Filing at a Glance

Company: Ameritas Life Insurance Corp.

Product Name: 3016, et al. - Indexed UL Product -

TOI: L09I Individual Life - Flexible Premium Adjustable Life

Sub-TOI: L09I.101 External Indexed - Single Life

Filing Type: Form

SERFF Tr Num: AMFA-127195196

SERFF Status: Closed-Approved-Closed

Co Tr Num: 3016, ET AL. - INDEXED UL PRODUCT -

Authors: Joanne Friend, Bobbie Cramer

Date Submitted: 07/11/2011

State: Arkansas

State Tr Num: 49275

State Status: Approved-Closed

Reviewer(s): Linda Bird

Disposition Date: 07/15/2011

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: 3016, et al. - Indexed UL Product -

Project Number: 3016, et al.

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Deemer Date:

Submitted By: Bobbie Cramer

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 07/15/2011

State Status Changed: 07/15/2011

Created By: Bobbie Cramer

Corresponding Filing Tracking Number:

Filing Description:

Re: Ameritas Life Insurance Corp. NAIC No. 0943-61301 FEIN No. 47-0098400

Submission Form Identification: 3016 – Flexible Premium Indexed Universal Life Insurance Policy and application pages

Designation of Form as Individual or Group Market: Individual

General Description of Submission: This Indexed Universal Life policy will be issued to individuals interested in

purchasing a universal life policy with an indexed feature.
Issue Ages: 0 to 85

Enclosed for your review and approval are the above -referenced indexed universal life policy and application pages. This policy is new and does not replace any other policy. The policy is based on the smoker-nonsomker 2001 CSO Tables and will be marketed through licensed agents to individuals with issue ages 0-85. This is a non-participating flexible premium universal life policy with index features. In addition to the index options, this policy provides a fixed account with a minimum guaranteed interest rate of 2%.

The flesch readability scores for the submitted forms are listed on the attached Exhibit A. The policy will be illustrated. The signed illustration will be used to provide the applicant with policy cost and benefit information.

The base application pages for individual product lines for use with this policy are UN 2550 PI-A, et al. Its modular format eliminates costly duplicative forms and enables the same information required for all individual product lines to be either: 1) collected on the same form (such as name, address, etc.); or 2) provided to the client on the same form (such as the agreement). Product specific information is collected on the Policy Details page, UN 2550 PD 5-11, which is being submitted with this submission. The UN 2550 IUL 5-11 page will be used along with the Policy Details page when the client applies for the Indexed Universal Life product. We are attaching as Exhibit B, a list of all of the previously approved UN 2550 pages. These pages will always be used in conjunction with each other.

The simplified issue application pages for individual product lines for use with this policy are UN 92 PI, et al, which are also in modular format. Product specific information is collected on the Policy Details page, UN 92 PD 5-11, which is being submitted with this submission. The UN 92 IUL 5-11 page will be used along with the Policy Details page when the client applies for the Indexed Universal Life product. We are attaching as Exhibit B, a list of all of the previously approved UN 92 pages. These pages will always be used in conjunction with each other.

No part of this filing contains any unusual or 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.

The enclosed submission was filed concurrently with our domiciliary state of Nebraska. If you have any questions or comments regarding this filing, please refer them to me at 1-800-825-1551, extension 52329 or email address bcramer@ameritas.com. Thank you for your consideration of this submission. Be assured it is appreciated.

Sincerely,

Bobbie J. Cramer

Senior Contract Analyst

Company and Contact

Filing Contact Information

Bobbie Cramer, Senior Contract Analyst
1876 Waycross Road
P O Box 40888
Cincinnati, OH 45240

bcramer@ameritas.com
800-825-1551 [Phone] 52329 [Ext]
513-595-2918 [FAX]

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:	$350.00
Retaliatory?	No
Fee Explanation:	$50 x 6 forms = $300.00 plus $50 for advertising
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Ameritas Life Insurance Corp.	$350.00	07/11/2011	49645154

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	07/15/2011	07/15/2011

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	**Created By**	**Created On**	**Date Submitted**	**Responded By**	**Created On**	**Date Submitted**
Pending Industry Response	Linda Bird	07/14/2011	07/14/2011	Bobbie Cramer	07/14/2011	07/14/2011

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	Exhibits A and B for Filing Description	Bobbie Cramer	07/11/2011	07/11/2011

Disposition

Disposition Date: 07/15/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	*AMFA-127195196*	*State:*	*Arkansas*
Filing Company:	*Ameritas Life Insurance Corp.*	*State Tracking Number:*	*49275*
Company Tracking Number:	*3016, ET AL. - INDEXED UL PRODUCT -*		
TOI:	*L09I Individual Life - Flexible Premium Adjustable Life*	*Sub-TOI:*	*L09I.101 External Indexed - Single Life*
Product Name:	*3016, et al. - Indexed UL Product -*		
Project Name/Number:	*3016, et al. - Indexed UL Product - /3016, et al.*		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document	Actuarial Memorandum		No
Supporting Document	Statement of Variability		Yes
Supporting Document	Complaint Notice & Guaranty Association Notice - Informational copies		Yes
Supporting Document *(revised)*	Exhibits A and B for Filing Description		Yes
Supporting Document	Advertising		Yes
Supporting Document	Disclosure Document		Yes
Supporting Document	Exhibits A and B for Filing Description	Replaced	Yes
Supporting Document	External Indexed Guidelines Certification		Yes
Form	Flexible Premium Indexed Universal Life Policy		Yes
Form	Simplified Issue Application - Policy Details Page		Yes
Form	Simplified Issue Application - Supplemental Indexed UL Page		Yes
Form	Application for Insurance - Policy Details Page		Yes
Form	Application for Insurance - Supplemental Indexed UL Page		Yes

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	07/14/2011
Submitted Date	07/14/2011
Respond By Date	08/15/2011

Dear Bobbie Cramer,

This will acknowledge receipt of the captioned filing.

Objection 1

Comment: External Indexed contracts are subject to the External Indexed Guidelines. Please furnish certification that this filing is in compliance with these guidelines and certifications required by these guidelines.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	07/14/2011
Submitted Date	07/14/2011

Dear Linda Bird,

Comments:

Response 1

Comments: Please find attached our certification that we are in compliance with the External Indexed Guidelines for your state. We apologize for omitting this from our initial submission package.

Related Objection 1

Comment:

External Indexed contracts are subject to the External Indexed Guidelines. Please furnish certification that this filing is in compliance with these guidelines and certifications required by these guidelines.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: External Indexed Guidelines Certification

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,

Bobbie Cramer, Joanne Friend

Amendment Letter

Submitted Date: 07/11/2011

Comments:

We had attached the wrong version of the Exhibit A to the initial submission. We have now attached the correct version.

Changed Items:

Supporting Document Schedule Item Changes:

User Added -Name: Exhibits A and B for Filing Description

Comment:

Exhibit B - AR.pdf

Exhibit A - AR.pdf

Form Schedule

Lead Form Number: 3016

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	3016	Policy/Contract/Fraternal Certificate	Flexible Premium Indexed Universal Life Policy	Initial		50.000	3016 standard.pdf
	UN 92 PD 5-11	Application/Enrollment Form	Simplified Issue Application - Policy Details Page	Initial		50.000	UN 92 PD 5-11.pdf
	UN 92 IUL 5-11	Application/Enrollment Form	Simplified Issue Application - Supplemental Indexed UL Page	Initial		50.000	UN 92 IUL 5-11.pdf
	UN 2550 PD 5-11	Application/Enrollment Form	Application for Insurance - Policy Details Page	Initial		56.000	UN 2550 PD 5-11.pdf
	UN 2550 IUL 5-11	Application/Enrollment Form	Application for Insurance - Supplemental Indexed UL Page	Initial		50.000	UN 2550 IUL 5-11.pdf

AMERITAS LIFE INSURANCE CORP.
A UNIFI Company
5900 O Street
Lincoln, NE 68510

Client Service Office
[800-319-6901]
Fax: [513-595-2218]
[PO Box 40888
Cincinnati, OH 45240]

Insured: [John Doe]
Policy Number: [0123456789]

We will pay the death benefit proceeds to the beneficiary when *we* receive satisfactory proof of death of the *insured* while this policy is in force, subject to the terms of this policy.

LOOK AT THE APPLICATION FORMS. This policy is issued based on payment of the initial premium and the answers in the application (see copy attached). If all answers are not true and complete, this policy may be affected. If any past medical history has been omitted, please notify *us* within 10 days from the date this policy is delivered to *you*.

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 premiums paid minus partial withdrawals within 10 days after this policy is returned.

AMERITAS LIFE INSURANCE CORP.

[SPECIMEN SPECIMEN]

[President Secretary]

Flexible Premium Indexed Universal Life Insurance Policy
Nonparticipating

[www.ameritas.com]

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POLICY SCHEDULE

Policy Number:	[0123456789]
Insured:	[John Doe]
Issue Age and Gender:	[35, Male]
Owner:	[John Doe]
Policy Date:	[July 25, 2011]
Issue Date:	[July 25, 2011]
Specified Amount:	$[100,000]
Minimum Specified Amount:	$[50,000]
Internal Revenue Code Life Insurance Qualification Test:	[Guideline Premium Test]
Death Benefit Option:	[A]
Rate Class:	[Standard Nontobacco]
Basis of Values:	2001 CSO [Male Nonsmoker] Mortality Table, age nearest birthday
Fixed Account Guaranteed Interest Rate:	[2.00]% Annually, [0.16516]% Monthly
Minimum Account Value Bonus Percentage:	[0.00]% in policy years [1 through 10] [0.25]% in policy years [11 and thereafter]
Planned Periodic Premium:	$[1,041.00]
Planned Premium Frequency:	[Annual]
Initial Premium:	$[1,041.00]
Monthly Minimum No-Lapse Premium:	$[41.00]
Minimum No-Lapse Period:	[15] years from the *policy date*

It is possible that coverage may expire prior to the death of the *insured* if either premiums paid or interest and *index credited amounts* are insufficient to continue coverage to such date.

POLICY SCHEDULE

Index Option: [Capped S&P 500]
Index: [Standard & Poor's 500 Composite Stock Price Index (without dividends)]
Index Crediting Method: [Point-to-Point with Index Cap Rate]
Index Period: [1 year]

Initial Participation Rate:	[100.0]% for *net premiums* received on the *policy date*
Minimum Participation Rate:	[100.0]%
Initial Index Cap Rate:	[12.00]% for *net premiums* received on the *policy date*
Minimum Index Cap Rate:	[3.00]%
Index Floor Rate:	[0.00]%

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Index Option: [Uncapped S&P 500]
Index: [Standard & Poor's 500 Composite Stock Price Index (without dividends)]
Index Crediting Method: [Point-to-Point with no Index Cap Rate]
Index Period: [1 year]

Initial Participation Rate:	[60.0]% for *net premiums* received on the *policy date*
Minimum Participation Rate:	[25.0]%
Initial Index Cap Rate:	N/A
Minimum Index Cap Rate:	N/A
Index Floor Rate:	[0.00]%

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Index Option: [Capped Russell 2000]
Index: [Russell 2000 Index (without dividends)]
Index Crediting Method: [Point-to-Point with Index Cap Rate]
Index Period: [1 year]

Initial Participation Rate:	[100.0]% for *net premiums* received on the *policy date*
Minimum Participation Rate:	[100.0]%
Initial Index Cap Rate:	[11.00]% for *net premiums* received on the *policy date*
Minimum Index Cap Rate:	[3.00]%
Index Floor Rate:	[0.00]%

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Index Option: [Capped MSCI EAFE]
Index: [MSCI EAFE Index (without dividends)]
Index Crediting Method: [Point-to-Point with Index Cap Rate]
Index Period: [1 year]

Initial Participation Rate:	[100.0]% for *net premiums* received on the *policy date*
Minimum Participation Rate:	[100.0]%
Initial Index Cap Rate:	[11.50]% for *net premiums* received on the *policy date*
Minimum Index Cap Rate:	[3.00]%
Index Floor Rate:	[0.00]%

POLICY SCHEDULE

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Premium Allocation

Fixed Account:	[20.00]%
[Capped S&P 500:]	[20.00]%
[Uncapped S&P 500:]	[20.00]%
[Capped Russell 2000:]	[20.00]%
[Capped MSCI EAFE:]	[20.00]%

Renewal Allocation

Fixed Account:	[0.00]%
[Capped S&P 500:]	[25.00]%
[Uncapped S&P 500:]	[25.00]%
[Capped Russell 2000:]	[25.00]%
[Capped MSCI EAFE:]	[25.00]%

POLICY SCHEDULE

MAXIMUM MONTHLY COST OF INSURANCE RATES AND CORRIDOR FACTORS

Attained Age	Maximum Cost of Insurance Rate	Corridor Factor	*Attained Age*	Maximum Cost of Insurance Rate	Corridor Factor	*Attained Age*	Maximum Cost of Insurance Rate	Corridor Factor
[35	0.09083	2.50	76	3.67750	1.05	117	71.00417	1.01
36	0.09583	2.50	77	4.07417	1.05	118	74.93500	1.01
37	0.10000	2.50	78	4.53750	1.05	119	79.10167	1.01
38	0.10750	2.50	79	5.07250	1.05	120	83.33333	1.01
39	0.11417	2.50	80	5.65583	1.05	121+	00.00000	1.01]
40	0.12167	2.50	81	6.32000	1.05			
41	0.13167	2.43	82	7.01167	1.05			
42	0.14417	2.36	83	7.75750	1.05			
43	0.15833	2.29	84	8.58333	1.05			
44	0.17500	2.22	85	9.50583	1.05			
45	0.19417	2.15	86	10.52833	1.05			
46	0.21250	2.09	87	11.64500	1.05			
47	0.23250	2.03	88	12.84167	1.05			
48	0.24417	1.97	89	14.10417	1.05			
49	0.25750	1.91	90	15.42167	1.05			
50	0.27667	1.85	91	16.66083	1.04			
51	0.29917	1.78	92	17.95250	1.03			
52	0.33000	1.71	93	19.31500	1.02			
53	0.36333	1.64	94	20.75417	1.01			
54	0.40583	1.57	95	22.26583	1.01			
55	0.45833	1.50	96	23.64917	1.01			
56	0.51167	1.46	97	25.12417	1.01			
57	0.56917	1.42	98	26.69833	1.01			
58	0.61833	1.38	99	28.37833	1.01			
59	0.67500	1.34	100	30.17500	1.01			
60	0.74333	1.30	101	31.60083	1.01			
61	0.82667	1.28	102	33.12000	1.01			
62	0.92833	1.26	103	34.73667	1.01			
63	1.04250	1.24	104	36.45667	1.01			
64	1.16250	1.22	105	38.26083	1.01			
65	1.28917	1.20	106	40.17917	1.01			
66	1.41750	1.19	107	42.21833	1.01			
67	1.54750	1.18	108	44.38583	1.01			
68	1.68750	1.17	109	46.68833	1.01			
69	1.83250	1.16	110	49.13250	1.01			
70	2.00833	1.15	111	51.72833	1.01			
71	2.20500	1.13	112	54.48333	1.01			
72	2.46333	1.11	113	57.40917	1.01			
73	2.73583	1.09	114	60.51250	1.01			
74	3.02250	1.07	115	63.80583	1.01			
75	3.33583	1.05	116	67.29917	1.01			

Note: Cost of Insurance Rates are per $1,000 of *Net Amount at Risk*.

To comply with section 7702 of the Internal Revenue Code, under the [Guideline Premium Test], the total death benefit for this policy will not be less than the *account value* multiplied by the applicable corridor factor above.

POLICY SCHEDULE

MAXIMUM EXPENSE CHARGES

(1) Premium Charge: [7.00]% of each premium collected
(2) Monthly Administrative Charge: $[10.00] per month
(3) Monthly Percent of Account Value Charge: [0.05]%
(4) Monthly Specified Amount Charge:

Policy Year	Monthly Specified Amount Charge
1	$[15.72]
2	$[21.34]
3	$[21.34]
4	$[21.34]
5	$[21.34]
6	$[21.34]
7	$[21.34]
8	$[21.34]
9	$[21.34]
10	$[21.34]
11	$[21.34]
12	$[21.34]
13	$[21.34]
14	$[21.34]
15	$[21.34]
16 and thereafter	$[0.00]

MAXIMUM TABLE OF SURRENDER CHARGES

Policy Year	Surrender Charge
1	$[1,041.00]
2	$[1,758.80]
3	$[1,700.34]
4	$[1,638.58]
5	$[1,573.32]
6	$[1,409.92]
7	$[1,208.50]
8	$[1,007.08]
9	$[805.67]
10	$[604.25]
11	$[402.83]
12	$[201.42]
13 and thereafter	$[0.00]

In the event of an increase in the *specified amount*, the *surrender charges* and the monthly specified amount charge will increase. *You* will receive a revised policy schedule reflecting the increase.

POLICY SCHEDULE

Minimum increase in *specified amount*: $[25,000]

Minimum decrease in *specified amount*: $[1,000]

Minimum partial withdrawal amount: $[100]

Maximum partial withdrawal fee: $[50]

Minimum transfer amount: $[100]

Maximum *attained age* for an increase or reinstatement: [85]

Maximum loan interest rate:

During the first [5] years:	[3.38]% in advance
Thereafter:	[2.44]% in advance

This is a flexible premium indexed universal life insurance policy with an adjustable death benefit. *We* will pay the death benefit proceeds to the beneficiary if the *insured* dies while this policy is in force, subject to the terms of this policy.

DEFINITIONS

(Defined terms appear in italics throughout this policy.)

ACCOUNT VALUE. Means the sum of *net premiums*, minus partial withdrawals, minus *monthly deduction*, plus interest credited, plus *index credited amounts*. The *account value* is the sum of all *index account values*, the *fixed account value* and the *loan account value*.

ACCOUNT VALUE BONUS PERCENTAGE. Means a percentage added to declared interest rates in calculating the *fixed account value* and *index account value*. This percentage does not apply to *loan account value*. The *account value bonus percentage* is never less than the minimum *account value bonus percentage* shown on the policy schedule.

ANNUAL DATE. Means the same date each year as the *policy date*.

ATTAINED AGE. Means the *issue age* plus the number of completed policy years. With respect to any increase in *specified amount*, *attained age* means the *issue age* for the increase plus the number of completed policy years.

CASH SURRENDER VALUE. Means the a*ccount value*, minus the *surrender charge* shown on the policy schedule, minus any *policy debt*.

CURRENT INTEREST RATE. Means a rate of interest *we* declare from time to time. This rate is never less than the *fixed account* guaranteed interest rate shown on the policy schedule.

FIXED ACCOUNT. Means an account that credits a declared interest rate. This rate will never be less than the *fixed account* guaranteed interest rate shown on the policy schedule.

FIXED ACCOUNT VALUE. Means the *account value* in the *fixed account*.

FIXED ACCOUNT INTEREST RATE. Means a rate of interest *we* declare from time to time and credit on *account value* in the *fixed account*. This rate is never less than the *fixed account* guaranteed interest rate shown on the policy schedule.

INDEX. Means the published numerical values used to determine *index credited amounts*. The *index* is shown on the policy schedule for each *index option*. In the event that an *index* is discontinued or changed substantially, *we* may substitute a comparable investment *index* in *our* sole discretion. *You* will be notified of any such change.

INDEX ACCOUNT VALUE. Means the sum of the value in all *participation accounts* for an *index option*.

INDEX CAP RATE. Means the maximum *index rate* used in calculating *index credited amounts* for a *participation account*. The *index cap rate* will be declared in advance for each *participation account* and *index period* and will be guaranteed for the length of that *index period*. The *index cap rate* in effect for each *index option* on the *policy date* is shown on the policy schedule and will never be less than the minimum *index cap rate* shown on the policy schedule for that *index option*. *Index cap rates* for subsequent *index periods* will be shown on *your* annual reports.

INDEX CREDITED AMOUNT. Means an amount, if any, *we* add to the *account value* at the end of each *index period*, based in part on positive changes in the *index*.

INDEX CREDITING METHOD. Means the method used to calculate the *index rate* for a *participation account*. The *index crediting method* is shown on the policy schedule for each *index option*.

INDEX DATE. Means any *monthly date* on which an *index period* begins or ends.

INDEX FLOOR RATE. Means the minimum *index rate* used in calculating *index credited amounts* for a *participation account*. The *index floor rate* is shown on the policy schedule for each *index option*.

INDEX OPTION. Means a combination of *index*, *index crediting method* and *index period*. Available *index options* are shown on the policy schedule.

INDEX PERIOD. Means the period of time between the beginning *monthly date* and ending *monthly date* of a *participation account*. The *index period* is shown on the policy schedule for each *index option*.

INDEX RATE. Means the percentage change in the *index value* from the beginning date of the *index period* to the ending date of the *index period*. The *index rate* for each *participation account* cannot exceed the *index cap rate* declared for the *index period*.

INDEX VALUE. Means the actual numerical value of the *index* on an *index date*. If an *index date* falls on a date on which the New York Stock Exchange is not open for trading or *we* are not open for business, the *index value* will be determined as of the last preceding date that both the New York Stock Exchange and *we* were open for business.

INSURED. Means the person shown on the policy schedule upon whose life this policy is issued.

ISSUE AGE. Means the *insured's* age as of the birthday nearest to the *policy date*. With respect to any increase in *specified amount*, *issue age* means the *insured's* age as of the birthday nearest to the date of the increase.

ISSUE DATE. Means the date on which the suicide and incontestability periods begin. If *we* have received the initial premium from *you*, the *issue date* will also be the date when *you* have life insurance coverage with *us*. If *we* have not received the initial premium from *you*, *you* WILL NOT have coverage until the date on which *we* receive the initial premium from *you*.

LOAN ACCOUNT. Means an account that is collateral for *policy debt*. The *loan account* is more fully described in the Loan Account provision.

LOAN ACCOUNT VALUE. Means the *account value* in the *loan account*.

LOAN ACCOUNT INTEREST RATE. Means a rate of interest *we* declare from time to time and credit on *loan account value*. This rate is never less than the *fixed account* guaranteed interest rate shown on the policy schedule.

MINIMUM NO-LAPSE PREMIUM. Means the amount that must be paid on a cumulative basis to keep this policy in force during the minimum no-lapse period as shown on the policy schedule.

MONTHLY DATE. Means the same date of each month as the *policy date*.

MONTHLY DEDUCTION. Means a charge made against the *account value* on each *monthly date* for the coverage provided by this policy and any attached riders.

NET AMOUNT AT RISK. Means the death benefit on the *monthly date*, discounted at the guaranteed rate of interest for one month, minus the *account value* on the *monthly date*, after all *monthly deductions* have been taken except for the cost of insurance.

NET PREMIUM. Means the premium paid reduced by the premium charge, which will not exceed the maximum premium charge shown on the policy schedule.

PARTICIPATION ACCOUNT. Means one of the divisions of the *account value* upon which *index credited amounts* are based.

PARTICIPATION RATE. Means the percentage of the *index rate* credited to *your account value*. The *participation rate* will be declared in advance for each *participation account* and *index period* and will be guaranteed for the length of that *index period*. The *participation rate* in effect for each *index option* on the *policy date* is shown on the policy schedule and will never be less than the minimum *participation rate* shown on the policy schedule for that *index option*. *Participation rates* for subsequent *index periods* will be shown on *your* annual reports.

PLANNED PERIODIC PREMIUM. Means a level premium *you* intend to pay at a fixed interval. The *planned periodic premium* is shown on the policy schedule.

POLICY DATE. Means the date from which policy months, years and anniversaries are measured. The *policy date* will be determined by *us* unless *you* request a different *policy date* that *we* approve. If the *issue date* is after the *policy date* or *we* have not received the initial premium from *you*, *you* WILL NOT have life insurance coverage on the *policy date*.

POLICY DEBT. Means the sum of all unpaid policy loans and accrued interest on policy loans.

PREMIUM ALLOCATION. Means the percentages of each *net premium* allocated to the *fixed account* and each *index option*. *Net premiums* received by *us* on or before the *issue date* are allocated to the *index options* and the *fixed account* according to the *premium allocation* shown on the policy schedule as chosen by *you*. *You* may change the *premium allocation* by *written notice*. Any *net premiums* received by *us* after the *issue date* will be allocated to the *index options* and the *fixed account* according to the most recent *premium allocation we* have received from *you*. The *premium allocation* also applies to any transfers from the *fixed account* or *loan account*.

RENEWAL ALLOCATION. Means the percentages of each ending *participation account* allocated to the *fixed account* and each *index option*. The initial *renewal allocation* is shown on the policy schedule. If no *renewal allocation* percentages are selected, each ending *participation account* will be allocated to a *participation account* of the same *index option* as the ending *participation account*. *You* may change the *renewal allocation* by *written notice*. Any ending *participation accounts* will be allocated to the *index options* and the *fixed account* according to the most recent *renewal allocation we* have received from *you*.

SPECIFIED AMOUNT. Means a dollar amount used to determine the death benefit of *your* policy. It is shown on the policy schedule. *You* may increase or decrease it as provided in *your* policy.

SURRENDER. Means termination of this policy at *your* request for its *cash surrender value* while the *insured* is alive.

SURRENDER CHARGE. Means the charge subtracted from the *account value* on the *surrender* of this policy.

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

WRITTEN NOTICE. Means information *we* have received at the address(es) shown on the first page of this policy which is written, is signed by *you*, and is acceptable to *us*.

YOU, YOUR. Means the owner as shown on the policy schedule unless changed. The *insured* may or may not be the owner.

OWNERSHIP

While the *insured* is living, *you* have all rights in this policy. *Your* rights will be subject to any assignment and to the rights of any irrevocable beneficiary. If *you* die before the *insured*, the successor owner named in the application is the new owner. If there is no successor owner, then *your* estate becomes the new owner.

A change of owner may be made at any time by *written notice* to *us*. It will take effect on the date *we* receive *written notice*. Unless there are no surviving primary or contingent beneficiaries, a change of owner does not change the beneficiary.

BENEFICIARY

The beneficiary will receive the death benefit proceeds when the *insured* dies. The primary and any contingent beneficiaries are named in the application. If no primary beneficiary is living when the *insured* dies, *we* will pay to the contingent beneficiary. If no contingent beneficiary is living when the *insured* dies, *we* will pay *you* or *your* estate.

Unless the beneficiary designation provides otherwise, *we* will follow these rules:

(1) *We* will pay equal shares when more than one beneficiary of the same class is to share the funds.
(2) No revocable beneficiary has rights in this policy until the *insured* dies.
(3) An irrevocable beneficiary cannot be changed without his or her consent.
(4) The interest of any beneficiary is subject to the rights of any assignee shown on *our* records.
(5) When beneficiaries are not shown by name (such as "children"), *we* may find who they are from sworn statements and not wait for court records.

You may change the beneficiary at any time while the *insured* is living by *written notice* to *us*. *We* must approve any change. If approved, it will take effect on the date the *written notice* was signed by *you*. *We* will not be liable for any payments *we* make or actions *we* take before the change is approved.

Unless otherwise provided, if any beneficiary dies within 30 days after the *insured* dies as the result of a common disaster, *we* will pay the death benefit as if that beneficiary died first.

DEATH BENEFIT

DEATH BENEFIT PROCEEDS. Death benefit proceeds will equal:

(1) the death benefit at the *insured's* date of death; plus
(2) any additional life insurance proceeds provided by riders; minus
(3) any *policy debt*; minus
(4) any overdue *monthly deductions* including the *monthly deduction* for the month of death.

We will pay the death benefit proceeds in a lump sum as soon as *we* receive satisfactory proof that the *insured* died while this policy was in force, and other proof that *we* may require in order to investigate the claim. *We* will include interest from the *insured's* date of death to the payment date. The rate will not be less than required by law. Full payment of the death benefit proceeds to the beneficiary discharges *us* from any and all claims.

DEATH BENEFIT OPTIONS. The death benefit at any time depends on the death benefit option *you* select.

Option A. The death benefit is the greater of: (1) the *specified amount*; and (2) the *account value* times the appropriate corridor factor shown on the policy schedule.

Option B. The death benefit is the greater of: (1) the *specified amount* plus the *account value*; and (2) the *account value* times the appropriate corridor factor shown on the policy schedule.

Option C. The death benefit is the greater of: (1) the *specified amount* plus the sum of premiums paid minus the sum of partial withdrawals taken; and (2) the *account value* times the appropriate corridor factor shown on the policy schedule. If the sum of partial withdrawals taken is greater than the sum of premiums paid, the death benefit may be less than the *specified amount*.

The policy schedule shows the *specified amount* and the death benefit option.

DEATH BENEFIT OPTION CHANGES. *You* may make certain changes to the death benefit option by *written notice* to *us*. The effective date of change will be the *monthly date* following *our* receipt of the *written notice*.

(1) The option may be changed from Option B to Option A, or from Option C to Option A. This will not change the *specified amount* and the death benefit will be reduced to equal the *specified amount*.
(2) The option may be changed from Option A to Option B, or from Option C to Option B. In such case, the *specified amount* will be adjusted so that the *net amount at risk* is unchanged.

SPECIFIED AMOUNT CHANGES. On or after one year from the *policy date*, *you* may change the *specified amount* by *written notice* to *us*. Any change is subject to the following conditions:

(1) Any increase of the *specified amount* will require evidence of insurability satisfactory to *us* and is subject to *our* underwriting limits in place at that time. Underwriting requirements do not apply to increases requested under certain riders that may be attached to the policy. An approved increase will have an effective date as shown on the revised policy schedule.
(2) Any increase of the *specified amount* will be subject to cost of insurance charges, monthly specified amount charges and *surrender charges* based on the *insured's* gender and the *issue age* and rate class for the increase.
(3) A decrease of the *specified amount* will be effective on the *monthly date* following *written notice* to *us*. Any reduction will be in the following order:
   (a) against the most recent increase of the *specified amount*;
   (b) against the next most recent increases;
   (c) against the initial *specified amount*.
(4) Any decrease of the *specified amount* requested by *you* will not reduce the *surrender charges* or the monthly specified amount charges.
(5) The *specified amount* after any requested change must not be less than the minimum *specified amount* stated on the policy schedule.

PREMIUMS

PAYMENT OF PREMIUM. The initial premium is the amount paid on or before delivery of this policy. The *planned periodic premium* is shown on the policy schedule. Even if *you* pay *planned periodic premiums*, *your* policy could lapse if the *cash surrender value* is not enough to pay the *monthly deductions*. *You* may change the amount and/or frequency of the *planned periodic premium*. *You* also may make unscheduled payments.

We reserve the right to limit the amount and frequency of premium payments. *We* reserve the right to require evidence of insurability for any premium payment that increases the *net amount at risk* of the policy. *We* will not accept that portion of a premium payment which affects the tax qualifications of this policy as described in section 7702 of the Internal Revenue Code, as amended. This excess amount will be returned to *you*.

Premium payments may be made to the address(es) shown on the first page of this policy or to such other place as *we* may designate. A receipt signed by *our* President or Secretary will be provided upon request. In the event no further premiums are paid, coverage will continue subject to the Grace Period provision until the *cash surrender value* is no longer sufficient to cover the *monthly deduction*.

ACCOUNT VALUE

ACCOUNT VALUE. The *account value* is the sum of all *index account values*, the *fixed account value* and the *loan account value*.

The *account value* on the *issue date* is equal to any *net premiums* received by *us* on or before the *issue date*, minus any *monthly deductions* due on or before the *issue date*.

We may transfer an amount to the *fixed account* on the *policy date* and on each *annual date* to maintain sufficient *fixed account value* to cover an estimate of *monthly deductions* for the current year. This amount is based on the amount of *your* current *monthly deductions*, assuming no policy changes that would affect *monthly deductions*, and will change each policy year.

FIXED ACCOUNT VALUE. The *fixed account value* on the *issue date* is equal to any *net premiums* received by *us* and allocated to the *fixed account* on or before the *issue date*, plus any transfer to the *fixed account* on the *policy date*, minus any *monthly deductions* from the *fixed account* due on or before the *issue date*.

The *fixed account value* on each *monthly date* thereafter is equal to (a + b + c + d) – (e + f + g), where:

(a) is the *fixed account value* on the prior *monthly date*;
(b) is one month's interest on (a);
(c) is any *net premium* or transfer allocated to the *fixed account* since the prior *monthly date*;
(d) is interest on (c) from the date of the premium or transfer allocation to the current *monthly date*;
(e) is any partial withdrawal or transfer from the *fixed account* since the prior *monthly date*;
(f) is interest on (e) from the date of the partial withdrawal or transfer to the current *monthly date*;
(g) is the portion of the *monthly deduction* due from the *fixed account* on the current *monthly date*.

Interest in the *fixed account* is credited at a rate equal to the *fixed account interest rat*e plus the *account value bonus percentage*. On any day between *monthly date*s, the *fixed account value* is calculated using steps a through f above, with pro-rata adjustment of interest to reflect the time elapsed since the prior *monthly date*.

INDEX ACCOUNT VALUE. *Net premiums* not allocated to the *fixed account* are allocated to *participation accounts* in the *index options*. These divisions of the *account value* are necessary to allow *net premiums* to begin participation on the next *monthly date*.

A *participation account* is established on the *policy date* if any part of the initial *net premium* has been allocated to an *index option*. Additional *participation accounts* are established on *monthly dates* when *net premiums* or transfers have been allocated to an *index option* since the prior *monthly date*. Each *participation account* begins an *index period* on the *monthly date* on which it is established. The length of the *index period* is shown on the policy schedule for each *index option*.

An *index account value* at any time is equal to the sum of the value in all of the *participation accounts* for an *index option*.

The value of a *participation account* at the start of an *index period* applicable to that *participation account* is equal to:

(1) any *net premiums* or transfers allocated to that *participation account* since the prior *monthly date*; plus
(2) interest credited to the amounts in (1) from the date received to the start of the *index period*; minus
(3) the portion of the *monthly deduction* due from that *participation account* on the current *monthly date*.

Interest in (2) above is credited at a rate equal to the *current interest rate* plus the *account value bonus percentage*.

On each subsequent *monthly date* during the *index period*, the value of a *participation account* is equal to a - b - c + d, where:

(a) is the value of that *participation account* on the prior *monthly date;*
(b) is any partial withdrawal or transfer from that *participation account* since the prior *monthly date*;
(c) is the portion of the *monthly deduction* due from that *participation account* on the current *monthly date*;
(d) is any *index credited amount* added to that *participation account* on the current *monthly date*.

On any day between *monthly dates*, the value of a *participation account* is calculated using steps a and b above.

On the ending date of each *index period* for a *participation account*, the value of that *participation account* is transferred to *participation account*s and the *fixed account* according to the *renewal allocation*.

INDEX CREDITED AMOUNTS. At the end of each *index period* for each *participation account*, *your* policy may be eligible for an *index credited amount*.

The *index rate* is calculated as follows:

Index rate = B/A - 1, but not greater than C

where: A = the *index value* at the beginning of the *index period*.
B = the *index value* at the end of the *index period*.
C = the *index cap rate* for the *index period*.

The *index credited amount* applied to a *participation account* is equal to the greater of (1) and (2), where:

(1) = [(PR x IR) + AB] x V, and
(2) = [FR + AB] x V

where: PR = the *participation rate* for the *index period*.
IR = the *index rate* for the *index period*.
FR = the *index floor rate*.
V = the average of the ending monthly *account values* in the *participation account* during the *index period*.
AB = the *account value bonus percentage*.

The minimum *account value bonus percentage* is shown on the policy schedule. An *account value bonus percentage* exceeding the minimum rate may be used at *our* option.

LOAN ACCOUNT. At the time any loan is taken, an amount equal to the loan and loan interest in advance is transferred into a *loan account* as collateral for the loan. This transfer will be taken first from the *fixed account value* to the extent that the transfer does not exceed the *fixed account value*. If the transfer is greater than the *fixed account value*, the excess will be taken from the most recently established *participation account*. If more than one *participation account* starts on the same date, the excess will be taken from each *participation account* in proportion to the *account value* in each. Any remaining excess will continue to be taken from the next most recently established *participation accounts* in the same manner until the full amount of loan and loan interest in advance has been transferred. The *loan account* will be credited with interest at an interest rate which may change from time to time, but will never be less than the *fixed account* guaranteed interest rate shown on the policy schedule.

At the time any unpaid loan interest is due, the amount of unpaid loan interest which exceeds the interest credited to the *loan account* during that period is transferred into the *loan account* in the same manner as the initial transfer of the loan amount and loan interest in advance. If loan repayments are made, the amount of the loan repayment and any loan interest which was transferred to the *loan account* but was not yet incurred will be transferred to the *index options* and the *fixed account* according to the *premium allocation* shown on the policy schedule on the next *monthly date*.

A loan, whether or not repaid, will have a permanent effect on the death benefit and policy values, because loaned amounts will be excluded from the *participation accounts* in the calculation of *index credited amounts*.

LOAN ACCOUNT VALUE. The *loan account value* on each *monthly date* is equal to (a + b + c + d) - (e + f), where:

(a) is the *loan account value* on the prior *monthly date*;
(b) is one month's interest on (a);
(c) is any transfer to the *loan account* since the prior *monthly date*;
(d) is interest on (c) from the date of the transfer to the current *monthly date*;
(e) is any transfer from the *loan account* since the prior *monthly date*;
(f) is interest on (e) from the date of the transfer to the current *monthly date*.

Interest in the *loan account* is credited at a rate equal to the *loan account interest rate*. On any day between *monthly date*s, the *loan account value* is calculated using steps a through f above, with pro-rata adjustment of interest to reflect the time elapsed since the prior *monthly date*.

ACCESSING POLICY VALUES

Loans, partial withdrawals and cash surrenders may be subject to income tax and penalty tax.

LOANS. *You* may obtain a loan from the *cash surrender value* of this policy. The maximum available loan amount is:

(1) the *cash surrender value*; minus
(2) loan interest to the next *annual date*; minus
(3) the sum of the next three *monthly deductions*.

The maximum loan interest rate is shown on the policy schedule. *We* have the option of charging less.

This policy will be assigned to *us* as security for any loan. *We* may defer making a loan up to six months except to pay premiums on any policy in force with *us*. *We* may require *you* to sign a loan agreement.

A loan may be paid back in full or in part at any time.

Interest accrues daily and becomes a part of the *policy debt*. Interest payments are due on each *annual date*. If interest is not paid when due, it will be added to the *policy debt* and will bear interest at the rate charged on the loan.

PARTIAL WITHDRAWAL. *You* may take a partial withdrawal of cash from the *cash surrender value* by *written notice* to *us*. The minimum partial withdrawal is shown on the policy schedule. The partial withdrawal will be deducted first from the *fixed account value* to the extent that the partial withdrawal does not exceed the *fixed account value*. If the partial withdrawal is greater than the *fixed account value*, the excess will be deducted from the most recently established *participation account*. If more than one *participation account* starts on the same date, the excess will be taken from each *participation account* in proportion to the *account value* in each. Any remaining excess will continue to be deducted from the next most recently established *participation accounts* in the same manner until the full amount of the partial withdrawal has been deducted. The maximum partial withdrawal amount is:

(1) the *cash surrender value*; minus
(2) the sum of the next three *monthly deductions*.

We may deduct a partial withdrawal fee, which will not exceed the maximum partial withdrawal fee shown on the policy schedule. If Death Benefit Option A is in effect, the *specified amount* will be reduced by the amount withdrawn plus any fee. After *we* receive *written notice*, *we* have the right to wait up to six months to pay, except for payment of premiums on any policy in force with *us*.

CASH SURRENDER. *You* may *surrender* this policy for the *cash surrender value* by *written notice* to *us*. After *we* receive *written notice*, *we* have the right to wait up to six months to pay except for payment of premiums on any policy in force with *us*. *You* may not reinstate this policy once *you surrender* it.

TRANSFERS FROM FIXED ACCOUNT. *You* may transfer money from the *fixed account* at any time by *written notice* to *us*. Unless otherwise specified, the money will transfer to the *index options* and *fixed account* according to the most recent *premium allocation we* have received from *you*.

TRANSFERS FROM INDEX OPTIONS. *You* may transfer money from the *index options* only by changing the *renewal allocation*. The value of any ending *participation accounts* will be allocated to the *index options* and the *fixed account* at the end of the *index period* according to the most recent *renewal allocation we* have received from *you*.

DOLLAR COST AVERAGING. *You* may elect to automatically transfer money from the *fixed account* to the *index options*. *You* must give *us written notice* specifying the amount of the monthly transfer and the percentages of that amount to be allocated to each *index option*. The minimum transfer is shown on the policy schedule. Once elected, transfers from the *fixed account* will be processed monthly until *you* send *us written notice* instructing *us* to cancel the transfers or until the value of the *fixed account* is completely depleted.

POLICY FACTORS

MONTHLY DEDUCTION. On each *monthly date*, *we* will deduct an amount from *your account value* to pay *us* for providing the benefits of the policy. This amount is called the *monthly deduction*.

The *monthly deduction* equals:

(1) the cost of insurance; plus
(2) the monthly administrative charge; plus
(3) the monthly account value charge; plus
(4) the monthly specified amount charge; plus
(5) the cost for any policy riders.

The *monthly deduction* is due on each *monthly date*, beginning on the *policy date*. *Monthly deductions* will be deducted first from the *fixed account value* to the extent that the *monthly deduction* does not exceed the *fixed account value* on that *monthly date*. If the *monthly deduction* is greater than the *fixed account value*, the excess will be deducted from the most recently established *participation account*. If more than one *participation account* starts on the same date, the excess will be taken from each *participation account* in proportion to the *account value* in each. Any remaining excess will continue to be deducted from the next most recently established *participation accounts* in the same manner until the full amount of the *monthly deduction* has been deducted.

COST OF INSURANCE. The cost of insurance for a policy month is the cost of insurance rate times the *net amount at risk* divided by $1,000. The maximum cost of insurance rates are determined by the *insured's* gender, *attained age*, and rate class, as shown on the policy schedule. The maximum cost of insurance rates for any increase in *specified amount* are determined by the *insured's* gender and *attained age* and the rate class for the increase.

For purposes of determining the cost of insurance, *account value* is allocated first to the initial *specified amount*, then to subsequent increases in *specified amount* in the order those increases occurred.

ADMINISTRATIVE CHARGE. The maximum monthly administrative charge is shown on the policy schedule.

ACCOUNT VALUE CHARGE. The account value charge is the percent of account value charge multiplied by the *account value*. The maximum percent of account value charge is shown on the policy schedule.

SPECIFIED AMOUNT CHARGE. The maximum monthly specified amount charge is shown on the policy schedule. Any increase in the *specified amount* will result in an additional monthly specified amount charge.

INTEREST RATE. *Net premiums* and transfers allocated to the *index options* are credited with interest at a rate equal to the *current interest rate* plus the *account value bonus percentage* from the date received until the next *monthly date*. This rate will never be less than the *fixed account* guaranteed interest rate shown on the policy schedule plus the minimum *account value bonus percentage* shown on the policy schedule.

Interest in the *fixed account* is credited at a rate equal to the *fixed account interest rate* plus the *account value bonus percentage*. This rate will never be less than the *fixed account* guaranteed interest rate shown on the policy schedule plus the minimum *account value bonus percentage* shown on the policy schedule.

Interest in the *loan account* is credited at a rate equal to the *loan account interest rate*. This rate will never be less than the *fixed account* guaranteed interest rate shown on the policy schedule.

POLICY COST FACTORS. *We* may change the interest rates, subject to the *fixed account* guaranteed interest rate and the *account value bonus percentage* shown on the policy schedule. *We* may change the cost of insurance rates, monthly administrative charges, monthly specified amount charges, monthly account value charge and premium charge, subject to the maximum rates and charges shown on the policy schedule. *We* will determine actual rates and charges based on *our* future expectations of such factors as mortality, expenses, interest, persistency and taxes. Any changes will be determined according to the procedures and standards on file with *your* State Insurance Department. Any change *we* make will be on a uniform basis for *insureds* of the same *issue age*, gender, rate class, *specified amount*, and the length of time coverages have been in force.

KEEPING THE POLICY IN FORCE

GRACE PERIOD. On any *monthly date* when the *cash surrender value* is less than the *monthly deduction* for the next policy month, *you* will have a 61-day grace period to make a premium payment to continue this policy. The minimum premium to continue this policy will be no more than an amount which results in a *cash surrender value* on the date the grace period begins equal to the current *monthly deduction* plus the next two *monthly deductions*. *We* will mail notice of this minimum premium to *your* last known address and to any assignee of record at the start of the 61-day grace period, at least 30 days and no more than 60 days prior to the end of the grace period.

Insurance coverage under this policy and any benefits provided by any rider(s) will be continued through the grace period. If the *insured* dies during the grace period, *we* will pay the death benefit proceeds. If the premium is not paid within the grace period, all insurance stops and this policy terminates with no *cash surrender value*. Even if *you* pay *planned periodic premiums*, *your* policy could lapse if the *cash surrender value* is not enough to pay the *monthly deductions*.

MINIMUM NO-LAPSE PERIOD. During the minimum no-lapse period, *we* guarantee this policy will remain in force and the grace period will not begin if the sum of the premiums paid to date, minus the sum of partial withdrawals taken and *policy debt*, equals or exceeds the sum of the monthly *minimum no-lapse premiums* from the *policy date* to the most recent *monthly date*. The *minimum no-lapse premium* and the minimum no-lapse period are shown on the policy schedule.

REINSTATEMENT. Within five years after *your* policy terminates, *you* may put this policy back in force by *written notice* to *us* if:

(1) the *insured* provides *us* with evidence of insurability;
(2) the *attained age* of the *insured* on the date of reinstatement does not exceed the maximum *attained age* for reinstatement as shown on the policy schedule;
(3) the *insured* is alive on the date of reinstatement; and
(4) this policy has not been *surrendered* for its *cash surrender value*.

The minimum premium *you* must pay to reinstate *your* policy is (a + b + c - d) divided by (e) where:
(a) is the sum of all due and unpaid *monthly deductions* during the grace period;
(b) is the sum of *monthly deductions* for three months from the date of reinstatement;
(c) is the *surrender charge* on the date of reinstatement;
(d) is the *account value* at the beginning of the grace period; and
(e) is one minus the premium charge.

You must repay or reinstate any *policy debt* that existed at the beginning of the grace period. *Surrender charges* will be based on the original *policy date* and the dates of any increases in *specified amount* as if this policy had never terminated.

GENERAL PROVISIONS

ENTIRE CONTRACT. This policy is a legal contract that *you* have entered into with *us*. The entire contract consists of:

(1) this policy;
(2) any riders;
(3) any endorsements;
(4) the attached copy of the application, and any amendments or supplemental applications; and
(5) the applicable policy schedule(s).

Any change in the contract must be written and signed by *our* President, or a Vice President, or the Secretary, or the Assistant Secretary. No one else is authorized to bind *us*.

Statements made in the application for issuance or reinstatement, in the absence of fraud, are representations and not warranties. No such statements will be used in defense of a claim under this policy unless contained in a written application and unless a copy of such statement is part of this policy.

This policy is not a variable life insurance policy. The assets supporting the policy are part of *our* general account, which supports all of *our* insurance and annuity obligations.

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

RELIANCE. *We* have issued this policy based on the answers in the application and supplemental applications. *We* have assumed all such answers to be true and complete. If any are not, *we* may, subject to the Incontestability provision, have the right to void this policy and send back all premiums paid, minus *policy debt* and any partial withdrawals.

INCONTESTABILITY. *We* will not contest this policy, in the absence of fraud, after it has been in force while the *insured* is alive for two years from the *issue date*, nor will *we* contest any increased benefits later than two years after the effective date for such increased benefits. If *you* did not request the increase or if evidence of insurability was not required, *we* will not contest the increase. As used herein, increased benefits shall include any favorable policy changes requested by *you*. If this policy is reinstated, the incontestable period will start over again beginning on the reinstatement date, but only for statements made in the application for reinstatement. Riders to this policy may have separate incontestability provisions.

SUICIDE. For the first two full years from the *issue date*, *we* will not pay the death benefit if the *insured* commits suicide (while sane or insane). *We* will terminate this policy and give back the premiums paid, minus *policy debt* and any partial withdrawals. If the *insured* commits suicide (while sane or insane) within two years after the effective date of any increase in *specified amount*, *our* liability for such increase is limited to the *monthly deductions* for the increase. Riders to this policy may have separate suicide provisions.

POLICY CHANGES. *You* may request to change *your specified amount*, death benefit option or riders by sending *us written notice*. Whenever one of these changes is made, *we* will send *you* a revised policy schedule that will show the updated coverage and any new charges.

ANNUAL REPORT. At least once a year *we* will send *you* an annual report showing the current *account value*, *cash surrender value*, amount of interest credited, including *index credited amounts*, premiums paid, partial withdrawals, loan activity, expense charges and cost of insurance charges since the prior report. Any other information required by *your* State Insurance Department will also be included in the annual report.

ILLUSTRATIVE REPORT. *You* may request a projection of illustrative future benefits and values at any time. *We* may make a reasonable charge to provide this information.

TERMINATION. This policy will terminate and all insurance will stop:

(1) on the date *we* receive *your written notice*; or
(2) when a required premium is not received before the end of the grace period; or
(3) when the *insured* dies.

CONFORMITY WITH LAWS. This policy is subject to the laws of the state where the application is signed.

MISSTATEMENT OF AGE OR GENDER. If the *insured's* age or gender has been misstated on the application, an adjustment will be made to reflect the correct age and gender as follows:

(1) If the misstatement is discovered at death, the death benefit amount will be adjusted based on what the cost of insurance rate as of the most recent *monthly date* would have purchased at the *insured's* correct age and gender.
(2) If the misstatement is discovered prior to death, the *cash surrender value* will be adjusted to reflect the expense charges, *surrender charges*, and cost of insurance rates based on the *insured's* correct age and gender from the *policy date*.

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

CLAIMS OF CREDITORS. The death benefit, before paid, will not be subject to the claims of a beneficiary's creditors, except as required by law.

COMPUTATIONS. Minimum *account values* are based on maximum cost of insurance rates, maximum expense charges, *fixed account* guaranteed interest rate and *index floor rates* shown on the policy schedule. All interest rates shown on the policy schedule are annual effective rates unless otherwise stated.

Cash surrender values will not be less than the minimum required by the laws of the state where this policy is signed. If required, *we* have filed a detailed statement about these computations with *your* State Insurance Department.

Flexible Premium Indexed Universal Life Insurance Policy
Nonparticipating

UNIFI® Companies

Ameritas Life Insurance Corp.
[P.O. Box 40888, Cincinnati, OH 45240
800-319-6901, Fax 513-595-2218]
(Client Service Office)

Universal Life/Traditional Life

Policy Details

1. Universal Life:

a) Specified Amount *(base only)*: $ _____
Plan of Insurance: _____

b) Index UL: Complete Supplement for Index UL Products.

c) Death Benefit Option:
- ☐ Option A *(Specified Amount)*
- ☐ Option B *(Specified Amount plus Account Value)*
- ☐ Option C *(Return of Premium)*

d) Life Insurance Qualification Test:
- ☐ GPT *(Guideline Premium Test)*
- ☐ CVAT *(Cash Value Accumulation Test)*

e) Planned Periodic Premium *(modal)*: $ _____
Additional First-Year Premium *(lump-sum deposits)*: $ _____

f) Single Life Supplementary Benefits:
- ☐ Accelerated Benefit Rider *(include Disclosure Statement)*
- ☐ Accidental Death Benefit Rider: $_____
- ☐ Accounting Benefit Rider: $ _____
- ☐ Guaranteed Insurability Rider: $_____
- ☐ Scheduled Increase Rider _____%
- ☐ Supplemental Coverage Rider: $ _____
- ☐ Total Disability Rider: $_____
- ☐ Waiver of Monthly Deduction Rider
- ☐ Other: _____

2. Term Life:

a) Specified Amount: $ _____

b) Plan of Insurance:
☐ Term 1 ☐ Term 10 ☐ Term 15
☐ Term 20 ☐ Term 30 ☐ Other: _____

c) Supplementary Benefits:
- ☐ Accelerated Benefit Rider (include Disclosure Statement)
- ☐ Accidental Death Benefit Rider: $_____
- ☐ Waiver of Premium Rider
- ☐ Other: _____

3. Whole Life:

a) Specified Amount: $ _____
Plan of Insurance: _____

b) Dividend Option:
- ☐ Paid-Up Additions
- ☐ Cash
- ☐ Accumulate at Interest
- ☐ Reduce Premium *(not on monthly modes)*
- ☐ One-Year Term
- ☐ Other: _____

c) Nonforfeiture Option:
- ☐ Extended Term Insurance
- ☐ Reduce Paid-Up
- ☐ Automatic Premium Loan

d) Supplementary Benefits:
- ☐ Accelerated Benefits Rider *(include Disclosure Statement)*
- ☐ Accidental Death Benefit Rider: $_____
- ☐ Guaranteed Insurability Rider: $_____
- ☐ Level Term Rider: $_____
  ☐ 10 yr ☐ 15 yr ☐ 20 yr ☐ 30 yr
- ☐ One-Year Term Rider: $ _____
- ☐ Paid-Up Rider:
  - ☐ Annual Premium: $ _____
  - ☐ Single Premium: $_____
- ☐ Term Paid-Up Rider (TPL): $ _____
- ☐ Total Disability Benefit Rider
- ☐ Waiver of Premium Rider
- ☐ Other: _____

4. Premium:

a) Send Premium Notices to: ☐ Residence ☐ Business
- ☐ Owner
- ☐ Insured
- ☐ Other: *(Specify relationship and address)*

_____

b) Premium Frequency:
- ☐ Annual
- ☐ Semi-Annual
- ☐ Quarterly
- ☐ Electronic Fund Transfer *(complete EFT form)*
- ☐ Salary Allotment
- ☐ Other: _____

c) Has any premium been given in connection with this application? ☐ Yes ☐ No *(If "Yes," state amount paid for which conditional receipt has been given; the terms of which are hereby agreed to.)* Amount: $ _____

d) Association Discount:
☐ Yes ☐ No (*If "Yes," provide IPN.)*
Association IPN: _____

UNIFI®
Companies

Ameritas Life Insurance Corp.
[P.O. Box 40888, Cincinnati, OH 45240
800-319-6901, Fax 513-595-2352]
(Client Service Office)

Supplemental Application for Index UL

For [Excel Index UL]

Account Allocation:

_____ % Fixed Account: a current interest rate.
_____ % Capped Participation Account: a 100% participation rate on a limited percentage increase in the S&P 500 Index.
_____ % Uncapped Participation Account: a lower participation rate on an unlimited percentage increase in the S&P 500 Index.
_100_ % Total

For [Excel Plus Index UL]

Premium Allocation (applies to premiums):

_____ % Fixed Account: a current interest rate.
_____ % Capped S&P 500: a 100% participation rate on a limited percentage increase in the S&P 500 Index.
_____ % Uncapped S&P 500: a lower participation rate on an unlimited percentage increase in the S&P 500 Index.
_____ % Capped Russell 2000: a 100% participation rate on a limited percentage increase in the Russell 2000 Index.
_____ % Capped MSCI EAFE: a 100% participation rate on a limited percentage increase in the MSCI EAFE Index.
_100_ % Total

Renewal Allocation (applies to the ending value in each participation account):

Note: To renew into the same Index Options, leave the Renewal Allocation section blank.

_____ % Fixed Account: a current interest rate.
_____ % Capped S&P 500: a 100% participation rate on a limited percentage increase in the S&P 500 Index.
_____ % Uncapped S&P 500: a lower participation rate on an unlimited percentage increase in the S&P 500 Index.
_____ % Capped Russell 2000: a 100% participation rate on a limited percentage increase in the Russell 2000 Index.
_____ % Capped MSCI EAFE: a 100% participation rate on a limited percentage increase in the MSCI EAFE Index.
_100_ % Total

Dollar Cost Averaging:

Dollars From: $_____ Fixed Account

To: _____% Capped S&P 500
_____% Uncapped S&P 500
_____% Capped Russell 2000
_____% Capped MSCI EAFE

Ameritas Life is instructed to transfer the amount(s) designated above from the Fixed Account to the selected Index Option(s). Transfers will occur monthly and will begin as of the monthly date after the receipt by the Client Service Office of this request. Minimum transfer is $100.

UNIFI® Companies

Ameritas Life Insurance Corp.
[P.O. Box 40888, Cincinnati, OH 45240
800-319-6901, Fax 513-595-2352]
(Client Service Office)

Universal Life/Traditional Life

Policy Details

1. Universal Life:

a) Specified Amount *(base only)*: $_____
Plan of Insurance:_____

b) Index UL: Complete Supplement for Index UL Products.

c) Death Benefit Option:
- ☐ Option A *(Specified Amount)*
- ☐ Option B *(Specified Amount plus Account Value)*
- ☐ Option C *(Return of Premium)*

d) Life Insurance Qualification Test:
- ☐ GPT *(Guideline Premium Test)*
- ☐ CVAT *(Cash Value Accumulation Test)*

e) Planned Periodic Premium *(modal)*: $ _____
Additional First-Year Premium *(lump-sum deposits)*: $ _____

f) Single Life Supplementary Benefits:
- ☐ Accelerated Benefit Rider *(include Disclosure Statement)*
- ☐ Accidental Death Benefit Rider: $_____
- ☐ Accounting Benefit Rider: $ _____
- ☐ Children's Insurance Rider: $ _____
- ☐ Guaranteed Insurability Rider: $_____
- ☐ Scheduled Increase Rider _____%
- ☐ Supplemental Coverage Rider: $ _____
- ☐ Term Insurance Rider: $ _____
- ☐ Total Disability Benefit Rider: $_____
- ☐ Waiver of Monthly Deduction Rider
- ☐ Other: _____

g) Survivorship Supplementary Benefits:
- ☐ Estate Protection Rider
- ☐ Policy Split Rider
- ☐ Term Insurance Rider (Insured One)
  - ☐ To Age: _____ ☐ Amount: $ _____
- ☐ Term Insurance Rider (Insured Two)
  - ☐ To Age: _____ ☐ Amount: $ _____
- ☐ Total Disability Benefit Rider (Insured One)
  Amount: $ _____
- ☐ Total Disability Benefit Rider (Insured Two)
  Amount: $ _____
- ☐ Waiver of Monthly Deduction Rider (Insured One)
- ☐ Waiver of Monthly Deduction Rider (Insured Two)
- ☐ Other: _____

2. Term Life:

a) Specified Amount: $ _____

b) Plan of Insurance:
☐ Term 1 ☐ Term 10 ☐ Term 15
☐ Term 20 ☐ Term 30 ☐ Other: _____

c) Supplementary Benefits:
- ☐ Accelerated Benefit Rider *(include Disclosure Statement)*
- ☐ Accidental Death Benefit Rider: $ _____
- ☐ Children's Insurance Rider $_____
- ☐ Waiver of Premium Rider
- ☐ Other: _____

3. Whole Life:

a) Specified Amount: $ _____
Plan of Insurance:_____

b) Dividend Option:
- ☐ Paid-Up Additions
- ☐ Cash
- ☐ Accumulate at Interest
- ☐ Reduce Premium *(not on monthly modes)*
- ☐ One-Year Term
- ☐ Other: _____

c) Nonforfeiture Option:
- ☐ Extended Term Insurance
- ☐ Reduce Paid-Up
- ☐ Automatic Premium Loan

d) Supplementary Benefits:
- ☐ Accelerated Benefit Rider *(include Disclosure Statement)*
- ☐ Accidental Death Benefit Rider: $_____
- ☐ Children's Insurance Rider: $ _____
- ☐ Guaranteed Insurability Rider: $_____
- ☐ Level Term Rider: $_____
  ☐ 10 yr ☐ 15 yr ☐ 20 yr ☐ 30 yr
- ☐ One-Year Term Rider: $ _____
- ☐ Paid-Up Rider:
  Annual Premium: $ _____
  Single Premium: $_____
- ☐ Term Paid-Up Rider (TPL): $ _____
- ☐ Total Disability Benefit Rider
- ☐ Waiver of Premium Rider
- ☐ Other: _____

4. Premium:

a) Send Premium Notices to: ☐ Residence ☐ Business
☐ Owner ☐ Other: *(Specify relationship and address)*
☐ Insured _____
_____

b) Premium Frequency:
☐ Annual ☐ Electronic Fund Transfer *(complete EFT form)*
☐ Semi-Annual ☐ Salary Allotment
☐ Quarterly ☐ Other: _____

c) Has any premium been given in connection with this application? ☐ Yes ☐ No *(If "Yes," state amount paid for which conditional receipt has been given; the terms of which are hereby agreed to.)* Amount: $ _____

d) Association Discount:
☐ Yes ☐ No *(If "Yes," provide IPN.)*
Association IPN: _____

UNIFI®
Companies

Ameritas Life Insurance Corp.
[P.O. Box 40888, Cincinnati, OH 45240
800-319-6901, Fax 513-595-2352]
(Client Service Office)

Supplemental Application for Index UL

For [Excel Index UL]

Account Allocation:

_____ % Fixed Account: a current interest rate.
_____ % Capped Participation Account: a 100% participation rate on a limited percentage increase in the S&P 500 Index.
_____ % Uncapped Participation Account: a lower participation rate on an unlimited percentage increase in the S&P 500 Index.
__100__ % Total

For [Excel Plus Index UL]

Premium Allocation (applies to premiums):

_____ % Fixed Account: a current interest rate.
_____ % Capped S&P 500: a 100% participation rate on a limited percentage increase in the S&P 500 Index.
_____ % Uncapped S&P 500: a lower participation rate on an unlimited percentage increase in the S&P 500 Index.
_____ % Capped Russell 2000: a 100% participation rate on a limited percentage increase in the Russell 2000 Index.
_____ % Capped MSCI EAFE: a 100% participation rate on a limited percentage increase in the MSCI EAFE Index.
__100__ % Total

Renewal Allocation (applies to the ending value in each participation account):

Note: To renew into the same Index Options, leave the Renewal Allocation section blank.

_____ % Fixed Account: a current interest rate.
_____ % Capped S&P 500: a 100% participation rate on a limited percentage increase in the S&P 500 Index.
_____ % Uncapped S&P 500: a lower participation rate on an unlimited percentage increase in the S&P 500 Index.
_____ % Capped Russell 2000: a 100% participation rate on a limited percentage increase in the Russell 2000 Index.
_____ % Capped MSCI EAFE: a 100% participation rate on a limited percentage increase in the MSCI EAFE Index.
__100__ % Total

Dollar Cost Averaging:

Dollars From: $_____ Fixed Account

To: _____% Capped S&P 500
_____% Uncapped S&P 500
_____% Capped Russell 2000
_____% Capped MSCI EAFE

Ameritas Life is instructed to transfer the amount(s) designated above from the Fixed Account to the selected Index Option(s). Transfers will occur monthly and will begin as of the monthly date after the receipt by the Client Service Office of this request. Minimum transfer is $100.

Supporting Document Schedules

Item Status: **Status Date:**

Satisfied - Item: Flesch Certification

Comments:

Attachments:

AR Reg 19 Certification.pdf
AR Reg 6 & 49 Certification.pdf
AR Reg 34 Certification.pdf
3016 Readability Cert.pdf

Item Status: **Status Date:**

Satisfied - Item: Application

Comments:

Please see attached Exhibit B

Attachment:

Exhibit B - AR.pdf

Item Status: **Status Date:**

Bypassed - Item: Health - Actuarial Justification

Bypass Reason: n/a - this is neither a health, LTC or medicare product.

Comments:

Item Status: **Status Date:**

Bypassed - Item: Outline of Coverage

Bypass Reason: n/a - this is neither a health, LTC or medicare product.

Comments:

Item Status: **Status**

Date:

Satisfied - Item: Actuarial Memorandum

Comments:

Attachment:

3016 Actuarial Memo.pdf

Item Status: **Status Date:**

Satisfied - Item: Statement of Variability

Comments:

Attachments:

Statement of Variability - 3016.pdf

Statement of Variability - Applications.pdf

Item Status: **Status Date:**

Satisfied - Item: Complaint Notice & Guaranty Association Notice - Informational copies

Comments:

Attachments:

1684 AR.pdf

1683 AR.pdf

Item Status: **Status Date:**

Satisfied - Item: Exhibits A and B for Filing Description

Comments:

Attachments:

Exhibit B - AR.pdf

Exhibit A - AR.pdf

Item Status: **Status**

Date:

Satisfied - Item: Advertising

Comments:

Please find attached the Advertising for this product.

Attachment:

LI 1510 7-11 - Advertising Piece.pdf

Item Status: **Status Date:**

Satisfied - Item: Disclosure Document

Comments:

Attachment:

AL 335-1 AR.pdf

Item Status: **Status Date:**

Satisfied - Item: External Indexed Guidelines Certification

Comments:

Attachment:

AR Disclosure Certification.pdf

CERTIFICATION
Arkansas

We hereby certify that we have reviewed Rule and Regulation 19 and that 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.

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

June 28, 2011
Date

CERTIFICATION
Arkansas

We hereby certify that we have reviewed Arkansas Regulation 6 and 49 and that 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 regarding the use of Complaint Notices and assure that Ameritas Life Insurance Corp. is in compliance.

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

June 28, 2011

Date

Reg. Section 6 DI: Method of Disclosure of Required Information

All information required to be disclosed by this rule shall be set out conspicuously and in close conjunction with the statements to which such information relates or under appropriate captions of such prominence that it shall not be minimized, rendered obscure or presented in an ambiguous fashion or intermingled with the context of the advertisements so as to be confusing or misleading.

Reg. Section 6 Life: Valuation

The minimum valuation standard for universal life insurance policies shall be the Commissioners Reserve Valuation Method

CERTIFICATION
Arkansas

I, David Shaver, hereby certify that I have reviewed Rule and Regulation 34 and that Ameritas Life Insurance Corp. meets the provisions of said Rule and Regulation. I also certify that this product is in compliance with Bulletin 11-83.

Company: Ameritas Life Insurance Corp.

Actuary: _____
Signature

David Shaver, ASA, MAAA
Print Name

Relationship to Company: Second Vice President and Associate Actuary

06/28/2011
Date

READABILITY CERTIFICATION

I, Robert G. Lange, an officer of Ameritas Life Insurance Corp., hereby certify that the following form has the following readability score as calculated by the Flesch Reading Ease Test and that this form meets the reading ease requirements of the laws and regulations of your state.

Form Number	Description	Flesch Score

Please refer to the attached Exhibit A.

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

EXHIBIT B

Form Type	Form Number	Form Name	Approval Date	State File #
Application Component	UN 92 PI	Personal Information	7/13/2009	42878
Application Component	UN 92 PD 5-11	Universal Life Policy Details	Pending w/this filing	47223
Application Component	UN 92 FI LHQ	Financial, Lifestyle, & Health Questionnaire	7/13/2009	42878
Application Component	UN 92 AG	Agreement	7/13/2009	42878
Application Component	UN 2550 PI-A	Application/Personal Information	12/18/2007	37641
Application Component	UN 2550 PI-B	Application/Personal Information	12/18/2007	37641
Application Component	UN 2550 PD 5-11	Application/Policy Details	Pending w/this filing	48038
Application Component	UN 2550 FI	Application/Financial Information	12/18/2007	37641
Application Component	UN 2550 LQ	Application/Lifestyle Questionnaire	12/18/2007	37641
Application Component	UN 2550 HQ	Application/Health Questionnaire	12/18/2007	37641
Application Component	UN 2550 AG	Application/Agreement	12/18/2007	37641
Application	UN 3100 11-10	Short Form Life Application	11/9/2010	47223
Application	UN 3100 AG 11-10	Short Form Life Application/Agreement	11/9/2010	47223

Statement of Variability for 3016

Policy Number, Insured, Issue Age, Gender, Owner, Policy Date, Issue Date, Specified Amount: This information is personalized to the policy purchased and included as John Doe specimen information in the submitted policy.

Minimum Specified Amount: Range is $25,000 to $100,000.

Internal Revenue Code Life Insurance Qualification: This information is chosen by the applicant at time of application. It will either be Guideline Premium Test or Cash Value Accumulation Test.

Death Benefit Option: This information is personalized to the policy purchased and included as John Doe specimen information in the submitted policy.

Rate Class, Basis of Values: This information is personalized to the policy purchased and included as John Doe specimen information in the submitted policy.

Fixed Account Guaranteed Interest Rate: The range is 2% to 5% annually, and .16516% to .40741% monthly.

Minimum Account Value Bonus Percentage:
The range for the % is 0 to 1%
On the first line, the range could be as short as 1 through 5 or as long as 1 through 20
On the second line, the range will start in the year following the ending year in the first line and continue thereafter.

Planned Periodic Premium, Planned Premium Frequency, Initial Premium: This information is personalized to the policy purchased and included as John Doe specimen information in the submitted policy.

Monthly Minimum No-Lapse Premium: This information is personalized to the policy purchased and included as John Doe specimen information in the submitted policy.

Minimum No-Lapse Period: The range is 5 to 30 years.

Index Option, Index, Index Credited Method, Index Period: These are bracketed in the event a new index is added or an index is discontinued or substantially changed. If this occurs the index name and corresponding disclosure will be changed accordingly.

Capped Index Option:

Initial Participation Rate:	The range is from the minimum participation rate to 200%.
Minimum Participation Rate:	The range is 50 to 200%.
Initial Index Cap Rate:	The range is from the minimum index cap rate to 40%.
Minimum Index Cap Rate:	The range is 2 to 10%.
Index Floor Rate:	The range is 0 to 3%.

Uncapped Index Option:

Initial Participation Rate:	The range is from the minimum participation rate to 100%
Minimum Participation Rate:	The range is 10 to 50%.
Index Floor Rate:	The range is 0 to 3%.

Index disclosure language: These are bracketed in the event a new index is added or an index is discontinued or substantially changed. If this occurs the index name and corresponding disclosure will be changed accordingly.

Premium Allocation, Renewal Allocation: Range is 0% – 100%. The sum of each will always equal 100%. This information is personalized to the policy purchased and included as John Doe specimen information in the submitted policy.

Maximum Monthly Cost of Insurance Rate: The charges shown on the schedule are personalized to the policy purchased. Rates vary by attained age, gender, and rate class.

Corridor Factor: This information is personalized to the policy purchased and included as John Doe specimen information in the submitted policy. Factors vary by attained age, gender and rate class.

Premium Charge: The range is 2% to 12%.

Monthly Administrative Charge: The range is $2.00 to $12.00.

Monthly Percent of Account Value Charge: The range is 0% to .10%

Monthly Specified Amount Charge: The charges shown on the schedule are personalized to the policy purchased and based on rates that vary by issue age, gender, rate class, duration and specified amount.

Surrender Charge: The charges shown on the schedule are personalized to the policy purchased, and based on rates that vary by issue age, gender, rate class, duration and specified amount.

Minimum increase in specified amount:	Range is $1 - $50,000.
Minimum decrease in specified amount:	Range is $1 - $10,000.
Minimum partial withdrawal amount:	Range is $0 - $1,000.
Maximum partial withdrawal fee:	Range is $0 - $50.
Minimum transfer amount:	Range is $10 to $100
Maximum attained age for an increase or reinstatement:	The range is 70 to 90.

Maximum loan interest rate: The rate will change in accordance with the “Loans” provision of the policy. The range for the years is 2 to 7. The interest range for all years is 1.96% to 8%.

Ameritas Life Insurance Corp.

Statement of Variability

Applications

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

1. General Company Information

(a) Client Service Office Address

(b) Client Service Office Phone Number, Fax Number

IMPORTANT INFORMATION TO POLICYHOLDERS

For information concerning your policy, contact your agent or the company as follows:

Agent Name: Mr Lance B Kolbet Lutcf

Agent Address: Ste 255
275 S 5th Ave
Pocatello ID 83201

Agent Phone: (208) 234-1800

Ameritas Life Insurance Corp.
P.O. Box 81889
Lincoln, Nebraska 68501-1889
1-800-745-1112

If you have been unable to contact or obtain satisfaction from the company or the agent, you may contact the Arkansas Insurance Department at:

Consumer Services Division
Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904
1-800-852-5494
501-371-2640

Written correspondence is preferable so that a record of your inquiry is maintained. When contacting your agent, company or the Department of Insurance, have your policy number available.

LIMITATIONS AND EXCLUSIONS UNDER THE ARKANSAS LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION ACT

Residents of this state who purchase life insurance, annuities or health and accident insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association"). The purpose of the Guaranty Association is to assure that policy and contract owners will be protected, within certain limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Guaranty Association will assess its other member insurance companies for the money to pay the claims of policy owners who live in this state and, in some cases, to keep coverage in force. The valuable extra protection provided by the member insurers through the Guaranty Association is not unlimited, however. And, as noted in the box below, this protection is not a substitute for consumers' care in selecting insurance companies that are well managed and financially stable.

DISCLAIMER

The Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association") may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions, and require continued residency in this state. You should not rely on coverage by the Guaranty Association in purchasing an insurance policy or contract.

Coverage is NOT provided for your policy or contract or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract.

Insurance companies or their agents are required by law to provide you with this notice. However, insurance companies and their agents are prohibited by law from using the existence of the Guaranty Association to induce you to purchase any kind of insurance policy.

The Arkansas Life and Health Insurance Guaranty Association
c/o The Liquidation Division
1023 West Capitol
Little Rock, Arkansas 72201

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

The state law that provides for this safety-net is called the Arkansas Life and Health Insurance Guaranty Association Act ("Act"). Below is a brief summary of the Act's coverages, exclusions and limits. This summary does not cover all provisions of the Act; nor does it in any way change anyone's rights or obligations under the Act or the rights or obligations of the Guaranty Association.

COVERAGE

Generally, individuals will be protected by the Guaranty Association if they live in this state and hold a life, annuity or health insurance contract or policy, or if they are insured under a group insurance contract issued by a member insurer. The beneficiaries, payees or assignees of policy or contract owners are protected as well, even if they live in another state.

EXCLUSIONS FROM COVERAGE

However, persons owning such policies are NOT protected by the Guaranty Association if:

* They are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state);
* The insurer was not authorized to do business in this state;
* Their policy or contract was issued by a nonprofit hospital or medical service organization, an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policy or contract owner is subject to future assessments, or by an insurance exchange.

The Guaranty Association also does NOT provide coverage for:

* Any policy or contract or portion thereof which is not guaranteed by the insurer or for which the owner has assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract;
* Any policy of reinsurance (unless an assumption certificate was issued);
* Interest rate yields that exceed an average rate;
* Dividends and voting rights and experience rating credits;
* Credits given in connection with the administration of a policy by a group contract holder;
* Employers' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);
* Unallocated annuity contracts (which give rights to group contract holders, not individuals);
* Unallocated annuity contracts issued to/in connection with benefit plans protected under Federal Pension Benefit Corporation ("FPBC") (whether the FPBC is yet liable or not);
* Portions of an unallocated annuity contract not owned by a benefit plan or a government lottery (unless the owner is a resident) or issued to a collective investment trust or similar pooled fund offered by a bank or other financial institution);
* Portions of a policy or contract to the extent assessments required by law for the Guaranty Association are preempted by State or Federal law;
* Obligations that do not arise under the policy or contract, including claims based on marketing materials or side letters, riders, or other documents which do not meet filing requirements, or claims for policy misrepresentations, or extra-contractual or penalty claims;
* Contractual agreements establishing the member insurer's obligations to provide book value accounting guarantees for defined contribution benefit plan participants (by reference to a portfolio of assets owned by a nonaffiliate benefit plan or its trustees).

LIMITS ON AMOUNT OF COVERAGE

The Act also limits the amount the Guaranty Association is obligated to cover: The Guaranty Association cannot pay more than what the insurance company would owe under a policy or contract. Also, for any one insured life, the Guaranty Association will pay a maximum of $300,000 - no matter how many policies and contracts there were with the same company, even if they provided different types of coverages. Within this overall $300,000 limit, the Association will not pay more than $300,000 in health insurance benefits, $300,000 in present value of annuity benefits, or $300,000 in life insurance death benefits or net cash surrender values - again, no matter how many policies and contracts there were with the same company, and no matter how many different types of coverages. There is a $1,000,000 limit with respect to any contract holder for unallocated annuity benefits, irrespective of the number of contracts held by the contract holder. These are limitations for which the Guaranty Association is obligated before taking into account either its subrogation and assignment rights or the extent to which those benefits could be provided out of the assets of the impaired or insolvent insurer.

EXHIBIT B

Form Type	Form Number	Form Name	Approval Date	State File #
Application Component	UN 92 PI	Personal Information	7/13/2009	42878
Application Component	UN 92 PD 5-11	Universal Life Policy Details	Pending w/this filing	47223
Application Component	UN 92 FI LHQ	Financial, Lifestyle, & Health Questionnaire	7/13/2009	42878
Application Component	UN 92 AG	Agreement	7/13/2009	42878
Application Component	UN 2550 PI-A	Application/Personal Information	12/18/2007	37641
Application Component	UN 2550 PI-B	Application/Personal Information	12/18/2007	37641
Application Component	UN 2550 PD 5-11	Application/Policy Details	Pending w/this filing	48038
Application Component	UN 2550 FI	Application/Financial Information	12/18/2007	37641
Application Component	UN 2550 LQ	Application/Lifestyle Questionnaire	12/18/2007	37641
Application Component	UN 2550 HQ	Application/Health Questionnaire	12/18/2007	37641
Application Component	UN 2550 AG	Application/Agreement	12/18/2007	37641
Application	UN 3100 11-10	Short Form Life Application	11/9/2010	47223
Application	UN 3100 AG 11-10	Short Form Life Application/Agreement	11/9/2010	47223

Exhibit A
Forms Submitted for Approval

Form Number	Description	Flesch Score	Form being replaced	Approval Date (between)
3016	Flexible Premium Indexed Universal Life Insurance Policy	50	n/a - New	n/a - New
UN 92 PD 5-11	Simplified Issue Application - Policy Details Page	50*	UN 92 PD 1-11	02/22/11 - current
UN 92 IUL 5-11	Simplified Issue Application - Supplemental Indexed UL Page	50*	n/a - New	n/a - New
UN 2550 PD 5-11	Application for Insurance - Policy Details Page	56**	UN 2550 PD 1-11	02/22/11 - current
UN 2550 IUL 5-11	Application for Insurance - Supplemental Indexed UL Page	50**	n/a - New	n/a - New

* Flesch score when taken with all application UN 92 pages combined.
** Flesch score when taken with all application UN 2550 pages combined.

EXCEL PLUS INDEX UL

CLIENT HIGHLIGHTS

Flexible Premium Indexed
Universal Life Insurance

Ameritas Life Insurance Corp.

LI 1510 7/11

Benefits of Life Insurance | Upside potential. Downside protection.

Protection

Providing resources for your family or other beneficiaries just when they're needed most.

How would your family be affected if something unexpected happened to you?

What about your business?

Adequate life insurance coverage can help make sure your beneficiaries have the resources they need.

Half of American households, 58 million families, say they need more life insurance.[1]

Family Protection

If something should happen to you, your policy's death benefit can provide the resources your family's needs for:

- Educational expenses
- Mortgage payments and other home costs
- Daily living expenses
- Repayment of debt
- Health care costs
- Funeral expenses
- Estate preservation

Business Protection

If you are a business owner, life insurance can help fund programs to help protect or enhance the value of your business including:

- Buy-sell agreement—which can help make sure your family receives the full value of your business if you are no longer around.
- Key-person insurance—which can help offset the cost of losing a key employee.
- Employee benefits—which can help you attract and retain key employees.

Income Tax-Free Death Benefit

The money your family or business needs will be available to your beneficiaries and no income taxes will be due on those funds. This valuable benefit is only available on life insurance.

Flexible Premium Payments

Within certain guidelines, you can choose when and how you pay your premiums. You can pay less when money is tight or more when you want to increase the policy's acount value. If your circumstances change, you can pay more or less than originally planned.

About Ameritas Life Insurance Corp.

With a heritage dating back to 1887, Ameritas Life is headquartered in Lincoln, Neb., and is affiliated with UNIFI Companies—Ameritas Life, First Ameritas Life, Acacia Life, Union Central Life and affiliated companies. UNIFI Companies offers a wide range of insurance and financial services to individuals, families and businesses. These products and services include life insurance; annuities; individual disability income insurance; group dental, eye care and hearing care insurance; retirement plans; investments; banking and public finance.

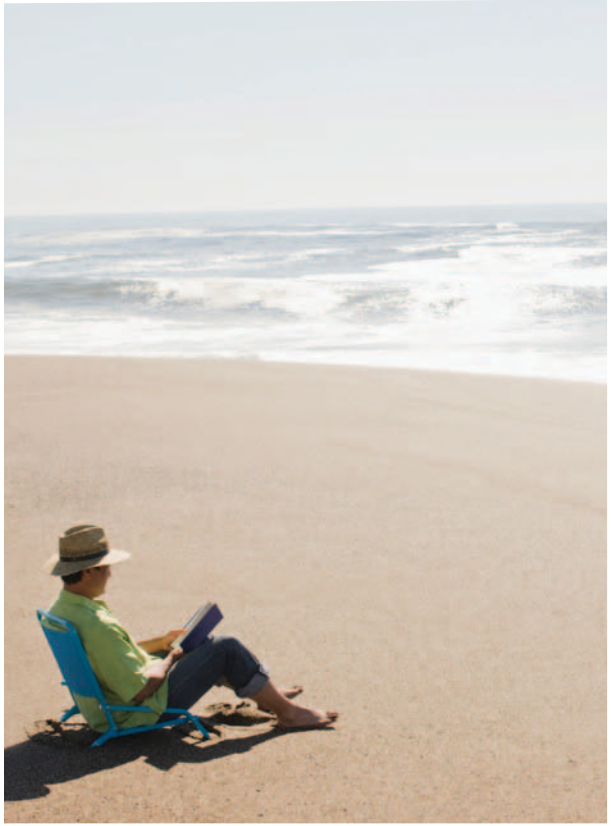
[1] "Facts About Life 2010," LIMRA, 2010

Accumulation

Providing for your future financial needs with cash value accumulation potential.

What about the future? Have you saved enough? How will economic changes affect your plans?

Excel Plus Index UL can help answer these questions by providing the potential for cash accumulation linked to the performance of one or more equity index.



Accumulation Potential

The account value of your Excel Plus Index UL policy has the potential to grow based on the performance of an external equity index. You may choose to have the interest earned be based on the performance of any combination of the following:

- S&P 500® Index
- Russell 2000® Index
- MSCI EAFE® Index

Keep in mind, you're not actually participating in the market or investing in any stock or bond, and will not receive dividends.

Fixed Interest Rate

You can also choose to have the account value of your policy earn a fixed interest rate. The fixed interest rate is declared and guaranteed by Ameritas Life Insurance Corp. The rate reflects current economic conditions and is guaranteed never to be lower than the fixed account 2% guaranteed minimum interest rate.

More About Your Index Choices

S&P 500® Index:
Generally regarded as the benchmark for broad U.S. stock market performance. Tracks the value of the 500 most widely held large-cap U.S. stocks.

Russell 2000® Index:
Generally regarded as the benchmark for U.S. small-cap funds. Tracks the value of the 2,000 smallest companies listed on the Russell 3000 Index.

MSCI EAFE® Index:
Recognized as the benchmark in the United States to measure international equity performance. Comprises the MSCI country indices that represent developed markets outside North America including Europe, Australasia and the Far East.

Offering less risk than equity investing.

You know investing in equities can provide the kinds of returns you want, but what about the risks?

Although Excel Plus Index UL provides the potential for accumulation linked to equity indexes, you're not directly investing in equities so you have more protection.

Protection in Down Markets

While your policy's account value has the potential to increase based on changes in the external index, it is **guaranteed never to decrease due to market volatility or the performance of the index.**

When you select one or more of the index options, the performance of your selected index(es) is tracked for you and a calculation is applied to determine any indexed interest. If the index value at the end of the index period is higher than the index value at the beginning of the index period, the indexed interest is credited to your policy's account value (subject to a participation rate or cap depending on the calculation method you choose).

If the index does not increase during the index period, you will not receive any indexed interest but your policy's value will not decrease because the index performance is negative. However, policy fees and charges will reduce the value.

When is the Right Time to Invest?

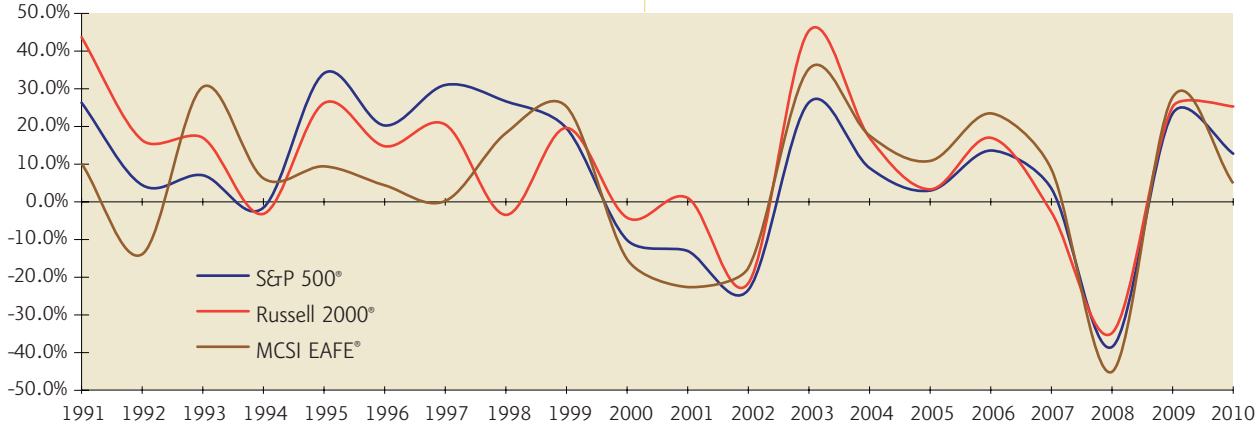
The indexed interest is calculated based on the performance of the index over one year. The performance is recorded the day the premiums are paid and then again one year later. What if the index is having an off performance that day? Is another month a better time? No one knows the right time, so we offer dollar cost averaging.

With dollar cost averaging, you pay your premiums on one day and then each month a portion of the premium is allocated to be used to calculate indexed interest. By spreading your premiums over 12 months, you have a better chance of avoiding an "off" day.[1]

[1] *Dollar cost averaging involves continuous investing regardless of price levels. Although its goal is to lower the average cost, it does not ensure a profit and does not protect against loss.*

Which Index?

The choice is yours. Choose one, all or any combination to suit your style and confidence level. The accompanying chart illustrates how the performance of each index can fluctuate. You may want to consider allocating your premium to a combination of indexes to diversify your index options.



Income

Providing access to the value of your policy for income when you need it.

Some financial products limit when you can access your product's value or try to tell you how you can spend it. But with Excel Plus Index UL you can use the account value for supplemental retirement income, college funding, business planning, financial emergencies or other needs—and all loans are income-tax free.[1]

Policy Loans

You can take a loan from your policy to help fund your financial needs. A policy loan is borrowing against your own money so there is no need for lender approval and no effect on your credit report. What's more, when you take a loan from your Excel Plus Index UL policy in the sixth policy year or later, a net loan cost of zero percent is available.[1]

Life insurance is one of the few financial vehicles that can allow you to take out a loan for an amount that is greater than you have paid in, so long as the policy does not lapse. Excel Plus Index UL offers a **Paid-Up Life Insurance Benefit Endorsement** (End-PUL Ed. 5-07) which can help keep your policy from lapsing—even in the face of large outstanding policy debt. If you elect this benefit, and meet the conditions specified in the endorsement, your life insurance coverage is guaranteed to remain in effect, which may help prevent significant tax consequences. Consult with a tax professional or attorney regarding your individual situation.

[1] *Policy loans will reduce the available cash value and death benefit and may cause the policy to lapse.*

Custom Coverage

Providing options to tailor the policy to meet your needs.

You can customize your Excel Plus Index UL policy to help your personal or business needs.

Additional Insurance

You can add the **Children's Insurance Rider** (ACIR01) to provide $25,000 of life insurance for your children. Later in life, your children can convert their coverage to permanent insurance. You can add the **Term Insurance Rider for Other Insured's** (ATIR01) to provide additional insurance protection for up to six other people, including family members or business partners.

You can also purchase additional insurance coverage using the **Guaranteed Insurability Rider** (AGIR01), which allows you to purchase additional specified amounts of insurance, without underwriting, on specified dates. Or you can use the **Scheduled Increase Option Rider** (ASIR01) to automatically increase the amount of insurance each year in increments of 1 to 10 percent.

The **Supplemental Coverage Rider** (ASCR01) provides additional coverage on the base insured at a lower total premium than the base policy alone.

Business Needs

Business owners may want to use the **Accounting Benefit Rider** (AACBR01) to reduce the effect of surrender charges and produce high, early policy-year cash values on the corporation's balance sheet. The **Insurance Exchange Rider** (AIER01), which allows the exchange of the policy for a new policy on the life of a substitute insured (requires evidence of insurability), can be useful in business situations.

Accidental Death Protection

With this rider (AADB01) you can select an amount to be paid (in addition to the policy face amount) if death is accidental.

Disability Protection

Choose the **Total Disability Benefit Rider** (ATDB01) to pay premiums or the **Waiver of Monthly Deductions Rider** (AWMD01) to pay monthly insurance and expense charges if you become disabled.

Terminal Illness Protection

With the **Accelerated Death Benefit Rider** (AABR01) you can receive an advance of up to 50% of the policy's death benefit in the case of terminal illness.

Getting Started

Talk to your independent insurance agent or financial advisor about Excel Plus Index UL from Ameritas Life Insurance Corp.

5900 O Street, Lincoln, NE 68510

This information is provided by Ameritas Life Insurance Corp., a UNIFI company. Each UNIFI company is solely responsible for its own financial condition and contractual obligations. For more information about UNIFI® Companies, visit UNIFIcompanies.com.

Standard & Poor's 500 Index is comprised of 500 stocks representing major U.S. industrial sectors. "Standard & Poor's®", "S&P", "S&P 500®", "Standard & Poor's 500" and "500" are trademarks of The McGraw-Hill Companies, Inc. and have been licensed for use by Ameritas Life Insurance Corp. Excel Plus Index UL is not sponsored, endorsed, sold or promoted by Standard & Poor's and Standard & Poor's makes no representationregarding the advisability of purchasing the product.

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The MSCI EAFE® is a service mark of Morgan Stanley Capital International Inc. ("MSCI") and has been licensed for use by Ameritas Life Insurance Corp. Excel Plus Index UL is not sponsored, endorsed, sold or promoted by MSCI and MSCI makes no representation regarding the advisability of purchasing the product.

Form 3016 is issued by Ameritas Life Insurance Corp. in approved states.

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AMERITAS®
LIFE INSURANCE CORP.
A UNIFI Company

P.O. Box 40888 / Cincinnati, OH 45240

You are purchasing Excel Plus Index UL, an equity indexed life insurance policy which allows you to allocate your premiums and account value among the Fixed Account and four Index Options and provides minimum guaranteed values. It is not a variable contract or other type of investment contract. You should understand how the minimum guaranteed value is determined and the features of the policy that are used to determine the Index Credited Amounts (excess interest credited to your account value in the Index Options based on the increases, if any, in each index). Values based on these Index Credited Amounts may exceed the minimum guaranteed values.

Following is a summary explanation of the determination of the minimum guaranteed value and the principal features of the policy relating to the Index Credited Amounts. Your producer will assist you in understanding this information.

Like all Universal Life policies, Excel Plus Index UL, provides insurance protection that is paid for by deductions from your premiums and account value. The death benefit is determined by you and does not vary with changes in the indices. The minimum guaranteed values are those values that result after the maximum guaranteed cost of insurance and expense charges have been deducted and the guaranteed interest rate has been credited. For Excel Plus Index UL, these charges include the premium charge, which is deducted from each premium paid, the monthly administrative charge, the monthly percent of account value charge, the monthly charge per $1000 of specified amount and the cost of insurance charge, which are deducted from the account value. **Additionally, a surrender charge is deducted from the account value during first 12 years from the issue date or the effective date of any increase in specified amount.** The surrender charges are shown on the policy schedule. The guaranteed interest rate is 0% for account value in the Index Options and 2% for account value in the Fixed Account or Loan Account. In policy year 11 and thereafter, an additional 0.25% is guaranteed to be credited to account value in the Fixed Account.

The actual account value of your Excel Plus Index UL policy on any date will be determined by deducting current cost of insurance and expense charges (as of the date the charge is deducted) and crediting interest and any Index Credited Amounts that may apply. The surrender charge and any policy debt must be deducted to determine your cash surrender value. The current cost of insurance and expense charges will never exceed the maximum charges shown in your policy. Your account value will always be credited with at least the guaranteed interest rate.

The four Index Options offered in this product are the Capped S&P 500, the Uncapped S&P 500, the Capped Russell 2000, and the Capped MSCI EAFE. The indices utilized are the Standard & Poor's 500 Composite Stock Price Index (without dividends), the Russell 2000 Index (without dividends), and the MSCI EAFE Index (without dividends).

Index Credited Amounts represent the interest you may earn on the account value in the Index Options and are based on a percentage of any increases in the indices. Index Credited Amounts will be added to your account value at the end of any one year index period in which the Index Rate (the percentage increase, if any, in the Index) is greater than 0%. For any account value in the capped Index Options, the Index Rate is limited to the declared index cap rate for that index period. No index cap rate is applicable for account value in the uncapped Index Option. The Index Rate multiplied by the Participation Rate is applied to the average account value applicable during that index period to determine the Index Credited Amount for that index period. For index periods beginning in the 11th policy year or later, an additional 0.25% is used in determining the Index Credited Amount.

Example 1 – Capped Index Option.

1. Participation Rate = 100%
2. Index Cap Rate = 12%
3. Index Value at start of the index period = 1000
4. Index Value at the end of the index period = 1200
5. The percentage change in the index is 20%
6. The Index Rate is equal to 12% since the percentage change in the index was larger than the index cap rate.
7. 100% x 12% = 12%
8. 12% is the rate used to determine the Index Credited Amount.

Example 2 – Uncapped Index Option.

1. Participation Rate = 60%
2. Maximum Index Rate = N/A
3. Index Value at start of the index period = 1000
4. Index Value at the end of the index period = 950
5. The percentage change in the index is -5%
6. The Index Rate is equal to -5%
7. 60% x -5% = -3%
8. Since -3% is less than 0%, no Index Credited Amount is credited to your account value.

The participation rate, index cap rate and index values above are hypothetical values that do not attempt to predict actual future values.

Ameritas Life Insurance Corp. will declare participation rates and index cap rates, if applicable, at the beginning of each index period. These rates will be guaranteed for the one year associated with that index period. The Participation Rate and Index Cap Rate are based on a number of factors, including our investment earnings, the cost to provide the 0% guaranteed interest rate and the price of the investments we purchase to allow us to credit your policy with Index Credited Amounts if the Index rises. Renewal participation rates and index cap rates will be declared by the company on all index dates, and will never be less than the minimum rates guaranteed in your policy.

The undersigned applicant has received a copy of the company's disclosure materials for this policy and any concerns have been answered by the insurance company representative. The undersigned applicant understands that any values shown, other than guaranteed minimum values, are not guarantees, promises, or warranties.

_____ _____

Applicant Signature Date

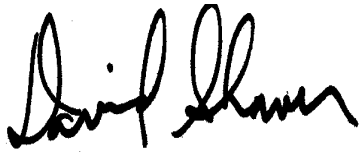
The producer certifies that the company disclosure material has been presented to the applicant and a copy was provided to the applicant. The producer has not made any statements which differ in any significant manner from this material. The producer has not made any promises or guarantees about the future value of any non guaranteed elements.

_____ _____

Producer Signature Date

CERTIFICATION
Arkansas

We hereby certify that we have reviewed the summary disclosure document and that Ameritas Life Insurance Corp. meets all applicable requirements of your Department regarding External-Indexed Contract Guidelines. We also certify that the Indexed Universal Life policy will not be solicited by any person who is not trained and qualified, and that we are in compliance with the External-Indexed Contract Guidelines and certifications required by these Guidelines.



David Shaver
Second Vice President and Associate Actuary

July 14, 2011
Date

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
06/28/2011	Supporting Document	Exhibits A and B for Filing Description	07/11/2011	Exhibit A - AR.pdf (Superceded) Exhibit B - AR.pdf

Exhibit A
Forms Submitted for Approval

Form Number	Description	Flesch Score	Form being replaced	Approval Date (between)
3016	Flexible Premium Indexed Universal Life Insurance Policy	50	n/a - New	n/a - New
AL 335-1 AR	Disclosure Document	n/a	n/a - New	n/a - New
UN 92 PD 5-11	Simplified Issue Application - Policy Details Page	50*	UN 92 PD 1-11	02/22/11 - current
UN 92 IUL 5-11	Simplified Issue Application - Supplemental Indexed UL Page	50*	n/a - New	n/a - New
UN 2550 PD 5-11	Application for Insurance - Policy Details Page	56**	UN 2550 PD 1-11	02/22/11 - current
UN 2550 IUL 5-11	Application for Insurance - Supplemental Indexed UL Page	50**	n/a - New	n/a - New

* Flesch score when taken with all application UN 92 pages combined.
** Flesch score when taken with all application UN 2550 pages combined.