

SERFF Tracking Number:	KCLF-127311485	State:	Arkansas
Filing Company:	Kansas City Life Insurance Company	State Tracking Number:	49242
Company Tracking Number:	M682/683-F-KCL-AR0711		
TOI:	A10 Annuities - Other	Sub-TOI:	A10.000 Annuities - Other
Product Name:	M682		
Project Name/Number:	M682/M682		

Filing at a Glance

Company: Kansas City Life Insurance Company

Product Name: M682

SERFF Tr Num: KCLF-127311485 State: Arkansas

TOI: A10 Annuities - Other

SERFF Status: Closed-Approved-
Closed State Tr Num: 49242

Sub-TOI: A10.000 Annuities - Other

Co Tr Num: M682/683-F-KCL-
AR0711 State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird
Author: Brooke Hood
Disposition Date: 07/12/2011
Date Submitted: 07/07/2011
Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: M682

Status of Filing in Domicile: Pending

Project Number: M682

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 07/12/2011

State Status Changed: 07/12/2011

Deemer Date:

Created By: Brooke Hood

Submitted By: Brooke Hood

Corresponding Filing Tracking Number:

Filing Description:

Kansas City Life Insurance Company

NAIC: 65129-588

FEIN: 44-0308260

Form Filing – Non-Qualified Annuity Amendment – M682 (fixed annuity)

Non-Qualified Annuity Amendment – M683 (variable annuity)

With this filing, Kansas City Life Insurance Company is submitting for review Non-Qualified Annuity Amendment forms for fixed (M682) and variable (M683) annuities. These forms will replace previously approved forms with respect to the following noted contracts only. M682 is intended for use with fixed annuity contract form J179 and will replace form

SERFF Tracking Number: KCLF-127311485 State: Arkansas
 Filing Company: Kansas City Life Insurance Company State Tracking Number: 49242
 Company Tracking Number: M682/683-F-KCL-AR0711
 TOI: A10 Annuities - Other Sub-TOI: A10.000 Annuities - Other
 Product Name: M682
 Project Name/Number: M682/M682

M425 with respect to that contract. M683 is intended for use with variable annuity contract form J185 and will replace form M426 with respect to that contract.

The purpose of these Non-Qualified Annuity Amendments is to comply with Section 72(s) of the Internal Revenue Code. Section 72(s) requires these distribution provisions for all Non-Qualified Annuities.

Please direct all inquiries regarding this filing to me at the address, phone number or email address shown in this filing.

Your favorable consideration and approval of this filing are respectfully requested.

Company and Contact

Filing Contact Information

Brooke Hood, Compliance Analyst II bhood@kclife.com
 3520 Broadway 816-753-7299 [Phone] 8420 [Ext]
 Kansas City, MO 64111

Filing Company Information

Kansas City Life Insurance Company	CoCode: 65129	State of Domicile: Missouri
P O Box 219139	Group Code: 588	Company Type: Life
Kansas City, MO 64121-9139	Group Name:	State ID Number:
(800) 821-5529 ext. [Phone]	FEIN Number: 44-0308260	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$100.00
Retaliatory?	No
Fee Explanation:	2 forms @ \$50 per form = \$100
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Kansas City Life Insurance Company	\$100.00	07/07/2011	49515746

SERFF Tracking Number: KCLF-127311485 State: Arkansas
Filing Company: Kansas City Life Insurance Company State Tracking Number: 49242
Company Tracking Number: M682/683-F-KCL-AR0711
TOI: A10 Annuities - Other Sub-TOI: A10.000 Annuities - Other
Product Name: M682
Project Name/Number: M682/M682

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	07/12/2011	07/12/2011

<i>SERFF Tracking Number:</i>	<i>KCLF-127311485</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Kansas City Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>49242</i>
<i>Company Tracking Number:</i>	<i>M682/683-F-KCL-AR0711</i>		
<i>TOI:</i>	<i>A10 Annuities - Other</i>	<i>Sub-TOI:</i>	<i>A10.000 Annuities - Other</i>
<i>Product Name:</i>	<i>M682</i>		
<i>Project Name/Number:</i>	<i>M682/M682</i>		

Disposition

Disposition Date: 07/12/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: KCLF-127311485 State: Arkansas
 Filing Company: Kansas City Life Insurance Company State Tracking Number: 49242
 Company Tracking Number: M682/683-F-KCL-AR0711
 TOI: A10 Annuities - Other Sub-TOI: A10.000 Annuities - Other
 Product Name: M682
 Project Name/Number: M682/M682

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Form	Non-Qualified Annuity Amendment		Yes
Form	Non-Qualified Annuity Amendment		Yes

SERFF Tracking Number: KCLF-127311485 State: Arkansas
 Filing Company: Kansas City Life Insurance Company State Tracking Number: 49242
 Company Tracking Number: M682/683-F-KCL-AR0711
 TOI: A10 Annuities - Other Sub-TOI: A10.000 Annuities - Other
 Product Name: M682
 Project Name/Number: M682/M682

Form Schedule

Lead Form Number: M682

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	M682	Policy/Cont	Non-Qualified ract/Fratern Annuity Amendment al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial			M682.pdf
	M683	Policy/Cont	Non-Qualified ract/Fratern Annuity Amendment al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial			M683.pdf



**KANSAS CITY LIFE
INSURANCE COMPANY**

Non-Qualified Annuity Amendment

This amendment forms a part of the policy to which it is attached.

This amendment is required to ensure that this policy will be treated as an annuity contract as defined by Section 72(s) of the Internal Revenue Code of 1986, as amended. We reserve the right to administer the payment of proceeds in accordance with the Internal Revenue Code, as amended, and subject to any future amendments and regulations of the United States Government.

Proceeds

For the purposes of this amendment, the proceeds payable if an owner dies prior to the maturity date will be the contract value. If the owner is also the Annuitant, the proceeds will be those payable on the death of the Annuitant.

Payment of Proceeds Upon an Owner's Death Prior to the Maturity Date

If an owner dies prior to the maturity date and has not named a beneficiary to receive proceeds in the event of that owner's death, we will pay the entire proceeds as specified in the application (regarding that owner's beneficiary) within five years of that owner's date of death. If an owner has named a beneficiary to receive proceeds in the event of that owner's death, in lieu of the death benefit being paid in a lump sum or within five years of that owner's date of death, the proceeds may be paid out over that beneficiary's lifetime (or over a period not extending beyond the life expectancy of that beneficiary). However, payments over that beneficiary's lifetime must begin within one year of that owner's date of death. Payments will be made upon receiving proof of that owner's death while this policy is in force.

Special Rule for Surviving Spouse Beneficiary

If an owner dies and the beneficiary named to receive proceeds at that owner's death is that deceased owner's surviving spouse, he or she may continue this policy as the owner and the distribution limitations outlined above will not apply.

Payments of Proceeds Upon an Owner's Death On or After the Maturity Date

If an owner dies on or after the maturity date and before the entire proceeds payable under this policy have been distributed, the remaining proceeds will be paid to the beneficiary named to receive proceeds at that owner's death or, if none, to the deceased owner's estate, at least as rapidly as under the method of payment in effect at the time of that owner's death.

In all other respects, the terms, conditions and provisions of the contract will remain the same.

Signed for Kansas City Life Insurance Company, a stock company, at its Home Office, 3520 Broadway, PO Box 219139, Kansas City, MO 64121-9139.

Secretary

President



**KANSAS CITY LIFE
INSURANCE COMPANY**

Non-Qualified Annuity Amendment

This amendment forms a part of the contract to which it is attached.

This amendment is required to ensure that this contract will be treated as an annuity contract as defined by Section 72(s) of the Internal Revenue Code of 1986, as amended. We reserve the right to administer the payment of proceeds in accordance with the Internal Revenue Code, as amended, and subject to any future amendments and regulations of the United States Government.

Proceeds

For the purposes of this amendment, the proceeds payable if an owner dies prior to the maturity date will be the contract value. If the owner is also the Annuitant, the proceeds will be those payable on the death of the Annuitant.

Payment of Proceeds Upon an Owner's Death Prior to the Maturity Date

If an owner dies prior to the maturity date and has not named a beneficiary to receive proceeds in the event of that owner's death, we will pay the entire proceeds as specified in the application (regarding that owner's beneficiary) within five years of that owner's date of death. If an owner has named a beneficiary to receive proceeds in the event of that owner's death, in lieu of the death benefit being paid in a lump sum or within five years of that owner's date of death, the proceeds may be paid out over that beneficiary's lifetime (or over a period not extending beyond the life expectancy of that beneficiary). However, payments over that beneficiary's lifetime must begin within one year of that owner's date of death. Payments will be made upon receiving proof of that owner's death while this contract is in force.

Special Rule for Surviving Spouse Beneficiary

If an owner dies and the beneficiary named to receive proceeds at that owner's death is that deceased owner's surviving spouse, he or she may continue this contract as the owner and the distribution limitations outlined above will not apply.

Payments of Proceeds Upon an Owner's Death On or After the Maturity Date

If an owner dies on or after the maturity date and before the entire proceeds payable under this contract have been distributed, the remaining proceeds will be paid to the beneficiary named to receive proceeds at that owner's death or, if none, to the deceased owner's estate, at least as rapidly as under the method of payment in effect at the time of that owner's death.

In all other respects, the terms, conditions and provisions of the contract will remain the same.

Signed for Kansas City Life Insurance Company, a stock company, at its Home Office, 3520 Broadway, PO Box 219139, Kansas City, MO 64121-9139.

Secretary

President

SERFF Tracking Number: KCLF-127311485 State: Arkansas
 Filing Company: Kansas City Life Insurance Company State Tracking Number: 49242
 Company Tracking Number: M682/683-F-KCL-AR0711
 TOI: A10 Annuities - Other Sub-TOI: A10.000 Annuities - Other
 Product Name: M682
 Project Name/Number: M682/M682

Supporting Document Schedules

Item Status: **Status**
Date:

Satisfied - Item: Flesch Certification

Comments:

Attachments:

CertificationReg19Reg49ACA2379138_AR.pdf
 AR_Readability Certification.pdf

Item Status: **Status**
Date:

Satisfied - Item: Application

Comments:

The base form, J179, with which M682 will be used, utilizes application form A161-AR. This application was approved by the Arkansas Insurance Department on March 1, 2010.

The base form, J185, with which M683 will be used, utilizes application form A157. This application was approved by the Arkansas Insurance Department on May 15, 2007.

Attachments:

A157.pdf
 A161-AR.pdf

Item Status: **Status**
Date:

Bypassed - Item: Life & Annuity - Acturial Memo

Bypass Reason: Not applicable to this filing.

Comments:

STATE OF ARKANSAS COMPLIANCE CERTIFICATION

COMPANY NAME: Kansas City Life Insurance Company

FORM TITLE(S): Non-Qualified Annuity Amendment
Non-Qualified Annuity Amendment

FORM NUMBER(S): M682
M683

I hereby certify that to the best of my knowledge and belief, the above form and submission is in compliance with Rule 19, Rule & Regulation 49 and ACA §23-79-138, as well as the other laws, rules and regulations of the State of Arkansas.



Marc Bensing
Assistant Vice President
Kansas City Life Insurance Company

Date: July 7, 2011

READABILITY CERTIFICATION

<i>FORM NUMBER</i>	<i>READABILITY SCORE</i>
M682	49.7
M682	46.8



Name: Marc Bensing

Title: Assistant Vice President

Company: Kansas City Life Insurance Company

Date: July 7, 2011



KANSAS CITY LIFE INSURANCE COMPANY

Application for Variable Annuity Contract

Annuitant

Name, Address, Home Phone No., Work Phone No., ext., State of Birth, Date of Birth, Tax ID or Social Security No., Male/Female checkboxes

Owner

Name, Address, Tax ID or Social Security No., State of Birth, Date of Birth, Month/Day/Year, Trustee checkboxes, Male/Female checkboxes

Annuitant will be the Owner, unless otherwise stated. For non-qualified annuities only - If the Owner is other than the Annuitant, the beneficiary, in the event of the Owner's death, will automatically be the Annuitant unless otherwise specified below.

Owner's Beneficiary, Relationship to Owner

Beneficiary

With right to change. Unless otherwise stated, benefits are payable equally to the named beneficiary(ies) or to the survivors or survivor. If benefits are payable other than equally, please indicate a contingent beneficiary for each primary beneficiary.

Primary Beneficiary, Address, Tax ID or Social Security No., Date of Birth, Relationship to Annuitant

Contingent Beneficiary, Address, Tax ID or Social Security No., Date of Birth, Relationship to Annuitant

Contingent Beneficiary, Address, Tax ID or Social Security No., Date of Birth, Relationship to Annuitant

Plan

Plan Name, Flexible Premium, Single Premium, Annual Premium \$

Market checkboxes: Non-qualified, 403(b), 401(k), 501(c)(3), SEP, IRA, ROTH IRA, SIMPLE IRA, Other, Pension Plan, Contribution tax year

Rollover checkboxes: Yes, No, Amount of Transfer \$, Are any funds the result of a transfer from a Qualified Plan?

**Riders/
Benefits**

Guaranteed Minimum Withdrawal Benefit (GMWB)
Covered Person: Annuitant Owner Beneficiary

For qualified contracts, the Covered Person must be the Owner.

Annual Ratchet Guaranteed Minimum Death Benefit Option (Affinity VA only)
 Enhanced Combination Guaranteed Minimum Death Benefit Option (Affinity VA only)

**Billing
Information**

Payment Mode Ann SA Qtly Mo **Collection Type** PAC GA CB FAP Single

Send Notices and Statements to: Annuitant Owner Other (give name and address) _____

Branch of Service for Government Allotment _____ Payor's SSN for GA _____

Replacement

- 1. Will any existing life, health or annuity contract be lapsed, reissued, surrendered, or converted (to reduce amount of payment or period of coverage including surrender options) if the proposed contract is issued? Yes No
- 2. Will the proposed contract be part of an IRC Section 1035 Exchange?..... Yes No

**Premium
Allocations**

Initial Premium \$ _____

For the Guaranteed Minimum Withdrawal Benefit select model allocations on Form M607.
Select initial premium allocations on Form M511. Show percent allocated to each fund. Use whole percentages - total must equal 100%.
A maximum of 15 fund selections is available at any one time.

**Monthly Dollar
Cost Averaging**

Match initial premium allocations shown on Form M511.

If fund selection options for the Monthly Dollar Cost Averaging Plan are different than the initial premium allocations, make fund selections for this plan on Form M511.
To participate in the Monthly Dollar Cost Averaging Plan, a percentage must be directed to the Federated Prime Money Fund II Subaccount when selecting the initial premium allocation.
Transfer \$ _____ monthly over a _____ month period from the Federated Prime Money Fund II Subaccount to the selected subaccounts. The Monthly Dollar Cost Averaging Plan may be elected for a period from 3 to 36 months.
For the Guaranteed Minimum Withdrawal Benefit, transfer \$ _____ monthly over a _____ month period from the Federated Prime Money Fund II Subaccount to the selected model allocation. The Monthly Dollar Cost Averaging Plan may be elected for a period from 3 to 12 months.
At least \$250 must be transferred from the Federated Prime Money Fund II Subaccount each month. Transfers under this plan may not commence until the later of: (1) 30 days after the contract date; or (2) five days after the end of the free look period.
Transfers made under this plan will not count toward the six free transfers permitted each contract year.
To start this plan in the future, you must complete a Dollar Cost Averaging Request Form and send it to Kansas City Life.

**Quarterly Portfolio
Rebalancing**

Match initial premium allocations shown on Form M511.

If fund selection options for the Quarterly Portfolio Rebalancing Plan are different than the initial premium allocations, make fund selections for this plan on Form M511.
Fixed account assets will not be included in the Quarterly Portfolio Rebalancing Plan.
If you are not currently participating in the Monthly Dollar Cost Averaging Plan, Kansas City Life will redistribute funds in the variable account on a quarterly basis according to the percentages selected, provided the account is in good order. The Quarterly Portfolio Rebalancing Plan will not be available until the Monthly Dollar cost Averaging Plan has been completed.

If you make a change to premium allocations, we automatically change Quarterly Portfolio Rebalancing allocations to match the new premium allocations, unless you give us other instructions.

Any requested transfer, either by written request or telephone transfer, will automatically cancel the Quarterly Portfolio Rebalancing Plan, unless you authorize a change in premium allocation at that time. You may also cancel this plan by sending a written notice to Kansas City Life.

Transfers made under this plan will not count toward the six free transfers permitted each contract year.

To start this plan in the future, you must complete a Quarterly Portfolio Rebalancing Request Form and send it to Kansas City Life.

If you have the Guaranteed Minimum Withdrawal Benefit, your contract will be automatically placed on Quarterly Portfolio Rebalancing.

Access Authorizations

Yes No If answered **Yes**, I am giving Kansas City Life authority to honor telephone instructions from me to transfer among subaccounts and the fixed account, change the premium allocation, change Dollar Cost Averaging allocations or change Portfolio Rebalancing allocations.

Yes No If answered **Yes**, I am giving the Registered Representative/Agent of record authority to transfer among subaccounts and the fixed account, change the premium allocation, change Dollar Cost Averaging allocations or change Portfolio Rebalancing allocations.

This authorization is subject to the terms and provisions in the contract and prospectus. Kansas City Life will not be held liable for any loss, liability, cost, or expense for acting on the telephone instructions. Kansas City Life's liability for erroneous transactions, unless clearly contrary to instructions received, will be limited to the correction of the allocations on a current basis. I understand that Kansas City Life will provide written confirmation of the telephone transaction, and that Kansas City Life will monitor and record my telephone call.

Switch/Replacement Disclosure

Since most investments are and should be considered long term in nature, we feel it is necessary to review your understanding of your current position and the possible consequences of switching and/or exchanging your investment.

Reason for requesting switch/replacement: _____

Please acknowledge the following statements by placing a check mark next to each statement. If the statement does not apply, indicate N/A.

_____ This exchange will result in a surrender charge on my current investment of _____%.

_____ This exchange subjects my investment to a surrender charge for the next _____ years.

_____ This exchange may result in a taxable gain on the liquidation of my current investment.

My representative and I have reviewed the above items and have carefully considered my selection and believe that it coincides with my investment objectives.

Name and Insurer of product being replaced _____

Special Requests

(Contract date, additional contract, existing PAC or CB number, etc.)

Home Office Endorsements

Agreement and Acknowledgment

By signing below you agree and acknowledge that:

- 1. The annuity value may increase or decrease daily depending on the contract's investment results;
- 2. No minimum cash value is guaranteed;
- 3. This variable annuity plan is a long term commitment to meet financial goals; and I acknowledge receipt of the most recent prospectus dated _____; and
- 4. The variable annuity plan applied for is suitable for my investment objectives, financial situations and needs.

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

Dated at _____ this _____ day of _____, _____.
City State Month Year

Annuitant's Signature (if under 15, parent/guardian signature)

Applicant's Signature (if other than Annuitant)

Statement of Agent

To the best of my knowledge the annuity applied for in this application will will not replace existing insurance.

Agent Code Registered Representative/Agent Signature*

Agent Code Signature of Other Agent(s) (if split case)

Agency Code Agency

Broker-Dealer Information

Broker-Dealer Name (print)

R/R Code Registered Representative/Agent Phone No.

Broker-Dealer Address

Broker-Dealer Authorized Signature

***Registered Representative/Agent Certification**

By signing above, the Registered Representative/Agent certifies that he/she is NASD registered and state licensed for variable annuity contracts in the appropriate state.

**All checks must be made payable to Kansas City Life Insurance Company.
Do not make check payable to the registered representative/agent or leave the payee blank.**



Annuitant

Name, Address, Date of Birth, Social Security No., Home Phone No., Work Phone No., State of Birth

Owner

Name, Address, Tax ID or Social Security No., State of Birth, Date of Birth

Beneficiary

(with right to change). Complete the following beneficiary information if the Annuitant and the Owner are the same. Unless otherwise stated, benefits are payable equally to the named beneficiaries or to the surviving beneficiaries.

Primary Beneficiary, Contingent Beneficiary, Relationship to Annuitant

The Annuitant will be the Owner unless otherwise stated. Complete the following beneficiary information only for non-qualified annuities and if the Owner is other than the Annuitant.

Owner's Beneficiary, Owner's Contingent Beneficiary, Annuitant's Beneficiary, Annuitant's Contingent Beneficiary, Relationship to Owner/Annuitant

Plan

Plan Name, Flexible Premium, Single Premium, Annual Premium \$

Market: Non-qualified, 403(b), 401(k), 501(c)(3), SEP, IRA, ROTH IRA, SIMPLE IRA, Other, Pension Plan

Rollover: Yes, No, Amount of Transfer \$, Are any funds the result of a transfer from a Qualified Plan?

Billing Information

Premium Mode: Ann, SA, Qtly, Mo; Collection Type: PAC, GA, CB, FAP, Single

Send Notices and Statements to: Annuitant, Owner, Other (provide name and address)

Branch of Service for Government Allotment, Payor's SSN for GA

Special Requests

(Policy date, existing PAC or CB number, etc.)

Home Office Endorsements

**Interest crediting will begin upon date of receipt of funds by the Home Office, Kansas City, MO

(Continued on next page)

Replacement

1. Will any existing life or annuity contract be lapsed, reissued, surrendered, or converted (to reduce amount of premium or period of coverage including surrender options) if the proposed policy is issued? Yes No
2. Will the proposed policy be part of an Internal Revenue Code Section 1035 Exchange? Yes No

Signatures

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Dated at _____ this _____ day of _____, 20____.

City State Month Year

Annuitant's Signature (if under 15, parent/guardian signature)

Applicant's Signature (if other than Annuitant)

Statement of Agent

To the best of my knowledge, the annuity applied for in this application will will not replace existing insurance.

Agent Code | Signature of Writing Agent

Agent Code | Signature of Other Agent(s) (if split case)

Agency Code | Agency

All premium checks must be made payable to Kansas City Life Insurance Company. Do not make the check payable to the agent or leave the payee blank.