

SERFF Tracking Number: RDWS-128256907 State: Arkansas  
Filing Company: Universal Fidelity Life Insurance Co. State Tracking Number:  
Company Tracking Number:  
TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life  
Product Name: UFLIC First to Die Policy  
Project Name/Number: /

## Filing at a Glance

Company: Universal Fidelity Life Insurance Co.

Product Name: UFLIC First to Die Policy

TOI: L071 Individual Life - Whole

Sub-TOI: L071.101 Fixed/Indeterminate  
Premium - Single Life

Filing Type: Form

SERFF Tr Num: RDWS-128256907 State: Arkansas

SERFF Status: Closed-Approved-  
Closed State Tr Num:

Co Tr Num:

State Status: Approved-Closed

Authors: Eddie Mire, Judy Tait,  
Oliver Kiel

Reviewer(s): Linda Bird

Disposition Date: 04/16/2012

Date Submitted: 04/11/2012

Disposition Status: Approved-  
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name:

Project Number:

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: Oklahoma is State  
of Domicile. Forms are being filed  
simultaneously.

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 04/16/2012

State Status Changed: 04/16/2012

Deemer Date:

Submitted By: Judy Tait

Filing Description:

Universal Fidelity Life Insurance Company

Whole Life Policy

Created By: Judy Tait

Corresponding Filing Tracking Number:

FTD 4-12-AR

Form

FTD 4-12 App

Application

SERFF Tracking Number: RDWS-128256907 State: Arkansas  
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The Company will provide the required Life & Health Guaranty Notice to each policyowner.

State Narrative:

## Company and Contact

### Filing Contact Information

Judy Tait, Admin jttait@ruddwisdom.com  
 Rudd and Wisdom, Inc. 512-346-1590 [Phone]  
 9500 Arboretum Blvd 512-345-7437 [FAX]  
 Suite 200  
 Austin, TX 78759

### Filing Company Information

(This filing was made by a third party - ruddandwisdominc)

Universal Fidelity Life Insurance Co.	CoCode: 70122	State of Domicile: Oklahoma
13931 Quail Pointe Dr.	Group Code:	Company Type:
Oklahoma City, OK 73134	Group Name:	State ID Number:
(800) 366-8354 ext. [Phone]	FEIN Number: 73-0493220	

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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$100.00
Retaliatory?	No
Fee Explanation:	\$50.00 each for 2 forms.
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Universal Fidelity Life Insurance Co.	\$100.00	04/11/2012	57887745

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	04/16/2012	04/16/2012

*SERFF Tracking Number:* RDWS-128256907      *State:* Arkansas  
*Filing Company:* Universal Fidelity Life Insurance Co.      *State Tracking Number:*  
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*TOI:* L071 Individual Life - Whole      *Sub-TOI:* L071.101 Fixed/Indeterminate Premium - Single  
Life  
*Product Name:* UFLIC First to Die Policy  
*Project Name/Number:* /

## **Disposition**

Disposition Date: 04/16/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: RDWS-128256907 State: Arkansas  
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Actuarial Memo		No
Supporting Document	Certification		Yes
Form	Whole Life Policy		Yes

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 Product Name: UFLIC First to Die Policy  
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## Form Schedule

### Lead Form Number:

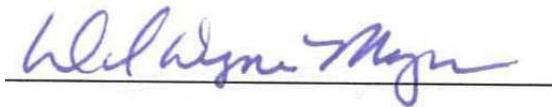
Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	FTD 4-12-AR	Policy/Cont Whole Life Policy ract/Fraternal Certificate	Initial		55.000	FTD 4-12-AR.pdf

**Universal Fidelity Life Insurance Company**

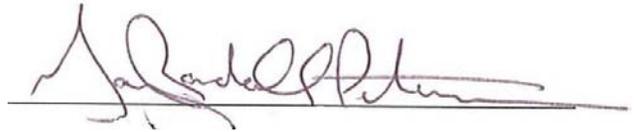
Administrative Offices: 815 West Ash Ave., Duncan, OK 73533 1-800-366-8354

We will pay the death benefit to the beneficiary upon receiving proof of the Insured's death. Other rights and privileges are provided in the policy.

These agreements are subject to all provisions of the policy.



Secretary



President

Please Note: We have relied on the information in the application as being true and complete to the best of the knowledge and belief of the person giving it. A copy of the application is attached.

You may cancel this policy by returning it to us or our agent within 30 days after you receive it and we will refund all premiums paid.

**WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.**

**Whole Life Policy  
Payable at Death  
Premiums Payable for Life  
Nonparticipating**

**SCHEDULE OF BENEFITS AND PREMIUMS**

FORM NUMBER	FACE AMOUNT	DESCRIPTION OF BENEFITS	ANNUAL PREMIUM	PREMIUM PAYING PERIOD
FTD 4-12-AR	[\$10,000]	Whole Life	[\$254.40]	Life

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**TOTAL PREMIUMS**  
 THE TOTAL PREMIUMS INCLUDE THE CHARGE FOR ANY ADDITIONAL BENEFITS.

ANNUAL	SEMI-ANNUAL	QUARTERLY	MONTHLY
[\$254.40]	[\$131.01]	[\$66.78]	[\$21.62]

INSURED: [John Doe] JOINT INSURED (if applicable): [n/a]  
 INSURED SEX: [Male] JOINT INSURED SEX (if applicable): [n/a]  
 OWNER [John Doe] JOINT OWNER (if applicable): [n/a]  
 AGE (or Joint Equivalent Age, if applicable): [45]

RATE CLASS [Non-Smoker/Standard]  
 POLICY NUMBER [12345678]  
 FACE AMOUNT [\$10,000]  
 POLICY DATE [1/1/2012]

RESERVE BASIS: 2001 Commissioner's Standard Ordinary Tables, ALB, Sex Distinct, Smoker Distinct  
 RESERVE INTEREST RATE: 4.0%  
 CASH VALUE INTEREST RATE: 5.0%

FTD 4-12-AR

**TABLE OF GUARANTEED VALUES FOR THE FACE AMOUNT**

End of year	Cash or Loan Value	Reduced Paid-Up Insurance	Extended Term Insurance	
			Years	Days
1	0	0	0	0
2	0	0	0	0
3	110	450	3	271
4	240	930	6	350
5	380	1,410	9	132
6	530	1,890	11	109
7	680	2,330	12	237
8	830	2,740	13	235
9	990	3,140	14	191
10	1,150	3,510	15	76
11	1,320	3,880	15	298
12	1,490	4,220	16	86
13	1,660	4,540	16	186
14	1,840	4,850	16	268
15	2,020	5,130	16	310
16	2,210	5,420	16	342
17	2,400	5,690	16	342
18	2,590	5,940	16	315
19	2,780	6,170	16	267
20	2,970	6,380	16	200

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## DEFINITIONS

**You, Your** means the Owner of this policy as shown on the Schedule of Benefits and Premiums.

**Insured** means the Insured shown on the Schedule of Benefits and Premium Page (or the Joint Insured if shown on the Schedule of Benefits and Premium Page.)

**We, Us, Our** means Universal Fidelity Life Insurance Company.

**Full Force** means the policy is in force and no premium payment is more than 31 days overdue. The policy is in full force, but not in force, if it is continuing under a Paid-up Option.

**Indebtedness** means an amount owed to us and secured by this policy, less any unearned interest paid in advance.

**Home Office** means Universal Fidelity Life Insurance Company, Oklahoma City, Oklahoma.

**Written Request** means a request in writing in a form satisfactory to us and filed at our Home Office.

## THE CONTRACT

**Entire Contract.** The entire contract consists of this policy and the application. We consider all statements in the application to be true representations and not warranties. No statement will be used to void this policy or to defend against a claim unless the statement is contained in the application.

**Incontestability.** We cannot contest this policy after it has been in force during the lifetime of the Insured for 2 years from the Policy Date. This limitation on our right to contest does not apply to nonpayment of premiums or to any rider providing benefits for disability or accidental death.

**Modifications.** Any modification of this policy must be in writing and signed by an officer of our Company. We do not authorize our agents to modify, waive, or extend any of the conditions of this policy.

## DEATH BENEFIT

The death benefit of this policy is the Face Amount if the policy is in full force. Otherwise, the death benefit is the amount of any paid-up life insurance in force. When two individuals are insured hereunder, we will pay one death benefit upon receipt of due proof of the death of either insured. Within ten (10) days after we receive written notification of the death of an Insured, we shall provide to the claimant the necessary forms to be completed to establish proof of the death. We shall pay the proceeds not more than thirty (30) days after we have received proof of death of the Insured. Adjustments in the death benefit will be made as provided in the following paragraphs.

**Premium Refund.** We will refund the part of any premium paid for a period after the end of the policy month in which any Insured dies.

**Premium Due at Death.** If any Insured should die with a premium due and unpaid during the 31-day period allowed for payment, we will deduct an amount to pay premiums to the end of this period.

**Indebtedness.** We will deduct any indebtedness from the death benefit.

**Incorrect Age or Sex.** If any Insured's age or sex has been stated incorrectly, the benefits under this policy will be those the premium paid would have bought at the correct age and sex.

**Suicide.** If any Insured should die by suicide, while sane or insane, within 2 years from the Policy Date, the death benefit will be limited to the premiums paid.

**Interest.** If the death benefit is not to be paid under a payment option, we will include interest on the death benefit from the

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date of death. The interest rate will be 8% a year.

## PREMIUMS

**Premium Payments.** The annual premiums and the premium paying period for this policy are shown in the Schedule of Benefits and Premiums. All premiums are payable in advance beginning on the Policy Date. Payment may be made at our Home Office, or to an authorized agent in exchange for a receipt signed by our President and countersigned by the agent. Premiums may be paid annually, semi-annually, or quarterly at the published rates for this policy, or by any other method with our consent. The premium for any method will be based on our rates in effect on the Policy Date.

**Grace Period.** We will allow a period of 31 days for the payment of each premium except the first. The policy will remain in full force during this grace period.

**If a Premium Is Not Paid.** If a premium is unpaid at the end of the grace period, the policy will immediately cease to be in force except as provided below.

**Automatic Premium Loan Agreement.** If you have elected this agreement, we will automatically make a policy loan to pay premiums and interest to the next policy anniversary if the loan value is sufficient. Otherwise, we will pay premiums and interest to the end of the last month in the current policy year for which the loan value is sufficient. If the loan value is not sufficient to pay one-twelfth of an annual premium, we will pay premiums and interest for a fraction of a month.

If you did not elect this agreement in the application, you may do so by written request while the policy is in full force. You may cancel the agreement at any time by written request and return of the policy for endorsement.

**Automatic Paid-Up Insurance.** If the Automatic Premium Loan Agreement does not apply, the policy will cease to be in full force but we will use the surrender value to continue the policy in force under a Paid-Up Option, effective on the due date of the unpaid premium. The Automatic Paid Up option is Extended Term. However, during the 60-day period following the due date of the unpaid premium you may elect either the Reduced Life Insurance Paid-Up Option or the Surrender Option by written request and return of the policy.

**Reinstatement.** You may reinstate this policy to full force within 5 years of the due date of the unpaid premium, if it has not been returned for the surrender value. The requirements for reinstatement are:

1. evidence satisfactory to us of the insurability of the insured (or both insureds, if applicable),
2. payment of all past due premiums with interest at 6% a year, and
3. payment or reinstatement of any loan on the due date of the first unpaid premium, with interest at 6% a year from that date.

## POLICY VALUES

**Cash Value.** Cash values of this policy are shown in the Schedule of Benefits and Premiums. The assumption is made that all premiums have been paid to the end of the policy year and that there is no indebtedness. We will make allowance for premiums paid for a part of any policy year for which a cash value is shown in the table. During the 60-day period following the due date of an unpaid premium, the cash value will be the same as it was on the due date.

If this policy is being continued under one of the Paid-Up Options, the cash value at any given time is the actuarial cost for the remaining insurance at the current age. However, within 30 days after a policy anniversary the cash value will not be less than the value on the anniversary.

The values provided by this policy are not less than the minimum values required by the state where this policy is delivered.

**Surrender Value.** The surrender value is the cash value at the end of the current policy month, increased by the part of any

premium paid for a period after that month and decreased by any indebtedness. However, there is no surrender value prior to the first policy anniversary.

**Surrender Option.** You may return this policy for its surrender value. The policy will cease to be in force when we receive it with your written request. We have the right to postpone payment of the surrender value for up to 6 months.

**Paid-Up Options.** While this policy is in full force with a surrender value, you may elect to stop paying premiums and continue the policy under one of the following options. You must make written request for the option and return the policy to us for endorsement.

**Reduced Life Insurance.** The policy continues in force as paid-up life insurance. The death benefit is whatever amount the surrender value will buy using the actuarial cost of life insurance at the current age.

**Extended Term Insurance.** The policy continues in force as paid-up term insurance with a death benefit equal to the Face Amount less indebtedness. The term runs for whatever period the surrender value will buy using the actuarial cost of term insurance at the current age.

Amounts of paid-up life insurance and periods of paid-up term insurance, if available, are shown in the Schedule of Benefits and Premiums. The options will be effective on the due date of the next premium.

**Policy Loan.** While this policy has a cash value and is in force other than as paid-up term insurance, you can borrow any amount up to the maximum loan value less existing indebtedness. The maximum loan value is the cash value on the due date of the next premium, or on the next policy anniversary if no more premiums are due. The policy is the sole security for the loan.

We deduct from the loan amount:

1. interest on the total indebtedness to the end of the policy year, and
2. any premium due and unpaid when the loan is made.

The interest rate for loans is 8% a year, payable in advance. Interest not paid when due is added to the loan amount and will bear interest at the same rate.

We have the right to postpone making a loan for up to 6 months after the request therefore unless the loan is made to pay a premium on a policy with us.

Whenever the indebtedness exceeds the maximum loan value, the policy will terminate without value. The termination will take effect 31 days after we mail notice to you and to any assignee on records at our Home Office.

**Basis of Values.** Values, reserves and net single premiums on this policy are based on the tables shown on the Schedule of Benefits and Premiums page.

Values are computed by the Standard Nonforfeiture Value Method, assuming that premiums are on a level basis, that death occurs at the end of the policy year and that premiums are paid annually. Values are based on interest at the rate shown on the Schedule of Benefits and Premiums page.

A detailed explanation of the method of computation of policy values is on file with the insurance supervisory official of the state in which this policy has been delivered.

Reserves are computed by the Commissioner's Reserve Valuation Method. Reserves are based on interest at the rate shown on the Schedule of Benefits and Premiums page .

All values and reserves equal or exceed those required by law.

### OWNERSHIP AND BENEFICIARY

**Ownership.** During any Insured's lifetime, you may exercise any right given by this policy or that we allow. You may transfer ownership of this policy by written request. The transfer will take effect on the day you sign the request, but it will not apply to any payment made or action taken before we receive the request. A transfer of ownership does not change the beneficiary. We will not be responsible for the validity of a change of ownership.

**Collateral Assignment.** You may assign this policy as collateral security. An assignment is not binding on us unless it is in writing and filed at our Home Office. We are not responsible for the validity of any assignment. A collateral assignment does not transfer ownership, but your rights will be subject to the terms of the assignment.

**Beneficiary.** The original beneficiary designation is in the application. You may change the beneficiary designation by signing an application for such change during the Insured's lifetime and filing it at our Home Office. The change will be effective on the date you signed the application whether or not the Insured is living when we receive the application at our Home Office. However, any payment made by us in settlement of the policy prior to such receipt will fully discharge us to the extent of the payment. If no beneficiary survives the Insured, payment will be made to you, if living, or your estate.

### OPTIONAL METHODS OF PAYMENT

**Payment Options.** You may elect to have the proceeds of this policy paid under any of the payment options described below by making written request during the Insured's lifetime. If no election is in effect at the Insured's death, the beneficiary may elect a payment option not later than 6 months after the death benefit is payable and before it is paid. Payment Option Tables are shown below. The proceeds may be paid in any other manner agreed to by us.

**Option 1. Payment for a Guaranteed Period.** Equal monthly payments for the number of years elected, from 1 to 50. We may increase the payments by surplus interest earnings.

**Option 2. Payments for Life.** Equal monthly payments for the guaranteed period elected and thereafter during the lifetime of the person on whose life payments are based. The guaranteed period may be 10, 15, or 20 years, or until the total amount paid equals the proceeds (Installment Refund).

**Option 3. Payments of Specified Amount.** Equal annual, semiannual, quarterly, or monthly payments until the proceeds, together with interest at a rate of not less than 3% a year, are paid in full.

**Option 4. Interest.** Payment of the proceeds may be deferred for up to 50 years, but not beyond the payee's lifetime. Interest earnings on the proceeds at a rate of not less than 3% a year will be paid periodically at the selected interval or added to the proceeds each year.

**Limitations.** Election of an option may be made only with our consent if

- (1) The option would provide guaranteed payments of less than \$240 a year, or
- (2) proceeds are payable to a corporation, association, partnership, estate, or assignee.

We will require satisfactory proof of age for Option 2.

**PAYMENT OPTION TABLES**  
Monthly Payments for Each \$1,000 of Proceeds

OPTION 1				OPTION 2											
Monthly Yrs. Payments	Yrs.	Monthly Payments	Age Last Birthday	Guaranteed Period				Age Last Birthday	Guaranteed Period						
				M	F	10 Years	15 Years		20 Years	Install- ment Refund	M	F	10 Years	15 Years	20 Years
1	\$84.47	26	\$4.59	41	45	\$3.82	\$3.80	\$3.76	\$3.74	65	69	\$6.39	\$5.85	\$5.24	\$5.98
2	42.86	27	4.47	42	46	3.88	3.85	3.81	3.79	66	70	6.57	5.96	5.28	6.14
3	28.99	28	4.37	43	47	3.94	3.91	3.87	3.85	67	71	6.75	6.06	5.33	6.32
4	22.06	29	4.27	44	48	4.00	3.97	3.92	3.90	68	72	6.93	6.16	5.36	6.51
5	17.91	30	4.18	45	49	4.07	4.03	3.97	3.96	69	73	7.12	6.25	5.39	6.71
6	15.14	31	4.10	46	50	4.14	4.10	4.03	4.02	70	74	7.32	6.34	5.42	6.93
7	13.16	32	4.02	47	51	4.21	4.16	4.09	4.08	71	75	7.51	6.42	5.44	7.15
8	11.68	33	3.95	48	52	4.29	4.23	4.15	4.15	72	76	7.70	6.49	5.46	7.39
9	10.53	34	3.88	49	53	4.37	4.31	4.21	4.22	73	77	7.89	6.56	5.48	7.65
10	9.61	35	3.82	50	54	4.45	4.39	4.28	4.29	74	78	8.08	6.62	5.49	7.91
11	8.86	36	3.76	51	55	4.55	4.47	4.34	4.37	75	79	8.26	6.67	5.49	8.21
12	8.24	37	3.70	52	56	4.64	4.55	4.41	4.45	76	80	8.43	6.72	5.50	8.51
13	7.71	38	3.65	53	57	4.74	4.64	4.48	4.54	77	81	8.60	6.75	5.51	8.84
14	7.26	39	3.60	54	58	4.85	4.72	4.55	4.62	78	82	8.75	6.78	5.51	9.20
15	6.87	40	3.55	55	59	4.96	4.82	4.62	4.72	79	83	8.90	6.81	5.51	9.57
16	6.53	41	3.50	56	60	5.07	4.91	4.69	4.82	80	84	9.02	6.83	5.51	9.97
17	6.23	42	3.46	57	61	5.19	5.01	4.75	4.92	81	85+	9.14	6.84	5.51	10.41
18	5.96	43	3.42	58	62	5.32	5.11	4.82	5.03	82		9.24	6.85	5.51	10.86
19	5.73	44	3.38	59	63	5.45	5.21	4.89	5.14	83		9.32	6.86	5.51	11.35
20	5.51	45	3.34	60	64	5.60	5.32	4.95	5.26	84		9.39	6.86	5.51	11.90
21	5.32	46	3.31	61	65	5.74	5.43	5.02	5.39	85+		9.45	6.87	5.51	12.44
22	5.15	47	3.28	62	66	5.89	5.53	5.08	5.53						
23	4.99	48	3.25	63	67	6.05	5.64	5.14	5.67						
24	4.84	49	3.22	64	68	6.22	5.75	5.19	5.82						
25	4.71	50	3.19												
				+ and over      M = Male      F = Female											
Annual = 11.839 x monthly Semiannual = 5.963 x monthly Quarterly = 2.993 x monthly				For Option 2 Annual = 11.688 x monthly Semiannual = 5.923 x monthly Quarterly = 2.985 x monthly											

**Whole Life Policy  
Payable at Death  
Premiums Payable for Life  
Nonparticipating**

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## Supporting Document Schedules

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

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Application <b>Comments:</b> <b>Attachment:</b> FTD 4-12 App.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Life & Annuity - Actuarial Memo <b>Comments:</b> <b>Attachment:</b> FTD 4-12 Actuarial Memo.pdf		

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

FLESCH READABILITY SCORE CERTIFICATION

UNIVERSAL FIDELITY LIFE INSURANCE COMPANY

I, Eddie Mire, am a consulting actuary doing work for Universal Fidelity Life Insurance Company. I certify that the following forms have been tested and meet the minimum required reading ease score.

<u>Form Number</u>	<u>Flesch Score</u>
FTD 4-12-AR	55.0
FTD 4-12 App	44.3



April 10, 2012  
Date

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Eddie Mire  
Rudd and Wisdom, Inc.

# Universal Fidelity Life Insurance Company

## Whole Life Application

**(If applying for Joint Life, please complete both Applicant A and Applicant B information)**

APPLICANT A				APPLICANT B			
Name: _____ <small>Last                      First                      Middle</small>				Name: _____ <small>Last                      First                      Middle</small>			
Residence Address: _____ <small>Address                      City                      State                      Zip Code</small>				Residence Address: _____ <small>Address                      City                      State                      Zip Code</small>			
Telephone: (      ) _____ <small>Area Code</small>				Telephone: (      ) _____ <small>Area Code</small>			
Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Height:	Weight:	Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Height:	Weight:	Age:
Date of Birth / /	City of Birth	State of Birth		Date of Birth / /	City of Birth	State of Birth	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Civil Union				Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Civil Union			
Owner(s) (if Joint Owner, please provide both names): _____							
Beneficiaries							
Primary _____				Relationship _____			
Contingent _____				Relationship _____			
Payment Mode							
Bank Draft : <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual      Requested Date of Bank Draft: _____							
Direct Bill: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual							
Automatic Premium Loan Requested: <input type="checkbox"/> YES <input type="checkbox"/> NO							
Supplemental Income: Settlement Option 1 Elected							
\$ _____ in Monthly Income for _____ months.				\$ _____ Equivalent Lump Sum Death Benefit			
Send Premium Notices to: <input type="checkbox"/> Owner <input type="checkbox"/> Other: _____							
Do you intend to replace any existing life insurance or annuity contract: <input type="checkbox"/> YES <input type="checkbox"/> NO <small>(If yes please give details below)</small>				Do you intend to replace any existing life insurance or annuity contract: <input type="checkbox"/> YES <input type="checkbox"/> NO <small>(If yes please give details below)</small>			
Company:				Company:			
Policy #:	Amount of Coverage:			Policy #:	Amount of Coverage:		
Name of Primary Physician:				Name of Primary Physician:			
City & State:				City & State:			

	Applicant A Circle	Applicant B Circle
1. Is any Proposed Insured <u>currently</u> : hospitalized, confined to a wheel chair, bed or nursing facility?	YES NO	YES NO
2. Has a member of the medical profession ever diagnosed or treated any Proposed Insured for Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC)	YES NO	YES NO
3. Within the past 6 months has any Proposed Insured had a stroke, angina, heart attack, cardiac or circulatory surgery or diabetes (requiring insulin)?	YES NO	YES NO
4. Within the past 12 months has any Proposed Insured been diagnosed or treated for Internal Cancer or Melanoma?	YES NO	YES NO
<b><i>If any answers to questions 1-4 are "YES", the Proposed Insured is not eligible for ANY coverage.</i></b>		

**IMPORTANT: Circle any health condition for which YES applies.**

5. Is any Proposed Insured currently receiving home health care or need assistance performing activities of daily living such as bathing, dressing, eating, toileting, moving about or taking medication?	YES NO	YES NO
6. During the past 12 months has any Proposed Insured had diagnostic testing recommended by a medical professional which has not been completed or for which the results have not been received?	YES NO	YES NO
7. During the past 12 months has any Proposed Insured had treatment/counseling for alcoholism/drugs?	YES NO	YES NO
8. During the past 24 months has any Proposed Insured been diagnosed, treated or hospitalized for: stroke, angina, heart attack or failure, cardiac or circulatory surgery, Internal Cancer or Melanoma?	YES NO	YES NO
9. During the past 24 months has the Proposed Insured been diagnosed or treated for:		
a. Alzheimer's Disease, neuro-muscular disease, Senile Dementia or other cognitive disorder?	YES NO	YES NO
b. Cirrhosis, liver disease, kidney failure, emphysema, chronic obstructive pulmonary disease (C.O.P.D.), chronic lung disease, or been using an oxygen tank?	YES NO	YES NO
10. In the past 12 months has the Proposed Insured used tobacco in any form?	YES NO	YES NO

**Give complete details to any yes response in questions 5 through 9.**

Question Number	Name	Illness or Condition, treatment & operation type	Name & Address Physician /Hospital	Month / Year	Date Last Treated

I understand the Company may conduct a telephone interview with the Proposed Insured regarding the answers above. I understand and agree the policy applied for will not take effect until issued by the Company and while the Proposed Insured is alive. No agent is authorized to extend, waive or change any terms, conditions or provisions of this policy.

**I HAVE READ AND FULLY UNDERSTAND THE QUESTIONS AND MY ANSWERS ON THIS APPLICATION. To the best of my knowledge and belief they are true and complete. I understand any misstatements as to the health or physical condition of the Proposed Insured that are material to the risk assumed may cause this policy to become null and void within the contestable period.**

**WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.**

**AUTHORIZATION:** In order to properly classify my application for life insurance, I authorize any licensed physician, medical practitioner, hospital, clinic or other medical or medically related facility, insurance company, pharmacy benefit managers, pharmacies, pharmacy-related facilities, the MIB, Inc. ("MIB") or other organization, institution or person that has knowledge or records of me and my health to give such information to: (a) Universal Fidelity Life Insurance Company; and (b) its reinsurers. I understand that any information that is disclosed pursuant to this authorization may be re-disclosed and no longer covered by federal rules governing privacy and confidentiality of health information. I understand that I may revoke this authorization in writing at any time, except to the extent that action has been taken in reliance on this authorization or the insurance company exercises a legal right to contest a claim or the policy itself. I may revoke the authorization by sending a written revocation to the Company address of: 815 W. Ash Ave., Duncan, Oklahoma 73533. I understand that if I refuse to sign this authorization to release my complete medical records, my application for insurance with the Company will be rejected.

All said sources, except the MIB, Inc., are authorized to give records or knowledge such as statements regarding hobbies, employment, criminal records or medical history that might be required to determine eligibility for insurance to any agency employed by the Company to collect and transmit data. I authorize Universal Fidelity Life Insurance Company to disclose any personal data gathered while processing this application. This data may be released to the following: (a) reinsuring companies; (b) the MIB, Inc.; (c) other persons or groups performing services in connection with this application; or (d) any others to whom it may be lawfully required or authorized. This authorization shall remain valid for two years from this date. A copy of this authorization shall be as valid as the original.

I acknowledge receiving the Fair Credit Reporting Notice and the MIB Pre-Notice.

Signed at \_\_\_\_\_ Date Signed \_\_\_\_\_  
City County State

Applicant A's Signature \_\_\_\_\_  
(Must be signed by Applicant A)

Applicant B's Signature \_\_\_\_\_  
(Must be signed by Applicant B, if applicable)

**AGENT STATEMENT** – I certify that I have asked the above questions and correctly recorded information furnished by the Owner and/or Insured. To the best of my knowledge replacement  is  is not involved in this transaction.

Agent's Signature \_\_\_\_\_

Agent's Number \_\_\_\_\_ Date \_\_\_\_\_

## NOTICE

### Printed in compliance with Public Law 91-508 – Fair Credit Reporting Act

Thank you for considering Universal Fidelity Life Insurance Company for your insurance needs. This is to inform you that as part of our procedure for processing your insurance application, an investigative consumer report may be prepared whereby information is obtained through personal interviews with your neighbors, friends, or others with whom you are acquainted. This inquiry includes information as to your character, general reputation and personal characteristics. You have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation.

### MIB PRE-NOTICE

Information regarding your insurability will be treated as confidential. Universal Fidelity Life Insurance Company, or its reinsurers, may, however, make a brief report thereon to the MIB, Inc., a non-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 or health insurance coverage, or a claim for benefits is submitted to such a company, the MIB, Inc., upon request, will supply such company with the information in its file.

Upon receipt of a request form from you, MIB, Inc. will arrange disclosure of any information it may have in your file. Please contact MIB, Inc. at 866-692-6901 (TTY 866-346-3642). If you question the accuracy of information to the MIB, Inc.'s file, you may contact MIB, Inc. and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB, Inc.'s information office is 50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734. Information for consumers about MIB, Inc. may be obtained on its website at: [www.mib.com](http://www.mib.com). Universal Fidelity Life Insurance Company, or its reinsurers, may also release information in its file to other life insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted.

**CONDITIONAL RECEIPT**

Received from \_\_\_\_\_  
for life insurance applied for from Universal Fidelity Life Insurance Company, with the application bearing the same date as this receipt:

A payment of \$\_\_\_\_\_  Cash  Check  Other

**IMPORTANT:** No insurance will be effective unless all the conditions set forth on the bottom of this receipt are satisfied. The agent and medical examiner cannot accept risks or waive any of Universal Fidelity Life's rights or requirements. This receipt is not valid unless it is signed by an agent of Universal Fidelity Life, the Proposed Insured and the Owner. All premium checks shall be made payable to University Fidelity Life. **DO NOT MAKE CHECKS PAYABLE TO THE AGENT OR LEAVE THE PAYEE BLANK.**

I have received and read this conditional receipt. It has been explained to me by the agent. I understand and agree to all the conditions and limitations.

\_\_\_\_\_ X \_\_\_\_\_  
Date Proposed Insured

\_\_\_\_\_ x \_\_\_\_\_  
Agent Owner, if other than Proposed Insured

**IMPORTANT:** The insurance applied for will take effect on the latter of the completion of the application or the completion of any medical examination or tests required by Universal Fidelity Life, only if the following conditions are met:

1. All persons to be covered must be insurable as acceptable risks for the kind and amount of insurance applied for according to University Fidelity Life's rules on the date the insurance takes effect.
2. Any check or draft given in payment of the initial premium must be honored when first presented.
3. The premium paid or authorized in the application must be sufficient to provide one month of the coverage applied for.
4. The total amount of life insurance provided under this receipt for all losses is limited to the amount applied for.

If you do not hear from Universal Fidelity Life regarding the proposed insurance within 30 days, notify Universal Fidelity Life at 815 W. Ash Ave., Duncan, Oklahoma 73533. Give your name, the agent's name, date and amount paid.

**INSURANCE, IF ANY, PROVIDED UNDER THIS RECEIPT IS CONDITIONAL. IF ANY OF THE ABOVE CONDITIONS ARE NOT MET, THIS RECEIPT CONFERS NO INSURANCE AND THE PREMIUM PAID WILL BE RETURNED TO YOU.**

# Rudd and Wisdom, Inc.

## CONSULTING ACTUARIES

Steven T. Anderson, A.S.A.  
Mitchell L. Bilbe, F.S.A.  
Evan L. Dial, F.S.A.  
Philip S. Dial, F.S.A.  
Charles V. Faerber, F.S.A., A.C.A.S.  
Mark R. Fenlaw, F.S.A.  
Carl L. Frammolino, F.S.A.

Kenneth J. Herbold, A.S.A.  
Christopher S. Johnson, F.S.A.  
Robert M. May, F.S.A.  
J. Christopher McCaul, F.S.A.  
Edward A. Mire, F.S.A.

Rebecca B. Morris, A.S.A.  
Michael J. Muth, F.S.A.  
Khiem Ngo, F.S.A.  
Coralie A. Taylor, A.S.A.  
Ronald W. Tobleman, F.S.A.  
Elizabeth A. Wiley, F.S.A.  
David G. Wilkes, F.S.A.

April 11, 2012

Arkansas Insurance Department

Re: RDWS-128256907  
Universal Fidelity Insurance Co.  
Form No. FTD 4-12-AR

With reference to the attached form, per A.C.A. 23-79-138, we will provide each policyowner with the servicing agent's name, address and phone number. The home office information is listed on the policy form.

I certify that this filing meets the provisions of Regulation 19s10B as well as all applicable requirements of the Department.



April 11, 2012

Date

Edward Mire