

State: Arkansas **Filing Company:** Woodmen of the World Life Insurance Society
TOI/Sub-TOI: L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life
Product Name: Worksite WL65 & Apps
Project Name/Number: /

Filing at a Glance

Company: Woodmen of the World Life Insurance Society
Product Name: Worksite WL65 & Apps
State: Arkansas
TOI: L071 Individual Life - Whole
Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
Filing Type: Form
Date Submitted: 12/11/2012
SERFF Tr Num: WDMM-128787714
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num:

Implementation: On Approval
Date Requested:
Author(s): Lee Ann Anderson
Reviewer(s): Linda Bird (primary)
Disposition Date: 12/17/2012
Disposition Status: Approved-Closed
Implementation Date:

State Filing Description:

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General Information

Project Name: Status of Filing in Domicile:
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: 12/17/2012
State Status Changed: 12/17/2012
Deemer Date: Created By: Lee Ann Anderson
Submitted By: Lee Ann Anderson Corresponding Filing Tracking Number:

Filing Description:

Re: Fraternal Form Filing – Individual Life
Form 8411 WS 11-12 – Whole Life Insurance Payable to Age 65 Certificate
Form 8403 05/13 – Worksite Application for Individual Life Insurance and Membership
Form 8410 05/13 – Worksite Supplementary Statement
Form 8712 8-12 – Ratification Form

We are submitting the forms listed above for filing and/or approval. These forms are all new and will not replace any forms previously approved by your Department.

These forms will be marketed to new and existing customers through the use of Woodmen career agents in a worksite setting. The premiums for these forms are unisex.

Certificate Form 8411 WS 11-12 will not be illustrated.

Complaint Notice Form 130-03-0911, previously approved by your department on August 26, 2011 (SERFF #WDMM-127372131, AR Tracking #49574) will be attached to the front of the certificate to comply with §23-79-138 and Bulletin 15-2009.

Accelerated Death Benefit Rider Form 264 6-10, which was approved by your Department on September 15, 2010 (SERFF #WDMM-126795577, AR #46675), is available on an optional basis with Certificate Form 8411 WS 11-12 at time of issue and can also be added after the date of issue.

Suicide & Incontestability Endorsement Form 73-03-0409 and Premium Deposit Fund Rider Form 265-03-0409, both previously approved by your Department on November 16, 2004 (SERFF #USPH-66FUD418, AR #27900), will also be used with Certificate Form 8411 WS 11-12.

Application Form ICC12 8403 05/13 will be used to apply for Certificate Form 8411 WS 11-12. This form will be produced in paper form. The form is not intended for Internet use.

Supplementary Statement Form 8410 05/13 will be used with Application Form 8403 05/13. The completion of a supplementary statement is required when questions on the application were incomplete. The proposed insured will be required to complete only the corresponding question(s) on the supplementary statement. We do not require the completion of the entire form.

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Ratification Form 8712 8-12 will be used whenever the applicant requests a change in the application as described in the Statement of Variability for Form 8712 8-12.

Please be advised that because Woodmen is a fraternal benefit society which does not belong to the Arkansas Life and Health Guaranty Association, Regulation 49 is not applicable.

Statements of Variability are attached providing an explanation of all variable material appearing bracketed in the forms.

An actuarial memorandum has been included providing further information regarding the enclosed certificate. A readability certification has also been enclosed for your review.

The enclosed forms are submitted in final print and are subject to only minor modification in paper stock, ink, border, company logo, and adaptation to electronic media and computer printing.

Company and Contact

Filing Contact Information

Lee Ann Anderson, Senior Compliance Analyst
 landerson@woodmen.org
 1700 FARNAM STREET
 OMAHA, NE 68102
 402-661-6206 [Phone]
 402-449-7732 [FAX]

Filing Company Information

Woodmen of the World Life Insurance Society
 1700 FARNAM STREET
 OMAHA, NE 68102
 (402) 271-7279 ext. [Phone]

CoCode: 57320
 Group Code:
 Group Name:
 FEIN Number: 47-0339250

State of Domicile: Nebraska
 Company Type:
 State ID Number:

Filing Fees

Fee Required? Yes
 Fee Amount: \$200.00
 Retaliatory? No
 Fee Explanation: \$50.00 per form x 4 = \$200.00
 Per Company: No

Company	Amount	Date Processed	Transaction #
Woodmen of the World Life Insurance Society	\$200.00	12/11/2012	65628766

SERFF Tracking #:

WDMM-128787714

State Tracking #:

Company Tracking #:

State:

Arkansas

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

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	12/17/2012	12/17/2012

SERFF Tracking #:

WDMM-128787714

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

Arkansas

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/

Disposition

Disposition Date: 12/17/2012

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
Supporting Document	Statements of Variability		Yes
Form	Whole Life Insurance Payable to Age 65 Certificate		No
Form	Worksite Application for Individual Life Insurance and Membership		No
Form	Worksite Supplementary Statement		No
Form	Ratification Form		No

State: Arkansas

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Form Schedule

Lead Form Number:

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Whole Life Insurance Payable to Age 65 Certificate	8411 WS 11-12	POL	Initial		51.400	8411 WS 11-12 (LP65).pdf
2		Worksite Application for Individual Life Insurance and Membership	8403 05/13	AEF	Initial		51.400	8403 R-5-13.pdf
3		Worksite Supplementary Statement	8410 05/13	OTH	Initial		53.900	8410 05-13.pdf
4		Ratification Form	8712 8-12	POLA	Initial		61.300	8217 8-12 Final.pdf

Form Type Legend:

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

WOODMEN OF THE WORLD LIFE INSURANCE SOCIETY

A Fraternal Benefit Society

Home Office: [1700 Farnam Street, Omaha, Nebraska 68102]
[www.woodmen.org]

PARTICIPATING WHOLE LIFE INSURANCE WITH LEVEL PREMIUMS PAYABLE TO AGE 65

INSURED [JOHN L WOODMEN]

CERTIFICATE NUMBER [123456789]

RIGHT TO EXAMINE CERTIFICATE: All premiums paid, including any fees or charges, will be returned if the owner wants to cancel this certificate within [20] days from the date it is received. To cancel this certificate, give it to our representative who delivered it or send it to our Home Office at [1700 Farnam Street, Omaha, Nebraska 68102].

This is a legal contract between the owner and Woodmen of the World Life Insurance Society.

READ THIS CERTIFICATE CAREFULLY.

We agree to provide the benefits described in this certificate and have caused it to be signed by our President and Secretary at Omaha, Nebraska, on its effective date.

[Larry R. King]
[President]

[Pamela Hernandez]
[Secretary]

MODAL PREMIUM DISCLOSURE

PREMIUM PAYMENT OPTIONS

You have the right to choose one of the following premium payment modes: Annual, Semiannual, Quarterly, or Monthly Pre-Authorized Collection (PAC). If you choose a payment mode other than annual, you will pay additional charges for selecting that payment mode. **The chart below, based on an example of a \$1,000 annual premium, shows the additional payment charges for each premium payment mode.**

COST COMPARISON OF ADDITIONAL PAYMENT CHARGES FOR ALTERNATIVE PREMIUM PAYMENT MODES

PREMIUM PAYMENT MODE	NUMBER OF PREMIUM PAYMENTS PER YEAR	AMOUNT OF EACH MODAL PREMIUM PAYMENT (including Additional Payment Charges)	TOTAL OF MODAL PREMIUM PAYMENTS PER YEAR (including Additional Payment Charges)	TOTAL ADDITIONAL PAYMENT CHARGES PER YEAR
Annual	1	\$1,000.00	\$1,000.00	\$0.00
Semiannual	2	\$520.00	\$1,040.00	\$40.00
Quarterly	4	\$265.00	\$1,060.00	\$60.00
Monthly (PAC)	12	\$85.00	\$1,020.00	\$20.00

Fraternal dues are included in premium amounts.

CALCULATION OF MODAL PREMIUM

The Modal Premium Payment amounts are calculated by multiplying the Annual Modal Premium by the applicable modal premium factor:

Annual – 1.00

Semiannual – .52

Quarterly – .265

Monthly (PAC) – .085

As shown above, if paid on a Semiannual, Quarterly or Monthly (PAC) Premium Payment Mode, your total premiums will be higher than if you made a single payment using the Annual Premium Payment Mode. Premiums paid on any mode other than the Annual Premium Payment Mode are increased to reflect the time value of money and to cover the administrative costs of processing additional premium payments.

NOTICE TO OWNER

Each Modal Premium Payment is a payment, in advance, for insurance. Insurance continues until the next premium payment is due. You are under no contractual obligation to continue making premium payments. However, the failure to pay a premium may result in termination of your coverage. If you would like further information on modal premium payments or related annual percentage rates, please call our Home Office at [1-800-225-3108].

SCHEDULE OF BENEFITS AND PREMIUMS

BENEFIT DESCRIPTION	BENEFIT AMOUNT	ANNUAL PREMIUM	PREMIUMS PAYABLE TO
Whole Life Certificate	[\$25,000]	[\$XXX.XX][*]	[1/1/2043]
[Accelerated Death Benefit Rider]		[\$0.00]	
[Premium Deposit Fund Rider]		[\$0.00]	
TOTAL ANNUAL PREMIUM:		[\$XXX.XX]	

[*Premium includes an additional amount because of increased risk due to a tobacco classification.]

MODAL PREMIUM PAYMENT OPTIONS:

ANNUAL \$[XXX.XX]
SEMIANNUAL \$[XXX.XX]
QUARTERLY \$[XXX.XX]
MONTHLY PRE-AUTHORIZED COLLECTION \$[XX.XX]

Fraternal dues are included in premium amounts.

PREPARED ON [x/x/xxxx]

CERTIFICATE INFORMATION

EFFECTIVE DATE [January 1, 2013]

CERTIFICATE NUMBER [123456789]

INSURED [JOHN L WOODMEN]

INSURED'S AGE [35]

OWNER as named in the contract unless ownership has been transferred.

FACE AMOUNT OF INSURANCE \$[25,000]

RATING CLASS [Tobacco]

LOAN INTEREST RATE 8.00% per year

CERTIFICATE VALUES

IF PREMIUMS ARE PAID TO END OF CERTIFICATE YEAR	INSURED'S ATTAINED AGE	CASH VALUE	REDUCED PAID-UP INSURANCE
[1	[36	[.00	[.00
2	37	.00	.00
3	38	349.75	1,273.16
4	39	727.75	2,562.98
5	40	1,117.75	3,808.96
6	41	1,519.00	5,009.68
7	42	1,931.75	6,167.50
8	43	2,355.00	7,281.16
9	44	2,788.50	8,352.37
10	45	3,232.00	9,382.73
11	46	3,686.25	10,376.09
12	47	4,151.50	11,334.48
13	48	4,629.50	12,262.57
14	49	5,123.00	13,166.28
15	50	5,630.50	14,043.10
16	51	6,152.25	14,895.13
17	52	6,686.25	15,720.29
18	53	7,232.00	16,520.33
19	54	7,788.50	17,295.95
20	55	8,354.50	18,048.15
25	60	11,374.50	21,581.60
30]	65]	14,796.00]	25,000.00]

The above values are calculated assuming there are no outstanding loans and no refunds or paid-up additional insurance credited to the certificate. Refunds under this certificate are not guaranteed.

PREPARED ON [x/x/xx]

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Riders and amendments, if any, and a copy of the certificate application are attached following Page 13.

PART 1 – DEFINITIONS

ATTAINED AGE

The age shown on the Certificate Information page plus the number of certificate anniversaries that have passed since the effective date shown on the Certificate Information page.

EFFECTIVE DATE

The date the certificate takes effect as shown on the Certificate Information page. This date is used to determine certificate years, certificate anniversaries, and premium payment periods.

INSURED

The person on whose life this certificate is written.

MEMBER

The member is the insured.

OWNER, YOU, YOUR

The person, persons, or entity who owns the certificate and is entitled to exercise all rights and privileges provided in the certificate while the insured is living. The owner of this certificate is the insured unless a different owner(s) is named or ownership is transferred. The owner is referred to as “you” and “your.”

REQUEST

A form of communication we receive in our Home Office providing the information we need either in writing or another manner that we approve in advance.

WOODMEN, WE, OUR, US

Woodmen of the World Life Insurance Society, also referred to as “we,” “our,” and “us.”

PART 2 – CERTIFICATE BENEFITS

DEATH BENEFIT

We will pay the death benefit to the beneficiary if the insured dies while this certificate is in force, subject to the terms of this certificate.

The death benefit will be:

- The face amount of insurance shown on the Certificate Information page.
- PLUS any refunds on deposit with interest.
- PLUS any paid-up additional insurance purchased with refunds.
- PLUS any premium paid for the payment period beyond the date of death.
- LESS any debt with interest secured by this certificate.
- LESS any premium due and unpaid as of the date of death.

The death benefit may be paid in one sum if the owner has so elected. If an optional method of payment has been elected, payment will be made under the settlement option chosen. Options are shown in PART 6, SETTLEMENT OPTIONS.

REFUNDS

This is a participating certificate. It will share in refunds, if any, as declared by our Board of Directors at the second certificate year end and each following certificate year end. Refunds are amounts returned if actual experience with regard to mortality, expenses, surrenders, lapses, and investment return is more favorable than assumed in setting the premiums for this certificate. Refunds are affected by any loans with interest secured by this certificate.

According to the option chosen in the application or in a later request, such refunds will be as described in one of the options shown below.

- CASH. Paid in cash.
- PAID-UP ADDITIONAL INSURANCE. Applied as a net single premium at the insured's attained age to purchase paid-up additional insurance of the same kind as this insurance.
- REFUNDS ON DEPOSIT. Left with us to accumulate at interest. Interest will be at the rate of 1% per year or such higher rate as may be set by us.
- REDUCE PREMIUM. Applied to reduce the premium for the insurance.

Refunds will purchase paid-up additional insurance if another option has not been chosen or the option chosen is not applicable. The accumulated amount on deposit and the cash value of any paid-up additional insurance under any refund option may be withdrawn at any time unless they are held as security for debt. Withdrawals may be made by request of the owner to our Home Office.

CASH VALUE

If all premiums due under this certificate have been paid, the cash value of this certificate will be as shown on the Certificate Information page. While a premium is in default and within 60 days of its due date, the cash value will not be less than it was on its due date. Cash values between certificate year ends will be prorated from the preceding certificate year end.

If this certificate is in force under a nonforfeiture option, the cash value will be the net single premium at the insured's attained age. Within 30 days after a certificate year end, the cash value under a nonforfeiture option will not be less than for that certificate year end.

SURRENDER VALUE

We will pay the surrender value of this certificate after receipt at our Home Office of the owner's request to terminate the certificate. We have the right to defer payment for up to six months from the date the request is received. The surrender value will be:

- The cash value as described in PART 2, CASH VALUE.
- PLUS any refunds on deposit with interest.
- PLUS the cash value of any paid-up additional insurance purchased with refunds.
- LESS any debt with interest secured by this certificate.

A rider attached to this certificate will not add to the certificate's values unless the rider so states.

NONFORFEITURE OPTIONS

After this certificate has surrender value, the owner may request one of the nonforfeiture options shown below. Such request must be made to our Home Office while the insured is living.

CASH SURRENDER. The surrender value can be paid in cash to the owner as described in PART 2, SURRENDER VALUE.

REDUCED PAID-UP INSURANCE. The surrender value can be used to purchase a reduced amount of paid-up insurance. The face amount of the reduced paid-up insurance will be determined by applying the surrender value as a net single premium at the insured's attained age. Benefits will be payable at the same time and on the same terms as this certificate.

Any benefit provided by rider will terminate if this option is chosen.

Reduced paid-up insurance can be surrendered as described in PART 2, SURRENDER VALUE.

AUTOMATIC OPTION. If any premium is not paid before the end of its grace period, the **REDUCED PAID-UP INSURANCE** option will go into effect automatically if:

1. The owner has not requested a nonforfeiture option before the end of the grace period.
2. The premium in default has not been paid under the **AUTOMATIC PREMIUM LOAN** provision in **PART 2, LOANS**.

The owner may request another available nonforfeiture option within 60 days after the due date of the first premium in default.

LOANS

CASH LOAN. We will loan to the owner any amount up to the surrender value of this certificate. Request for a loan must be made to our Home Office. We have the right to defer the granting of any cash loan for up to six months from the date the loan is requested except for any loan made to pay premiums due us.

AUTOMATIC PREMIUM LOAN. This option can be selected in the application or by request to our Home Office. This option provides that if any premium is not paid before the end of its grace period, the premium will be paid by an automatic loan against the surrender value.

INTEREST. Interest on all loans will be at the rate shown on the Certificate Information page. Any interest not paid when due will be added to the loan and bear interest at the same rate. Interest is due at the end of each certificate year or at the time the loan is repaid, if earlier.

EFFECT OF LOANS. All loans will be a debt to us secured solely by this certificate. This certificate will terminate without value 31 days after the total debt secured by it, including interest due and accrued, equals or exceeds its surrender value. However, it will not terminate until 31 days after we have mailed notice of termination to the owner's last known address and to the assignee of record, if any. Loans will affect any refunds that may be paid on this certificate.

REPAYMENT OF LOANS. Loans may be repaid in full or in part at any time. Loan debt not repaid will be deducted from any benefits paid under this certificate.

PART 3 – THE CONTRACT

ENTIRE CONTRACT

The contract between the owner and us consists of:

- This certificate.
- Riders, endorsements and amendments, if any.
- The application, a copy of which is attached to this certificate, and any supplemental applications for modification of this certificate which are based upon evidence of insurability.
- Our Articles of Incorporation.
- Our Constitution and Laws.

The Articles of Incorporation and the Constitution and Laws and any amendments to them are binding on the owner and the beneficiary but will not take away or reduce any of the benefits payable under this certificate.

This certificate is granted in consideration of the application and payment of premiums.

MODIFICATION

Only we may change, reduce or add to the terms of this certificate. Any change must be in writing and signed by our President or Secretary. No one else has the right to modify this certificate.

STATEMENTS IN THE APPLICATION

Statements made by or for the applicant in the application are by law representations and not warranties. Only statements signed by the applicant and attached to this certificate can be used to contest this certificate.

INCONTESTABILITY

This certificate will be incontestable after it has been in force while the insured is alive for two years from its effective date. If this certificate is reinstated and proof of insurability is required, it will again become contestable. Any contest will be limited to written statements made to gain reinstatement. This certificate will be incontestable after it has been in force while the insured is alive for two years from the reinstatement date. See PART 4, REINSTATEMENT.

APPLICABLE STATE LAW

This terms of this certificate will be governed by the laws of the state in which it is delivered.

PART 4 – PREMIUMS, TERMINATION AND REINSTATEMENT

PREMIUMS

PREMIUM. “Premium” means a payment for the insurance and includes fraternal dues. All premium payments after the initial premium are payable without notice and must be received at our Home Office on or before the due date. The initial premium is payable at our Home Office or to an authorized representative. All other premiums are payable at our Home Office. A receipt signed by an officer will be sent on request.

PAYMENT PERIOD. Premiums are to be paid for periods of one, three, six or twelve months. The due date of any premium will be the first day of the payment period. Premiums are to continue for the number of years shown on the Schedule of Benefits and Premiums page or until the insured’s death.

DEFAULT. A premium not paid on or before its due date is in default and will cause this certificate to terminate except as provided in PART 2, NONFORFEITURE OPTIONS, PART 2, LOANS or the GRACE PERIOD provision below.

GRACE PERIOD. After the initial premium is paid, a grace period of 31 days will be allowed for the payment of any premium in default. During the grace period this certificate will remain in force.

FRATERNAL DUES. To maintain fraternal benefits and membership, fraternal dues must be paid. If no premium is payable, fraternal dues are payable yearly to our Home Office. Fraternal dues will be deducted from refunds, if any.

TERMINATION

This certificate will terminate when one of the following occurs:

1. You surrender the certificate. See PART 2, SURRENDER VALUE.
2. The insured dies.
3. The certificate lapses because the grace period ends without payment of the required premium and the certificate has not been kept in force under a nonforfeiture option. See PART 2, NONFORFEITURE OPTIONS and PART 4, PREMIUMS.
4. The certificate lapses because the total debt secured by the certificate equals or exceeds the certificate’s surrender value. See PART 2, LOANS.

REINSTATEMENT

If this certificate has not been surrendered, it may be reinstated by request of the owner within three years after the end of the grace period, while the insured is living, by payment of all due and past due premiums. Reinstatement takes effect and insurance commences on the day reinstatement is approved, and all required premiums are received, at our Home Office.

Reinstatement is subject to the following:

1. We may require proof satisfactory to us, at the owner’s expense, that the insured is insurable.
2. If payment is received at our Home Office more than six months after the end of the grace period, the owner must also pay interest at the rate of 6% per year, compounded yearly, from the due date of each past due premium.
3. If there was any debt secured by this certificate at the time of termination, such debt must either be repaid or reinstated. Interest will be charged on the debt from the date of termination to the date of reinstatement at the rate of 6% per year, compounded yearly.

PART 5 – GENERAL PROVISIONS

MISSTATEMENT OF AGE

The insured's age on the Certificate Information page is the age of the insured on the effective date.

If the insured's age has been misstated, all benefits will be those the premiums paid would have purchased for the insured's true age.

SUICIDE EXCLUSION PERIOD

If the insured dies by suicide while sane or insane within two years from the effective date, the death benefit will be limited to the payment of a benefit equal to the amount of the premiums paid, without interest, less any refunds paid and any debt secured by this certificate.

OWNERSHIP

You may change the owner of this certificate by sending a written request to our Home Office. This transfers all your rights and duties to a new owner. The new owner may then make any change the certificate allows. Once recorded by us, the change, unless otherwise specified by the owner, will take effect on the date the written request is signed by the owner, subject to any payments made or actions taken by us prior to receipt of this notice. If there are joint owners, each owner will have rights under this contract. We reserve the right to restrict changes in ownership in order to satisfy applicable laws or regulations.

ASSIGNMENT

You may assign this certificate by sending a written request to our Home Office. Once recorded by us, assignments, unless otherwise specified by the owner, will take effect on the date the notice of assignment is signed by the owner, subject to any payments made or actions taken by us prior to receipt of this notice. We are not responsible for the validity of any assignment. We reserve the right to restrict the availability of assignments in order to satisfy applicable laws or regulations.

RIGHT TO CONTINUE CERTIFICATE IF SEPARATED FROM MEMBERSHIP

If a member is separated for cause from fraternal membership, this certificate can remain in full force by meeting the terms of PART 4, PREMIUMS. All of the terms of this certificate will remain in force.

RECLASSIFICATION

The insured's use of tobacco products was considered in the underwriting of this certificate. The rating class for this certificate is shown on the Schedule of Benefits page, including the tobacco use classification.

If the insured has been classified as a tobacco user, a request for reclassification as a nontobacco user may be made upon a change in the insured's tobacco use habits. Contact the field representative or our Home Office to request reclassification.

Reclassification will be based upon our general underwriting rules in effect at the time the reclassification request is received at our Home Office. Underwriting may involve criteria other than tobacco use status and involve a definition of tobacco use that is different from the definition used at the time this certificate was issued.

Reclassification from tobacco user to nontobacco user may affect the premiums and any refunds paid. Reclassification will not result in a new contestable period or suicide exclusion period.

RESERVES

We must by law have on hand at all times assets which are equal to the certificate reserves. If our reserves as to all, or any class of, certificates should become impaired, our Board of Directors may require each certificate owner to make additional payments equal to the amount of the certificate's equitable proportion of such deficiency as determined by the Board. If the additional payment is not made, it shall be charged as an indebtedness against the certificate and draw interest at a rate not to exceed 5% per year, compounded yearly or, in the alternative the owner may consent to a reduction of the corresponding insurance benefit proportionate to the value of the additional payment; provided, there will be no personal liability upon any certificate owner for any additional payments.

BASIS OF NET SINGLE PREMIUMS, CASH VALUES AND RESERVES

All nonforfeiture net single premiums and cash values for this certificate are based on the 2001 CSO(80) smoker and nonsmoker ultimate mortality tables, age last birthday, and an interest rate of 4% per year. Tabular cash values are calculated using the standard nonforfeiture method.

Cash values and nonforfeiture benefits are determined in accordance with the requirements of the NAIC Standard Nonforfeiture Law for Life Insurance, Model #808. A detailed statement of the method of computation of surrender values has been filed with the insurance department of the state in which this certificate is delivered. Cash values are equal to or greater than those required by law.

Reserves for this certificate are determined in accordance with the requirements of the state in which this certificate is delivered using the Commissioners Reserve Valuation method as defined in the Standard Valuation law.

All calculations assume that premiums are paid continuously and the death benefit is paid at the time of death.

PART 6 - SETTLEMENT AND BENEFICIARY

SETTLEMENT

Application for any benefit provided by this certificate must be furnished to our Home Office with such proof as required by us. All benefits will be payable by our Home Office.

Final settlement of a claim for the death benefit will be made within two months after receipt of due proof of death. If the beneficiary does not elect a settlement option by the date two months after we receive due proof of the insured's death, we may make payment in one sum.

BENEFICIARY

The beneficiary is the person, persons, or entity who may receive the death benefit. During the insured's life, the owner can change the beneficiary at any time by sending a signed, dated and witnessed request to our Home Office. When the change has been received and approved at our Home Office, it will take effect as of the date the request was signed, unless otherwise specified by the owner. However, such change will not apply to any action taken or payment made by us before the change is received and approved at our Home Office. No beneficiary will have any rights in this certificate during the insured's life.

SETTLEMENT OPTIONS (SEE PAGE 13 FOR MINIMUM SETTLEMENT OPTION MONTHLY PAYMENTS)

The death benefit or the surrender value of this certificate may be made payable in accordance with one of the options shown below, instead of in one sum. Other settlement options may be available upon your request and approval by our Home Office.

At the time payments begin, any benefits will not be less than those that would be provided by using the cash surrender value to purchase any single premium immediate annuity certificate then being offered by us to the same class of annuitants whether the annuity benefits are payable in fixed or variable amounts or both.

ELECTION OF OPTION. Election of an option may be made by the owner or, if the owner makes no election, by the beneficiary after the insured's death. Notice of an election must be made in writing to our Home Office. The elected option will take effect on the date it was signed, subject to any action taken by us before receipt of such election at our Home Office.

If the payee is other than a natural person, no option may be elected without our written consent.

Under any option, if the amount to be held by us is less than \$5,000, or if any periodic payment would be less than \$100, we may make payment in one sum.

The settlement option contract will pay an amount each payment period as selected by the owner or the beneficiary. The payment periods available are one, three, six, or twelve months.

Option 1. **SINGLE LIFE ANNUITY.** An amount will be paid each payment period for a fixed period of years and after that for so long as the payee lives. The fixed period may be between 0 and 20 years.

- Option 2. JOINT AND SURVIVOR LIFE ANNUITY. An amount will be paid each payment period for so long as two joint payees are alive. On the death of either payee, the survivor will receive a percentage of the payment for so long as the survivor lives. The percentage of the payment to the survivor may be between 25% and 100%.
- Option 3. FIXED PERIOD. An amount will be paid each payment period for a fixed period of 1 to 30 years.
- Option 4. FIXED AMOUNT. A fixed amount will be paid each payment period until the fund, together with interest on the unpaid balance, is exhausted.

BASIS FOR SETTLEMENT OPTIONS

The rate of interest for Options 3 and 4 will not be less than 1% per year. Options 1 and 2 will be based on the Annuity 2000 Mortality Table blended 40% male, 60% female, with interest at the rate of 1% per year. Under these options, the amount of each payment will depend on the adjusted age of the payee and the joint payee where applicable. The adjusted age will be based on the actual age last birthday at the time the first payment is due, as follows:

Calendar Year of Birth	Adjusted Age
Before 1920	Actual age decreased by 1
1920 – 1939	Actual age decreased by 2
1940 – 1959	Actual age decreased by 3
1960 – 1979	Actual age decreased by 4
1980 – 1999	Actual age decreased by 5
2000 & up	Actual age decreased by 6

MINIMUM SETTLEMENT OPTION MONTHLY PAYMENTS FOR \$1,000 OF BENEFITS

OPTION 1 - FIXED PERIOD IN YEARS

ADJUSTED AGE	0	10	15	20
55	\$ 3.23	\$3.21	\$3.17	\$3.11
60	3.71	3.66	3.58	3.46
61	3.83	3.77	3.68	3.53
62	3.95	3.88	3.77	3.61
63	4.08	4.00	3.87	3.68
64	4.21	4.12	3.98	3.75
65	4.36	4.25	4.08	3.83
66	4.52	4.39	4.19	3.90
67	4.68	4.53	4.30	3.97
68	4.86	4.68	4.42	4.04
69	5.05	4.84	4.53	4.11
70	5.26	5.00	4.64	4.17
75	6.53	5.91	5.19	4.41
80	8.38	6.89	5.61	4.54
85	11.07	7.75	5.85	4.58
90	14.83	8.32	5.95	4.59
95	19.70	8.63	5.98	4.59

OPTION 2 - JOINT AND SURVIVOR OPTIONS – SURVIVOR PERCENTAGE 100%

ADJUSTED PAYEE AGE	ADJUSTED JOINT PAYEE AGE								
	55	60	65	70	75	80	85	90	95
55	\$2.75	\$2.89	\$3.01	\$3.09	\$3.15	\$3.19	\$3.21	\$ 3.22	\$ 3.23
60	2.89	3.10	3.29	3.44	3.54	3.62	3.66	3.69	3.70
65	3.01	3.29	3.56	3.81	4.01	4.15	4.25	4.30	4.33
70	3.09	3.44	3.81	4.19	4.53	4.81	5.00	5.11	5.18
75	3.15	3.54	4.01	4.53	5.07	5.55	5.93	6.18	6.34
80	3.19	3.62	4.15	4.81	5.55	6.32	7.01	7.53	7.88
85	3.21	3.66	4.25	5.00	5.93	7.01	8.11	9.08	9.80
90	3.22	3.69	4.30	5.11	6.18	7.53	9.08	10.61	11.92
95	3.23	3.70	4.33	5.18	6.34	7.88	9.80	11.92	13.93

JOINT AND SURVIVOR OPTIONS – SURVIVOR PERCENTAGE 75%

ADJUSTED PAYEE AGE	ADJUSTED JOINT PAYEE AGE								
	55	60	65	70	75	80	85	90	95
55	\$2.97	\$3.15	\$3.32	\$3.49	\$3.65	\$3.79	\$ 3.91	\$ 4.01	\$ 4.08
60	3.15	3.38	3.61	3.84	4.05	4.25	4.41	4.55	4.65
65	3.32	3.61	3.92	4.24	4.54	4.82	5.06	5.25	5.39
70	3.49	3.84	4.24	4.66	5.10	5.51	5.87	6.16	6.38
75	3.65	4.05	4.54	5.10	5.71	6.32	6.89	7.35	7.70
80	3.79	4.25	4.82	5.51	6.32	7.20	8.08	8.84	9.43
85	3.91	4.41	5.06	5.87	6.89	8.08	9.36	10.58	11.59
90	4.01	4.55	5.25	6.16	7.35	8.84	10.58	12.37	13.99
95	4.08	4.65	5.39	6.38	7.70	9.43	11.59	13.99	16.32

OPTIONS 3 AND 4 - FIXED PERIOD AND/OR FIXED AMOUNT

NUMBER OF YEARS	MONTHLY PAYMENT	NUMBER OF YEARS	MONTHLY PAYMENT	NUMBER OF YEARS	MONTHLY PAYMENT
10	\$9.61	17	\$6.23	24	\$4.84
11	8.86	18	5.96	25	4.71
12	8.24	19	5.73	26	4.59
13	7.71	20	5.51	27	4.47
14	7.26	21	5.32	28	4.37
15	6.87	22	5.15	29	4.27
16	6.53	23	4.99	30	4.18

Rates for other combinations of ages, under and over those shown, are available upon request.

1 Proposed Insured:		New Member <input type="checkbox"/> Yes <input type="checkbox"/> No		Assign to Lodge _____ State _____	
Current Member - Transfer all Existing Certificates to Above Lodge Number <input type="checkbox"/> Yes <input type="checkbox"/> No					
First	Middle Initial	Last	Social Security Number		

Street Address (Residence of Proposed Insured) _____

City	State	Zip	Email Address
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Mailing Address if Different from Residence	City	State	Zip
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Sex	Date of Birth (MM/DD/YYYY)	Age Now	Rating Age	Telephone: Day Eve
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2 Life Insurance: Whole Life	Paid Up @ 100 <input type="checkbox"/>	Paid Up @ 65 <input type="checkbox"/>	Amount \$10,000 <input type="checkbox"/>	\$25,000 <input type="checkbox"/>
Accelerated Death Benefit Rider (included unless "No" checked here) No <input type="checkbox"/>				
Automatic Premium Loan Provision Yes <input type="checkbox"/> No <input type="checkbox"/>				

3 Refund Option: If no option, more than one option or an unavailable option is selected, refunds will be used to buy paid up additions.				
Paid-up additions <input type="checkbox"/>	Accumulate at Interest <input type="checkbox"/>	Cash <input type="checkbox"/>	Apply to reduce annual premium <input type="checkbox"/>	

4 Beneficiary: Submit Form 181 if designating more than one primary or alternate beneficiary or if the death benefit is to be paid other than in one sum.
--

Primary Beneficiary:

Name	Relationship	Age or Date of Birth	Social Security/Tax ID No.
Address _____			
		City	State
			Zip

Alternate Beneficiary:

Name	Relationship	Age or Date of Birth	Social Security/Tax ID No.
Address _____			
		City	State
			Zip

5 Tobacco Usage

In the past **12 months**, has the Proposed Insured used tobacco/nicotine in any form, such as cigarettes, pipes, cigars, snuff, chewing tobacco OR smoking cessation products such as nicotine patches or gum? Yes No

6 Employment

1. Are you actively at work now and have you worked at least 20 hours each week performing all duties at your regular occupation at your regular place of employment for at least the last 3 months except for minor illness or injury of 1 week or less, or normal pregnancy? Yes No
2. Is the Proposed Insured a member of the U.S. Armed Forces or active reserves? Yes No

7 Replacement

- A. Does the Proposed Insured have any existing life insurance or annuity contracts? Yes No
 - B. Has or will any life or annuity contracts be replaced if the proposed certificate is issued? Yes No
- If B is answered "Yes", provide policy number and company information below for the policy being replaced.

Policy Number	Company Name	City	State

8 Future Billing	Company Name _____	Group Bill Number _____
	Monthly Payroll Deduct Premium _____	

9 Acknowledgement and Agreement

The following statements must be read by or to the Proposed Insured:

If applicable, the Accelerated Death Benefit Disclosure Statement and "Notice of Information Practices" have been given to me. I have read this application. I represent that each of the answers and the information given therein is full, complete and true, to the best of my knowledge and belief, with the understanding that they shall be considered as representations and not warranties. I agree as follows:

1. Notice to or knowledge of any Field Representative as to information which relates to the Proposed Insured will not be notice to Woodmen unless it is in writing in this application.
2. Field Representatives do not have authority to (a) determine insurability; (b) change any terms of this application; (c) make or change a contract for Woodmen; (d) waive any rights or requirements of Woodmen. I understand that oral statements between the Field Representative and myself regarding such matters of limited authority are not binding on Woodmen unless accepted by Woodmen in writing.
3. It is understood that the insurance applied for will be effective on the Effective Date shown in the certificate only if Woodmen has received the required premium and the certificate is issued as applied for.

I agree to be bound by the terms of this application and the life insurance certificate for which I am applying. I also agree to be bound by all obligations set forth in Woodmen's Articles of Incorporation and its Constitution and Laws and I acknowledge Woodmen's common bond and purpose.

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.

Certification Instructions - You must cross out the language in item (2) within this box if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest or dividends on a tax return.

Under penalties of perjury, I, the undersigned applicant, certify:

- (1) the number(s) shown on this application represents my correct Taxpayer Identification Number (TIN) AND
- (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, AND
- (3) I am a United States person (including a United States resident alien).

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

By checking this box, I, the Proposed Insured, acknowledge this application was signed in a different state than the state in which I reside.

Signed at _____
City State

Signature of Proposed Insured Date

10 Field Representative's Certification If either Questions 2 or 3 is answered yes, submit replacement forms, if required.

1. Were you present when this application was signed? (If "No", submit a full explanation with the application.) . . . Yes No
2. Does the Proposed Insured have any existing life insurance or annuity contracts? Yes No
3. Do you have knowledge or reason to believe that replacement of any insurance or annuities was or may be involved? Yes No

I asked each question exactly as written and accurately recorded the information supplied in this application.

Primary FR Code _____ %
Secondary FR Code _____ %
Third FR Code _____ %

Field Representative's Signature Date Field Representative's Name Printed

[WOODMEN OF THE WORLD] LIFE INSURANCE SOCIETY
HOME OFFICE - OMAHA, NEBRASKA

INSURED [JOHN X WOODMEN]

OWNER(S)/CONTROLLER as named in the application

EFFECTIVE DATE [JULY 1, 2011]

CERTIFICATE [123456789]

RATIFICATION OF CHANGE IN COVERAGE APPLIED FOR AND/OR APPLICATION DATED [date application signed]

1 I hereby agree to the following changes in certificate [123456789]

2 [The waiver rider has not been included on this certificate.]

3 **[IMPORTANT]** - If this form is signed and the required premium has been paid, this certificate will be in force as of the date shown on the certificate, or as of the date this form is signed, whichever comes first. In any event, this form must be signed not later than [August 1, 2010] and returned to the Home Office or the certificate will be canceled.]

If this form is signed, it will be on file. You may request a copy from the Home Office.

- signature(s) required on reverse side -

4

I understand and agree that the foregoing changes are made part of the application and of the certificate issued thereunder. These changes shall be binding on any person who shall have or claim any interest under such certificate.

SIGNATURE OF OWNER(S)/CONTROLLER

[JOHN X WOODMEN]

- _____

[

- _____]

[

- _____]

[

- _____]

[

- _____]

SIGNATURE OF FIELD REPRESENTATIVE

- _____

DATE

- _____

SERFF Tracking #:

WDMM-128787714

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

Arkansas

Filing Company:

Woodmen of the World Life Insurance Society

TOI/Sub-TOI:

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

Product Name:

Worksite WL65 & Apps

Project Name/Number:

/

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:	See comments in Filing Description regarding Rule & Regulation 49 and Consumer Information Notice.		
Attachment(s):			
Readability Cert with scores (WL65).pdf			
Rule & Reg 19 Certification (WL65).pdf			

		Item Status:	Status Date:
Satisfied - Item:	Application		
Comments:	Attached under the form schedule tab		

		Item Status:	Status Date:
Satisfied - Item:	Statements of Variability		
Comments:			
Attachment(s):			
8217 8-12 Rat Variability.pdf			
8411 WS 11-12 Variability.pdf			

**WOODMEN OF THE WORLD/OMAHA WOODMEN LIFE INSURANCE SOCIETY
1700 Farnam Street, Omaha, Nebraska 68102-2007**

FLESCH CERTIFICATION

<u>Form Number(s)</u>	<u>Description</u>	<u>Flesch Score</u>
8411 WS 11-12	Whole Life Insurance Payable to Age 65 Certificate	51.4
8403 05/13	Worksite Application for Individual Life Insurance And Membership	50.1
8410 05/13	Worksite Supplementary Statement	53.9
8712 8-12	Ratification Form	61.3

I certify that these Flesch Index numbers are accurate in accordance with the published rules of application of the test.



Randall P. Rotschafer
Vice President and Chief Actuary

WOODMEN OF THE WORLD LIFE INSURANCE SOCIETY
1700 Farnam Street, Omaha, Nebraska 68102

CERTIFICATION

I certify that to the best of my knowledge and belief the form(s) in this submission meets the provisions of Rule and Regulation 19 as well as all applicable requirements of the Arkansas Insurance Department.

December 11, 2012

Date



Vice President & Chief Actuary

Form(s):

FORM 8411 WS 11-12

FORM 8403 05/13

FORM 8410 05/13

FORM 8712 8-12

Statement of Variability

The following is the statement of variability for Form 8217 8-12 which will be attached to the certificate if one or more of the following situations apply.

Section 1: One of the following statements will print:

“I hereby agree to the following changes in certificate [123456789]”

“I hereby agree to the following increase in Benefit Amount.”

“I hereby agree to the following increase in Face Amount.”

Section 2: One of the following statements will print:

Woodmen has not accepted your beneficiary designation as proposed. Proceeds will be payable as described in the beneficiary endorsement enclosed with this certificate. Please read this endorsement.

Woodmen has accepted your primary beneficiary designation. The alternate beneficiary designation has not been accepted. Proceeds of this certificate will be paid to the primary beneficiary.

The waiver rider has been issued at a special class rate on this certificate or increase. This special rating class will increase premiums on traditional life plans or the cost of insurance on universal life plans.

The waiver rider has not been included on this certificate or increase.

The waiver rider has been changed or added to this certificate or increase. Please see the certificate rider for details.

The Accidental Death Benefit Rider has been issued at a special class rate on this certificate or increase. This special rating class will increase premiums on traditional life plans or the cost of insurance on universal life plans.

The Accidental Death Benefit Rider has not been included on this certificate or increase.

The Accidental Death Benefit Rider has been changed or added to this certificate or increase. Please see the certificate rider for details.

The Additional Insurance Option Rider has not been included in this certificate or increase.

The Additional Insurance Option Rider has been changed or added to the certificate or increase. Please see the certificate rider for details.

The Guaranteed Insurability Rider has not been included in this certificate or increase.

The Guaranteed Insurability Rider amount has been changed or the rider has been added to the certificate or increase. Please see the certificate rider for details.

The Applicant Waiver Rider has not been included in this certificate or increase.

The Applicant Waiver Rider has been changed or added to this certificate or increase. Please see the certificate rider for details.

The Accelerated Death Benefit Rider has not been included in this certificate or increase.

This certificate or increase has been issued at a special class rate. This special rating class will increase premiums on traditional life plans or the cost of insurance on universal life plans.

The face amount of insurance for this certificate or increase has been changed. The face amount on the copy of the application has been compared with the new face amount on the certificate or the amendment.

The kind of insurance for this certificate has been changed. The kind of insurance on the copy of the application has been compared with the new kind of insurance on the certificate.

The kind of insurance for this certificate has been changed. THIS CERTIFICATE HAS A LIMITED GRADED DEATH BENEFIT if non-accidental death occurs in less than 3 years after the certificate effective date.

The face amount of your Single Premium Whole Life Insurance has been changed. This change was due to the remittance received from the 1035 exchange. Please compare the face amount on the copy of the application with the face amount on your new certificate.

The face amount of insurance for the term rider has been changed. The face amount on the copy of the application has been compared with the new face amount on the term rider.

The kind of insurance for the term rider has been changed. The kind of insurance on the copy of the application has been compared with the new kind of insurance on the term rider.

The term rider has not been included in this certificate.

The cash surrender value will be included in the face amount of insurance.

The cash surrender value will be excluded from the face amount of insurance.

The sex classification for this certificate or increase has been changed. This change may affect premiums on traditional life insurance plans or the cost of insurance on universal life plans. It may also affect any refunds and cash values.

The age for this certificate or increase has been changed.

The Automatic Premium Loan provision has been included in this certificate.

The Automatic Premium Loan provision has not been included in this certificate.

The face amount of insurance for this increase has been issued at a special class rate because of a change in the tobacco rating class. This change will increase the cost of insurance for the increase in face amount.

I understand this certificate has been issued with a tobacco rating class based on the underwriting findings. This classification will increase premiums on traditional life plans or the cost of insurance on universal life plans. It may also affect any refunds.

I understand this certificate has been issued with a tobacco rating class based on the underwriting findings. This classification will increase premiums on traditional life plans or the cost of insurance on universal life plans. It may also affect any refunds and cash values.

I understand that Certificate _____ has been exchanged for this certificate; and Certificate _____ was issued at a preferred rating class. I further understand that a preferred rating class is not available for this certificate and that this certificate has been issued at a standard rating class which is the best mortality rating available for this product.

The face amount of insurance for this certificate has been changed to prevent the initial premium from exceeding the maximum cash value allowed for life insurance. Please refer to the certificate for the actual face amount.

The application did not specify a planned premium or the planned premium has been increased. To meet minimum premium requirements, this certificate has been issued with a planned premium of \$_____.

The planned premium has been changed on this certificate or increase.

The application did not specify an available certificate anniversary age to which planned premiums are payable. This certificate has been issued with planned premiums payable to the certificate anniversary following age 80.

The application did not specify an available certificate anniversary age to which planned premiums are payable. This certificate has been issued with planned premiums payable to the certificate anniversary following age 100.

The application did not specify an available certificate anniversary age to which planned premiums are payable. This certificate has been issued with planned premiums payable to the certificate anniversary following age 120.

If the premium paid at issue or at any time thereafter would cause the certificate to be classified as a modified endowment contract (MEC) because the premium exceeds the amount allowed by the Internal Revenue Code (IRC), I choose to allow the certificate to become a MEC (excess premium is added to the certificate). I understand that distributions from MECs do not have the benefit of the favorable tax rules that typically apply to lifetime distributions from other life insurance contracts and that distributions are subject to a penalty tax unless certain exceptions apply, such as attaining age 59-1/2. Woodmen has advised me to contact my professional tax advisor for advice about the tax consequences of owning a MEC.

If the premium paid at issue or at any time thereafter would cause the certificate to be classified as a modified endowment contract (MEC) because the premium exceeds the amount allowed by the Internal Revenue Code (IRC), I do not want my certificate to be a MEC. Instead, I choose to place any premiums that would cause an IRC 7-Pay Test failure into the "Advance Premium/Premium Deposit Fund". I approve the transfer of money from the Advance Premium/Premium Deposit Fund to the value of my certificate at the beginning of each certificate year. I understand that the amount transferred will not exceed the amount allowed under the IRC 7-Pay Test based on Woodmen's interpretation of the requirements of the 7-Pay Test.

Section 3: One of the following statements will print:

"IMPORTANT - If this form is signed and the required premium has been paid, this certificate will be in force as of the date shown on the certificate, or as of the date this form was signed, whichever comes first. In any event, this form must be signed not later than [August 1, 2010] and returned to the Home Office or the certificate will be canceled."

"IMPORTANT - If this form is signed and the required premium has been paid, this increase will be in force as of the date shown on the certificate amendment, or as of the date this form was signed, whichever comes first. In any event, this form must be signed not later than [August 1, 2010] and returned to the Home Office or the increase will be canceled."

"IMPORTANT - If this form is signed and the required premium has been paid this certificate will be in force as of the date shown on the certificate, or as of the date this form was signed, whichever comes first. This certificate was issued upon exchange or conversion for one or more certificates issued by Woodmen, and coverage under the exchanged or converted certificate(s) continues until this ratification form is signed, but will automatically cease when coverage under this certificate starts. In any event, this form must be signed not later than [August 1, 2010] and returned to the Home Office or the certificate will be cancelled, and the certificate(s) exchanged or converted will continue according to the terms of the certificates as though no exchange or conversion had occurred."

"IMPORTANT - If this form is signed and the required premium has been paid this increase will be in force as of the date shown on the certificate amendment, or as of the date this form is signed, whichever comes first. This increase was issued upon exchange or conversion for one or more certificates issued by Woodmen, and coverage under the exchanged or converted certificate(s) continues until this ratification form is signed, but will automatically cease when coverage under this increase starts. In any event, this form must be signed not later than [August 1, 2010] and returned to the Home Office or the increase will be cancelled, and the certificate(s) exchanged or converted will continue according to the terms of the certificates as though no exchange or conversion had occurred."

Section 4: One of the following statements will print:

"I understand and agree that the foregoing changes are made part of the application and of the certificate issued thereunder. These changes shall be binding on any person who shall have or claim any interest under such certificate."

"I understand and agree that the foregoing changes are made part of the application and of the increase issued thereunder. These changes shall be binding on any person who shall have or claim any interest under such certificate."

STATEMENT OF VARIABILITY – WHOLE LIFE
INSURANCE WITH LEVEL PREMIUMS PAYABLE TO AGE 65
CERTIFICATE FORM 8411 WS 11-12

PAGE 1

- COMPANY ADDRESS – The company’s current street address. It has been marked as variable so that if it changes the form would not have to be refiled.
- URL – The company’s current URL. It has been marked as variable so that if it changes the form would not have to be refiled.
- INSURED – Name of the insured.
- CERTIFICATE NUMBER – The unique number assigned to the certificate (the same number will be shown in all fields labeled “CERTIFICATE NUMBER” throughout the certificate).
- RIGHT TO EXAMINE PERIOD – Number of days the owner has to cancel the certificate after is it delivered. Will not be less than 20 days and in a replacement situation possibly longer as may be required by applicable state law. Also, the company’s current street address. It has been marked variable so that if it changes the form would not have to be refiled.
- PRESIDENT – Name of the company’s current President.
- SECRETARY – Name of the company’s current Secretary.
- OFFICER TITLES – The company’s current officer’s titles. It has been marked variable so that if they change the form would not have to be refiled.
- CERTIFICATE NUMBER - The unique number assigned to the certificate (the same number will be shown in all fields labeled “CERTIFICATE NUMBER” throughout the certificate).

PAGE 2

- NOTICE TO OWNER – The company’s current toll free telephone number. It has been marked as variable so that if it changes the form would not have to be refiled.
- CERTIFICATE NUMBER - The unique number assigned to the certificate (the same number will be shown in all fields labeled “CERTIFICATE NUMBER” throughout the certificate).

PAGE 3

- BENEFIT DESCRIPTION – A description of each coverage provided by any chosen optional riders. All options shown.
- BENEFIT AMOUNT – The dollar amount of benefit provided by the coverage. Certificate amounts available are \$10,000 or \$25,000.
- ANNUAL PREMIUM – The annual premium for each coverage provided by the certificate.
- PREMIUMS PAYABLE TO – The duration of premium payments for each coverage.
- TOTAL ANNUAL PREMIUM – This field will be equal to the sum of the total annual premiums for all coverages.
- *Premium includes an additional amount because of increased risk due to a tobacco classification.– Only shown if the insured’s rating class indicates tobacco use.
- ANNUAL – The field will be equal to the TOTAL ANNUAL PREMIUM.
- SEMIANNUAL – This field will be equal to the TOTAL ANNUAL PREMIUM X .52.
- QUARTERLY – This field will be equal to the TOTAL ANNUAL PREMIUM X .265.
- MONTHLY PRE-AUTHORIZED COLLECTION – This field will be equal to the TOTAL ANNUAL PREMIUM X .085.
- PREPARED ON – Date pages printed from system.
- CERTIFICATE NUMBER - The unique number assigned to the certificate (the same number will be shown in all fields labeled “CERTIFICATE NUMBER” throughout the certificate).

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- EFFECTIVE DATE – Date the certificate takes effect.
- CERTIFICATE NUMBER - The unique number assigned to the certificate (the same number will be shown in all fields labeled “CERTIFICATE NUMBER” throughout the certificate).
- INSURED – Name of the insured.
- INSURED’S AGE – Age of insured on the effective date. Range: 16-45
- FACE AMOUNT OF INSURANCE – The dollar amount of benefit provided by the coverage , if applicable. Certificate amounts available are \$10,000 or \$25,000.
- RATING CLASS – Either Tobacco or Non-tobacco.
- END OF CERTIFICATE YEAR – Number of certificate anniversaries since the effective date. The certificate will display the first 20 certificate anniversaries plus the anniversaries corresponding to ages 60 and 65 if not included in the first 20 years.
- INSURED’S ATTAINED AGE – Age of the insured on the specified certificate anniversary.
- CASH VALUE – Cash value of the certificate on the specified certificate anniversary.
- REDUCED PAID UP INSURANCE –Value of Reduced Paid Up Insurance on the specified certificate anniversary.
- PREPARED ON – Date pages printed from system.
- CERTIFICATE NUMBER - The unique number assigned to the certificate (the same number will be shown in all fields labeled “CERTIFICATE NUMBER” throughout the certificate).

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- CERTIFICATE NUMBER - The unique number assigned to the certificate (the same number will be shown in all fields labeled “CERTIFICATE NUMBER” throughout the certificate).