

SERFF Tracking Number: RDWS-128335698 State: Arkansas  
Filing Company: Universal Fidelity Life Insurance Co. State Tracking Number:  
Company Tracking Number:  
TOI: L071 Individual Life - Whole Sub-TOI: L071.301 Current Assumption - Fixed Premium -  
Single Life  
Product Name: UFLIC SURVIVOR WL 05  
Project Name/Number: /

## Filing at a Glance

Company: Universal Fidelity Life Insurance Co.

Product Name: UFLIC SURVIVOR WL 05 SERFF Tr Num: RDWS-128335698 State: Arkansas

TOI: L071 Individual Life - Whole SERFF Status: Closed-Approved- State Tr Num:  
Closed

Sub-TOI: L071.301 Current Assumption - Fixed Co Tr Num: State Status: Approved-Closed  
Premium - Single Life

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Eddie Mire, Judy Tait,  
Oliver Kiel

Disposition Date: 05/29/2012

Date Submitted: 05/04/2012

Disposition Status: Approved-  
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name:

Status of Filing in Domicile: Authorized

Project Number:

Date Approved in Domicile: 11/21/2005

Requested Filing Mode: Review & Approval

Domicile Status Comments: Oklahoma is State  
of Domicile.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 05/29/2012

State Status Changed: 05/29/2012

Deemer Date:

Created By: Judy Tait

Submitted By: Judy Tait

Corresponding Filing Tracking Number:

Filing Description:

Universal Fidelity Life Insurance Company

SURVIVOR WL 05 AR

Whole Life insurance form

TIR 05-AR

Terminal Illness Rider

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This is new filing. No illustrations will be used.  
 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 per form  
 Per Company: No

| COMPANY                               | AMOUNT   | DATE PROCESSED | TRANSACTION # |
|---------------------------------------|----------|----------------|---------------|
| Universal Fidelity Life Insurance Co. | \$100.00 | 05/04/2012     | 58955482      |

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## Correspondence Summary

### Dispositions

| Status          | Created By | Created On | Date Submitted |
|-----------------|------------|------------|----------------|
| Approved-Closed | Linda Bird | 05/29/2012 | 05/29/2012     |

### Objection Letters and Response Letters

| Objection Letters         |            |            |                | Response Letters |            |                |
|---------------------------|------------|------------|----------------|------------------|------------|----------------|
| Status                    | Created By | Created On | Date Submitted | Responded By     | Created On | Date Submitted |
| Pending Industry Response | Linda Bird | 05/10/2012 | 05/10/2012     | Judy Tait        | 05/24/2012 | 05/24/2012     |

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## Disposition

Disposition Date: 05/29/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Product Name: UFLIC SURVIVOR WL 05  
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| Schedule            | Schedule Item                                   | Schedule Item Status | Public Access |
|---------------------|---|----------------------|---------------|
| Supporting Document | Flesch Certification                            | Yes                  | Yes           |
| Supporting Document | Application                                     | Yes                  | Yes           |
| Supporting Document | Life & Annuity - Actuarial Memo                 | No                   | No            |
| Supporting Document | Third Party Authorization                       | Yes                  | Yes           |
| Supporting Document | Disclosure for terminal illness rider           | Yes                  | Yes           |
| Supporting Document | Sample calculation for terminal illness rider   | Yes                  | Yes           |
| Supporting Document | Actuarial Memorandum for Terminal Illness Rider | No                   | No            |
| Supporting Document | Certification                                   | Yes                  | Yes           |
| Form (revised)      | Whole Life Policy                               | Yes                  | Yes           |
| Form                | Whole Life Policy                               | Yes                  | Yes           |
| Form                | Terminal Illness Rider                          | Yes                  | Yes           |

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Single Life  
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## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 05/10/2012  
Submitted Date 05/10/2012  
Respond By Date 06/11/2012

Dear Judy Tait,

This will acknowledge receipt of the captioned filing.

### Objection 1

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

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

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

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

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

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Single Life  
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Project Name/Number: /

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 05/24/2012  
Submitted Date 05/24/2012

Dear Linda Bird,

### Comments:

Thank you for your letter of May 10, 2012.

### Response 1

Comments: We assure you that a copy of the Life ad Health Guaranty Notice will be provided to each policyowner.

We have attached a certification under Supporting Documentation to satisfy Regulation 19s10B.

Please note that we have added the company phone number to SURVIVOR WL 05 AR.

### Related Objection 1

Comment:

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

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

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

### Changed Items:

#### Supporting Document Schedule Item Changes

Satisfied -Name: Certification

Comment:

#### Form Schedule Item Changes

| Form Name | Form | Edition | Form Type | Action | Action | Readability Attach |
|-----------|------|---------|-----------|--------|--------|--------------------|
|-----------|------|---------|-----------|--------|--------|--------------------|

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*Product Name:* UFLIC SURVIVOR WL 05  
*Project Name/Number:* /

|                         | Number                   | Date                                     | Specific Data | Score  | Document                   |
|-------------------------|--------------------------|--|---------------|--------|----------------------------|
| Whole Life Policy       | SURVIVO<br>R WL 05<br>AR | Policy/Contract/Fraternal<br>Certificate | Initial       | 57.000 | SURVIVO<br>RWL05AR<br>.pdf |
| <b>Previous Version</b> |                          |  |               |        |                            |
| Whole Life Policy       | SURVIVO<br>R WL 05<br>AR | Policy/Contract/Fraternal<br>Certificate | Initial       | 57.000 | SURVIVO<br>RWL05AR<br>.pdf |

No Rate/Rule Schedule items changed.

Please let us know if you need anything further. Thank you.

Sincerely,  
 Eddie Mire, Judy Tait, Oliver Kiel

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## Form Schedule

### Lead Form Number:

| Schedule Item Status | Form Number       | Form Type Form Name  | Action  | Action Specific Data | Readability | Attachment         |
|----------------------|-------------------|--|---------|----------------------|-------------|--------------------|
|                      | SURVIVOR WL 05 AR | Policy/Cont Whole Life Policy<br>ract/Fraternal<br>Certificate   | Initial |                      | 57.000      | SURVIVORWL05AR.pdf |
|                      | TIR 05-AR         | Policy/Cont Terminal Illness<br>ract/Fraternal Rider<br>al<br>Certificate:<br>Amendment, Insert<br>Page,<br>Endorsement or Rider | Initial |                      | 40.000      | tir-05-AR.pdf      |

**Universal Fidelity Life Insurance Company  
OLD LINE LEGAL RESERVE STOCK CO.**

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

Universal Fidelity Life Insurance Company agrees:

- To pay the proceeds to the Beneficiary if the Insured dies while this policy is in force; and
- To provide the Owner with the other rights and benefits of this policy.

These agreements are subject to the provisions of this policy.

This policy is a legal contract between you, the Owner, and us, Universal Fidelity Life Insurance Company. As with any other contract, you should **READ THIS POLICY CAREFULLY**.

**THIRTY DAYS TO EXAMINE CONTRACT.** If you are not satisfied with this policy for any reason, you may return the policy to us or to our authorized agent within 30 days after you receive it. If you do so, we will cancel this policy and refund the premium that was paid. If all money is not returned within 30 days, the Company will pay interest on the proceeds as required by the laws of the state in which the policy is issued.

**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.**

Signed for Universal Fidelity Life Insurance Company at Duncan, Oklahoma.



Secretary



President

WHOLE LIFE INSURANCE POLICY  
INSURANCE PAYABLE AT DEATH OF INSURED  
PREMIUMS PAYABLE FOR LIFE  
NONPARTICIPATING

## POLICY INDEX

|  |  |
|--|--|
| BASIS OF VALUES .....Page 7<br>BENEFIT SCHEDULE .....Page 3<br>CONVERSION PRIVILEGE .....Page 7<br>DEFINITIONS.....Page 2<br>GUARANTEED VALUES.....Page 4<br>LOAN PROVISIONS .....Page 6<br>PREMIUM SCHEDULE .....Page 3 | GENERAL PROVISIONS ..... Page 5<br>Assignment, Change of Beneficiary, Grace<br>Period, Incontestability, Incorrect Age or<br>Sex, Ownership, Premium Payments,<br>Settlement and Indebtedness, Reinstatement,<br>Suicide Limitation<br>SETTLEMENT OPTIONS ..... Page 8 |
|--|--|

Copy of application and any rider benefits follow Page 8.

### DEFINITIONS

**“WE”, “US” AND “OUR”** - UNIVERSAL FIDELITY LIFE INSURANCE COMPANY

**“YOU” AND “YOUR”** - The Owner of the policy.

**“OWNER”** - The person named in the application as Owner.

**“INSURED”** - The person whose life is insured by the policy.

**“FACE AMOUNT”** - The amount shown on Page 3.

**“AGE”** - The age, as of the nearest birthday, of the Insured.

**“PROCEEDS”** - The amount of benefits payable to the Beneficiary at the death of the Insured. The amount will be less than the death benefit if there is a policy loan or a past due premium. It will be more if any riders are attached which have payable death benefits.

**“IN WRITING”** - In a written form, satisfactory to us, which we receive at our Home Office in Duncan, Oklahoma.

**“BENEFICIARY”** - The person or persons to receive the death benefit of the policy.

**“POLICY YEAR”** - A year measured from the month and day of the Policy Date.

**“DEBT AND INDEBTEDNESS”** - The amount owed on the policy, if any, plus accrued interest.

UNIVERSAL FIDELITY LIFE INSURANCE COMPANY

DESCRIPTION OF BENEFITS

FORM:

BENEFIT:

SURVIVOR WL 05-AZ  
TIR 05-AZ

WHOLE LIFE INSURANCE  
TERMINAL ILLNESS RIDER

PREMIUM SCHEDULE

| FORM           | ANNUAL   | SEMI ANNUAL | QUARTERLY | MONTHLY BILL | MONTHLY DRAFT | PREMIUM PERIOD | EXPIRY DATE |
|----------------|----------|-------------|-----------|--------------|---------------|----------------|-------------|
| SURVIVOR WL 05 | \$243.70 | \$126.72    | \$64.58   | \$21.93      | \$20.71       | Life           | None        |
| POLFEE         | 25.00    | 13.00       | 6.62      | 2.25         | 2.12          |                |             |
| TIR 05         | .00      | .00         | .00       | .00          | .00           |                |             |
| Total          | \$268.70 | \$239.72    | \$71.20   | \$24.18      | \$22.83       |                |             |

INSURED:

AGE AND SEX: 45 Male

POLICY DATE: 9/01/2005

POLICY NUMBER: 0004799480

CLASS: Non-Smoker

FACE AMOUNT: \$10,000.00

INSURANCE PAYABLE UPON DEATH  
PREMIUMS PAYABLE FOR LIFE  
NON-PARTICIPATING

**INSURED:**  
**BENEFIT:**      **WHOLE LIFE INSURANCE**

**POLICY NUMBER:**      0004799480  
**POLICY DATE:**        9/1/2005

**TABLE OF VALUES**  
**GUARANTEED VALUES PER \$1,000 OF INSURANCE**

| Policy Year | Cash Value | Paid Up Insurance | Extended Term |      |
|-------------|------------|-------------------|---------------|------|
|             |            |                   | Years         | Days |
| 1           | .00        | .00               | 0             | 0    |
| 2           | .00        | .00               | 0             | 0    |
| 3           | 11.00      | 45.00             | 3             | 271  |
| 4           | 24.00      | 93.00             | 6             | 350  |
| 5           | 38.00      | 141.00            | 9             | 132  |
| 6           | 53.00      | 189.00            | 11            | 109  |
| 7           | 68.00      | 233.00            | 12            | 237  |
| 8           | 83.00      | 274.00            | 13            | 235  |
| 9           | 99.00      | 314.00            | 14            | 191  |
| 10          | 115.00     | 351.00            | 15            | 76   |
| 11          | 132.00     | 388.00            | 15            | 298  |
| 12          | 149.00     | 422.00            | 16            | 86   |
| 13          | 166.00     | 454.00            | 16            | 186  |
| 14          | 184.00     | 485.00            | 16            | 268  |
| 15          | 202.00     | 513.00            | 16            | 310  |
| 16          | 221.00     | 542.00            | 16            | 342  |
| 17          | 240.00     | 569.00            | 16            | 342  |
| 18          | 259.00     | 594.00            | 16            | 315  |
| 19          | 278.00     | 617.00            | 16            | 267  |
| 20          | 297.00     | 638.00            | 16            | 200  |
| Age 60      | 202.00     | 513.00            | 16            | 310  |
| Age 62      | 240.00     | 569.00            | 16            | 342  |
| Age 65      | 297.00     | 638.00            | 16            | 200  |

The values above are for a policy with no outstanding loan balance.  
The value for any year not shown will be furnished on request.

Reserves are calculated by the Commissioner's Reserve Valuation Method.  
Annual interest rate for reserve calculations is 4.00%.  
Annual interest rate for nonforfeiture calculations is 5.00%.  
Annual interest rate for policy loans is 7.40%, paid in advance.  
Annual interest rate for reinstatement is 6.00%.

## **GENERAL PROVISIONS**

### **THE CONTRACT**

The contract consists of this policy, a copy of the application, and any papers attached. You applied for it. We issued it. All statements made in the application, except for material misstatements, are considered based on your present knowledge and belief. They are representations and not warranties. No statement may be used to void this policy or be used in defense of a claim unless it is in the application.

The policy may be changed only in writing and only if you and we agree. The agreement must be signed by our President or Secretary. No agent or other person may change or waive any provision.

### **OWNERSHIP**

You have control of the policy while the Insured is alive. If the policy is assigned, your control may be limited. Naming an irrevocable Beneficiary may also limit your control.

You may appoint a new owner if you notify us in writing. The change will take place the date you sign the notice. This is true even if the Insured dies before we receive it. The change will not affect anything we did before we received the notice.

### **CHANGE OF BENEFICIARY**

You may change the Beneficiary if you notify us in writing. Any irrevocable Beneficiary must agree in writing to that change. You may not have this right if the policy is assigned.

### **INCORRECT AGE OR SEX**

If the Insured's age or sex has been misstated in the application, any amount we pay will be as the premiums paid would have purchased at the correct age and sex.

### **ASSIGNMENT**

You may assign or transfer your rights in this policy. The transfer will take effect when we receive notice of it in writing. We will record it but will not be responsible for its validity or effect.

### **INCONTESTABILITY**

We cannot contest this policy after it has been in force during the lifetime of the Insured for two years from the Policy Date except for non-payment of premiums. This paragraph does not apply to any disability or accidental death rider.

### **SUICIDE LIMITATION**

If the Insured dies by suicide within two years after the Policy Date, we will pay no more than an amount equal to the sum of all premiums paid. This is true whether the Insured was sane or insane.

### **SETTLEMENT AND INDEBTEDNESS**

Settlement shall be made upon receipt of due proof of death. Any amount that we pay is payable at our Home Office. In any settlement, we will first deduct any debt on the policy.

### **PREMIUM PAYMENTS**

All premiums must be paid in advance. They may be paid to our agent or to our Home Office. The agent will give you a receipt. It will be signed by our President or Secretary or by the agent.

You may change the mode of payment. The available modes and their corresponding premiums are shown on Page 3.

### **GRACE PERIOD**

We allow 31 days for the payment of any premium. This is called the Grace Period. It starts the day the premium is due. The policy is in force during the Grace Period. If the Insured dies during the Grace

Period, we will deduct the past due premium from any amount we owe. If the premium is not paid before the end of the Grace Period, this policy may lapse. It will not lapse if a Nonforfeiture Provision is able to keep it or part of it in force.

### **REINSTATEMENT**

If this policy has lapsed or is in force under a Nonforfeiture Benefit, you may put it back in full force if the last premium paid was within the previous five years. Two things must happen before the policy will be reinstated: (1) We must be satisfied that the Insured is still insurable; and (2) All past due premiums must be paid, with interest from their due dates. The interest rate is shown on Page 4.

We cannot contest a reinstated policy after it has been in force during the lifetime of the Insured for two years from the date of reinstatement except for non-payment of premiums. Any contest to a reinstated policy will be based on material misstatements made in the application for reinstatement.

### **GUARANTEED VALUES**

A TABLE OF VALUES is on Page 4. These are guaranteed values at the end of the policy year if all premiums due have been paid. Any debt will reduce the values.

A CASH SURRENDER VALUE will be paid to you if you surrender this policy within 60 days after the due date of any unpaid premium and during the lifetime of the Insured. The amount will be the Cash Value less any debt as of the due date of the unpaid premium. Values on dates between policy anniversaries will be determined with allowances made for the fractional part of the premium paid for that policy year. We have the right to defer payment of the Cash Surrender Value for up to six months.

NONFORFEITURE BENEFITS are available if a premium is not paid when due. You may choose one of these options if the policy then has Cash Value. Do this in writing no later than 60 days after the premium due date. If you do not, the Automatic Option takes effect.

*Cash Value* – You may surrender the policy and we will pay you its Cash Value less any debt

*Paid-Up Insurance* – The policy may be continued for a reduced amount of nonparticipating insurance. The amount will be what the Cash Value, less any debt, will provide when applied as a net single premium at the attained age of the Insured.

*Extended Term Insurance* – The policy may be continued as nonparticipating extended term insurance. The amount will be the Face Amount less any debt. The insurance will continue for the period that the Cash Value, less any debt, will purchase when applied as a net single premium at the attained age of the Insured.

An automatic option will apply if you do not choose a Nonforfeiture Benefit. This is the Extended Term Insurance option. You may select another option if it is done in writing within 60 days after the due date of the unpaid premium.

If the policy is being continued as Paid-Up or Extended Term insurance, it may be surrendered for its cash value. The cash value is the net single premium for the insurance at the Insured's attained age on the surrender date. If surrendered within 30 days after any annual anniversary of the Policy Date, the value will be found as of that anniversary date.

### **LOAN PROVISIONS**

A POLICY LOAN will be made to you if the policy is not under the Extended Term nonforfeiture option. The loan may not be more than the Cash Value at the end of the Policy Year in which you made the loan.

The Cash Value is first reduced by any existing debt and by any premiums due until the end of the Policy Year. Unless the Policy Loan is to make premium payments on this policy, we have the right to defer payment of the Loan for up to six months. The security for such loan will be this policy and its assignment to us.

LOAN INTEREST is paid in advance. The interest rate is shown on Page 4. The first interest due date is the date of the loan. After that, interest due dates are the annual anniversaries of the Policy Date. If interest is not paid when due, it will be added to the loan and will draw interest at the same rate. If the total debt becomes more than the Cash Value, the policy will terminate and have no value. This will happen 31 days after we have mailed notice to you and to any assignee at the last known addresses.

AUTOMATIC PREMIUM LOAN. This provision will be effective if you request it in Writing before the end of the Grace Period. If any premium on this policy is not paid on or before the due date or within the Grace Period, the Company will charge such premium with interest as shown on Page 4, from the due date of such premium to the end of the current policy year, as a loan against the policy, provided that the loan value of the policy is sufficient. If the loan value is not sufficient to cover the premium for one or more months, then such fractional premium shall be charged as a loan. Any premium or premiums so charged against the loan value of this policy shall be considered as a loan upon the policy and shall be subject to the same terms and conditions as any loan made in accordance with the Loan Provisions. The request for automatic loans may be canceled by you at any time by notice in writing.

### **CONVERSION PRIVILEGE**

You may want to exchange this policy for another one we offer. We may allow this if the policy is in force and the Insured is insurable. You must request it in writing and we must agree. We will determine any additional costs.

### **BASIS OF VALUES**

We use the Commissioner's 2001 Standard Mortality Table, Male and Female, Smoker/Nonsmoker, with the interest rate shown on Page 4. We assume that deaths occur at the end of the Policy Year. We use the Insured's age as of last birthday.

The Cash Values are calculated by the Standard Nonforfeiture Value Method. We use the Nonforfeiture interest rate shown on Page 4. No value is less than that required by law. Reserves are calculated according to the Commissioner's Reserve Valuation Method, assuming the interest rate shown on page 4. We have filed a statement with the insurance officials of the state where this policy was delivered. That statement contains the method of calculation.

### **SETTLEMENT OPTIONS**

If a settlement option is not chosen, we will pay the Proceeds in a single sum. Proceeds will be paid within two months of the date we receive due proof of the Insured's death. You must decide before the Insured dies. If you do not, the Beneficiary may choose an option. The choice must be in writing and made before any proceeds are paid.

Proceeds to be applied must be at least \$2500. Payments may be in annual, semi-annual, quarterly or monthly installments. All payments must be at least \$25.

Payments must be to a natural person. If not, we must first consent. Payments will not be paid before they are due.

No part of the Proceeds or any payment will be subject to the claims of creditors, nor to legal process. These things are true to the extent allowed by law.

Options 1, 2, 3 and 4 are based on 3% annual interest. We may pay more than this. No excess interest will be paid under Option 2 after the guaranteed period, nor under Option 5.

The first payment under Options 1, 2, 4 and 5 will be payable immediately. The first payment under Option 3 will be payable at the end of the first payment period.

**OPTION 1—FIXED PERIOD**

Payments will be for a specified period. The amount of each payment can be determined from the OPTION 1 TABLE.

**OPTION 2—LIFE INCOME WITH GUARANTEED PERIOD**

Payments will be for an amount based on the age, last birthday, and sex of the payee. Payments will be made for the selected guaranteed period and as long after as the payee lives. We may require proof of the payee’s age and sex before making any payment. We may also require proof of the payee’s survival.

**OPTION 3—INTEREST**

We will hold the Proceeds for a specified period. During that time, we will either pay or accumulate the interest on the Proceeds. The payee may withdraw the Proceeds, with any accrued interest, at any time. Partial withdrawal may be made only with our consent.

**OPTION 4—FIXED AMOUNT**

Payments will be for a specified amount. They will be made until the Proceeds and interest are exhausted.

**OPTION 5—SPECIAL ANNUITY**

Payments will be as provided by any Single Premium Immediate Annuity we issue on the date the Proceeds become payable. Payments will be 3% more than the Annuity payments. They will be adjusted so that the first payment is payable immediately.

**OPTION 1—TABLE**

| <b>Years</b> | <b>Payment</b> |
|--------------|----------------|--------------|----------------|--------------|----------------|--------------|----------------|--------------|----------------|
| 1            | 84.47          | 6            | 15.14          | 11           | 8.86           | 16           | 6.53           | 21           | 5.32           |
| 2            | 42.86          | 7            | 13.16          | 12           | 8.24           | 17           | 6.23           | 22           | 5.15           |
| 3            | 28.99          | 8            | 11.68          | 13           | 7.71           | 18           | 5.96           | 23           | 4.99           |
| 4            | 22.06          | 9            | 10.53          | 14           | 7.26           | 19           | 5.73           | 24           | 4.84           |
| 5            | 17.91          | 10           | 9.61           | 15           | 6.87           | 20           | 5.51           | 25           | 4.71           |

WHOLE LIFE INSURANCE POLICY  
INSURANCE PAYABLE AT DEATH OF INSURED  
PREMIUMS PAYABLE FOR LIFE  
NONPARTICIPATING

# UNIVERSAL FIDELITY LIFE INSURANCE COMPANY

815 West Ash Ave., Duncan Oklahoma 73533 (580) 470-2287

## TERMINAL ILLNESS RIDER

### Accelerated Benefit

**Death benefits, gross premiums, cash values and loan values will be reduced if a benefit is paid.** An accelerated benefit may be taxable. As with all tax matters, a personal tax advisor should be consulted.

This rider is made a part of the policy to which it is attached. The terms of your policy also apply to this rider except as they are changed by the terms of this rider.

**Amount of Benefit.** The amount of accelerated benefit provided shall be:

1) as requested by the Owner. The benefit may be up to 100% of the then current policy face amount, subject to a maximum of \$100,000,

*less:*

- 1) an actuarial discount for 12 months' interest. The interest rate used in the calculation will be as declared by the Board of Directors. The rate will not be greater than 10%; and
- 2) any outstanding policy loan and loan interest due and unpaid, multiplied by the benefit ratio; and
- 3) any premium due and unpaid during a policy's grace period which applies to a period before the date of entitlement; and
- 4) an administrative expense charge as determined by the Company. This charge will not exceed \$100.

The benefit, related charges, interest, discounts or liens, if applicable, and the balance of the death benefit of the life insurance contract shall constitute full settlement on maturity of the face amount of the contract.

**Public Assistance Eligibility Disclosure.** Receipt of this benefit may affect you, your spouse or your family's eligibility for public assistance programs such as:

- 1) Medical assistance (Medicaid)
- 2) Aid to Families with Dependent Children (AFDC)
- 3) Supplementary social security income (SSI)
- 4) Drug assistance programs.

Please consult with a qualified tax advisor and with social service agencies concerning how receipt of such a payment will affect you, your spouse and your family's eligibility for public assistance.

**Tax Disclosure.** The acceleration of life insurance benefits (ALBR) offered under this rider are intended to qualify for favorable tax treatment under the Internal Revenue Code of 1986. If the ALBR qualify for such favorable tax treatment, the benefits will be excluded from your income and not subject to federal taxation. Tax laws relating to ALBR are complex. Please consult with a qualified tax advisor about circumstances under which you could exclude ALBR from income under federal law.

**Limitations.** No benefit will be provided by this rider if terminal illness results from intentionally self-inflicted injuries. Any amount payable during a contestable period, due to suicide, will be reduced by any previously paid accelerated benefit.

**Adjustments to the Policy.** After the payment of a benefit, the policy will be subject to the following adjustments, when applicable:

- 1) The face amount, guaranteed cash value, actual cash value and gross premium will be reduced by the benefit ratio times the respective amounts.

- 2) Any outstanding loan and loan interest will be reduced by the portion repaid by any benefit payment under this rider.
- 3) Any portion of the policy face amount remaining after payment of a benefit and related charges or interest will be paid upon the death of the insured subject to the terms and conditions of your policy.
- 4) If the benefit ratio is 100%, this policy will terminate. Gross premium includes any additional riders, policy fees and extra premium for special premium class. Future policy values will be calculated according to the methods described in the policy using the reduced amounts described above.

### **Benefit Entitlement**

- 1) The benefit under this rider is payable only once, regardless of the subsequent occurrence of the same or a different condition.
- 2) The policy and this rider must be in force.
- 3) The benefit shall be payable to the Owner.
- 4) After the payment of a benefit, the Company will send the Owner a statement showing the effect of the payment on this policy.
- 5) If the Insured dies before a benefit is paid, no payment will be made under this rider.
- 6) The Company must receive written consent of all irrevocable beneficiaries and all assignees.

### **Claim Requirements.**

The company requires written proof of the Insured's terminal illness before a benefit will be considered under this rider. Written proof includes a properly completed claim form and a physician's statement satisfactory to the Company. The Company reserves the right to request additional medical information. This can come from any physician or institution which may have provided treatment for the terminal illness. The Company may require, at its expense, an additional examination by a physician of its choice. If there is a discrepancy between medical opinions, the opinion of the Company's physician will rule.

Written notice of claim may be given to the Company anytime after the date the Insured develops a terminal illness. Notice sent by, or on behalf of, the Insured to Universal Fidelity Life Insurance Company, 815 West Ash Ave., Duncan, Oklahoma 73533.

### **DEFINITIONS.**

#### **Benefit Ratio**

The result of dividing (a) by (b) where: a) is the requested accelerated death benefit; and b) is the policy face amount.

#### **Physician**

An individual who is licensed to practice medicine and treat illness or injury in the state in which treatment is received. He must also be acting within the scope of that license. The term physician only refers to a physician licensed and currently practicing in the United States of America. Physician does not include:

- 1) the Insured; or
- 2) the Owner; or
- 3) a person who lives with the Insured or Owner; or
- 4) a person who is part of the Insured's or Owner's immediate family.

#### **Immediate Family**

The spouse, child, brother, sister, parent or grandparent of the Insured or the Owner.

**Physician's Statement**

A written statement acceptable to the Company and signed by a physician which:

- 1) gives the physician's diagnosis of the Insured's medical condition; and
- 2) states with reasonable medical certainty, the medical condition will result in the death of the Insured within 12 months or less from the date of the physician's statement. This statement must take into consideration the ordinary and reasonable medical care, advice and treatment available in the same or similar communities.

**Policy Face Amount**

Includes any policy or rider, to which this rider is attached, which provides a death benefit on the Insured. The supplementary rider for accidental death benefit is excluded.

**Terminal Illness**

A medical condition, which will result in the death of the Insured within 12 months or less from the date of the physician's statement.

**Termination.** This rider will stop on the earliest of the following:

- 1) whenever a benefit is paid;
- 2) the date any nonforfeiture option in the policy becomes effective;
- 3) when the policy to which this rider is attached is in default past the grace period;
- 4) on the date the Company receives a written request by the Owner to stop this rider;

**Consideration.** This rider is issued in consideration of the application. There is no charge for this rider prior to the time a benefit is paid under this rider.

This benefit is made available to the Owner on a voluntary basis. The Owner is not eligible for benefits under this rider if 1) required by law to use this option to meet the claims of creditors, whether in bankruptcy or otherwise; or 2) if required by a government agency to use this option in order to apply for, obtain, or keep a government benefit or entitlement.

**Issue Date.** The issue date of this rider is the issue date of the policy to which it is attached unless changed by endorsement.



\_\_\_\_\_  
Secretary

\_\_\_\_\_  
President

SERFF Tracking Number: RDWS-128335698 State: Arkansas  
 Filing Company: Universal Fidelity Life Insurance Co. State Tracking Number:  
 Company Tracking Number:  
 TOI: L071 Individual Life - Whole Sub-TOI: L071.301 Current Assumption - Fixed Premium - Single Life  
 Product Name: UFLIC SURVIVOR WL 05  
 Project Name/Number: /

## Supporting Document Schedules

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

|   | <b>Item Status:</b> | <b>Status Date:</b> |
|---|---------------------|---------------------|
| <b>Satisfied - Item:</b> Application<br><b>Comments:</b><br><b>Attachment:</b><br>SURVIVOR 10-10 AR (APP).pdf |                     |                     |

|  | <b>Item Status:</b> | <b>Status Date:</b> |
|--|---------------------|---------------------|
| <b>Satisfied - Item:</b> Life & Annuity - Actuarial Memo<br><b>Comments:</b><br><b>Attachment:</b><br>Actuarial Memo - Level.pdf |                     |                     |

|  | <b>Item Status:</b> | <b>Status Date:</b> |
|--|---------------------|---------------------|
| <b>Satisfied - Item:</b> Third Party Authorization<br><b>Comments:</b><br><b>Attachment:</b><br>Filing authorization.pdf |                     |                     |

|  | <b>Item Status:</b> | <b>Status Date:</b> |
|--|---------------------|---------------------|
| <b>Satisfied - Item:</b> Disclosure for terminal illness rider |                     |                     |



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> |
|--------------------|---------------------|
| SURVIVOR WL 05 AR  | 57.0                |
| TIR 05-AR          | 40                  |



May 4, 2012  
Date

Eddie Mire  
Rudd and Wisdom, Inc.

# Universal Fidelity Life Insurance Company

APP #:

## Application for Life Insurance (Please Print on Application)

Full Name of Applicant First \_\_\_\_\_ M.I. \_\_\_\_ Last \_\_\_\_\_

Residence Address \_\_\_\_\_  
Street Address City County State Zip Code

Telephone No. (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Social Security No. Other ID No. Sex Height Weight Age

Marital Status \_\_\_\_\_ Date of Birth \_\_\_\_\_ City of Birth \_\_\_\_\_ State of Birth \_\_\_\_\_

Owner (if other than insured) Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_ Social Security # \_\_\_\_\_  
Street address City State Zip Code

Beneficiaries Primary #1 \_\_\_\_\_ % Relationship \_\_\_\_\_  
 Primary #2 \_\_\_\_\_ % Relationship \_\_\_\_\_  
 Contingent \_\_\_\_\_ Relationship \_\_\_\_\_

Plan: Survivor WL  Survivor GDB  Face Amount \$ \_\_\_\_\_ Premium Collected \$ \_\_\_\_\_

Mode:  Monthly Bank Draft  Quarterly  Semi-Annual  Annual  Other \_\_\_\_\_

Requested Date of Bank Draft: \_\_\_\_\_ Automatic Premium Loan requested: YES  NO   
 (Agent Complete Only if Special Date Requested)

Settlement Option: \$ \_\_\_\_\_ in fixed income for \_\_\_\_\_ months, or \$ \_\_\_\_\_ Lump Sum

Send Premium Notices to:  Proposed Insured  Owner  Other \_\_\_\_\_

Do you have any existing insurance policies or annuity contracts?  Yes  No

Do you intend to replace any existing life insurance or annuity contract?  Yes  No If Yes, give details below

Company \_\_\_\_\_ Policy # \_\_\_\_\_ Amount of Coverage \_\_\_\_\_

Name of Primary Physician \_\_\_\_\_ City & State \_\_\_\_\_

1. Is the Proposed Insured currently: Hospitalized, confined to a wheel chair, bed or nursing facility?  YES  NO
2. Has a member of the medical profession ever diagnosed or treated the Proposed Insured for Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC)  YES  NO
3. Within the past 6 months has the Proposed Insured had a stroke, angina, heart attack, cardiac or circulatory surgery, or Diabetes (requiring insulin)?  YES  NO
4. Within the past 12 months has the Proposed Insured been diagnosed or treated for Internal Cancer or Melanoma  YES  NO

***If any answers to questions 1-4 are "YES", the Proposed Insured is not eligible for ANY coverage.***

5. Is the 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
6. During the past 12 months has the 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
7. During the past 12 months has the Proposed Insured had treatment/counseling for alcoholism/drugs?  YES  NO
8. During the past 24 months has the Proposed Insured been diagnosed, treated or hospitalized for: stroke, angina, heart attack or failure, cardiac or circulatory surgery, Internal Cancer or Melanoma?  YES  NO
9. During the past 24 months has the Proposed Insured had:
  - a. Dementia, neuro-muscular disease, Alzheimer's Disease or mental incapacity?  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

***If any of the answers to questions 5-9 are "YES", the Proposed Insured is eligible only for the Graded Death Benefit Plan applicable in your state. Would the Proposed Insured accept a Graded Death Benefit Plan?***

10. In the past 12 months has the Proposed Insured used tobacco in any form?  YES  NO

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.**

**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: PO Box 1428, Duncan, Oklahoma 73534. 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

Proposed Insured's Signature \_\_\_\_\_

Signature of Owner (if other than Proposed Insured) \_\_\_\_\_ Date \_\_\_\_\_

**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 No. \_\_\_\_\_ %

Date \_\_\_\_\_ Agent No. \_\_\_\_\_ %

**AUTHORIZATION TO HONOR CHECKS DRAWN BY  
UNIVERSAL FIDELITY LIFE INSURANCE COMPANY**

I hereby authorize Universal Fidelity Life Insurance Company, hereinafter called COMPANY, to initiate debit entries for my premiums to my account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U. S. law.

\_\_\_\_\_  
(Financial Institution Name)                      (Branch)

\_\_\_\_\_  
(Address)    (City/State)    (Zip)

\_\_\_\_\_  
(Routing Number)                                      (Account Number)

Type of Account      \_\_\_\_\_      Checking      \_\_\_\_\_      Savings

This authority is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

\_\_\_\_\_  
(Print Individual Name)                                      (Signature)

\_\_\_\_\_  
(Print Individual ID Number)                                      (Date)

**PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM!**

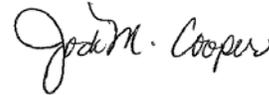
**BANK INDEMNIFICATION AGREEMENT**

To the bank addressed on the reverse side:

So that you may comply with your depositor's request this Company agrees:

1. To indemnify you and hold you harmless from any loss you may suffer as a consequence of your actions taken pursuant to your agreement to honor any check executed by this Company for the purpose of payment of insurance premiums.
2. That in the event any such check is dishonored, whether with or without cause, and whether intentionally or inadvertently, to indemnify you for any loss.
3. To defend at our own cost and expense any action brought against you by any depositor or other person because of your actions pursuant to this agreement.
4. To refund to you any amount erroneously paid to this Company on such check if claim is made within twelve months of the date of the check.

This agreement has been authorized in a resolution adopted by the Company's Board of Directors.



SECRETARY  
UNIVERSAL FIDELITY LIFE INSURANCE COMPANY

**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.



August 18, 2005

Re: Filing Authorization

To Whom It May Concern:

Please consider this letter as formal authorization for Eddie Mire of Rudd & Wisdom Inc., Consulting Actuaries, 9500 Arboretum Blvd., Suite 200, Austin, Texas 78759, to file policy forms on behalf of Universal Fidelity Life Insurance Company.

Sincerely,

A handwritten signature in black ink, appearing to read "M. A. McLemore".

Michael A. McLemore  
President

Michael A. McLemore, *President*  
2211 North Highway 81 • Duncan, Oklahoma 73533  
Toll Free: 800.366.8354 • Duncan: 580.470.2266 • OKC: 405.608.0174 x101 • Fax: 580.255.0951  
E-mail: [mmclemore@ufflic.com](mailto:mmclemore@ufflic.com)

# UNIVERSAL FIDELITY LIFE INSURANCE COMPANY

815 West Ash Ave., Duncan Oklahoma 73533 (580) 470-2287

## TERMINAL ILLNESS RIDER Accelerated Benefit - Disclosure

**Description of Benefit.** A benefit will be paid when a statement, acceptable to the Company and signed by a physician, is given which provides the physician's diagnosis of the Insured's medical condition and states with reasonable medical certainty, the medical condition will result in the death of the Insured within 12 months or less from the date of the physician's statement. This statement must take into consideration the ordinary and reasonable medical care, advice and treatment available in the same or similar communities

**Amount of Benefit.** The amount of accelerated benefit provided shall be the amount requested by the Owner. The benefit may be up to 100% of the then current policy face amount, subject to a maximum of \$100,000, *less*

- 1) an actuarial discount for 12 months' interest. The interest rate used in the calculation will be as declared by the Board of Directors. The rate will not be greater than 10%; and
- 2) any outstanding policy loan and loan interest due and unpaid, multiplied by the benefit ratio; and
- 3) any premium due and unpaid during a policy's grace period which applies to a period before the date of entitlement; and
- 4) an administrative expense charge as determined by the Company. This charge will not exceed \$100.

**Adjustments to the Policy.** After the payment of a benefit, the policy will be subject to the following adjustments, when applicable:

- 1) The face amount, guaranteed cash value, actual cash value and gross premium will be reduced by the benefit ratio times the respective amounts.
- 2) Any outstanding loan and loan interest will be reduced by the portion repaid by any benefit payment under this rider.
- 3) Any portion of the policy face amount remaining after payment of a benefit and related charges or interest will be paid upon the death of the insured subject to the terms and conditions of your policy.
- 4) If the benefit ratio is 100%, this policy will terminate. Gross premium includes any additional riders, policy fees and extra premium for special premium class. Future policy values will be calculated according to the methods described in the policy using the reduced amounts described above.

**Benefit Ratio** is the result of dividing (a) by (b) where: a) is the requested accelerated death benefit; and b) is the policy face amount.

**Physician** is an individual who is licensed to practice medicine and treat illness or injury in the state in which treatment is received. He must also be acting within the scope of that license. The term physician only refers to a physician licensed and currently practicing in the United States of America. Physician does not include:

- 1) the Insured; or
- 2) the Owner; or
- 3) a person who lives with the Insured or Owner; or
- 4) a person who is part of the Insured's or Owner's immediate family.

**Universal Fidelity Life Insurance Company**  
**Terminal Illness Accelerated Benefit Rider**  
**Effect of the Benefit Payment**

If the request for the Accelerated Benefit payment is approved and paid:

- The death benefit, the Policy's base premium, the cash value, and any Policy loans will be reduced on a prorata basis.
- It may affect your eligibility for Medicaid and other government benefits.
- The payment will have the following effect on provisions of the policy:

|   | <b><u>Before Accelerated<br/>Benefit Payment</u></b> | <b><u>After Accelerated<br/>Benefit Payment</u></b> |
|---|--|---|
| Insured:  | Name   |   |
| Policy No.  | 000000   | 000000  |
| Death Benefit   | \$50,000   | \$25,000  |
| Annual Base Premium for Policy:<br><i>(exclusive of \$25.00 Policy Fee)</i> | \$102.50   | \$51.25   |
| Cash Value:   | None   | None  |
| Policy Loan:  | None   | None  |
| Accelerated Benefit Requested   | \$25,000.00  | <i>No longer in force</i>                           |
| <i>Less interest discount at 10%</i>  | \$2,272.73   |   |
| <i>Less Administrative Charge</i>   | \$100.00   |   |
| <i>Net Payment</i>  | \$22,627.27  |   |
| Annual Premium for Rider:   | None   | <i>No longer in force</i>                           |
| Receipt Acknowledged  |  |   |

\_\_\_\_\_

Policyowner

\_\_\_\_\_

Date

I am the irrevocable beneficiary/assignee (circle one) of the above policy. I concur in and consent to the payment of the accelerated benefit in accordance with the terms of the above referenced Policy and Terminal Illness Rider.

\_\_\_\_\_

Irrevocable Beneficiary/Assignee

\_\_\_\_\_

Date

# 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.

May 11, 2012

Arkansas Insurance Department

Re: RDWS-128335698  
Universal Fidelity Life Insurance Co.  
Form No. SURVIVOR WL 05 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.



May 11, 2012

Date

Edward Mire

SERFF Tracking Number: RDWS-128335698 State: Arkansas  
 Filing Company: Universal Fidelity Life Insurance Co. State Tracking Number:  
 Company Tracking Number:  
 TOI: L071 Individual Life - Whole Sub-TOI: L071.301 Current Assumption - Fixed Premium -  
 Single Life  
 Product Name: UFLIC SURVIVOR WL 05  
 Project Name/Number: /

## Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

| Creation Date: | Schedule | Schedule Item Name | Replacement<br>Creation Date | Attached Document(s)               |
|----------------|----------|--------------------|------------------------------|------------------------------------|
| 05/04/2012     | Form     | Whole Life Policy  | 05/24/2012                   | SURVIVORWL05AR.pdf<br>(Superseded) |

**Universal Fidelity Life Insurance Company**  
**OLD LINE LEGAL RESERVE STOCK CO.**  
**815 West Ash Avenue**  
**DUNCAN, OKLAHOMA 73533**

Universal Fidelity Life Insurance Company agrees:

- To pay the proceeds to the Beneficiary if the Insured dies while this policy is in force; and
- To provide the Owner with the other rights and benefits of this policy.

These agreements are subject to the provisions of this policy.

This policy is a legal contract between you, the Owner, and us, Universal Fidelity Life Insurance Company. As with any other contract, you should **READ THIS POLICY CAREFULLY**.

**THIRTY DAYS TO EXAMINE CONTRACT.** If you are not satisfied with this policy for any reason, you may return the policy to us or to our authorized agent within 30 days after you receive it. If you do so, we will cancel this policy and refund the premium that was paid. If all money is not returned within 30 days, the Company will pay interest on the proceeds as required by the laws of the state in which the policy is issued.

**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.**

Signed for Universal Fidelity Life Insurance Company at Duncan, Oklahoma.



Secretary



President

WHOLE LIFE INSURANCE POLICY  
INSURANCE PAYABLE AT DEATH OF INSURED  
PREMIUMS PAYABLE FOR LIFE  
NONPARTICIPATING

## POLICY INDEX

|  |  |
|--|--|
| BASIS OF VALUES .....Page 7<br>BENEFIT SCHEDULE .....Page 3<br>CONVERSION PRIVILEGE .....Page 7<br>DEFINITIONS.....Page 2<br>GUARANTEED VALUES.....Page 4<br>LOAN PROVISIONS .....Page 6<br>PREMIUM SCHEDULE .....Page 3 | GENERAL PROVISIONS ..... Page 5<br>Assignment, Change of Beneficiary, Grace<br>Period, Incontestability, Incorrect Age or<br>Sex, Ownership, Premium Payments,<br>Settlement and Indebtedness, Reinstatement,<br>Suicide Limitation<br>SETTLEMENT OPTIONS ..... Page 8 |
|--|--|

Copy of application and any rider benefits follow Page 8.

### DEFINITIONS

**“WE”, “US” AND “OUR”** - UNIVERSAL FIDELITY LIFE INSURANCE COMPANY

**“YOU” AND “YOUR”** - The Owner of the policy.

**“OWNER”** - The person named in the application as Owner.

**“INSURED”** - The person whose life is insured by the policy.

**“FACE AMOUNT”** - The amount shown on Page 3.

**“AGE”** - The age, as of the nearest birthday, of the Insured.

**“PROCEEDS”** - The amount of benefits payable to the Beneficiary at the death of the Insured. The amount will be less than the death benefit if there is a policy loan or a past due premium. It will be more if any riders are attached which have payable death benefits.

**“IN WRITING”** - In a written form, satisfactory to us, which we receive at our Home Office in Duncan, Oklahoma.

**“BENEFICIARY”** - The person or persons to receive the death benefit of the policy.

**“POLICY YEAR”** - A year measured from the month and day of the Policy Date.

**“DEBT AND INDEBTEDNESS”** - The amount owed on the policy, if any, plus accrued interest.

UNIVERSAL FIDELITY LIFE INSURANCE COMPANY

DESCRIPTION OF BENEFITS

FORM:

BENEFIT:

SURVIVOR WL 05-AZ  
TIR 05-AZ

WHOLE LIFE INSURANCE  
TERMINAL ILLNESS RIDER

PREMIUM SCHEDULE

| FORM           | ANNUAL   | SEMI ANNUAL | QUARTERLY | MONTHLY BILL | MONTHLY DRAFT | PREMIUM PERIOD | EXPIRY DATE |
|----------------|----------|-------------|-----------|--------------|---------------|----------------|-------------|
| SURVIVOR WL 05 | \$243.70 | \$126.72    | \$64.58   | \$21.93      | \$20.71       | Life           | None        |
| POLFEE         | 25.00    | 13.00       | 6.62      | 2.25         | 2.12          |                |             |
| TIR 05         | .00      | .00         | .00       | .00          | .00           |                |             |
| Total          | \$268.70 | \$239.72    | \$71.20   | \$24.18      | \$22.83       |                |             |

INSURED:

AGE AND SEX: 45 Male

POLICY DATE: 9/01/2005

POLICY NUMBER: 0004799480

CLASS: Non-Smoker

FACE AMOUNT: \$10,000.00

INSURANCE PAYABLE UPON DEATH  
PREMIUMS PAYABLE FOR LIFE  
NON-PARTICIPATING

**INSURED:**  
**BENEFIT:**      **WHOLE LIFE INSURANCE**

**POLICY NUMBER:**      0004799480  
**POLICY DATE:**        9/1/2005

**TABLE OF VALUES**  
**GUARANTEED VALUES PER \$1,000 OF INSURANCE**

| Policy Year | Cash Value | Paid Up Insurance | Extended Term |      |
|-------------|------------|-------------------|---------------|------|
|             |            |                   | Years         | Days |
| 1           | .00        | .00               | 0             | 0    |
| 2           | .00        | .00               | 0             | 0    |
| 3           | 11.00      | 45.00             | 3             | 271  |
| 4           | 24.00      | 93.00             | 6             | 350  |
| 5           | 38.00      | 141.00            | 9             | 132  |
| 6           | 53.00      | 189.00            | 11            | 109  |
| 7           | 68.00      | 233.00            | 12            | 237  |
| 8           | 83.00      | 274.00            | 13            | 235  |
| 9           | 99.00      | 314.00            | 14            | 191  |
| 10          | 115.00     | 351.00            | 15            | 76   |
| 11          | 132.00     | 388.00            | 15            | 298  |
| 12          | 149.00     | 422.00            | 16            | 86   |
| 13          | 166.00     | 454.00            | 16            | 186  |
| 14          | 184.00     | 485.00            | 16            | 268  |
| 15          | 202.00     | 513.00            | 16            | 310  |
| 16          | 221.00     | 542.00            | 16            | 342  |
| 17          | 240.00     | 569.00            | 16            | 342  |
| 18          | 259.00     | 594.00            | 16            | 315  |
| 19          | 278.00     | 617.00            | 16            | 267  |
| 20          | 297.00     | 638.00            | 16            | 200  |
| Age 60      | 202.00     | 513.00            | 16            | 310  |
| Age 62      | 240.00     | 569.00            | 16            | 342  |
| Age 65      | 297.00     | 638.00            | 16            | 200  |

The values above are for a policy with no outstanding loan balance.  
The value for any year not shown will be furnished on request.

Reserves are calculated by the Commissioner's Reserve Valuation Method.  
Annual interest rate for reserve calculations is 4.00%.  
Annual interest rate for nonforfeiture calculations is 5.00%.  
Annual interest rate for policy loans is 7.40%, paid in advance.  
Annual interest rate for reinstatement is 6.00%.

## **GENERAL PROVISIONS**

### **THE CONTRACT**

The contract consists of this policy, a copy of the application, and any papers attached. You applied for it. We issued it. All statements made in the application, except for material misstatements, are considered based on your present knowledge and belief. They are representations and not warranties. No statement may be used to void this policy or be used in defense of a claim unless it is in the application.

The policy may be changed only in writing and only if you and we agree. The agreement must be signed by our President or Secretary. No agent or other person may change or waive any provision.

### **OWNERSHIP**

You have control of the policy while the Insured is alive. If the policy is assigned, your control may be limited. Naming an irrevocable Beneficiary may also limit your control.

You may appoint a new owner if you notify us in writing. The change will take place the date you sign the notice. This is true even if the Insured dies before we receive it. The change will not affect anything we did before we received the notice.

### **CHANGE OF BENEFICIARY**

You may change the Beneficiary if you notify us in writing. Any irrevocable Beneficiary must agree in writing to that change. You may not have this right if the policy is assigned.

### **INCORRECT AGE OR SEX**

If the Insured's age or sex has been misstated in the application, any amount we pay will be as the premiums paid would have purchased at the correct age and sex.

### **ASSIGNMENT**

You may assign or transfer your rights in this policy. The transfer will take effect when we receive notice of it in writing. We will record it but will not be responsible for its validity or effect.

### **INCONTESTABILITY**

We cannot contest this policy after it has been in force during the lifetime of the Insured for two years from the Policy Date except for non-payment of premiums. This paragraph does not apply to any disability or accidental death rider.

### **SUICIDE LIMITATION**

If the Insured dies by suicide within two years after the Policy Date, we will pay no more than an amount equal to the sum of all premiums paid. This is true whether the Insured was sane or insane.

### **SETTLEMENT AND INDEBTEDNESS**

Settlement shall be made upon receipt of due proof of death. Any amount that we pay is payable at our Home Office. In any settlement, we will first deduct any debt on the policy.

### **PREMIUM PAYMENTS**

All premiums must be paid in advance. They may be paid to our agent or to our Home Office. The agent will give you a receipt. It will be signed by our President or Secretary or by the agent.

You may change the mode of payment. The available modes and their corresponding premiums are shown on Page 3.

### **GRACE PERIOD**

We allow 31 days for the payment of any premium. This is called the Grace Period. It starts the day the premium is due. The policy is in force during the Grace Period. If the Insured dies during the Grace

Period, we will deduct the past due premium from any amount we owe. If the premium is not paid before the end of the Grace Period, this policy may lapse. It will not lapse if a Nonforfeiture Provision is able to keep it or part of it in force.

### **REINSTATEMENT**

If this policy has lapsed or is in force under a Nonforfeiture Benefit, you may put it back in full force if the last premium paid was within the previous five years. Two things must happen before the policy will be reinstated: (1) We must be satisfied that the Insured is still insurable; and (2) All past due premiums must be paid, with interest from their due dates. The interest rate is shown on Page 4.

We cannot contest a reinstated policy after it has been in force during the lifetime of the Insured for two years from the date of reinstatement except for non-payment of premiums. Any contest to a reinstated policy will be based on material misstatements made in the application for reinstatement.

### **GUARANTEED VALUES**

A TABLE OF VALUES is on Page 4. These are guaranteed values at the end of the policy year if all premiums due have been paid. Any debt will reduce the values.

A CASH SURRENDER VALUE will be paid to you if you surrender this policy within 60 days after the due date of any unpaid premium and during the lifetime of the Insured. The amount will be the Cash Value less any debt as of the due date of the unpaid premium. Values on dates between policy anniversaries will be determined with allowances made for the fractional part of the premium paid for that policy year. We have the right to defer payment of the Cash Surrender Value for up to six months.

NONFORFEITURE BENEFITS are available if a premium is not paid when due. You may choose one of these options if the policy then has Cash Value. Do this in writing no later than 60 days after the premium due date. If you do not, the Automatic Option takes effect.

*Cash Value* – You may surrender the policy and we will pay you its Cash Value less any debt

*Paid-Up Insurance* – The policy may be continued for a reduced amount of nonparticipating insurance. The amount will be what the Cash Value, less any debt, will provide when applied as a net single premium at the attained age of the Insured.

*Extended Term Insurance* – The policy may be continued as nonparticipating extended term insurance. The amount will be the Face Amount less any debt. The insurance will continue for the period that the Cash Value, less any debt, will purchase when applied as a net single premium at the attained age of the Insured.

An automatic option will apply if you do not choose a Nonforfeiture Benefit. This is the Extended Term Insurance option. You may select another option if it is done in writing within 60 days after the due date of the unpaid premium.

If the policy is being continued as Paid-Up or Extended Term insurance, it may be surrendered for its cash value. The cash value is the net single premium for the insurance at the Insured's attained age on the surrender date. If surrendered within 30 days after any annual anniversary of the Policy Date, the value will be found as of that anniversary date.

### **LOAN PROVISIONS**

A POLICY LOAN will be made to you if the policy is not under the Extended Term nonforfeiture option. The loan may not be more than the Cash Value at the end of the Policy Year in which you made the loan.

The Cash Value is first reduced by any existing debt and by any premiums due until the end of the Policy Year. Unless the Policy Loan is to make premium payments on this policy, we have the right to defer payment of the Loan for up to six months. The security for such loan will be this policy and its assignment to us.

LOAN INTEREST is paid in advance. The interest rate is shown on Page 4. The first interest due date is the date of the loan. After that, interest due dates are the annual anniversaries of the Policy Date. If interest is not paid when due, it will be added to the loan and will draw interest at the same rate. If the total debt becomes more than the Cash Value, the policy will terminate and have no value. This will happen 31 days after we have mailed notice to you and to any assignee at the last known addresses.

AUTOMATIC PREMIUM LOAN. This provision will be effective if you request it in Writing before the end of the Grace Period. If any premium on this policy is not paid on or before the due date or within the Grace Period, the Company will charge such premium with interest as shown on Page 4, from the due date of such premium to the end of the current policy year, as a loan against the policy, provided that the loan value of the policy is sufficient. If the loan value is not sufficient to cover the premium for one or more months, then such fractional premium shall be charged as a loan. Any premium or premiums so charged against the loan value of this policy shall be considered as a loan upon the policy and shall be subject to the same terms and conditions as any loan made in accordance with the Loan Provisions. The request for automatic loans may be canceled by you at any time by notice in writing.

### **CONVERSION PRIVILEGE**

You may want to exchange this policy for another one we offer. We may allow this if the policy is in force and the Insured is insurable. You must request it in writing and we must agree. We will determine any additional costs.

### **BASIS OF VALUES**

We use the Commissioner's 2001 Standard Mortality Table, Male and Female, Smoker/Nonsmoker, with the interest rate shown on Page 4. We assume that deaths occur at the end of the Policy Year. We use the Insured's age as of last birthday.

The Cash Values are calculated by the Standard Nonforfeiture Value Method. We use the Nonforfeiture interest rate shown on Page 4. No value is less than that required by law. Reserves are calculated according to the Commissioner's Reserve Valuation Method, assuming the interest rate shown on page 4. We have filed a statement with the insurance officials of the state where this policy was delivered. That statement contains the method of calculation.

### **SETTLEMENT OPTIONS**

If a settlement option is not chosen, we will pay the Proceeds in a single sum. Proceeds will be paid within two months of the date we receive due proof of the Insured's death. You must decide before the Insured dies. If you do not, the Beneficiary may choose an option. The choice must be in writing and made before any proceeds are paid.

Proceeds to be applied must be at least \$2500. Payments may be in annual, semi-annual, quarterly or monthly installments. All payments must be at least \$25.

Payments must be to a natural person. If not, we must first consent. Payments will not be paid before they are due.

No part of the Proceeds or any payment will be subject to the claims of creditors, nor to legal process. These things are true to the extent allowed by law.

Options 1, 2, 3 and 4 are based on 3% annual interest. We may pay more than this. No excess interest will be paid under Option 2 after the guaranteed period, nor under Option 5.

The first payment under Options 1, 2, 4 and 5 will be payable immediately. The first payment under Option 3 will be payable at the end of the first payment period.

**OPTION 1—FIXED PERIOD**

Payments will be for a specified period. The amount of each payment can be determined from the OPTION 1 TABLE.

**OPTION 2—LIFE INCOME WITH GUARANTEED PERIOD**

Payments will be for an amount based on the age, last birthday, and sex of the payee. Payments will be made for the selected guaranteed period and as long after as the payee lives. We may require proof of the payee’s age and sex before making any payment. We may also require proof of the payee’s survival.

**OPTION 3—INTEREST**

We will hold the Proceeds for a specified period. During that time, we will either pay or accumulate the interest on the Proceeds. The payee may withdraw the Proceeds, with any accrued interest, at any time. Partial withdrawal may be made only with our consent.

**OPTION 4—FIXED AMOUNT**

Payments will be for a specified amount. They will be made until the Proceeds and interest are exhausted.

**OPTION 5—SPECIAL ANNUITY**

Payments will be as provided by any Single Premium Immediate Annuity we issue on the date the Proceeds become payable. Payments will be 3% more than the Annuity payments. They will be adjusted so that the first payment is payable immediately.

**OPTION 1—TABLE**

| <b>Years</b> | <b>Payment</b> |
|--------------|----------------|--------------|----------------|--------------|----------------|--------------|----------------|--------------|----------------|
| 1            | 84.47          | 6            | 15.14          | 11           | 8.86           | 16           | 6.53           | 21           | 5.32           |
| 2            | 42.86          | 7            | 13.16          | 12           | 8.24           | 17           | 6.23           | 22           | 5.15           |
| 3            | 28.99          | 8            | 11.68          | 13           | 7.71           | 18           | 5.96           | 23           | 4.99           |
| 4            | 22.06          | 9            | 10.53          | 14           | 7.26           | 19           | 5.73           | 24           | 4.84           |
| 5            | 17.91          | 10           | 9.61           | 15           | 6.87           | 20           | 5.51           | 25           | 4.71           |

WHOLE LIFE INSURANCE POLICY  
INSURANCE PAYABLE AT DEATH OF INSURED  
PREMIUMS PAYABLE FOR LIFE  
NONPARTICIPATING