

**State:** Arkansas **Filing Company:** Liberty Bankers Life Insurance Company  
**TOI/Sub-TOI:** L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life  
**Product Name:** NEWWL  
**Project Name/Number:** /

## Filing at a Glance

Company: Liberty Bankers Life Insurance Company  
Product Name: NEWWL  
State: Arkansas  
TOI: L071 Individual Life - Whole  
Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life  
Filing Type: Form  
Date Submitted: 11/09/2012  
SERFF Tr Num: LBLI-128761047  
SERFF Status: Closed-Approved-Closed  
State Tr Num:  
State Status: Approved-Closed  
Co Tr Num:  
  
Implementation: 01/01/2013  
Date Requested:  
Author(s): Chad Leiding  
Reviewer(s): Linda Bird (primary)  
Disposition Date: 11/15/2012  
Disposition Status: Approved-Closed  
Implementation Date:  
  
State Filing Description:

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## General Information

Project Name: Status of Filing in Domicile: Pending  
Project Number: 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: 11/15/2012  
State Status Changed: 11/15/2012  
Deemer Date: Created By: Chad Leiding  
Submitted By: Chad Leiding Corresponding Filing Tracking Number:

### Filing Description:

These forms are being submitted for your review and approval. These forms are new and are not intended to replace any previously approved forms. These forms have been filed concurrently with our state of domicile, Oklahoma. These forms comply with the maximum valuation and non-forfeiture interest rates changing January 1, 2013 and January 1, 2014 respectively.

Policy forms LBL-LPL-ORD-1012-AR and LBL-LPL-HS-1012-AR are identical. The reason why we are submitting identical policy forms has to do with the marketing and administration of these products. We have two distinct life insurance marketing groups and their products are administered by different third party administrators in different locations. By having different form numbers we are easily able to determine which marketing group and which 3rd party administrator the policy belongs to in order to speed up claims and policyholder service.

### Home Service Division Products

Form LBL-LPL-HS-1012-AR is a limited pay whole life policy marketed by our home services division. Currently we plan to market a 20-pay life and a life paid up at age 65. The issue ages for the 20-pay life will be from 0-80 and 0-45 for the life paid up at age 65. The issue amounts will be from \$3,000 up to \$30,000. Previously approved application LBL-HS-APP-0911 (SERFF filing # LBLI-127623580, approved on 10/6/11 ) is the policy application that will be used. Previously approved life riders LBL-WPR-0408, LBL-ADD-0408, LBL-FIBR-0411 and LBL-CHILD-0812 will be used with policy form LBL-LPL-HS-1012-AR.

### Ordinary Division Products

Form LBL-LPL-ORD-1012-AR is a limited pay whole life policy marketed by our ordinary life division. Currently we plan to market a 10 Pay, 20-pay, life paid-up at 70 and life paid up at age 100. The issue ages for the 10-pay life, 20-pay life and life paid-up at 100 will be from 0-80 and 0-49 for the life paid up at age 70. The issue amounts will be from \$3,000 up to \$4,000,000. New application form LBL-SIM-APP-112 is the policy application that will be used for these products as well as previously approved whole life policy form LBL-WL-POL-0407-AR (SERFF filing # LBLI-125181622, approved on 6/4/07.)

Previously approved life riders LBL-WPR-0408, LBL-ADD-0408, LBL-GCHILD-0310, LBL-ALBR-0609 and LBL-CHILD-0812, will be used with policy form LBL-LPL-ORD-1012-AR.

These products will not be marketed with an illustration since all premiums and benefits are guaranteed. As of this date there is not any advertising that will be used with this product. This product will be marketed through a home service and ordinary life agents through a general agency marketing system.

To the best of our knowledge, this filing is complete, does not contain any unusual that may differ from industry standards and

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is intended to comply with the insurance laws of your jurisdiction.

## Company and Contact

### Filing Contact Information

Chad Leiding, V.P Compliance chad.leiding@libertybankerslife.com  
 1800 Valley View Lane 469-522-4332 [Phone]  
 Suite 300 469-522-4380 [FAX]  
 Dallas, TX 75234

### Filing Company Information

|  |                         |                             |
|--|-------------------------|-----------------------------|
| Liberty Bankers Life Insurance Company | CoCode: 68543           | State of Domicile: Oklahoma |
| 1605 LBJ Freeway                       | Group Code: 3436        | Company Type: LAH           |
| Suite 710                              | Group Name:             | State ID Number:            |
| Dallas, TX 75234                       | FEIN Number: 25-1093227 |                             |
| (469) 522-4332 ext. [Phone]            |                         |                             |

## Filing Fees

Fee Required? Yes  
 Fee Amount: \$150.00  
 Retaliatory? No  
 Fee Explanation:  
 Per Company: No

| Company                                | Amount   | Date Processed | Transaction # |
|--|----------|----------------|---------------|
| Liberty Bankers Life Insurance Company | \$150.00 | 11/09/2012     | 64743885      |

SERFF Tracking #: LBLI-128761047

State Tracking #:

Company Tracking #:

State: Arkansas

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Liberty Bankers Life Insurance Company

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## Correspondence Summary

### Dispositions

| Status          | Created By | Created On | Date Submitted |
|-----------------|------------|------------|----------------|
| Approved-Closed | Linda Bird | 11/15/2012 | 11/15/2012     |

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## Disposition

Disposition Date: 11/15/2012

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                    |                      | Yes           |
| Supporting Document | Life & Annuity - Acturial Memo |                      | No            |
| Form                | limited pay policy             |                      | Yes           |
| Form                | limited pay policy             |                      | Yes           |
| Form                | application                    |                      | Yes           |

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## Form Schedule

Lead Form Number: LBL-LPL-ORD-1012-AR

| Item No. | Schedule Item Status | Form Name          | Form Number         | Form Type | Form Action | Action Specific Data | Readability Score | Attachments                  |
|----------|----------------------|--------------------|---------------------|-----------|-------------|----------------------|-------------------|------------------------------|
| 1        |                      | limited pay policy | LBL-LPL-ORD-1012-AR | POL       | Initial     |                      | 54.900            | LBL-LPL-ORD-1012-AR.pdf      |
| 2        |                      | limited pay policy | LBL-LPL-HS-1012-AR  | POL       | Initial     |                      | 54.900            | LBL-LPL-HS-1012-AR.pdf       |
| 3        |                      | application        | LBL-SIM-APP-1112    | AEF       | Initial     |                      | 44.800            | LBL-SIM-APP-1112-Generic.pdf |

### Form Type Legend:

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



# Liberty Bankers Life

Insurance Company

Administrative Office: P O Box 224  
Brownwood, Texas 76804-0224  
(888) 525-4467

Home Office: 1605 LBJ Freeway, Suite 710  
Dallas, Texas 75234  
(469) 522-4400 - FAX (469) 522-4401

## Limited Pay Whole Life

Premiums are payable for a limited period as stated in schedule page

Sum insured payable at death of the insured

Non-participating

### Agreement

The Company agrees to pay the death benefit to the respective beneficiary, upon receipt of due proof of the insured's death, if the insured dies while this Policy is in force. This agreement is subject to the terms of this Policy.

### Consideration for Issuing

This Policy is issued in consideration of:

1. the application; and
2. the payment of premiums as provided.

### Thirty-Day Right to Examine Policy

If, for some reason, you are not satisfied with this policy, you may return it within 30 days after you receive it. You may return the policy to the Company or to the agent who sold it to you, either by delivery or by mailing. Upon return of the policy, it will be cancelled from the start and any premium paid will be refunded.

**PLEASE EXAMINE THIS POLICY CAREFULLY.**

This Policy is signed for **LIBERTY BANKERS LIFE  
INSURANCE COMPANY.**

President

Secretary

**SCHEDULE PAGE**

|                    |                         |  |                       |
|--------------------|-------------------------|--|-----------------------|
| Policy Number      | [10000W]                | <b>ADDITIONAL BENEFITS PROVIDED BY RIDER</b> |                       |
| Policy Date        | [11/01/12]              | <b>Rider:</b>                                | <b>Annual Premium</b> |
| Type of Policy     | Limited Pay             | Child Rider [2 Units]                        | [\$78.00]             |
| Classification     | [Standard, Non-Tobacco] | AD&D w CC Rider \$12,000                     | [\$12.00]             |
| Insured's Name     | [John Doe]              | Waiver of Premium Rider                      | [\$31.00]             |
| Age at Issue       | [45]                    |  |                       |
| Insured's Sex      | [Male]                  | <b>TOTAL ANNUAL PREMIUM</b>                  | [\$418.50]            |
| Sum Insured        | [\$10,000]              |  |                       |
| (Annual) Premium   | [\$297.50]              | <b>MODAL PREMIUM</b>                         | [\$38.71]             |
| Beneficiary's Name | [Jane Doe]              |  |                       |
| Owner              | [John Doe]              | <b>[PREMIUMS ARE PAYABLE FOR 20 YEARS]</b>   |                       |

**Table of Nonforfeiture Values  
For Entire Sum Insured**

[

| End Policy Year | Cash or Loan Value | Paid-up Life Insurance | Extended Term Insurance |      |
|-----------------|--------------------|------------------------|-------------------------|------|
|                 |                    |                        | Years                   | Days |
| 1               | 0                  | 0                      | 0                       | 0    |
| 2               | 41                 | 160                    | 1                       | 184  |
| 3               | 242                | 870                    | 7                       | 164  |
| 4               | 451                | 1550                   | 11                      | 115  |
| 5               | 669                | 2220                   | 14                      | 26   |
| 6               | 894                | 2860                   | 16                      | 41   |
| 7               | 1128               | 3470                   | 17                      | 292  |
| 8               | 1370               | 4070                   | 19                      | 73   |
| 9               | 1619               | 4640                   | 20                      | 121  |
| 10              | 1877               | 5200                   | 21                      | 105  |
| 15              | 3299               | 7720                   | 24                      | 199  |
| 20              | 4986               | 10000                  |                         |      |
| 25              | 5731               | 10000                  |                         |      |
| 30              | 6497               | 10000                  |                         |      |
| 35              | 7233               | 10000                  |                         |      |
| 40              | 7873               | 10000                  |                         |      |
| 45              | 8369               | 10000                  |                         |      |
| 50              | 8719               | 10000                  |                         |      |
| 55              | 8972               | 10000                  |                         |      |

]

Mortality Table: 2001 CSO ALB Ultimate  
Reserve Method: Commissioners Reserve  
Valuation Method

Interest rate for reserves: 3.5% all years  
Interest rate for cash values: 4.5% all years  
Loan interest rate: 7.4% per annum payable  
in advance

**POLICY PREMIUM MODES**

**ANNUAL**  
[\$418.50]

**SEMI-ANNUAL**  
[\$213.44]

**QUARTERLY**  
[\$110.90]

**MONTHLY  
BANK DRAFT**  
[\$38.71]

## DEFINITIONS

*In this Policy:*

**The Company, We, Our, or Us**  
refers to **LIBERTY BANKERS LIFE  
INSURANCE COMPANY.**

**You or Your**  
refers to the owner of this Policy, as shown in the application unless subsequently changed. The owner may be someone other than the insured.

**Insured**  
is the person whose life is insured under this Policy. The insured is named in the Schedule.

**Beneficiary**  
means the person to receive the benefits payable at the insured's death.

**Owner**  
refers to the owner of this Policy; the owner is the person who may exercise all Policy privileges and rights while the insured is living. The owner is named in the Schedule.

**Policy Date**  
means the date this Policy begins. This is the date from which Policy anniversaries, Policy years, Policy months, and premium due dates are determined. The Policy date is shown in the Schedule.

**Policy Anniversary**  
means the same date and month as the Policy dated for each succeeding year this Policy remains in force.

**Policy Year**  
means the period from the Policy date to the first Policy anniversary, or from one Policy anniversary to the next. A Policy year does not include the Policy anniversary at the end of the Policy year.

**Written Request**  
means a request in writing signed by you and acceptable to us. We may require that your Policy be sent in with your written request.

**Terminate**  
means the insured's life is no longer insured under this Policy.

**Age**  
means the insured's age at the insured's last birthday. The insured's age at any Policy anniversary is the insured's age at the insured's last birthday.

**Lapse**  
means termination of this Policy due to nonpayment of premium.

**Reinstatement**  
means the Policy is put back in force after it has lapsed.

**Rider**  
means an additional agreement attached to this Policy.

## POLICY GUIDE

|   |   |                          |   |
|---|---|--------------------------|---|
| Signature Page                                | 1 | Change of Plan           | 6 |
| Policy Schedule                               | 2 | Premium & Reinstatement  |   |
| Definitions                                   | 3 | Provisions               | 6 |
| General Provisions                            | 4 | Loan Provisions          | 7 |
| Ownership, Beneficiary &<br>Assignment Rights | 5 | Nonforfeiture Provisions | 7 |
| Death Benefit Provision                       | 5 | Other Information        | 8 |

*A copy of the Application and any Endorsements or Riders follow page 9.*

## GENERAL PROVISIONS

### Contract

This Policy is issued in consideration of the application for this Policy and the payment of the premiums.

The contract is:

1. this Policy;
2. applications, riders and amendments attached at the time of issue; and
3. all later applications, riders and amendments we may attach or send you to attach.

Any statements made in the application(s) either by you or by the insured will, in the absence of fraud, be considered representations and not warranties. Only statements made in the attached application(s) may be used to deny a claim or void this Policy.

No change or waiver of any Policy provisions will be valid unless they are made in writing by us and signed by two of our Officers. No agent or other person has the authority to change or waive any provision of this Policy.

Any additional benefit rider attached to this Policy will become a part of this Policy and will be subject to all the terms and conditions of this Policy unless we state otherwise.

### Incontestability

After this Policy has been in force during the insured's lifetime for two (2) years from the Policy date shown on page 2, we cannot contest this Policy, except for the nonpayment of premiums. This provision does not apply to any rider providing benefits for disability or death by accident.

Any reinstatement for which we require an application showing insurability will be incontestable after this Policy has been in force during the insured's lifetime for two (2) years from the effective date of reinstatement. Any contest of a reinstatement will be based on the reinstatement application.

### Suicide

If the insured, whether sane or insane, dies by suicide within two years from the Policy date, our liability will be limited to a refund of the amount equal to the premiums paid for this Policy.

### Misstatement of Age or Sex

We issued this Policy on the basis of the insured's age and sex shown in the application for this Policy. If the insured's age or sex has been misstated, we will adjust the death benefit. The death benefit payable will be that amount which the premiums would have purchased based upon the insured's correct age and sex.

## **OWNERSHIP, BENEFICIARY & ASSIGNMENT RIGHTS**

### **Owner**

The owner for this policy is the applicant unless otherwise stated in the application or later changed. The owner may exercise all the rights under this policy during the insured's lifetime by making written request to us. All the rights of the owner are subject to the rights of any assignee and of any irrevocable beneficiary we have on record.

If the owner dies before the insured, the rights of the owner may be exercised by the owner's estate unless this policy says otherwise.

If the insured is a minor on the policy date, ownership will automatically pass to the insured on the insured's 21<sup>st</sup> birthday, unless this policy says otherwise.

### **Beneficiary**

The beneficiary is as named in the application unless changed as provided for in this Policy. If a beneficiary dies before the insured, the interest of that beneficiary will pass to you, unless this Policy says otherwise. We may rely on affidavits or other evidence in identifying the persons in any class named as beneficiary. Any payment we make in good faith based on this shall satisfy to that extent what we owe on this Policy.

### **Changes in Owner and Beneficiary**

Unless this Policy provides otherwise, while you are living, the owner or beneficiary, or both, may be changed by filing a signed written request. If an irrevocable beneficiary has been named in the Policy and is still living, that person's written consent will be needed for any beneficiary change. This change will not take effect until recorded by us at our home office. Once recorded, the change will be effective as of the date the request was signed, but this change will be subject to any payment or action we took before recording it.

### **Assignment**

You may assign this Policy. The assignment must be in writing and filed at our home office. We are not responsible for the validity or effect of any assignment. The assignment is subject to all Policy debt and any right of the Company to make automatic premium loans. Any benefits which become payable to an assignee will be payable in a lump sum. Any claim made by an assignee will be subject to proof of the assignee's interest and the extent of the assignment. The rights of the owner and of any irrevocable beneficiary are subject to any assignment.

## **DEATH BENEFIT PROVISION**

### **Death Benefit**

Any death benefit payable at the death of the insured will be the sum of:

1. the sum insured shown on page 2; and
2. the portion of any premium paid beyond the Policy month that death occurs;

*less:*

1. any Policy debt; and
2. any premium due and unpaid as of the date of death.

### **Proof of Death**

Any death benefit payable will be paid when we receive due proof of the insured's death. Such proof must be sent to our home office. Claim forms will be made available to the beneficiary upon request.

### **Surrender Benefits**

Any time during the life of the insured, the owner may surrender this Policy and withdraw its net cash value. The net cash value is the cash value less any Policy debt. The Company may defer payment for up to six months after such request. If the Company postpones payments for more than 31 days, the Company will pay the person entitled, interest at a rate of not less than 3% per year on the amount of the cash surrender value for the period postponed.

## **PAYMENT OF BENEFIT**

### **Lump Sum**

We will pay the death benefit in a lump sum (cash) unless otherwise agreed. We will pay the benefit at our home office. This Policy must be turned in to us when we pay the benefit. If no benefit survives, this Policy will terminate and will no longer be in effect upon such surrender.

### **Interest on Payment**

We will add interest to our one sum payment. We will figure the interest from the date of the insured's death until the date of our payment. The interest rate will be 3% per year, or if greater, the interest rate, if any, required by law in the state where this Policy was issued.

## **CHANGE OF PLAN**

### **Change of Plan**

The owner may exchange this Policy for a Policy on another plan subject to the Company's approval and the requirements and payments as determined by the Company.

## **PREMIUM AND REINSTATEMENT PROVISIONS**

### **Paying Premiums**

The Schedule shows the amount and frequency of premium payments for this Policy and any benefit riders attached on the Policy date. You may pay this premium at our home office or to one of our authorized agents. If asked, we will send you a receipt for your payment.

### **Frequency May Be Changed**

Premiums may be paid annually, semiannually, quarterly, or monthly. The owner may change the frequency of premium payments, shown on page 2, subject to the Company's approval.

### **First Premium**

The first premium is due on or before the Policy date. The Policy will not take effect until it has been delivered and the first premium paid while the insured is alive and prior to any change in health as shown in the application. Each later premium is due on or before the end of the period covered by the preceding premium. The

premiums are payable until the end of the premium paying period shown on the Schedule Page or until the insured's death

### **Other Methods of Paying Premiums**

It may be possible for you to make arrangements with your employer to pay your premiums by payroll deduction. Also, if your bank agrees, you may request that your premiums be automatically withdrawn from your checking account and paid directly to us by your bank. We will accept monthly premiums paid by either of these methods. If for any reason your employer or bank fails to pay a premium when it is due or during the grace period, this Policy will lapse, subject to the Reinstatement Provision.

### **Grace Period**

If you do not pay a premium on a premium due date, we will keep this Policy and any riders in force for a grace period of 31 days. We will mail the owner and any assignee shown on our records a notice of the amount of premium that must be paid to keep this Policy in force beyond the end of the grace period. If this premium is not paid, this Policy will lapse without value. If the insured dies during the grace period, we will deduct any past due premium from any death benefit payable. This 31 day grace period does not apply to the first premium payment. The first premium must be paid when this Policy is delivered.

### **Reinstatement**

This Policy may be reinstated at any time within three years after it has been terminated, provided:

1. it has not been surrendered for cash;
2. a written application for reinstatement is submitted to the Company;
3. evidence of insurability satisfactory to the Company is furnished;
4. all overdue premiums with interest at the Policy loan interest rate, shown on page 2, are paid; and
5. any Policy debt with interest is reinstated or paid.

Coverage under any reinstated Policy will not begin until the date we approve the application for reinstatement.

## **LOAN PROVISIONS**

### **Loan Agreement**

The Company will loan to the owner all or part of the loan value at the loan interest rate shown on page 2. The following rules apply:

1. this Policy must be in force other than as extended insurance.
2. a proper loan agreement is executed and received by the Company.
3. a satisfactory assignment of the Policy to the Company is made.

The Company reserves the right to require this Policy for endorsement of a loan. This Policy will be the sole security for the loan. The Company may defer a loan for six months from the date of request. The Company will not defer a loan to be used to pay premiums on this Policy.

### **Loan Value**

The loan value is the cash value as of the next Policy anniversary, or the next premium due date if earlier, less:

1. any due and unpaid premiums;
2. any existing Policy debt; and
3. interest in advance to the end of the next Policy anniversary on the entire Policy debt.

The Policy debt is the total outstanding loan with interest.

### **Loan Interest**

Interest is computed annually in advance at the rate shown on page 2. Interest on the Policy debt is due on each Policy anniversary. If interest is not paid when due, it will be added to the Policy debt and will bear interest at the same rate.

### **Policy Debt Limit**

Any part of the Policy debt may be repaid at any time. If the Policy debt equals or exceeds the cash value, this Policy will terminate. The termination date will be 31 days after notice is mailed to the owner, and to any assignee of record at the home office of the Company.

Notice will be sent to the last known address in the Company's files.

### **Automatic Premium Loan**

The automatic premium loan option may be selected in the application or later by written request.

This option may be revoked by written request from the owner to the Company at the home office. Any premium not paid by the end of the grace period will be paid by charging the premium as a loan if:

1. the automatic premium loan option is then in effect;
2. the amount of premium paid together with interest in advance to the end of the next Policy anniversary does not exceed the net cash value; and
3. the loan value is sufficient to pay a quarterly premium (or a monthly premium if the mode of premium payment is monthly), otherwise, the automatic premium loan provision is not in effect and the Policy will either terminate if there is no net cash value, or, if a cash value is available, the nonforfeiture option will apply.

## **NONFORFEITURE PROVISIONS**

### **Nonforfeiture Values**

The values for the nonforfeiture options are shown on page 2. The values shown at the end of a Policy year assume that all premiums have been paid to the end of the Policy year and there is no Policy debt.

The values available during a Policy year will be calculated on a basis consistent with that used to calculate values at the end of a Policy year. Allowance will be made for the months completed and the portion of premium paid within such Policy year.

Upon request, the Company will furnish values for periods not shown.

## **Nonforfeiture Options**

If:

1. any premium remains unpaid at the end of the grace period;
2. there is cash value available as of the due date of the premium in default; and
3. the automatic premium loan option is not in effect, then; during the 60 days after the due date of such premium in default, the following options will be available:

**A. NET CASH VALUE.** The Policy may be surrendered for its net cash value. The net cash value is the cash value less any Policy debt. The Company may defer payment for up to six months from date surrender requested.

**B. PAID-UP INSURANCE.** The paid-up insurance will be payable at a like time and in a like manner as the original Policy. The net cash value is used as a single premium to purchase the paid-up insurance. The single premium is based on the respective insured's attained age on the due date of the premium in default.

**C. EXTENDED INSURANCE.** The sum insured less any Policy debt may be extended for a period of time. The net cash value is used as a single premium to determine the period for which the extended insurance remains in effect. The single premium is based on the respective insured's attained age on the due date of the premium in default. If no option has been elected within 60 days of the due date of any premium in default, the extended insurance option will automatically apply. If Values for extended Insurance are not shown on page 2, the automatic option will be paid-up insurance. An insured's attained age, as used in this Policy, is the age on the Policy date, plus the number of years and months to such due date.

### **Surrender of Paid-Up Insurance or Extended Insurance**

Paid-up or extended insurance may be surrendered at any time for its then current net cash value. The net cash value is equal to the cash value less any Policy debt. Cash values of paid-up or extended insurance are equal to the

full reserves for the benefit provided. The reserve as of any date will be based on the respective Insured's attained age on that date. Cash values for paid-up or extended insurance which are available within 30 days after a Policy anniversary date shall be no less than the value as of such anniversary.

## **OTHER INFORMATION**

### **Basis of Reserves and Values**

All values, single premiums, and reserves are calculated:

1. on the basis of the mortality table and interest rate (or rates) shown on Page 2; and
2. on the assumption that applicable premiums are paid annually.

Cash values are calculated by the standard nonforfeiture method. The nonforfeiture factors are shown on page 2. A detailed statement of the method of computing values has been filed with the insurance department of the state where this Policy is delivered. All values and reserves are at least equal to those required by the laws of such state.

### **Effective Dates of Coverage**

Coverage begins at 12:01 A.M. Standard Time at your residence on the applicable effective date. The effective dates of coverage under this Policy will be:

1. the Policy date shown on page 2 for the death benefit and any riders issued on the initial application, and
2. the Policy anniversary date on or after the date we approve the application for any additional benefits applied for in a later application.

**Termination**

This Policy will terminate on the earliest of:

1. the premium paid to date following our receipt of your written request to surrender; or
2. the date of the insured's death; or
3. the date of lapse; or
4. the date Policy ends, as shown in the Schedule.

**Actuarial Reserves**

The actuarial reserve calculations are based on the Commissioner's 2001 Standard Ordinary Ultimate Mortality Table age at last birthday, with interest as shown in the Schedule. The actuarial reserves are equal to or greater than those required by the law of the state in which this Policy is delivered.

**Conformity with State Statutes**

Any provision of this contract, which on the Policy date is in conflict with the law of the state in which this contract is delivered, will be changed to conform to such state law.

# Limited Pay Whole Life

Premiums are payable for a limited period as stated in the schedule page

Sum insured payable at death of the insured

Non-participating



# Liberty Bankers Life

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## Insurance Company

**Administrative Office:** P O Box 5147, Springfield, Illinois 627055147  
Toll-Free 800-972-6615 Toll-Free Fax 866-505-9377

**Home Office:** 1605 LBJ Freeway, Suite 710  
Dallas, Texas 75234  
(469) 522-4400 FAX (469) 522-4380

## Limited Pay Whole Life

Premiums are payable for a limited period as stated in schedule page

Sum insured payable at death of the insured

Non-participating

**Agreement**

The Company agrees to pay the death benefit to the respective beneficiary, upon receipt of due proof of the insured's death, if the insured dies while this Policy is in force. This agreement is subject to the terms of this Policy.

**Consideration for Issuing**

This Policy is issued in consideration of:

1. the application; and
2. the payment of premiums as provided.

**Thirty-Day Right to Examine Policy**

If, for some reason, you are not satisfied with this policy, you may return it within 30 days after you receive it. You may return the policy to the Company or to the agent who sold it to you, either by delivery or by mailing. Upon return of the policy, it will be cancelled from the start and any premium paid will be refunded.

**PLEASE EXAMINE THIS POLICY CAREFULLY.**

This Policy is signed for **LIBERTY BANKERS LIFE INSURANCE COMPANY.**

President

Secretary

**SCHEDULE PAGE**

|                    |             |  |                       |
|--------------------|-------------|--|-----------------------|
| Policy Number      | [10000W]    | <b>ADDITIONAL BENEFITS PROVIDED BY RIDER</b> |                       |
| Policy Date        | [11/01/09]  | <b>Rider:</b>                                | <b>Annual Premium</b> |
| Type of Policy     | Limited Pay | Child Rider [2 Units]                        | [\$78.00]             |
| Classification     | [Standard]  | AD&D w CC Rider \$12,000                     | [\$12.00]             |
| Insured's Name     | [John Doe]  | Waiver of Premium Rider                      | [\$49.33]             |
| Age at Issue       | [45]        |  |                       |
| Insured's Sex      | [Male]      | <b>TOTAL ANNUAL PREMIUM</b>                  | [\$665.93]            |
| Sum Insured        | [\$10,000]  |  |                       |
| (Annual) Premium   | [\$526.60]  | <b>MODAL PREMIUM</b>                         | [\$59.60]             |
| Beneficiary's Name | [Jane Doe]  |  |                       |
| Owner              | [John Doe]  | <b>[PREMIUMS ARE PAYABLE FOR 20 YEARS]</b>   |                       |

**Table of Nonforfeiture Values  
For Entire Sum Insured**

[

| End Policy Year | Cash or Loan Value | Paid-up Life Insurance | Extended Term Insurance |      |
|-----------------|--------------------|------------------------|-------------------------|------|
|                 |                    |                        | Years                   | Days |
| 1               | 0                  | 0                      | 0                       | 0    |
| 2               | 5                  | 18                     | 1                       | 221  |
| 3               | 25                 | 87                     | 6                       | 335  |
| 4               | 46                 | 154                    | 10                      | 190  |
| 5               | 68                 | 219                    | 13                      | 81   |
| 6               | 91                 | 283                    | 15                      | 89   |
| 7               | 115                | 345                    | 16                      | 341  |
| 8               | 140                | 406                    | 18                      | 146  |
| 9               | 165                | 462                    | 19                      | 199  |
| 10              | 191                | 517                    | 20                      | 195  |
| 15              | 335                | 769                    | 24                      | 13   |
| 20              | 506                | 1000                   |                         |      |
| 25              | 580                | 1000                   |                         |      |
| 30              | 655                | 1000                   |                         |      |
| 35              | 727                | 1000                   |                         |      |
| 40              | 791                | 1000                   |                         |      |
| 45              | 841                | 1000                   |                         |      |
| 50              | 886                | 1000                   |                         |      |
| 55              | 1000               | 1000                   |                         |      |

]

Mortality Table: 2001 CSO ALB Ultimate  
Reserve Method: Commissioners Reserve  
Valuation Method

Interest rate for reserves: 3.5% all years  
Interest rate for cash values: 4.5% all years  
Loan interest rate: 7.4% per annum payable in advance

**POLICY PREMIUM MODES**

**ANNUAL**  
[\$665.93]

**SEMI-ANNUAL**  
[\$339.62]

**QUARTERLY**  
[\$176.47]

**MONTHLY BANK DRAFT**  
[\$59.60]

## DEFINITIONS

*In this Policy:*

**The Company, We, Our, or Us**  
refers to **LIBERTY BANKERS LIFE  
INSURANCE COMPANY.**

**You or Your**  
refers to the owner of this Policy, as shown in the application unless subsequently changed. The owner may be someone other than the insured.

**Insured**  
is the person whose life is insured under this Policy. The insured is named in the Schedule.

**Beneficiary**  
means the person to receive the benefits payable at the insured's death.

**Owner**  
refers to the owner of this Policy; the owner is the person who may exercise all Policy privileges and rights while the insured is living. The owner is named in the Schedule.

**Policy Date**  
means the date this Policy begins. This is the date from which Policy anniversaries, Policy years, Policy months, and premium due dates are determined. The Policy date is shown in the Schedule.

**Policy Anniversary**  
means the same date and month as the Policy dated for each succeeding year this Policy remains in force.

**Policy Year**  
means the period from the Policy date to the first Policy anniversary, or from one Policy anniversary to the next. A Policy year does not include the Policy anniversary at the end of the Policy year.

**Written Request**  
means a request in writing signed by you and acceptable to us. We may require that your Policy be sent in with your written request.

**Terminate**  
means the insured's life is no longer insured under this Policy.

**Age**  
means the insured's age at the insured's last birthday. The insured's age at any Policy anniversary is the insured's age at the insured's last birthday.

**Lapse**  
means termination of this Policy due to nonpayment of premium.

**Reinstatement**  
means the Policy is put back in force after it has lapsed.

**Rider**  
means an additional agreement attached to this Policy.

## POLICY GUIDE

|  |   |  |   |
|--|---|--|---|
| Signature Page                             | 1 | Change of Plan   | 6 |
| Policy Schedule                            | 2 | Premium & Reinstatement Provisions   | 6 |
| Definitions                                | 3 | Loan Provisions  | 7 |
| General Provisions                         | 4 | Nonforfeiture Provisions   | 7 |
| Ownership, Beneficiary & Assignment Rights | 5 | Other Information  | 8 |
| Death Benefit Provision                    | 5 | <i>A copy of the Application and any Endorsements or Riders follow page 9.</i> |   |

## GENERAL PROVISIONS

### Contract

This Policy is issued in consideration of the application for this Policy and the payment of the premiums.

The contract is:

1. this Policy;
2. applications, riders and amendments attached at the time of issue; and
3. all later applications, riders and amendments we may attach or send you to attach.

Any statements made in the application(s) either by you or by the insured will, in the absence of fraud, be considered representations and not warranties. Only statements made in the attached application(s) may be used to deny a claim or void this Policy.

No change or waiver of any Policy provisions will be valid unless they are made in writing by us and signed by two of our Officers. No agent or other person has the authority to change or waive any provision of this Policy.

Any additional benefit rider attached to this Policy will become a part of this Policy and will be subject to all the terms and conditions of this Policy unless we state otherwise.

### Incontestability

After this Policy has been in force during the insured's lifetime for two (2) years from the Policy date shown on page 2, we cannot contest this Policy, except for the nonpayment of premiums. This provision does not apply to any rider providing benefits for disability or death by accident.

Any reinstatement for which we require an application showing insurability will be incontestable after this Policy has been in force during the insured's lifetime for two (2) years from the effective date of reinstatement. Any contest of a reinstatement will be based on the reinstatement application.

### Suicide

If the insured, whether sane or insane, dies by suicide within two years from the Policy date, our liability will be limited to a refund of the amount equal to the premiums paid for this Policy.

### Misstatement of Age or Sex

We issued this Policy on the basis of the insured's age and sex shown in the application for this Policy. If the insured's age or sex has been misstated, we will adjust the death benefit. The death benefit payable will be that amount which the premiums would have purchased based upon the insured's correct age and sex.

## **OWNERSHIP, BENEFICIARY & ASSIGNMENT RIGHTS**

### **Owner**

The owner for this policy is the applicant unless otherwise stated in the application or later changed. The owner may exercise all the rights under this policy during the insured's lifetime by making written request to us. All the rights of the owner are subject to the rights of any assignee and of any irrevocable beneficiary we have on record.

If the owner dies before the insured, the rights of the owner may be exercised by the owner's estate unless this policy says otherwise.

If the insured is a minor on the policy date, ownership will automatically pass to the insured on the insured's 21<sup>st</sup> birthday, unless this policy says otherwise.

### **Beneficiary**

The beneficiary is as named in the application unless changed as provided for in this Policy. If a beneficiary dies before the insured, the interest of that beneficiary will pass to you, unless this Policy says otherwise. We may rely on affidavits or other evidence in identifying the persons in any class named as beneficiary. Any payment we make in good faith based on this shall satisfy to that extent what we owe on this Policy.

### **Changes in Owner and Beneficiary**

Unless this Policy provides otherwise, while you are living, the owner or beneficiary, or both, may be changed by filing a signed written request. If an irrevocable beneficiary has been named in the Policy and is still living, that person's written consent will be needed for any beneficiary change. This change will not take effect until recorded by us at our home office. Once recorded, the change will be effective as of the date the request was signed, but this change will be subject to any payment or action we took before recording it.

### **Assignment**

You may assign this Policy. The assignment must be in writing and filed at our home office. We are not responsible for the validity or effect of any assignment. The assignment is subject to all Policy debt and any right of the Company to make automatic premium loans. Any benefits which become payable to an assignee will be payable in a lump sum. Any claim made by an assignee will be subject to proof of the assignee's interest and the extent of the assignment. The rights of the owner and of any irrevocable beneficiary are subject to any assignment.

## **DEATH BENEFIT PROVISION**

### **Death Benefit**

Any death benefit payable at the death of the insured will be the sum of:

1. the sum insured shown on page 2; and
2. the portion of any premium paid beyond the Policy month that death occurs;

*less:*

1. any Policy debt; and
2. any premium due and unpaid as of the date of death.

### **Proof of Death**

Any death benefit payable will be paid when we receive due proof of the insured's death. Such proof must be sent to our home office. Claim forms will be made available to the beneficiary upon request.

### **Surrender Benefits**

Any time during the life of the insured, the owner may surrender this Policy and withdraw its net cash value. The net cash value is the cash value less any Policy debt. The Company may defer payment for up to six months after such request. If the Company postpones payments for more than 31 days, the Company will pay the person entitled, interest at a rate of not less than 3% per year on the amount of the cash surrender value for the period postponed.

## **PAYMENT OF BENEFIT**

### **Lump Sum**

We will pay the death benefit in a lump sum (cash) unless otherwise agreed. We will pay the benefit at our home office. This Policy must be turned in to us when we pay the benefit. If no benefit survives, this Policy will terminate and will no longer be in effect upon such surrender.

### **Interest on Payment**

We will add interest to our one sum payment. We will figure the interest from the date of the insured's death until the date of our payment. The interest rate will be 3% per year, or if greater, the interest rate, if any, required by law in the state where this Policy was issued.

## **CHANGE OF PLAN**

### **Change of Plan**

The owner may exchange this Policy for a Policy on another plan subject to the Company's approval and the requirements and payments as determined by the Company.

## **PREMIUM AND REINSTATEMENT PROVISIONS**

### **Paying Premiums**

The Schedule shows the amount and frequency of premium payments for this Policy and any benefit riders attached on the Policy date. You may pay this premium at our home office or to one of our authorized agents. If asked, we will send you a receipt for your payment.

### **Frequency May Be Changed**

Premiums may be paid annually, semiannually, quarterly, or monthly. The owner may change the frequency of premium payments, shown on page 2, subject to the Company's approval.

### **First Premium**

The first premium is due on or before the Policy date. The Policy will not take effect until it has been delivered and the first premium paid while the insured is alive and prior to any change in health as shown in the application. Each later premium is due on or before the end of the period covered by the preceding premium. The

premiums are payable until the end of the premium paying period shown on the Schedule Page or until the insured's death

### **Other Methods of Paying Premiums**

It may be possible for you to make arrangements with your employer to pay your premiums by payroll deduction. Also, if your bank agrees, you may request that your premiums be automatically withdrawn from your checking account and paid directly to us by your bank. We will accept monthly premiums paid by either of these methods. If for any reason your employer or bank fails to pay a premium when it is due or during the grace period, this Policy will lapse, subject to the Reinstatement Provision.

### **Grace Period**

If you do not pay a premium on a premium due date, we will keep this Policy and any riders in force for a grace period of 31 days. We will mail the owner and any assignee shown on our records a notice of the amount of premium that must be paid to keep this Policy in force beyond the end of the grace period. If this premium is not paid, this Policy will lapse without value. If the insured dies during the grace period, we will deduct any past due premium from any death benefit payable. This 31 day grace period does not apply to the first premium payment. The first premium must be paid when this Policy is delivered.

### **Reinstatement**

This Policy may be reinstated at any time within three years after it has been terminated, provided:

1. it has not been surrendered for cash;
2. a written application for reinstatement is submitted to the Company;
3. evidence of insurability satisfactory to the Company is furnished;
4. all overdue premiums with interest at the Policy loan interest rate, shown on page 2, are paid; and
5. any Policy debt with interest is reinstated or paid.

Coverage under any reinstated Policy will not begin until the date we approve the application for reinstatement.

## **LOAN PROVISIONS**

### **Loan Agreement**

The Company will loan to the owner all or part of the loan value at the loan interest rate shown on page 2. The following rules apply:

1. this Policy must be in force other than as extended insurance.
2. a proper loan agreement is executed and received by the Company.
3. a satisfactory assignment of the Policy to the Company is made.

The Company reserves the right to require this Policy for endorsement of a loan. This Policy will be the sole security for the loan. The Company may defer a loan for six months from the date of request. The Company will not defer a loan to be used to pay premiums on this Policy.

### **Loan Value**

The loan value is the cash value as of the next Policy anniversary, or the next premium due date if earlier, less:

1. any due and unpaid premiums;
2. any existing Policy debt; and
3. interest in advance to the end of the next Policy anniversary on the entire Policy debt.

The Policy debt is the total outstanding loan with interest.

### **Loan Interest**

Interest is computed annually in advance at the rate shown on page 2. Interest on the Policy debt is due on each Policy anniversary. If interest is not paid when due, it will be added to the Policy debt and will bear interest at the same rate.

### **Policy Debt Limit**

Any part of the Policy debt may be repaid at any time. If the Policy debt equals or exceeds the cash value, this Policy will terminate. The termination date will be 31 days after notice is mailed to the owner, and to any assignee of record at the home office of the Company.

Notice will be sent to the last known address in the Company's files.

### **Automatic Premium Loan**

The automatic premium loan option may be selected in the application or later by written request.

This option may be revoked by written request from the owner to the Company at the home office. Any premium not paid by the end of the grace period will be paid by charging the premium as a loan if:

1. the automatic premium loan option is then in effect;
2. the amount of premium paid together with interest in advance to the end of the next Policy anniversary does not exceed the net cash value; and
3. the loan value is sufficient to pay a quarterly premium (or a monthly premium if the mode of premium payment is monthly), otherwise, the automatic premium loan provision is not in effect and the Policy will either terminate if there is no net cash value, or, if a cash value is available, the nonforfeiture option will apply.

## **NONFORFEITURE PROVISIONS**

### **Nonforfeiture Values**

The values for the nonforfeiture options are shown on page 2. The values shown at the end of a Policy year assume that all premiums have been paid to the end of the Policy year and there is no Policy debt.

The values available during a Policy year will be calculated on a basis consistent with that used to calculate values at the end of a Policy year. Allowance will be made for the months completed and the portion of premium paid within such Policy year.

Upon request, the Company will furnish values for periods not shown.

## **Nonforfeiture Options**

If:

1. any premium remains unpaid at the end of the grace period;
2. there is cash value available as of the due date of the premium in default; and
3. the automatic premium loan option is not in effect, then; during the 60 days after the due date of such premium in default, the following options will be available:

A. **NET CASH VALUE.** The Policy may be surrendered for its net cash value. The net cash value is the cash value less any Policy debt. The Company may defer payment for up to six months from date surrender requested.

B. **PAID-UP INSURANCE.** The paid-up insurance will be payable at a like time and in a like manner as the original Policy. The net cash value is used as a single premium to purchase the paid-up insurance. The single premium is based on the respective insured's attained age on the due date of the premium in default.

C. **EXTENDED INSURANCE.** The sum insured less any Policy debt may be extended for a period of time. The net cash value is used as a single premium to determine the period for which the extended insurance remains in effect. The single premium is based on the respective insured's attained age on the due date of the premium in default. If no option has been elected within 60 days of the due date of any premium in default, the extended insurance option will automatically apply. If Values for extended Insurance are not shown on page 2, the automatic option will be paid-up insurance. An insured's attained age, as used in this Policy, is the age on the Policy date, plus the number of years and months to such due date.

### **Surrender of Paid-Up Insurance or Extended Insurance**

Paid-up or extended insurance may be surrendered at any time for its then current net cash value. The net cash value is equal to the cash value less any Policy debt. Cash values of paid-up or extended insurance are equal to the

full reserves for the benefit provided. The reserve as of any date will be based on the respective Insured's attained age on that date. Cash values for paid-up or extended insurance which are available within 30 days after a Policy anniversary date shall be no less than the value as of such anniversary.

## **OTHER INFORMATION**

### **Basis of Reserves and Values**

All values, single premiums, and reserves are calculated:

1. on the basis of the mortality table and interest rate (or rates) shown on Page 2; and
2. on the assumption that applicable premiums are paid annually.

Cash values are calculated by the standard nonforfeiture method. The nonforfeiture factors are shown on page 2. A detailed statement of the method of computing values has been filed with the insurance department of the state where this Policy is delivered. All values and reserves are at least equal to those required by the laws of such state.

### **Effective Dates of Coverage**

Coverage begins at 12:01 A.M. Standard Time at your residence on the applicable effective date. The effective dates of coverage under this Policy will be:

1. the Policy date shown on page 2 for the death benefit and any riders issued on the initial application, and
2. the Policy anniversary date on or after the date we approve the application for any additional benefits applied for in a later application.

**Termination**

This Policy will terminate on the earliest of:

1. the premium paid to date following our receipt of your written request to surrender; or
2. the date of the insured's death; or
3. the date of lapse; or
4. the date Policy ends, as shown in the Schedule.

**Actuarial Reserves**

The actuarial reserve calculations are based on the Commissioner's 2001 Standard Ordinary Ultimate Mortality Table age at last birthday, with interest as shown in the Schedule. The actuarial reserves are equal to or greater than those required by the law of the state in which this Policy is delivered.

**Conformity with State Statutes**

Any provision of this contract, which on the Policy date is in conflict with the law of the state in which this contract is delivered, will be changed to conform to such state law.

# Limited Pay Whole Life

Premiums are payable for a limited period as stated in the schedule

page

Sum insured payable at death of the insured

Non-participating

**All information must be provided to avoid delays. All questions are important, please read and complete each question.**

Proposed Insured (First Name, Initial, Last Name, Suffix)

\_\_\_\_\_

State of Birth \_\_\_\_\_ Country of Birth \_\_\_\_\_

Date of Birth \_\_\_\_\_ Present Age \_\_\_\_\_

Sex \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Social Security No. \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home/Cell Phone \_\_\_\_\_

Work Phone: \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Occupation \_\_\_\_\_

1. Have you used tobacco in any form in the past 12 months? .....  YES  NO
2. Are you a US Citizen including resident alien?  YES  NO  
If No, please explain type of visa or work permit: \_\_\_\_\_

**OWNER of Policy (if other than Proposed Insured)**

\_\_\_\_\_

Relationship \_\_\_\_\_

Social Security No. \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home/Cell Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

Plan Applied For:  SIMPL  MWL  
 OTHER \_\_\_\_\_

Classification:  Tobacco  Non-Tobacco

Face Amount \$ \_\_\_\_\_

Premium Amount \$ \_\_\_\_\_

Amount paid with application \$ \_\_\_\_\_

Premium Mode:

- Monthly Bank Draft  Direct Express Card  
Draft Day: \_\_\_\_\_
- Check here to draft first premium
- Monthly List Bill  Bi-Weekly
- Payroll Deduction  Quarterly
- Semi-Annual  Annual

Primary Beneficiary \_\_\_\_\_

Relationship \_\_\_\_\_

Street Address \_\_\_\_\_

Home/Cell Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

Contingent Beneficiary \_\_\_\_\_

Relationship \_\_\_\_\_

Street Address \_\_\_\_\_

Home/Cell Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

1. Does proposed Insured have existing life insurance policies or annuity contracts? .....  YES  NO
  2. Will this insurance replace or change any other insurance policies or annuity contracts? .....  YES  NO
- If "YES" to either question, please provide details of the insurance, including Amount, Company & Plan of Insurance and appropriate Replacement Form, if required: \_\_\_\_\_

Please read each question carefully and answer truthfully before signing application.

If the applicant answers YES to any question in Part 1, DO NOT PROCEED with the application.

**Part 1**

|  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| <b>Within last 2 years have you had or been diagnosed with:</b>  |                          |                          |
| 1. Uncontrolled high blood pressure or uncontrolled diabetes, diabetic coma, insulin shock, or diabetes at age 9 or younger, diabetes associated with retinopathy (eyes), nephropathy (kidneys), neuropathy (pain or numbness in your extremities); or amputation? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Have you ever:</b>  |                          |                          |
| 2. Been diagnosed with congestive heart failure (CHF), cardiomyopathy, cystic fibrosis, Alzheimer's, senile dementia, dementia, two or more instances of internal cancer(s), terminal illness, muscular dystrophy, Huntington's Disease, multiple sclerosis, or had an organ transplant, kidney dialysis, Hepatitis C, or heart defibrillator implant, amyotrophic lateral sclerosis (ALS) or Lou Gehrig's disease, autism, mental retardation, or Down's syndrome?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Been diagnosed or received treatment for AIDS, AIDS Related Complex or tested positive for HIV virus, or any other disorder of the immune system? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Are you currently or within the last year:</b>  |                          |                          |
| 4. Unable to care for yourself; using oxygen, bedridden at home, confined to a hospital, nursing home, hospice, long-term care or assisted living facility. Definition of assisted living: requires help in at least one area of skills considered necessary for living and caring for oneself (feeding, dressing or bathing)?.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Had undiagnosed chest pain, fainting, paralysis, coughed up or vomited blood? .....   | <input type="checkbox"/> | <input type="checkbox"/> |

If the applicant answers YES to any question in Part 2, apply for the MWL Plan only. (Check for state approval.)

**Part 2**

To the best of your knowledge and belief, within the last 2 years have you 1) had, 2) been diagnosed for, 3) had or have any new symptoms for or, 4) awaiting surgery or medical test results for:

|   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| 1. Heart attack, irregular heartbeat, aneurysm, stroke, mini-stroke or TIA (transient ischemic attack), angioplasty or bypass surgery, heart valve surgery, cerebrovascular insufficiency or blockage, peripheral vascular disease, peripheral artery disease, cardiovascular disorder, rheumatic or congenital heart disease?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Internal cancer, melanoma, leukemia, COPD, or chronic bronchitis, sickle cell anemia, kidney insufficiency or disease (excluding passed kidney stones), liver disease including cirrhosis; chronic pancreatitis, Hodgkin's disease, lymphoma, chronic lung disease including emphysema?.....                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Paralysis, Parkinson's, epilepsy or seizure disorder, lupus or connective tissue disorder, organic brain disorder, brain mass or fibromyalgia? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Schizophrenia, psychosis or suicidal thoughts, including hospitalization for major depression?.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Alcoholism, drug abuse, narcotic addiction, been convicted of felony, jailed, imprisoned or on parole?.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are you currently using a wheelchair or walker on a permanent basis?.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you had an application for life insurance declined or refused for any reason? .....   | <input type="checkbox"/> | <input type="checkbox"/> |

Give Details to Questions Answered "YES" above: (Attach additional sheet, if necessary with applicant's signature) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**This section intentionally left blank.**

LBL-SIM-APP-1112

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**This Notice Must be Given to Proposed Insured**  
**FAIR CREDIT REPORTING ACT PRE-NOTIFICATION FORM.** Thank you for considering Liberty Bankers Life Insurance Company as your insurance carrier. Your application will be processed as quickly as possible. Public Law 91-5088 requires that we advise you that an investigative consumer report may be made in connection with this application which will provide applicable information concerning character, general reputation, personal characteristics and mode of living. The information for this report may be obtained through personal interviews with friends, neighbors, and associates. You are entitled to be interviewed in connection with an investigative consumer report; and, you have the right to receive a copy of any investigative consumer report by making a written request within a reasonable period of time.

**NOTICE TO APPLICANTS FOR INSURANCE.** Information regarding your insurability will be treated as confidential. Liberty Bankers Life Insurance Company, or its reinsurer(s), may, however, make a brief report of my protected health information to the MIB, Inc., a not for profit membership organization of life insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB, Inc. member company for life and health insurance coverage, or a claim for benefits is submitted to such a company, the MIB, Inc., upon request from you, will arrange disclosure of any information it may have in your file. If you question the accuracy of information in the MIB's file, you may contact the MIB, Inc. and seek a correction in accordance with the procedure set forth in the Federal Fair Credit Reporting Act. The address of the MIB's information office is 50 Braintree Hill, Suite 400, Braintree, Massachusetts, 02184, telephone 1-866-692-6901, web address: [www.mib.com](http://www.mib.com). Liberty Bankers Life Insurance Company, or its reinsurer(s), may also release information in its file to other life insurance companies to whom you may also apply for life or health insurance, or to whom a claim for benefits may be submitted.

SERFF Tracking #:

LBLI-128761047

State Tracking #:

Company Tracking #:

State:

Arkansas

Filing Company:

Liberty Bankers Life Insurance Company

TOI/Sub-TOI:

L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life

Product Name:

NEWWL

Project Name/Number:

/

## Supporting Document Schedules

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

|                   |   | Item Status: | Status Date: |
|-------------------|---|--------------|--------------|
| Satisfied - Item: | Application                                       |              |              |
| Comments:         | See general information tab for application info. |              |              |

**LIBERTY BANKERS LIFE INSURANCE COMPANY**

**PO Box 341989  
Austin, TX 78734**

**NOTICE TO POLICYHOLDERS**

If you have any questions regarding your life policy, please contact your agent at the number below or our office for assistance.

Agent's Name  
Street Address  
City, State Zip Code  
Telephone Number:

**Liberty Bankers Life Insurance Company** welcomes the opportunity to meet your ongoing service needs. Therefore, please do not hesitate to contact our office at **1-800-604-8002** as those needs arise.

If we at **Liberty Bankers Life Insurance Company** fail to provide you with reasonable and adequate service, you should feel free to contact:

**Arkansas Insurance Department  
Consumer Services Divisions  
1200 West Third Street  
Little Rock, AR 72201-1904**

**Telephone Number 1-800- 852-5494 or 1-501-371-2640**

## CERTIFICATION

**Company Name: Liberty Bankers Life Insurance Company**

I hereby certify that the forms included in this submission and company procedures meet the requirements of Regulation 19, 49, and AR 23-79-138 as well as all applicable requirements of the Arkansas Insurance Department.



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Chad Leiding  
Vice President Compliance

11/6/12  
Date

READABILITY CERTIFICATION

COMPANY NAME Liberty Bankers Life Insurance Company NAIC# 68543

FORM NUMBER

FLESCH SCORE

LBL-LPL-ORD-1012-AR

54.9

LBL-LPL-HS-1012-AR

54.9

LBL-SIM-APP-1112

44.8 \*

\* scored with policy



\_\_\_\_\_  
Signature of Insurance Company Officer

Vice President Compliance  
Typed Name and Title

November 6, 2012  
Date