

State: Arkansas **Filing Company:** The Northwestern Mutual Life Insurance Company
TOI/Sub-TOI: L08 Life - Other/L08.000 Life - Other
Product Name: 90-2480 (1012)
Project Name/Number: 90-2480 (1012)/90-2480 (1012)

Filing at a Glance

Company: The Northwestern Mutual Life Insurance Company
Product Name: 90-2480 (1012)
State: Arkansas
TOI: L08 Life - Other
Sub-TOI: L08.000 Life - Other
Filing Type: Form
Date Submitted: 10/23/2012
SERFF Tr Num: NWST-128720671
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num: 90-2480 (1012)

Implementation: On Approval
Date Requested:
Author(s): Annette Huttli, Mai Xiong, Cassandra Hoefke
Reviewer(s): Linda Bird (primary)
Disposition Date: 10/26/2012
Disposition Status: Approved-Closed
Implementation Date:

State Filing Description:

State: Arkansas
 TOI/Sub-TOI: L08 Life - Other/L08.000 Life - Other
 Product Name: 90-2480 (1012)
 Project Name/Number: 90-2480 (1012)/90-2480 (1012)

Filing Company: The Northwestern Mutual Life Insurance Company

General Information

Project Name: 90-2480 (1012)
 Project Number: 90-2480 (1012)
 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: 10/26/2012
 State Status Changed: 10/26/2012
 Created By: Cassandra Hoefke
 Corresponding Filing Tracking Number:

Deemer Date:
 Submitted By: Cassandra Hoefke

Filing Description:

We are submitting the above referenced form for your review and approval. We plan to introduce this form upon your approval.

This form will be used as an application to exercise our Additional Purchase Benefit Option.

We plan to make this application form available electronically. The application may be completed electronically on a PC or printed out for completion on paper. It is our intent to offer electronic signatures on the electronic application that may also be submitted to our home office electronically. Current technology will be used to ensure that the confidential information is not compromised. All processes used will comply with the Uniform Electronic Transactions act and Federal ESIGN Act, as applicable.

Based on the above, your review and approval is greatly appreciated. If you should have any questions regarding the enclosed form, please call me at (414) 665-7195 or you can e-mail me at mai-baoxiong@northwesternmutual.com . For e-mail correspondence, please copy Cassandra Hoefke at cassandrahoefke@northwesternmutual.com.

Sincerely,

Mai Bao Xiong
 Product Compliance Specialist
 Actuarial Department

Company and Contact

Filing Contact Information

Mai Xiong, Product Compliance Specialist mai-baoxiong@northwesternmutual.com
 720 E Wisconsin Ave 414-665-7195 [Phone]
 Milwaukee, WI 53202 414-665-5006 [FAX]

Filing Company Information

The Northwestern Mutual Life Insurance Company	CoCode: 67091	State of Domicile: Wisconsin
720 East Wisconsin Avenue	Group Code: 860	Company Type: Life
Rm S845	Group Name:	State ID Number:
Milwaukee, WI 53202	FEIN Number: 39-0509570	
(414) 271-1444 ext. [Phone]		

State: Arkansas **Filing Company:** The Northwestern Mutual Life Insurance Company
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Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: \$50.00 per form; one form attached.
Per Company: No

Company	Amount	Date Processed	Transaction #
The Northwestern Mutual Life Insurance Company	\$50.00	10/23/2012	64194651

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	10/26/2012	10/26/2012

SERFF Tracking #:

NWST-128720671

State Tracking #:

Company Tracking #:

90-2480 (1012)

State:

Arkansas

Filing Company:

The Northwestern Mutual Life Insurance Company

TOI/Sub-TOI:

L08 Life - Other/L08.000 Life - Other

Product Name:

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Disposition

Disposition Date: 10/26/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Form	APB Individual Life Insurance Application		Yes

SERFF Tracking #:

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Form Schedule

Lead Form Number: 90-2480 (1012)

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		APB Individual Life Insurance Application	90-2480 (1012)	AEF	Initial		51.300	AR 90-2480 (1012).pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages

APB INDIVIDUAL LIFE INSURANCE APPLICATION (for exercising Additional Purchase Benefit Options)

- Policy Application Supplement from the illustration system is required.
- Submit the complete NAIC Basic Illustration (all pages), signed and dated; OR check the Illustration Certification box (page 2) and deliver the Illustration before or at policy delivery. (Not applicable for Universal Life.)

1 POLICY INFORMATION

A. List the policy number(s) and amount(s) for each option being exercised:
 Policy 1: _____ Regular Advanced \$ _____ Policy 2: _____ Regular Advanced \$ _____

B. If Advanced Purchase, the event is: Marriage Birth of Child OR Adoption of Child
 Date of marriage, birth or final decree of adoption: _____ (MM/DD/YYYY)

C. The Premium Loan provision, if available, shall become operative according to its terms, unless otherwise indicated here: Do not activate the Premium Loan provision. Policy will default to paid-up insurance. (Not applicable for Universal Life.)

2 INSURED

A. LEGAL NAME (First, M.I., Last)		B. PRIMARY TELEPHONE NUMBER <input type="checkbox"/> Home/Cell <input type="checkbox"/> Business		C. TAXPAYER ID NUMBER
D. PRIMARY RESIDENCE	CITY	STATE	ZIP CODE	E. E-MAIL ADDRESS

3 APPLICANT - Complete if the existing Owner is not the Insured. Caution: Applicant must be existing Owner of the policy(ies) listed above.

A. LEGAL NAME (First, M.I., Last) OR TRUST NAME	B. E-MAIL ADDRESS
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4 OWNER - Caution: A minor Owner cannot exercise policy rights until reaching the age of majority.

Select **ONLY ONE**: Insured Applicant or Other (Complete this section.) OR See attached Owner form/letter

A. LEGAL NAME (First, M.I., Last) OR TRUST NAME	B. TAXPAYER ID NUMBER	C. BIRTHDATE (MM/DD/YYYY) (if applicable)		
D. TRUST DATE (MM/DD/YYYY) (if applicable)	E. NAME OF TRUSTEE(S) (if applicable)			
F. TELEPHONE NUMBER <input type="checkbox"/> Home/Cell <input type="checkbox"/> Business	G. RELATIONSHIP TO INSURED			
H. RESIDENTIAL/MAILING ADDRESS	CITY	STATE	ZIP CODE	I. E-MAIL ADDRESS

5 SUCCESSOR OWNER - Complete this section when the Owner named above is an individual who is not the Insured. Caution: A minor Owner cannot exercise policy rights.

A. If the Owner dies before the Insured, the Successor Owner will be the Insured.

B. If the Owner dies before the Insured, the Successor Owner will be: _____ Relationship to Insured: _____
 If both the Owner and Successor Owner die before the Insured, the Owner will be the Insured.

6 BENEFICIARY

DIRECT BENEFICIARY(IES)

Name	Address, City, State, Zip Code	Taxpayer ID	Relationship to Insured	Birthdate
_____	_____	_____	_____	_____

CONTINGENT BENEFICIARY(IES)

Name	Address, City, State, Zip Code	Taxpayer ID	Relationship to Insured	Birthdate
_____	_____	_____	_____	_____

OR SEE ATTACHED BENEFICIARY FORM/LETTER (To be used when none of the choices above are suitable for the intended designation.)

7 PREMIUM PAYER

Select **ONLY ONE**: Insured Owner OR Applicant or Other (Complete this section.)

A. LEGAL NAME (First, M.I., Last) OR TRUST NAME	B. TAXPAYER ID NUMBER			
C. RESIDENTIAL/MAILING ADDRESS	CITY	STATE	ZIP CODE	D. E-MAIL ADDRESS

8 PREMIUM

PREMIUM PAYMENT Initial Premium Paid: \$ _____	PAID ON ISA <input type="checkbox"/> Yes <input type="checkbox"/> No	FREQUENCY OF PREMIUM PAYMENT <input type="checkbox"/> Monthly (ISA only) <input type="checkbox"/> Quarterly <input type="checkbox"/> Semiannually <input type="checkbox"/> Annually
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9 REQUESTED POLICY DATE - Complete this section if a special policy date is being requested.

Select **ONE**: Short term to coincide with ISA payment date (For monthly ISA only) OR Date to Save Age OR
 Specified Policy Date: _____ (MM/DD/YYYY) (Premiums due and any other applicable charges are based on policy date.)

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Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:			
Attachment(s):			
1 STD Flesch Score Cert.pdf			
AR Certification.pdf			
		Item Status:	Status Date:
Bypassed - Item:	Application		
Bypass Reason:	N/A – This is not a policy filing. Please see 'Form Schedule' tab.		

FLESCH SCORE CERTIFICATION

I certify to the best of my knowledge and belief that the following form meets the readability, legibility, and format requirements of any applicable laws and regulations of your state.

The Flesch Score(s) is/are as follows:

Form Number	Flesch Readability Score
90-2480 (1012)	51.3

THE NORTHWESTERN MUTUAL
LIFE INSURANCE COMPANY



Ted A. Matchulat
Director Product Compliance

10/16/2012

Date

THE NORTHWESTERN MUTUAL LIFE INSURANCE COMPANY

Re: 90-2480 (1012)

We hereby certify that we have carefully reviewed the form(s) submitted herewith and to the best of our knowledge and ability find:

- a. That said form(s) conform(s) to Regulation 19s10B and all applicable Arkansas Insurance Statutes and Department requirements.
- b. That said form(s) contain(s) no provision previously disapproved by the Insurance Department of Arkansas.



Ted A. Matchulat
Director Product Compliance

10/23/2012

Date