers New World Life Insurance Company

Mercer Island Life Office: 3003 77th Ave. S.E., Mercer Island, WA 98040-2890 (206) 232-8400
 Columbus Life Office: P.O. Box 182325, Columbus, OH 43218-2325 (614) 764-9975
 Variable Policy Service Office: P.O. Box 724208, Atlanta, GA 31139 (877) 376-8008



FARMERS
LIFE INSURANCE

Application Policy Number: **EA**

e-Life Insurance Application

A. Primary Proposed Insured

Name of Primary Proposed Insured _____

Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth _____	Place of Birth _____	Social Security Number (SSN) _____
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Driver License Number _____	License Issue State _____
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Residence Address _____

Billing Address _____

Primary Telephone Number _____	Secondary Telephone Number _____	Primary Language Spoken (if other than English) _____
--------------------------------	----------------------------------	---

Parent Name (If a juvenile policy) _____

B. Proposed Policy Owner Completed only when other than Primary Proposed Insured. (Trust Ownership, Policy Co-Owner and Successor Policy Owner information is in section I).

Name of Proposed Policy Owner _____

Primary Telephone Number _____	Secondary Telephone Number _____	Primary Language Spoken (if other than English) _____
--------------------------------	----------------------------------	---

Relationship to Primary Proposed Insured Business Spouse Parent Other _____

Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth _____	Place of Birth _____	Taxpayer ID Number or SSN _____
---	---------------------	----------------------	---------------------------------

Address _____

C. Product Information Plans, Benefits, and Riders may not be available in all states. Benefits and Riders may not be available for all plans.

(See Product Guide for Product Information)

Plan _____

Face Amount \$ _____

Standard Preferred Premier
 Non-nicotine Nicotine Juvenile

Accidental Death Benefit \$ _____

Guaranteed Insurability Benefit
\$ _____ (juvenile policy only)

Waiver of Premium (adult policy only)
 Payor/Owner Benefits (juvenile policy only)

Children's Insurance Rider _____ units

Accelerated Benefit Rider for Terminal Illness

Whole Life plans only - nonforfeiture options:

Automatic Premium Loan
 Extended Term Insurance
 Reduced Paid-Up Insurance

Premier Whole Life only:

Excess Credit Option
 Cash
 Paid-Up Additions
 Premium/Retirement Deposit Fund
 Reduced Premium

Single Premium Rider \$ _____

One-Year Term Rider \$ _____

Universal Life plans only:

Death Benefit Option (choose one)

Increasing/Variable (A)
 Level (B)

Automatic Increase Benefit

(select no more than one of the following)

Waiver of Deduction
 Monthly Disability Benefit

\$ _____ per month

Level Term 2000 (20 and 30 year) only:

Critical Illness Accelerated Benefit Rider
 \$ _____ Benefit Amount

D. Sales Illustration

Has the Proposed Policy Owner been provided a written illustration that conforms to this Application for life insurance coverage?

Yes No

E. Payment and Billing Information A modal billing fee may apply for payments other than annual.

Total payment submitted with application: \$ _____

Billing Method:

- Bank Check Plan
- Government Allotment
- Other _____
- Farmers EasyPay number _____
- Folio/Agent Payroll Deduction
- FIG/Farmers Employee Deduction
- Direct Bill
- Annual
- Monthly
- Semi-Annual
- Quarterly

Universal Life Plans: Planned Premium \$ _____ Lump Sum Payment \$ _____

Premium/Retirement Deposit Fund: Initial Payment \$ _____ Regular Payment \$ _____

F. Other Insurance In Force and Replacement Completed for all Proposed Insured(s). (Overflow of details appears in section J.)

Is there any life insurance or annuity in-force or application pending on the life of any Proposed Insured? Yes No
(Details listed below.) (If "Yes," required replacement form(s) provided)

Will any life insurance or annuity be reduced, replaced, or discontinued; or will payment of premiums be stopped if the insurance applied for is issued? (Details listed below.) (If "Yes," required replacement form(s) provided) Yes No

Proposed Insured	Company Name	Life Amount	ADB Amount	Policy Number	Will Policy be Replaced?

Is the insurance applied for intended to be a 1035 Exchange? (If "Yes," required 1035 Exchange forms provided) Yes No

G. Beneficiary Information Beneficiaries by class will share and share alike unless specific percentages are noted.

Primary Beneficiary(ies) Name(s)	% of share <i>(must total 100%)</i>	Date of Birth	Relationship to Primary Proposed Insured
Contingent Beneficiary(ies) Name(s)	% of share <i>(must total 100%)</i>	Date of Birth	Relationship to Primary Proposed Insured

If a Testamentary Trust is named as Beneficiary, has a will been established? Yes No

Include delay clause? Yes No If "Yes," 15-day, or indicate number of days: _____ - days (not to exceed 180 days)

H. Trust Ownership, Policy Co-Owner (optional) and Successor Policy Owner (optional)

- Trust Ownership Name of Trust: _____ Trust Date: _____
- Policy Co-Owner
- Successor Policy Owner
Name: _____
Address: _____
Gender: _____ Date of Birth: _____ Relationship to Primary Proposed Insured: _____
Social Security/Tax Identification Number: _____

I. Additional Details / Other Remarks (Details from answers where space is insufficient appear in this section. Overflow of this section appears on an e-Life Application Addendum.)

Section	Additional Details

Certification, Authorization and Acknowledgement Signatures

Temporary Insurance Acknowledgement

I (We), the Proposed Owner(s), understand and agree that no insurance coverage is in force as a result of this Application for insurance until the policy applied for has been issued, and the first full modal premium has been paid. If the policy is issued other than applied for, no coverage is in effect until the policy is issued, delivered and accepted, and the first full modal premium has been paid. If a request to backdate the policy has been made, no coverage is in effect until the policy is issued and delivered during the lifetime of the Proposed Insured(s) and the first full modal premium has been paid. "Policy" as used herein shall mean a policy issued and in effect as a result of this Application whether issued as applied for or otherwise. I (We) understand that I (we) have the right to purchase Temporary Insurance that, if I (we) meet all eligibility requirements, will provide a limited amount of coverage from the time the Temporary Insurance Application and Agreement (TIAA) is signed until the Policy takes effect. The terms and conditions for Temporary Insurance, including eligibility, coverage, duration and termination are described on the TIAA attached to and bearing the same application number as this Application. If I (we) am eligible and choose to purchase Temporary Insurance, I (we) understand that the first full modal premium payment collected is for Temporary Insurance and that the entire premium payment will be applied to the Policy if and when it takes effect. If I (we) am not eligible or choose not to purchase Temporary Insurance, no agent of Farmers New World Life Insurance Company (FNWL) is allowed to accept a premium payment in connection with this Application or an application for Temporary Insurance and no coverage of any kind is in force by virtue of this Application. In the event of multiple pending applications on a Proposed Insured or Additional Proposed Insured, the maximum amount of Temporary Insurance coverage payable by FNWL is **500,000** on any one life, subject to the terms of the Temporary Insurance Agreement described on the TIAA and regardless of the number of Temporary Insurance Agreements.

Illustration

If the Proposed Policy Owner(s) has not been provided a written illustration, I (we), as Proposed Policy Owner(s), acknowledge that no illustration conforming to the coverage being requested has been provided yet, and if required by state regulation, an illustration conforming to the policy as issued will be provided no later than at the time of the Policy Contract delivery.

Taxpayer Certification

Under penalties of perjury, I (we), as Proposed Policy Owner(s), certify that: 1. The Social Security Number(s) shown on this form is (are) my (our) correct taxpayer identification number(s) (TIN) (or I (we) am (are) waiting for a number to be issued to me (us)), and 2. I (We) am (are) not subject to backup withholding because: (a) I (we) am (are) exempt from backup withholding, or (b) I (we) have not been notified by the Internal Revenue Service (IRS) that I (we) am (are) subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me (us) that I (we) am (are) no longer subject to backup withholding, and 3. I (We) am (are) a U.S. person(s) (including a U.S. resident alien).

If any of the answers above are "No," please initial and date here: _____ . An IRS Form W-9 must be completed, signed and submitted with this Application.

Authorization

I (We) authorize any licensed physician; medical practitioner; hospital; clinic or other medical or medically related facility; insurance company; the Medical Information Bureau; the Veterans Administration; or any consumer reporting agency, who possesses any information regarding medical history; care; treatment; advice, including but not limited to information related to HIV; sexually transmitted disease; nicotine use; drug use or treatment; prescription drug history; alcoholism; or mental health disorder; or non-medical information, such as motor vehicle; financial and criminal records, pertaining to me (us) to give to FNWL, its reinsurers and their authorized representatives any such information. I (We) realize that I (we) or my (our) authorized representative have the right to receive a copy of this authorization. A copy of this authorization shall be as valid as the original. This authorization is valid for 24 months from the date shown below. If my (our) state laws address the collection, use, and disclosure of HIV/Acquired Immunodeficiency Syndrome (AIDS) related information by Insurers, I (we) will receive a separate notice regarding the collection and disclosure of HIV/AIDS related information. I (We) understand that portions or all of the data collected to create this e-Life Insurance Application (Application), including my (our) signature(s), may be transmitted by electronic means and/or retained in electronic format. By signing below, I (we) consent to this transaction by electronic means and confirm that I (we) have not withdrawn my (our) consent. I (We) will receive a paper copy of this Application with the Policy Contract, if issued, or upon receipt of a written request directed to FNWL.

Acknowledgement

I, the Primary Proposed Insured, have read, or have had read to me, the Important Notice disclosure statement given to me on this date. I (We) have read the completed Application, or have had it read to me (us), and agree that all answers are true and complete to the best of my (our) knowledge and belief and will be relied upon to determine my (our) insurability. I (We) acknowledge that this Application and any additional applications, application amendments, application supplements, questionnaires, and medical examination forms, completed and signed by me (us), are part of the Application and will be attached to, and made part of the Policy Contract, if issued. I (We) understand that receipt of the Application and any attached forms by FNWL does not guarantee a policy will be issued. **I (We) agree that: (1) I (We) will notify FNWL if any statement or answer given in any part of the Application changes prior to delivery of the Policy Contract; and (2) except as provided in the Temporary Insurance Agreement, if eligible, the insurance policy will not begin unless the first modal premium is paid and all persons proposed for insurance are living and insurable as set forth in applications attached to the Policy Contract when it is delivered to the Policy Owner on or after the issue date.** I (We) also acknowledge that I (we) have read, or have had read to me (us), the fraud warning and/or other notice listed on Form 31-4226 for my (our) state of residence, if any.

Signed

at

on

Primary Proposed Insured Signature

(or parent if Primary Proposed Insured is a juvenile)

State

Month, Day, Year

Signed

at

on

Proposed Policy Owner Signature (if other than

Primary Proposed Insured), and title, if applicable

State

Month, Day, Year

Proposed Owner's Spouse Signature (where required in community property states when a person other than Policy Owner's spouse is named as Primary Beneficiary)

Policy Co-Owner Signature and title, if applicable

I certify that I have truly and accurately recorded on this Application the information given by the Primary Proposed Insured, and Proposed Policy Owner(s). To the best of my knowledge, there **Is** **Is Not** any life insurance or annuity in-force or application pending on the life of the Proposed Insured. To the best of my knowledge, the life insurance applied for **Is** **Is Not** intended to replace or reduce current coverage with this or any other company. If a replacement, was sales material used in the solicitation? **Yes** **No**. *Copies of the materials must be submitted to FNWL and/or the Proposed Policy Owner(s), if applicable, as required by state regulations.*

Agent Name (please print or type)

Agent/Representative Code Number

Agent Signature

Date

Farmers New World Life Insurance Company

Merger Island Life Office: 3003 77th Ave. S.E., Mercer Island, WA 98040-2890 (206) 232-8400
Columbus Life Office: P.O. Box 182325, Columbus, OH 43218-2325 (614) 764-9975
Variable Policy Service Office: P.O. Box 724208, Atlanta, GA 31139 (877) 376-8008



FARMERS
LIFE INSURANCE

Important Notice

Leave this Disclosure Statement with the Primary Proposed Insured

We appreciate your Application for Life Insurance with Farmers New World Life, and want to assure you that your request will receive prompt consideration. As part of our normal procedure for processing your request, an investigative consumer report may be obtained regarding you. You have the right to be interviewed in connection with this report. The information is secured by an independent inspection company or by Farmers New World Life through personal interviews with your friends, neighbor, business associates, and others with whom you may be acquainted. This report, if obtained, contains information as to personal character, general reputation, and mode of living except as may be related directly or indirectly to your sexual orientation. Upon written request to us, further information as to the nature and scope of this report will be provided. You may also request a copy of the report. If inaccuracies exist in the report, you have the right to request correction. Corrections will be made upon our receipt of proof of the inaccuracy. Any adverse underwriting decision based on this report will be disclosed to you in writing.

Information regarding your insurability will be treated as confidential. Farmers New World Life or its reinsurers, may however, make a brief report thereon to the Medical Information Bureau, a non-profit membership organization to life insurance companies which operates an information exchange on behalf of its members. If you apply to another Bureau member for life or health insurance coverage, or a claim for benefits is submitted to such a company, the Bureau, upon request, will supply such company with the information it may have in its file.

Upon receipt of a request from you, the Bureau will arrange disclosure of any information it may have about you in its file. If you question the accuracy of information in the Bureau's file, you may contact the Bureau 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: {MIB Group Inc. 50 Braintree Hill, Suite 400, Braintree, MA 02184-8734; toll-free telephone number: (866) 692-6901 (TTY 866-346-3642 for hearing impaired); www.mib.com. }

Farmers New World Life, or its reinsurers, may also release information in its file to other life insurance companies to which you may apply for life or health insurance, or to which a claim for benefits may be submitted during the consideration of a claim.

SERFF Tracking Number: FNWW-126993655 State: Arkansas
 Filing Company: Farmers New World Life Insurance Company State Tracking Number: 47757
 Company Tracking Number: 2011 TIAA
 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
 Product Name: TIAA Application and Agreement
 Project Name/Number: 2011 TIAA/

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification		
Comments:		
Attachment: Certificate of Readability.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application		
Bypass Reason: This does not apply, as this is an application filing only.		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: Statement of Variability		
Comments:		
Attachment: Farmers Statement of Variability.pdf		

	Item Status:	Status Date:
Satisfied - Item: Redlined forms		
Comments:		
Attachments: 31-5167 e-Life App - NAIC-Gen 31-4494 Redlined.pdf 31-5153 Life App Part 1 - NAIC-Gen 31-4493 Redlined.pdf		

	Item Status:	Status Date:
Satisfied - Item: corrected form TIAA		
Comments:		

SERFF Tracking Number: FNWW-126993655 *State:* Arkansas
Filing Company: Farmers New World Life Insurance Company *State Tracking Number:* 47757
Company Tracking Number: 2011 TIAA
TOI: L08 Life - Other *Sub-TOI:* L08.000 Life - Other
Product Name: TIAA Application and Agreement
Project Name/Number: 2011 TIAA/

see our comments for this correction

Attachment:

TIAA - Gen 31-5174 Correction rev 3-11.pdf

Certificate of Readability

The undersigned certifies that the attached forms have a Flesch score as follows:

e-Life Insurance Application	58.85
Application for Life Insurance Part 1	60.74
Temporary Insurance Application and Agreement	55.29

FARMERS NEW WORLD LIFE INSURANCE COMPANY



By:

Name: John Patton

Its: Vice President of Staff Operations

January 19, 2011

FARMERS NEW WORLD LIFE INSURANCE COMPANY
3003 77th Avenue SE, Mercer island, WA 98040-0290

EXPLANATION OF VARIABILITY
Application Forms

Brackets denote that the text within the brackets is variable subject to the following limitations on each of the applications in this filing:

- Address and Phone Number- Will insert the company home office address and phone number for sections listed on each application.
- Administrative office address and telephone number- Will insert the company administrative office address and telephone number for sections listed on each application.
- Fraud Warning and Other Notices:
 - Specific fraud statements may be revised based upon revised state law and regulation regarding such statements. Additional state fraud statements may be added upon newly enacted statute or newly adopted regulation in a given state that requires such on our application form.
- Taxpayer Certification- This section is bracketed for changes required by the IRS in the event that their language is revised.
- Important Notice- Will insert the Medical Insurance Bureau address and telephone number.
- Corporate Logo- The company would like the option, at its discretion, to change the corporate logo without refiling.

Application for Life Insurance Part 1- Brackets are provided in the Product Information section for benefits that may be made available or not be offered on future products or where a certain product may no longer be offered due to filing of new products.

E-Life Insurance Application - Brackets are provided in the Product Information section for benefits that may be made available or not be offered on future products or where a certain product may no longer be offered due to refiling of new products.

Temporary Insurance Application and Agreement (TIAA) - The amount of \$500,000 will be bracketed in this application and the Temporary Insurance Agreement coverage portion of each application is bracketed so that the Temporary Insurance limits may be changed in the future without requiring an application re-file.

Farmers New World Life Insurance Company

Mercer Island Life Office: 3003 77th Ave. S.E., Mercer Island, WA 98040-2890 (206) 232-8400
 Columbus Life Office: P.O. Box 182325, Columbus, OH 43218-2325 (614) 764-9975
 Variable Policy Service Office: P.O. Box 724208, Atlanta, GA 31139 (877) 376-8008



FARMERS
LIFE INSURANCE

Application Policy Number: **EA**

e-Life Insurance Application

A. Primary Proposed Insured			
Name of Primary Proposed Insured _____			
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth _____	Place of Birth _____	Social Security Number (SSN) _____
Driver License Number _____		License Issue State _____	
Residence Address _____			
Billing Address _____			
Primary Telephone Number _____	Secondary Telephone Number _____	Primary Language Spoken (if other than English) _____	
Parent Name (If a juvenile policy) _____			
B. Proposed Policy Owner Completed only when other than Primary Proposed Insured. (Trust Ownership, Policy Co-Owner and Successor Policy Owner information is in section I).			
Name of Proposed Policy Owner _____			
Primary Telephone Number _____	Secondary Telephone Number _____	Primary Language Spoken (if other than English) _____	
Relationship to Primary Proposed Insured <input type="checkbox"/> Business <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Other _____			
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth _____	Place of Birth _____	Taxpayer ID Number or SSN _____
Address _____			
C. Product Information Plans, Benefits, and Riders may not be available in all states. Benefits and Riders may not be available for all plans. (See Product Guide for Product Information)			
Plan _____ Face Amount \$ _____ <input type="checkbox"/> Standard <input type="checkbox"/> Preferred <input type="checkbox"/> Premier <input type="checkbox"/> Non-nicotine <input type="checkbox"/> Nicotine <input type="checkbox"/> Juvenile Accidental Death Benefit \$ _____ { Guaranteed Insurability Benefit } \$ _____ (juvenile policy only) <input type="checkbox"/> Waiver of Premium (adult policy only) <input type="checkbox"/> Payor/Owner Benefits (juvenile policy only) Children's Insurance Rider _____ units <input type="checkbox"/> Accelerated Benefit Rider for Terminal Illness	Whole Life plans only - nonforfeiture options: <input type="checkbox"/> Automatic Premium Loan <input type="checkbox"/> Extended Term Insurance <input type="checkbox"/> Reduced Paid-Up Insurance Premier Whole Life only: Excess Credit Option <input type="checkbox"/> Cash <input type="checkbox"/> Paid-Up Additions <input type="checkbox"/> Premium/Retirement Deposit Fund <input type="checkbox"/> Reduced Premium Single Premium Rider \$ _____ One-Year Term Rider \$ _____	Universal Life plans only: Death Benefit Option (choose one) <input type="checkbox"/> Increasing/Variable (A) <input type="checkbox"/> Level (B) <input type="checkbox"/> Automatic Increase Benefit (select no more than one of the following) <input type="checkbox"/> Waiver of Deduction <input type="checkbox"/> Monthly Disability Benefit \$ _____ per month { Level Term 2000 (20 and 30 year) only: } <input type="checkbox"/> Critical Illness Accelerated Benefit Rider \$ _____ Benefit Amount	
D. Sales Illustration			
Has the Proposed Policy Owner been provided a written illustration that conforms to this Application for life insurance coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No			

E. Payment and Billing Information A modal billing fee may apply for payments other than annual.

Total payment submitted with application: \$ _____

Billing Method:

- Bank Check Plan
- Government Allotment
- Other _____
- Farmers EasyPay number _____
- Folio/Agent Payroll Deduction
- FIG/Farmers Employee Deduction
- Direct Bill
- Annual
- Monthly
- Semi-Annual
- Quarterly

Universal Life Plans: Planned Premium \$ _____ Lump Sum Payment \$ _____

Premium/Retirement Deposit Fund: Initial Payment \$ _____ Regular Payment \$ _____

F. Other Insurance In Force and Replacement Completed for all Proposed Insured(s). (Overflow of details appears in section J.)

Is there any life insurance or annuity in-force or application pending on the life of any Proposed Insured? Yes No
(Details listed below.) (If "Yes," required replacement form(s) provided)

Will any life insurance or annuity be reduced, replaced, or discontinued; or will payment of premiums be stopped if the insurance applied for is issued? (Details listed below.) (If "Yes," required replacement form(s) provided) Yes No

Proposed Insured	Company Name	Life Amount	ADB Amount	Policy Number	Will Policy be Replaced?

Is the insurance applied for intended to be a 1035 Exchange? (If "Yes," required 1035 Exchange forms provided) Yes No

G. Temporary Insurance Eligibility Question

~~In the past two years, has the Primary Proposed Insured named in this Application, received any treatment or medication for, or been diagnosed as having any kind of cancer or tumor, stroke, drug or alcohol dependency, or any disease or disorder of the heart, liver or kidney?~~ Yes No

G. Beneficiary Information Beneficiaries by class will share and share alike unless specific percentages are noted.

Primary Beneficiary(ies) Name(s)	% of share (must total 100%)	Date of Birth	Relationship to Primary Proposed Insured
Contingent Beneficiary(ies) Name(s)	% of share (must total 100%)	Date of Birth	Relationship to Primary Proposed Insured

If a Testamentary Trust is named as Beneficiary, has a will been established? Yes No

Include delay clause? Yes No If "Yes," 15-day, or indicate number of days: _____ - days (not to exceed 180 days)

H. Trust Ownership, Policy Co-Owner (optional) and Successor Policy Owner (optional)

- Trust Ownership Name of Trust: _____ Trust Date: _____
- Policy Co-Owner
- Successor Policy Owner
Name: _____
Address: _____
Gender: _____ Date of Birth: _____ Relationship to Primary Proposed Insured: _____
Social Security/Tax Identification Number: _____

I. Additional Details / Other Remarks (Details from answers where space is insufficient appear in this section. Overflow of this section appears on an e-Life Application Addendum.)

Section	Additional Details

Certification, Authorization and Acknowledgement Signatures

Temporary Insurance Agreement (TIA) Coverage Acknowledgement

Farmers New World Life Insurance Company (FNWL) agrees to provide Temporary Insurance coverage on the life of the Primary Proposed Insured named in this Application and children to be covered under a Children's Insurance Rider for the policy face amount applied for (not including riders or supplemental benefits) or \$50,000, whichever is less, subject to the terms, eligibility requirements, and limitations stated on page 4 of this Application. Coverage is not available to any person named in this Application or Application Supplement if: 1. The Temporary Insurance Eligibility Question in section "C" on page 2 is answered "Yes" or left blank by or for the Primary Proposed Insured; or 2. the Temporary Insurance eligibility requirements listed on page 4 cannot be met for any Proposed Insured; or 3. the first full modal premium has not been received with this Application. I, the Primary Proposed Insured, represent that the answer to the Temporary Insurance Eligibility Question is true to the best of my knowledge and belief. I (We) understand and agree that if the answer is found to be false, the Temporary Insurance may be denied or declined. I (We) acknowledge that I (we) have read, or have had read to me (us), the terms of the Temporary Insurance Agreement and, if the conditions have been truthfully met, I (we) have received a copy of the Receipt of Premium for Temporary Insurance Coverage and the Temporary Insurance Agreement that outlines the terms and conditions of coverage. I (We) understand that no agent or representative is authorized to change or waive the terms of this Temporary Insurance Agreement.

I (We), the Proposed Owner(s), understand and agree that no insurance coverage is in force as a result of this Application for insurance until the policy applied for has been issued, and the first full modal premium has been paid. If the policy is issued other than applied for, no coverage is in effect until the policy is issued, delivered and accepted, and the first full modal premium has been paid. If a request to backdate the policy has been made, no coverage is in effect until the policy is issued and delivered during the lifetime of the Proposed Insured(s) and the first full modal premium has been paid. "Policy" as used herein shall mean a policy issued and in effect as a result of this Application whether issued as applied for or otherwise. I (We) understand that I (we) have the right to purchase Temporary Insurance that, if I (we) meet all eligibility requirements, will provide a limited amount of coverage from the time the Temporary Insurance Application and Agreement (TIAA) is signed until the Policy takes effect. The terms and conditions for Temporary Insurance, including eligibility, coverage, duration and termination are described on the TIAA attached to and bearing the same application number as this Application. If I (we) am eligible and choose to purchase Temporary Insurance, I (we) understand that the first full modal premium payment collected is for Temporary Insurance and that the entire premium payment will be applied to the Policy if and when it takes effect. If I (we) am not eligible or choose not to purchase Temporary Insurance, no agent of Farmers New World Life Insurance Company (FNWL) is allowed to accept a premium payment in connection with this Application or an application for Temporary Insurance and no coverage of any kind is in force by virtue of this Application. In the event of multiple pending applications on a Proposed Insured or Additional Proposed Insured, the maximum amount of Temporary Insurance coverage payable by FNWL is **[\$500,000]** on any one life, subject to the terms of the Temporary Insurance Agreement described on the TIAA and regardless of the number of Temporary Insurance Agreements.

Illustration

If the Proposed Policy Owner(s) has not been provided a written illustration, I (we), as Proposed Policy Owner(s), acknowledge that no illustration conforming to the coverage being requested has been provided yet, and if required by state regulation, an illustration conforming to the policy as issued will be provided no later than at the time of the Policy Contract delivery.

Taxpayer Certification

Under penalties of perjury, I (we), as Proposed Policy Owner(s), certify that: 1. The Social Security Number(s) shown on this form is (are) my (our) correct taxpayer identification number(s) (TIN) (or I (we) am (are) waiting for a number to be issued to me (us)), and 2. I (We) am (are) not subject to backup withholding because: (a) I (we) am (are) exempt from backup withholding, or (b) I (we) have not been notified by the Internal Revenue Service (IRS) that I (we) am (are) subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me (us) that I (we) am (are) no longer subject to backup withholding, and 3. I (We) am (are) a U.S. person(s) (including a U.S. resident alien).

If any of the answers above are "No," please initial and date here: _____ . An IRS Form W-9 must be completed, signed and submitted with this Application.

Authorization

I (We) authorize any licensed physician; medical practitioner; hospital; clinic or other medical or medically related facility; insurance company; the Medical Information Bureau; the Veterans Administration; or any consumer reporting agency, who possesses any information regarding medical history; care; treatment; advice, including but not limited to information related to HIV; sexually transmitted disease; nicotine use; drug use or treatment; prescription drug history; alcoholism; or mental health disorder; or non-medical information, such as motor vehicle; financial and criminal records, pertaining to me (us) to give to FNWL, its reinsurers and their authorized representatives any such information. I (We) realize that I (we) or my (our) authorized representative have the right to receive a copy of this authorization. A copy of this authorization shall be as valid as the original. This authorization is valid for 24 months from the date shown below. If my (our) state laws address the collection, use, and disclosure of HIV/Acquired Immunodeficiency Syndrome (AIDS) related information by Insurers, I (we) will receive a separate notice regarding the collection and disclosure of HIV/AIDS related information. I (We) understand that portions or all of the data collected to create this e-Life Insurance Application (Application), including my (our) signature(s), may be transmitted by electronic means and/or retained in electronic format. By signing below, I (we) consent to this transaction by electronic means and confirm that I (we) have not withdrawn my (our) consent. I (We) will receive a paper copy of this Application with the Policy Contract, if issued, or upon receipt of a written request directed to FNWL.

Acknowledgement

I, the Primary Proposed Insured, have read, or have had read to me, the Important Notice disclosure statement given to me on this date. I (We) have read the completed Application, or have had it read to me (us), and agree that all answers are true and complete to the best of my (our) knowledge and belief and will be relied upon to determine my (our) insurability. I (We) acknowledge that this Application and any additional applications, application amendments, application supplements, questionnaires, and medical examination forms, completed and signed by me (us), are part of the Application and will be attached to, and made part of the Policy Contract, if issued. I (We) understand that receipt of the Application and any attached forms by FNWL does not guarantee a policy will be issued. **I (We) agree that: (1) I (We) will notify FNWL if any statement or answer given in any part of the Application changes prior to delivery of the Policy Contract; and (2) except as provided in the Temporary Insurance Agreement, if eligible, the insurance policy will not begin unless the first modal premium is paid and all persons proposed for insurance are living and insurable as set forth in applications attached to the Policy Contract when it is delivered to the Policy Owner on or after the issue date.** I (We) also acknowledge that I (we) have read, or have had read to me (us), the fraud warning and/or other notice listed on Form 31-4226 for my (our) state of residence, if any.

Signed _____ at _____ on _____
Month, Day, Year

Primary Proposed Insured Signature
(or parent if Primary Proposed Insured is a juvenile)

Signed _____ at _____ on _____
Month, Day, Year

Proposed Policy Owner Signature (if other than
Primary Proposed Insured), and title, if applicable

State

Month, Day, Year

Proposed Owner's Spouse Signature (where required
in community property states when a person other than
Policy Owner's spouse is named as Primary Beneficiary)

Policy Co-Owner Signature
and title, if applicable

I certify that I have truly and accurately recorded on this Application the information given by the Primary Proposed Insured, and Proposed Policy Owner(s). To the best of my knowledge, there **Is** **Is Not** any life insurance or annuity in-force or application pending on the life of the Proposed Insured. To the best of my knowledge, the life insurance applied for **Is** **Is Not** intended to replace or reduce current coverage with this or any other company. If a replacement, was sales material used in the solicitation? **Yes** **No**. *Copies of the materials must be submitted to FNWL and/or the Proposed Policy Owner(s), if applicable, as required by state regulations.*

Agent Signature

Agent Name (please print or type)

Agent/Representative Code Number

Date

Farmers New World Life Insurance Company

Merger Island Life Office: 3003 77th Ave. S.E., Mercer Island, WA 98040-2890 (206) 232-8400
Columbus Life Office: P.O. Box 182325, Columbus, OH 43218-2325 (614) 764-9975
Variable Policy Service Office: P.O. Box 724208, Atlanta, GA 31139 (877) 376-8008



FARMERS
LIFE INSURANCE

Receipt Number: EA

Receipt of Premium for Temporary Insurance Coverage

Received from _____ the sum of \$ _____
in connection with the e-Life Insurance Application bearing the same number as this receipt. If the Company declines to issue a policy, this payment will be refunded without interest. Please make check payable to Farmers New World Life.

Dated _____ Signature of Agent or Authorized Representative **X**

~~Farmers New World Life Insurance Company~~

~~Temporary Insurance Agreement for Application for Life Insurance~~

~~In consideration of the Application and payment of the modal premium, Farmers New World Life Insurance Company (FNWL) agrees to provide life insurance for a limited period of time, subject to the following conditions and limitations:~~

~~Temporary Insurance coverage applies only to the Primary Proposed Insured named in this Application, and children to be covered under a Children's Insurance Rider, and is limited to \$50,000 or the amount applied for (excluding any riders and supplemental benefits), whichever is less; and is subject to the terms, eligibility requirements and limitations stated below. Temporary Insurance coverage does not include any benefits provided under riders or supplemental benefits applied for or made a part of the policy.~~

~~No coverage is in effect unless the following eligibility requirements are met:~~

- ~~1. The Primary Proposed Insured, and children to be covered under a Children's Insurance Rider, are more than 15 days and less than 70 years of age on the date this Application is signed; and~~
- ~~2. the Temporary Insurance Eligibility Question is truthfully answered "No" for the Primary Proposed Insured named in this Application.~~

~~**Important: If these two requirements are not met, no agent or representative of FNWL is authorized to accept money and no coverage is in effect. No agent or representative has the authority to change the terms and conditions of this Agreement.**~~

~~Temporary Insurance coverage begins on the date:~~

- ~~1. The two eligibility requirements above are met; and~~
- ~~2. the Primary Proposed Insured, and Proposed Policy Owner(s) completes and signs this Application; and~~
- ~~3. the selected modal premium (in no case less than 1/12th of the minimum first year's premium) is submitted to FNWL.~~

~~Any Temporary Insurance coverage payable shall be paid to the Beneficiary(ies) listed in this Application or Children's Insurance Rider, whichever is applicable.~~

~~Temporary Insurance coverage ends on the date:~~

- ~~1. The life insurance policy takes effect; or~~
- ~~2. the Proposed Policy Owner receives notice that either this Temporary Insurance coverage or the Application for Life Insurance has been declined; and in no case later than 12:01 a.m. Pacific Standard Time of the fifth day after FNWL has mailed a letter giving such notice; or~~
- ~~3. FNWL receives the Proposed Policy Owner's signed request to cancel; in which case the full amount paid will be refunded.~~

~~No temporary benefits will be paid if:~~

- ~~1. The initial premium check and/or draft submitted is not honored by the bank upon first presentation; or~~
- ~~2. the Primary Proposed Insured, or any child to be covered under the Children's Insurance Rider, dies by suicide whether sane or insane; in which case FNWL's only obligation will be to refund the premium submitted; or~~
- ~~3. a material misrepresentation or omission of fact is made with respect to the eligibility requirements or the Temporary Insurance Eligibility Question; in which case Temporary Insurance coverage will be void and FNWL's only obligation shall be to return the premium paid.~~

Farmers New World Life Insurance Company

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Columbus Life Office: P.O. Box 182325, Columbus, OH 43218-2325 (614) 764-9975
Variable Policy Service Office: P.O. Box 724208, Atlanta, GA 31139 (877) 376-8008



FARMERS
LIFE INSURANCE

Important Notice

Leave this Disclosure Statement with the Primary Proposed Insured

We appreciate your Application for Life Insurance with Farmers New World Life, and want to assure you that your request will receive prompt consideration. As part of our normal procedure for processing your request, an investigative consumer report may be obtained regarding you. You have the right to be interviewed in connection with this report. The information is secured by an independent inspection company or by Farmers New World Life through personal interviews with your friends, neighbor, business associates, and others with whom you may be acquainted. This report, if obtained, contains information as to personal character, general reputation, and mode of living except as may be related directly or indirectly to your sexual orientation. Upon written request to us, further information as to the nature and scope of this report will be provided. You may also request a copy of the report. If inaccuracies exist in the report, you have the right to request correction. Corrections will be made upon our receipt of proof of the inaccuracy. Any adverse underwriting decision based on this report will be disclosed to you in writing.

Information regarding your insurability will be treated as confidential. Farmers New World Life or its reinsurers, may however, make a brief report thereon to the Medical Information Bureau, a non-profit membership organization to life insurance companies which operates an information exchange on behalf of its members. If you apply to another Bureau member for life or health insurance coverage, or a claim for benefits is submitted to such a company, the Bureau, upon request, will supply such company with the information it may have in its file.

Upon receipt of a request from you, the Bureau will arrange disclosure of any information it may have about you in its file. If you question the accuracy of information in the Bureau's file, you may contact the Bureau 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: MIB Group Inc. 50 Braintree Hill, Suite 400, Braintree, MA 02184-8734; toll-free telephone number: (866) 692-6901 (TTY 866-346-3642 for hearing impaired); www.mib.com.

Farmers New World Life, or its reinsurers, may also release information in its file to other life insurance companies to which you may apply for life or health insurance, or to which a claim for benefits may be submitted during the consideration of a claim.

Farmers New World Life Insurance Company

Mercer Island Life Office: 3003 77th Ave. S.E., Mercer Island, WA 98040-2890 (206) 232-8400
Columbus Life Office: P.O. Box 182325, Columbus, OH 43218-2325 (614) 764-9975
Variable Policy Service Office: P.O. Box 724208, Atlanta, GA 31139 (877) 376-8008



FARMERS
LIFE INSURANCE

Application Number: LA

Application for Life Insurance Part 1

A. Primary Proposed Insured				
Name of Primary Proposed Insured (<i>First/Middle/Last/Suffix i.e. Jr., Sr.</i>)				
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (<i>mm/dd/yyyy</i>)	Place of Birth (<i>State, Country</i>)	Social Security Number (SSN)	
Marital Status	Driver License Number	License Issue State	Height	Weight
Residence Address (<i>Street, City, State, Zip Code</i>)				
Billing Address (<i>Street, City, State, Zip Code</i>) (<i>if different from Residence Address</i>)				
Primary Telephone Number		Secondary Telephone Number		Primary Language Spoken (<i>if other than English</i>)
Occupation		Duties		Number of Years
Employer Name			Annual Income	Annual Household Income
Parent Name (<i>if Primary Proposed Insured is a juvenile and if other than Proposed Policy Owner</i>)				
B. Additional Proposed Insured				
Name of Additional Proposed Insured (<i>First/Middle/Last/Suffix i.e. Jr., Sr.</i>)				
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (<i>mm/dd/yyyy</i>)	Place of Birth (<i>State, Country</i>)	Social Security Number (SSN)	
Marital Status	Driver License Number	License Issue State	Height	Weight
Residence Address (<i>Street, City, State, Zip Code</i>)				
Occupation		Duties		Number of Years
Employer Name		Relationship to Primary Proposed Insured <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Other _____		
C. Proposed Policy Owner Complete only if other than the Primary Proposed Insured. <i>Note: Complete section C for Trust Ownership, Policy Co-Owner (optional) and Successor Policy Owner (optional).</i>				
Name of Proposed Policy Owner (<i>First/Middle/Last/Suffix i.e. Jr., Sr.</i>)				
Primary Telephone Number		Secondary Telephone Number		Primary Language Spoken (<i>if other than English</i>)
Relationship to Primary Proposed Insured <input type="checkbox"/> Business <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Other _____				
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (<i>mm/dd/yyyy</i>)	Place of Birth (<i>State, Country</i>)	Taxpayer ID Number or SSN	
Address (<i>Street, City, State, Zip Code</i>)				

D. Product Information Plans, Benefits, and Riders may not be available in all states. Benefits and Riders may not be available for all plans.

(See Product Guide for Product Information)

Plan _____ Face Amount \$ _____ <input type="checkbox"/> Standard <input type="checkbox"/> Preferred <input type="checkbox"/> Premier <input type="checkbox"/> Non-nicotine <input type="checkbox"/> Nicotine <input type="checkbox"/> Juvenile Accidental Death Benefit \$ _____ { Guaranteed Insurability Benefit } { \$ _____ (juvenile policy only) } <input type="checkbox"/> Waiver of Premium (<i>adult policy only</i>) <input type="checkbox"/> Payor/Owner Benefits (<i>juvenile policy only</i>) <input type="checkbox"/> Other/Additional Insured Insurance Amount \$ _____ Children's Insurance Rider _____ units <input type="checkbox"/> Accelerated Benefit Rider for Terminal Illness (<i>Complete disclosure form, if applicable</i>)	Whole Life plans only - nonforfeiture options: <input type="checkbox"/> Automatic Premium Loan <input type="checkbox"/> Extended Term Insurance <input type="checkbox"/> Reduced Paid-Up Insurance Premier Whole Life only: Excess Credit Option <input type="checkbox"/> Cash <input type="checkbox"/> Paid-Up Additions <input type="checkbox"/> Premium/Retirement Deposit Fund <input type="checkbox"/> Reduced Premium Single Premium Rider \$ _____ One-Year Term Rider \$ _____	Universal Life plans only: Death Benefit Option (<i>choose one</i>) <input type="checkbox"/> Increasing/Variable (A) <input type="checkbox"/> Level (B) <input type="checkbox"/> Automatic Increase Benefit (<i>select no more than one of the following</i>) <input type="checkbox"/> Waiver of Deduction <input type="checkbox"/> Monthly Disability Benefit \$ _____ per month { Level Term 2000 (20 and 30 year) only: } <input type="checkbox"/> Critical Illness Accelerated Benefit Rider \$ _____ Benefit Amount (<i>Complete disclosure form and Application Supplement</i>)
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E. Sales Illustration

Has the Proposed Policy Owner been provided a written illustration that conforms to this Application for life insurance coverage?
 Yes No

F. Payment and Billing Information A modal billing fee may apply for payments other than annual.

Total payment submitted with application: \$ _____

Billing Method:

<input type="checkbox"/> Bank Check Plan <i>monthly deduction</i> <i>(Complete a Bank Authorization form)</i>	<input type="checkbox"/> Farmers EasyPay number _____	<input type="checkbox"/> Direct Bill (<i>select desired frequency</i>)
<input type="checkbox"/> Government Allotment	<input type="checkbox"/> Folio/Agent Payroll Deduction	<input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual
<input type="checkbox"/> Other _____	<input type="checkbox"/> FIG/Farmers Employee Deduction	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly

Universal Life Plans: Planned Premium \$ _____ Lump Sum Payment \$ _____

Premium/Retirement Deposit Fund: Initial Payment \$ _____ Regular Payment \$ _____

G. Other Insurance In Force and Replacement <i>Complete for all Proposed Insured(s). (Use "Other Remarks" in section P if necessary.)</i>		Primary Proposed Insured	Additional Proposed Insured		
Is there any life insurance or annuity in-force or application pending on the life of any Proposed Insured? <i>If "Yes," complete required replacement form(s) and provide details below.</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Will any life insurance or annuity be reduced, replaced, or discontinued; or will payment of premiums be stopped if the insurance applied for is issued? <i>If "Yes," complete required replacement form(s) and provide details below.</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Proposed Insured	Company Name	Life Amount	ADB Amount	Policy Number	Will Policy be Replaced?

Is the insurance applied for intended to be a 1035 Exchange? *If "Yes," complete 1035 Exchange forms.* Yes No

L. Supplementary Information <i>(Use appropriate "Additional Details" space in section P, if necessary.)</i>	Primary Proposed Insured	Additional Proposed Insured
1.a. Are you a United States Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.b. How long have you continuously resided in the United States?		
1.c. If not a United States Citizen, are you residing here legally with a Temporary (Non-immigrant) Visa or Permanent Resident Visa (Green Card)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.d. Visa Type and Expiry date:		
2. Have you, in the past five years, used Tobacco or Nicotine products in any form? <i>If "Yes," provide type of Tobacco/Nicotine product and date of last use:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you, in the past 10 years, had your driver's license suspended, revoked, or been convicted of reckless driving, or driving under the influence (DUI/DWI)? <i>If "Yes," provide date(s), type(s) of violation(s), and location (city and state):</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you, in the past 10 years, pled guilty or no contest to, or been convicted of a felony? <i>If "Yes," provide date(s) of conviction(s), type(s) of felony(ies), location (city and state), and date(s) of release from court supervision:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you, in the past two years, flown as a student pilot, pilot or crewmember (or do you plan to in the future)? <i>If "Yes," complete an aviation questionnaire.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you, in the past two years, on a professional or amateur basis, participated in airborne sports, motor powered racing, mountain or rock climbing, or scuba diving (or do you plan to in the future)? <i>If "Yes," complete the applicable questionnaire.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Within the next two years, do you plan to travel or work outside the United States? <i>If "Yes," provide destination, purpose, dates, and length of time:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Have you had an application for life, accident, or health insurance, or reinstatement of a policy, declined, postponed, cancelled, or issued other than as applied for? <i>If "Yes," provide date(s), type(s) of insurance, final action, and reason(s):</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

M. Beneficiary Information Beneficiaries by class will share and share alike unless specific percentages are noted. (Use "Other Remarks" in section P, if necessary.)

Primary Beneficiary(ies) Name(s) (First/Middle/Last/Suffix i.e. Jr., Sr.)	% of share (must total 100%)	Date of Birth (mm/dd/yyyy)	Relationship to Primary Proposed Insured
Contingent Beneficiary(ies) Name(s) (First/Middle/Last/Suffix i.e. Jr., Sr.)	% of share (must total 100%)	Date of Birth (mm/dd/yyyy)	Relationship to Primary Proposed Insured

If a Testamentary Trust is named as Beneficiary, has a will been established? Yes No
 Include delay clause? Yes No If "Yes," 15-day, or indicate number of days: _____ - days (not to exceed 180 days)

N. Trust Ownership, Policy Co-Owner (optional) and Successor Policy Owner (optional)

Trust Ownership Name of Trust: _____ Trust Date: _____
 Policy Co-Owner
 Successor Policy Owner
 Name: _____
 Address: _____
 Gender: _____ Date of Birth: _____ Relationship to Primary Proposed Insured: _____
 Social Security/Tax Identification Number: _____

O. Additional Details / Other Remarks

Primary Proposed Insured's Additional Details (Use for any explanation where space is insufficient. Indicate question number.)
Question Number Details

Additional Proposed Insured's Additional Details (Use for any explanation where space is insufficient. Indicate question number.)
Question Number Details

Other Remarks (Use for explanation where space is insufficient. Indicate section and give full details.)
Section Details

Certification, Authorization and Acknowledgement Signatures

Temporary Insurance Agreement (TIA) Coverage Acknowledgement

Farmers New World Life Insurance Company (FNWL) agrees to provide Temporary Insurance coverage on the life of the Primary Proposed Insured and Additional Proposed Insured named in this Application and children to be covered under a Children's Insurance Rider for the policy face amount applied for (not including riders or supplemental benefits) or \$50,000, whichever is less, subject to the terms, eligibility requirements, and limitations stated on page 7 of this Application. Coverage is not available to any person named in this Application or Application Supplement if: 1. The Temporary Insurance Eligibility Question in section "L" on page 3 is answered "Yes" or left blank by or for the Primary Proposed Insured and Additional Proposed Insured; or 2. the Temporary Insurance eligibility requirements listed on page 7 cannot be met for any Proposed Insured; or 3. the first full modal premium has not been received with this Application. I (We) represent that the answer to the Temporary Insurance Eligibility Question is true to the best of my (our) knowledge and belief. I (We) understand and agree that if the answer is found to be false, the Temporary Insurance may be denied or declined. I (We) acknowledge that I (we) have read, or have had read to me (us), the terms of the Temporary Insurance Agreement and, if the conditions have been truthfully met, I (we) have received a copy of the Receipt of Premium for Temporary Insurance Coverage and the Temporary Insurance Agreement that outlines the terms and conditions of coverage. I (We) understand that no agent or representative is authorized to change or waive the terms of this Temporary Insurance Agreement.

I (We), the Proposed Owner(s), understand and agree that no insurance coverage is in force as a result of this Application for insurance until the policy applied for has been issued, and the first full modal premium has been paid. If the policy is issued other than applied for, no coverage is in effect until the policy is issued, delivered and accepted, and the first full modal premium has been paid. If a request to backdate the policy has been made, no coverage is in effect until the policy is issued and delivered during the lifetime of the Proposed Insured(s) and the first full modal premium has been paid. "Policy" as used herein shall mean a policy issued and in effect as a result of this Application whether issued as applied for or otherwise. I (We) understand that I (we) have the right to purchase Temporary Insurance that, if I (we) meet all eligibility requirements, will provide a limited amount of coverage from the time the Temporary Insurance Application and Agreement (TIAA) is signed until the Policy takes effect. The terms and conditions for Temporary Insurance, including eligibility, coverage, duration and termination are described on the TIAA attached to and bearing the same application number as this Application. If I (we) am eligible and choose to purchase Temporary Insurance, I (we) understand that the first full modal premium payment collected is for Temporary Insurance and that the entire premium payment will be applied to the Policy if and when it takes effect. If I (we) am not eligible or choose not to purchase Temporary Insurance, no agent of Farmers New World Life Insurance Company (FNWL) is allowed to accept a premium payment in connection with this Application or an application for Temporary Insurance and no coverage of any kind is in force by virtue of this Application. In the event of multiple pending applications on a Proposed Insured or Additional Proposed Insured, the maximum amount of Temporary Insurance coverage payable by FNWL is \$500,000 on any one life, subject to the terms of the Temporary Insurance Agreement described on the TIAA and regardless of the number of Temporary Insurance Agreements.

Illustration

If the Proposed Policy Owner(s) has not been provided a written illustration, I (we), as Proposed Policy Owner(s), acknowledge that no illustration conforming to the coverage being requested has been provided yet, and if required by state regulation, an illustration conforming to the policy as issued will be provided no later than at the time of the Policy Contract delivery.

Taxpayer Certification

Under penalties of perjury, I (we), as Proposed Policy Owner(s), certify that: 1. The Social Security Number(s) shown on this form is (are) my (our) correct taxpayer identification number(s) (TIN) (or I (we) am (are) waiting for a number to be issued to me (us)), and 2. I (We) am (are) not subject to backup withholding because: (a) I (we) am (are) exempt from backup withholding, or (b) I (we) have not been notified by the Internal Revenue Service (IRS) that I (we) am (are) subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me (us) that I (we) am (are) no longer subject to backup withholding, and 3. I (We) am (are) a U.S. person(s) (including a U.S. resident alien).

If any of the answers above are "No," please initial and date here: _____ . An IRS Form W-9 must be completed, signed and submitted with this Application.

Authorization

I (We) authorize any licensed physician; medical practitioner; hospital; clinic or other medical or medically related facility; insurance company; the Medical Information Bureau; the Veterans Administration; or any consumer reporting agency, who possesses any information regarding medical history; care; treatment; advice, including but not limited to information related to HIV; sexually transmitted disease; nicotine use; drug use or treatment; prescription drug history; alcoholism; or mental health disorder; or non-medical information, such as motor vehicle; financial and criminal records, pertaining to me (us) to give to FNWL, its reinsurers and their authorized representatives any such information. I (We) realize that I (we) or my (our) authorized representative have the right to receive a copy of this authorization. A copy of this authorization shall be as valid as the original. This authorization is valid for 24 months from the date shown below. If my (our) state laws address the collection, use, and disclosure of HIV/Acquired Immunodeficiency Syndrome (AIDS) related information by Insurers, I (we) will receive a separate notice regarding the collection and disclosure of HIV/AIDS related information. I (We) understand that portions or all of the data collected to create this Application for Life Insurance Part 1 (Application), including my (our) signature(s), may be transmitted by electronic means and/or retained in electronic format. By signing below, I (we) consent to this transaction by electronic means and confirm that I (we) have not withdrawn my (our) consent. I (We) will receive a paper copy of this Application with the Policy Contract, if issued, or upon receipt of a written request directed to FNWL.

Acknowledgement

I (We) have read, or have had read to me (us), the Important Notice disclosure statement given to me (us) on this date. I (We) have read the completed Application, or have had it read to me (us), and agree that all answers are true and complete to the best of my (our) knowledge and belief and will be relied upon to determine my (our) insurability. I (We) acknowledge that this Application and any additional applications, application amendments, application supplements, questionnaires, and medical examination forms, completed and signed by me (us), are part of the Application and will be attached to, and made part of the Policy Contract, if issued. I (We) understand that receipt of the Application and any attached forms by FNWL does not guarantee a policy will be issued. I (We) agree that: (1) I (We) will notify FNWL if any statement or answer given in any part of the Application changes prior to delivery of the Policy Contract; and (2) except as provided in the Temporary Insurance Agreement, if eligible, the insurance policy will not begin unless the first modal premium is paid and all persons proposed for insurance are living and insurable as set forth in applications attached to the Policy Contract when it is delivered to the Policy Owner on or after the issue date. I (We) also acknowledge that I (we) have read, or have had read to me (us), the fraud warning and/or other notice listed on Form 31-4426 for my (our) state of residence, if any.

Signed _____ on _____
at _____ State _____ Month, Day, Year

Primary Proposed Insured Signature
(or parent if Primary Proposed Insured is a juvenile)

Signed _____ on _____
at _____ State _____ Month, Day, Year

Proposed Policy Owner Signature (if other than

Primary Proposed Insured), and title, if applicable

Additional Proposed Insured Signature

Proposed Owner's Spouse Signature (where required in community property states when a person other than Policy Owner's spouse is named as Primary Beneficiary)

Policy Co-Owner Signature and title, if applicable

I certify that I have truly and accurately recorded on this Application the information given by the Primary Proposed Insured, Additional Proposed Insured, and Proposed Policy Owner(s). To the best of my knowledge, there Is Is Not any life insurance or annuity in-force or application pending on the life of the Proposed Insured. To the best of my knowledge, the life insurance applied for Is Is Not intended to replace or reduce current coverage with this or any other company. If a replacement, was sales material used in the solicitation? Yes No. If "Yes," you must submit copies of the materials to FNWL and/or the Proposed Policy Owner(s), if applicable, as required by state regulations.

Agent Name (please print or type)

Agent Signature

Agent/Representative Code Number

Date

Farmers New World Life Insurance Company

Mercer Island Life Office: 3003 77th Ave. S.E., Mercer Island, WA 98040-2890 (206) 232-8400
Columbus Life Office: P.O. Box 182325, Columbus, OH 43218-2325 (614) 764-9975
Variable Policy Service Office: P.O. Box 724208, Atlanta, GA 31139 (877) 376-8008



FARMERS
LIFE INSURANCE

Receipt Number: LA

~~Receipt of Premium for Temporary Insurance Coverage~~

Received from _____ the sum of \$ _____
in connection with the Application for Life Insurance Part 1 bearing the same number as this receipt. If the Company declines to issue a policy, this payment will be refunded without interest. Please make check payable to Farmers New World Life.

Dated _____ Signature of Agent or Authorized Representative X _____

~~Farmers New World Life Insurance Company~~

~~Temporary Insurance Agreement for Application for Life Insurance~~

~~In consideration of the Application and payment of the modal premium, Farmers New World Life Insurance Company (FNWL) agrees to provide life insurance for a limited period of time, subject to the following conditions and limitations:~~

~~Temporary Insurance coverage applies only to the Primary Proposed Insured, and Additional Proposed Insured named in this Application, and children to be covered under a Children's Insurance Rider, and is limited to \$50,000 or the amount applied for (excluding any riders and supplemental benefits), whichever is less; and is subject to the terms, eligibility requirements and limitations stated below. Temporary Insurance coverage does not include any benefits provided under riders or supplemental benefits applied for or made a part of the policy.~~

~~No coverage is in effect unless the following eligibility requirements are met:~~

- ~~1. The Primary Proposed Insured, Additional Proposed Insured, and children to be covered under a Children's Insurance Rider, are more than 15 days and less than 70 years of age on the date this Application is signed; and~~
- ~~2. the Temporary Insurance Eligibility Question is truthfully answered "No" for the Primary Proposed Insured and Additional Proposed Insured named in this Application.~~

~~Important: If these two requirements are not met, no agent or representative of FNWL is authorized to accept money and no coverage is in effect. No agent or representative has the authority to change the terms and conditions of this Agreement.~~

~~Temporary Insurance coverage begins on the date:~~

- ~~1. The two eligibility requirements above are met; and~~
- ~~2. the Primary Proposed Insured, Additional Proposed Insured, and Proposed Policy Owner(s) completes and signs this Application; and~~
- ~~3. the selected modal premium (in no case less than 1/12th of the minimum first year's premium) is submitted to FNWL.~~

~~Any Temporary Insurance coverage payable shall be paid to the Beneficiary(ies) listed in this Application or Children's Insurance Rider, whichever is applicable.~~

~~Temporary Insurance coverage ends on the date:~~

- ~~1. The life insurance policy takes effect; or~~
- ~~2. the Proposed Policy Owner receives notice that either this Temporary Insurance coverage or the Application for Life Insurance has been declined; and in no case later than 12:01 a.m. Pacific Standard Time of the fifth day after FNWL has mailed a letter giving such notice; or~~
- ~~3. FNWL receives the Proposed Policy Owner's signed request to cancel; in which case the full amount paid will be refunded.~~

~~No temporary benefits will be paid if:~~

- ~~1. The initial premium check and/or draft submitted is not honored by the bank upon first presentation; or~~
- ~~2. the Primary Proposed Insured, Additional Proposed Insured, or any child to be covered under the Children's Insurance Rider, dies by suicide whether sane or insane; in which case FNWL's only obligation will be to refund the premium submitted; or~~
- ~~3. a material misrepresentation or omission of fact is made with respect to the eligibility requirements or the Temporary Insurance Eligibility Question; in which case Temporary Insurance coverage will be void and FNWL's only obligation shall be to return the premium paid.~~

Farmers New World Life Insurance Company

Mercer Island Life Office: 3003 77th Ave. S.E., Mercer Island, WA 98040-2890 (206) 232-8400

Columbus Life Office: P.O. Box 182325, Columbus, OH 43218-2325 (614) 764-9975

Variable Policy Service Office: P.O. Box 724208, Atlanta, GA 31139 (877) 376-8008



FARMERS
LIFE INSURANCE

Important Notice

Leave this Disclosure Statement with the Primary Proposed Insured and Additional Proposed Insured

We appreciate your Application for Life Insurance with Farmers New World Life, and want to assure you that your request will receive prompt consideration. As part of our normal procedure for processing your request, an investigative consumer report may be obtained regarding you. You have the right to be interviewed in connection with this report. The information is secured by an independent inspection company or by Farmers New World Life through personal interviews with your friends, neighbors, business associates, and others with whom you may be acquainted. This report, if obtained, contains information as to personal character, general reputation, and mode of living except as may be related directly or indirectly to your sexual orientation. Upon written request to us, further information as to the nature and scope of this report will be provided. You may also request a copy of the report. If inaccuracies exist in the report, you have the right to request correction. Corrections will be made upon our receipt of proof of the inaccuracy. Any adverse underwriting decision based on this report will be disclosed to you in writing.

Information regarding your insurability will be treated as confidential. Farmers New World Life or its reinsurers, may however, make a brief report thereon to the Medical Information Bureau, a non-profit membership organization to life insurance companies which operates an information exchange on behalf of its members. If you apply to another Bureau member for life or health insurance coverage, or a claim for benefits is submitted to such a company, the Bureau, upon request, will supply such company with the information it may have in its file.

Upon receipt of a request from you, the Bureau will arrange disclosure of any information it may have about you in its file. If you question the accuracy of information in the Bureau's file, you may contact the Bureau 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 {MIB Group Inc. 50 Braintree Hill, Suite 400, Braintree, MA 02184-8734; toll-free telephone number: (866) 692-6901 (TTY 866-346-3642 for hearing impaired); www.mib.com.}

Farmers New World Life, or its reinsurers, may also release information in its file to other life insurance companies to which you may apply for life or health insurance, or to which a claim for benefits may be submitted during the consideration of a claim.

Farmers New World Life Insurance Company

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 Columbus Life Office: P.O. Box 182325, Columbus, OH 43218-2325 (614) 764-9975
 Variable Policy Service Office: P.O. Box 724208, Atlanta, GA 31139 (877) 376-8008



FARMERS
LIFE INSURANCE

Application Number: _____

Temporary Insurance Application and Agreement (TIAA)

Name of Primary Proposed Insured: _____ Date of Birth: _____

Notice to Proposed Insured(s) and Proposed Owner

This Temporary Insurance Application and Agreement (TIAA) provides coverage in an amount limited to the amount applied for in the application for life insurance (Application) bearing the same number as the Application Number printed above (exclusive of riders or supplemental benefits) or **[\$500,000]**, whichever is less, and applies to the life of the Primary Proposed Insured and, if applicable the Additional Proposed Insured named in the Application. In the event of multiple pending applications on the Primary Proposed Insured or Additional Proposed Insured, the maximum amount of Temporary Insurance coverage available at any one time is **[\$500,000]** on any one life subject to the terms of this TIAA and regardless of the number of TIAAs on the Primary Proposed Insured or Additional Proposed Insured, if any. If children are included in the Application in the Children's Insurance Rider Information, coverage will be provided in the amount permitted and applied for under the Children's Insurance Rider without completion of the eligibility questions set forth below, except that no child under the age of 15 days shall be eligible. The Primary Proposed Insured, Additional Proposed Insured and children eligible under the Children's Insurance Rider may be referred to herein as "Any Proposed Insured" **Coverage under this TIAA begins on the Effective Date and ends on the Stop Date described below. No agent of Farmers New World Life Insurance Company (FNWL) has the authority to change the terms and conditions of this TIAA.**

Temporary Insurance Application

The Primary Proposed Insured and Additional Proposed Insured named in the Application must each answer the questions set forth below.

Terms of Eligibility

In order to qualify for Temporary Insurance:

- 1) The Primary Proposed Insured and Additional Proposed Insured must have completed and signed the Application;
- 2) The Primary Proposed Insured and Additional Proposed Insured and/or Proposed Owner, if different from the Primary Proposed Insured must have paid the first full modal premium; and
- 3) The Primary Proposed Insured and Additional Proposed Insured must truthfully answer the following five (5) questions "No."

If any of the following five (5) questions cannot be truthfully answered "No" for the Primary Proposed Insured or Additional Proposed Insured named in the Application or if any questions are left blank, no agent of FNWL is authorized to collect premiums associated with the Application and this TIAA and no life insurance coverage is in force by virtue of your Application or this TIAA for either the Proposed Insured or Additional Proposed Insured.

	Primary Proposed Insured		Additional Proposed Insured	
	Yes	No	Yes	No
1. Is any Proposed Insured less than 15 days old or more than 70 years old as of the date of the Application?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Has any Proposed Insured had or ever been told he/she had or consulted a physician for or received treatment for any of the following: disorder of the heart or blood vessels, angina, heart attack, stroke, cancer, tumor, Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or any other immunological disorder, drug dependency, or alcohol dependency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Within the past two years, has any Proposed Insured had any symptoms of, treatment for, or any medical condition that resulted in hospitalization for more than five days?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Has any Proposed Insured ever applied for insurance which has been declined, rated or modified in any way?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Within the past 90 days has any Proposed Insured been unable to perform the normal duties of his/her occupation for 15 or more working days because of health reasons?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Temporary Insurance Agreement

This Temporary Insurance Agreement provides for a death benefit limited to the amount applied for in the Application (exclusive of riders or supplemental benefits) or **{ \$500,000 }**, whichever is less. In the event of multiple pending applications on a Primary Proposed Insured or Additional Proposed Insured the maximum amount of Temporary Insurance coverage available at any one time is **{ \$500,000 }** on any one life. Temporary Insurance benefits will be paid, subject to the Limitations described below, upon presentation of due proof of death of Any Proposed Insured, occurring between the Effective Date and Stop Date of this Temporary Insurance Agreement and following any necessary investigation. The death benefit will be paid to the person(s) who would have received payment under the Policy applied for had it taken effect. In the event the Application is declined or withdrawn or this TIAA is cancelled for any reason, FNWL's only obligation will be to return the premium paid.

Terms and Conditions

Effective Date

Once the Terms of Eligibility have been met Temporary Insurance coverage begins on the date this TIAA is signed.

Effect of claim

In the event that a claim on the life of the Primary Proposed Insured is made under this TIAA, FNWL will refund the excess of premium paid, over that which would be solely attributable to the temporary coverage from the Effective Date to the date of death. This amount will be in addition to any amounts found to be payable under the terms of the TIAA. Any premium due will be deducted from the proceeds. In the event of multiple applications on Any Proposed Insured the maximum amount of Temporary Insurance coverage available at any one time is **{ \$500,000 }** on any one life. In the event of a claim on a child included in the Application in the Children's Insurance Rider Information, the amount of coverage will be provided in the amount permitted and applied for under the Children's Insurance Rider.

Stop Date

Temporary Insurance coverage ends when:

- A Policy takes effect as a result of the Application;
- The Proposed Policy Owner receives notice that either this TIAA or the Application has been declined; and in no case later than 12:01 A.M. Pacific Standard Time of the fifth day after FNWL has mailed a letter giving such notice; or
- FNWL receives the Proposed Policy Owner's signed request to cancel or withdraw either the Application or this TIAA.

Limitations

No Temporary Insurance benefits will be paid if the full first modal premium payment is not honored by the bank upon first presentation. If a material misrepresentation or omission of fact is made with respect to the Eligibility requirements above or the Primary Proposed Insured or Proposed Additional Insured dies by suicide, whether sane or insane, Temporary Insurance coverage will be void and FNWL's only obligation shall be to return the premium paid.

I (We) represent that: (1) I (we) have read and received a copy of this TIAA and agree to all of its terms and conditions; (2) I (we) understand and agree that no life insurance coverage, other than coverage provided by this TIAA, is in force by virtue of my Application, until a policy takes effect; (3) I (we) understand that purchasing Temporary Insurance coverage does not guarantee that FNWL will issue a policy on Any Proposed Insured's life; (4) I (we) understand that no agent of FNWL is authorized to change or waive the terms of the TIAA or collect premium if the Primary Proposed Insured or Additional Proposed Insured is ineligible for coverage under this TIAA; (5) I (we) have read, or have had read to me (us), and that I (we) understand the fraud warning and/or other notice listed on Form 31-4226 for my (our) state of residence, if any.

Primary Proposed Insured Signature
(or parent if Primary Proposed Insured is a juvenile)

Date of this TIAA

Proposed Policy Owner Signature and title, if applicable
(if other than Primary Proposed Insured)

Additional Proposed Insured Signature

Proposed Owner's Spouse Signature
(where required in community property states when a person other than Policy Owner's spouse is named as Primary Beneficiary)

Policy Co-Owner Signature and title, if applicable

Licensed Insurance Agent's Statement

Amount Remitted: \$ _____ Name of person from whom received: _____

On the date of this TIAA, I received the first modal premium in exchange for this TIAA. The TIAA bears the same date and number as the Application –I agree that I am not authorized to change or waive the terms of this TIAA and represent that I have not attempted to do so. **I further certify that I asked and accurately recorded the answers to the five (5) questions contained in the Terms of Eligibility and that neither the Primary Proposed Insured, nor the Additional Proposed Insured answered "No/Yes" to any of the questions listed.** I have read and explained the terms of this TIAA to the Proposed Insured(s) and Proposed Policy Owner. I have left a copy with the Proposed Policy Owner.

Licensed Insurance Agent Signature

Licensed Insurance Agent Code Number