

<i>SERFF Tracking Number:</i>	AMFA-127132523	<i>State:</i>	Arkansas
<i>Filing Company:</i>	Ameritas Life Insurance Corp.	<i>State Tracking Number:</i>	48687
<i>Company Tracking Number:</i>	2701		
<i>TOI:</i>	A02I Individual Annuities- Deferred Non-Variable	<i>Sub-TOI:</i>	A02I.003 Single Premium
<i>Product Name:</i>	2701 SPDA		
<i>Project Name/Number:</i>	2701 SPDA/2701 SPDA		

Filing at a Glance

Company: Ameritas Life Insurance Corp.

Product Name: 2701 SPDA

TOI: A02I Individual Annuities- Deferred Non-Variable

Sub-TOI: A02I.003 Single Premium

Filing Type: Form

SERFF Tr Num: AMFA-127132523 State: Arkansas

SERFF Status: Closed-Approved- Closed State Tr Num: 48687

Co Tr Num: 2701

State Status: Approved-Closed

Reviewer(s): Linda Bird

Authors: Cindy Meyer, Teri Tran, Joanne Friend

Disposition Date: 05/10/2011

Date Submitted: 05/05/2011

Disposition Status: Approved-Closed

Implementation Date Requested: 11/01/2011

Implementation Date:

State Filing Description:

General Information

Project Name: 2701 SPDA

Project Number: 2701 SPDA

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: This filing has been filed concurrently to our domiciliary state, Nebraska.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 05/10/2011

State Status Changed: 05/10/2011

Deemer Date:

Created By: Cindy Meyer

Submitted By: Cindy Meyer

Corresponding Filing Tracking Number:

Filing Description:

Attached for your review and approval is a Single Premium Deferred Annuity and associated forms. These are new forms and will not replace any previously approved forms.

Policy 2701 – This is a single premium deferred annuity used to provide guaranteed periodic payments based on the annuity option selected and the amount of the single premium. This policy provides for a one-year, three-year or six-year initial interest rate guarantee period. The initial guaranteed period selected by the applicant will appear on the

SERFF Tracking Number: AMFA-127132523 State: Arkansas
Filing Company: Ameritas Life Insurance Corp. State Tracking Number: 48687
Company Tracking Number: 2701
TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.003 Single Premium
Variable
Product Name: 2701 SPDA
Project Name/Number: 2701 SPDA/2701 SPDA

policy schedule.

Issue Ages: 0-85 (86-90 with prior approval)
Minimum Premium: \$5,000
Maximum Premium: \$1,000,000 (without prior approval)

The policy can be issued on both a sex-distinct and unisex basis. There is an unrestricted market for which this product is intended. The policy will be marketed on an individual basis. There is no limitation on the use of the form by certain agents.

UN 1418 5-11- This is the application used to apply for this product.

BE 5-11 – This endorsement provides what the industry commonly refers to as a ‘bailout’ provision. This endorsement allows the policyholder to fully surrender the policy without surrender charges for the first time a renewal declared interest rate falls more than 1% below the initial declared interest rate, subject to the conditions stated in the endorsement. This endorsement will be attached to the policy only upon request of the applicant. If the bailout endorsement is elected, this option will appear on the policy schedule.

Settlement Option Tables – The Settlement Option Tables will be attached to the policy and are personalized to each policy depending on whether the policy is based on a sex-distinct or unisex basis.

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

AEIRA01 - Individual Retirement Annuity Endorsement (Approved 02-17-10, File #44820)
AEROTH01 - Roth Individual Retirement Annuity Endorsement (Approved 02-17-10, File #44820)
AESIRA01 - Simple Individual Retirement Annuity Endorsement (Approved 02-17-10, File #44820)
QRPE 5-11 - Qualified Retirement Plan Endorsement (Approved 02-22-11, File #47964)
UE 11-10 - Unisex Endorsement (Approved 11-09-10, File #47223)

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

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

If you should have any questions, please don’t hesitate to contact us.

SERFF Tracking Number: AMFA-127132523 State: Arkansas
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 Company Tracking Number: 2701
 TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.003 Single Premium
 Variable
 Product Name: 2701 SPDA
 Project Name/Number: 2701 SPDA/2701 SPDA

Company and Contact

Filing Contact Information

Cindy Meyer, Supervisor, Contract Analysts cmeyer@ameritas.com
 5900 O Street 800-745-1112 [Phone] 87722 [Ext]
 P O Box 81889 402-467-7956 [FAX]
 Lincoln, NE 68501-1889

Filing Company Information

Ameritas Life Insurance Corp. CoCode: 61301 State of Domicile: Nebraska
 5900 O Street Group Code: 943 Company Type:
 P O Box 81889 Group Name: State ID Number:
 Lincoln, NE 68501-1889 FEIN Number: 47-0098400
 (800) 756-1112 ext. [Phone]

Filing Fees

Fee Required? Yes
 Fee Amount: \$650.00
 Retaliatory? No
 Fee Explanation: \$50 per form (x 13)
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Ameritas Life Insurance Corp.	\$650.00	05/05/2011	47278762

SERFF Tracking Number: AMFA-127132523 State: Arkansas
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Variable
Product Name: 2701 SPDA
Project Name/Number: 2701 SPDA/2701 SPDA

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	05/10/2011	05/10/2011

SERFF Tracking Number: AMFA-127132523 *State:* Arkansas
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Variable
Product Name: 2701 SPDA
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Disposition

Disposition Date: 05/10/2011

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	Yes
Supporting Document	Application	Yes	Yes
Supporting Document	Life & Annuity - Actuarial Memo	No	No
Supporting Document	Statement of Variability	Yes	Yes
Form	Single Premium Deferred Annuity	Yes	Yes
Form	Application for Single Premium Deferred Annuity	Yes	Yes
Form	Bailout Endorsement	Yes	Yes
Form	Settlement Option Tables	Yes	Yes
Form	Settlement Option Tables	Yes	Yes
Form	Settlement Option Tables	Yes	Yes
Form	Settlement Option Tables	Yes	Yes
Form	Settlement Option Tables	Yes	Yes
Form	Settlement Option Tables	Yes	Yes
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Form Schedule

Lead Form Number: 2701

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	2701	Policy/Cont	Single Premium ract/Fratern Deferred Annuity al Certificate	Initial		61.000	2701.pdf
	UN 1418 5-11	Application/ Enrollment Form	Application for Single Premium Deferred Annuity	Initial		56.000	UN 1418 5-11.pdf
	BE 5-11	Policy/Cont	Bailout Endorsement ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		56.000	BE 5-11.pdf
	SOT-S A2000 1%	Other	Settlement Option Tables	Initial		0.000	SOT-S A2000 1%.pdf
	SOT-S A2000 1.5%	Other	Settlement Option Tables	Initial		0.000	SOT-S A2000 1.5%.pdf
	SOT-S A2000 2%	Other	Settlement Option Tables	Initial		0.000	SOT-S A2000 2%.pdf
	SOT-S A2000 2.5%	Other	Settlement Option Tables	Initial		0.000	SOT-S A2000 2.5%.pdf
	SOT-S A2000 3%	Other	Settlement Option Tables	Initial		0.000	SOT-S A2000 3%.pdf
	SOT-U A2000 1%	Other	Settlement Option Tables	Initial		0.000	SOT-U A2000 1%.pdf



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

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

Policy Number: [0123456789]

We promise to pay the benefits of this policy in accordance with its terms.

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

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

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

AMERITAS LIFE INSURANCE CORP.

[ SPECIMEN  SPECIMEN]

[President

Secretary]

Single Premium Deferred Annuity
Monthly Annuity Payments Starting on Maturity Date
Death Benefit Payable Before Maturity Date
Nonparticipating

[www.ameritas.com]

TABLE OF CONTENTS

POLICY SCHEDULE	3
DEFINITIONS	4
GENERAL PROVISIONS	4
Assignment	4
Beneficiary Designations	4
Change of Beneficiary	5
Change of Ownership	5
Claims of Creditors	5
Entire Policy	5
Incontestability	5
Misstatement of Age or Gender	5
Nonparticipating Policy	5
Values	5
GUARANTEED VALUES	5
Accumulation Value	5
Full Surrender	5
Partial Surrender	6
Surrender Charge	6
Waiver of Surrender Charges	6
Annual Report	6
DEATH BENEFITS	6
Death Benefit	6
Death of Owner	7
Joint Owners	7
Death of Annuitant before the Maturity Date	7
Death of Beneficiary	7
PAYMENT OF POLICY BENEFITS	7
General	7
Normal Settlement	7
Election of Annuity Option	7
Change in Annuity Option	8
Change in Maturity Date	8
Minimum Payments	8
Withdrawals	8
Payment Option Agreement	8
Required Proof	8
Basis of Values	8
Excess Interest	8
ANNUITY OPTIONS	8
Life Income	8
Installment Payments	8
Other Options	8

POLICY SCHEDULE

Policy Number:	[0123456789]
Owner(s):	[John Doe] [Jane Doe]
Annuitant:	[John Doe]
Annuitant Issue Age and Gender:	[35, Male]
[Joint Annuitant:	Jane Doe]
[Joint Annuitant Issue Age and Gender:	34, Female]
Policy Date:	[January 1, 2011]
Maturity Date:	[January 1, 2071]
Single Premium:	[\$50,000.00]
Annuity Option:	Life annuity with guaranteed payments 5 years unless another option is chosen by you
Basis of Values:	[A2000] Mortality Table - [Sex Distinct]
Initial Declared Interest Rate:	[2.45]%
Initial Guaranteed Period:	[1] Year
Guaranteed Minimum Interest Rate:	[1.25]%
[Bailout Rate:	5.00%]

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

POLICY SCHEDULE

GUARANTEED VALUES

<u>Beginning Policy Year</u>	<u>Accumulation Value</u>	<u>Surrender Charge</u>	<u>Surrender Value</u>
[2	\$51,225	\$1,225	\$50,000
3	\$51,865	\$1,865	\$50,000
4	\$52,513	\$1,890	\$50,623
5	\$53,169	\$1,436	\$51,733
6	\$53,834	\$969	\$52,865
7	\$54,507	-	\$54,507
8	\$55,188	-	\$55,188
9	\$55,878	-	\$55,878
10	\$56,576	-	\$56,576
11	\$57,283	-	\$57,283
12	\$57,999	-	\$57,999
13	\$58,724	-	\$58,724
14	\$59,458	-	\$59,458
15	\$60,201	-	\$60,201
16	\$60,954	-	\$60,954
17	\$61,716	-	\$61,716
18	\$62,487	-	\$62,487
19	\$63,268	-	\$63,268
20	\$64,059	-	\$64,059
21	\$64,860	-	\$64,860
AGE 65	\$73,440	-	\$73,440]

MAXIMUM SURRENDER CHARGE

We will impose a surrender charge on certain early surrenders. The amount of the surrender charge is a percentage of the amount withdrawn and is set forth below.

<u>Policy Year</u>	<u>Surrender Charge Percentage</u>
[1	7%
2	6%
3	5%
4	4%
5	3%
6	2%
7 and thereafter	0]

After the first policy year, each year 10% of the accumulation value, determined just before the first withdrawal of that policy year, may be withdrawn without a surrender charge.

DEFINITIONS

(Defined terms appear in italics throughout this policy.)

ACCUMULATION VALUE. Means the value of the policy before the surrender charge, if any. On the *maturity date*, the *accumulation value* will be used to determine the annuity payments under the annuity option elected by *you*.

ANNUITANT. Means the person whose life is used to determine the duration of any annuity payments involving life contingencies. The *annuitant* is named in the application and on the policy schedule. While the *annuitant* is alive and prior to the *maturity date*, *you*, as *owner*, may name a new *annuitant* by providing *us* written notice.

BENEFICIARY. Means the person designated by *you* to receive the death benefits from this policy upon *your* death.

DECLARED INTEREST RATE. Means the annual effective interest rate used to credit interest to the *accumulation value*. The initial *declared interest rate* and the number of policy years for which it is guaranteed are shown on the policy schedule. The *declared interest rate* for policy years after the initial guarantee period will be stated in the annual report and guaranteed for one policy year. *Declared interest rates* will never be less than the guaranteed minimum interest rate shown on the policy schedule.

ISSUE AGE. Means the age of the *annuitant* on the birthday nearest the *policy date*. The *issue age* is stated on the policy schedule.

MATURITY DATE. Means the date on which annuity payments will begin. The latest date shall be shown on the policy schedule unless an earlier date was chosen by *you*.

OWNER. Means the person, or persons if there are joint *owners*, named in the application or in the latest change for which *we* are given *written notice*. The *owner* may exercise policy rights subject to any assignment and to the rights of any irrevocable *beneficiary*.

POLICY DATE. Means the date stated on the policy schedule. It is the date from which policy years, policy months and policy anniversaries are measured.

PROOF OF DEATH. Means: a) a certified copy of a death certificate, or b) a certified copy of a decree of a court of competent jurisdiction as to the findings of death. *We* may require a written statement by a medical doctor who attended the deceased and any other proof in order to investigate the claim.

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

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

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

GENERAL PROVISIONS

ASSIGNMENT. *You* may assign this policy. No assignment will be binding on *us* unless *we* receive *written notice*. *We* will not be responsible for the validity of any assignment. *Your* rights, and the rights of any *beneficiary* or payee will be subject to any assignment. *We* will not be liable for any payments *we* make or actions *we* take before *we* receive *written notice* of an assignment.

BENEFICIARY DESIGNATION. The primary and any contingent *beneficiaries* of this policy are initially named in the application. Unless the *beneficiary* designation provides otherwise, any death benefits will be divided equally among *beneficiaries* of the same class. The contingent *beneficiary's* interests are contingent on no primary *beneficiary* living at the time of the event giving rise to the payment of death benefits. The interest of any *beneficiary* will be subject to the rights of any assignee shown on *our* records.

CHANGE OF BENEFICIARY. *Beneficiaries* may be changed by *you* by providing *written notice* during the *annuitant's* life unless an irrevocable designation has previously been made. The rights of an irrevocable *beneficiary* may not be changed without his or her written consent.

CHANGE OF OWNERSHIP. *You* may change the ownership of this policy by providing *written notice*.

CLAIMS OF CREDITORS. Except as required by law, the creditors of a payee have no right of claim against the proceeds of this policy.

ENTIRE POLICY. This policy, any endorsements, policy schedule, amendments, and the written application, a copy of which is attached, make up the entire policy. Any change in the policy must be approved in writing by *you* and signed by the President, a Vice President, the Secretary or an Assistant Secretary of the Company. *We* will not be bound by the representations or promise of any other person. Statements made in the application are representations and not warranties. Words that can be interpreted as singular or plural shall mean both.

INCONTESTABILITY. *We* will not contest a claim or the validity of this policy from the *policy date*.

MISSTATEMENT OF AGE OR GENDER. If the *annuitant's* age or gender has been misstated, any amount payable will be such as would have been provided on the basis of the correct age and gender. Any underpayments by *us* because of misstatement of age or gender shall be paid to the *annuitant* in a single sum with interest at the guaranteed minimum interest rate shown on the policy schedule per year, compounded annually, from the respective due dates of the annuity payments. Any overpayments by *us* because of misstatement of age or gender, with interest at the guaranteed minimum interest rate shown on the policy schedule per year, compounded annually, from the respective due dates of the annuity payments, shall be charged against the current and, if necessary, next succeeding annuity payments to be made by *us*.

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

VALUES. Values and death benefits are equal to or greater than those required by the state in which this policy is delivered.

GUARANTEED VALUES

ACCUMULATION VALUE. The *accumulation value* on the *policy date* is equal to the single premium credited to the policy as of that date minus any state premium tax. The *accumulation value* on any other date is the *accumulation value* at the beginning of the policy month, minus any partial surrenders and surrender charges applied during the month, plus interest on the difference from the beginning of the policy month to the date of computation at the *declared interest rate* in effect for that month.

FULL SURRENDER. *You* may fully surrender this policy at any time before the *maturity date* for the surrender value. The surrender value is the larger of:

- (1) The *accumulation value* minus the surrender charge, if any; or
- (2) The single premium minus any state premium tax and minus any prior partial surrenders.

Payment of full surrenders may be deferred for not more than 6 months. If the payment is deferred for 30 days or more, interest at the guaranteed minimum interest rate shown on the policy schedule per year, will be paid for the period of deferment.

PARTIAL SURRENDER. *You* may request a partial surrender at any time after the first policy year and before the *maturity date*. The *accumulation value* will be reduced by the amount of the partial surrender. *We* will pay to *you* the amount of the partial surrender minus any applicable surrender charge.

Payment of partial surrenders may be deferred for not more than 6 months. If the payment is deferred for 30 days or more, interest at the guaranteed minimum interest rate shown on the policy schedule per year, will be paid for the period of deferment.

SURRENDER CHARGE. A surrender charge will be in effect for a number of years after the *policy date*. It is equal to a percentage of the amount withdrawn. The surrender charge percentages are shown on the policy schedule. After the first policy year, each year 10% of the *accumulation value*, determined just before the first withdrawal of that policy year, may be withdrawn without a surrender charge.

WAIVER OF SURRENDER CHARGES. The surrender charge will be waived in the event of (1) or (2) below:

- (1) *You* become confined in a qualified institution for a period of at least 30 consecutive days after the *policy date*, subject to the following:
 - (a) *You* must be a natural person (not a Trust, Corporation, or other legal entity).
 - (b) *You* must have been an *owner* of this policy continuously since the *policy date*.
 - (c) *You* were not confined in a qualified institution at any time during the 60 day period just prior to the *policy date*.
 - (d) *We* receive a *written notice* for a full or partial surrender along with due proof of confinement within 12 months following such confinement.
 - (e) A "qualified institution" means any licensed hospital or licensed skilled or intermediate care nursing facility at which:
 - (i) medical treatment is available on a daily basis; and
 - (ii) daily medical records are kept for each patient.
- (2) *You* acquire a terminal illness after the *policy date*, subject to the following:
 - (a) *You* must be a natural person (not a Trust, Corporation, or other legal entity).
 - (b) *You* must have been an *owner* of this policy continuously since the *policy date*.
 - (c) *You* must have less than 12 months to live.
 - (d) *We* must receive a *written notice* for full or partial surrender together with a certificate from *your* attending physician stating *your* life expectancy and any other proof *we* may require.
 - (e) "Physician" means a medical doctor licensed in the United States who:
 - (i) is operating within the scope of that license; and
 - (ii) is not the *owner* and is not related to the *owner*.

ANNUAL REPORT. Each policy anniversary, before the *maturity date*, *we* will send *you* an annual report which shows:

- (1) the *accumulation value* at the beginning and at the end of the policy year;
- (2) any partial surrenders during the policy year;
- (3) interest credited during the policy year; and
- (4) the *declared interest rate* for the next policy year.

DEATH BENEFITS

DEATH BENEFIT. Death benefits shall always be made in accordance with the distribution requirements of the Internal Revenue Code for annuity contracts, and shall supersede any provision to the contrary. If the death benefit is paid before the *maturity date*, the death benefit will be the *accumulation value* on the date that *proof of death* is received. On or after the *maturity date*, the death benefit, if any, will depend on the annuity option in effect on the date of the *annuitant's* death.

DEATH OF OWNER. If *you* are an *owner* and die before the *maturity date*, the following will apply:

- (1) If *your* spouse is not the *beneficiary*, the death benefit will be paid to the named *beneficiary*:
 - (a) upon *written notice* it may be paid under any option listed in the Annuity Options section of this policy over a period not exceeding the *beneficiary's* life expectancy. The first payment must be made no later than one year after the date of *your* death; or
 - (b) in a single sum. The *beneficiary* has the option to elect to receive the death benefit any time within five years after the date of *your* death unless an annuity option has been elected.
- (2) If *your* spouse is the *beneficiary*, *your* spouse may elect, by *written notice* to *us*, one of the following options:
 - (a) to continue this policy as the *owner*; or
 - (b) to receive the death benefit under any option listed in the Annuity Options section of this policy over a period not exceeding the *beneficiary's* life expectancy. The first payment must be made no later than one year after the date of *your* death; or
 - (c) to receive the death benefit in a single sum. *Your* spouse may elect to receive the death benefit any time within five years after the date of *your* death, unless an annuity option has been elected.

If none of these options is elected by *your* spouse within 45 days after *we* receive *proof of death*, option (2)(a) above shall apply.

- (3) If no *beneficiary* is living or if no *beneficiary* has been named, at the date of *your* death, the death benefit will be paid in a single sum to the executor or administrator of *your* estate within five years after the date of *your* death.

If *you* are an *owner* and die on or after the *maturity date*, the remaining portion of *your* interest in the policy will be distributed at least as rapidly as under the method of distribution being used as of the date of *your* death.

JOINT OWNERS. If this policy is owned jointly, the death of the first joint *owner* shall be treated as the death of the *owner*.

DEATH OF ANNUITANT BEFORE THE MATURITY DATE. If *you*, the *owner*, are a different person from the *annuitant*, and the *annuitant* dies during *your* lifetime and before the *maturity date*, *you* will be treated as the *annuitant*. If *you* are not a natural person, and the *annuitant* dies before the *maturity date*, *we* will pay the death benefit to *you* in a single sum. *You* have the option to elect to receive the single sum any time within five years of the death of the *annuitant*.

DEATH OF BENEFICIARY. Unless otherwise provided, if any *beneficiary* dies before, at the same time as, or within 30 days after *your* death, that *beneficiary* will be treated as if their death occurred before *yours*.

PAYMENT OF POLICY BENEFITS

GENERAL. Policy benefits under this policy are payable in accordance with the Settlement Option Tables included with this policy or under such other annuity options to which *we* may agree.

NORMAL SETTLEMENT. The *accumulation value* will be applied to provide annuity payments under the annuity option shown on the policy schedule if:

- (1) the *annuitant* is living on the *maturity date*; and
- (2) an alternate annuity option has not been elected.

ELECTION OF ANNUITY OPTION. *You* may elect any annuity option during the *annuitant's* life by giving *written notice*. The *annuitant* under any annuity option must be a natural person.

CHANGE IN ANNUITY OPTION. Prior to the *maturity date* and while the *annuitant* is living, *you* may elect to change the annuity option. *Written Notice* must be received at least 30 days before the *maturity date*.

CHANGE IN MATURITY DATE. Prior to the *maturity date* and while the *annuitant* is living, *you* may elect to change the *maturity date*. After five years from the *policy date*, *you* may advance the *maturity date*, but not to a date earlier than the date of the request. *Written Notice* must be received at least 30 days before the *maturity date*.

MINIMUM PAYMENTS. If a monthly, quarterly or semiannual payment would be less than \$100, *we* may make payments less frequently. If the annual payment would be less than \$100, *we* may pay the proceeds to the *annuitant* in a lump sum.

WITHDRAWALS. Proceeds applied under any annuity option may not be surrendered or otherwise withdrawn.

PAYMENT OPTION AGREEMENT. A Payment Option Agreement will be issued to the *annuitant* in exchange for this policy at the time proceeds are payable under an annuity option. The Payment Option Agreement will show the date the option becomes effective.

REQUIRED PROOF. *We* may require proof of age of any *annuitant*. *We* may also require proof that an *annuitant* is living before making a payment.

BASIS OF VALUES. Calculations are based on the Annuity Mortality Table shown on the policy schedule and on the Settlement Option Tables included with this policy.

EXCESS INTEREST. Annuity payments under the Annuity Options are based on the interest rate as shown in the Actuarial Basis provision of the Settlement Option Tables, compounded annually. If *we* declare a higher rate of interest, the payments will be increased accordingly.

ANNUITY OPTIONS

LIFE INCOME. *We* will make equal annual, semiannual, quarterly or monthly annuity payments as elected for the life of the *annuitant*. If annual, semiannual or quarterly payments are selected, the minimum amount of the payment will be computed on the same basis as the minimum monthly annuity payments shown on the Settlement Option Tables for Option 1: Life Annuity included with this policy. The first payment is due on the date the annuity option becomes effective.

- (1) Life income only. Annuity payments will be made for the *annuitant's* life only. There are no guaranteed payments. Upon the death of the *annuitant*, payments will cease.
- (2) Life annuity with installment payments. Annuity payments will be made for the *annuitant's* life or for a selected number of payments, whichever is longer.
- (3) Life income with installment refund. Annuity payments will be made for the *annuitant's* life, or for a period that ends when the total amount paid equals the proceeds applied under this option, whichever is longer.

INSTALLMENT PAYMENTS. *We* will make equal annual, semiannual, quarterly or monthly annuity payments for the number of years selected (from five to thirty years). If annual, semiannual, or quarterly payments are selected, the minimum amount of annuity payments will be computed on the same basis as the minimum monthly annuity payments shown on the Settlement Option Tables for Option 2: Installment Payments included with this policy. The first payment is due on the date the option becomes effective.

OTHER OPTIONS. *You* and *we* may agree to make annuity payments in another manner.

Single Premium Deferred Annuity
Monthly Annuity Payments Starting on Maturity Date
Death Benefit Payable Before Maturity Date
Nonparticipating



[P.O. Box 81889, Lincoln, NE 68501-1889]
(Client Service Office)

Application for Single Premium Deferred Annuity

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

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

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

Full Name _____ Date of Birth _____
 Social Security # or Tax I.D. Number _____ Date of Trust _____
 Address _____ Day Phone _____
 City/State/ZIP _____ E-mail _____

JOINT OWNER (Optional)

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

Full Name _____ Date of Birth or Trust _____
 Social Security # or Tax I.D. Number _____ Relationship to Owner _____
 Address _____ Day Phone _____
 City/State/ZIP _____ E-mail _____

2. Annuitant If other than owner.

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

Full Name _____ Date of Birth or Trust _____
 Social Security # or Tax I.D. Number _____ Relationship to Owner _____
 Address _____ Day Phone _____
 City/State/ZIP _____

JOINT ANNUITANT (Optional)

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

Full Name _____ Date of Birth or Trust _____
 Social Security # or Tax I.D. Number _____ Relationship to Owner _____
 Address _____ Day Phone _____
 City/State/ZIP _____

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

PRIMARY _____ Social Security # _____
 Relationship to Owner _____ Date of Birth _____

CONTINGENT _____ Social Security # _____
 Relationship to Owner _____ Date of Birth _____

4. Annuity Type

A. Plan Type:

Type of Transfer

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

B. Contract Election: (interest varies by election)

- Without Bailout
 1 Year guaranteed period 3 Year guaranteed period 6 Year guaranteed period
 1 Year guaranteed period with Bailout

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

9. Acknowledgment

- 1. I (We) hereby represent to the best of my (our) knowledge and belief that each of the statements and answers contained above are full, complete, and true.
- 2. I (We) certify that the Social Security or taxpayer identification number shown above is correct.
- 3. For Alaska Residents: All statements and descriptions in this application are considered representations and not warranties.

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

X _____
Signature of Owner

X _____
Signature of Joint Owner (if applicable)

X _____
Signature of Annuitant if other than Owner

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

Title of Officer or Trustee(s)

Title of Officer or Trustee(s)

10. Agent's/Producer's Statement (Must check appropriate box)

- a. To your knowledge does the Owner (Applicant) have any existing life insurance policies or annuity contracts? Yes No
- b. Do you have any knowledge or reason to believe that replacement of existing life insurance policies or annuity contracts may be involved? Yes No
(If yes, give details in Section 6 and complete any state required replacement forms.)
- c. Did you see the Proposed Owner at the time of application completion? Yes No

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

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

Form of I.D. used for Owner I.D. # _____ Expiration Date _____

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

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

- Checking Account Savings Account Proceeds from Investments Inheritance Other _____

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

X _____
Signature of Agent/Producer Date _____

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

X _____
Signature of Agent/Producer Date _____

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

Ameritas Life Insurance Corp.

BAILOUT ENDORSEMENT

Your policy is endorsed as follows and it is effective as of the *policy date*.

A new provision is added to the **GUARANTEED VALUES** section as follows:

BAILOUT. The surrender charge will be waived if we receive a *written notice* for a full surrender within 30 days of the first policy anniversary on which the *declared interest rate* falls more than 1.0% below the initial *declared interest rate* shown on the policy schedule. This endorsement will become null and void on the 31st day after such policy anniversary.

In all other respects your policy remains unchanged.

AMERITAS LIFE INSURANCE CORP.

[ SPECIMEN ]

[President

Secretary]

Ameritas Life Insurance Corp.

Settlement Option Tables

Installments shown are for a monthly payment for each \$1,000 of Accumulation Value applied under an option. Age, as used in these Tables, is age as of nearest birthday. Rates of monthly payments for ages and periods certain not shown, if allowed by us, will be computed on an actuarially equivalent basis. To determine annual, semiannual or quarterly installments, multiply the monthly amounts by 11.60, 5.90 or 2.98, respectively.

OPTION 1: LIFE ANNUITY									
MALE					FEMALE				
Age	(a) Nonrefund	(b) 5-Years Certain	(c) 10-Years Certain	(d) Installment Refund	Age	(a) Nonrefund	(b) 5-Years Certain	(c) 10-Years Certain	(d) Installment Refund
50	2.68	2.68	2.67	2.48	50	2.48	2.48	2.48	2.36
51	2.73	2.73	2.72	2.52	51	2.53	2.53	2.53	2.40
52	2.79	2.79	2.78	2.57	52	2.58	2.58	2.58	2.44
53	2.85	2.85	2.84	2.61	53	2.63	2.63	2.63	2.48
54	2.92	2.91	2.90	2.66	54	2.69	2.69	2.68	2.52
55	2.99	2.98	2.97	2.71	55	2.75	2.74	2.74	2.57
56	3.06	3.05	3.03	2.76	56	2.81	2.81	2.80	2.61
57	3.13	3.12	3.11	2.81	57	2.87	2.87	2.86	2.66
58	3.21	3.20	3.18	2.87	58	2.94	2.94	2.92	2.71
59	3.29	3.28	3.26	2.92	59	3.01	3.01	2.99	2.77
60	3.38	3.37	3.34	2.98	60	3.08	3.08	3.07	2.82
61	3.47	3.46	3.43	3.04	61	3.16	3.16	3.14	2.88
62	3.56	3.55	3.52	3.11	62	3.24	3.24	3.22	2.94
63	3.66	3.65	3.61	3.18	63	3.33	3.32	3.30	3.00
64	3.77	3.76	3.71	3.24	64	3.42	3.42	3.39	3.07
65	3.89	3.87	3.82	3.32	65	3.52	3.51	3.49	3.14
66	4.01	3.99	3.93	3.39	66	3.62	3.62	3.58	3.21
67	4.14	4.12	4.05	3.47	67	3.74	3.72	3.69	3.28
68	4.28	4.25	4.17	3.55	68	3.85	3.84	3.80	3.36
69	4.43	4.40	4.30	3.64	69	3.98	3.96	3.91	3.44
70	4.59	4.55	4.43	3.73	70	4.11	4.09	4.03	3.53
75	5.55	5.46	5.19	4.26	75	4.93	4.89	4.75	4.03
80	6.87	6.66	6.07	4.93	80	6.12	6.01	5.66	4.68
85	8.73	8.21	6.97	5.78	85	7.88	7.57	6.68	5.53

OPTION 2: INSTALLMENT PAYMENTS									
Certain Only Annuity Factors									
Minimum Monthly Annuity Payment for each \$1,000 of Proceeds Applied									
Assuming first payment made at beginning of period									
Number of Years	Monthly Payment	Number of Years	Monthly Payment	Number of Years	Monthly Payment	Number of Years	Monthly Payment	Number of Years	Monthly Payment
5	17.08	10	8.75	15	5.98	20	4.59	25	3.76
6	14.30	11	7.99	16	5.63	21	4.40	26	3.64
7	12.32	12	7.36	17	5.33	22	4.22	27	3.52
8	10.83	13	6.83	18	5.05	23	4.05	28	3.41
9	9.68	14	6.37	19	4.81	24	3.90	29	3.31
								30	3.21

ACTUARIAL BASIS - Installments shown in the above tables are based on an annual effective rate of 1%. Additionally, installments shown in the table for Option 1: Life Annuity are based on the A2000 Mortality Table with age set back five years; amounts for Age 86 and older shall be the same as for Age 85.

Ameritas Life Insurance Corp.

Settlement Option Tables

Installments shown are for a monthly payment for each \$1,000 of Accumulation Value applied under an option. Age, as used in these Tables, is age as of nearest birthday. Rates of monthly payments for ages and periods certain not shown, if allowed by us, will be computed on an actuarially equivalent basis. To determine annual, semiannual or quarterly installments, multiply the monthly amounts by 11.60, 5.90 or 2.98, respectively.

OPTION 1: LIFE ANNUITY									
MALE					FEMALE				
Age	(a) Nonrefund	(b) 5-Years Certain	(c) 10-Years Certain	(d) Installment Refund	Age	(a) Nonrefund	(b) 5-Years Certain	(c) 10-Years Certain	(d) Installment Refund
50	2.94	2.93	2.93	2.78	50	2.74	2.74	2.73	2.65
51	2.99	2.99	2.98	2.83	51	2.79	2.78	2.78	2.69
52	3.05	3.05	3.04	2.87	52	2.84	2.83	2.83	2.73
53	3.11	3.11	3.10	2.92	53	2.89	2.89	2.88	2.77
54	3.18	3.17	3.16	2.97	54	2.94	2.94	2.94	2.82
55	3.25	3.24	3.22	3.02	55	3.00	3.00	2.99	2.86
56	3.32	3.31	3.29	3.08	56	3.06	3.06	3.05	2.91
57	3.39	3.38	3.36	3.13	57	3.13	3.12	3.11	2.96
58	3.47	3.46	3.44	3.19	58	3.19	3.19	3.18	3.02
59	3.55	3.54	3.51	3.25	59	3.26	3.26	3.25	3.07
60	3.64	3.63	3.60	3.31	60	3.34	3.33	3.32	3.13
61	3.73	3.72	3.68	3.38	61	3.42	3.41	3.39	3.19
62	3.82	3.81	3.77	3.45	62	3.50	3.49	3.47	3.25
63	3.93	3.91	3.87	3.52	63	3.59	3.58	3.56	3.32
64	4.03	4.02	3.97	3.59	64	3.68	3.67	3.64	3.39
65	4.15	4.13	4.07	3.67	65	3.78	3.77	3.74	3.46
66	4.27	4.25	4.19	3.75	66	3.88	3.87	3.84	3.54
67	4.40	4.38	4.30	3.84	67	3.99	3.98	3.94	3.62
68	4.54	4.52	4.42	3.93	68	4.11	4.10	4.05	3.71
69	4.69	4.66	4.55	4.02	69	4.23	4.22	4.16	3.79
70	4.85	4.81	4.69	4.12	70	4.37	4.35	4.28	3.88
75	5.82	5.73	5.44	4.70	75	5.19	5.15	5.00	4.43
80	7.16	6.93	6.31	5.41	80	6.39	6.28	5.90	5.13
85	9.02	8.48	7.20	6.34	85	8.17	7.84	6.92	6.06

OPTION 2: INSTALLMENT PAYMENTS									
Certain Only Annuitization Factors									
Minimum Monthly Annuity Payment for each \$1,000 of Proceeds Applied									
Assuming first payment made at beginning of period									
Number of Years	Monthly Payment	Number of Years	Monthly Payment	Number of Years	Monthly Payment	Number of Years	Monthly Payment	Number of Years	Monthly Payment
5	17.28	10	8.96	15	6.20	20	4.81	25	3.99
6	14.51	11	8.21	16	5.85	21	4.62	26	3.86
7	12.53	12	7.58	17	5.55	22	4.44	27	3.75
8	11.04	13	7.05	18	5.27	23	4.28	28	3.64
9	9.89	14	6.59	19	5.03	24	4.13	29	3.54
								30	3.44

ACTUARIAL BASIS - Installments shown in the above tables are based on an annual effective rate of 1.5%. Additionally, installments shown in the table for Option 1: Life Annuity are based on the A2000 Mortality Table with age set back five years; amounts for Age 86 and older shall be the same as for Age 85.

Ameritas Life Insurance Corp.

Settlement Option Tables

Installments shown are for a monthly payment for each \$1,000 of Accumulation Value applied under an option. Age, as used in these Tables, is age as of nearest birthday. Rates of monthly payments for ages and periods certain not shown, if allowed by us, will be computed on an actuarially equivalent basis. To determine annual, semiannual or quarterly installments, multiply the monthly amounts by 11.60, 5.90 or 2.98, respectively.

OPTION 1: LIFE ANNUITY									
MALE					FEMALE				
Age	(a) Nonrefund	(b) 5-Years Certain	(c) 10-Years Certain	(d) Installment Refund	Age	(a) Nonrefund	(b) 5-Years Certain	(c) 10-Years Certain	(d) Installment Refund
50	3.21	3.20	3.19	3.08	50	3.01	3.00	3.00	2.93
51	3.26	3.26	3.25	3.13	51	3.05	3.05	3.05	2.97
52	3.32	3.32	3.30	3.17	52	3.10	3.10	3.10	3.01
53	3.38	3.38	3.36	3.22	53	3.16	3.15	3.15	3.06
54	3.45	3.44	3.43	3.27	54	3.21	3.21	3.20	3.11
55	3.51	3.51	3.49	3.33	55	3.27	3.26	3.26	3.15
56	3.58	3.58	3.56	3.38	56	3.33	3.32	3.31	3.20
57	3.66	3.65	3.63	3.44	57	3.39	3.39	3.38	3.26
58	3.74	3.73	3.70	3.50	58	3.46	3.45	3.44	3.31
59	3.82	3.81	3.78	3.56	59	3.53	3.52	3.51	3.37
60	3.90	3.89	3.86	3.63	60	3.60	3.60	3.58	3.43
61	4.00	3.98	3.95	3.70	61	3.68	3.67	3.65	3.49
62	4.09	4.08	4.04	3.77	62	3.76	3.76	3.73	3.56
63	4.19	4.18	4.13	3.84	63	3.85	3.84	3.82	3.63
64	4.30	4.29	4.23	3.92	64	3.94	3.93	3.90	3.70
65	4.42	4.40	4.34	4.00	65	4.04	4.03	4.00	3.77
66	4.54	4.52	4.45	4.09	66	4.14	4.13	4.09	3.85
67	4.67	4.65	4.56	4.18	67	4.26	4.24	4.20	3.94
68	4.82	4.79	4.69	4.28	68	4.37	4.36	4.31	4.02
69	4.97	4.93	4.81	4.37	69	4.50	4.48	4.42	4.12
70	5.13	5.08	4.95	4.48	70	4.63	4.61	4.54	4.21
75	6.10	6.00	5.70	5.08	75	5.46	5.41	5.25	4.79
80	7.44	7.21	6.56	5.85	80	6.67	6.54	6.15	5.53
85	9.32	8.75	7.44	6.82	85	8.45	8.10	7.16	6.51

OPTION 2: INSTALLMENT PAYMENTS									
Certain Only Annuitization Factors									
Minimum Monthly Annuity Payment for each \$1,000 of Proceeds Applied									
Assuming first payment made at beginning of period									
Number of Years	Monthly Payment	Number of Years	Monthly Payment	Number of Years	Monthly Payment	Number of Years	Monthly Payment	Number of Years	Monthly Payment
5	17.49	10	9.18	15	6.42	20	5.04	25	4.22
6	14.72	11	8.42	16	6.07	21	4.85	26	4.10
7	12.74	12	7.80	17	5.77	22	4.67	27	3.98
8	11.25	13	7.26	18	5.50	23	4.51	28	3.87
9	10.10	14	6.81	19	5.26	24	4.36	29	3.77
								30	3.68

ACTUARIAL BASIS - Installments shown in the above tables are based on an annual effective rate of 2%. Additionally, installments shown in the table for Option 1: Life Annuity are based on the A2000 Mortality Table with age set back five years; amounts for Age 86 and older shall be the same as for Age 85.

Ameritas Life Insurance Corp.

Settlement Option Tables

Installments shown are for a monthly payment for each \$1,000 of Accumulation Value applied under an option. Age, as used in these Tables, is age as of nearest birthday. Rates of monthly payments for ages and periods certain not shown, if allowed by us, will be computed on an actuarially equivalent basis. To determine annual, semiannual or quarterly installments, multiply the monthly amounts by 11.60, 5.90 or 2.98, respectively.

OPTION 1: LIFE ANNUITY									
MALE					FEMALE				
Age	(a) Nonrefund	(b) 5-Years Certain	(c) 10-Years Certain	(d) Installment Refund	Age	(a) Nonrefund	(b) 5-Years Certain	(c) 10-Years Certain	(d) Installment Refund
50	3.49	3.48	3.47	3.38	50	3.29	3.28	3.28	3.22
51	3.54	3.54	3.53	3.42	51	3.33	3.33	3.32	3.26
52	3.60	3.60	3.58	3.47	52	3.38	3.38	3.37	3.31
53	3.66	3.66	3.64	3.52	53	3.43	3.43	3.42	3.35
54	3.73	3.72	3.70	3.57	54	3.49	3.48	3.47	3.40
55	3.79	3.79	3.76	3.63	55	3.54	3.54	3.53	3.44
56	3.86	3.85	3.83	3.68	56	3.60	3.60	3.59	3.50
57	3.94	3.93	3.90	3.74	57	3.66	3.66	3.65	3.55
58	4.01	4.00	3.97	3.81	58	3.73	3.73	3.71	3.60
59	4.10	4.08	4.05	3.87	59	3.80	3.80	3.78	3.66
60	4.18	4.17	4.13	3.94	60	3.87	3.87	3.85	3.72
61	4.27	4.26	4.22	4.01	61	3.95	3.95	3.92	3.79
62	4.37	4.35	4.31	4.08	62	4.03	4.03	4.00	3.85
63	4.47	4.45	4.40	4.16	63	4.12	4.11	4.08	3.93
64	4.58	4.56	4.50	4.24	64	4.21	4.20	4.17	4.00
65	4.70	4.67	4.61	4.32	65	4.31	4.30	4.26	4.08
66	4.82	4.79	4.72	4.41	66	4.42	4.40	4.36	4.16
67	4.95	4.92	4.83	4.51	67	4.53	4.51	4.46	4.24
68	5.09	5.06	4.95	4.61	68	4.64	4.63	4.57	4.33
69	5.24	5.20	5.08	4.71	69	4.77	4.75	4.68	4.43
70	5.40	5.36	5.21	4.82	70	4.90	4.88	4.80	4.53
75	6.38	6.28	5.96	5.45	75	5.73	5.68	5.51	5.12
80	7.73	7.48	6.81	6.25	80	6.94	6.81	6.40	5.90
85	9.62	9.03	7.68	7.27	85	8.74	8.37	7.40	6.95

OPTION 2: INSTALLMENT PAYMENTS									
Certain Only Annuitization Factors									
Minimum Monthly Annuity Payment for each \$1,000 of Proceeds Applied									
Assuming first payment made at beginning of period									
Number of Years	Monthly Payment	Number of Years	Monthly Payment	Number of Years	Monthly Payment	Number of Years	Monthly Payment	Number of Years	Monthly Payment
5	17.70	10	9.39	15	6.64	20	5.27	25	4.46
6	14.93	11	8.64	16	6.30	21	5.08	26	4.34
7	12.95	12	8.02	17	6.00	22	4.90	27	4.22
8	11.47	13	7.49	18	5.73	23	4.74	28	4.12
9	10.32	14	7.03	19	5.49	24	4.60	29	4.02
								30	3.93

ACTUARIAL BASIS - Installments shown in the above tables are based on an annual effective rate of 2.5%. Additionally, installments shown in the table for Option 1: Life Annuity are based on the A2000 Mortality Table with age set back five years; amounts for Age 86 and older shall be the same as for Age 85.

Ameritas Life Insurance Corp.

Settlement Option Tables

Installments shown are for a monthly payment for each \$1,000 of Accumulation Value applied under an option. Age, as used in these Tables, is age as of nearest birthday. Rates of monthly payments for ages and periods certain not shown, if allowed by us, will be computed on an actuarially equivalent basis. To determine annual, semiannual or quarterly installments, multiply the monthly amounts by 11.60, 5.90 or 2.98, respectively.

OPTION 1: LIFE ANNUITY									
MALE					FEMALE				
Age	(a) Nonrefund	(b) 5-Years Certain	(c) 10-Years Certain	(d) Installment Refund	Age	(a) Nonrefund	(b) 5-Years Certain	(c) 10-Years Certain	(d) Installment Refund
50	3.78	3.77	3.76	3.68	50	3.57	3.57	3.57	3.52
51	3.83	3.83	3.81	3.73	51	3.62	3.62	3.61	3.56
52	3.89	3.88	3.87	3.77	52	3.67	3.67	3.66	3.60
53	3.95	3.94	3.93	3.82	53	3.72	3.72	3.71	3.65
54	4.01	4.01	3.99	3.88	54	3.77	3.77	3.76	3.69
55	4.08	4.07	4.05	3.93	55	3.83	3.82	3.81	3.74
56	4.15	4.14	4.11	3.99	56	3.89	3.88	3.87	3.79
57	4.22	4.21	4.18	4.05	57	3.95	3.94	3.93	3.84
58	4.30	4.29	4.25	4.11	58	4.01	4.01	3.99	3.90
59	4.38	4.37	4.33	4.18	59	4.08	4.08	4.06	3.96
60	4.47	4.45	4.41	4.25	60	4.15	4.15	4.13	4.02
61	4.56	4.54	4.50	4.32	61	4.23	4.22	4.20	4.09
62	4.65	4.63	4.58	4.39	62	4.31	4.31	4.28	4.15
63	4.75	4.73	4.68	4.47	63	4.40	4.39	4.36	4.22
64	4.86	4.84	4.78	4.55	64	4.49	4.48	4.45	4.30
65	4.98	4.95	4.88	4.64	65	4.59	4.58	4.54	4.38
66	5.10	5.07	4.99	4.73	66	4.69	4.68	4.63	4.46
67	5.23	5.20	5.10	4.83	67	4.80	4.79	4.73	4.55
68	5.38	5.34	5.22	4.93	68	4.92	4.90	4.84	4.64
69	5.53	5.48	5.35	5.04	69	5.05	5.02	4.95	4.74
70	5.69	5.64	5.48	5.15	70	5.18	5.15	5.07	4.84
75	6.67	6.56	6.22	5.80	75	6.01	5.95	5.78	5.45
80	8.03	7.76	7.07	6.63	80	7.23	7.08	6.66	6.26
85	9.92	9.30	7.93	7.70	85	9.03	8.64	7.65	7.33

OPTION 2: INSTALLMENT PAYMENTS									
Certain Only Annuitization Factors									
Minimum Monthly Annuity Payment for each \$1,000 of Proceeds Applied									
Assuming first payment made at beginning of period									
Number of Years	Monthly Payment	Number of Years	Monthly Payment	Number of Years	Monthly Payment	Number of Years	Monthly Payment	Number of Years	Monthly Payment
5	17.91	10	9.61	15	6.87	20	5.51	25	4.71
6	15.14	11	8.86	16	6.53	21	5.32	26	4.59
7	13.16	12	8.24	17	6.23	22	5.15	27	4.47
8	11.68	13	7.71	18	5.96	23	4.99	28	4.37
9	10.53	14	7.26	19	5.73	24	4.84	29	4.27
								30	4.18

ACTUARIAL BASIS - Installments shown in the above tables are based on an annual effective rate of 3%. Additionally, installments shown in the table for Option 1: Life Annuity are based on the A2000 Mortality Table with age set back five years; amounts for Age 86 and older shall be the same as for Age 85.

Ameritas Life Insurance Corp.

Settlement Option Tables

Installments shown are for a monthly payment for each \$1,000 of Accumulation Value applied under an option. Age, as used in these Tables, is age as of nearest birthday. Rates of monthly payments for ages and periods certain not shown, if allowed by us, will be computed on an actuarially equivalent basis. To determine annual, semiannual or quarterly installments, multiply the monthly amounts by 11.60, 5.90 or 2.98, respectively.

OPTION 1: LIFE ANNUITY				
ANNUITANT				
Age	(a) Nonrefund	(b) 5-Years Certain	(c) 10-Years Certain	(d) Installment Refund
50	2.52	2.52	2.52	2.38
51	2.57	2.57	2.57	2.42
52	2.62	2.62	2.62	2.46
53	2.68	2.68	2.67	2.51
54	2.74	2.73	2.73	2.55
55	2.79	2.79	2.78	2.60
56	2.86	2.85	2.85	2.64
57	2.92	2.92	2.91	2.69
58	2.99	2.99	2.98	2.74
59	3.06	3.06	3.05	2.80
60	3.14	3.14	3.12	2.85
61	3.22	3.22	3.20	2.91
62	3.31	3.30	3.28	2.97
63	3.40	3.39	3.37	3.04
64	3.49	3.48	3.46	3.10
65	3.59	3.58	3.55	3.17
66	3.70	3.69	3.65	3.24
67	3.82	3.80	3.76	3.32
68	3.94	3.92	3.87	3.40
69	4.07	4.05	3.99	3.48
70	4.20	4.18	4.11	3.57
75	5.05	5.00	4.84	4.07
80	6.27	6.14	5.74	4.73
85	8.05	7.70	6.74	5.59

OPTION 2: INSTALLMENT PAYMENTS									
Certain Only Annuitization Factors									
Minimum Monthly Annuity Payment for each \$1,000 of Proceeds Applied									
Assuming first payment made at beginning of period									
Number of Years	Monthly Payment	Number of Years	Monthly Payment	Number of Years	Monthly Payment	Number of Years	Monthly Payment	Number of Years	Monthly Payment
5	17.08	10	8.75	15	5.98	20	4.59	25	3.76
6	14.30	11	7.99	16	5.63	21	4.40	26	3.64
7	12.32	12	7.36	17	5.33	22	4.22	27	3.52
8	10.83	13	6.83	18	5.05	23	4.05	28	3.41
9	9.68	14	6.37	19	4.81	24	3.90	29	3.31
								30	3.21

ACTUARIAL BASIS - Installments shown in the above tables are based on an annual effective rate of 1%. Additionally, installments shown in the table for Option 1: Life Annuity are based on the A2000 Mortality Table with age set back five years; amounts for Age 86 and older shall be the same as for Age 85.

Ameritas Life Insurance Corp.

Settlement Option Tables

Installments shown are for a monthly payment for each \$1,000 of Accumulation Value applied under an option. Age, as used in these Tables, is age as of nearest birthday. Rates of monthly payments for ages and periods certain not shown, if allowed by us, will be computed on an actuarially equivalent basis. To determine annual, semiannual or quarterly installments, multiply the monthly amounts by 11.60, 5.90 or 2.98, respectively.

OPTION 1: LIFE ANNUITY				
ANNUITANT				
Age	(a) Nonrefund	(b) 5-Years Certain	(c) 10-Years Certain	(d) Installment Refund
50	2.78	2.78	2.77	2.67
51	2.83	2.83	2.82	2.71
52	2.88	2.88	2.87	2.76
53	2.93	2.93	2.93	2.80
54	2.99	2.99	2.98	2.85
55	3.05	3.05	3.04	2.90
56	3.11	3.11	3.10	2.95
57	3.18	3.18	3.16	3.00
58	3.25	3.24	3.23	3.05
59	3.32	3.32	3.30	3.11
60	3.40	3.39	3.37	3.17
61	3.48	3.47	3.45	3.23
62	3.56	3.56	3.53	3.29
63	3.65	3.65	3.62	3.36
64	3.75	3.74	3.71	3.43
65	3.85	3.84	3.81	3.50
66	3.96	3.95	3.91	3.58
67	4.07	4.06	4.01	3.66
68	4.20	4.18	4.12	3.75
69	4.33	4.31	4.24	3.84
70	4.46	4.44	4.37	3.93
75	5.32	5.26	5.09	4.47
80	6.54	6.41	5.99	5.19
85	8.33	7.97	6.98	6.11

OPTION 2: INSTALLMENT PAYMENTS									
Certain Only Annuitization Factors									
Minimum Monthly Annuity Payment for each \$1,000 of Proceeds Applied									
Assuming first payment made at beginning of period									
Number of Years	Monthly Payment	Number of Years	Monthly Payment	Number of Years	Monthly Payment	Number of Years	Monthly Payment	Number of Years	Monthly Payment
5	17.28	10	8.96	15	6.20	20	4.81	25	3.99
6	14.51	11	8.21	16	5.85	21	4.62	26	3.86
7	12.53	12	7.58	17	5.55	22	4.44	27	3.75
8	11.04	13	7.05	18	5.27	23	4.28	28	3.64
9	9.89	14	6.59	19	5.03	24	4.13	29	3.54
								30	3.44

ACTUARIAL BASIS - Installments shown in the above tables are based on an annual effective rate of 1.5%. Additionally, installments shown in the table for Option 1: Life Annuity are based on the A2000 Mortality Table with age set back five years; amounts for Age 86 and older shall be the same as for Age 85.

Ameritas Life Insurance Corp.

Settlement Option Tables

Installments shown are for a monthly payment for each \$1,000 of Accumulation Value applied under an option. Age, as used in these Tables, is age as of nearest birthday. Rates of monthly payments for ages and periods certain not shown, if allowed by us, will be computed on an actuarially equivalent basis. To determine annual, semiannual or quarterly installments, multiply the monthly amounts by 11.60, 5.90 or 2.98, respectively.

OPTION 1: LIFE ANNUITY				
ANNUITANT				
Age	(a) Nonrefund	(b) 5-Years Certain	(c) 10-Years Certain	(d) Installment Refund
50	3.05	3.05	3.04	2.96
51	3.10	3.09	3.09	3.00
52	3.15	3.15	3.14	3.05
53	3.20	3.20	3.19	3.09
54	3.26	3.26	3.25	3.14
55	3.32	3.31	3.30	3.19
56	3.38	3.38	3.36	3.24
57	3.44	3.44	3.43	3.29
58	3.51	3.51	3.49	3.35
59	3.59	3.58	3.56	3.41
60	3.66	3.66	3.64	3.47
61	3.74	3.74	3.71	3.53
62	3.83	3.82	3.79	3.60
63	3.92	3.91	3.88	3.67
64	4.01	4.00	3.97	3.74
65	4.12	4.10	4.07	3.82
66	4.22	4.21	4.17	3.90
67	4.34	4.32	4.27	3.99
68	4.46	4.44	4.38	4.07
69	4.59	4.57	4.50	4.17
70	4.73	4.71	4.62	4.26
75	5.59	5.53	5.34	4.84
80	6.82	6.67	6.24	5.59
85	8.62	8.23	7.22	6.58

OPTION 2: INSTALLMENT PAYMENTS									
Certain Only Annuitization Factors									
Minimum Monthly Annuity Payment for each \$1,000 of Proceeds Applied									
Assuming first payment made at beginning of period									
Number of Years	Monthly Payment	Number of Years	Monthly Payment	Number of Years	Monthly Payment	Number of Years	Monthly Payment	Number of Years	Monthly Payment
5	17.49	10	9.18	15	6.42	20	5.04	25	4.22
6	14.72	11	8.42	16	6.07	21	4.85	26	4.10
7	12.74	12	7.80	17	5.77	22	4.67	27	3.98
8	11.25	13	7.26	18	5.50	23	4.51	28	3.87
9	10.10	14	6.81	19	5.26	24	4.36	29	3.77
								30	3.68

ACTUARIAL BASIS - Installments shown in the above tables are based on an annual effective rate of 2%. Additionally, installments shown in the table for Option 1: Life Annuity are based on the A2000 Mortality Table with age set back five years; amounts for Age 86 and older shall be the same as for Age 85.

Ameritas Life Insurance Corp.

Settlement Option Tables

Installments shown are for a monthly payment for each \$1,000 of Accumulation Value applied under an option. Age, as used in these Tables, is age as of nearest birthday. Rates of monthly payments for ages and periods certain not shown, if allowed by us, will be computed on an actuarially equivalent basis. To determine annual, semiannual or quarterly installments, multiply the monthly amounts by 11.60, 5.90 or 2.98, respectively.

OPTION 1: LIFE ANNUITY				
ANNUITANT				
Age	(a) Nonrefund	(b) 5-Years Certain	(c) 10-Years Certain	(d) Installment Refund
50	3.33	3.32	3.32	3.25
51	3.37	3.37	3.37	3.30
52	3.43	3.42	3.41	3.34
53	3.48	3.48	3.47	3.38
54	3.53	3.53	3.52	3.43
55	3.59	3.59	3.58	3.48
56	3.66	3.65	3.64	3.53
57	3.72	3.72	3.70	3.59
58	3.79	3.78	3.77	3.64
59	3.86	3.85	3.83	3.71
60	3.94	3.93	3.91	3.77
61	4.02	4.01	3.98	3.83
62	4.10	4.09	4.06	3.90
63	4.19	4.18	4.15	3.97
64	4.29	4.28	4.24	4.05
65	4.39	4.38	4.33	4.13
66	4.50	4.48	4.43	4.21
67	4.61	4.59	4.54	4.30
68	4.73	4.71	4.65	4.39
69	4.86	4.84	4.76	4.49
70	5.00	4.98	4.89	4.59
75	5.86	5.80	5.60	5.19
80	7.10	6.95	6.49	5.97
85	8.91	8.50	7.46	7.01

OPTION 2: INSTALLMENT PAYMENTS									
Certain Only Annuity Factors									
Minimum Monthly Annuity Payment for each \$1,000 of Proceeds Applied									
Assuming first payment made at beginning of period									
Number of Years	Monthly Payment	Number of Years	Monthly Payment	Number of Years	Monthly Payment	Number of Years	Monthly Payment	Number of Years	Monthly Payment
5	17.70	10	9.39	15	6.64	20	5.27	25	4.46
6	14.93	11	8.64	16	6.30	21	5.08	26	4.34
7	12.95	12	8.02	17	6.00	22	4.90	27	4.22
8	11.47	13	7.49	18	5.73	23	4.74	28	4.12
9	10.32	14	7.03	19	5.49	24	4.60	29	4.02
								30	3.93

ACTUARIAL BASIS - Installments shown in the above tables are based on an annual effective rate of 2.5%. Additionally, installments shown in the table for Option 1: Life Annuity are based on the A2000 Mortality Table with age set back five years; amounts for Age 86 and older shall be the same as for Age 85.

Ameritas Life Insurance Corp.

Settlement Option Tables

Installments shown are for a monthly payment for each \$1,000 of Accumulation Value applied under an option. Age, as used in these Tables, is age as of nearest birthday. Rates of monthly payments for ages and periods certain not shown, if allowed by us, will be computed on an actuarially equivalent basis. To determine annual, semiannual or quarterly installments, multiply the monthly amounts by 11.60, 5.90 or 2.98, respectively.

OPTION 1: LIFE ANNUITY				
ANNUITANT				
Age	(a) Nonrefund	(b) 5-Years Certain	(c) 10-Years Certain	(d) Installment Refund
50	3.62	3.61	3.61	3.55
51	3.66	3.66	3.65	3.59
52	3.71	3.71	3.70	3.64
53	3.77	3.76	3.75	3.68
54	3.82	3.82	3.80	3.73
55	3.88	3.87	3.86	3.78
56	3.94	3.93	3.92	3.83
57	4.00	4.00	3.98	3.89
58	4.07	4.06	4.05	3.94
59	4.14	4.14	4.11	4.00
60	4.22	4.21	4.19	4.07
61	4.30	4.29	4.26	4.13
62	4.38	4.37	4.34	4.20
63	4.47	4.46	4.42	4.27
64	4.57	4.55	4.51	4.35
65	4.67	4.65	4.61	4.43
66	4.77	4.76	4.70	4.52
67	4.89	4.87	4.81	4.60
68	5.01	4.99	4.92	4.70
69	5.14	5.12	5.03	4.80
70	5.28	5.25	5.16	4.90
75	6.14	6.07	5.87	5.51
80	7.38	7.22	6.75	6.33
85	9.20	8.78	7.71	7.41

OPTION 2: INSTALLMENT PAYMENTS									
Certain Only Annuity Factors									
Minimum Monthly Annuity Payment for each \$1,000 of Proceeds Applied									
Assuming first payment made at beginning of period									
Number of Years	Monthly Payment	Number of Years	Monthly Payment	Number of Years	Monthly Payment	Number of Years	Monthly Payment	Number of Years	Monthly Payment
5	17.91	10	9.61	15	6.87	20	5.51	25	4.71
6	15.14	11	8.86	16	6.53	21	5.32	26	4.59
7	13.16	12	8.24	17	6.23	22	5.15	27	4.47
8	11.68	13	7.71	18	5.96	23	4.99	28	4.37
9	10.53	14	7.26	19	5.73	24	4.84	29	4.27
								30	4.18

ACTUARIAL BASIS - Installments shown in the above tables are based on an annual effective rate of 3%. Additionally, installments shown in the table for Option 1: Life Annuity are based on the A2000 Mortality Table with age set back five years; amounts for Age 86 and older shall be the same as for Age 85.

<i>SERFF Tracking Number:</i>	<i>AMFA-127132523</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Ameritas Life Insurance Corp.</i>	<i>State Tracking Number:</i>	<i>48687</i>
<i>Company Tracking Number:</i>	<i>2701</i>		
<i>TOI:</i>	<i>A021 Individual Annuities- Deferred Non-Variable</i>	<i>Sub-TOI:</i>	<i>A021.003 Single Premium</i>
<i>Product Name:</i>	<i>2701 SPDA</i>		
<i>Project Name/Number:</i>	<i>2701 SPDA/2701 SPDA</i>		

Supporting Document Schedules

Item Status: **Status Date:**

Satisfied - Item: Flesch Certification

Comments:

Attached are the required certifications.

Attachments:

- AR-Rule & Regulation 19 Certification.pdf
- AR-Rule & Regulation 49-ACA 23-79-138 Certification.pdf
- AR-Readability Certification.pdf

Item Status: **Status Date:**

Satisfied - Item: Application

Comments:

The application to be used with this product is attached in the "Form Schedule" tab for approval.

Item Status: **Status Date:**

Satisfied - Item: Statement of Variability

Comments:

Attached is the Statement of Variability for the forms.

Attachment:

- 2701 etal-Statement of Variability.pdf

STATE OF ARKANSAS
Rule and Regulation 19 Certification

Insurer: **Ameritas Life Insurance Corp.**

We hereby certify that we have reviewed Rule and Regulation 19 and Ameritas Life Insurance Corp. meets the provisions of said Rule and Regulation, as well as all applicable requirements of your Department regarding Unfair Sex Discrimination in the Sale of Insurance.



SIGNATURE:

TYPED NAME:

Robert G. Lange
VP, General Counsel and Assistant Secretary

DATE:

May 5, 2011

STATE OF ARKANSAS
Rule and Regulation 49 Certification
ACA 23-79-138 Certification

Insurer: **Ameritas Life Insurance Corp.**

We hereby certify that we have reviewed Rule and Regulation 49 and Ameritas Life Insurance Corp. is in compliance regarding Life and Health Insurance Guaranty Association Notices.

We also certify that we have reviewed ACA 23-79-138 and Ameritas Life Insurance Corp. is in compliance regarding the use of Complaint Notices



SIGNATURE:

TYPED NAME:

Robert G. Lange
VP, General Counsel and Assistant Secretary

DATE:

May 5, 2011

STATE OF ARKANSAS

CERTIFICATION OF READABILITY

INSURER: Ameritas Life Insurance Corp.

hereby certifies that this filing achieves a Flesch Reading Ease Test Score as stated below:

Form Number	Form Title	Flesch Score
2701	Single Premium Deferred Annuity	61
UN 1418 5-11	Application for Single Premium Deferred Annuity	52
BE 5-11	Bailout Endorsement	56



SIGNATURE:

TYPED NAME:

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

DATE:

May 5, 2011

AMERITAS LIFE INSURANCE CORP.

STATEMENT OF VARIABILITY

**POLICY 2701 – Single Premium Deferred Annuity
UN 1418 5-11 – Application for Single Premium Deferred Annuity
BE 5-11 – Bailout Endorsement**

POLICY 2701

Policy Cover

The information below is bracketed. Unless otherwise indicated, it is personalized to the policy purchased and is included as John Doe specimen information in the submitted policy.

1. (a) Client Service Office Phone Number
- (b) Client Service Office Fax Number
- (c) Client Service Office Address
- (d) Annuitant(s)
- (e) Owner(s)
- (f) Policy Number
- (g) Officer Signatures and Titles
- (h) Website Address

Policy Schedule – Page 3

The information below is bracketed. Unless otherwise indicated, it is personalized to the policy purchased and is included as John Doe specimen information in the submitted policy.

2. (a) Policy Number
- (b) Owner(s)
- (c) Annuitant
- (d) Annuitant Issue Age and Gender – Issue ages are 0-85 (86-90 with prior approval)
- (e) Joint Annuitant
- (f) Joint Annuitant Issue Age and Gender – Issue ages are 0-85 (86-90 with prior approval)
- (g) Policy Date
- (h) Maturity Date
- (i) Single Premium – Range: \$5,000 – \$1,000,000
- (j) Basis of Values
- (k) Initial Declared Interest Rate
The current rate will never go below the Guaranteed Minimum Interest Rate; however, it will fluctuate with market interest rates.
- (l) Initial Guaranteed Period
The guaranteed period can be one-year, three-year, or six-year. The guaranteed period as selected by the applicant will appear here.
- (m) Guaranteed Minimum Interest Rate – Range is 1.00% - 3.00%.
- (n) Bailout Rate
If the Bailout endorsement is elected by the applicant, this option will appear on the policy schedule.

Policy Schedule – Page 3A

The information below is bracketed. Unless otherwise indicated, it is personalized to the policy purchased and is included as John Doe specimen information in the submitted policy.

3. (a) Guaranteed Values
- (b) Surrender Charge - The maximum surrender charge percentages are:
 - Policy Year 1 – 7
 - Policy Year 2 – 6
 - Policy Year 3 – 5
 - Policy Year 4 – 4
 - Policy Year 5 – 3
 - Policy Year 6 – 2
 - Policy Year 7 and thereafter – 0

APPLICATION UN 1481 5-11

The following is bracketed on the application page. These items have been bracketed in the event they change in the future.

1. General Company Information
 - (a) Client Service Office Address

ENDORSEMENT BE 5-11

The following is bracketed on the endorsement. These items have been bracketed in the event they change in the future.

1. Officers Names and Titles