

<i>SERFF Tracking Number:</i>	<i>CAKN-127115281</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Catholic Financial Life</i>	<i>State Tracking Number:</i>	<i>48445</i>
<i>Company Tracking Number:</i>	<i>CNO-118</i>		
<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
<i>Product Name:</i>	<i>Conversion/change Application</i>		
<i>Project Name/Number:</i>	<i>CONV APP/CNO-118</i>		

Filing at a Glance

Company: Catholic Financial Life

Product Name: Conversion/change Application SERFF Tr Num: CAKN-127115281 State: Arkansas

TOI: L08 Life - Other SERFF Status: Closed-Approved- State Tr Num: 48445
Closed

Sub-TOI: L08.000 Life - Other Co Tr Num: CNO-118 State Status: Approved-Closed

Filing Type: Form Reviewer(s): Linda Bird

Author: Donna Peterson Disposition Date: 04/13/2011

Date Submitted: 04/08/2011 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

State Filing Description:

Implementation Date:

General Information

Project Name: CONV APP

Project Number: CNO-118

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: Wisconsin, our state of domicile, is part of the Interstate Compact. The conversion/change application was filed with the Compact on 4/6/2011.

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 04/13/2011

State Status Changed: 04/13/2011

Deemer Date:

Submitted By: Donna Peterson

Filing Description:

Created By: Donna Peterson

Corresponding Filing Tracking Number:

Catholic Financial Life, a fraternal benefit society, is filing a conversion/change application for our members. This applicaiton is only used for exercising conversion or change priviledges a member is contractually entitled too from their AZ approved contracts.

Company and Contact

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	04/13/2011	04/13/2011

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Disposition

Disposition Date: 04/13/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Form	Conversion/change Applicaton		Yes

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Form Schedule

Lead Form Number: 2010 CONV APP

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	2010	Application/Conversion/change CONV APP Enrollment Applicaton Form	Initial		50.800	APP non cmpt fld vrsn.pdf



The amount of any conversion cannot exceed the amount guaranteed by the original contract. The underwriting classification for this conversion is the same as the original contract.

If additional benefits or classification changes are desired the standard Application for Membership and Insurance must be completed.

A. Converted Contract No. _____ **Contract/Rider Name** _____

Conversion/change from (check one):

- | | | |
|---|---|---|
| <input type="checkbox"/> Term | <input type="checkbox"/> Juvenile Term | <input type="checkbox"/> Universal Life |
| <input type="checkbox"/> Guaranteed Insurability Option Rider | <input type="checkbox"/> Juvenile Purchase Option Rider | |
| <input type="checkbox"/> Primary Insured 20 Yr Convertible Term Rider | <input type="checkbox"/> Secondary Insured 20 Yr Convertible Term Rider | |

B. Insured/Owner

Insured:

First Middle Initial Last
 Male Female **SS/ITIN No.** _____ **DOB:** _____ **Age** _____

Address:

Street City State Zip
Home phone: _____ **Work/cell phone:** _____ **Email:** _____

Owner: (must complete if Owner is not the Insured)

First Middle Initial Last

Relationship to Insured

Male Female **SS/ITIN No.** _____ **DOB:** _____

Address:

Street City State Zip
Home phone: _____ **Work/cell phone:** _____ **Email:** _____

Successor Owner (Optional):

First Middle Initial Last
 Male Female **SS/ITIN No.** _____ **DOB:** _____

Address:

Street City State Zip

C. Contract and Rider conversions

Amount of Insurance being converted: \$ _____

Convert to: Whole Life SPWL Universal Life

Does the converted contract include a Waiver of Premium Rider Yes No

Do you want to continue the Waiver Rider with the new Contract Yes No

If Yes: Is insured now disabled (*as defined in Rider*) Yes No

(If Yes, complete a standard application)

Current Premium Class: Select Plus Select Non Tobacco Select Tobacco Tobacco

D. Universal Life Change (use standard application for increases)

Decrease in Face Amount No Yes **Amount** _____

Change Death Benefit Option No Yes **from Option** _____ **to Option** _____

E. Premium Information

Annual Premium \$ _____ Single Premium \$ _____

Participation credits: Yes No

Mode: Annual Semi-Annual Quarterly Monthly EFT _____ (day)

Dividend Option: Cash Paid Up Life Additions Interest Reduced Premium

Automatic Loan Yes No

(UL only) Option #1 Level #2 Increasing UL planned premium \$ _____

F. Beneficiary: Subject to the certificate beneficiary provisions. The Owner may revoke and change any beneficiary not designated irrevocable.

INDIVIDUAL **ESTATE** **TRUST** **GIFT to PARISH or OTHER CHARITY**
Primary: Full Name Relationship SS/ITIN ID No.

Contingent: Primary: Full Name Relationship SS/ITIN ID No.

Parish/Charity Name _____ Amount or Percent _____

Custodian for minors: Name _____ DOB _____ SS/ITIN/TAX No _____

The share of any beneficiary who does not survive shall be paid in equal shares to the beneficiary's surviving children

AGREEMENT: I CERTIFY THAT I HAVE REVIEWED AND UNDERSTAND my insurance conversion/change options under my current plan. Information in this application is given to obtain permanent insurance and is true and complete to the best of my knowledge and belief and correctly recorded. The contract issued here upon shall not take effect unless the first premium is paid during my lifetime upon or before the delivery of the policy.

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

Dated at _____ on _____
City State Month Day Year

Signature of Insured _____

Signature of Parent/Guardian for Minor _____

Printed Signature _____

Signature of Owner (if other than insured) _____

Electronic Funds Transfer Plan Authorization for Premium Withdrawal

I/We hereby request and authorize CATHOLIC FINANCIAL LIFE, Milwaukee, Wisconsin, to draw funds under the Electronic Funds Transfer Plan to pay the premiums on the certificate resulting from this conversion. The funds should be drawn from the following account:

Name as it appears on Bank Account: _____

at _____ of _____
Name of Financial Institution City and State

Account Number: _____ Checking Savings
Routing Number (first 9 digits on bottom of check)

Date _____ Signature of Premium Payer _____ If joint account, other signature.

Subject to the following conditions:

- 1. The draw day may differ from the contract's effective day.
- 2. The privilege of paying premiums under this Plan may be revoked by Catholic Financial Life if any transfer is not paid upon presentation.
- 3. This Plan shall not be construed as a modification of any of the provisions of the certificates, except that during the continuance of this Plan, Catholic Financial Life shall not be required to give notice of premiums becoming due on any of the policies issued to the undersigned.
- 4. The payment of premiums under this Plan may be discontinued by Catholic Financial Life, or the undersigned upon seven (7) days' written notice.

IMPORTANT: Attach a voided blank check or deposit slip

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Supporting Document Schedules

Item Status:

Status

Date:

Satisfied - Item: Flesch Certification

Comments:

Attachment:

Flesch Conv app.pdf



READABILITY CERTIFICATION

This is to certify that the form referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of the Policy Language Simplification Act.

Form Number	Score
2011 CONV APP	50.8

A handwritten signature in blue ink, appearing to read "Daniel H. Strasburg", is written over a horizontal line.

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

April 6, 2011