

SERFF Tracking Number: AEGA-127362147 State: Arkansas  
Filing Company: Monumental Life Insurance Company State Tracking Number: 49512  
Company Tracking Number: VVAPP 1011  
TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium  
Product Name: VVAPP 1011  
Project Name/Number: Variable Annuity Application/VVAPP 1011

## Filing at a Glance

Company: Monumental Life Insurance Company

Product Name: VVAPP 1011

SERFF Tr Num: AEGA-127362147 State: Arkansas

TOI: A03I Individual Annuities - Deferred  
Variable

SERFF Status: Closed-Approved-  
Closed State Tr Num: 49512

Sub-TOI: A03I.002 Flexible Premium

Co Tr Num: VVAPP 1011

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Author: Laurie Bascom

Disposition Date: 08/16/2011

Date Submitted: 08/10/2011

Disposition Status: Approved-  
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: Variable Annuity Application

Status of Filing in Domicile: Pending

Project Number: VVAPP 1011

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: 08/16/2011

State Status Changed: 08/16/2011

Deemer Date:

Created By: Laurie Bascom

Submitted By: Laurie Bascom

Corresponding Filing Tracking Number:

Filing Description:

Life and Health Division

Arkansas Insurance Department

1200 West Third Street

Little Rock, AR 72201

Re: Monumental Life Insurance Company

NAIC # 468-66281

VVAPP 1011- Variable Annuity Application

SERFF File # - AEGA-127362147

SERFF Tracking Number: AEGA-127362147 State: Arkansas  
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TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium  
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Dear Sir or Madam:

Please find attached the above referenced application for your review and approval. This application is intended to replace application form number VVAPP 0911, previously approved by your Department on 07/21/2011. This form is intended for use with form number VVAP U 1101 approved by your Department on 05/14/2002.

We have attached a Statement of Variability that outlines the items that are bracketed. Please note that due to the variability of the language on this application the pagination may vary based on what is included in this application.

The product used with this application will be marketed on a direct response basis. The customer contacts the company and requests a "kit". The kit is then sent to the customer with a complete set of forms, including the appropriate replacement documents. If a replacement is intended, the customer completes the replacement documentation and returns it with the application. Please note there is no agent signature on the application as the client completes the appropriate documentation and submits it to the Company without solicitation.

This application is used with a variable annuity which is an SEC registered product. Therefore, a Flesch Readability Certification has not been attached as a flesch reading ease score is not required.

Please note the paper and font of the attached application may change in the future. You have our assurances the form will contain the same language as approved by your Department. This form will be printed and be made part of any policy issued.

We would appreciate your review and subsequent approval of the attached form.

Sincerely,

Monumental Life Insurance Company

Laurie Bascom  
Filing Analyst II  
TCM Regulatory Filing Dept.  
Phone: 319-355-6813  
Fax: 319-355-6820  
Email: lbascom@aegonusa.com

P.S. This application was approved by Iowa, our Home State on \_\_\_\_\_, or is concurrently submitted.

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## Company and Contact

### Filing Contact Information

Laurie Bascom, Forms Filing Analyst II  
 4333 Edgewood Road, NE  
 Cedar Rapids, IA 52499

lbascom@aegonusa.com  
 319-355-6813 [Phone]  
 319-355-6820 [FAX]

### Filing Company Information

Monumental Life Insurance Company  
 4333 Edgewood Road N.E.  
 Cedar Rapids, IA 52499  
 (800) 553-5957 ext. [Phone]

CoCode: 66281  
 Group Code: 468  
 Group Name:  
 FEIN Number: 52-0419790

State of Domicile: Iowa  
 Company Type: Life and Annuity  
 State ID Number:

## Filing Fees

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation: 1 form X \$50/form  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Monumental Life Insurance Company	\$50.00	08/10/2011	50507990

SERFF Tracking Number: AEGA-127362147 State: Arkansas  
Filing Company: Monumental Life Insurance Company State Tracking Number: 49512  
Company Tracking Number: VVAPP 1011  
TOI: A031 Individual Annuities - Deferred Variable Sub-TOI: A031.002 Flexible Premium  
Product Name: VVAPP 1011  
Project Name/Number: Variable Annuity Application/VVAPP 1011

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	08/16/2011	08/16/2011

*SERFF Tracking Number:* AEGA-127362147      *State:* Arkansas  
*Filing Company:* Monumental Life Insurance Company      *State Tracking Number:* 49512  
*Company Tracking Number:* VVAPP 1011  
*TOI:* A031 Individual Annuities - Deferred Variable      *Sub-TOI:* A031.002 Flexible Premium  
*Product Name:* VVAPP 1011  
*Project Name/Number:* Variable Annuity Application/VVAPP 1011

## **Disposition**

Disposition Date: 08/16/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AEGA-127362147 State: Arkansas  
 Filing Company: Monumental Life Insurance Company State Tracking Number: 49512  
 Company Tracking Number: VVAPP 1011  
 TOI: A031 Individual Annuities - Deferred Variable Sub-TOI: A031.002 Flexible Premium  
 Product Name: VVAPP 1011  
 Project Name/Number: Variable Annuity Application/VVAPP 1011

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Statement of Variability		Yes
Form	Variable Annuity Application		Yes

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 Filing Company: Monumental Life Insurance Company State Tracking Number: 49512  
 Company Tracking Number: VVAPP 1011  
 TOI: A031 Individual Annuities - Deferred Variable Sub-TOI: A031.002 Flexible Premium  
 Product Name: VVAPP 1011  
 Project Name/Number: Variable Annuity Application/VVAPP 1011

## Form Schedule

### Lead Form Number:

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	VVAPP 1011	Application/Variable Annuity Enrollment Application Form	Initial			VVAPP 1011 - STD - Brackets.pdf









**Secondary Beneficiary(ies)** (You may designate a Secondary Beneficiary below. This person(s) will become the Primary Beneficiary if the Primary Beneficiary dies before the Annuitant.)

**Name** (first, middle initial, last)

-- --

Birth Date (month, day, year)

Social Security Number

Relationship

% of Benefit

**Name** (first, middle initial, last)

-- --

Birth Date (month, day, year)

Social Security Number

Relationship

% of Benefit

**6. Contract Owner's Designated Beneficiary** Complete this section only if the Contract Owner and the Annuitant are different persons. Birth Date and Social Security Number are not required if the information is not available.

In the space below, please name the individual who will receive the Accumulated Value of the Contract if the Contract Owner dies.

**Name** (first, middle initial, last)

-- --

Birth Date (month, day, year)

Social Security Number

Relationship

**Sections 7 and 8 refer to optional riders that are available on your Contract.**

**7. Death Benefit** Select one of the Death Benefit options below. Upon the Annuitant's death, the Annuitant's Beneficiary will receive the benefit provided under that option. In making your selection, you agree to pay the mortality and expense charge associated with that option and confirm that you have read and understand the Death Benefit section of the prospectus. **Note:** This is your only opportunity to choose the Return of Premium Option. If you do not check either of the boxes below, you will receive the Accumulated Value Option. Call **800-522-5555** if you have questions.

**Accumulated Value Option.** The Annuitant's Beneficiary will receive the Accumulated Value of your Contract upon the Annuitant's death. The total annual mortality and expense risk charge is currently **0.195%**.

**Return of Premium Option.** The Annuitant's Beneficiary will receive the greater of the Accumulated Value or the sum of your contributions (less adjusted partial withdrawals and premium taxes, if any). The total annual mortality and expense risk charge (M&E) is currently **0.395%**. This includes the current base M&E of **0.195%** plus an additional **0.20%** M&E for the rider. The additional expense associated with this death benefit option will be deducted from the Contract quarterly at a rate of **0.05%**. You may select this option only if the Annuitant (and Joint Annuitant, if applicable) is age 75 or younger.

**8. Guaranteed Lifetime Withdrawal Benefit** *The Guaranteed Lifetime Withdrawal Benefit (GLWB) is an **optional** rider that can be added to your Contract by completing this section, and by allocating a portion of your initial premium payment to one or more of the designated investments eligible for the GLWB as listed in Section 9.*

***If you do not wish to elect the GLWB at this time, please skip this section. You can elect the rider at a later date. Call us at 800-522-5555 if you have any questions.***

*The GLWB provides a guaranteed lifetime income for you and, if applicable, a Joint Annuitant. The level of income depends on the Annuitant's attained age (younger of the living spouses for joint rider) at the time of the first withdrawal as well as the amount allocated to the designated investments eligible for the GLWB.*

*The Vanguard Variable Annuity prospectus contains detailed information on the optional GLWB; please read and consider it carefully before selecting this optional rider.*

To add the **optional** GLWB to your Contract, please select an annuity type below. An annual fee of **0.95%** will be assessed on a quarterly basis as a percentage of the total withdrawal base; this fee is the same whether you choose the single or joint option.

**Single.**

**Joint.** (Please make sure you have completed Sections 2 and 4. For Non-Qualified Contracts, the Annuitant's spouse or civil union/domestic partner must be designated as the Joint Contract Owner and the Joint Annuitant. For Qualified Contracts, the Annuitant's spouse or civil union/domestic partner must be designated as the Joint Annuitant and the Primary Beneficiary.)



Company Name

\$ , , .  
Policy Number or Contract Number Value

Company Name

\$ , , .  
Policy Number or Contract Number Value

**B. Transfer/Rollover.** Complete this section to transfer or roll over qualified (pre-tax) funds from an employer-sponsored retirement plan, a traditional IRA, or a qualified annuity now held at any company, including Vanguard. **Note:** You must submit a Qualified Funds Transfer/Rollover Form along with this Application, unless you have taken possession of the money and are sending us a check. \* Please also check with your employer to request any company-specific distribution forms, and send those completed forms to us with your other paperwork.

Company Name

\$ , , .  
Account Number Value

**C. Cash.** You can use any of the following payment methods.

**A check for \$** , , ., **payable to Monumental Life Insurance Company.**

**A wire transfer of \$** , , .. *If you select this option, call **800-522-5555** for wiring instructions.*

**Vanguard fund shares.** *If you intend to register your new annuity under a name or address that differs from those on your existing Vanguard accounts, call us at **800-522-5555**.*

Vanguard Account Number Fund Number Fund Name

Amount (Choose only one.) \$ , , . %   
Dollars Percentage Shares

Vanguard Account Number Fund Number Fund Name

Amount (Choose only one.) \$ , , . %   
Dollars Percentage Shares

\*To find out if your assets are eligible for a tax-free transfer/rollover, consult your employer or custodian, or call us at **800-522-5555**.



**Please read the warning that applies to your state:****Arkansas**

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.

**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.**

**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.

**Kentucky**

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.

**Louisiana**

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.

**Maine**

**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 a denial of insurance benefits.**

**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.

**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.

**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.

**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.

**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.

**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.

**Rhode Island**

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.

**Tennessee**

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.

**Virginia**

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.

**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.

**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.



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## Supporting Document Schedules

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

**Satisfied - Item:** Flesch Certification

**Comments:**

This application is used with a variable annuity which is an SEC registered product. Therefore, a Flesch Readability Certification has not been attached as a flesch reading ease score is not required.

**Attachment:**

Arkansas Reg 19 cert of comp.pdf

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

**Bypassed - Item:** Application

**Bypass Reason:** the application being submitted for review is attached to the forms schedule tab

**Comments:**

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

**Bypassed - Item:** Life & Annuity - Acturial Memo

**Bypass Reason:** n/a

**Comments:**

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

**Satisfied - Item:** Statement of Variability

**Comments:**

**Attachment:**

Statement of Variability.pdf

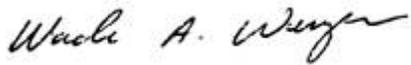
CERTIFICATION OF COMPLIANCE

Company Name: Monumental Life Insurance Company

Form Title(s): Variable Annuity Application

Form Number(s): VVAPP 1011

I hereby certify that to the best of my knowledge and belief, the above form(s) and submission complies with Reg.19 s 10B, as well as the other laws and regulations of the State of Arkansas.



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Wade A. Wenger  
Assistant Vice President – Compliance Officer

August 10, 2011

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Date

## Annuity Application Statement of Variability

### VVAPP 1011

We have bracketed or determined that the following information will be variable. Any changes will be for future use only, and on a non-discriminatory basis. Monumental Life Insurance Company reserves the right to correct, at any time, any and all typographical errors that do not impact benefits or intent of language. We have bracketed the sections for the following reasons:

#### Address/Telephone:

To allow for administrative flexibility. Should the location, telephone number or other annuity contact information change, this information will be updated accordingly.

#### Applicant Resident State List (page 1):

The ability to add or remove states who should not use this version of the application.

#### Section 7. Death Benefit:

Total annual mortality and expense risk charge – the ability to update this charge based on changes to the M&E. Current charge of 0.195%.

Minimum	.05%
Maximum	.20%

Plus additional mortality and expense risk charge for optional Return of Premium Death Benefit – the ability to update this charge based on changes to the M&E. Current additional charge of 0.20%.

Minimum	.01%
Maximum	.50%

#### Section 8. Guaranteed Lifetime Withdrawal Benefit:

Annual Rider Fee - the ability to update this fee in the future.

Minimum	0.10%
Maximum	2.00%

#### Section 9. Your Initial Premium Payment:

To allow for flexibility to make changes to the available Allocations or Portfolios.