

SERFF Tracking Number: MLLM-127193494 State: Arkansas  
 Filing Company: Commonwealth Annuity and Life Insurance Company State Tracking Number: 49193  
 Company Tracking Number: 0146ALM01-31  
 TOI: A02I Individual Annuities- Deferred Non- Variable Sub-TOI: A02I.003 Single Premium  
 Product Name: Single Premium Deferred Annuity  
 Project Name/Number: Commonwealth Annuity and Life Insurance Company/0146ALM01-31

## Filing at a Glance

Company: Commonwealth Annuity and Life Insurance Company

Product Name: Single Premium Deferred Annuity SERFF Tr Num: MLLM-127193494 State: Arkansas

TOI: A02I Individual Annuities- Deferred Non- Variable SERFF Status: Closed-Approved- Closed State Tr Num: 49193

Sub-TOI: A02I.003 Single Premium Co Tr Num: 0146ALM01-31 State Status: Approved-Closed

Filing Type: Form Reviewer(s): Linda Bird

Author: Jeff Kulesus Disposition Date: 07/19/2011

Date Submitted: 06/30/2011 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: Commonwealth Annuity and Life Insurance Company

Status of Filing in Domicile: Pending

Project Number: 0146ALM01-31

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: 07/19/2011

State Status Changed: 07/19/2011

Deemer Date:

Created By: Jeff Kulesus

Submitted By: Jeff Kulesus

Corresponding Filing Tracking Number:

Filing Description:

Milliman, Inc. is filing this submission on behalf of Commonwealth Annuity and Life Insurance Company ("CWA", or "the Company"). Attached is a letter signed by a CWA officer authorizing Milliman, Inc. to submit this filing on their behalf.

The forms sent with this submission are new and have not been previously filed with or approved by the Department for the Company. They include:

6100-11, Single Premium Deferred Annuity;

6101-11, Single Premium Deferred Annuity Application; and

SERFF Tracking Number: MLLM-127193494 State: Arkansas  
Filing Company: Commonwealth Annuity and Life Insurance Company State Tracking Number: 49193  
Company Tracking Number: 0146ALM01-31  
TOI: A02I Individual Annuities- Deferred Non- Variable Sub-TOI: A02I.003 Single Premium  
Product Name: Single Premium Deferred Annuity  
Project Name/Number: Commonwealth Annuity and Life Insurance Company/0146ALM01-31

## 6102-11, Important Notices

Form 6100-11 is a Single Premium Deferred Annuity. It provides an Interest Rate Guaranteed period during which surrender charges apply. After the Interest Rate Guaranteed Period ends, all surrender charges stop and the Annual Renewal Period starts. The Annual Renewal Period will automatically renew on each subsequent Contract Anniversary until the Annuitant's 95th birthday. The Company will set the interest rate at the start of each Annual Renewal Period. Form 6100-11 allows for the waiver of surrender charges if an Owner, or the Annuitant if the Owner is not a natural person, is:

1. Admitted to a Medical Care Facility after the Issue Date of the Contract and remains confined there until the later of one year after the Issue Date or 90 consecutive days, or
2. First diagnosed by a Physician as having a Fatal Illness after the Issue Date of the Contract.

Form 6100-11 will be marketed by licensed broker dealers to persons in the general public and through financial institutions. Annuitants may be between the ages of 0 and 80. CWA will require a Single Premium Deferred Annuity Application form 6101-11 with the sale of each contract. The administrative system will be coded to reject any applications for customers that fall outside of the issue age range.

Form 6101-11 will always be used together with Important Notices form 6102-11, which includes all state fraud notices, warnings and important statements. Most of the state fraud notices, warnings and important statements are bracketed variable as described in the Statement of Variability to allow for the revision of form 6102-11 should states change their fraud notices, warnings and important statements at a later date. The Important Notices form is provided as a separate form to allow maximum flexibility should state required changes occur. Instead of reprinting form 6101-11 application to accommodate such changes, only copies of form 6102-11 Important Notices will be revised thereby allowing the Company to react more quickly to any such changes while minimizing the Company cost associated with creating new versions and state-specific variations of the form 6101-11 application.

It is the Company's intention to offer the form 6101-11 application in electronic format at some future date.

The forms are submitted in final printed format except for slight font and formatting variations that may occur due to CWA production printers. The Company takes care to assure that printer-based variations are minimized; however, should changes occur, such changes will not alter the content or meaning of any approved forms.

Upon approval, the Company wishes to use the following qualified plan forms 4103-07, 4104-07 and 4105-07 previously approved by the Department on 11-15-2007, SERFF Tracking Number MLLM-125315689 with qualified plan issues of form 6100-11 as well as Qualified Plan Rider form 4018-09 approved by the Department on 03-19-2009, SERFF Tracking Number MLLM-126036798.

SERFF Tracking Number: MLLM-127193494 State: Arkansas  
Filing Company: Commonwealth Annuity and Life Insurance State Tracking Number: 49193  
Company  
Company Tracking Number: 0146ALM01-31  
TOI: A02I Individual Annuities- Deferred Non- Sub-TOI: A02I.003 Single Premium  
Variable  
Product Name: Single Premium Deferred Annuity  
Project Name/Number: Commonwealth Annuity and Life Insurance Company/0146ALM01-31

Portions of the submitted forms are bracketed as variable and may change as described in the Statement of Variability.

In support of this filing, we are providing the following items:

1. Actuarial memorandum;
2. Statement of Variability; and
3. Any other material as required by your Department.

Thank you for your review and consideration of this submission. Please do not hesitate to contact me if you have any questions.

## Company and Contact

### Filing Contact Information

Jeff Kulesus, Consultant Jeff.Kulesus@Milliman.com  
2 Conway Park, Ste. 180 312-499-5635 [Phone]  
150 Field Drive 847-604-8671 [FAX]  
Lake Forest, IL 60045

### Filing Company Information

(This filing was made by a third party - MUSA01)

Commonwealth Annuity and Life Insurance CoCode: 84824 State of Domicile: Massachusetts  
Company  
132 Turnpike Road, Suite 210 Group Code: 3891 Company Type: Life  
Southborough, MA 01772 Group Name: State ID Number:  
(508) 460-2400 ext. [Phone] FEIN Number: 04-6145677

-----

## Filing Fees

Fee Required? Yes  
Fee Amount: \$75.00  
Retaliatory? Yes  
Fee Explanation: 1 submission x \$75.00@ = \$75.00  
Per Company: No

SERFF Tracking Number: MLLM-127193494 State: Arkansas  
Filing Company: Commonwealth Annuity and Life Insurance State Tracking Number: 49193  
Company  
Company Tracking Number: 0146ALM01-31  
TOI: A02I Individual Annuities- Deferred Non- Sub-TOI: A02I.003 Single Premium  
Variable  
Product Name: Single Premium Deferred Annuity  
Project Name/Number: Commonwealth Annuity and Life Insurance Company/0146ALM01-31

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Commonwealth Annuity and Life Insurance Company	\$75.00	06/30/2011	49287442
Commonwealth Annuity and Life Insurance Company	\$75.00	07/05/2011	49410233

SERFF Tracking Number: MLLM-127193494 State: Arkansas  
 Filing Company: Commonwealth Annuity and Life Insurance Company State Tracking Number: 49193  
 Company Tracking Number: 0146ALM01-31  
 TOI: A02I Individual Annuities- Deferred Non- Variable Sub-TOI: A02I.003 Single Premium  
 Product Name: Single Premium Deferred Annuity  
 Project Name/Number: Commonwealth Annuity and Life Insurance Company/0146ALM01-31

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	07/19/2011	07/19/2011

### 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	07/05/2011	07/05/2011	Jeff Kulesus	07/18/2011	07/18/2011

### Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	Single Premium Deferred Annuity	Jeff Kulesus	07/05/2011	07/05/2011

### Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Additional Filing Fees	Note To Reviewer	Jeff Kulesus	07/05/2011	07/05/2011



SERFF Tracking Number: MLLM-127193494 State: Arkansas  
 Filing Company: Commonwealth Annuity and Life Insurance State Tracking Number: 49193  
 Company  
 Company Tracking Number: 0146ALM01-31  
 TOI: A02I Individual Annuities- Deferred Non- Sub-TOI: A02I.003 Single Premium  
 Variable  
 Product Name: Single Premium Deferred Annuity  
 Project Name/Number: Commonwealth Annuity and Life Insurance Company/0146ALM01-31

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Actuarial Memo		No
Supporting Document	Authorization Letter		Yes
Supporting Document	Statement of Variability		Yes
Supporting Document	Compliance Certification		Yes
Form (revised)	Single Premium Deferred Annuity		Yes
Form	Single Premium Deferred Annuity	Replaced	Yes
Form	Single Premium Deferred Annuity	Replaced	Yes
Form (revised)	Single Premium Deferred Annuity		Yes
	Application		
Form	Single Premium Deferred Annuity	Replaced	Yes
	Application		
Form	Important Notices		Yes

SERFF Tracking Number: MLLM-127193494 State: Arkansas  
Filing Company: Commonwealth Annuity and Life Insurance Company State Tracking Number: 49193  
Company Tracking Number: 0146ALM01-31  
TOI: A02I Individual Annuities- Deferred Non- Variable Sub-TOI: A02I.003 Single Premium  
Product Name: Single Premium Deferred Annuity  
Project Name/Number: Commonwealth Annuity and Life Insurance Company/0146ALM01-31

## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 07/05/2011  
Submitted Date 07/05/2011  
Respond By Date 08/05/2011

Dear Jeff Kulesus,

This will acknowledge receipt of the captioned filing.

### Objection 1

Comment: Regulation 57 was revised effective January 2010, the filing fee is now \$50.00 per form. We will hold your filing in a pending status until the additional \$75.00 is received.

Please feel free to contact me if you have questions.

Sincerely,  
Linda Bird

SERFF Tracking Number: MLLM-127193494 State: Arkansas  
 Filing Company: Commonwealth Annuity and Life Insurance State Tracking Number: 49193  
 Company  
 Company Tracking Number: 0146ALM01-31  
 TOI: A02I Individual Annuities- Deferred Non- Sub-TOI: A02I.003 Single Premium  
 Variable  
 Product Name: Single Premium Deferred Annuity  
 Project Name/Number: Commonwealth Annuity and Life Insurance Company/0146ALM01-31

## Response Letter

Response Letter Status Submitted to State  
 Response Letter Date 07/18/2011  
 Submitted Date 07/18/2011

Dear Linda Bird,

### Comments:

Thank you for your message regarding the need for additional filing fees.

### Response 1

Comments: \$75.00 additional filing fees have been provided via the SERFF EFT functionality.

Please note that the form numbers shown on the Form Schedule Tab have been corrected afor forms 6100-11 and 6101-11.

### Related Objection 1

Comment:

Regulation 57 was revised effective January 2010, the filing fee is now \$50.00 per form. We will hold your filing in a pending status until the additional \$75.00 is received.

### Changed Items:

No Supporting Documents changed.

### Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Single Premium Deferred Annuity	6100-11		Policy/Contract/Fraternal Certificate	Initial		50.500	6100-11 Single Premium Deferred Annuity

SERFF Tracking Number: MLLM-127193494 State: Arkansas  
 Filing Company: Commonwealth Annuity and Life Insurance State Tracking Number: 49193  
 Company  
 Company Tracking Number: 0146ALM01-31  
 TOI: A02I Individual Annuities- Deferred Non- Sub-TOI: A02I.003 Single Premium  
 Variable  
 Product Name: Single Premium Deferred Annuity  
 Project Name/Number: Commonwealth Annuity and Life Insurance Company/0146ALM01-31

Final.pdf

**Previous Version**

Single Premium Deferred Annuity	6100-01	Policy/Contract/Fraternal Certificate	Initial	50.500	6100-11 Single Premium Deferred Annuity Final.pdf
Single Premium Deferred Annuity	6100-01	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Initial	50.500	6100-11 Single Premium Deferred Annuity Final.pdf
Single Premium Deferred Annuity Application	6101-11	Application/Enrollment Form	Initial	50.000	6101-11 Single Premium Deferred Annuity Applicatio n 06-29- 2011.pdf
<b>Previous Version</b>					
Single Premium Deferred Annuity Application	6101-01	Application/Enrollment Form	Initial	50.000	6101-11 Single Premium Deferred Annuity Applicatio n 06-29- 2011.pdf

No Rate/Rule Schedule items changed.



SERFF Tracking Number: MLLM-127193494 State: Arkansas  
Filing Company: Commonwealth Annuity and Life Insurance State Tracking Number: 49193  
Company  
Company Tracking Number: 0146ALM01-31  
TOI: A02I Individual Annuities- Deferred Non- Sub-TOI: A02I.003 Single Premium  
Variable  
Product Name: Single Premium Deferred Annuity  
Project Name/Number: Commonwealth Annuity and Life Insurance Company/0146ALM01-31

**Note To Reviewer**

**Created By:**

Jeff Kulesus on 07/05/2011 10:30 AM

**Last Edited By:**

Linda Bird

**Submitted On:**

07/19/2011 12:59 PM

**Subject:**

Additional Filing Fees

**Comments:**

Please note that additional filing fees of \$75.00 have been added to the submission via the SERFF EFT functionality.

SERFF Tracking Number: MLLM-127193494 State: Arkansas  
 Filing Company: Commonwealth Annuity and Life Insurance State Tracking Number: 49193  
 Company  
 Company Tracking Number: 0146ALM01-31  
 TOI: A02I Individual Annuities- Deferred Non- Sub-TOI: A02I.003 Single Premium  
 Variable  
 Product Name: Single Premium Deferred Annuity  
 Project Name/Number: Commonwealth Annuity and Life Insurance Company/0146ALM01-31

**Amendment Letter**

Submitted Date: 07/05/2011

**Comments:**

The SPDA Form Type has been corrected to "POL."

**Changed Items:**

**Form Schedule Item Changes:**

**Form Schedule Item Changes:**

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
6100-01	Policy/Contr act/Fraternal Certificate	Single Premium Deferred Annuity	Initial				50.500	6100-11 Single Premium Deferred Annuity Final.pdf

SERFF Tracking Number: MLLM-127193494 State: Arkansas  
 Filing Company: Commonwealth Annuity and Life Insurance State Tracking Number: 49193  
 Company  
 Company Tracking Number: 0146ALM01-31  
 TOI: A02I Individual Annuities- Deferred Non- Sub-TOI: A02I.003 Single Premium  
 Variable  
 Product Name: Single Premium Deferred Annuity  
 Project Name/Number: Commonwealth Annuity and Life Insurance Company/0146ALM01-31

## Form Schedule

### Lead Form Number: 6100-11

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	6100-11	Policy/Contract/ Fraternal Certificate Single Premium Deferred Annuity	Initial		50.500	6100-11 Single Premium Deferred Annuity Final.pdf
	6101-11	Application/ Enrollment Form Single Premium Deferred Annuity Application	Initial		50.000	6101-11 Single Premium Deferred Annuity Application 06-29-2011.pdf
	6102-11	Application/ Enrollment Form Important Notices	Initial		0.000	6102-11 Important Notices.pdf



## SINGLE PREMIUM DEFERRED ANNUITY

**Single Premium Deferred Annuity Contract under which annuity benefit payments begin on the Annuity Date. A death benefit is payable if the Annuitant's death occurs before the Annuity Date. Withdrawals prior to maturity may result in the assessment of Surrender Charges. See page [4] for the Surrender Charge Schedule.**

**Non-participating (No dividends).**

---

This Contract is a legal contract between the Owner and the Company.

**This Contract is a valuable asset. Examine it carefully and file it with Your other valuable papers.**

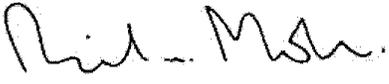
The Company will make annuity benefit payments beginning on the Annuity Date, subject to this Contract being in effect and subject to the provisions of this Contract. Annuity benefit payments will never go beyond Age [105].

The annuity benefit payment option may be changed by the Owner at any time before the Annuity Date.

This Contract provides a death benefit if the Annuitant's death occurs before the Annuity Date, while this Contract is in effect and subject to the provisions of this Contract.

Endorsements, amendments and riders (if any) which provide supplemental benefits or Contract changes follow page 15.

Signed for the Company on the Issue Date.

  
Nicholas H. von Moltke  
President

  
Scott D. Silverman  
Corporate Secretary

### RIGHT TO EXAMINE CONTRACT

**Please examine the Contract carefully. The Owner may cancel this Contract by returning it to the Company's Administrative Office at [P.O. Box 758550, Topeka, KS 66675-8550], Phone: [(800) 457-9047], or to one of its authorized representatives within [20 days] after receipt. If returned, the Company will refund the premium paid and the Contract will be canceled as of its Issue Date.**

Corporate Office:  
Commonwealth Annuity and Life Insurance Company  
[Southborough, MA 01772]  
[(508) 460-2400]

**Table of Contents**

	Page
SPECIFICATIONS .....	4
DEFINITIONS .....	5-6
GENERAL PROVISIONS.....	7-8
Contract .....	7
Contract Fee .....	7
Modifications.....	7
Assignment .....	7
Change of Beneficiary .....	7
Incontestability .....	7
Misstatement of Age or Gender.....	7
Settlement.....	8
Conformity with Law .....	8
PREMIUM PROVISION .....	8
Payment of Premium .....	8
CONTRACT VALUES PROVISION.....	8-11
Interest Rate Guaranteed Period.....	8
Annual Renewal Period.....	8
Accumulated Value.....	8
Interest Rates .....	8
Interest Rate During the Interest Rate Guaranteed Period .....	9
Interest Rate During the Annual Renewal Period.....	9
Cash Surrender Value .....	9
Surrender Privilege .....	9
Partial Surrender Without Surrender Charges .....	9
Surrender Charge Period .....	10
Surrender Charge Schedule.....	10
Waiver of Surrender Charges.....	10
Minimum Values .....	10
Taxes .....	11
Annual Statement .....	11
BENEFIT AND PAYMENT PROVISIONS .....	11-13
Maturity Date .....	11
Annuity Date .....	11
Death Benefit Before Annuity Date.....	11
Mode of Settlement .....	12
Special Ownership (Death Benefit Before Annuity Payments Begin) .....	12
Death Benefit On or After Annuity Payments Begin.....	12
Annuity Payment Option.....	12
Annuitization .....	12
Amount of Annuity Benefit Payment.....	12
Annuity Proceeds.....	13
Proof of Survival .....	13

ANNUITY PAYMENT OPTIONS.....	13
Option A.....	13
Option B.....	13
When Annuity Benefit Payments Begin.....	13
Annuity Payment Options Table.....	13
Protection Against Creditors.....	13
PAYMENT OPTIONS TABLE.....	14-15

## SPECIFICATIONS

**Owner:** [John Doe]  
**Owner's Issue Age:** [35]  
**Owner's Gender:** [Male]  
**Annuitant:** [John Doe]  
**Annuitant's Issue Age:** [35]  
**Annuitant's Gender:** [Male]  
**Maturity Date:** [September 1, 2018]  
**Minimum Annuity Date:** [September 1, 2018]  
**Maximum Annuity Date:** [September 1, 2071]  
**Single Premium:** [\$10,000.00]  
**Issue Date:** [September 1, 2011]  
**Contract Number:** [1234567890]  
**Guaranteed Minimum Interest Rate:** [1.00%]  
**Interest Rate (During the Interest Rate Guaranteed Period):** [5.00%]  
**Interest Rate Guaranteed Period:** [7] Years  
**Maximum Partial Surrender Amount without Surrender Charge:** [10]% of Accumulated Value less prior partial surrenders during the Contract Year  
**Maximum Surrender Charge Percentage:** [9.00%]  
**Surrender Charge Period:** [7] Years  
**Annual Contract Fee:** \$[35]  
 Waived if accumulated value is greater than \$[50,000]  
**Maximum Annuity Payment Age:** [105]

The surrender charge schedule will apply to the Interest Rate Guaranteed Period. The surrender charge percentage varies by the Contract Year in which the surrender occurs.

<b>SURRENDER CHARGE SCHEDULE</b>										
<b>Interest Rate Guaranteed Period (Years)</b>	<b>Contract Year</b>									
	1	2	3	4	5	6	7	8	9	10+
<b>3</b>	9%	8%	7%	0%	0%	0%	0%	0%	0%	0%
<b>4</b>	9%	8%	7%	6%	0%	0%	0%	0%	0%	0%
<b>5</b>	9%	8%	7%	6%	5%	0%	0%	0%	0%	0%
<b>6</b>	9%	8%	7%	6%	5%	4%	0%	0%	0%	0%
<b>7</b>	9%	8%	7%	6%	5%	4%	3%	0%	0%	0%
<b>8</b>	9%	8%	7%	6%	5%	4%	3%	2%	0%	0%
<b>9</b>	9%	8%	7%	6%	5%	4%	3%	2%	1%	0%
<b>10</b>	9%	8%	7%	6%	5%	4%	3%	2%	1%	0%

## DEFINITIONS

### **Administrative Office**

Our Administrative Office is at [P.O. Box 758550, Topeka, KS 66675-8550], phone: [(800) 457-9047]. Send all Contract correspondence to this address. When writing to Our Administrative Office, please provide the contract number, and the Owner's full name and address.

### **Age**

Age last birthday.

**Annual Renewal Period** – Unless the Owner elects to surrender or annuitize this Contract, the one-year period following the Interest Rate Guaranteed Period, which automatically renews on each Contract Anniversary until the Maximum Annuity Date.

### **Annuitant**

The natural person on whose Age and gender the annuity benefit payments are based. The Annuitant is shown on the Specifications page. The Annuitant is the person who receives annuity benefit payments under the Contract. The Owner must be the Annuitant unless the Owner is not a natural person. If the Owner is not a natural person, the Owner names an Annuitant and may request to change the Annuitant by sending Us a Written Request. Our written consent is necessary to change the Annuitant.

### **Annuity Date**

The date the annuity benefit payments begin. The Annuity Date may not be earlier than the Minimum Annuity Date nor later than the Maximum Annuity Date as shown on the Specifications page. Additional information about the Annuity Date is shown in the Annuity Date provision.

### **Beneficiary**

The person, persons or entity named in writing on the application which is entitled to the death benefit prior to the Annuity Date or any guaranteed annuity benefit payments upon the death of the Annuitant after the Annuity Date. You may name anyone as the Beneficiary.

The death benefit will be paid to Your estate if You have not named a Beneficiary.

### **Code**

The Internal Revenue Code of 1986, as amended.

### **Company, We, Our, Us**

Commonwealth Annuity and Life Insurance Company.

### **Contract Anniversary**

Any Issue Date anniversary.

### **Contract Year**

Each consecutive 12-month period. The first Contract Year begins on the Issue Date. Thereafter, each Contract Year begins on a Contract Anniversary.

### **Corporate Office**

[Southborough, Massachusetts 01772].

### **Due Proof**

Information that We need to process a death benefit claim. This information includes a death certificate and a Written Notice filed at Our Administrative Office.

## DEFINITIONS (continued)

### **Issue Date**

The date the Contract is issued and is in effect and the date from which We measure the Contract Anniversaries. The Issue Date is shown on the Specifications page.

### **Maturity Date**

The last date of the Interest Rate Guaranteed Period elected by You. The Maturity Date is shown on the Specifications page. Additional information about the Maturity Date is shown in the Maturity Date provision.

### **Maximum Annuity Payment Age**

The Annuitant age when Annuity Payments cease.

### **Maximum Annuity Date**

The Contract Anniversary following Your 95<sup>th</sup> birthday. The Maximum Annuity Date is shown on the Specifications page.

### **Minimum Annuity Date**

The earliest date that annuity benefit payments may begin. The Minimum Annuity Date is shown on the Specifications page.

### **Non-Participating**

This Contract does not share in the Company's divisible surplus. This Contract does not pay dividends.

### **Non-Qualified Contract**

A Contract which does not receive favorable tax treatment under Sections 401, 403, 408, 408A or 457 of the Code.

### **Owner**

The person or entity who may exercise every right in this Contract. The Owner is shown on the Specifications page. You may request a change in ownership by sending Us a Written Request, subject to Our consent. You must also have Our written consent to name an Owner that is not a natural person. Changing the Owner may result in certain tax consequences to You.

### **Qualified Contract**

A Contract issued in connection with a retirement plan which receives favorable tax treatment under Sections 401, 403, 408, 408A or 457 of the Code.

### **You, Your**

The Owner.

### **Written Request or Written Notice**

Unless otherwise permitted by the Company, a writing on a Company approved form and filed at its Administrative Office. You may request Company approved forms by contacting Our Administrative Office. The notice or request must be signed. The written consent of any assignee of record is required for notices or requests sent to Us. A notice or request is not binding on any payment or action We make before We receive such notice or request at Our Administrative Office.

## GENERAL PROVISIONS

### Contract

This Contract is issued in consideration of the single premium paid. If the check used to pay the single premium is not honored, this Contract will be cancelled. This Contract, the application and any attached endorsements, amendments and riders form the entire Contract.

### Annual Contract Fee

Prior to the Annuity Date, the Company will assess an annual fee equal to the Annual Contract Fee as shown on the Specifications page. The fee will be deducted from the accumulated value on each Contract Anniversary and when the Contract is surrendered. Upon surrender, the Annual Contract Fee will be assessed pro-rata based on the number of days that have expired since the immediately preceding Contract Anniversary.

### Modifications

Agents are not authorized to modify this Contract. Only the President or Corporate Secretary of the Company can change the Contract terms. Any such changes must be in writing.

### Assignment

All assignments are subject to consent by the Company. An absolute assignment will transfer ownership to the assignee. The contract may also be collaterally assigned. The limitations on ownership rights while the collateral assignment is in effect are stated in the assignment.

Subject to the consent of the Company, You may assign a Non-Qualified Contract prior to the Annuity Date, but only during the lifetime of the Annuitant, by completing a Written Request and returning it to Our Administrative Office. No assignment is binding on Us without Our consent. We assume no responsibility for the validity of any assignment or determining the extent of the assignee's interest or monitoring any limitation on the assignee's rights. If We consent to the assignment, the effective date of the change will be the date the request was signed by You, subject to payments made or actions taken by the Company prior to receiving the Written Request. We may require You to return this Contract to Us for endorsement of the change. Generally, an interest in a Qualified Contract may not be assigned.

If an assignment of the Contract is in effect on the Annuity Date, We reserve the right to pay the assignee, in one sum, that portion of the accumulated value (less any applicable contract charges and taxes) to which the assignee appears to be entitled. An assignment may be a taxable event and may subject You to immediate tax liability and to a tax penalty.

### Change of Beneficiary

The Beneficiary is named on the Application unless subsequently changed. The Owner may declare any Beneficiary to be revocable or irrevocable; unless otherwise indicated, the Beneficiary will be revocable. A revocable Beneficiary may be changed at any time this Contract is in effect. An irrevocable Beneficiary must consent in writing to any change that affects the interest of the irrevocable Beneficiary. A Beneficiary change may be made only by Written Request, and will be subject to the rights of any assignee of record. The Beneficiary change will take place as of the date it was signed, even if the Annuitant is not living on the date when the Company received the request. Any rights created by the change will be subject to payments made or actions taken by the Company before the change was received.

### Incontestability

This Contract is incontestable from the Issue Date.

### Misstatement of Age or Gender

If the Annuitant's Age or gender is misstated, the Company will adjust all benefits to those that the accumulated value applied would have purchased at the correct Age or gender. Any underpayments already made by the Company will be made up immediately and paid to the Annuitant. Any overpayments made by the Company will be charged against annuity benefit payments due after the adjustment.

## **GENERAL PROVISIONS (continued)**

### **Settlement**

Contract payment or settlement is made from Our Administrative Office.

### **Conformity with Law**

This Contract conforms to the minimum state requirements where it is issued for delivery. The state law where this Contract is issued for delivery applies to the terms of this Contract, and supersedes any conflicting laws of any other state where the Owner may live on or after the Issue Date. If any provision of this Contract is contrary to any state or federal law to which it is subject, such provision is hereby amended to meet the minimum requirements of that law.

## **PREMIUM PROVISION**

### **Payment of Premium**

The Contract is issued in consideration of payment of the single premium amount shown on the Specifications page. Only one premium will be accepted into this Contract and it must be at least \$10,000 and no more than \$1,000,000 unless otherwise agreed to in writing by the President or Corporate Secretary of the Company.

The single premium must be made payable to the Company at Our Administrative Office.

## **CONTRACT VALUES PROVISION**

### **Interest Rate Guaranteed Period**

The Owner elects the Interest Rate Guaranteed Period at the time of application. The Interest Rate Guaranteed Period elected is shown on the Specifications page.

### **Annual Renewal Period**

Prior to the Maturity Date, We will notify You that the Interest Rate Guaranteed Period is ending. Upon completion of the Interest Rate Guaranteed Period, and unless the Owner elects to surrender or annuitize by Written Request, the Annual Renewal Period will begin on the Maturity Date. The Annual Renewal Period will automatically renew on each subsequent Contract Anniversary for one year until the Maximum Annuity Date. Upon each Annual Renewal Period, We will send You a confirmation statement which contains Your renewal interest rate for that renewal period. There is no surrender charge on full or partial surrenders or upon annuitization during the Annual Renewal Period.

### **Accumulated Value**

The initial accumulated value equals the amount of the single premium. The single premium amount is shown on the Specifications page.

The accumulated value at any time of this Contract equals:

1. The initial accumulated value; less
2. Any deductions related to partial surrenders, surrender charges, any taxes or contract fees; plus
3. Any interest credited by Us.

### **Interest Rates**

All interest rates are expressed as annual effective interest rates. Interest is credited daily at the equivalent of the annual effective interest rate. Any interest credited on deferred death benefits, deferred partial surrenders or deferred full surrenders will be at the interest rate as required by law in the state where this contract is issued for delivery.

## **CONTRACT VALUES PROVISION (continued)**

### **Interest Rate During the Interest Rate Guaranteed Period**

The Interest Rate set forth on the Specifications page applies during the Interest Rate Guaranteed Period only. The Interest Rate and Interest Rate Guaranteed Period are shown on the Specifications page.

### **Interest Rate During the Annual Renewal Period**

The interest rate credited during the Annual Renewal Period will be determined by the Company at the time of each renewal and will never be less than the Guaranteed Minimum Interest Rate shown on the Specifications page.

### **Cash Surrender Value**

The Contract may be surrendered any time before the Annuity Date. The cash surrender value before the Annuity Date equals:

1. The accumulated value on the date of the surrender; less
2. Any applicable surrender charges; less
3. Any taxes payable by Us and not previously deducted; less
4. Any applicable contract fee.

The Contract may not be surrendered after annuity payment benefits have begun.

### **Surrender Privilege**

To make a full or partial surrender of the accumulated value of this Contract, We must receive a Written Request from You. Upon receipt of Your Written Request for surrender, the accumulated value is reduced by:

1. The surrender amount, plus
2. Any applicable surrender charges, plus
3. Any taxes deducted, plus
4. Any applicable contract fee.

If any partial surrender would reduce the accumulated value below \$5,000.00, We may treat the surrender as a request for a full surrender. The Company will notify You if the surrender request will reduce the accumulated value below \$5,000.00 and provide You the opportunity to cancel Your request. Upon full surrender, this Contract is terminated.

To the extent permitted by state law, We reserve the right to defer paying a surrender for up to six months from the date We receive Your signed request. If We delay payments, We will notify You. If payment is deferred, We will credit the deferred amount with any interest as required by law in the state where this contract is issued for delivery.

### **Partial Surrender Without Surrender Charges**

In each Contract Year, the Company will waive the surrender charges (if any) on partial surrenders that do not exceed the "Maximum Partial Surrender Amount without Surrender Charge" as shown on the Specifications page.

In the Contract Year of a full surrender, no surrender charge will apply to any remaining Maximum Partial Surrender Amount without Surrender Charge.

## **CONTRACT VALUES PROVISION (continued)**

### **Surrender Charge Period**

The surrender charge period is the number of Contract Years during which there is a surrender charge. The surrender charge period is measured from the Issue Date and is only applicable during the Interest Rate Guaranteed Period. The surrender charge period for the Interest Rate Guaranteed Period is shown on the Specifications page.

### **Surrender Charge Schedule**

The Surrender Charge Schedule applicable to the Interest Rate Guaranteed Period elected by You is shown on the Specifications page. Surrender charges are a percentage of the accumulated value surrendered. The surrender charge percentage varies by the Contract Year of the Interest Rate Guaranteed Period in which the surrender occurs. The surrender charge percentage is shown in the Surrender Charge Schedule. The Surrender Charge Schedule does not apply on or after the Maturity Date.

### **Waiver of Surrender Charge**

The Company will waive the surrender charge on partial surrenders taken from a Qualified Contract to satisfy a required minimum distribution.

In addition, the Company will waive the surrender charge if an Owner, or the Annuitant if the Owner is not a natural person, is:

1. Admitted to a Medical Care Facility after the Issue Date of the Contract and remains confined there until the later of one year after the Issue Date or 90 consecutive days, or
2. First diagnosed by a Physician as having a Fatal Illness after the Issue Date of the Contract.

For the purposes of this provision, "Medical Care Facility" means any facility providing medically necessary inpatient care which is prescribed by a "physician" in writing and based on physical limitations which prohibit daily living in non-institutional settings. Admission to a Medical Care Facility must be medically necessary, appropriate and consistent with the diagnosis and accepted standards of medical practice, and necessary to avoid adversely affecting the Owner's, or the Annuitant's, condition. We may, at Our expense, order Our own medical examination. In the event there is a dispute between Your Physician and Our physicians, eligibility for the waiver of surrender charge benefit will be determined by a third medical opinion provided by a Physician mutually acceptable to You and Us. "Fatal illness" means a condition diagnosed by a "Physician" which is expected to result in death within two years of the diagnosis. "Physician" means a person other than the Owner, the Annuitant or an immediate member of their family who is state licensed to give medical care or treatment and is acting within the scope of their license.

We must receive a Written Request from You in order to waive surrender charges under this provision. The accumulated value will be reduced by the amount of Your surrender. The accumulated value can also be reduced by any premium taxes payable by Us that have not been previously deducted. If the entire accumulated value is surrendered, this Contract will terminate.

There may be adverse tax consequences if You choose to take a surrender under this provision. Please contact Your tax advisor before taking a surrender under this provision.

### **Minimum Values**

The cash surrender value, the paid-up annuity, and the death benefit will not be less than the minimum that is required by state law where this Contract is issued for delivery.

## **CONTRACT VALUES PROVISION (continued)**

### **Taxes**

We reserve the right to deduct from the accumulated value or a surrender any taxes required to be paid by Us to any governmental entity relating to this Contract. We reserve the right to determine when taxes relate to this Contract. We reserve the right to pay taxes when due and make a deduction at a later date. Payment at an earlier date does not waive Our right to make a deduction at a later date.

### **Annual Statement**

Each year while this Contract is in force We will send a statement to the Owner at their last known address. The statement will show the interest credited and the accumulated value at the end of the reporting period and any other information required by federal laws and the laws and regulations of the state where this Contract is issued for delivery.

## **BENEFIT AND PAYMENT PROVISIONS**

This Contract is intended to qualify as an annuity Contract under Section 72 of the Internal Revenue Code ("IRC") as amended. The Benefit and Payment Provisions should be interpreted consistently with IRC Section 72(s) required distribution rules. If this Contract is sold in connection with a qualified retirement plan (including as an Individual Retirement Annuity), distribution provisions of the qualified retirement plan endorsement attached to this Contract may amend and replace certain provisions of this Contract.

### **Maturity Date**

The Maturity Date is shown on the Specifications page. The Maturity Date is the last date of the Interest Rate Guaranteed Period elected by You. Prior to the Maturity Date, We will notify You that the Interest Rate Guaranteed Period is ending.

On or after the Maturity Date, the Owner has the right to:

1. Continue this Contract, in which case the Annual Renewal Period will begin;
2. Select an Annuity Payout Option under which annuity benefit payments will be made; or
3. Elect to receive a lump sum distribution in an amount equal to the accumulated value.

If the Owner does not elect one of these options by the Maturity Date, the Annual Renewal Period will begin.

The Owner may not change the Maturity Date after the Contract has been issued.

### **Annuity Date**

The Annuity Date, Minimum Annuity Date and Maximum Annuity Date are shown on the Specifications page. The Maximum Annuity Date is the Contract Anniversary following the Annuitant's 95<sup>th</sup> birthday. If We have not received Written Notice from the Owner electing an annuity payment option before the Maximum Annuity Date and while the Contract is in force, an Option B annuity payment option will automatically become effective on the Maximum Annuity Date.

### **Death Benefit Before Annuity Date**

While this Contract is in force, upon the death of the Annuitant prior to the Annuity Date, a death benefit will be payable to the Beneficiary.

The death benefit will be an amount equal to the accumulated value as of the date of the Annuitant's death. A surrender charge is not assessed on the death benefit payment. Interest, if any, credited on the death benefit payment will be in accordance with the requirements of the laws of the state where this Contract is issued for delivery.

## **BENEFIT AND PAYMENT PROVISIONS (continued)**

### **Mode of Settlement**

Any death benefit payable prior to the Annuity Date will be paid to the Beneficiary as a lump sum. Payment will be made within seven days of the date on which Due Proof of death is received at the Company's Administrative Office. The Company reserves the right to defer payment for up to six months.

All benefits payable to the Beneficiary under this Contract will be divided equally among the surviving Beneficiaries of the same class, unless the Owner directs otherwise. If the Owner has indicated that Beneficiaries do not share equally, the interest of a deceased Beneficiary will be divided among the surviving Beneficiaries of the same class prorata based on each surviving Beneficiary's ownership interest as a percentage of the aggregate ownership interest of all surviving Beneficiaries of the same class. If there is no surviving Beneficiary in a particular class, then the benefit is divided among the surviving Beneficiaries of the next class. If there is no surviving Beneficiary, the deceased Beneficiaries' interest will pass to the Owner or the Owner's estate.

### **Special Ownership (Death Benefit Before Annuity Payments Begin)**

Internal Revenue Code ("IRC") Section 72(u), as amended, currently requires that if a Contract is owned by a non-natural person, an increase in the accumulated value is taxable each year, unless the trust, corporation, partnership, association or other non-natural person owns the Contract as agent for a natural person. If the Company issues a Contract to a non-natural person that owns the Contract as agent for a natural person, the Annuitant is considered the Owner for purposes of the Death Benefit Before Annuity Date provision. Any change of the Annuitant(s) may be considered a taxable event.

If this Contract is issued to a non-natural person that, in fact, does not own the Contract as agent for a natural person under the rules of IRC Section 72(u), an increase in the accumulated value is taxable each year.

For purposes of this provision, a non-natural person includes a trust, corporation, partnership or association. A natural person is a human being.

### **Death Benefit On or After Annuity Benefit Payments Begin**

If the Annuitant dies on or after annuity benefit payments begin, annuity payments will continue, if at all, only as provided under the payment option in effect.

### **Annuity Payment Option**

On or after the Minimum Annuity Date and before the Maximum Annuity Date, You may choose an annuity payment option.

Proof of the Annuitant's Age and gender may be required before any annuity benefit payments begin.

### **Annuitization**

The Owner may elect to receive annuity benefit payments under an annuity payment option. We do not permit partial annuitization.

### **Amount of Annuity Benefit Payment**

The initial annuity benefit payment amount is not less than:

1. Each \$1,000.00 of annuity proceeds applied; times
2. The applicable payment option table factor under the payment option selected.

If the annuity payment option involves a life contingency (Option A and Option B both involve life contingencies), the applicable factor is determined by the Annuitant's Age and gender, as permitted by state law, at the time annuity benefit payments begin.

## **BENEFIT AND PAYMENT PROVISIONS (continued)**

If the annuity benefit payment is less than \$50.00, We reserve the right to change the annuity benefit payment frequency so that the annuity benefit payments are at least equal to \$50.00.

If on the Annuity Date the annuity proceeds are less than \$2,000.00, We will pay the Owner the annuity proceeds as a lump sum.

### **Annuity Proceeds**

The annuity proceeds available when annuity benefit payments begin equal the accumulated value less any contract fee and taxes payable by Us and not previously deducted. A surrender charge is not assessed on annuity proceeds.

### **Proof of Survival**

The Company may require proof that the Annuitant is living on any date an annuity benefit payment is payable. Such proof must be satisfactory to the Company.

## **ANNUITY PAYMENT OPTIONS**

Annuity benefit payments are paid as You elect under Option A or Option B:

**Option A** – The annuity benefit payments are paid as long as the Annuitant lives, but not later than the Maximum Annuity Payment Age shown on the Specifications page.

**Option B** – The annuity benefit payments are paid throughout a 10-year Guaranteed Period (the “guaranteed annuity benefit payments”) and thereafter as long as the Annuitant lives, up to the Maximum Annuity Payment Age shown on the Specifications page. If any guaranteed annuity benefit payments remain unpaid at the time of the Annuitant’s death, the remaining guaranteed annuity payments will be paid to the Beneficiary in the same amount and frequency as provided under the Annuity Payment Option in effect prior to the death of the Annuitant.

In no event will annuity benefit payments continue after the Maximum Annuity Payment Age. We reserve the right to offer additional payment options and to change the available guaranteed period.

### **When Annuity Benefit Payments Begin**

Annuity benefit payments under an Annuity Payment Option are made at the beginning of each payment period. Payment periods begin on the date the annuity benefit payments begin.

### **Annuity Payment Options Table**

The Payment Options Table shows monthly annuity payments based on \$1,000.00 of annuity proceeds. Upon request, the annuity payments can be paid quarterly, semi-annually or annually. The annuity payments for any Age, gender or payment frequency not shown are furnished upon request.

### **Protection Against Creditors**

To the extent permitted by law, this Contract and any payments made under it will be exempt from the claims of creditors.

## Payment Options Table

### Guaranteed Basis of Calculation for Payment Options

1.00% interest compounded annually and the Annuity 2000 Mortality Table projected using 200% of Scale G to the year 2030

### Male Monthly Income per \$1,000 of Annuity Proceeds

Attained Age of Annuitant	Option A	
	Guarantee Period	
	0 Years	10 Years
55	2.81	2.80
56	2.87	2.86
57	2.94	2.92
58	3.01	2.99
59	3.08	3.06
60	3.16	3.14
61	3.24	3.22
62	3.33	3.31
63	3.42	3.39
64	3.52	3.49
65	3.63	3.58
66	3.74	3.69
67	3.86	3.80
68	3.98	3.91
69	4.12	4.03
70	4.26	4.16
71	4.41	4.29
72	4.57	4.42
73	4.73	4.56
74	4.91	4.71
75	5.10	4.87
76	5.31	5.03
77	5.53	5.20
78	5.76	5.38
79	6.01	5.56
80	6.28	5.75
81	6.58	5.95
82	6.89	6.15
83	7.23	6.36
84	7.61	6.57
85	8.01	6.78
86	8.46	7.00
87	8.95	7.22
88	9.50	7.44
89	10.09	7.66
90	10.74	7.87
91	11.45	8.07
92	12.23	8.26
93	13.10	8.42
94	14.10	8.55
95	15.28	8.66

Monthly income for ages not included in the table will be furnished upon request.

**Payment Options Table**  
**Guaranteed Basis of Calculation for Payment Options**

1.00% interest compounded annually and the Annuity 2000 Mortality Table projected using 200% of Scale G to the year 2030

**Female Monthly Income per \$1,000 of Annuity Proceeds**

Attained Age of Annuitant	Option A	
	Guarantee Period	
	0 Years	10 Years
55	2.60	2.59
56	2.65	2.65
57	2.71	2.70
58	2.77	2.76
59	2.83	2.83
60	2.90	2.89
61	2.97	2.96
62	3.05	3.03
63	3.12	3.11
64	3.21	3.19
65	3.30	3.28
66	3.39	3.37
67	3.49	3.46
68	3.59	3.57
69	3.71	3.67
70	3.83	3.79
71	3.96	3.91
72	4.10	4.04
73	4.25	4.17
74	4.41	4.32
75	4.58	4.47
76	4.76	4.63
77	4.96	4.80
78	5.17	4.97
79	5.40	5.16
80	5.65	5.36
81	5.92	5.56
82	6.22	5.77
83	6.54	5.99
84	6.89	6.22
85	7.27	6.45
86	7.69	6.69
87	8.16	6.94
88	8.67	7.19
89	9.24	7.44
90	9.86	7.68
99	10.54	7.92
92	11.29	8.14
93	12.13	8.34
94	13.09	8.50
95	14.23	8.63

Monthly income for ages not included in the table will be furnished upon request.

This page intentionally left blank.

## **SINGLE PREMIUM DEFERRED ANNUITY**

**Single Premium Deferred Annuity Contract under which annuity benefit payments begin on the Annuity Date. A death benefit is payable if the Annuitant's death occurs before the Annuity Date. Withdrawals prior to maturity may result in the assessment of Surrender Charges. See page [4] for the Surrender Charge Schedule.**

**Non-participating (No dividends).**

---

**Commonwealth Annuity and Life Insurance Company**

**[Southborough, MA 01772]**



**Commonwealth Annuity and Life Insurance Company**  
Southborough, MA 01772

Service Center: [SE2]

**Send all inquiries to: [P.O. Box 758550, Topeka, KS 66675-8550], Phone: [(800) 457-9047]**

**SINGLE PREMIUM DEFERRED ANNUITY APPLICATION**

<b>Product: Single Premium Deferred Annuity</b>						
Plan Type:	<input type="checkbox"/> Non-Qualified	<input type="checkbox"/> IRA (Traditional)	<input type="checkbox"/> Simple IRA	<input type="checkbox"/> SEP-IRA	<input type="checkbox"/> Roth IRA	<input type="checkbox"/> 457

<b>1. Owner/Annuitant</b> (The Annuitant will also be the Owner unless a Non-natural Owner is designated in Section 2.)		
Name:	Date of Birth (mm/dd/yyyy)	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Street Address (No P.O. boxes please):	SSN/Tax I.D. #:	
City, State, Zip:	Daytime Phone:	
Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, country of origin:	E-mail Address:	

<b>2. Non-natural Owner</b> (If the owner is a Trust, please complete the Verification of Trust form.)	
Name of Entity:	Tax I.D. #:
Street Address (No P.O. boxes please):	Trust Date:
City, State, Zip:	Daytime Phone:

<b>3. Interest Rate Guaranteed Period</b> (Select one)	
<input type="checkbox"/> 3 year <input type="checkbox"/> 4 year <input type="checkbox"/> 5 year <input type="checkbox"/> 6 year <input type="checkbox"/> 7 year <input type="checkbox"/> 8 year <input type="checkbox"/> 9 year <input type="checkbox"/> 10 year	

<b>4. Purchase Payment</b> (Make check payable to Commonwealth Annuity and Life Insurance Company.)			
Purchase Payment:	\$	<input type="checkbox"/> Check <input type="checkbox"/> Wire, Bank originating wire:	<input type="checkbox"/> Brokerage Transfer
Expected Transfer Amount:	\$		
Check appropriate Box(es):	<input type="checkbox"/> 1035 Tax-Free Exchange <input type="checkbox"/> Direct Transfer	<input type="checkbox"/> Direct Investment (check/wire) <input type="checkbox"/> Rollover	<input type="checkbox"/> CD/Mutual Fund Transfer

<b>5. Right to Choose a Second Addressee</b>	
You may identify a second person to whom We may send annual statements and other notices. These notices would be in addition to the notices We mail to You. Please check below if You do or do not want to have a second person receive any such notices.	
<input type="checkbox"/> I choose to name a second addressee. (If You choose this option, please provide the name, address and other information below.)	
Name:	Street Address (No P.O. boxes please):
City, State, Zip:	Daytime Phone:
<input type="checkbox"/> I choose <u>NOT</u> to name a second addressee.	

6. Replacement	
Do you have any existing annuity contracts or life insurance policies? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Will any existing life insurance policy or annuity contract be replaced or will values from another insurance policy or annuity contract (through loans, surrenders or otherwise) be used to fund the annuity contract applied for? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate company name and policy number. (If more than one company, show in Section 8, Remarks.)	
Company Name:	Contract/Policy #:

**7. Beneficiary**

Payments will be made to all surviving Beneficiaries as specified by You below. The interest of any deceased Beneficiary will be divided prorata among the surviving Beneficiaries of the same class. If additional space is needed, please use the Remarks section or include a signed attachment to this application. If the Beneficiary is a trust, please complete the Verification of Trust form. If the Beneficiary is a corporation or partnership, please provide the entity's name, address and date established.

Primary Beneficiary Information					
Name (First, Middle, Last)	Home Address (Including City, State, Zip and Country)	Date of Birth	Relationship	SSN/Tax I.D. #	Percentage

Contingent Beneficiary Information					
Name (First, Middle, Last)	Home Address (Including City, State, Zip and Country)	Date of Birth	Relationship	SSN/Tax I.D. #	Percentage

**If Minor Beneficiary, See Below.**

Custodian:		Minor:		State:	
------------	--	--------	--	--------	--

If any proceeds become payable to a Beneficiary who is then a "minor" as shown above, as defined in the applicable Uniform Transfers to Minor Act ("UTMA"), as specified herein, such proceeds shall be paid to the custodian shown above. At the time of payment, the custodianship is to continue until the Beneficiary reaches the age of majority\*.

1. The following comments are of a general nature and are not intended to be legal advice, or to substitute for legal advice. You may wish to consult with Your attorney about the completion of this Beneficiary designation.

2. **Naming a custodian and substitutes.** A custodian must be named in the blank following the words "paid to" in the designation. It is strongly recommended that You also name at least one (and preferably two or more) substitute custodians on the lines provided for that purpose. A substitute custodian would serve if, at the time of payment, the first-named custodian is deceased or otherwise unable or unwilling to serve. The custodian (and each substitute) should be either: (1) an individual who is now an adult; or (2) a trust company, such as a financial institution with a trust department.

In the event a substitute custodian is needed, the following is/are nominated, in the order named:

Name (First, Middle, Last)	Address (Including City, State, Zip and Country)
Name (First, Middle, Last)	Address (Including City, State, Zip and Country)

\*[For California (insert 18, 19, 20, 21, 22, 23, 24 or 25); for Ohio (insert 18, 19, 20 or 21); for Iowa and a few other states (insert 21); or, for most other states (insert 18)]:

Additional pages may be added for other minor Beneficiaries.

If the specified UTMA would require the Beneficiary's custodianship to terminate at or before the time of payment, the proceeds payable to that Beneficiary shall be paid to the Beneficiary rather than to a custodian.

**8. Remarks**

(Attach additional sheet(s), if necessary.)

**9. Document Delivery**

- Yes, I would like to receive the annual report and other documents or notices relating to my Contract electronically instead of the paper version. I have access to a computer with internet access and the capacity to view these documents. I understand that the Company will rely on my signature as consent to receive all future Company annual reports and other documents or notices electronically. I can change my mind at any time by contacting the Company at [(800) 457-9047] and revoking this consent.
- No, I do not want to receive the annual reports and other documents or notices relating to my Contract electronically.

**[10]. Owner Acknowledgements – Required**

As Owner, I acknowledge that:

1. I have received and signed the Commonwealth Annuity and Life Insurance Company disclosure statement for this product, and have also received the Buyers' Guide. My agent has reviewed this material with me and I understand the key features of this product.
2. I understand that a fixed annuity is a long-term investment and believe this annuity is suitable for my overall financial needs and plans.
3. I hereby represent that the information provided on this application for this product is true, complete, and correct to the best of my knowledge and belief, that the statements made therein are representations and not warranties and that they shall form the exclusive basis of any annuity issued hereon.
4. Checks must be made payable to Commonwealth Annuity and Life Insurance Company, not to my agent. The canceled check is my receipt.
5. Only the President or Corporate Secretary can make, modify, discharge, or waive any of the Company's rights.
6. I certify that: (1) the Social Security Number(s) or Federal Tax Identification Number(s) reported above is the correct number(s) (or I am waiting for a number to be issued); and (2) I am not subject to backup withholding either because (a) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (b) the IRS has notified me that I am no longer subject to backup withholding.
7. Placing an annuity in a tax qualified retirement plan (e.g., an IRA) will result in no additional tax advantage from the annuity.
8. I have read the fraud warning and other important notice(s) listed on form 6102-11 for my state of residence, if any.

**[11]. Signatures**

Application Made at State:

Date: (mm/dd/yyyy)

Signature of Owner/Participant (Trustee or Custodian, if applicable):

Signature of Annuitant (if different from the Owner):

**[12]. Agent Acknowledgements – Required**

Do you, as agent, have reason to believe the Contract applied for will replace any existing annuity contract(s) or life insurance policy(ies)?

Yes\*  No \* If marked "Yes", complete and attach the replacement form(s) to this application.

Does the applicant have any existing annuity contract(s) or life insurance policy(ies) or?  Yes  No

Signature of Agent

First Name

M.I.

Last Name

Broker/Dealer or Agency

Broker/Dealer or Agency Street Address

City

State

Zip

Business Phone Number

Fax Number

Email Address

State License Number (If any)

Broker/Dealer or Agency Client Account Number

# Commonwealth Annuity and Life Insurance Company

[Southborough, MA 01772]

## IMPORTANT NOTICES

*TO ALL APPLICANTS: PLEASE READ THE APPLICABLE IMPORTANT NOTICE(S) FOR YOUR STATE*

**For all states not specifically shown:** [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 may be guilty of a crime and may be subject to fines and confinement in prison.]

**For Residents of Alaska:** [A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.]

**For Residents of Arizona:** [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 may be guilty of a crime and may be subject to fines and confinement in prison.]

**[UPON YOUR WRITTEN REQUEST, WE WILL PROVIDE FACTUAL INFORMATION ABOUT THE CONTRACT'S BENEFITS AND PROVISIONS WITHIN A REASONABLE TIME.]**

**For Residents of Arkansas, Louisiana, Rhode Island and West Virginia:** [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 fines and confinement in prison.]

**For Residents of District of Columbia:** **[WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the Applicant.]

**For Residents of California:** [Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.]

**For Residents of Colorado:** [It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.]

**For Residents of Delaware, Idaho:** [Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.]

**For Residents of Florida:** [Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.]

**For Residents of Indiana:** [A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.]

**For Residents of Kansas:** [Any person who knowingly and with intent to defraud presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.]

**For Residents of Kentucky:** [Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.]

**For Residents of Maine, Tennessee and Washington:** [It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.]

**For Residents of Maryland:** [Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.]

**For Residents of Minnesota:** [Any person who knowingly or willfully makes a false statement in, or relative to, any application for insurance or membership for any purpose shall be guilty of a gross misdemeanor.]

**For Residents of New Hampshire:** [Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in N.H. RSA § 638.20.]

**For Residents of New Jersey:** [Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.]

**For Residents of New Mexico:** [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.]

**For Residents of New York:** [Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.]

**For Residents of Ohio:** [Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.]

**For Residents of Oklahoma:** **[WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.]

**For Residents of Oregon:** [Any person who knowingly and with intent to deceive an insurer, makes a claim for the proceeds of an insurance policy containing materially false information, avoiding definite statements of guilt, may be guilty of insurance fraud, not to conflict with the two year limit on contestability.]

**For Residents of Pennsylvania:** [Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.]

**For Residents of Puerto Rico:** [Any person who, knowingly and with intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine no less than five thousand (5,000) dollars nor more than ten thousand (10,000) dollars, or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.]

**For Residents of Texas:** [Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.]

SERFF Tracking Number: MLLM-127193494 State: Arkansas  
 Filing Company: Commonwealth Annuity and Life Insurance Company State Tracking Number: 49193  
 Company Tracking Number: 0146ALM01-31  
 TOI: A02I Individual Annuities- Deferred Non- Variable Sub-TOI: A02I.003 Single Premium  
 Product Name: Single Premium Deferred Annuity  
 Project Name/Number: Commonwealth Annuity and Life Insurance Company/0146ALM01-31

## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Flesch Certification <b>Comments:</b> Readability Certification <b>Attachment:</b> Readability Certification.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Application <b>Comments:</b> The application to be used with form 6100-11 is 6101-11, and is filed as a new form for review and approval with this submission.		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Life & Annuity - Acturial Memo <b>Comments:</b> Actuarial Memorandum <b>Attachment:</b> Actuarial Memorandum 6100-11 Signed.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Authorization Letter <b>Comments:</b> Authorization Letter <b>Attachment:</b> Authorization Letter.pdf		

SERFF Tracking Number: MLLM-127193494 State: Arkansas  
Filing Company: Commonwealth Annuity and Life Insurance Company State Tracking Number: 49193  
Company Tracking Number: 0146ALM01-31  
TOI: A02I Individual Annuities- Deferred Non- Variable Sub-TOI: A02I.003 Single Premium  
Product Name: Single Premium Deferred Annuity  
Project Name/Number: Commonwealth Annuity and Life Insurance Company/0146ALM01-31

**Item Status:** **Status Date:**

**Satisfied - Item:** Statement of Variability  
**Comments:**  
Statement of Variability  
**Attachment:**  
Statement of Variability 06-30-2011 Changes Marked.pdf

**Item Status:** **Status Date:**

**Satisfied - Item:** Compliance Certification  
**Comments:**  
Compliance Certification  
**Attachment:**  
Arkansas Compliance Certification.pdf

# Commonwealth Annuity and Life Insurance Company

## READABILITY CERTIFICATION

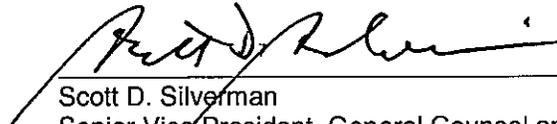
I hereby certify on behalf of Commonwealth Annuity and Life Insurance Company that the following form has been tested by an acceptable method specified in the Model Law (all forms were scored together as part of the contract with which they may be used) and obtained the Flesch Score indicated:

Form Number	Description	Flesch Score
6100-11	Single Preferred Deferred Annuity	50.5
6101-11	Single Premium Deferred Annuity Application	50
6102-11	Important Notices	N/A

I hereby certify that the above form complies with the N.A.I.C. Model Policy Language Simplification Act. The form described above is presented in no less than ten point type, one point leaded. The style, arrangement and overall appearance of the form gives no undue prominence to any portion of the text or section of the form.

Please note that Important Notices form 6102-11 contains language as required by state law and over which the Company has no control. For this reason, the Flesch Readability Score for Important Notices form 6102-11 is not applicable.

Unless we hear from you to the contrary, we will assume that this certification satisfies the certification requirements for compliance with any present or future readability law enacted by your state. We understand that this certification will not be valid to the extent that there is a material difference between the readability law of your state and the N.A.I.C. Model.

  
\_\_\_\_\_  
Scott D. Silverman  
Senior Vice President, General Counsel and Corporate  
Secretary

Date: June 14, 2011

June 16, 2011

Jeff Kulesus, FLMI  
Consultant  
Milliman, Inc.  
Two Conway Park  
1450 Field Drive, Suite 180  
Lake Forest, Illinois 60045

*Re: State Insurance Filings*

Dear Mr. Kulesus:

This letter will serve as authorization from Commonwealth Annuity and Life Insurance Company (the "Company") for employees of Milliman, Inc. to file contract forms and other related material in states where the Company is authorized to conduct business, and to respond to inquiries from state insurance departments and jurisdictions on the Company's behalf in relation to the filing of this contract.

Sincerely,



Scott D. Silverman  
Commonwealth Annuity and Life Insurance Company  
Senior Vice President, General Counsel and Corporate Secretary  
Tel: 508 460.2408  
Fax: 212 493.9888

**COMMONWEALTH ANNUITY AND LIFE INSURANCE COMPANY**  
**STATEMENT OF VARIABILITY**  
**SINGLE PREMIUM DEFERRED ANNUITY**

**6100-11, Single Premium Deferred Annuity**

- **Contract Front Cover**
  - Company logo – The Company logo has been bracketed to allow change of the logo without re-filing the Contract. The Company acknowledges that such change will not include a Company name change unless such name change is first filed with and approved by the Department.
  - Page Number for the Surrender Charge Schedule – Will vary if there is any change in the Specification page pagination.
  - Maximum Annuity Payment Age – Will vary based on trends in longevity and will be applied uniformly to all new contracts on a go-forward basis.
  - Officer Signatures and Titles – Will change if the Company officers and/or titles change.
  - Service Center Address – Will change if the Service Center address changes.
  - Service Center Address Telephone Number – Will change if the Service Center telephone number changes.
  - Right to Examine Contract free look period – Will change in accordance with the state law and regulatory requirements of the state in which the Contract is approved. All replacement contract issues will show a minimum 30 day free look period.
  - Corporate Office City, State and Zip Code – Will change if the Corporate Office City, State or Zip Code changes.
  - Corporate Office Telephone Number - Will change if the Corporate Office telephone number changes.
- **Specifications**
  - General Contract Information. All “John Doe” information that may vary from applicant to applicant is bracketed as variable. This includes such information as Owner name, Owner’s Gender, Annuitant name, Annuitant’s Gender, Contract Number.
  - Owner’s Issue Age – Will vary from 0 to 80 years as shown on the application.
  - Annuitant’s Issue Age – Will vary from 0 to 80 years as shown on the application.
  - Maturity Date – The last date of the Interest Rate Guaranteed Period available at the time of application specific to the Interest Rate Guaranteed Period elected by the Owner at the time of application.
  - Minimum Annuity Date – Will vary from the first Contract Anniversary to the Contract Anniversary following the Annuitant’s 95<sup>th</sup> birthday based upon Company business practices and/or state regulatory requirements. Any change will be applied uniformly to all new contracts on a go-forward basis.
  - Maximum Annuity Date – Will vary from the first Contract Anniversary to the Contract Anniversary following the Annuitant’s 95<sup>th</sup> birthday based upon Company business practices and/or state regulatory requirements. Any change will be applied uniformly to all new contracts on a go-forward basis.
  - Single Premium – Will vary from \$10,000.00 to \$5,000,000.00 based upon Company business practices and the Contract Owner’s election at the time of application.
  - Guaranteed Minimum Interest Rate – Will vary from 0.25% to 3.0% based upon the minimum Company crediting rate then in effect. Any change in the Guaranteed Minimum Interest Rate will be applied uniformly to all new contracts on a go-forward basis.
  - Interest Rate – Will never be less than 0.25% based upon the Company’s interest rate then in effect and based upon the Interest Rate Guaranteed Period elected by the Owner at the time of application. Any change in the Interest Rate for Interest Rate Guaranteed Periods will be applied uniformly to all new contracts of the same Interest Rate Guaranteed Period on a go-forward basis.
  - Interest Rate Guaranteed Period – Will vary from 1 to 10 years based upon the Contract Owner’s election at the time of application and the Interest Rate Guaranteed Period options available at the time of application.
  - Maximum Partial Surrender Amount without Surrender Charge – Will vary from 0.0% to 20.0% and will be applied uniformly to all Contract issues on a go-forward basis.

- Maximum Surrender Charge Percentage – Will vary from 0.0% to 9.0% in accordance with the Maximum Surrender Charge Percentage of the Interest Rate Guaranteed Period elected by the Owner at the time of application.
- Surrender Charge Period – Will be printed in accordance with the Interest Rate Guaranteed Period elected by the Owner at the time of application.
- Annual Contract Fee – May vary from \$0 to \$50, and will be applied uniformly for all new Contract issues on a go-forward basis. The Annual Contract Fee will be waived if the Contract accumulated value is greater than \$20,000 to \$100,000. Note the dollar amount for which the Annual Contract Fee will be waived may change within the specified range and that such change will be applied uniformly for all new issues on a go-forward basis.
- Maximum Annuity Payment Age – Will vary from Age 96 to age 105 based on individual Contract and Annuitant information.
- Surrender Charge Schedule – The Contract Years, Interest Rate Guaranteed Period Years and Surrender Charge Schedule Percentages will be printed in accordance with the Interest Rate Guaranteed Period available at the time of application and as elected by the Owner at the time of application.
- **Page 5, Definitions, Administrative Office**
  - Administrative Office Address and Telephone Number – Will change if the Service Center address and/or telephone number changes.
- **Page 5, Definitions, Corporate Office**
  - Corporate Office City, State and Zip Code – Will change if the Corporate Office City, State and Zip Code changes.
- **Contract Back Cover**
  - Page Number for the Surrender Charge Schedule – Will vary if there is any change in the Specification page pagination.
  - Corporate Office City, State and Zip Code – Will change if the Corporate Office City, State or Zip Code changes.

#### **6101-11, Single Premium Deferred Annuity Application**

- Page 1 of 4:
  - Company logo – The Company logo has been bracketed to allow change of the logo without refilling the Contract at some future date. The Company acknowledges that such change will not include a Company name change unless such name change is first filed with and approved by the Department.
  - Service Center Name, Address and/or Telephone Number – Will change if the Service Center name address and/or telephone number changes.
  - Plan Type – May vary by availability. If any changes occur, such changes will be applied uniformly to all new contract applicants on a go-forward basis.
  - Section 3. Interest Rate Guaranteed Period – the Interest Rate Guaranteed Period may vary by availability. If any changes occur, such changes will be applied uniformly to all new contract applicants on a go-forward basis.
- Bar Code – Will be in or out. The Bar Code may change as necessary and as determined by the requirements the Company administrative system.
- Page 2 of 4, Section 7. Beneficiary
  - Language regarding state requirements for minor ages – Will change if required due to changes in state law over which the Company has no control.
- Page 3 of 4, Section 9. Document Delivery
  - The entire section may be in or out depending upon whether or not the Company opts to support electronic delivery of annual reports and other documents or notices at some future date.
  - Service Center Telephone Number – Will change if the Service Center telephone number changes.
- Page 3 of 4, Section Numbers 9-12 – Section numbers will vary depending on whether or not Section 9. Document Delivery is in or out.
- Page 4 of 4:
  - Section Number 12 – The Section numbers will vary depending on whether or not Section 9. Document Delivery is in or out.

**6102-11, Important Notices**

- Corporate Office City, State and Zip Code – Will change if the Corporate Office City, State or Zip Code changes.
- Specific state fraud statements and important notices may be revised based upon revisions in state law or regulations regarding such statements. Additional state fraud statements may be added upon newly enacted statute or newly adopted regulation in a given state that requires such fraud statement or important notice on the Single Premium Deferred Annuity Application form.

## Arkansas Compliance Certification

Company: Commonwealth Annuity and Life Insurance Company

Forms: 6100-11 Single Preferred Deferred Annuity  
6101-11 Single Premium Deferred Annuity Application  
6102-11 Important Notices

On behalf of Commonwealth Annuity and Life Insurance Company (Company) I certify the following requirements have been reviewed and the forms and Company practices are in compliance with the following.

### 1. Ark. Code Ann. 23-79-138 Information to accompany policies

An information notice including; (1) the complete address and telephone number of the policyholder's service office of the company, (2) the name, address, and telephone number of the agent soliciting the policy, if applicable, and (3) the address and telephone number of the Arkansas State Insurance Department is provided to the policy owner.

### 2. Regulation 49 Life and Disability Guaranty Fund Notices

The Company provides a Life and Health Guaranty Notice to each policy owner.

### 3. Regulation 19 Unfair Sex Discrimination in the Sale of Insurance

The Company certifies it meets the provisions of this rule as well as all applicable requirements of the Department.



\_\_\_\_\_  
Signature

June 30, 2011

\_\_\_\_\_  
Date

\_\_\_\_\_  
Jeff Kulesus, Compliance Consultant

Name/Title

SERFF Tracking Number: MLLM-127193494 State: Arkansas  
 Filing Company: Commonwealth Annuity and Life Insurance State Tracking Number: 49193  
 Company  
 Company Tracking Number: 0146ALM01-31  
 TOI: A02I Individual Annuities- Deferred Non- Sub-TOI: A02I.003 Single Premium  
 Variable  
 Product Name: Single Premium Deferred Annuity  
 Project Name/Number: Commonwealth Annuity and Life Insurance Company/0146ALM01-31

## 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)
07/05/2011	Form	Single Premium Deferred Annuity	07/18/2011	6100-11 Single Premium Deferred Annuity Final.pdf
06/30/2011	Form	Single Premium Deferred Annuity	07/05/2011	6100-11 Single Premium Deferred Annuity Final.pdf
06/30/2011	Form	Single Premium Deferred Annuity Application	07/18/2011	6101-11 Single Premium Deferred Annuity Application 06-29-2011.pdf