

SERFF Tracking Number: FNWW-127177880 State: Arkansas  
 Filing Company: Farmers New World Life Insurance Company State Tracking Number: 48831  
 Company Tracking Number: 2011-123 (WL) ADB  
 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
 Product Name: ADB Rider for Graded Death Benefit  
 Project Name/Number: ADB Rider for Graded Death Benefit /2011-123 (WL) ADB

## Filing at a Glance

Company: Farmers New World Life Insurance Company

Product Name: ADB Rider for Graded Death Benefit  
 TOI: L08 Life - Other  
 Sub-TOI: L08.000 Life - Other  
 Filing Type: Form

SERFF Tr Num: FNWW-127177880  
 SERFF Status: Closed-Disapproved  
 Co Tr Num: 2011-123 (WL) ADB  
 Authors: Christine Andreason, Peter Lindstrom, Patrice Norgate, Lisa Trendler, Natalie Volz  
 Date Submitted: 05/19/2011

State: Arkansas  
 State Tr Num: 48831  
 State Status: Disapproved-Closed  
 Reviewer(s): Linda Bird  
 Disposition Date: 08/09/2011  
 Disposition Status: Disapproved  
 Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

## General Information

Project Name: ADB Rider for Graded Death Benefit  
 Project Number: 2011-123 (WL) ADB  
 Requested Filing Mode: Review & Approval  
 Explanation for Combination/Other:  
 Submission Type: New Submission  
 Overall Rate Impact:

Status of Filing in Domicile: Not Filed  
 Date Approved in Domicile:  
 Domicile Status Comments:  
 Market Type: Individual  
 Individual Market Type:  
 Filing Status Changed: 08/09/2011  
 State Status Changed: 08/09/2011  
 Created By: Peter Lindstrom  
 Corresponding Filing Tracking Number: 2011-123 (WL) ADB

Deemer Date:  
 Submitted By: Peter Lindstrom

Filing Description:  
 NAIC NO.: 0212-63177 FEIN: 91-0335750

Form Number Description

2011-123 (WL) ADB Accidental Death Benefit Rider

2011 FGDBWL APP Application for Graded Death Benefit Life Insurance

*SERFF Tracking Number:* FNWW-127177880                      *State:* Arkansas  
*Filing Company:* Farmers New World Life Insurance Company    *State Tracking Number:* 48831  
*Company Tracking Number:* 2011-123 (WL) ADB  
*TOI:* L08 Life - Other                      *Sub-TOI:* L08.000 Life - Other  
*Product Name:* ADB Rider for Graded Death Benefit  
*Project Name/Number:* ADB Rider for Graded Death Benefit /2011-123 (WL) ADB

We are submitting the forms referenced above for your review and approval. Form 2011-123 (WL) ADB is a new form to be used with our previously approved form 2011-123 approved through Serff filing FNWWW-127093975 on 5/4/2011. Form 2011 FGDB WL APP will replace form 2011 FGDB APP approved in the same filing. The only change to the application is we have added a box to "opt out" of this ADB rider if the customer does not wish to have this additional ADB benefit added. We have provided a red-lined version of the only change to the previously approved application for your information. Form Overflow Addendum also approved in this Serff filing will be used along with this same application if additional information is needed on the application.

Form 2011-123 (WL) ADB is added to form 2011-123 at no additional charge. Issue ages are 45-80.

This product will be marketed by licensed representatives who are appointed with the company and will not be sold on an illustrated basis. In addition, it will be issued with no medical underwriting, based on the Proposed Insured's response to a few simplified application questions.

Each application is used by our licensed representatives and agents who are appointed with the company. The questions asked are for qualifying purposes and no medical underwriting is done based on the answers to each question. Form 31-4226, our Fraud Warning and other Notice form is attached to each application.

No part of this filing contains any unusual or possibly controversial items from normal company or industry standards. We plan to introduce these forms once approval has been received.

Farmers takes care to ensure that printer-based variations are minimized; however, should changes occur, such changes will not alter the content or meaning of any approved forms. Note the forms may be printed in other formats or via electronic media (e.g. CD-Rom, Internet, and Intranet). Distribution and access may also be via hard copy and electronic media. In all cases the forms will meet or exceed the minimum standards of the readability requirements.

If you have any questions or would like additional information, please contact me at (206) 275-8131 or by e-mail at [peter.lindstrom@farmersinsurance.com](mailto:peter.lindstrom@farmersinsurance.com).

Sincerely,  
Pete Lindstrom  
Product Management  
Farmers New World Life

SERFF Tracking Number: FNWW-127177880 State: Arkansas  
 Filing Company: Farmers New World Life Insurance Company State Tracking Number: 48831  
 Company Tracking Number: 2011-123 (WL) ADB  
 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
 Product Name: ADB Rider for Graded Death Benefit  
 Project Name/Number: ADB Rider for Graded Death Benefit /2011-123 (WL) ADB

## Company and Contact

### Filing Contact Information

Peter Lindstrom, Contract Specialist peter.lindstrom@farmersinsurance.com  
 3003 77th Ave SE 206-275-8131 [Phone]  
 Mercer Island, WA 98040 206-236-6526 [FAX]

### Filing Company Information

Farmers New World Life Insurance Company CoCode: 63177 State of Domicile: Washington  
 3003 77th Avenue S.E. Group Code: 212 Company Type: Life  
 Mercer Island, WA 98040 Group Name: State ID Number:  
 (206) 275-8131 ext. [Phone] FEIN Number: 91-0335750

## Filing Fees

Fee Required? Yes  
 Fee Amount: \$100.00  
 Retaliatory? No  
 Fee Explanation: 2 forms x \$50.00= \$100.00  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Farmers New World Life Insurance Company	\$100.00	05/19/2011	47805605

SERFF Tracking Number: FNWW-127177880 State: Arkansas  
 Filing Company: Farmers New World Life Insurance Company State Tracking Number: 48831  
 Company Tracking Number: 2011-123 (WL) ADB  
 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
 Product Name: ADB Rider for Graded Death Benefit  
 Project Name/Number: ADB Rider for Graded Death Benefit /2011-123 (WL) ADB

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Disapproved	Linda Bird	08/09/2011	08/09/2011

**Objection Letters and Response Letters**

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending	Linda Bird	06/21/2011	06/21/2011			
Industry Response						
Pending	Linda Bird	05/25/2011	05/25/2011	Peter Lindstrom	06/15/2011	06/15/2011
Industry Response						
Pending	Linda Bird	05/24/2011	05/24/2011	Peter Lindstrom	05/24/2011	05/24/2011
Industry Response						

SERFF Tracking Number: FNWW-127177880 State: Arkansas  
Filing Company: Farmers New World Life Insurance Company State Tracking Number: 48831  
Company Tracking Number: 2011-123 (WL) ADB  
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
Product Name: ADB Rider for Graded Death Benefit  
Project Name/Number: ADB Rider for Graded Death Benefit /2011-123 (WL) ADB

## Disposition

Disposition Date: 08/09/2011

Implementation Date:

Status: Disapproved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: FNWW-127177880 State: Arkansas  
 Filing Company: Farmers New World Life Insurance Company State Tracking Number: 48831  
 Company Tracking Number: 2011-123 (WL) ADB  
 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
 Product Name: ADB Rider for Graded Death Benefit  
 Project Name/Number: ADB Rider for Graded Death Benefit /2011-123 (WL) ADB

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Statement of Variability		Yes
Supporting Document	red-lined copy of changes to previously approved Application		Yes
Supporting Document	Actuarial Memorandum		Yes
Supporting Document	red-lined copy of changes to form based on objections		Yes
Supporting Document	Revised Specifications page for Form 2011-123		Yes
Form (revised)	Accidental Death Benefit Rider		Yes
Form	Accidental Death Benefit Rider		Yes
Form	Application for Graded Death Benefit Life Insurance		Yes

SERFF Tracking Number: FNWW-127177880 State: Arkansas  
Filing Company: Farmers New World Life Insurance Company State Tracking Number: 48831  
Company Tracking Number: 2011-123 (WL) ADB  
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
Product Name: ADB Rider for Graded Death Benefit  
Project Name/Number: ADB Rider for Graded Death Benefit /2011-123 (WL) ADB

## Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	06/21/2011
Submitted Date	06/21/2011
Respond By Date	07/21/2011

Dear Peter Lindstrom,

This will acknowledge receipt of the captioned filing.

### Objection 1

Comment: Rider provisions continue to be in violation of Guideline Two of Bulletin 8-85. The bulletin states provisions with the inclusion of an accidental death benefit to be in effect only during the period of reduced benefits in lieu of the reduced benefits or in such amount as to increase the total benefit to that payable after the period of reduced benefits is misleading and such provisions will not be approved.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

SERFF Tracking Number: FNWW-127177880 State: Arkansas  
Filing Company: Farmers New World Life Insurance Company State Tracking Number: 48831  
Company Tracking Number: 2011-123 (WL) ADB  
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
Product Name: ADB Rider for Graded Death Benefit  
Project Name/Number: ADB Rider for Graded Death Benefit /2011-123 (WL) ADB

## Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	05/25/2011
Submitted Date	05/25/2011
Respond By Date	06/27/2011

Dear Peter Lindstrom,

This will acknowledge receipt of the captioned filing.

Objection 1

Comment: The Accidental death benefit rider is in violation of Guideline Two of Bulletin 8-85.

Please feel free to contact me if you have questions.

Sincerely,  
Linda Bird

SERFF Tracking Number: FNWW-127177880 State: Arkansas  
Filing Company: Farmers New World Life Insurance Company State Tracking Number: 48831  
Company Tracking Number: 2011-123 (WL) ADB  
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
Product Name: ADB Rider for Graded Death Benefit  
Project Name/Number: ADB Rider for Graded Death Benefit /2011-123 (WL) ADB

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 06/15/2011  
Submitted Date 06/15/2011

Dear Linda Bird,

### Comments:

### Response 1

Comments: Dear Linda Bird,

We have made changes to our ADB rider base on your objections dated 5/25/2011 and your e-mail to Patrice Norgate on 6/10/2011. I have also attached a red-lined version and final version of the Specifications page for Form 2011-123 approved on 5/4/2011 in Serff Filing FNWW-127093975. This Specifications page will be used once the ADB rider is approved.

We hope these changes will satisfy your objections. If you do have any questions, please let me know.

Sincerely,

Pete Lindstrom  
206-275-8131

### Related Objection 1

Comment:

The Accidental death benefit rider is in violation of Guideline Two of Bulletin 8-85.

### Changed Items:

#### Supporting Document Schedule Item Changes

Satisfied -Name: red-lined copy of changes to form based on objections

Comment: We have made changes to our ADB rider form due to your objections dated 5/25/2011. These are the only changes to our previously submitted form.

Satisfied -Name: Revised Specifications page for Form 2011-123

Comment: Attached is a revised Specifications page that will be used for form 2011-123, approved on 5/4/2011 in Serff Filing FNWW-127093975. This Specifications page will be used once Form 2011-123(WL)ADB is approved. The changes are based on the addition of the rider. I have attached a red-lined version of the originally approved Specification page and a final version for your information.

SERFF Tracking Number: FNWW-127177880 State: Arkansas  
 Filing Company: Farmers New World Life Insurance Company State Tracking Number: 48831  
 Company Tracking Number: 2011-123 (WL) ADB  
 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
 Product Name: ADB Rider for Graded Death Benefit  
 Project Name/Number: ADB Rider for Graded Death Benefit /2011-123 (WL) ADB

**Form Schedule Item Changes**

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Accidental Death Benefit Rider	2011-123 (WL) ADB		Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Initial		67.910	2011-123 (WL) ADB AR - Master rev 6-11.pdf
<b>Previous Version</b>							
Accidental Death Benefit Rider	2011-123 (WL) ADB		Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Initial		67.910	2011-123 (WL) ADB - Filing doc.pdf

No Rate/Rule Schedule items changed.

Sincerely,  
 Christine Andreason, Lisa Trendler, Natalie Volz, Patrice Norgate, Peter Lindstrom

SERFF Tracking Number: FNWW-127177880 State: Arkansas  
Filing Company: Farmers New World Life Insurance Company State Tracking Number: 48831  
Company Tracking Number: 2011-123 (WL) ADB  
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
Product Name: ADB Rider for Graded Death Benefit  
Project Name/Number: ADB Rider for Graded Death Benefit /2011-123 (WL) ADB

## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 05/24/2011  
Submitted Date 05/24/2011  
Respond By Date 06/24/2011

Dear Peter Lindstrom,

This will acknowledge receipt of the captioned filing.

Objection 1

Comment: An actuarial Memorandum will need to be submitted for the Accidental Death Benefit Rider.

Please feel free to contact me if you have questions.

Sincerely,  
Linda Bird

SERFF Tracking Number: FNWW-127177880 State: Arkansas  
Filing Company: Farmers New World Life Insurance Company State Tracking Number: 48831  
Company Tracking Number: 2011-123 (WL) ADB  
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
Product Name: ADB Rider for Graded Death Benefit  
Project Name/Number: ADB Rider for Graded Death Benefit /2011-123 (WL) ADB

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 05/24/2011  
Submitted Date 05/24/2011

Dear Linda Bird,

### Comments:

### Response 1

Comments: We have added an Actuarial Memorandum as requested.

### Related Objection 1

Comment:

An actuarial Memorandum will need to be submitted for the Accidental Death Benefit Rider.

### Changed Items:

#### Supporting Document Schedule Item Changes

Satisfied -Name: Actuarial Memorandum

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,

Christine Andreason, Lisa Trendler, Natalie Volz, Patrice Norgate, Peter Lindstrom

SERFF Tracking Number: FNWW-127177880 State: Arkansas  
 Filing Company: Farmers New World Life Insurance Company State Tracking Number: 48831  
 Company Tracking Number: 2011-123 (WL) ADB  
 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
 Product Name: ADB Rider for Graded Death Benefit  
 Project Name/Number: ADB Rider for Graded Death Benefit /2011-123 (WL) ADB

## Form Schedule

### Lead Form Number: 2011-123 (WL) ADB

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	2011-123 (WL) ADB	Policy/Cont Accidental Death ract/Fratern Benefit Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		67.910	2011-123 (WL) ADB AR - Master rev 6-11.pdf
	2011 FGDBWL APP	Application/ Enrollment Form Application for Graded Death Benefit Life Insurance	Initial		61.030	2011 FGDBWL APP - Master for Filing rev 5-11.pdf

## FARMERS NEW WORLD LIFE INSURANCE ACCIDENTAL DEATH BENEFIT RIDER

### Accidental Death Benefit

We will pay the Accidental Death Benefit amount shown on the Policy Specifications page to the Beneficiary upon receipt of due proof of the Insured's Accidental Death during the first two Policy Years, subject to the Exclusions from Coverage listed below. This Accidental Death Benefit does not provide insurance on any person other than the Insured.

### Accidental Death

The Accidental Death must:

1. be the direct result of an accident that occurs while this policy and rider are In Force; and
2. result in death within 180 days after the accident, independent of disease or bodily or mental illness or infirmity or any other cause (except for sickness caused by accidental bodily injury); and
3. not be excluded from coverage as outlined in the Exclusions from Coverage section below.

### Exclusions from Coverage

No benefits will be payable if the Insured's death results from any of these causes:

1. death caused or contributed to by disease or infirmity of mind or body, or medical or surgical treatment for such disease or infirmity;
2. an infection not occurring as a direct result or consequence of an Accidental Bodily Injury;
3. death caused or contributed to by travel in or descent from an aircraft, if the Insured acted in a capacity other than as a passenger;
4. death caused or contributed to by travel in an aircraft or device used for testing or experimental purposes, or used by or for any military authority, or used for travel beyond the earth's atmosphere;
5. death caused or contributed to by war or an act of war.
6. death caused or contributed to by active participation in a riot, insurrection or terrorist activity;
7. death occurring while the Insured is incarcerated;
8. death caused or contributed to by committing or attempting to commit a felony;
9. death caused or materially contributed to by voluntary intake or use by any means of:
  - a) any drug, unless prescribed or administered by a physician and taken in accordance with the physician's instructions, or;
  - b) poison, gas or fumes, unless a direct result of an occupational accident;
10. death caused or contributed to by intoxication as defined by the jurisdiction where the accident occurred;
11. death caused or contributed to by riding or driving an air, land or water vehicle in a race, speed or endurance contest;
12. death caused or contributed to by bungee jumping;
13. death caused or materially contributed to by participation in an illegal occupation or activity;
14. death caused or contributed to by rock or mountain climbing; and/or
15. death caused or contributed to by aeronautics (hang-gliding, skydiving, parachuting, ultralight, soaring, ballooning or parasailing).

**Termination of Rider**

This rider will end when:

1. the third Policy Year ends;
2. a Nonforfeiture Option goes into effect;
3. the policy ends for any reason; or
4. we receive the Policy Owner's signed request to terminate this rider.

**Guaranteed Values**

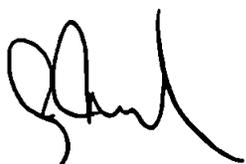
This rider does not increase or decrease the guaranteed values of the policy.

**Contract Terms**

This rider is subject to all the terms of the policy to which this rider is attached, except as modified in this rider.

Attached to and made a part of the policy effective as of the date of issue of this rider.

**FARMERS NEW WORLD LIFE INSURANCE COMPANY**



Jerry J. Carnahan  
President



Patrick J. Carty  
Secretary

# Farmers New World Life Insurance Company

{ Mercer Island Life Office: 3003 77th Ave. S.E., Mercer Island, WA 98040-2890 (206) 232-8400 }  
 { Columbus Life Office: P.O. Box 182325, Columbus, OH 43218-2325 (614) 764-9975 }



**FARMERS**  
LIFE INSURANCE

Application Number:

## Application for Graded Death Benefit Life Insurance

A. Product Information					
<b>Face Amount:</b> \$ _____	<b>Non-Forfeiture Option:</b> <input type="checkbox"/> Reduced Paid-Up Insurance <input type="checkbox"/> Automatic Premium Loan <input type="checkbox"/> <b>Do not issue with Accidental Death Benefit</b> (ADB automatically included, at no cost, unless this box is checked.)				
B. Proposed Insured					
Name of Proposed Insured (First/Middle/Last/Suffix i.e. Jr., Sr.)				Social Security Number (SSN)	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (mm/dd/yyyy)	U.S. Citizen or Permanent U.S. Resident (Green Card) <input type="checkbox"/> Yes <input type="checkbox"/> No	Primary Language Spoken (if other than English)		
Have you continuously been a resident of the U.S. for at least 12 months immediately preceding this application? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No					
Do you hold a valid U.S. visa that does not expire within the next 30 days?..... <input type="checkbox"/> Yes <input type="checkbox"/> No					
Do you have a visa type of A, B, C, D, F, J or M? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No					
Residence Address (Street, City, State, Zip Code)				Primary Telephone Number	
C. Proposed Policy Owner Complete only if other than the Proposed Insured.					
Name of Proposed Policy Owner (First/Middle/Last/Suffix i.e. Jr., Sr.)			Social Security/Tax ID Number	Date of Birth (mm/dd/yyyy)	
Relationship to Proposed Insured: <input type="checkbox"/> Business <input type="checkbox"/> Spouse/Civil Union Partner <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____		Primary Telephone Number	Primary Language Spoken (if other than English)		
Address (Street, City, State, Zip Code)					
If Trust Ownership, Name(s) of Authorized Trustee(s): _____ Trust Date (mm/dd/yyyy): _____					
<input type="checkbox"/> Co-Owner/Name: _____ Date of Birth: _____ Gender <input type="checkbox"/> Male <input type="checkbox"/> Female Address: _____					
<input type="checkbox"/> Successor Owner/Name: _____ Date of Birth: _____ Gender <input type="checkbox"/> Male <input type="checkbox"/> Female Address: _____					
D. Beneficiary					
Primary Beneficiary(ies) Name(s) (First/Middle/Last/Suffix i.e. Jr., Sr.)	% of share (must total 100%)	Date of Birth (mm/dd/yyyy)	Relationship to Proposed Insured		
Contingent Beneficiary(ies) Name(s) (First/Middle/Last/Suffix i.e. Jr., Sr.)	% of share (must total 100%)	Date of Birth (mm/dd/yyyy)	Relationship to Proposed Insured		
If a Testamentary Trust is named as Beneficiary, has a will been established? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Include delay clause? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," <input type="checkbox"/> 15-day, or indicate number of days: _____ - days (not to exceed 180 days)					
E. Proposed Insured's Other Insurance & Replacement					
If "Yes," to either question below, complete required replacements form(s), if required in the State this application is signed in, and provide details below:					
1. Is there any life insurance policy or annuity contract in-force or application pending on the life of the Proposed Insured? <input type="checkbox"/> Yes <input type="checkbox"/> No					
2. Will any life insurance policy or annuity contract be reduced, replaced, or discontinued; or will payment of premiums be stopped if the insurance applied for is issued? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Name of Company	Insured	Policy Number	Life amount	ADB Amount	To be replaced or changed?
			\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
F. Questions of Proposed Insured					
1. Are you currently hospitalized or confined to a nursing, long term care or rehabilitation facility? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No					
2. Are you bedridden, or receiving any professional nursing care or health care services in the home?..... <input type="checkbox"/> Yes <input type="checkbox"/> No					
3. Have you been diagnosed as having a terminal disease or illness; or are you receiving oxygen therapy?..... <input type="checkbox"/> Yes <input type="checkbox"/> No					

**G. Payment and Billing Information** A modal billing fee may apply for payments other than annual.

1. a. Amount paid with this Application \$ \_\_\_\_\_ b. Draft Initial Premium (BCP/EFT).....  Yes  No
2. Billing Address:  Same as Proposed Insured's Residence Address  
 Other (Complete information below, if different from Proposed Insured's Residence Address)  
 Address (Street, City, State, Zip Code): \_\_\_\_\_
3. Billing Method (Check one):  
 Bank Check Plan Monthly EFT Deduction (Complete a Bank Authorization form)  Folio/Agent Payroll Deduction  
 Direct Bill (select desired frequency)  FIG/Farmers Employee Deduction  
 Annual  Semi-Annual  Farmers EasyPay, #: \_\_\_\_\_  
 Monthly  Quarterly

**H. Remarks**

\_\_\_\_\_

**Certification and Acknowledgement Signatures**

**Taxpayer Certification**

- Under penalties of perjury, I (we), as Proposed Policy Owner(s), certify that:
1. The Social Security Number(s) shown on this form is (are) my (our) correct taxpayer identification number(s) (TIN) (or I (we) am (are) waiting for a number to be issued to me (us)), and .....  Yes  No
2. I (We) am (are) not subject to backup withholding because: (a) I (we) am (are) exempt from backup withholding, or (b) I (we) have not been notified by the Internal Revenue Service (IRS) that I (we) am (are) subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me (us) that I (we) am (are) no longer subject to backup withholding, and .....  Yes  No
3. I (We) am (are) a U.S. person(s) (including a U.S. resident alien). .....  Yes  No

If question 1. above is answered "No," an IRS Form W-9 must be completed, signed and submitted with this Application.

**Acknowledgement**

I (We) understand that portions or all of the data collected to create this Application for Graded Death Benefit Life Insurance (Application), including my (our) signature(s), may be transmitted by electronic means and/or retained in electronic format. By signing below, I (we) consent to this transaction by electronic means and confirm that I (we) have not withdrawn my (our) consent. I (We) will receive a paper copy of this Application with the Policy Contract, if issued, or upon receipt of a written request directed to Farmers New World Life Insurance Company (FNWL). I (We) have read the completed Application, or have had it read to me (us), and agree that all statements and answers are true and complete to the best of my (our) knowledge and belief and will be relied upon to determine my (our) insurability. I (We) acknowledge that this Application and any application amendments, completed and signed by me (us), are part of the Application and will be attached to, and made part of the Policy Contract, if issued. I (We) understand that receipt of the Application and any attached forms by FNWL does not guarantee a policy will be issued. **I (We) agree that: (1) I (We) will notify FNWL if any statement or answer given in any part of the Application changes prior to delivery of the Policy Contract; and (2) the insurance policy will not begin unless the first modal premium is paid and the Proposed Insured is living and insurable as set forth in applications attached to the Policy Contract when it is delivered to the Policy Owner on or after the issue date.**

I (We) also acknowledge that I (we) have read, or have had read to me (us) and that I (we) understand, the fraud warning and/or other notice listed on Form 31-4226 for my (our) state of residence, if any.

\_\_\_\_\_  
 Proposed Insured Signature

Signed \_\_\_\_\_ at \_\_\_\_\_ State \_\_\_\_\_ on \_\_\_\_\_ Month, Day, Year

\_\_\_\_\_  
 Proposed Policy Owner Signature (if other than Proposed Insured), and title, if applicable

Signed \_\_\_\_\_ at \_\_\_\_\_ State \_\_\_\_\_ on \_\_\_\_\_ Month, Day, Year

\_\_\_\_\_  
 Owner's Spouse/Civil Union Partner Signature  
 (where required in community property states when a person other than Policy Owner's spouse/civil union partner is named as Primary Beneficiary)

\_\_\_\_\_  
 Policy Co-Owner Signature  
 and title, if applicable

I certify that I have truly and accurately recorded on this Application the information given by the Proposed Insured, and Proposed Policy Owner(s). To the best of my knowledge, there  Is  Is Not any life insurance policy or annuity contract in-force or application pending on the life of the Proposed Insured. To the best of my knowledge, the life insurance applied for  Is  Is Not intended to replace or reduce current coverage with this or any other company. If a replacement, was sales material used in the solicitation?  Yes  No. If "Yes," you must submit copies of the materials to FNWL and/or the Proposed Policy Owner(s), if applicable, as required by state regulations.

Agent/Insurance Producer Name (please print or type) \_\_\_\_\_ Producer Code Number \_\_\_\_\_ Agent/Insurance Producer Signature \_\_\_\_\_ Date \_\_\_\_\_



## Fraud Warnings and Other Notices

Please review the warning and/or notice applicable to your state, if any.

**Arkansas, Louisiana, New Mexico, 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.

**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.”**

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

**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.

**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 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."

**Minnesota Guarantee Association Notice** – *This applies only to the variable funds of life and annuity policies: This policy or contract is not protected by the Minnesota Life and Health Insurance Guaranty Association or the Minnesota Insurance Guaranty Association. In the case of insolvency, payment of claims is not guaranteed. Only the assets of this insurer will be available to pay your claim.*

**Missouri** – Suicide is no defense to payment of life insurance benefits nor is suicide while insane a defense to payment of accidental death benefits, if any, under this policy where the policy is issued to a Missouri citizen, unless the insurer can show that the insured intended suicide when s/he applied for the policy, regardless of any language to the contrary in the policy.

**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.

**Ohio** – Any person who, with intent to defraud or knowing that he/she 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.”

**Tennessee, Virginia 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.”

### Farmers New World Life Insurance Company

*Mercer Island Life Office: 3003 77<sup>th</sup> Ave. S.E., Mercer Island, WA 98040-2890 (206) 232-8400*  
*Columbus Life Office: PO Box 182325, Columbus, OH 43218-2325 (614) 764-9975*  
*Variable Policy Service Office: PO Box 724208, Atlanta, GA 31139 (877) 376-8008*

SERFF Tracking Number: FNWW-127177880 State: Arkansas  
 Filing Company: Farmers New World Life Insurance Company State Tracking Number: 48831  
 Company Tracking Number: 2011-123 (WL) ADB  
 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
 Product Name: ADB Rider for Graded Death Benefit  
 Project Name/Number: ADB Rider for Graded Death Benefit /2011-123 (WL) ADB

## Supporting Document Schedules

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

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Application		
<b>Bypass Reason:</b> Not needed for this filing.		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Statement of Variability		
<b>Comments:</b>		
<b>Attachment:</b> Statement of Variability - FGDB.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> red-lined copy of changes to previously approved Application		
<b>Comments:</b> attached are the only changes to our previously approved form. See our filing letter.		
<b>Attachment:</b> 2011 FGDBWL APP - Redlined for Filing rev 5-11.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Actuarial Memorandum		

SERFF Tracking Number: FNWW-127177880 State: Arkansas  
Filing Company: Farmers New World Life Insurance Company State Tracking Number: 48831  
Company Tracking Number: 2011-123 (WL) ADB  
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
Product Name: ADB Rider for Graded Death Benefit  
Project Name/Number: ADB Rider for Graded Death Benefit /2011-123 (WL) ADB

**Comments:**

**Attachment:**

GDBWL ADB Rider - actuarial memo.pdf

**Item Status:**

**Status**

**Date:**

**Satisfied - Item:** red-lined copy of changes to form based on objections

**Comments:**

We have made changes to our ADB rider form due to your objections dated 5/25/2011. These are the only changes to our previously submitted form.

**Attachment:**

2011-123 (WL) ADB - AR - Redline rev 6-11.pdf

**Item Status:**

**Status**

**Date:**

**Satisfied - Item:** Revised Specifications page for Form 2011-123

**Comments:**

Attached is a revised Specifications page that will be used for form 2011-123, approved on 5/4/2011 in Serff Filing FNWW-127093975. This Specifications page will be used once Form 2011-123(WL)ADB is approved. The changes are based on the addition of the rider. I have attached a red-lined version of the originally approved Specification page and a final version for your information.

**Attachments:**

Spec Page - AR - Master w-ADB rev 6-15-11.pdf

Spec Page - AR - Redline with ADB rev 6-15-11.pdf

CERTIFICATION OF READABILITY

I certify that the forms listed below meet the Flesch Score requirements of the Interstate Compact standards.

<u>Form Number</u>	<u>Flesch Score</u>
2011 FGDB(WL) APP	61.03
2011-123 (WL) ADB	67.91

Signature: 

Name: John Patton

Title: Vice President of Staff Operations

Date: May 19, 2011

FARMERS NEW WORLD LIFE INSURANCE COMPANY  
3003 77<sup>th</sup> Avenue SE, Mercer island, WA 98040-0290

EXPLANATION OF VARIABILITY  
2011 FGDBWL APP, 2011-123 (WL) ADB

Brackets denote that the text within the brackets is variable subject to the following limitations on each of the forms in this filing:

- **Application**
  - Address and Phone Number- This information is variable to accommodate address and telephone number changes without refiling the form.
  - Taxpayer Certification- This section is provided and required by the IRS. The section is bracketed to allow for required wording changes by the IRS on W-9 forms, etc.
  - Fraud Warnings and Other Notices- This information is variable to accommodate fraud warning and other notice changes so such changes required by state law or insurance regulations would not require refiling the form.
  - **Riders and Endorsements**
    - The signature and company address has been bracketed on all riders and endorsements to allow a change of name or address as needed.

# Farmers New World Life Insurance Company

{ Mercer Island Life Office: 3003 77th Ave. S.E., Mercer Island, WA 98040-2890 (206) 232-8400 }  
 { Columbus Life Office: P.O. Box 182325, Columbus, OH 43218-2325 (614) 764-9975 }



**FARMERS**  
LIFE INSURANCE

Application Number:

## Application for Graded Death Benefit Life Insurance

A. Product Information					
<b>Face Amount:</b> \$ _____	<b>Non-Forfeiture Option:</b> <input type="checkbox"/> Reduced Paid-Up Insurance <input type="checkbox"/> Automatic Premium Loan  <input type="checkbox"/> <b>Do not issue with Accidental Death Benefit</b> (ADB automatically included, at no cost, unless this box is checked.)				
B. Proposed Insured					
Name of Proposed Insured (First/Middle/Last/Suffix i.e. Jr., Sr.)				Social Security Number (SSN)	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (mm/dd/yyyy)	U.S. Citizen or Permanent U.S. Resident (Green Card) <input type="checkbox"/> Yes <input type="checkbox"/> No	Primary Language Spoken (if other than English)		
Have you continuously been a resident of the U.S. for at least 12 months immediately preceding this application? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No					
Do you hold a valid U.S. visa that does not expire within the next 30 days?..... <input type="checkbox"/> Yes <input type="checkbox"/> No					
Do you have a visa type of A, B, C, D, F, J or M? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No					
Residence Address (Street, City, State, Zip Code)				Primary Telephone Number	
C. Proposed Policy Owner Complete only if other than the Proposed Insured.					
Name of Proposed Policy Owner (First/Middle/Last/Suffix i.e. Jr., Sr.)			Social Security/Tax ID Number	Date of Birth (mm/dd/yyyy)	
Relationship to Proposed Insured: <input type="checkbox"/> Business <input type="checkbox"/> Spouse/Civil Union Partner <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____		Primary Telephone Number	Primary Language Spoken (if other than English)		
Address (Street, City, State, Zip Code)					
If Trust Ownership, Name(s) of Authorized Trustee(s): _____ Trust Date (mm/dd/yyyy): _____					
<input type="checkbox"/> Co-Owner/Name: _____ Date of Birth: _____ Gender <input type="checkbox"/> Male <input type="checkbox"/> Female Address: _____					
<input type="checkbox"/> Successor Owner/Name: _____ Date of Birth: _____ Gender <input type="checkbox"/> Male <input type="checkbox"/> Female Address: _____					
D. Beneficiary					
Primary Beneficiary(ies) Name(s) (First/Middle/Last/Suffix i.e. Jr., Sr.)	% of share (must total 100%)	Date of Birth (mm/dd/yyyy)	Relationship to Proposed Insured		
Contingent Beneficiary(ies) Name(s) (First/Middle/Last/Suffix i.e. Jr., Sr.)	% of share (must total 100%)	Date of Birth (mm/dd/yyyy)	Relationship to Proposed Insured		
If a Testamentary Trust is named as Beneficiary, has a will been established? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Include delay clause? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," <input type="checkbox"/> 15-day, or indicate number of days: _____ - days (not to exceed 180 days)					
E. Proposed Insured's Other Insurance & Replacement					
If "Yes," to either question below, complete required replacements form(s), if required in the State this application is signed in, and provide details below:					
1. Is there any life insurance policy or annuity contract in-force or application pending on the life of the Proposed Insured? <input type="checkbox"/> Yes <input type="checkbox"/> No					
2. Will any life insurance policy or annuity contract be reduced, replaced, or discontinued; or will payment of premiums be stopped if the insurance applied for is issued? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Name of Company	Insured	Policy Number	Life amount	ADB Amount	To be replaced or changed?
			\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
F. Questions of Proposed Insured					
1. Are you currently hospitalized or confined to a nursing, long term care or rehabilitation facility? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No					
2. Are you bedridden, or receiving any professional nursing care or health care services in the home?..... <input type="checkbox"/> Yes <input type="checkbox"/> No					
3. Have you been diagnosed as having a terminal disease or illness; or are you receiving oxygen therapy?..... <input type="checkbox"/> Yes <input type="checkbox"/> No					

**G. Payment and Billing Information** A modal billing fee may apply for payments other than annual.

1. a. Amount paid with this Application \$ \_\_\_\_\_ b. Draft Initial Premium (BCP/EFT).....  Yes  No
2. Billing Address:  Same as Proposed Insured's Residence Address  
 Other (Complete information below, if different from Proposed Insured's Residence Address)  
Address (Street, City, State, Zip Code): \_\_\_\_\_
3. Billing Method (Check one):  
 Bank Check Plan Monthly EFT Deduction (Complete a Bank Authorization form)  Folio/Agent Payroll Deduction  
 Direct Bill (select desired frequency)  FIG/Farmers Employee Deduction  
 Annual  Semi-Annual  Farmers EasyPay, #: \_\_\_\_\_  
 Monthly  Quarterly

**H. Remarks**

**Certification and Acknowledgement Signatures**

**Taxpayer Certification**

Under penalties of perjury, I (we), as Proposed Policy Owner(s), certify that:

1. The Social Security Number(s) shown on this form is (are) my (our) correct taxpayer identification number(s) (TIN) (or I (we) am (are) waiting for a number to be issued to me (us)), and .....  Yes  No
2. I (We) am (are) not subject to backup withholding because: (a) I (we) am (are) exempt from backup withholding, or (b) I (we) have not been notified by the Internal Revenue Service (IRS) that I (we) am (are) subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me (us) that I (we) am (are) no longer subject to backup withholding, and .....  Yes  No
3. I (We) am (are) a U.S. person(s) (including a U.S. resident alien). .....  Yes  No

If question 1. above is answered "No," an IRS Form W-9 must be completed, signed and submitted with this Application.

**Acknowledgement**

I (We) understand that portions or all of the data collected to create this Application for Graded Death Benefit Life Insurance (Application), including my (our) signature(s), may be transmitted by electronic means and/or retained in electronic format. By signing below, I (we) consent to this transaction by electronic means and confirm that I (we) have not withdrawn my (our) consent. I (We) will receive a paper copy of this Application with the Policy Contract, if issued, or upon receipt of a written request directed to Farmers New World Life Insurance Company (FNWL). I (We) have read the completed Application, or have had it read to me (us), and agree that all statements and answers are true and complete to the best of my (our) knowledge and belief and will be relied upon to determine my (our) insurability. I (We) acknowledge that this Application and any application amendments, completed and signed by me (us), are part of the Application and will be attached to, and made part of the Policy Contract, if issued. I (We) understand that receipt of the Application and any attached forms by FNWL does not guarantee a policy will be issued. **I (We) agree that: (1) I (We) will notify FNWL if any statement or answer given in any part of the Application changes prior to delivery of the Policy Contract; and (2) the insurance policy will not begin unless the first modal premium is paid and the Proposed Insured is living and insurable as set forth in applications attached to the Policy Contract when it is delivered to the Policy Owner on or after the issue date.**

I (We) also acknowledge that I (we) have read, or have had read to me (us) and that I (we) understand, the fraud warning and/or other notice listed on Form 31-4226 for my (our) state of residence, if any.

Signed

at \_\_\_\_\_

on \_\_\_\_\_

Proposed Insured Signature

State

Month, Day, Year

Signed

at \_\_\_\_\_

on \_\_\_\_\_

Proposed Policy Owner Signature (if other than Proposed Insured), and title, if applicable

State

Month, Day, Year

Owner's Spouse/Civil Union Partner Signature (where required in community property states when a person other than Policy Owner's spouse/civil union partner is named as Primary Beneficiary)

Policy Co-Owner Signature and title, if applicable

I certify that I have truly and accurately recorded on this Application the information given by the Proposed Insured, and Proposed Policy Owner(s). To the best of my knowledge, there  Is  Is Not any life insurance policy or annuity contract in-force or application pending on the life of the Proposed Insured. To the best of my knowledge, the life insurance applied for  Is  Is Not intended to replace or reduce current coverage with this or any other company. If a replacement, was sales material used in the solicitation?  Yes  No. If "Yes," you must submit copies of the materials to FNWL and/or the Proposed Policy Owner(s), if applicable, as required by state regulations.

Agent/Insurance Producer Name (please print or type)

Producer Code Number

Agent/Insurance Producer Signature

Date

## **FARMERS NEW WORLD LIFE INSURANCE ACCIDENTAL DEATH BENEFIT RIDER**

### **Accidental Death Benefit**

We will pay the Accidental Death Benefit amount shown on the Policy Specifications page to the Beneficiary upon receipt of due proof of the Insured's Accidental Death during the first two Policy Years, subject to the Exclusions from Coverage listed below. This Accidental Death Benefit does not provide insurance on any person other than the Insured.

### **Accidental Death**

The Accidental Death must:

1. be the direct result of an accident that occurs while this policy and rider are In Force; and
2. result in death within 180 days after the accident, independent of disease or bodily or mental illness or infirmity or any other cause (except for sickness caused by accidental bodily injury); and
3. not be excluded from coverage as outlined in the Exclusions from Coverage section below.

### **Exclusions from Coverage**

No benefits will be payable if the Insured's death results from any of these causes:

1. death caused or contributed to by disease or infirmity of mind or body, or medical or surgical treatment for such disease or infirmity;
2. an infection not occurring as a direct result or consequence of an Accidental Bodily Injury;
3. death caused or contributed to by travel in or descent from an aircraft, if the Insured acted in a capacity other than as a passenger;
4. death caused or contributed to by travel in an aircraft or device used for testing or experimental purposes, or used by or for any military authority, or used for travel beyond the earth's atmosphere;
5. death caused or contributed to by war or an act of war.
6. death caused or contributed to by active participation in a riot, insurrection or terrorist activity;
7. death occurring while the Insured is incarcerated;
8. death caused or contributed to by committing or attempting to commit a felony;
9. death caused or materially contributed to by voluntary intake or use by any means of:
  - a) any drug, unless prescribed or administered by a physician and taken in accordance with the physician's instructions, or;
  - b) poison, gas or fumes, unless a direct result of an occupational accident;
10. death caused or contributed to by intoxication as defined by the jurisdiction where the accident occurred;
11. death caused or contributed to by riding or driving an air, land or water vehicle in a race, speed or endurance contest;
12. death caused or contributed to by bungee jumping;
13. death caused or materially contributed to by participation in an illegal occupation or activity;
14. death caused or contributed to by rock or mountain climbing; and/or
15. death caused or contributed to by aeronautics (hang-gliding, skydiving, parachuting, ultralight, soaring, ballooning or parasailing).

**Termination of Rider**

This rider will end when:

1. the ~~second~~ third Policy Year ends;
2. a Nonforfeiture Option goes into effect;
3. the policy ends for any reason; or
4. we receive the Policy Owner's signed request to terminate this rider.

**Guaranteed Values**

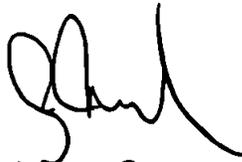
This rider does not increase or decrease the guaranteed values of the policy.

**Contract Terms**

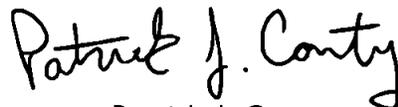
This rider is subject to all the terms of the policy to which this rider is attached, except as modified in this rider.

Attached to and made a part of the policy effective as of the date of issue of this rider.

**FARMERS NEW WORLD LIFE INSURANCE COMPANY**



Jerry J. Carnahan  
President



Patrick J. Carty  
Secretary

Farmers New World Life Insurance Company  
Policy Specifications

Prepared on [4/1/2011]

Insured:	[JOHN DOE]	Face Amount:	[\$20,000]
Policy Number:	[007002219]		
Issue Date:	[April 1, 2011]	Issue Age:	[45]
Maturity Date:	[April 1, 2066]	Gender:	[Male]
Policy Owner:			
Policy Co-Owner:			
Policy Co-Owner:			

Premiums	Annual	Semi-Annual	Quarterly	Monthly	[Special Monthly Mode]
Initial Premium Payment	[\$2,430.95]	[\$1,220.48]	[\$612.74]	[\$204.91]	[\$201.91]

[You have selected to pay by Special Monthly Mode.]

[Policy Fee: Annual: \$140.00, Semi-Annual: \$75.00, Quarterly: \$40.00, Monthly: \$14.00, Monthly BCP (EFT): \$11.00]

**POLICY DEATH BENEFIT**

The Death Benefit payable will be one of the following, depending on the Policy Year in which the Insured dies, unless death is due to suicide in the first two years.

	Death Benefit	Accidental Death Benefit
Policy Year 1	[\$1,000]	[\$19,000]
Policy Year 2	[\$2,000]	[\$18,000]
Policy Years 3	[\$20,000]	[\$400]
Policy Years 4 and later	[\$20,000]	\$0.00

**SCHEDULE OF PREMIUMS**

	Annual Premium	Premium Payable
Life Insurance	[\$2,430.95]	To Attained Age 100
Accidental Death Benefit Rider	\$0.00	Not Applicable
<b>TOTAL PREMIUM</b>	<b>[\$2,430.95]</b>	

THIS POLICY HAS A LIMITED GRADED DEATH BENEFIT –  
PLEASE READ YOUR CONTRACT CAREFULLY.

This policy contains a Graded Death Benefit clause which means in order to receive the full benefits that this policy offers You must live two Policy Years beyond the Issue Date of this policy.

Farmers New World Life Insurance Company  
Policy Specifications

Prepared on [4/1/2011]

Insured: [JOHN DOE] Face Amount: [\$20,000]  
 Policy Number: [007002219]  
 Issue Date: [April 1, 2011] Issue Age: [45] Gender: [Male]  
 Maturity Date: [April 1, 2066]  
 Policy Owner:  
 Policy Co-Owner:  
 Policy Co-Owner:

Premiums	Annual	Semi-Annual	Quarterly	Monthly	[Special Monthly Mode]
Initial Premium Payment	[\$2,430.95]	[\$1,220.48]	[\$612.74]	[\$204.91]	[\$201.91]

[You have selected to pay by Special Monthly Mode.]

[Policy Fee: Annual: \$140.00, Semi-Annual: \$75.00, Quarterly: \$40.00, Monthly: \$14.00, Monthly BCP (EFT): \$11.00]

POLICY DEATH BENEFIT

The Death Benefit payable will be one of the following, depending on the Policy Year in which the Insured dies, unless death is due to suicide in the first two years.

	<u>Death Benefit</u>	<u>Accidental Death Benefit</u>
Policy Year 1	[\$1,000]	[\$19,000]
Policy Year 2	[\$2,000]	[\$18,000]
Policy Years 3 <del>and later</del>	[\$20,000]	[\$400]
<u>Policy Years 4 and later</u>	<u>[\$20,000]</u>	<u>\$0.00</u>

~~\*The term Accidental Bodily Injury excludes certain causes of death which are defined in the Excluded Accidental Causes section of the policy.~~

SCHEDULE OF ~~BENEFITS~~ PREMIUMS

	<u>Amount</u>	Annual Premium	Premium Payable
Life Insurance	<del>[\$20,000]</del>	[\$2,430.95]	To Attained Age 100
<u>Accidental Death Benefit Rider</u>		<u>\$0.00</u>	<u>Not Applicable</u>
TOTAL PREMIUM		[\$2,430.95]	

THIS POLICY HAS A LIMITED GRADED DEATH BENEFIT –  
PLEASE READ YOUR CONTRACT CAREFULLY.

This policy contains a Graded Death Benefit clause which means in order to receive the full benefits that this policy offers You must live two Policy Years beyond the Issue Date of this policy.

SERFF Tracking Number: FNWW-127177880 State: Arkansas  
 Filing Company: Farmers New World Life Insurance Company State Tracking Number: 48831  
 Company Tracking Number: 2011-123 (WL) ADB  
 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
 Product Name: ADB Rider for Graded Death Benefit  
 Project Name/Number: ADB Rider for Graded Death Benefit /2011-123 (WL) ADB

## 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)
05/19/2011	Form	Accidental Death Benefit Rider	06/15/2011	2011-123 (WL) ADB - Filing doc.pdf (Superseded)

## **FARMERS NEW WORLD LIFE INSURANCE ACCIDENTAL DEATH BENEFIT RIDER**

### **Accidental Death Benefit**

We will pay the Accidental Death Benefit amount shown on the Policy Specifications page to the Beneficiary upon receipt of due proof of the Insured's Accidental Death during the first two Policy Years, subject to the Exclusions from Coverage listed below. This Accidental Death Benefit does not provide insurance on any person other than the Insured.

### **Accidental Death**

The Accidental Death must:

1. be the direct result of an accident that occurs while this policy and rider are In Force; and
2. result in death within 180 days after the accident, independent of disease or bodily or mental illness or infirmity or any other cause (except for sickness caused by accidental bodily injury); and
3. not be excluded from coverage as outlined in the Exclusions from Coverage section below.

### **Exclusions from Coverage**

No benefits will be payable if the Insured's death results from any of these causes:

1. death caused or contributed to by disease or infirmity of mind or body, or medical or surgical treatment for such disease or infirmity;
2. an infection not occurring as a direct result or consequence of an Accidental Bodily Injury;
3. death caused or contributed to by travel in or descent from an aircraft, if the Insured acted in a capacity other than as a passenger;
4. death caused or contributed to by travel in an aircraft or device used for testing or experimental purposes, or used by or for any military authority, or used for travel beyond the earth's atmosphere;
5. death caused or contributed to by war or an act of war.
6. death caused or contributed to by active participation in a riot, insurrection or terrorist activity;
7. death occurring while the Insured is incarcerated;
8. death caused or contributed to by committing or attempting to commit a felony;
9. death caused or materially contributed to by voluntary intake or use by any means of:
  - a) any drug, unless prescribed or administered by a physician and taken in accordance with the physician's instructions, or;
  - b) poison, gas or fumes, unless a direct result of an occupational accident;
10. death caused or contributed to by intoxication as defined by the jurisdiction where the accident occurred;
11. death caused or contributed to by riding or driving an air, land or water vehicle in a race, speed or endurance contest;
12. death caused or contributed to by bungee jumping;
13. death caused or materially contributed to by participation in an illegal occupation or activity;
14. death caused or contributed to by rock or mountain climbing; and/or
15. death caused or contributed to by aeronautics (hang-gliding, skydiving, parachuting, ultralight, soaring, ballooning or parasailing).

**Termination of Rider**

This rider will end when:

1. the second Policy Year ends;
2. a Nonforfeiture Option goes into effect;
3. the policy ends for any reason; or
4. we receive the Policy Owner's signed request to terminate this rider.

**Guaranteed Values**

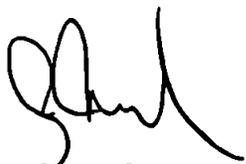
This rider does not increase or decrease the guaranteed values of the policy.

**Contract Terms**

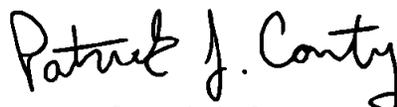
This rider is subject to all the terms of the policy to which this rider is attached, except as modified in this rider.

Attached to and made a part of the policy effective as of the date of issue of this rider.

**FARMERS NEW WORLD LIFE INSURANCE COMPANY**



Jerry J. Carnahan  
President



Patrick J. Carty  
Secretary