

State: Arkansas **Filing Company:** Western-Southern Life Assurance Company
TOI/Sub-TOI: L09I Individual Life - Flexible Premium Adjustable Life/L09I.001 Single Life
Product Name: Legacy Forward II
Project Name/Number: Legacy Forward II/1301-3030 WSA, et al

Filing at a Glance

Company: Western-Southern Life Assurance Company
Product Name: Legacy Forward II
State: Arkansas
TOI: L09I Individual Life - Flexible Premium Adjustable Life
Sub-TOI: L09I.001 Single Life
Filing Type: Form
Date Submitted: 09/25/2012
SERFF Tr Num: WSST-128692040
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num: 1301-3030 WSA, ET AL

Implementation: On Approval
Date Requested:
Author(s): Ramona Piercefield, Kimberly Wright, Angelea Underwood, Jaclyn Cox
Reviewer(s): Linda Bird (primary)
Disposition Date: 10/11/2012
Disposition Status: Approved-Closed
Implementation Date:

State Filing Description:

State: Arkansas **Filing Company:** Western-Southern Life Assurance Company
TOI/Sub-TOI: L09I Individual Life - Flexible Premium Adjustable Life/L09I.001 Single Life
Product Name: Legacy Forward II
Project Name/Number: Legacy Forward II/1301-3030 WSA, et al

General Information

Project Name: Legacy Forward II Status of Filing in Domicile: Pending
Project Number: 1301-3030 WSA, et al 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: 10/11/2012
State Status Changed: 10/11/2012
Deemer Date: Created By: Kimberly Wright
Submitted By: Kimberly Wright Corresponding Filing Tracking Number:

Filing Description:

Re: The Western-Southern Life Assurance Company
NAIC # 92622
1301-3030 WSA AR, Single Premium Universal Life Policy
1301-2626 WSA, Accelerated Death Benefit Rider
1301-3030 WSA AR, Specifications Page
571-1301, Disclosure Form
1301-305 WSA, Return of Premium Rider
DO-11-SPLI-1208, Application

Dear Reviewer:

This filing is being submitted on behalf of The Western-Southern Life Assurance Company. Enclosed for your review and approval is a Single Premium Universal Life Policy, 1301-3030 WSA AR, an Accelerated Death Benefit Rider, 1301-2626 WSA, a Specifications Page, 1301-3030 WSA AR, a Disclosure form, 571-1301, a Return of Premium Rider, 1301-305 WSA, and Application DO-11-SPLI-1208. Each of these forms is new and not intended to replace any previously approved form.

1301-3030 WSA AR, a Single Premium Universal Life Policy, is designed for the bank marketplace and will be underwritten on a simplified issue basis. The policy has no traditional whole life guaranteed cash values. However, it does have an Accumulation Value calculated on a current basis by accumulating at interest the net single premium (gross single premium less the premium load) and deducting the current costs of insurance, expense loads and partial surrenders. The policy has no maturity date or extended maturity provision.

The policy includes a Confinement Waiver provision that states if the Insured is confined to a Long term Care Facility or Hospital and has been so confined for at least 30 days, the Surrender Charges will be waived. The issue ages are 18-80.

1301-2626 WSA, an Accelerated Death Benefit Rider. The Rider allows the owner to elect to receive an advance on the death benefit under the policy when the insured has been diagnosed as having a terminal illness or chronic illness. The issue ages are 55-80.

There is no charge for the rider at issue; however, we reserve the right to charge a fee of up to \$75 at the time an advance is processed. Currently, this administrative charge is \$0.

1301-3030 WSA AR is the related Specifications Page for the Accelerated Death Benefit Rider.

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Also enclosed for your review and approval is the required Disclosure, 571-1301. Please be advised that in the top left corner of the Disclosure Form is a space reserved for a Bar Code. This was done for filing purposes only to indicate where the bar code would be placed.

1301-305 WSA, a Return of Premium Rider, guarantees the policy owner will receive no less than the single premium if the policy is surrendered. The rider will terminate if a policy loan or accelerated death benefit advance is taken.

DO-11-SPLI-1208 is the Application that will be used to capture the information needed to underwrite and issue the policy.

The product will be sold to individual purchasers of life policies by representatives licensed in your state. The policy will not be illustrated.

An actuarial memorandum describing these forms, that is dated and signed by a member of the American Academy of Actuaries, is enclosed.

These forms have been scored for readability and the required Certification form is enclosed.

All variable items have been denoted by red brackets and are subject to change as explained in the attached Statement of Variability. We certify that any change or modification to a variable item shall be administered in accordance with the enclosed Statement of Variability, including any requirements for prior approval of a change or modification.

These forms are being submitted in final printed format and are subject to only minor modification in paper size and stock, ink, border, formatting in the form of a booklet, and formatting pages to conform to our printer requirements.

Please do not hesitate to contact us with any questions or concerns.

Thank you for your assistance with this filing. We look forward to your approval.

Company and Contact

Filing Contact Information

Kimberly Wright, Product & State Filing Analyst
Kim.Wright@Westernsouthernlife.com
400 Broadway
MS 82
Cincinnati, OH 47025
513-629-1060 [Phone]

Filing Company Information

Western-Southern Life Assurance Company	CoCode: 92622	State of Domicile: Ohio
400 Broadway	Group Code: 836	Company Type: Life
Cincinnati, OH 45202	Group Name: West-Southern Group	State ID Number:
(800) 446-0795 ext. [Phone]	FEIN Number: 31-1000236	

Filing Fees

State: Arkansas **Filing Company:** Western-Southern Life Assurance Company
TOI/Sub-TOI: L09I Individual Life - Flexible Premium Adjustable Life/L09I.001 Single Life
Product Name: Legacy Forward II
Project Name/Number: Legacy Forward II/1301-3030 WSA, et al

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? Yes
Fee Explanation: Our state of domicile, Ohio, charges \$50 per filing.
Per Company: No

Company	Amount	Date Processed	Transaction #
Western-Southern Life Assurance Company	\$50.00	09/25/2012	63037507
Western-Southern Life Assurance Company	\$250.00	09/26/2012	63084812

SERFF Tracking #:

WSST-128692040

State Tracking #:**Company Tracking #:**

1301-3030 WSA, ET AL

State:

Arkansas

Filing Company:

Western-Southern Life Assurance Company

TOI/Sub-TOI:

L09I Individual Life - Flexible Premium Adjustable Life/L09I.001 Single Life

Product Name:

Legacy Forward II

Project Name/Number:

Legacy Forward II/1301-3030 WSA, et al

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	10/11/2012	10/11/2012

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Linda Bird	10/04/2012	10/04/2012

Response Letters

Responded By	Created On	Date Submitted
Jaclyn Cox	10/10/2012	10/10/2012

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
filing fees	Note To Reviewer	Jaclyn Cox	09/26/2012	09/26/2012
filing fees	Note To Filer	Linda Bird	09/25/2012	09/25/2012
filing fees	Note To Reviewer	Jaclyn Cox	09/25/2012	09/25/2012

State: Arkansas **Filing Company:** Western-Southern Life Assurance Company
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Disposition

Disposition Date: 10/11/2012

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
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document	1301-3030 WSA AR, Actuarial Memorandum		No
Supporting Document	1301-2626 WSA Accelerated DB Actuarial Memo		No
Supporting Document	1301-305 WSA ROP Actuarial Memo		No
Supporting Document	Statement of Variability		Yes
Supporting Document	Certification Regulation 34		Yes
Supporting Document	Certification Regulation 19 & 49		Yes
Form	Single Premium Universal Life Policy		Yes
Form	Accelerated Death Benefit Rider		Yes
Form	Specifications Page		Yes
Form	Disclosure Form		Yes
Form	Return of Premium Rider		Yes
Form	Single Premium Life Insurance Application		Yes

State: Arkansas **Filing Company:** Western-Southern Life Assurance Company
TOI/Sub-TOI: L09I Individual Life - Flexible Premium Adjustable Life/L09I.001 Single Life
Product Name: Legacy Forward II
Project Name/Number: Legacy Forward II/1301-3030 WSA, et al

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	10/04/2012
Submitted Date	10/04/2012
Respond By Date	11/05/2012

Dear Kimberly Wright,

Introduction:

This will acknowledge receipt of the captioned filing.

Objection 1

Comments:

Ark. Code Ann. 23-79-138 requires that certain information accompany every policy. Bulletin 15-2009 further address this issue.

Regulation 49 requires that a Life and Health guaranty notice be given to each policy owner. Please review your issue procedures and assure us that you are in compliance with Regulation 49.

Regulation 19s10B requires that a new or revised filing submitted must contain a certification that the submission meets the provisions of this rule as well as all applicable requirements of this Department.

Filings of "Universal Life" type contracts are subject to Regulation 34. Please assure us that you are in compliance with Regulation 34.

Conclusion:

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

*Sincerely,
Linda Bird*

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TOI/Sub-TOI: L09I Individual Life - Flexible Premium Adjustable Life/L09I.001 Single Life
Product Name: Legacy Forward II
Project Name/Number: Legacy Forward II/1301-3030 WSA, et al

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	10/10/2012
Submitted Date	10/10/2012

Dear Linda Bird,

Introduction:

In response to your objection letter dated 10/04/2012, The following information is being submitted:

Response 1

Comments:

Please let this letter certify that the required Life and Health Guaranty Notice will be given to each policyholder as required by Regulation 49.

Enclosed is the required Certification for Regulation 19. Please excuse the oversight in failing to include it in the initial submission.

Please let this letter certify that we do comply with Regulation 34 and the required Certification form is enclosed.

Related Objection 1

Comments:

Ark. Code Ann. 23-79-138 requires that certain information accompany every policy. Bulletin 15-2009 further address this issue.

Regulation 49 requires that a Life and Health guaranty notice be given to each policy owner. Please review your issue procedures and assure us that you are in compliance with Regulation 49.

Regulation 19s10B requires that a new or revised filing submitted must contain a certification that the submission meets the provisions of this rule as well as all applicable requirements of this Department.

Filings of "Universal Life" type contracts are subject to Regulation 34. Please assure us that you are in compliance with Regulation 34.

Changed Items:

SERFF Tracking #:

WSST-128692040

State Tracking #:

Company Tracking #:

1301-3030 WSA, ET AL

State:

Arkansas

Filing Company:

Western-Southern Life Assurance Company

TOI/Sub-TOI:

L09I Individual Life - Flexible Premium Adjustable Life/L09I.001 Single Life

Product Name:

Legacy Forward II

Project Name/Number:

Legacy Forward II/1301-3030 WSA, et al

Supporting Document Schedule Item Changes

Satisfied -Name: Certification Regulation 34

Comment:

Satisfied -Name: Certification Regulation 19 & 49

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

With this information, we look forward to your approval of this filing.

Sincerely,

Jaclyn Cox

State: Arkansas **Filing Company:** Western-Southern Life Assurance Company
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Product Name: Legacy Forward II
Project Name/Number: Legacy Forward II/1301-3030 WSA, et al

Note To Reviewer

Created By:

Jaclyn Cox on 09/26/2012 09:06 AM

Last Edited By:

Linda Bird

Submitted On:

10/04/2012 08:47 AM

Subject:

filing fees

Comments:

Thank you Linda Bird. An additional \$250.00 was submitted.

State: Arkansas **Filing Company:** Western-Southern Life Assurance Company
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Product Name: Legacy Forward II
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Note To Filer

Created By:

Linda Bird on 09/25/2012 12:01 PM

Last Edited By:

Linda Bird

Submitted On:

10/04/2012 08:47 AM

Subject:

filing fees

Comments:

The filing fee is \$50.00 per form. We will hold your filing in a pending status until the additional \$250.00 is received.

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Product Name: Legacy Forward II
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Note To Reviewer

Created By:

Jaclyn Cox on 09/25/2012 10:45 AM

Last Edited By:

Linda Bird

Submitted On:

10/04/2012 08:47 AM

Subject:

filing fees

Comments:

Jennifer Newkirk,

Please clarify if the filing fee is retaliatory of \$50.00, or whether an additional \$250.00 is needed.

thank you,

Jaclyn Cox

State: Arkansas

Filing Company:

Western-Southern Life Assurance Company

TOI/Sub-TOI: L09I Individual Life - Flexible Premium Adjustable Life/L09I.001 Single Life

Product Name: Legacy Forward II

Project Name/Number: Legacy Forward II/1301-3030 WSA, et al

Form Schedule

Lead Form Number: 1301-3030 WSA

Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1		1301-3030 WSA AR	POLA	Single Premium Universal Life Policy	Initial:	46.200	1301-3030 WSA UL AR.pdf
2		1301-2626 WSA	POLA	Accelerated Death Benefit Rider	Initial:	35.500	1301-2626 ADBR chronic.final - fmt for legal.pdf
3		1301-3030 WSA AR	SCH	Specifications Page	Initial:	0.000	1301-3030 AR ADBR.chronic.SP.final - fmt for legal.pdf
4		571-1301	OTH	Disclosure Form	Initial:	38.900	571-1301.pdf
5		1301-305 WSA	POLA	Return of Premium Rider	Initial:	56.800	1301-305 WSA.ROP.final - fmt for legal.pdf
6		DO-11-SPLI-1208	AEF	Single Premium Life Insurance Application	Initial:	41.700	DO-11-SPLI-1208 (bracketed).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

SERFF Tracking #:

WSST-128692040

State Tracking #:

Company Tracking #:

1301-3030 WSA, ET AL

State:

Arkansas

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TOI/Sub-TOI:

L09I Individual Life - Flexible Premium Adjustable Life/L09I.001 Single Life

Product Name:

Legacy Forward II

Project Name/Number:

Legacy Forward II/1301-3030 WSA, et al

POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages
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Western & Southern Life

A member of Western & Southern Financial Group

WESTERN-SOUTHERN LIFE ASSURANCE COMPANY

LIFE INSURANCE POLICY

We will pay the Death Benefit to the Beneficiary when we receive at our Home Office proof of the Insured's death.

The benefits, rights and terms of the policy appear on this and the following pages. They are provided in exchange for the application and payment of the Single Premium Amount.

Right To Return Policy. Please read the policy. If you are not satisfied, return it to us or to one of our agents within 30 days after you receive it. If you do, all insurance will be void as of the date of the application. We will refund the Single Premium Amount paid.

This policy is a legal contract between the Owner and The Company.

The policy may not qualify as life insurance under federal tax law after the Insured reaches the terminal age of the valuation table (age 120) and may be subject to adverse tax consequences. A tax advisor should be consulted before the Owner chooses to continue the policy after the Insured reaches age 120.

Benefits, values, periods of coverage are on an indeterminate basis. The Initial Effective Annual Interest Rate is guaranteed only for a limited period of time.

SPECIMEN
[Signature]
Secretary

SPECIMEN
[Signature]
President and
Chief Executive Officer

READ YOUR POLICY CAREFULLY

Issued by a Stock Company

HOME OFFICE: [400 BROADWAY, CINCINNATI, OHIO 45202-3341]

Customer Service — [1-800-926-1993]

Single Premium Universal Life Policy
Issued on Insured in Risk Class Shown on Specifications Page
Death Benefit Payable at Death of Insured
Surrender May Result in Penalty
Nonparticipating

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Specifications Page (continued)

Accelerated Death Benefit Rider

Effective Date: [x]

Maximum Advance Age: [120]

Maximum Advance Amount: [The Maximum Advance Amount under this rider is equal to the policy's Net Cash Value plus the lesser of (i) \$250,000 or (ii) 60% of the Net Amount at Risk as defined in the policy.]

Minimum Advance Amount: [\$5,000]

Maximum Administrative Charge: [\$75.00]

Lien Interest Rate: For the portion of the outstanding lien that is less than or equal to the Net Cash Value of the policy, the Lien Interest Rate will be the lesser of:

- (a) the Loan Interest Rate then in effect under the policy; or
- (b) [8% (7.4% in advance)].

The Lien Interest Rate on the amount of the outstanding lien in excess of the Net Cash Value will be the rate in (b) above.

Specifications Page (continued)

Guaranteed Maximum Cost of Insurance Rates Per \$1,000 of Net Amount at Risk

Policy Year Starting	Attained Age*	Maximum Monthly Rate	Policy Year Starting	Attained Age*	Maximum Monthly Rate
01-02-10	35	0.09334	01-02-53	78	4.82063
01-02-11	36	0.09751	01-02-54	79	5.38383
01-02-12	37	0.10334	01-02-55	80	6.01260
01-02-13	38	0.11085	01-02-56	81	6.69705
01-02-14	39	0.11751	01-02-57	82	7.42303
01-02-15	40	0.12668	01-02-58	83	8.21697
01-02-16	41	0.13752	01-02-59	84	9.10125
01-02-17	42	0.15086	01-02-60	85	10.08656
01-02-18	43	0.16669	01-02-61	86	11.17262
01-02-19	44	0.18420	01-02-62	87	12.34897
01-02-20	45	0.20337	01-02-63	88	13.60255
01-02-21	46	0.22255	01-02-64	89	14.92103
01-02-22	47	0.23839	01-02-65	90	16.23779
01-02-23	48	0.25090	01-02-66	91	17.53725
01-02-24	49	0.26674	01-02-67	92	18.90234
01-02-25	50	0.28758	01-02-68	93	20.34569
01-02-26	51	0.31427	01-02-69	94	21.87059
01-02-27	52	0.34679	01-02-70	95	23.38520
01-02-28	53	0.38431	01-02-71	96	24.86843
01-02-29	54	0.43185	01-02-72	97	26.45342
01-02-30	55	0.48524	01-02-73	98	28.14901
01-02-31	56	0.54029	01-02-74	99	29.96423
01-02-32	57	0.59369	01-02-75	100	31.70427
01-02-33	58	0.64709	01-02-76	101	33.25265
01-02-34	59	0.70967	01-02-77	102	34.90475
01-02-35	60	0.78562	01-02-78	103	36.66691
01-02-36	61	0.87827	01-02-79	104	38.53573
01-02-37	62	0.98597	01-02-80	105	40.51145
01-02-38	63	1.10372	01-02-81	106	42.61697
01-02-39	64	1.22650	01-02-82	107	44.86020
01-02-40	65	1.35433	01-02-83	108	47.25110
01-02-41	66	1.48387	01-02-84	109	49.79713
01-02-42	67	1.61928	01-02-85	110	52.50694
01-02-43	68	1.76227	01-02-86	111	55.39319
01-02-44	69	1.92286	01-02-87	112	58.46521
01-02-45	70	2.11028	01-02-88	113	61.73549
01-02-46	71	2.33795	01-02-89	114	65.21324
01-02-47	72	2.60426	01-02-90	115	68.91186
01-02-48	73	2.88497	01-02-91	116	72.84242
01-02-49	74	3.18679	01-02-92	117	77.01849
01-02-50	75	3.51565	01-02-93	118	81.45131
01-02-51	76	3.88672	01-02-94	119	83.33333
01-02-52	77	4.31857	01-02-95	120 & Up	0.00000

*Attained age is the Insured's age on the last policy anniversary.

This table shows the Guaranteed Maximum Cost of Insurance Rates for the policy without riders. These rates are individual mortality calculations based on the Commissioner's 2001 Standard Ordinary Ultimate Mortality Table, [Nonsmoker Male], Age Last Birthday, as specified by the Risk Class of the Insured shown on the Specifications Page.

Specifications Page (continued)

Net Single Premium Factors

Policy Year Starting	Attained Age*	Net Single Premium Factor	Policy Year Starting	Attained Age*	Net Single Premium Factor
[01-02-10	35	0.20809	01-02-43	68	0.58878
01-02-11	36	0.21551	01-02-44	69	0.60354
01-02-12	37	0.22320	01-02-45	70	0.61844
01-02-13	38	0.23115	01-02-46	71	0.63341
01-02-14	39	0.23936	01-02-47	72	0.64835
01-02-15	40	0.24785	01-02-48	73	0.66316
01-02-16	41	0.25660	01-02-49	74	0.67788
01-02-17	42	0.26562	01-02-50	75	0.69252
01-02-18	43	0.27489	01-02-51	76	0.70707
01-02-19	44	0.28442	01-02-52	77	0.72149
01-02-20	45	0.29419	01-02-53	78	0.73569
01-02-21	46	0.30421	01-02-54	79	0.74955
01-02-22	47	0.31450	01-02-55	80	0.76303
01-02-23	48	0.32509	01-02-56	81	0.77607
01-02-24	49	0.33604	01-02-57	82	0.78865
01-02-25	50	0.34733	01-02-58	83	0.80083
01-02-26	51	0.35894	01-02-59	84	0.81259
01-02-27	52	0.37085	01-02-60	85	0.82388
01-02-28	53	0.38304	01-02-61	86	0.83464
01-02-29	54	0.39548	01-02-62	87	0.84482
01-02-30	55	0.40813	01-02-63	88	0.85439
01-02-31	56	0.42097	01-02-64	89	0.86336
01-02-32	57	0.43401	01-02-65	90	0.87176
01-02-33	58	0.44729	01-02-66	91	0.87977
01-02-34	59	0.46085	01-02-67	92	0.88761
01-02-35	60	0.47464	01-02-68	93	0.89540
01-02-36	61	0.48862	01-02-69	94	0.90333
01-02-37	62	0.50272	01-02-70	95	0.91168
01-02-38	63	0.51689	01-02-71	96	0.92105
01-02-39	64	0.53110	01-02-72	97	0.93244
01-02-40	65	0.54536	01-02-73	98	0.94729
01-02-41	66	0.55971	01-02-74	99	0.96821
01-02-42	67	0.57418	01-02-75	100 & Up	1.00000]

*Attained age is the Insured's age on the last policy anniversary.

Specifications Page (continued)

Income Options

Minimum Amount That May Be Applied To An Income Option: [\$2,500]

Minimum Payment Amount: [\$100]

Minimum Income Option Interest Rate: [1.00%]

Income Option Mortality Table: [Annuity 2000 Table, with Projection Scale G, adjusted for age last birthday]

Income Options:

[Payments for Life – 10 Year Guarantee Period

Equal monthly payments shall be made for 10 years and thereafter during the life of a named person. The amount of each monthly payment depends on that person’s sex and adjusted age on the date of first payment. Monthly payments will not be less than those shown in the table below. Upon request, we will provide rates for the ages not listed.

Minimum Income Table								
Payments for Life – 10 Year Guaranteed Period								
Monthly Payments for each \$1,000 applied								
Adjusted Age Last Birthday	Male	Female	Adjusted Age Last Birthday	Male	Female	Adjusted Age Last Birthday	Male	Female
55	[3.15	2.87	65	[4.23	3.82	75	[5.91	5.47
56	3.23	2.94	66	4.38	3.95	76	6.11	5.67
57	3.32	3.02	67	4.52	4.08	77	6.30	5.89
58	3.41	3.10	68	4.68	4.22	78	6.49	6.11
59	3.51	3.19	69	4.84	4.38	79	6.68	6.33
60	3.62	3.28	70	5.01	4.54	80	6.87	6.54
61	3.73	3.37	71	5.18	4.71	81	7.06	6.76
62	3.85	3.47	72	5.36	4.88	82	7.24	6.97
63	3.97	3.58	73	5.54	5.07	83	7.41	7.18
64	4.10	3.70]	74	5.72	5.26]	84	7.57	7.37
						85 and over	7.72	7.55]

[Adjustment to Age: To determine the adjusted age, we subtract the Age Setback shown below from the actual age. For example, for a 67-year-old person in 2028, we use the age 64 factor per \$1,000 from the Minimum Income Table.

Year Life Income Payment Plan Begins	Age Setback
[2012 – 2017	1 year
2018 – 2023	2 years
2024 – 2029	3 years
2030 – 2035	4 years
2036 – 2041	5 years
2042 – 2047	6 years
2048 and later	7 years]

Definitions

Some of the terms used in this policy are defined here. Others are defined throughout the policy.

"The Company," "we," "our" and "us" refer to Western-Southern Life Assurance Company.

"Indebtedness" is the amount of any outstanding policy loans plus any accrued and unpaid interest. A policy lapses when Indebtedness exceeds the Current Cash Value.

"Guarantee Period" is the period of time during which an amount is to be credited with a Guaranteed Interest Rate. A Guarantee Period may be an Initial Guarantee Period or a Renewal Guarantee Period. An Initial Guarantee Period is the first Guarantee Period after the Policy Date in which The Company guarantees that the interest rate credited under the policy will not be less than the Initial Effective Annual Interest Rate shown on the Specifications Page. The Initial Guarantee Period is shown on the Specifications Page. A Renewal Guarantee Period of 12 months will begin following the expiration of the Initial Guarantee Period, and each year thereafter, with a rate declared by The Company, which will not be less than the Guaranteed Minimum Interest Rate shown on the Specifications Page.

"Guaranteed Interest Rate" is the effective annual interest rate established by us for an Initial or a Renewal Guarantee Period. This rate may change from time to time. The Guaranteed Interest Rate shall apply for the entire Guarantee Period.

"Guaranteed Minimum Interest Rate" is the lowest Guaranteed Interest Rate we can legally declare for a Guarantee Period at any time while the policy is in effect. The Guaranteed Minimum Interest Rate is shown on the Specifications Page and is guaranteed for the life of the policy.

"Monthly Date" is the Policy Date shown on the Specifications Page and the same calendar day in each succeeding calendar month. Policy months, years, and anniversaries are measured from the Policy Date. A policy month begins on each Monthly Date.

"Monthly Charge" is an amount deducted each Monthly Date from the Accumulation Value of the policy, as defined in Policy Values below. The Monthly Charge consists of the Cost of Insurance Charge, the Per Policy Charge and the Per \$1,000 Charge, all as defined in **Policy Costs and Charges** section below. The Monthly Charge also includes the monthly charges for any riders attached to this policy.

"Net Amount at Risk" is equal to the difference of (a) minus (b) where "(a)" is the Death Benefit on the Monthly Date plus any Indebtedness, all divided by the Net Amount at Risk Interest Factor as shown on the Specifications Page; and "(b)" is the Accumulation Value on the Monthly Date.

"You" and "your" refer to the Owner.

Ownership

Owner and Successor Owner

You are the Owner of the policy. As Owner, you have control of the policy while the Insured is living, subject to any assignment and to the rights of any irrevocable Beneficiaries. You may change ownership, change Beneficiaries, assign the policy, enjoy all policy benefits, and exercise all other policy rights and options.

If you are not the Insured, you may name a Successor Owner. The Successor Owner will become the Owner if you die before the Insured. If there is no Successor Owner, your estate will become the Owner.

Change of Ownership

You may change the Owner or name a Successor Owner by written request satisfactory to us. The request for change will take effect on the date it is signed. A request will not apply to any payment or other action we take until we receive and approve it at our Home Office.

Beneficiary

Naming and Changing Beneficiaries

The Beneficiary is the person to whom we pay the Death Benefit upon the death of the Insured. Unless you change them later, the primary and contingent Beneficiaries are the persons named in the application. Subject to the rights of any irrevocable Beneficiary, you may name a Beneficiary and change any named Beneficiary while the Insured is living by written request satisfactory to us. An irrevocable Beneficiary cannot be changed without his or her consent. The request for change will take effect on the date it is signed. A request will not apply to any payment or other action we take until we receive and record it at our Home Office. Unless an individual has been designated as irrevocable Beneficiary prior to assignment, the interest of any Beneficiary is subject to the rights of any assignees on our records.

Priority of Beneficiaries

You may designate Beneficiaries as primary or contingent to indicate the order in which they will receive the Death Benefit. If you name two or more Beneficiaries of the same class, they will share equally unless you state how they are to share.

The Death Benefit will be paid to the primary Beneficiaries who are living when payment is due. If no primary Beneficiary is living, payment will be made to the contingent Beneficiaries who are living when payment is due.

Death of Beneficiary

If no Beneficiary is living at the Insured's death, we will pay the Death Benefit to you or your estate. Any Beneficiary who dies within 10 days after the Insured's death will not be entitled to any benefits payable on such death unless that Beneficiary is living when we receive proof of the Insured's death at our Home Office. Unless you have instructed us otherwise, if the Beneficiary and the Insured both die and we cannot tell who died first, we will pay the Death Benefit as if the Beneficiary had predeceased the Insured.

***Premium
Payment &
Expense
Charge***

Payment of Premium

This is a single premium policy. The single premium you paid in advance of the policy becoming effective is shown as the Single Premium Amount on the Specifications Page. No additional premiums may be paid. We may refund the excess of any premium payment made over the maximum amount that could be paid without disqualifying the policy as life insurance under Section 7702 of the Internal Revenue Code, unless such amount is necessary to keep the policy in force.

**Policy Costs
& Charges**

Premium Expense Charge

We will deduct a Premium Expense Charge from your premium payment before it is credited to the policy. The Premium Expense Charge rate is shown on the Specifications Page.

Monthly Charges

We deduct certain Monthly Charges from the Accumulation Value on each Monthly Date to partially cover our expenses of distributing, issuing, and administering the policy, and to cover the cost of providing the life insurance benefits to you. These charges are 1) the Cost of Insurance Charge; 2) the Per Policy Charge; 3) the Per \$1,000 Charge; and 4) Monthly Charges for any riders.

Cost of Insurance Charge

We will deduct a Cost of Insurance Charge from the Accumulation Value on each Monthly Date. The Guaranteed Maximum Cost of Insurance Charge for each policy year is shown on the Specifications Page.

Cost of Insurance Charges vary by the Insured's attained age, sex and Risk Class. Age last birthday is used. At our option, we may charge current rates less than the maximums shown. We will determine the current rates from time to time. There will be no Cost of Insurance Charge after the Insured reaches age 121.

Per Policy Charge

We will deduct a Per Policy Charge from the Accumulation Value on each Monthly Date. The Maximum Monthly Per Policy Charge is shown on the Specifications Page. At our option, we may charge less than the maximum amount shown.

Per \$1,000 Charge

We will deduct a charge Per \$1,000 of the Face Amount of the policy from the Accumulation Value on each Monthly Date. The Maximum Annual Per \$1,000 Charge is shown on the Specifications Page. The monthly Per \$1,000 Charge deduction will not exceed the Maximum Annual Per \$1,000 Charge divided by 12. At our option, we may charge less than the maximum rates shown.

The Per \$1,000 Charge will be reduced if a partial surrender is taken. The reduction will be in proportion to the decrease in Face Amount to the original Face Amount before the partial surrender.

Surrender Charge

A Surrender Charge will apply if you surrender the policy or take a partial surrender. To determine the Surrender Charge you must first determine the "basis," which is equal to the Single Premium Amount minus the sum of all previous Partial Surrender Amounts, if any. If you surrender the policy, the Surrender Charge equals the Surrender Charge percentage shown on the Specifications Page multiplied by the "basis." If you take a partial surrender, the Surrender Charge equals the Surrender Charge percentage shown on the Specifications Page multiplied by the lesser of the amount of partial surrender requested and the "basis." There is no Surrender Charge if the sum of all previous Partial Surrender Amounts exceeds the Single Premium Amount paid.

Confinement Waiver

We will waive the Surrender Charge if the Insured is Confined to a Long Term Care Facility or Hospital and has been so Confined for at least 30 days. This waiver is not available if the confinement commences on or before the Policy Date. "Confined" means necessarily Confined as an Inpatient due to Injury or Sickness and upon the recommendation of a physician who is duly licensed and practicing medicine in the United States. The physician may not be the Insured or Owner, a member of the Insured's or Owner's immediate family, or business associate of the Insured or Owner.

"Injury" means accidental bodily injury that is sustained after the Policy Date. "Sickness" means sickness or disease that first manifests itself after the Policy Date. "Inpatient" means a person who is Confined in a Hospital or Long Term Care Facility as a resident patient and for whom a charge of at least one day of room and board is made by the Hospital or Long Term Care Facility.

"Long Term Care Facility" means a state licensed Skilled Nursing Facility or Intermediate Care Facility. Long Term Care Facility does not mean: a hospital; a place that primarily treats drug or alcohol addiction; a home for the aged or mentally ill, a community living center, or a place that primarily provides domiciliary, residency or retirement care; or a place owned or operated by a member of the Owner's or Insured's immediate family.

"Skilled Nursing Facility" means a facility which: is operated as a Skilled Nursing Facility according to the law of the jurisdiction in which it is located; provides skilled nursing care under the supervision of a physician; provides continuous 24 hour a day nursing service by or under the supervision of a registered graduate professional nurse (R.N.); and maintains a daily medical record of each patient.

"Intermediate Care Facility" means a facility which: is operated as an Intermediate Care Facility according to the law of the jurisdiction in which it is located; provides continuous 24 hour a day nursing service by or under the supervision of a registered graduate professional nurse (R.N.) or a licensed practical nurse (L.P.N.); and maintains a daily medical record of each patient.

Policy Values

Accumulation Value

The Accumulation Value on the Policy Date equals the Single Premium Amount received less the Premium Expense Charge and less the Monthly Charges for the first month.

The Accumulation Value on any Monthly Date after the Policy Date is equal to the sum of: (1) the Accumulation Value on the preceding Monthly Date, less the Partial Surrender Amounts for any partial surrenders made since that date; plus (2) one month's interest on the amount described in (1), at no less than the Guaranteed Minimum Interest Rate; plus (3) interest on any such Partial Surrender Amounts from the preceding Monthly Date to the dates of withdrawal; less (4) the Monthly Charges for the current month.

The Accumulation Value at any time during a policy month and not on a Monthly Date is equal to the Accumulation Value on the last Monthly Date, less the Partial Surrender Amount for any partial surrenders made since that date. The Accumulation Value will never be less than zero.

Guaranteed interest and interest credited in excess of guaranteed interest to the Accumulation Value are nonforfeitable after crediting, except for any charges made upon surrender.

Interest Rate

Interest will be credited to the Accumulation Value at the Initial Effective Annual Interest Rate shown on the Specifications Page for the Initial Guarantee Period. On each policy anniversary following the end of the Initial Guarantee Period, the Company will declare a new Guaranteed Interest Rate for a Renewal Guarantee Period which rate will be guaranteed for the following policy year. Interest will be credited at the new effective annual interest rate for the Renewal Guarantee Period. The effective annual interest rate will not be less than the Guaranteed Minimum Interest Rate shown on the Specifications Page. Interest on the Accumulation Value to the extent of any Indebtedness will be at the Guaranteed Minimum Interest Rate until the policy anniversary on which the Insured is age 120. Thereafter, interest on the Accumulation Value, to the extent of any Indebtedness, will be at the Loan Interest Rate in effect at that time.

Current Cash Value

The Current Cash Value is the Accumulation Value less the Surrender Charge.

Net Cash Value

The Net Cash Value is the Current Cash Value less any Indebtedness.

Cash Surrender

You may surrender the policy to us at any time while it is in force. If you do, we will pay the Net Cash Value. If you surrender within 30 days following a policy anniversary, the value available shall not be less than the last anniversary value. The policy will end without notice if you surrender it, and it may not be reinstated. The Surrender Charge applied to surrenders and partial surrenders is shown on the Specifications Page and is further explained in the ***Surrender Charge*** provision.

If the surrender occurs on a day other than a Monthly Date, we will credit interest at the rate in effect on the last Monthly Date (1) through the date of surrender on the Accumulation Value on the last Monthly Date, less the Partial Surrender Amounts for any partial surrenders made since that date; and (2) through the date of withdrawal on any such Partial Surrender Amounts.

Partial Surrender

You may withdraw part of the Net Cash Value at any time while the policy is in force. The amount you withdraw must be at least equal to the Minimum Partial Surrender Amount on the Specifications Page. A partial surrender will not be permitted if it reduces the Net Cash Value after the partial surrender to less than the Minimum Net Cash Value After Partial Surrender shown on the Specifications Page.

A partial surrender will reduce the Accumulation Value by the Partial Surrender Amount. The "Partial Surrender Amount" is the amount withdrawn plus any applicable Surrender Charge.

A partial surrender will also result in a decrease in the Face Amount. The Face Amount and the Per \$1,000 Charge will be decreased proportionally by an amount equal to the Partial Surrender Amount multiplied by the ratio of the Face Amount to the Accumulation Value, prior to the partial surrender.

**Policy
Loans**

Right to Borrow and Loan Value

You may borrow up to the available Loan Value of your policy. The Loan Value is the Current Cash Value determined as of the date of the loan, less:

- (1) the Monthly Charge for the current month;
- (2) any existing loan and accrued interest; and
- (3) loan interest from the date of the loan to the next policy anniversary.

The cash value of the policy will be the sole security for the loan. We reserve the right to defer the payment of the loan for six months after the request for the loan is received. The policy will lapse if Indebtedness exceeds Current Cash Value.

Interest

We charge interest in arrears on the loan. The Maximum Loan Interest Rate is shown on the Specifications Page. Interest accrues daily from the date of the loan. Interest is due on each policy anniversary and on the date the loan is repaid. Any interest not paid when due will be added to the loan and will bear interest at a rate not greater than the Maximum Loan Interest Rate shown on the Specifications Page.

Repayment

You may repay all or part of the loan and accrued interest at any time while the Insured is living and while this policy is in force.

**Death
Benefit**

Face Amount

The initial Face Amount is shown on the Specifications Page. If you take a partial surrender, the Face Amount will decrease as described in the **Partial Surrenders** provision of this policy. Any decrease in the Face Amount will take effect immediately following the partial surrender.

Death Benefit

The Death Benefit proceeds payable upon the death of the Insured will be the greater of the following two amounts, less any Indebtedness:

- (1) the Face Amount on the date of death; and
- (2) the Accumulation Value on the date of death divided by the Net Single Premium Factor for the Insured's attained age, sex and Risk Class.

The "Net Single Premium Factors" that apply on policy anniversaries are shown on the Specifications Page. If the Insured dies between policy anniversaries, the factor on the preceding policy anniversary is increased proportionately to account for the period from the preceding policy anniversary to the end of the month in which the Insured dies.

Suicide Exclusion

We will not pay the Death Benefit if the Insured dies by suicide, while sane or insane, within two years from the Policy Date. If the policy is in force at that time, we will return the Single Premium Amount you paid less (1) any Indebtedness and (2) any Partial Surrender Amounts.

Income Options**Available Options**

All or part of the Death Benefit or the amount payable on surrender of the policy may be applied to an income option shown on the Specifications Page. In addition to the Income Options described on the Specifications Page, other options may be available.

The Income Options are described in terms of monthly payments. You may request quarterly, semi-annual or annual payments instead of monthly payments. We will quote the amount of the other payments upon request. For life contingent options, there is no value that may be commuted, withdrawn or transferred to another option after the date of the first payment.

An association, corporation, partnership or fiduciary may not be a payee without our approval.

Choice of Option

You may choose or change an Income Option while the Insured is living by written request satisfactory to us. An Income Option selected for a particular Beneficiary will end if you change that Beneficiary.

After the Insured dies, anyone who will receive the Death Benefit in one sum may choose an Income Option. We must receive the request within 60 days after payment is due. After electing an Income Option, all interests of the Beneficiary, other than in the Income Option, will end. Any amount remaining unpaid when that Beneficiary dies will be paid to his or her estate unless another has been named by the Beneficiary to receive payment.

Income Option Terms

The Minimum Amount That May Be Applied To An Income Option is shown on the Specifications Page. Each payment must be at least the Minimum Payment Amount shown on the Specifications Page. We may change the frequency of payments if payments would be less than the Minimum Payment Amount. Once income payments begin, no changes can be made to the option selected or the income payment amount.

We guarantee interest under the Income Options at the Minimum Income Option Interest Rate shown on the Specifications Page. We may increase the interest rate above the minimum. Payments will be based on the interest rate in effect on the due date of the first payment. Benefits will not be less than those that would be provided by the application of the Net Cash Value to purchase a single premium immediate annuity contract at purchase rates offered by us at the time to the same class of annuitants whether the annuity benefits are payable in fixed or variable amounts or both.

Life contingent payments will be based on the Income Option Mortality Table shown on the Specifications Page.

Payment of Proceeds**Policy Proceeds**

The proceeds of this policy may be either Death Benefit proceeds payable to the Beneficiary upon the death of the Insured, or Net Cash Value proceeds, payable to you if you surrender the policy during the lifetime of the Insured. Proceeds may be paid in a lump sum or under one or more Income Options. See the **Income Options** section above.

Death Benefit proceeds will be due on the date of the Insured's death. We will make payment within 60 days following receipt of due proof and any other proof that we require in order to investigate the claim. The Beneficiary should contact us at the Home Office for instructions on how to file a claim.

Net Cash Value proceeds will be due on the date we receive your written request at our Home Office.

We will pay interest on the Death Benefit if we fail to make payment within a reasonable period of time, not to exceed 30 days, after we receive proof of death. The rate will be at an annual rate of 8%, payable from the date of death to the date of payment. If payment is to be made under an income option, "date of payment" will be the effective date of the option.

Loan or Surrender Deferment

We may defer the payment of any surrender, partial surrender or policy loan for not more than 6 months after we receive your request.

***Policy Lapse
and
Reinstatement***

Policy Lapse and Notice

The policy will lapse when the Indebtedness exceeds the Current Cash Value. Thirty-one days before lapse, we will mail a notice to your last known address and that of any assignee of record. You may prevent the policy from lapsing by paying the excess Indebtedness within this 31-day period. If your policy lapses, insurance coverage under the policy ends.

If there are no outstanding policy loans, we guarantee the policy will not lapse.

Reinstatement

After the policy has lapsed, you may reinstate it – that is, put it back in force – within three years after the date of lapse. You cannot reinstate the policy if it has been surrendered. To reinstate the policy you must:

- (1) furnish evidence of insurability satisfactory to us; and
- (2) repay or reinstate the policy loan with interest at the current loan interest rate, compounded annually. Interest at this rate will be due from the date of lapse to the date of reinstatement of the policy.

All charges and determinations of value as described in this policy will continue to be applied to the policy if reinstated. If the Accumulation Value and any Loan Value are reinstated, interest shall be credited to the Accumulation Value consistent with any interest charges on the loan during the period of lapse.

***General
Provisions***

Entire Contract

The policy consists of the basic policy and any attached riders, endorsements or amendments. The policy, the application and any supplemental applications are the entire contract. Copies of all applications are attached.

In Force

The policy will be "in force" from the time it takes effect until it terminates.

The policy takes effect when you have received it and paid the Single Premium Amount while the Insured is living and then only if the health and other factors affecting insurability remain as described in the application for insurance.

The policy will terminate on the earliest of:

- (1) the Insured's death,
- (2) cash surrender of the policy, or
- (3) lapse of the policy due to policy loans.

Modification of Contract

Any change in the policy or waiver of its requirements must be in writing and signed by our Chairman, President or Secretary. No other person has the authority to change the policy or waive any of its terms.

Statements in Application

All statements made in the application and in any supplementary application are, in the absence of fraud, representations and not warranties.

Incontestability

We can contest the validity of the policy or any rider if there is a material misstatement in the application for the policy or any rider or a material misstatement in an application for reinstatement. No statement will be used in defense of a claim unless it is in an application or supplemental application and a copy of such application is attached to this policy.

Except for fraud in the procurement of the policy where permitted by law, we will not contest the validity of the policy after it has been in force during the Insured's lifetime for two years from the Policy Date.

With respect to statements in an application for reinstatement, the policy is incontestable, except for fraud in the procurement where permitted by law, after it has been in force during the Insured's lifetime for two years from the date of reinstatement. The contestable period is based only on statements in the reinstatement application, unless the original contestable period has not yet expired.

Incorrect Age or Sex

If the age or sex of the Insured shown on the Specifications Page is not correct, we will adjust the Face Amount by the ratio of the premium paid to the premium that should have been paid for the correct age and sex. We will recalculate the policy values from issue based on the corrected Face Amount. No such recalculation will result in the termination of the policy.

Proof of Facts

We may ask anyone claiming ownership, beneficiary, payment or other rights in the policy for proof satisfactory to us of that person's age, sex or identity. Any payment we make relying on that proof discharges us from any obligation to make that payment to another person.

Creditor Claims

All payments under the policy are exempt from legal process and the claims of creditors to the extent permitted by law. No payment will be transferred, assigned or withdrawn before it becomes payable unless we agree.

Required Note on Our Computations

Cash values and nonforfeiture benefits available under the policy are not less than the minimum values and benefits required by or pursuant to Section 6B of the NAIC Universal Life Insurance Regulation, model #585.

Experience factors upon which indeterminate charges are adjusted include investment earnings, mortality, persistency, taxes and expenses.

We have filed a detailed statement of the method we use to determine values with the state where the policy was delivered. All values are equal to or more than those required by the laws of that state.

Assignment

You may assign the policy as collateral for a loan. We are not bound by an assignment until our records show that we have received a copy. Your rights and those of any Beneficiary and any Successor Owner will be subject to the assignment. We are not responsible for the validity of the assignment.

Annual Report

At least once a year we will send you an Annual Report dated not more than four months prior to the date of mailing. There is no charge for this report. The report will show the beginning and end dates of the report and contain the following information:

- (1) the Accumulation Value, if any, at the beginning of the current report period and at the end of the current report period;
- (2) the amounts that have been credited or debited to the Accumulation Value during the current report period. These amounts include the premium payment, interest credits, expense charges, cost of insurance charges, cost of riders (if any), partial surrenders and fees;
- (3) the current Death Benefit as of the end of the current report period;
- (4) the Current Cash Value, if any, at the end of the current report period;
- (5) the amount of outstanding loans, if any, at the end of the current report period.

Any other information required by applicable law will also be included in the Annual Report.

We will also provide you upon request, at least annually and without charge, a report showing projected values for your policy.

Governing Law

Except as otherwise stated, this policy shall be interpreted by the applicable laws of the state in which it is issued as shown on the Specifications Page, without referring to conflict of laws principles.

Nonparticipating

This policy does not participate in surplus earnings of The Company.

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Western-Southern Life Assurance Company
[400 Broadway
Cincinnati, Ohio 45202-3341]

Customer Service — [1-800-926-1993]

Single Premium Universal Life Policy
Issued on Insured in Risk Class Shown on Specifications Page
Death Benefit Payable at Death of Insured
Surrender May Result in Penalty
Nonparticipating

Western-Southern Life Assurance Company

Accelerated Death Benefit Rider

Accelerated Death Benefit

You may elect to receive an advance on the Death Benefit under the policy upon the occurrence of any of the following qualifying events as experienced by the Insured: (1) Chronic Illness; or (2) Terminal Illness.

You may request more than one advance for each type of qualifying event. You may make no more than one election for each type of qualifying event.

Any advance paid under this rider will, at the Insured's death, reduce the Death Benefit of the policy unless the lien created by the advance is repaid. Subject to *Terms of Advance* below, in the event of an advance, the terms and conditions of the policy continue to be in effect, such as interest crediting, loan privileges, and policy costs and charges.

There is no charge for this rider prior to claim. We reserve the right to assess an administrative charge of not more than the Maximum Administrative Charge shown on the Specifications Page to process a claim under this rider.

Tax Consequences

ACCELERATED BENEFIT PAYMENTS FROM THIS RIDER MAY QUALIFY FOR SPECIAL TAX STATUS, IF, ACCORDING TO FEDERAL DEFINITIONS, THE INSURED QUALIFIES AS TERMINALLY ILL, OR QUALIFIES AS CHRONICALLY ILL. WE RECOMMEND THAT YOU CONTACT A TAX ADVISOR WHEN MAKING TAX-RELATED DECISIONS ABOUT ELECTING TO RECEIVE AND USE BENEFITS FROM AN ACCELERATED BENEFIT PRODUCT.

Minimum and Maximum Advance Amounts

The minimum and maximum advance amounts are shown on the Specifications Page. The amount of:

- (a) an advance; plus
- (b) lien interest to the next policy anniversary; plus
- (c) the lien amount outstanding on the date of the advance

may not exceed the Maximum Advance Amount shown on the Specifications Page.

In addition, no advance will be paid if payment would exceed a total advance amount equal to the cash value (or accumulation value, if applicable) less any surrender charges, plus \$250,000.

If more than one qualifying event occurs simultaneously, we will use the qualifying event with the highest Maximum Advance Amount to determine the available advance amount, unless you elect otherwise. Maximum advance amounts will not be additive regardless of the number of qualifying events that apply.

***Payment of
Advance Amount***

Advance payments may be made as frequently as monthly but all advance payments must be made within 12 months of the first advance payment for Terminal Illness, or within 48 months of the first advance payment for Chronic Illness. Advance payments will be paid in a lump sum to you or to any other payee you so designate. No advance payments will be made on or after the policy anniversary on which the Insured is the Maximum Advance Age shown on the Specifications Page.

Advance payments must be in an amount at least equal to the Minimum Advance Amount shown on the Specifications Page. Payment of the advance is due immediately after receipt of written proof of eligibility. We will make payment within 60 days following receipt of due proof and any other proof that we require to investigate the claim. The accelerated death benefit will be paid to the Owner or Owner's estate while the Insured is living, unless the benefit has been otherwise assigned or designated by the Owner. If the Insured dies after the Owner elects to receive an advance, but before any such benefits are received, the election shall be cancelled and the Death Benefit paid under the policy.

Policy Lien

When an advance is paid under this rider, a lien is created against the policy. The lien is equal to the amount of advances made against the policy plus amounts added to the lien as described below.

If You do not pay lien interest when it is due, it will be added to the amount of the lien and will bear interest at the Lien Interest Rate shown on the Specifications Page, subject to your right of repayment. Interest is due and payable in advance on the date of an advance to the next policy anniversary and on each policy anniversary thereafter to the next policy anniversary. You may repay any outstanding lien at any time before the Insured's death.

If the total of all advances plus accumulated interest exceeds the Death Benefit, such that the proceeds paid upon death would be zero, the policy will stay in force until the date of death with payment of a zero death benefit. No Monthly Charges will be assessed against the policy nor will any interest be added to the Accumulation Value.

The interest credited to your policy may be affected by the special loan under this rider. We may apply a different rate of interest to a portion of the Accumulation Value that is equal to the total amount of the special loan, but the rate will not be less than the Guaranteed Minimum Interest Rate shown on the Specifications Page.

***Effect of Lien on
Policy***

An outstanding lien will have the following effect on the policy: the Death Benefit payable if the Insured dies while the policy is in force will be reduced by the amount of any outstanding loan.

A lien will not reduce the Face Amount or Current Cash Value of the policy. A lien will limit your access to a policy loan to the excess of the Net Cash Value.

We may deny your request to make any changes to the policy while there is an outstanding lien, including the right to elect a nonforfeiture option, if any.

Conditions for Making Advance

The payment of any advance under this rider is conditioned upon and subject to our receipt at the Home Office of all of the following:

- (1) Your written request for an advance;
- (2) the written consent of any irrevocable Beneficiary and any assignee;
- (3) Your written designation of us as an assignee of policy proceeds equal to the amount of any outstanding lien, including lien interest;
- (4) medical evidence acceptable to us certifying that the Insured has suffered a qualifying event. Medical evidence for Chronic Illness must come from a Licensed Health Care Practitioner, and for Terminal Illness from a United States licensed physician. The practitioner or physician cannot be the Owner, Insured or a member of their immediate families. Such medical evidence must specify that
 - (a) the Insured has been diagnosed as having a Chronic Illness or Terminal Illness; and
 - (b) such Chronic Illness or Terminal Illness meets the criteria set forth in the **Definitions** section of this rider

We may require a second opinion and examination of the Insured at our expense by a physician designated by us. If our physician's medical opinion does not confirm the medical opinion we receive from the Insured's physician, we may require, at our expense, an additional medical examination of the Insured by a physician mutually acceptable to you and us. We will accept the medical opinion of this third physician as conclusive medical evidence.

We will provide a claim form to you within 15 days of your request for an advance. You will return that claim form to us to help establish proof of eligibility for this benefit.

The accelerated death benefit under this rider will be made available to you on a voluntary basis only. Therefore:

- (1) If you are required by law to elect this benefit to meet the claims of creditors, whether in bankruptcy or otherwise, you are not eligible for this benefit.
- (2) If you are required by a government agency to elect this benefit in order to apply for, obtain, or keep a government benefit or entitlement, you are not eligible for this benefit.

Definitions**Qualifying Event Definitions**

"Chronic Illness" means the Insured:

- (1) has been unable to perform (without substantial assistance from another individual) at least two Activities of Daily Living for a period of at least 90 days due to a loss of functional capacity; or
- (2) requires Substantial Supervision to protect himself/herself from threats to health and safety due to Severe Cognitive Impairment.

"Terminal Illness" means an illness that is expected to result in death within 12 months of the date the medical evidence is provided to us.

Medical Terminology Definitions

“Accidental Bodily Injury” means a sudden, unexpected, unusual, specific and abrupt bodily trauma that occurs by chance, independently of all other causes, and not as a result of the intentional acts of the Insured. An injury caused by, resulting from, or contributed to by a Sickness or the intentional act of the Insured, including commission of an assault or felony, is not an accident. Sickness means a mental illness or infirmity, disease, or pregnancy.

“Activities of Daily Living” refers to eating, toileting, transferring (moving in or out of a bed or chair), bathing, dressing and continence.

“Licensed Health Care Practitioner” means any physician (as defined in section 1861(r)(1) of the federal Social Security Act) and any registered professional nurse, licensed social worker or other individual who meets such requirements as may be prescribed by the federal Secretary of Health and Human Services, or as defined in the federal Health Insurance Portability and Accountability Act or any successor law or any regulation promulgated thereunder. The Licensed Health Care Practitioner must be acting within the scope of his or her United States license in the state of licensure when providing covered services or performing actions required by the contract. A Licensed Health Care Practitioner means a person, other than the Insured or Owner, a member of the Insured’s or Owner’s immediate family, or business associate of the Insured or Owner, who is duly licensed and practicing medicine in the United States, who is legally qualified to diagnose and treat sickness and injuries, has examined You, and is providing services within the scope of his or her license.

“Severe Cognitive Impairment” means a loss or deterioration in intellectual capacity that includes Alzheimer’s disease and similar forms of irreversible dementia, and is reported in good faith by clinical evidence and standardized tests that measure impairment in (1) short- or long-term memory, (2) orientation to people, places or time, and (3) deductive or abstract reasoning.

“Substantial Supervision” means continual, 24-hour supervision by another person that is necessary to protect severely cognitively-impaired individuals against threats to their health or safety.

Reinstatement

If the policy terminates and is reinstated, this rider will automatically be reinstated with the policy. Any lien that was outstanding at the time the policy terminated will be reinstated with lien interest as if the policy had not terminated.

When Effective

The Effective Date of this rider is shown on the Specifications Page.

Termination of Rider

This rider will terminate upon first to occur of written request of the Owner or termination of the policy. Termination shall not prejudice the payment of benefits for any qualifying event that occurred while the policy was in effect.

**Other
Provisions**

Prior to or concurrent with the election to accelerate the policy Death Benefits, you and any irrevocable Beneficiary will be given a statement demonstrating the effect of the acceleration of the payment of Death Benefits on the cash value, Death Benefit, Cost of Insurance Charges and policy loans (including policy liens).

Unless otherwise provided in Your written election for an advance, the payee may not commute, anticipate, assign, alienate or otherwise encumber any payment under this rider.

We will not contest this rider after it has been in effect during the Insured's lifetime for two years from its effective date or, if this rider terminates because of the termination of the policy and both are reinstated, two years from its reinstatement date. No statement will be used in contesting a request for an advance unless it is in an application or supplemental application attached to this rider or to the policy of which this rider is a part.

Any contest of a reinstated rider will be based only on material misstatements in the application for reinstatement, unless termination and reinstatement occur during the first two policy years. If the policy is reinstated in the first two policy years, a contest may be based on material misstatements in both the application for reinstatement and the original application for the policy.

This rider is attached to and made a part of the policy. The terms and definitions of the basic policy apply to this rider except to the extent they are in conflict with its terms.

Signed for Western-Southern Life Assurance Company at Cincinnati, Ohio

() ()

Secretary President and
Chief Executive Officer

Specifications Page (continued)

Accelerated Death Benefit Rider

Effective Date: [01-01-2013]

Maximum Advance Age: [120]

Maximum Advance Amount: [The Maximum Advance Amounts under this rider are equal to:

- (1) for Chronic Illness, the lesser of
 - (i) [\$250,000] or
 - (ii) [100% of the premium paid less partial withdrawals]; or
- (2) for Terminal Illness, the policy's Net Cash Value, plus the lesser of
 - (i) [\$250,000] or
 - (ii) [60% of the Net Amount at Risk as defined in the policy.]

The above values are calculated as of the date of the first advance.]

Minimum Advance Amount: [\$5,000]

Maximum Administrative Charge: [\$75]

Lien Interest Rate: For the portion of the outstanding lien that is less than or equal to the Net Cash Value of the policy, the Lien Interest Rate will be the lesser of:

- (a) the Loan Interest Rate then in effect under the policy; or
- (b) [8% (7.4% in advance)].

The Lien Interest Rate on the amount of the outstanding lien in excess of the Net Cash Value will be the rate in (b) above.



Western-Southern Life Assurance Company
400 Broadway, Cincinnati OH, 45202

TERM LIFE PLANS
Chronic and Terminal Illness
Accelerated Death Benefit Rider Disclosure

The Accelerated Death Benefit Rider gives the owner the right to receive an accelerated payment of a portion of the death benefit in the form of an advance when the insured has experienced either of the following qualifying events: (1) Chronic Illness; or (2) Terminal Illness.

Any advance paid under this rider will, at the Insured's death, reduce the Death Benefit of the policy unless the lien created by the advance is repaid.

ACCELERATING CONDITION

"Chronic Illness" means the insured has been unable to perform (without substantial assistance from another individual) at least two activities of daily living for a period of at least 90 days due to a loss of functional capacity or requires substantial supervision to protect themselves from threats to health and safety due to severe cognitive impairment.

"Terminal Illness" means an illness that is expected to result in death within 12 months of the date the medical evidence is provided to us. An advance for Terminal Illness will not be paid unless it has been first diagnosed while the Insured is covered by the policy.

RIDER CHARGES

There is no charge for this rider, but interest will be charged on the amount of the advance. Also, we reserve the right to assess an administrative fee of not more than \$75 to process a claim.

IMPACT ON POLICY VALUES

When an advance is paid, a lien is created against the policy. We will increase the lien, if necessary, to keep the policy in force. If a premium remains unpaid at the end of the grace period, we will increase the lien by the amount of the premium with lien interest to the next policy anniversary. If you do not pay lien interest when it is due, it will be added to the amount of the lien and will bear an annual interest rate equal to the lesser of the loan interest rate then in effect under the policy or 8% (7.4% in advance). The lien interest rate on the amount of the outstanding lien in excess of the net cash value will be 8% (7.4% in advance). The lien will continue to exist against the policy until it is repaid or the policy terminates.

Any premium return amount will be reduced by the amount of any outstanding lien and any cash value will be reduced by the amount of any outstanding lien less any unearned lien interest.

Unless the lien is repaid before the Insured's death, the death benefit will be reduced by any outstanding lien, including interest.

TAX CONSEQUENCES

Receipt of Accelerated Benefit payments may adversely affect the recipient's eligibility for Medicaid or other government benefits or entitlements. They may also be considered taxable by the Internal Revenue Service. You should contact your personal tax advisor for additional information about the tax status of the accelerated death benefit payment.

ACKNOWLEDGEMENTS

A. Complete this section at time of application.

I acknowledge that I received, read and understand the Accelerated Death Benefit Rider Disclosure provided in connection with my application for a life insurance policy with the Western-Southern Life Assurance Company.

Signature of Applicant/Proposed Owner

Date

Signature of Agent

Date

B. Complete this section when requesting a claim for accelerated benefits.

I acknowledge that I received, read and understand the Accelerated Death Benefit Rider Disclosure provided and consent to payment of the benefit described in the Accelerated Death Benefit Rider form provided with my policy.

Name of Insured

Policy Number

Signature of Owner

Date

Signature of Irrevocable Beneficiary

Date

Signature of Agent

Date

Complete two copies; one copy for the applicant/owner, return one copy to the Home Office

Western-Southern Life Assurance Company

Return of Premium Rider

Introduction

This rider provides a limited return of premium benefit. The effective date of this rider is the Policy Date. There is no charge for this rider.

Return of Premium Benefit

If you surrender the policy for its Net Cash Value (see policy provision **Cash Surrender**) while this rider is in force, you will also receive a "Premium Return Amount" equal to:

- (1) the Single Premium Amount shown on the Specifications Page, less
- (2) the total of all Partial Surrender Amount(s); plus
- (3) any surrender charges associated with any previous partial surrenders not waived under the policy's **Confinement Waiver** provision; less
- (4) the Current Cash Value of this contract as of the date of surrender (see policy provision **Net Cash Value**).

If the Premium Return Amount is less than zero, we consider it to be zero.

The total of the Current Cash Value, any partial surrender amounts, and the Premium Return Amount will never be less than the Single Premium Amount.

We will pay the Premium Return Amount to the Owner, provided that on the date of surrender:

- (1) the Insured is alive;
- (2) the policy and this rider are in force, as defined in the policy.

Upon payment of the Premium Return Amount, your policy and this rider and all benefits under this rider will end.

Death Benefit

The Death Benefit provision of the policy is changed by replacing item (2) with the following:

- (2) (i) the greater of
 - (a) the Accumulation Value before deduction of any Monthly Charge due on the date of death, or
 - (b) the Return of Premium Amount provided by this rider;
- (ii) divided by the Net Single Premium Factor for the Insured's attained age, sex and Risk Class.

When This Rider Ends

This rider will terminate only upon the first to occur of the following events:

- (1) on the death of the Insured;
- (2) you elect to take an advance under an accelerated death benefit rider;
- (3) surrender of the policy for its cash value;
- (4) if you borrow any amount under the **Policy Loans** provision of the policy;
- (5) upon termination of the policy for any reason other than the death of the Insured.

Reinstatement

Because the policy can lapse only in the event that Indebtedness exceeds Current Cash Value, and this rider ends if a policy loan is taken, this rider cannot be reinstated.

Incontestability

We will not contest the validity of this rider after it has been in effect during the lifetime of the Insured for a period of two years from the Policy Date.

Policy Terms

This rider is attached to and made a part of the policy. The terms and definitions of the base policy apply to this rider except to the extent they are in conflict with the terms of this rider. This rider is issued at a nonparticipating premium rate and shall not share in our surplus earnings.

Signed for Western-Southern Life Assurance Company at Cincinnati, Ohio


SECRETARY
Secretary


PRESIDENT AND
Chief Executive Officer

6. INFORMATION ON PROPOSED INSURED. Please check "Yes" or "No" to the Following Questions.	Yes	No
A. Are you a US citizen or permanent US resident who holds a permanent visa?	<input type="checkbox"/>	<input type="checkbox"/>
B. Have you ever tested positive for exposure to the HIV (Human Immunodeficiency Virus) or been diagnosed as having or been treated for AIDS (Acquired Immune Deficiency Syndrome) or ARC (AIDS-Related Complex)?	<input type="checkbox"/>	<input type="checkbox"/>
C. Within the past 10 years, have you been hospitalized, diagnosed, treated, tested positive, or been given medical advice by a member of the medical profession for Alzheimer's Disease or any other form of dementia?	<input type="checkbox"/>	<input type="checkbox"/>
D. Within the past 5 years, have you been advised by a member of the medical profession to get medical care which was not completed, such as any hospitalization, surgery or diagnostic test, except those tests related to the Human Immunodeficiency Virus (AIDS Virus)?	<input type="checkbox"/>	<input type="checkbox"/>
Give details for Yes answer:		
E. Within the past 10 years, have you been diagnosed, treated, tested positive for, or been given medical advice by a member of the medical profession for any of the following: heart or coronary artery disease or disorder, stroke, peripheral vascular disease, cancer, hepatitis C, diabetes which is treated with insulin, disorder of the brain or nervous system, Parkinson's disease, memory loss, cognitive impairment (including mild cognitive impairment), leukemia, lymphoma, cirrhosis, pancreas disease or disorder, emphysema, chronic lung or pulmonary disease (including COLD or COPD), or any disorder or disease of the immune system except those related to the Human Immunodeficiency Virus (AIDS virus)?	<input type="checkbox"/>	<input type="checkbox"/>
Give details for Yes answer:		
F. Within the past 5 years, have you been hospitalized for the following: chest pain, high blood pressure, asthma, depression, manic-depression, other mental or nervous system disorder, rheumatoid arthritis or other connective tissue disease, paralysis, seizure, anemia, blood disorder, diabetes or complications from diabetes, or kidney or liver disease or disorder (excluding kidney stones)?	<input type="checkbox"/>	<input type="checkbox"/>
Give details for Yes answer:		
G. In the past 2 years, have you been diagnosed as having or been treated for a hip fracture?	<input type="checkbox"/>	<input type="checkbox"/>
Give details for Yes answer:		
H. Have you ever used illegal drugs, consulted or been treated by a member of the medical profession, been hospitalized or taken medication for abuse of alcohol or drugs (including prescription drugs)?	<input type="checkbox"/>	<input type="checkbox"/>
Give details for Yes answer:		
I. In the past twelve months, have you used any nicotine or tobacco products or any product that contains nicotine such as a patch or gum?	<input type="checkbox"/>	<input type="checkbox"/>

7. OWNER (If Other Than Proposed Insured)	
Name (First, Middle, Last)	Date of Birth/Trust
Address	Social Security Number/TIN
City, State, Zip	State/Country of Birth
Relationship to Proposed Insured	
8. Successor Owner (Optional – Becomes Owner upon the death of Owner named in section 7)	
Name (First, Middle, Last)	Date of Birth/Trust
Address	Social Security Number/TIN
City, State, Zip	State/Country of Birth
Relationship to Proposed Insured	
9. Agreement and Acknowledgement	
<p>I agree that: A. These statements and answers and those in all supplements, amendments, medical examiner's reports and overflow page will form the basis of any policy issued. B. No medical examiner, producer or other representative of the insurer has the power to make or modify any contract of insurance or bind the insurer in any way. C. No statement made by me or by the Insurer's agent or anyone else will bind the Insurer unless stated in this application. D. Except as provided in any Temporary Insurance Agreement, no insurance will take effect: (1) before this application is approved; and (2) before a policy is delivered and the single premium paid while each person to be insured is alive and then only if the health and other conditions affecting insurability remain as described in this application. E. I have received: (1) a Privacy Policy Disclosure which details the method I must use to exercise my right to access, correct and amend any information gathered about me which relates to this application; and (2) Disclosures Regarding Insurance Information Practices, including the MIB, Inc. Pre-Notice.</p> <p>Based on the manner the application was taken, I have either read each section of the application, or it has been read to me. I have been given the opportunity to have any and all sections repeated and corrections made if necessary. I represent that each and every statement and answer in this application is true and complete to the best of my knowledge and belief.</p> <p>Taxpayer ID Certification: The Internal Revenue Service does not require your consent to any provision of this application other than the certifications required to avoid backup withholding.</p>	
State Disclosures	
<p>Alabama, Delaware, Montana, Nevada: WARNING: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.</p> <p>Arkansas, District of Columbia: WARNING: 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.</p> <p>Florida: WARNING: 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.</p> <p>New Jersey: WARNING: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.</p>	

AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION (Complies with the HIPAA Privacy Rule): The undersigned, individually, hereby consent and authorize any health plan, physician, medical practitioner, health care professional, hospital, clinic, pharmacy or pharmacy benefit manager, other medical or medically related facility, other health-care provider, MIB, Inc. consumer reporting agency, my employer, or other companies or institutions that has provided payment, treatment or services, or who has information about me, to disclose to Western-Southern Life Assurance Company or their authorized representatives any information from health care or medical records. This includes information relating to diagnosis, prognosis, or treatment relative to any physical, or mental condition, or treatment relative to drug or alcohol use, or Acquired Immune Deficiency Syndrome (AIDS), AIDS-Related Complex (ARC) and/or tests for antibodies to the AIDS Virus (HIV), but excludes psychotherapy notes; investigative consumer reports, other insurance coverage and details of employment.

I authorize Western-Southern Life Assurance Company, or its reinsurers, to make a brief report of my personal health information to MIB, Inc.

The signature(s) below acknowledge that any agreements made to restrict my/our health information do not apply to this authorization and instruct any physician, medical practitioner, other health care professional, hospital, clinic, pharmacy or pharmacy benefit manager, other medical or medically related facility, or other health-care provider to release and disclose my/our health information without restriction. This authorization for disclosure of information is effective for 30 months following the date of signature(s) below. A copy of this authorization is as valid as the original.

The purpose for this disclosure is for Western-Southern Life Assurance Company to; (1) underwrite applications for coverage, make eligibility, risk rating, policy issuance and enrollment determinations; (2) obtain reinsurance; (3) administer claims and determine full responsibility for coverage and provision of benefits; (4) administer coverage; and (5) conduct other legally permissible activities that relate to any coverage I/we have or have applied for with Western-Southern Life Assurance Company.

I, the Proposed Insured or Legal Representative, understand that: a) I have the right to obtain a copy of and revoke this authorization at any time by notifying Western-Southern Life Assurance Company (hereafter, 'the Company') in writing at 400 Broadway, Cincinnati, Ohio, 45202, Attention: Privacy Officer; b) the revocation is only effective after it is received by the Company; c) any use or disclosure prior to the revocation will not be affected by a revocation d) a revocation is not effective to the extent that the Company has a legal right to contest a claim under a policy or to contest the policy itself; e) after health information is disclosed, federal law might not protect it, and the recipient might redisclose it; f) health care and payment for health care will not be affected by refusal to sign this authorization; g) on refusal to sign this authorization, the Company may not be able to process an application, or if coverage has been issued, may not be able to make any benefit determinations or payments.

Upon penalties of perjury, I, the undersigned applicant, certify that (1) the social security number shown on this form is my correct Taxpayer Identification Number and (2) I am/ am not currently subject to backup withholding as a result of Internal Revenue Service notification.

A faxed or electronically transmitted signed document to Western-Southern Life Assurance Company has the same legal force and effect as the original signed document, and once received, is the controlling record.

Signed at _____ Date _____
(City and State)

X _____
Signature of Proposed Insured Signature of Owner (if other than Proposed Insured)

LICENSED REPRESENTATIVE/AGENT INFORMATION

By signing below, the Licensed Representative/Agent certifies that:

- a) The questions contained in this application were asked of the Proposed Insured, and the answers duly recorded; that this application is complete and true to the best of my knowledge and belief; and
- b) I am state licensed for life insurance products where this application is written; and
- c) To the best of my knowledge, a replacement is/ is not involved in this transaction; and
- d) Only Company approved sales material has been used and copies of all sales material, if any, were given to the applicant.

Licensed Representative/Agent Signature/Date	Representative/Agent License #	Representative/Agent #
X		
Printed Name of Licensed Representative/Agent	Bank Code	Business Phone #

OVERFLOW PAGE

Part 5 Continued: Additional Beneficiary Information

Part 6 Continued: Additional Information on Proposed Insured

SERFF Tracking #:

WSST-128692040

State Tracking #:

Company Tracking #:

1301-3030 WSA, ET AL

State: Arkansas

Filing Company:

Western-Southern Life Assurance Company

TOI/Sub-TOI: L09I Individual Life - Flexible Premium Adjustable Life/L09I.001 Single Life

Product Name: Legacy Forward II

Project Name/Number: Legacy Forward II/1301-3030 WSA, et al

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:			
Attachment(s):			
Flesch Certification AR.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Statement of Variability		
Comments:			
Attachment(s):			
Statement of Variability - Disclosure.pdf			
Statement of Variability - Application.pdf			
Statement of Variability - Return of Premium Rider.pdf			
Statement of Variability - Accelerated Death Benefit Rider.pdf			
Statement of Variability - Policy AR.pdf			
Statement of Variability - Specification Page Accelerated Death Benefit Rider.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Certification Regulation 34		
Comments:			
Attachment(s):			
Certificate of Compliance AR Rule 34.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Certification Regulation 19 & 49		
Comments:			
Attachment(s):			
Certificate of Compliance AR Rule 19 & 49.pdf			

Western-Southern Life Assurance Company

NAIC CODE # 92622

CERTIFICATION

I, Lori Rochford, an officer of the Western-Southern Life Assurance Company hereby certifies that the following forms have the following readability scores as calculated by the Flesch Reading Ease Test and that these forms meet the reading ease requirements of your Statutes and Regulations.

<u>Form Number</u>	<u>Readability Score</u>
1301-3030 WSA AR, Single Premium Universal Life Policy	46.2
1301-2626 WSA, Accelerated Death Benefit Rider	35.5
1301-305 WSA, Return of Premium Rider	56.8
**DO-11-SPLI, Application	41.7
571-1301, Chronic and Terminal Illness Disclosure	38.9

**Application was flesched with Policy 1301-3030 AR WSA



Lori Rochford, JD
Assistant Vice President
Insurance Compliance

Date: September 12, 2012

Western-Southern Life Assurance Company
Statement of Variability

September 24, 2012

This Statement of Variability applies to the following form:

571-1301, Accelerated Death Benefit Rider Disclosure

The variable information is identified by brackets and may change as indicated below.

Company Logo: The flexibility to change our logo does not include the Company name. We understand if our Company name changes for any reason, we must notify the department accordingly.

Company Address & Customer Service: The flexibility to change our company address, and contact telephone number, should such items change in the future.

The Western-Southern Life Assurance Company

Statement of Variability

DO-11-SPLI-1208, Individual Universal Life Application

September 12, 2012

The variable information is identified by brackets and may change as indicated below. Any changes will be submitted for prior approval in a revised Memorandum of Variable Material.

Company Logo: The flexibility to change our logo does not include the Company name. We understand if our Company name changes for any reason, we must notify the department accordingly.

Company Address & Customer Service: The flexibility to change our company address, and contact telephone number, should such items change in the future.

The Western-Southern Life Assurance Company

**Statement of Variability:
1301-305, Return of Premium Rider**

September 12, 2012

The variable information is identified by brackets and may change as indicated below. Any changes will be submitted for prior approval in a revised Memorandum of Variable Material.

The variable information is identified by brackets and may change as indicated below.

Officer's Signatures: Will change if the relevant individuals or titles should change in the future.

**Western-Southern Life Assurance Company
Statement of Variability**

September 12, 2012

This Statement of Variability applies to the following form:

1301-2626 WSA, Accelerated Death Benefit Rider

The variable information is identified by brackets and may change as indicated below.

Officer's Signatures: Will change if the relevant individuals or titles should change in the future.

**Western-Southern Life Assurance Company
Statement of Variability**

September 12, 2012

This Statement of Variability applies to the following form:

1301-3030 WSA AR, Single Premium Universal Life Policy

The variable information is identified by brackets and may change as indicated below.

Cover Page:

Company Logo: The flexibility to change our log does not include the Company name. We understand if our Company name changes for any reason, we must notify the department accordingly.

Officer's Signatures: Will change if the relevant individuals or titles should change in the future.

Company Address & Customer Service: The flexibility to change our company address, and contact telephone number, should such items change in the future.

Page Numbers: Page numbers will vary based on formatting.

Specifications Page

Owner: Owner's Name

Policy Date: Date Policy is issued

Insured: Insured's Name

Policy Number: Policy Number Assigned

Insured's Age: Insured's Age

Sex: Insured's sex. "Unisex" will show if the policy is using unisex rates.

Issue State: State policy is issued

Face Amount: Face amount of policy issued

Single Premium Amount: The owner may choose a specific Single Premium Amount that will determine the ~~Single Premium Amount~~Face Amount.

Risk Class: Insured's classification (~~Preferred tobacco User, Standard tobacco User, Super Preferred non tobacco User, Preferred Non Tobacco User,~~ or Standard Non-~~Tabacco-Tobacco~~ User)

Premium Expense Charge: For the specimen policy, this charge ranges from 5.50% - 14.00% depending on Age, Sex and Risk Class. Maximum range of variation is 0.00% - 20.00%.

Maximum Monthly Per Policy Charge: Maximum range of variation at issue is \$0.00 - \$10.00. ~~If the Selected Amount is increased after issue, there is an additional monthly charge. Maximum range of variation for the increase is \$0.00-\$8.00.~~

Maximum Annual Per \$1,000 Charge: Maximum range of variation is \$0.00-\$20.00. ~~This Charge is listed separately for the Selected Amount.~~

Net Amount at Risk Interest Factor: ~~Maximum range of variation is 1.0008295 – 1.0048676.~~

Guaranteed Minimum Interest Rate: Maximum range of variation is 1.00% - 6.00%.

Western-Southern Life Assurance Company
Statement of Variability
-(continued)

Maximum Loan Interest Rate: Maximum range of variation is 2.00% - 8.00%.

Initial Effective Annual Interest Rate: For the specimen policy, this rate is 4.25%, but will vary based on new-money interest rates appropriate when a policy is issued. Maximum range of variation is ~~3.00~~1.00% to 20.00%

Initial Guarantee Period: **Duration the initial effective annual interest rate is guaranteed. This duration begins with the policy date and ends one year later.**

Minimum Partial Surrender Amount: Maximum range of variation is \$100 - \$5,000.

Minimum Net Cash Value After Partial Surrender: Maximum range of variation is \$1,000 - \$10,000.

Surrender Charge: A percentage applied to the Single Premium Amount, which is adjusted appropriately for any previous partial surrenders. The surrender charge percentage in the specimen policy equals 85% declining to 0% over 8 years, independent of Age, Sex or Risk Class. The maximum range of variation is 10% declining to 0% over 5-15 years. **?? Is this information correct for this policy? Yes**

State Insurance Department Contact: We may change a State Insurance Department's telephone number should it change in the future. The telephone number will always be for the state of issue.

Guaranteed Maximum Cost of Insurance Rates: The rates in the specimen policy are equal to 100% of the male nonsmoker 2001 CSO ALB ultimate mortality table (monthly basis). The actual rates will match the sex and class of the insured and reflect any substandard mortality. Unisex rates will be used in employee-employer markets and in the State of Montana. The maximum range of variation is 100% to 300% of the appropriate 2001 CSO ALB ultimate table (monthly basis).

Mortality Table basis of Maximum Cost of Insurance Rates: Appropriate 2001 CSO mortality table, based on the insured's sex and class. Unisex rates will be used in employee-employer markets and in the State of Montana.

Net Single Premium Factors: The Net Single Premium Factors will change whenever necessary to remain compliant with federal regulations and any interpretative opinions.

Income Options:

Minimum Amount That May Be Applied To An Income Option: Maximum range of variation is \$1,000 - \$10,000.

Minimum Payment Amount: Maximum range of variation is \$50 - \$500.

Minimum Income Option Interest Rate: Maximum range of variation is 1% - 5%.

Income Option Mortality Table: Acceptable Mortality Tables are based on appropriate industry tables published by the Society of Actuaries or the National Association of Insurance Commissioners, adjusted by such means as projection scales, age setbacks or other methods.

Income Options: We may offer Income Options different from, or in addition to, the *Payments for Life – 10 Year Guarantee Period* shown in the specimen policy. Also, the actual Monthly Payments for each \$1,000 Applied appearing in the Minimum Income Table(s) will vary depending upon the type of option as well as the Minimum Income Option Interest Rate and the Income Option Mortality Table. Potential alternative options include Payments for Life – with other than 10 year Guarantee Periods, Life Annuity – No Guaranteed Period, Joint and Survivor Life Income (with or without a guarantee period); Payments for a Fixed Period, Funds Left on Deposit, or any other future option developed by the Company.

Western-Southern Life Assurance Company
Statement of Variability

September 12, 2012

This Statement of Variability applies to the following form:

1301-3030 WSA, Accelerated Death Benefit Rider Specifications Page

The variable information is identified by brackets and may change as indicated below.

Effective Date: Effective Date of the Rider

Maximum Advance Age: Varies by Policy Form to which this rider is attached and is based on maximum age of the policy. Maximum range of variation is 95 to 120.

Maximum Advance Amount:

A description of the maximum amount of the death benefit advanced if the Insured meets the requirements of any of the qualifying events according to the Rider terms.

For Specified Medical Condition, the Maximum Advance Amount is the lesser of:

i: - Maximum Range of Variation: \$25,000 to \$500,000

ii: - Maximum Range of Variation: 10.00% to 80.00%

For Terminal Illness, the Maximum Advance Amount is the lesser of:

i: - Maximum Range of Variation: \$25,000 to \$500,000

ii: - Maximum Range of Variation: 10.00% to 80.00%

For Chronic Illness, the Maximum Advance Amount is the lesser of:

i: - Maximum Range of Variation: \$25,000 to \$500,000

ii: - Maximum Range of Variation: 10.00% to 80.00%

It is expected that the Chronic Illness advance maximum and advance percentage will be less than that for the Terminal Illness event and specified medical condition advance maximum and advance percentage will be less than that for the Chronic Illness and Terminal Illness events. The range in variability allows maximum flexibility in setting these values.

Minimum Advance Amount: The minimum amount that can be advanced under the terms of the Rider. Maximum range of variation: \$1,000 to \$10,000.

Maximum Administrative Charge: The purpose of the administrative charge is to cover the cost of administering a separate loan. Maximum range of variation: \$50 to \$300.

Lien Interest Rate: The interest rate charged on the lien used to advance the death benefit. Maximum range of variation: 2.00% to 8.00%.

**Certificate of Compliance with
Arkansas Rule and Regulation 34**

Insurer: Western-Southern Life Assurance Company

Form Number(s):

1301-3030 WSA AR, Single Premium Universal Life Policy

1301-2626 WSA, Accelerated Death Benefit Rider

1301-3030 WSA AR, Specifications Page

571-1301, Disclosure Form

1301-305 WSA, Return of Premium Rider

DO-11-SPLI-1208, Application

I hereby certify that the filing above meets all applicable Arkansas requirements in regards to Rule and Regulation 34.



Signature of Company Officer

David Farmer, FSA, MAA

Name

Senior Life Actuary

Title

10/10/2012

Date

**Certificate of Compliance with
Arkansas Rule and Regulation 19 & 49**

Insurer: Western-Southern Life Assurance Company

Form Number(s):

1301-3030 WSA AR, Single Premium Universal Life Policy
1301-2626 WSA, Accelerated Death Benefit Rider
1301-3030 WSA AR, Specifications Page
571-1301, Disclosure Form
1301-305 WSA, Return of Premium Rider
DO-11-SPLI-1208, Application

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirements of Rule and Regulation 19 and 49.



Signature of Company Officer

Michael Moser

Name

Vice President and Chief Compliance Officer

Title

10/10/2012

Date