

SERFF Tracking Number: AEGB-125675883 State: Arkansas
Filing Company: Western Reserve Life Assurance Co. of Ohio State Tracking Number: 39391
Company Tracking Number: VL22AR
TOI: L06I Individual Life - Variable Sub-TOI: L06I.002 Single Life - Flexible Premium
Product Name: Flexible Premium Variable Life Insurance Policy et al
Project Name/Number: VL22AR et al/VL22AR et al

Filing at a Glance

Company: Western Reserve Life Assurance Co. of Ohio

Product Name: Flexible Premium Variable Life SERFF Tr Num: AEGB-125675883 State: ArkansasLH

Insurance Policy et al

TOI: L06I Individual Life - Variable

SERFF Status: Closed

State Tr Num: 39391

Sub-TOI: L06I.002 Single Life - Flexible
Premium

Co Tr Num: VL22AR

State Status: Approved-Closed

Filing Type: Form

Co Status:

Reviewer(s): Linda Bird

Author: Joanne Nolte

Disposition Date: 06/26/2008

Date Submitted: 06/23/2008

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: VL22AR et al

Status of Filing in Domicile: Pending

Project Number: VL22AR et al

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: Concurrently
Submitted

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 06/26/2008

State Status Changed: 06/26/2008

Deemer Date:

Corresponding Filing Tracking Number: VL22AR

Filing Description:

VL22AR- Flexible Premium Variable Life Insurance Policy

U000312 - Application

Commissioner of Insurance

Arkansas Department of Insurance

SERFF Tracking Number: AEGB-125675883 *State:* Arkansas
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Compliance - Life/Health

1200 West Third Street
Little Rock, AR 72201-1904

RE: Western Reserve Life Assurance Co. of Ohio
NAIC #: 468-91413
FEIN #: 43-1162657
Forms: VL22AR- Flexible Premium Variable Life Insurance Policy
U000312 - Application

Dear Sir/Madam:

Enclosed please find copies of the above referenced forms. These are new forms and are not intended to replace any forms previously approved by your Department. These forms have been submitted in final printed form in which they will be distributed to the Insureds. These forms are subject to only minor modifications in paper size and stock, ink, border, Company logo, Company address, adaptation to computer printing, and Officer's signatures.

Flexible Premium Variable Life Insurance Policy - The enclosed policy form is a single life flexible premium variable life insurance policy that is issued pursuant to the guideline premium life insurance compliance test. The issue age is based on age nearest birthday for ages 0-85. The minimum specified amount (i.e. face amount) for this policy is \$50,000. There are three death benefit options available under this policy. This policy has a maturity date, which is the anniversary nearest in the insured's 100th birthday. However, the maturity date may be extended as provided in the Extension of Maturity Date provision in the policy. This policy features a no lapse guarantee based on the insured's age on the policy date: (1) 20 years for issue ages 0-45; (2) to age 65 for issue age 46-60; and (3) five years for issue ages 61 and older.

The policy form has been developed in compliance with the NAIC Variable Life Insurance Regulation, regulations adopted in your State, and regulations adopted by the Securities and Exchange Commission to regulate flexible premium variable life insurance policies. We have enclosed the actuarial memorandum and supporting documentation.

Application for Insurance – The proposed owner will use this form to apply for the coverage provided under the policy.

SERFF Tracking Number: AEGB-125675883 State: Arkansas
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Company Tracking Number: VL22AR
TOI: L061 Individual Life - Variable Sub-TOI: L061.002 Single Life - Flexible Premium
Product Name: Flexible Premium Variable Life Insurance Policy et al
Project Name/Number: VL22AR et al/VL22AR et al

WRL uses technology that provides a robust online signature solution, including allowing agents to collect owners and insured's electronic signatures. "The electronic application and signature process is only available to those who specifically consent to do business with WRL electronically, and at any time, such consent can be revoked and the applicant can return to a hard copy application process.

The solution consists of an online module, integrated with the platform that allows users to pull up an electronic version of the filed and approved application, review its content, view all signature required associated with the document, and if there is no change or correction to the document as presented, apply an electronic signature for each signature required. Each signature will be captured separately. The E-Signature solution generates all of the documents for one application in separate documents, and each document contains its own metadata that is locked and bound after the signing ceremony is complete. If any document is changed during the course of the signing ceremony, any signatures captured for such document are effectively revoked, and the document must be resigned completely. Once the application is submitted to the carrier it can never be changed and is held at the carrier in a locked down status.

All processes used will comply with the Uniform Electronic Transactions Act, and to the extent applicable, the Federal ESIGN Act.

If you have any questions or if you need any additional information in order to complete your review, please do not hesitate to contact me. Thank you in advance for your time and attention.

Sincerely,
WESTERN RESERVE LIFE ASSURANCE CO. OF OHIO

Joanne D. Nolte
Policy Analyst
Contract Development

Company and Contact

Filing Contact Information

Joanne Nolte, Analyst

jnolte@aegonusa.com

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Project Name/Number: VL22AR et al/VL22AR et al

4333 Edgewood Rd. NE (319) 355-7494 [Phone]
Cedar Rapids, IA 52499 (319) 355-2501[FAX]

Filing Company Information

Western Reserve Life Assurance Co. of Ohio CoCode: 91413 State of Domicile: Ohio
4333 Edgewood Road NE Group Code: 468 Company Type:
Cedar Rapids, IA 52499 Group Name: State ID Number:
(319) 398-7888 ext. [Phone] FEIN Number: 43-1162657

SERFF Tracking Number: AEGB-125675883 State: Arkansas
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Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: \$50 per policy and associated forms
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Western Reserve Life Assurance Co. of Ohio	\$50.00	06/23/2008	21046438

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	06/26/2008	06/26/2008

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Disposition

Disposition Date: 06/26/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Cover Letter		Yes
Form	Flexible Premium Variable Life Insurance Policy		Yes
Form	Application		Yes

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Form Schedule

Lead Form Number: VL22AR

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	VL22AR	Policy/Cont Flexible Premium ract/Fratern Variable Life al Insurance Policy Certificate	Initial		51	VL22AR.pdf
	U000312	Application/ Application Enrollment Form	Initial		50	U000312.pdf

WESTERN RESERVE LIFE ASSURANCE CO. OF OHIO
(A STOCK COMPANY)

Home Office: Columbus, Ohio
Administrative Office:
[P.O. Box 5068
Clearwater, FL 33758]

IN THIS POLICY, the Primary Insured is named on the Policy Schedule pages. Western Reserve Life Assurance Co. of Ohio will be referred to as We, Our or Us.

IF THE PRIMARY INSURED DIES while this Policy is In Force, WE WILL PAY the Death Benefit Proceeds to the Beneficiary upon receipt of due proof of the Primary Insured's death. **THE AMOUNT OF THE DEATH BENEFIT PROCEEDS WILL INCREASE OR DECREASE DEPENDING ON THE INVESTMENT EXPERIENCE OF THE SUBACCOUNTS IN THE SEPARATE ACCOUNT AND ON THE DEATH BENEFIT OPTION SELECTED AS DESCRIBED IN THE DEATH BENEFIT PROVISIONS.** If the Primary Insured is alive on the Maturity Date and this Policy is In Force, WE WILL PAY the Net Surrender Value as of the Maturity Date. **CASH VALUES WILL INCREASE OR DECREASE IN ACCORDANCE WITH THE POLICY VALUE PROVISIONS AND THE INVESTMENT EXPERIENCE OF THE SUBACCOUNTS IN THE SEPARATE ACCOUNT. CASH VALUES ARE NOT GUARANTEED AS TO DOLLAR AMOUNT.**

THE PROVISIONS on the following pages are part of this Policy. This Policy is a legal contract between the Owner and Us. If the Owner chooses to exercise any of the rights of this Policy, it may result in termination of the benefits provided under certain Riders. **READ THE POLICY CAREFULLY.**

IN WITNESS WHEREOF, We have signed this Policy at Our Administrative Office in [Clearwater, Florida] as of the Policy Date.



Secretary



President

RIGHT TO EXAMINE POLICY

The Owner may cancel this Policy by returning it to Us at [4333 Edgewood Road NE, Cedar Rapids, IA 52499] or to the representative through whom it was purchased within ten (10) days after receipt. If the Policy is returned within this period, it will be void from the beginning and a refund will be made to the Owner. The refund will equal the total of all premiums paid for this Policy.

Flexible Premium Variable Life Insurance Policy
Death Benefit Proceeds Payable at Death of Primary Insured Prior to Maturity Date
Net Surrender Value Payable at Maturity Date
Flexible Premiums Payable During Lifetime of Primary Insured Until Maturity Date
Non-Participating -- No Dividends
Some Benefits Reflect Investment Results

POLICY GUIDE

Policy Schedule	3	Protection of Proceeds.....	11
Glossary	5	Death Benefit Provisions	11
Accounts	5	Death Benefit	11
Administrative Office	5	Specified Amount	11
Amount at Risk	5	Option Type	11
Anniversary	5	Compliance with Federal Tax Code.....	12
Attained Age	5	Limitation Percentage	12
Base Policy	5	Changes	13
Beneficiary	5	Death Benefit Proceeds.....	14
Cash Value.....	5	Interest on Death Benefit Proceeds.....	14
Death Benefit Proceeds	5	Premium Provisions	14
Fixed Account	5	Payment	14
Funds	5	Premiums.....	14
In Force	5	Grace Period	14
Initial Premium	5	No Lapse Guarantee	15
Internal Revenue Code	5	Reinstatement	15
Issue Age.....	6	Separate Account Provisions	16
Lapse	6	The Separate Account	16
Mailing Office	6	Subaccounts	16
Maturity Date	6	Market Timing	16
Minimum Monthly Guarantee Premium	6	Transfers	17
Monthiversary.....	6	Changes	17
Monthly Deduction	6	Unit Value.....	18
Mortality and Expense Risk Charge	6	Fixed Account Provisions	18
Net Premium.....	6	Fixed Account	18
Net Surrender Value	6	Fixed Account Interest Rate	18
No Lapse Date	6	Transfers	19
No Lapse Guarantee	6	Policy Value Provisions	19
Planned Premium.....	7	Net Premium	19
Policy Date.....	7	Allocation of Net Premiums	19
Reallocation Account	7	Monthly Deductions	19
Reallocation Date	7	Recovery of Monthly Deductions.....	20
Record Date	7	Monthly Policy Charge	20
Reinstatement.....	7	Monthly Cost of Insurance	20
Rider	7	Monthly Cost of Insurance Rates	21
SEC.....	7	Subaccount Value	21
Separate Account.....	7	Fixed Account Value	21
Subaccount	7	Cash Value	21
Surrender	7	Surrender.....	21
Termination	7	Net Surrender Value	22
Valuation Date	8	Withdrawals.....	22
Valuation Period.....	8	Continuation of Insurance	22
Written Notice	8	Insufficient Value	22
General Provisions	8	Basis of Computations.....	22
The Policy	8	Policy Loans.....	23
Ownership	8	Settlement Options	23
Beneficiary	9	Effective Date and First Payment Due.....	23
Assignment	9	Betterment of Monthly Annuity.....	23
Extended Maturity Date.....	9	Availability	24
Incontestability	10	Age.....	24
Suicide.....	10	Proof of Age and Sex	24
Issue Age and Sex.....	10	Proof of Survival.....	24
Annual Report.....	10	Interest.....	24
Termination	10	Table of Optional Methods of Settlement	25
Policy Payment	11		
Conversion Rights	11		

Western Reserve Life Assurance Co. of Ohio
Office: [Clearwater, Florida]

Policy Schedule

Policy Number:	[0123456789]	Policy Date:	[February 01, 2008]
Primary Insured:	[John Doe]	Record Date:	[February 01, 2008]
Issue Age And Sex:	[35 - Male]	Reallocation Date:	[February 16, 2008]
Specified Amount:	[\$[50,000.00]	No Lapse Date:	[February 01, 2028]
Option Type:	[A]	Maturity Date:	[February 01, 2073]
Planned Premium:	[\$[600.00]	Minimum Monthly Guarantee Premium:	[\$[16.17]
Payment Frequency:	[Annually]		
Initial Premium:	[\$[600.00]		
Rate Class:	[Select]		
Rate Band:	[Band 1]		

Minimum Specified Amount:

Band 1:	\$ 50,000.00
Band 2:	\$ 250,000.00
Band 3:	\$ 500,000.00
Band 4:	\$1,000,000.00

Separate Account Provisions

Separate Account:	[WRL Series Life Account]
Mortality and Expense Risk Charge:	
Policy Years 1-15:	1.50% (Annually)
Policy Years 16+:	
Current:	[.30]% (Annually)
Guaranteed:	1.50% (Annually)
Reallocation Account:	Fixed Account

Policy Value Provisions

[Monthly Policy Charge:]	
	Current:		\$[7.00]
	Guaranteed:		\$ 12.00
Fixed Account Value Limit:	[\$5,000.00-\$250,000.00]		

Western Reserve Life Assurance Co. of Ohio
Office: [Clearwater, Florida]

Rider Information

Policy Number: [0123456789]

Monthly Deduction

[None]

The Monthly Deductions shown above are applicable for the first policy month. For Monthly Deductions after the first policy month, refer to the Rider form.

Western Reserve Life Assurance Co. of Ohio
Office: [Clearwater, Florida]

Policy Schedule

Policy Number: [0123456789]

Table of Guaranteed Maximum Life Insurance Rates Per \$1,000

Guaranteed Rate Basis for Initial Specified Amount on Primary Insured
Commissioners 2001 Standard Ordinary Tobacco or Non-Tobacco Mortality Table

[John Doe]
[Male Lives]
[Select]

Attained Age	Monthly Rate	Attained Age	Monthly Rate
35	0.09083	74	3.02250
36	0.09583	75	3.33583
37	0.10000	76	3.67750
38	0.10750	77	4.07416
39	0.11416	78	4.53750
40	0.12166	79	5.07250
41	0.13166	80	5.65583
42	0.14416	81	6.32000
43	0.15833	82	7.01166
44	0.17500	83	7.75750
45	0.19416	84	8.58333
46	0.21250	85	9.50583
47	0.23250	86	10.52833
48	0.24416	87	11.64500
49	0.25750	88	12.84166
50	0.27666	89	14.10416
51	0.29916	90	15.42166
52	0.33000	91	16.66083
53	0.36333	92	17.95250
54	0.40583	93	19.31500
55	0.45833	94	20.75416
56	0.51166	95	22.26583
57	0.56916	96	23.64916
58	0.61833	97	25.12416
59	0.67500	98	26.69833
60	0.74333	99	28.37833
61	0.82666		
62	0.92833		
63	1.04250		
64	1.16250		
65	1.28916		
66	1.41750		
67	1.54750		
68	1.68750		
69	1.83250		
70	2.00833		
71	2.20500		
72	2.46333		
73	2.73583		

GLOSSARY

Accounts	Allocation options including the Fixed Account and the Subaccounts of the Separate Account.
Administrative Office	Our office located in [Clearwater, Florida].
Amount at Risk	The death benefit, as described in the Death Benefit Provisions, divided by 1.0024663, less the Cash Value of the Policy.
Anniversary	The same day and month as the Policy Date for each succeeding year the Policy remains In Force.
Attained Age	Attained Age refers to the Primary Insured's Issue Age plus the number of completed policy years.
Base Policy	The Policy excluding any attached Riders.
Beneficiary	The person or persons specified by the Owner to receive the Death Benefit Proceeds upon the Primary Insured's death.
Cash Value	At the end of any Valuation Period, the Cash Value of the Policy is equal to the sum of the Subaccount Values plus the Fixed Account value.
Death Benefit Proceeds	The amount payable upon the death of the Primary Insured in accordance with the Death Benefit Provisions.
Fixed Account	An allocation option other than the Separate Account. The Fixed Account is part of Our general account. The portion of the Cash Value in the Fixed Account will earn interest as described in the Fixed Account Provisions.
Funds	Designated mutual fund(s) registered with the SEC as investment companies under the Investment Company Act of 1940. Each Subaccount invests Net Premiums allocated to the Subaccount in a corresponding portfolio of a Fund.
In Force	Condition under which the coverage under the Policy or Rider, if any, is active.
Initial Premium	The amount which must be paid before coverage begins. The amount is shown on the Policy Schedule pages.
Internal Revenue Code	The Internal Revenue Code of 1986, as amended.

Issue Age	Issue Age refers to the Primary Insured's Age on his/her birthday nearest the Policy Date.
Lapse	Termination of the Policy at the end of the grace period.
Mailing Office	Our office located at [4333 Edgewood Road NE, Cedar Rapids, Iowa 52499].
Maturity Date	The Anniversary nearest the Primary Insured's 100th birthday on which coverage under the Policy will terminate if the Primary Insured is living and the Policy is In Force. The Maturity Date may be extended as provided in the Extension of Maturity Date section of the General Provisions.
Minimum Monthly Guarantee Premium	The Minimum Monthly Guarantee Premium for the first month is shown on the Policy Schedule pages. The cumulative Minimum Monthly Guarantee Premium is used by Us to determine whether a grace period will begin.
Monthiversary	The day of each month coinciding with the Policy Date. If there is no day in a calendar month which coincides with the Policy Date, the Monthiversary will be the first day of the next month.
Monthly Deduction	Set of charges We deduct from the Policy's Cash Value on each Monthiversary.
Mortality and Expense Risk Charge	A daily deduction from each Subaccount that is taken before determining the unit value of that Subaccount.
Net Premium	The portion of the premium available for allocation as set forth in the Policy Value Provisions.
Net Surrender Value	The amount payable upon Surrender in accordance with the Policy Value Provisions.
No Lapse Date	The date, as set forth on the Policy Schedule pages, prior to which the Policy will not lapse if certain conditions are met, even though the Net Surrender Value is insufficient to meet the Monthly Deduction.
No Lapse Guarantee	The guarantee that We will not begin a grace period provided the total premium received meets the requirements set forth in the No Lapse Guarantee provision.

Planned Premium	Premiums paid according to a periodic payment schedule, which allows the Owner to pay level premiums at fixed intervals over a specified period of time. Planned Premiums are not required to be paid according to their schedule. The Owner may change the amount, frequency and period over which Planned Premiums are paid.
Policy Date	The date coverage is effective and Monthly Deductions commence under the Policy. Policy months, years and anniversaries are measured from the Policy Date, as shown on the Policy Schedule pages.
Reallocation Account	A portion of the Fixed Account where We hold the Net Premium(s) from the Record Date until the Reallocation Date.
Reallocation Date	The date on which any premiums are reallocated from the Reallocation Account to the Accounts as elected by the Owner on the application. The Reallocation Date is shown on the Policy Schedule pages.
Record Date	The date the Policy is recorded on Our books. The Record Date is shown on the Policy Schedule pages.
Reinstatement	Restoration of coverage under the Policy after it has Lapsed. Reinstatement is subject to the requirements of the Reinstatement section of the Premium Provisions.
Rider	Any attachment to the Policy that provides additional coverages or benefits.
SEC	The United States Securities and Exchange Commission.
Separate Account	A separate investment account shown on the Policy Schedule pages, which is composed of several Subaccounts established to receive and invest Net Premiums under the Policy.
Subaccount	A sub-division of the Separate Account. Each Subaccount invests exclusively in the shares of a specified Fund portfolio.
Surrender	The Termination of the Policy at the option of the Owner.
Termination	Condition under which coverage under the Policy or any Rider is no longer In Force.

Valuation Date	Any day We are required by law to value the assets of the Separate Account.
Valuation Period	The period commencing at the end of one Valuation Date and continuing to the end of the next succeeding Valuation Date.
Written Notice	<p>Written Notice means a notice by the Owner to Us requesting or exercising a right of the Owner as provided in the Policy provisions. In order for a notice to be considered a Written Notice:</p> <ol style="list-style-type: none"> 1. It must be in writing and signed by the Owner; 2. It must be in a form acceptable to Us; and 3. It must contain the information and documentation, as determined in Our sole discretion, necessary for Us to take the action requested or for the Owner to exercise the right specified. <p>A Written Notice will not be considered complete until all necessary supporting documentation required or requested by Us has been received by Us at Our Mailing Office.</p>

GENERAL PROVISIONS

The Policy The Policy is issued in consideration of the attached application and payment of the Initial Premium. The Policy, the attached application and any additional applications at the time of Reinstatement constitute the entire contract. All statements in these applications, in the absence of fraud, will be deemed representations and not warranties. No statement can be used to void the Policy or be used in defense of a claim unless it is contained in the written application. No Policy provision can be waived or changed except by endorsement. Such endorsement must be signed by Our President or Secretary.

Upon notice to the Owner, We may amend the Policy:

1. To make the Policy comply with any law or regulation issued by a government agency to which We are subject;
2. To assure qualification of the Policy under the Internal Revenue Code or other federal or state laws relating to variable life insurance policies; or
3. To reflect a change in the operation of the Separate Account.

In the event that We so amend the Policy, We will send the Owner a copy of the amendment. The Owner may refuse such amendment by giving us notice in writing. Any refusal, however, may have adverse tax or other consequences to the Owner.

Ownership The Policy belongs to the Owner. The Owner, as named in the application or subsequently changed, may exercise all rights under the Policy during the Primary Insured's lifetime including the right to transfer ownership. If the Owner should die during the Primary Insured's lifetime, ownership of the Policy will pass to the Owner's estate if no contingent Owner is named.

We will not be bound by any change in the ownership designation unless it is made by Written Notice. The change will be effective on the date the Written Notice is accepted by Us. If We request, the Policy must be returned to Our Mailing Office for endorsement.

Beneficiary

The Beneficiary, as named in the application or subsequently changed, will receive the benefits payable upon the death of the Primary Insured. If the Beneficiary dies before the Primary Insured, the Contingent Beneficiary, if named, becomes the Beneficiary.

If any Beneficiary dies at the same time as the Primary Insured, or within thirty (30) days after the Primary Insured, that Beneficiary's interest in the death benefit will end if We have not paid any benefits to that Beneficiary. If the interests of all designated Beneficiaries have ended when the Primary Insured dies, We will pay the death benefit to the Owner. If the Owner is not living at that time, We will pay the death benefit to the Owner's estate.

We will not be bound by any change in the Beneficiary designation unless it is made by Written Notice. The change will be effective on the date the Written Notice was signed; however, no change will apply to any payment We made before the Written Notice is received. If We request, the Policy must be returned to Our Mailing Office for endorsement.

Assignment

The Policy may be assigned. We will not be bound by any assignment unless made by Written Notice and received at Our Mailing Office. The assignment will be effective on the date it was signed; however, no change will apply to any payment We made before Written Notice was received. We assume no responsibility for the validity of any assignment.

Extended Maturity Date

The Owner may request that the Maturity Date shown on the Policy Schedule pages be extended. The request must be in writing and received by Us at least ninety (90) days, but no more than one hundred and eighty (180) days, prior to the scheduled Maturity Date. Any Riders In Force on the scheduled Maturity Date will terminate on that date and will not be extended. Interest on any outstanding policy loan will continue to accrue during the period for which the Maturity Date is extended.

The Maturity Date will be extended in accordance with either (1) or (2) below, as elected by the Owner at the time the request is made. If (2) is chosen, the Owner may elect to change to (1) at any time. Changes from (1) to (2) are not permitted.

1. If the death benefit Option Type is other than Option A, the Option Type will be changed to Option A. Subsequent changes to the Option Type will not be allowed. On each Valuation Date, the Specified Amount will be adjusted to equal the Cash Value, and the Limitation Percentage will be 100%. No additional premium payments will be permitted. All future Monthly Deductions will be waived.
2. The Maturity Date will be automatically extended until the next Anniversary. At least ninety (90) days, but no more than one hundred and eighty (180) days, prior to each subsequent Anniversary, the Owner must request that the Maturity Date be extended each policy year. All benefits and charges will continue as set forth in the Policy. Monthly Cost of Insurance Rates will be the then current Cost of Insurance Rates.

Incontestability

The Policy shall be incontestable after it has been In Force for two (2) years from the Policy Date during the lifetime of the Primary Insured. For any portion of the Specified Amount that is issued as a result of a conversion, the contestability period is measured from the later of the policy date of the policy that was converted or the latest effective date of reinstatement of the converted policy.

A new two (2) year contestability period shall apply to each increase in Specified Amount that requires evidence of insurability on the effective date of the increase. The new contestability period will apply only to statements made in the application for the increase.

If the Policy is reinstated, a new two (2) year contestability period (in addition to any remaining contestability period) shall apply from the date of the application for Reinstatement and will apply only to statements made in the application for Reinstatement.

Suicide

If the Primary Insured dies by suicide, while sane or insane, within two (2) years from the Policy Date, the Policy shall terminate and Our total liability, including all Riders attached to the Policy, will be limited to the total premiums paid, less any loans and prior withdrawals, during such period. For any portion of the Specified Amount that is issued as a result of a conversion, the suicide period is measured from the policy date of the policy that was converted.

If the Primary Insured dies by suicide, while sane or insane, within two (2) years from the effective date of any increase in insurance that requires evidence of insurability, Our total liability with respect to such increase will be its Cost of Insurance charges.

Issue Age and Sex

If the Primary Insured's date of birth or sex is not correctly stated, the death benefit will be adjusted based on what the Cost of Insurance charge for the most recent Monthly Deduction would have purchased based on the Primary Insured's correct date of birth and sex. No adjustment will be made to the Cash Value.

Annual Report

This is a statement of the Policy's activities during the policy year. We will send a report to the Owner at least once a year, or as requested.

Termination

The Policy will terminate on the earliest of:

1. The Maturity Date, unless extended;
2. The date of the Primary Insured's death;
3. The end of the grace period; or
4. The date of Surrender.

Policy Payment	<p>All proceeds to be paid upon Termination will be paid in one sum unless otherwise elected under the Settlement Options of the Policy.</p> <p>All payments and transfers from the Subaccounts will be processed as provided in the Policy unless one of the following situations exists:</p> <ol style="list-style-type: none"> 1. The New York Stock Exchange is closed; or 2. The SEC requires that trading be restricted or declares an emergency; or 3. The SEC allows Us to defer payments to protect Our policyowners. <p>We reserve the right to defer the payment of any Fixed Account values for the period permitted by law, but not for more than six (6) months.</p>
Conversion Rights	<p>At any time upon written request within the first two (2) policy years, the Owner may elect to transfer all Subaccount Values to the Fixed Account without a transfer charge.</p>
Protection of Proceeds	<p>Unless the Owner so directs in writing, no Beneficiary may assign any payments under the Policy before such payment is due. To the extent permitted by law, no payments under the Policy will be subject to the claims of creditors of any Beneficiary.</p>

DEATH BENEFIT PROVISIONS

Death Benefit	<p>The death benefit is based upon the Specified Amount, Option Type and the Limitation Percentage applicable at time of death.</p>
Specified Amount	<p>The Specified Amount is as shown on the Policy Schedule pages, unless changed in accordance with the Changes section or reduced by a cash withdrawal.</p>
Option Type	<p>The Option Type is as shown on the Policy Schedule pages, unless changed in accordance with the Changes section of this provision.</p> <p>If Option Type A is in effect, the death benefit is the greater of:</p> <ol style="list-style-type: none"> 1. The Specified Amount; 2. The Limitation Percentage multiplied by the Cash Value of the Policy on the date of the Primary Insured's death; or 3. The amount required for the Policy to qualify as a life insurance contract under Section 7702 of the Internal Revenue Code.

If Option Type B is in effect, the death benefit is the greater of:

1. The Specified Amount plus the Cash Value of the Policy on the date of the Primary Insured's death;
2. The Limitation Percentage multiplied by the Cash Value of the Policy on the date of the Primary Insured's death; or
3. The amount required for the Policy to qualify as a life insurance contract under Section 7702 of the Internal Revenue Code.

If Option Type C is in effect, the death benefit is the greater of:

1. The Option Type A benefit;
2. The Specified Amount multiplied by the factor K plus the Cash Value of the Policy on the date of the Primary Insured's death, where the factor K is equal to the lesser of:
 - a. 1; or
 - b. .04 multiplied by (95 minus the Primary Insured's Attained Age at death).

The factor K will never be less than zero; or.

3. The amount required for the Policy to qualify as a life insurance contract under Section 7702 of the Internal Revenue Code.

**Compliance with
Federal Tax Code**

The Policy is intended to qualify under Section 7702 of the Internal Revenue Code as a life insurance contract for federal tax purposes. The provisions of the Policy (including any Rider or endorsement) will be interpreted or amended to ensure such qualification, regardless of any language to the contrary.

To the extent that the death benefit is increased to maintain qualification as a life insurance policy, We will make appropriate adjustments to any Monthly Deductions and any supplemental coverage and benefits (retroactively and prospectively) that are consistent with such an increase. We may deduct retroactive adjustments from the Cash Value or from any death benefits payable. Prospective adjustments will be reflected in the Monthly Deductions.

Limitation Percentage

The Limitation Percentage is a percentage based on the Primary Insured's Attained Age at the beginning of the policy year equal to:

Attained Age	Limitation Percentage
40 and under	250%
41 through 45	250% minus 7% for each Age over Age 40
46 through 50	215% minus 6% for each Age over Age 45
51 through 55	185% minus 7% for each Age over Age 50
56 through 60	150% minus 4% for each Age over Age 55
61 through 65	130% minus 2% for each Age over Age 60
66 through 70	120% minus 1% for each Age over Age 65
71 through 75	115% minus 2% for each Age over Age 70
76 through 90	105%
91 through 95	105% minus 1% for each Age over Age 90
96 through 99	100%

Changes

After the third policy year, the Owner may change the Option Type by Written Notice. Changes will be effective on the first Monthiversary on or next following the day We receive Written Notice. No change in the Option Type will be allowed if the resulting Specified Amount would be less than the Band 1 Minimum Specified Amount shown on the Policy Schedule pages.

On the effective date of change to a new Option Type, the Specified Amount will be adjusted so that the Amount at Risk will be equal to that determined under the prior Option Type.

The Specified Amount may be increased or decreased at any time after the third policy year by Written Notice. Until the Anniversary nearest the Primary Insured's 65th birthday, We may limit any decrease to no more than 20% of the then current Specified Amount. All changes to the Specified Amount are subject to the following:

1. Any decrease will become effective on the first Monthiversary on or next following the date We receive Written Notice. Any such decrease will reduce the Specified Amount in the following order:
 - a. Against insurance provided by the most recent increase;
 - b. Against the next most recent increases successively; and
 - c. Against insurance provided under the original application.

No decrease will be allowed if:

- a. The Specified Amount after any requested decrease would be less than the Band 1 Minimum Specified Amount shown on the Policy Schedule pages;
 - b. The requested decrease would force a cash withdrawal in order to maintain compliance with the definition of a life insurance contract as defined by the Internal Revenue Code and applicable regulations; or
 - c. The decrease would cause the Policy to enter the grace period.
2. Any request for an increase in Specified Amount must be applied for on a supplemental application and must include evidence of insurability satisfactory to Us. Such increase, if approved by Us, will be effective on the first Monthiversary on or next following Our Written Approval. We reserve the right to require any requested increase to be at least \$50,000.

Only one change in the Option Type will be allowed within each policy year and only one change in the Specified Amount will be allowed within each policy year.

If the Specified Amount is changed and the resulting Specified Amount causes a change in the Rate Band, the Cost of Insurance for the new band will apply starting with the effective date of change.

Death Benefit Proceeds The Death Benefit Proceeds is the amount payable by Us under the Policy provided the Policy has not terminated prior to the Primary Insured's death. Except as provided in the Suicide section of the General Provisions, the Death Benefit Proceeds will be equal to:

1. The death benefit; minus
2. Any Monthly Deductions due under the Recovery of Monthly Deductions provision; minus
3. Any outstanding policy loan; minus
4. Any accrued loan interest.

Interest on Death Benefit Proceeds We will pay interest on the proceeds of any benefit paid under the Policy more than thirty (30) days after We receive due proof of the Primary Insured's death. We will pay interest for the period from the date of the Primary Insured's death to the date the payment is made. The interest rate will be at least 8%, or higher if required by law.

PREMIUM PROVISIONS

Payment The Initial Premium shown on the Policy Schedule pages must be paid on or before the Policy Date. All premiums after the Initial Premium are payable at Our Mailing Office.

Premiums The amount and frequency of Planned Premiums are shown on the Policy Schedule pages. The amount and frequency may be changed upon request, subject to Our approval.

While the Policy is In Force, additional premiums may be paid at any time prior to the Maturity Date. We reserve the right to limit or refund any premium if:

1. The amount is below Our current minimum payment requirement; or
2. The premium would increase the death benefit by more than the amount of the premium; or
3. The premium would disqualify the Policy as a life insurance contract as defined by the Internal Revenue Code and applicable regulations.

We may require evidence of insurability before accepting a premium that would increase the death benefit by more than the amount of the premium.

Grace Period If the Net Surrender Value on any Monthiversary is not sufficient to cover the Monthly Deductions on such day, We will mail a notice to the last known address of the Owner and any assignee of record. A grace period of sixty-one (61) days after the mailing date of the notice will be allowed for the payment of premiums. The notice will specify the minimum payment and the final date on which such payment must be received by Us to keep the Policy In Force. The Policy will remain In Force during the grace period. If the amount due is not received by Us within the grace period, all coverage under the Policy and any Riders will terminate without value at the end of the grace period.

No Lapse Guarantee

Until the No Lapse Date shown on the Policy Schedule pages, no grace period will begin provided the total premiums received (minus any withdrawals, outstanding loans, and accrued loan interest) equals or exceeds the Minimum Monthly Guarantee Premium times the number of months since the Policy Date, including the current month. The Minimum Monthly Guarantee Premium is shown on the Policy Schedule pages, unless changed due to a requested change under the Policy. Upon such change, the Owner will be notified of the new Minimum Monthly Guarantee Premium and the effective date for the new premium.

Reinstatement

If the Policy Lapses, it may be reinstated subject to the following:

1. Receipt at Our Mailing Office of a Written Notice requesting Reinstatement. Such notice must be within five (5) years after the date of Termination and prior to the Maturity Date; and
2. Receipt of evidence of insurability satisfactory to Us; and
3. Receipt at Our Mailing Office of a Net Premium sufficient to reinstate the Policy.

If reinstated after the No Lapse Date, the required premium will be an amount sufficient to provide a Net Premium, as follows:

- a. Any uncollected Monthly Deductions due up to the time of Termination; plus
- b. Two (2) Monthly Deductions due in advance at the time of Reinstatement.

If reinstated before the No Lapse Date, the required premium will be the lesser of the premium described above or the following:

- a. The total Minimum Monthly Guarantee Premium from issue through the month of Lapse; plus
- b. Two (2) months of Minimum Monthly Guarantee Premium; minus
- c. Any premiums already paid net of any withdrawals, outstanding loans and accrued loan interest.

The effective date of a Reinstatement shall be the date We approve the application for Reinstatement. Any policy loan as of the date of Termination will not be reinstated. Any Cash Value equal to the policy loan on the date of Reinstatement will also not be reinstated. On the first Monthiversary following Reinstatement, any previously uncollected Monthly Deductions due up to the time of the Policy's Termination date will be taken.

SEPARATE ACCOUNT PROVISIONS

The Separate Account The variable benefits under the Policy are provided through the Separate Account as shown on the Policy Schedule pages. The assets of the Separate Account are Our property. Assets equal to the reserve and other contractual liabilities under all policies issued in connection with the Separate Account will not be charged with liabilities arising out of any other business We may conduct. If the assets of the Separate Account exceed the liabilities arising under the policies supported by the Separate Account, the excess may be used to cover the liabilities of Our general account. The assets of the Separate Account shall be valued as often as any policy benefits vary, but at least monthly.

Subaccounts The Separate Account has various Subaccounts with different investment objectives. We reserve the right to add or remove any Subaccount of the Separate Account. Income, if any, and any gains or losses, realized or unrealized, from assets in each Subaccount are credited to, or charged against, the amount allocated to that Subaccount without regard to income, gains or losses in other Subaccounts. Any amount charged against the investment base for federal or state income taxes will be deducted from that Subaccount. The assets of each Subaccount are invested in shares of a corresponding Fund portfolio. The value of a portfolio share is based on the value of the assets of the portfolio determined at the end of each Valuation Period in accordance with applicable law.

Market Timing One or more of the Subaccounts may have been designed to accommodate large and frequent transfers. Large and frequent transfers may increase transaction costs and negatively affect performance of Subaccounts that invest in Fund(s) that are not designed to accommodate these types of transfers. We may reject any premium payment or transfer request if, in our judgment or in the judgment of any underlying Fund, the payment or transfer or series of transfers would have a negative impact on the Subaccounts or Fund portfolios operations, or if a Fund portfolio would reject our purchase order. We may impose other restrictions on transfers, levy a transfer fee or even prohibit transfers if the Owner, in our view, has abused, or appears likely to abuse, the transfer privilege. We may, at the direction of any underlying Fund, provide Owner transaction data to the underlying Fund and block Owner trades involving certain Subaccounts.

We may reject or restrict transfer requests or require that any transfer request be made in writing via United States Postal Service First Class mail, or any other reasonable remedial measures.

We may implement, administer and assess a charge for any fee or restriction imposed by a Fund, including redemption fees imposed by a Fund on Subaccount assets that are redeemed out of the Fund in connection with a transfer. The Fund determines the amount of any redemption fee, and the fee would be retained by or paid to the Fund. Any redemption fees imposed by a Fund would not be retained by or paid to Us.

Transfers

The Owner may transfer all or a portion of the Policy's value in each Subaccount to other Subaccounts or the Fixed Account subject to the limitations imposed under the Transfers section of the Fixed Account Provisions of the Policy. A request for a transfer must be made in a form satisfactory to Us. The transfer will ordinarily take effect on the first Valuation Date on or following the date the request is received at Our Mailing Office. We may establish rules regarding, among other things, the minimum and maximum amounts you may transfer and the frequency of transfers.

Changes

As permitted by applicable law, We may make changes to the Separate Account and Subaccounts which may include:

1. Transferring assets of the Separate Account or any Subaccount, which We determine to be associated with the class of contracts to which the Policy belongs, to another separate account or subaccount. In the event We make such a transfer, the term "Separate Account" or "Subaccount" as used in the Policy shall mean the separate account or subaccount to which We transfer the assets;
2. Removing, combining or adding Subaccounts and making the combined or added Subaccounts available for allocation of Net Premiums;
3. Closing certain Subaccounts to allocations of new Net Premiums by current or new Owners;
4. Combining the Separate Account or any Subaccount(s) with one or more other Separate Accounts or Subaccounts;
5. Establishing additional Separate Accounts or Subaccounts to invest in new portfolios of the Fund(s).
6. Operating the Separate Account as a management investment company;
7. Managing the Separate Account at the direction of a committee;
8. Endorsing the Policy, as permitted by law, to reflect changes to the Separate Account and Subaccounts as may be required by applicable law;
9. Changing the investment objective of a Subaccount;
10. Substituting, adding, or deleting Fund portfolios in which Subaccounts currently invest Net Premiums, to include portfolios of newly designated Funds;
11. Funding additional classes of variable life insurance contracts through the Separate Account; and
12. Restricting or eliminating any voting privileges of owners or other persons who have voting privileges in connection with the operation of the Separate Account.

As required by law or regulation, We will not make changes unless We first file a statement with and receive approval from the appropriate official of the State of Our domicile, or unless such change is deemed approved in accordance with law or regulation. If required, such approval of any change will also be filed with the insurance department of the State where the Policy is delivered.

Unit Value

Some of the policy values fluctuate with the investment results of the Subaccounts. In order to determine how investment results affect the policy values, a unit value is determined for each Subaccount. The unit value of each Subaccount was originally established at \$10 per unit. The unit value may increase or decrease from one Valuation Period to the next. Unit values also will vary between Subaccounts. The unit value of any Subaccount at the end of a Valuation Period is the result of:

1. The total value of the assets held in the Subaccount. This value is determined by multiplying the number of shares of the designated Fund portfolio owned by the Subaccount times the net asset value per share; minus
2. The accrued risk charge for adverse mortality and expense experience. The daily amount of this charge is equal to the daily net assets of the Subaccount multiplied by the daily equivalent of the Mortality and Expense Risk Charge. The maximum annual factor for the Mortality and Expense Risk Charge is shown on the Policy Schedule pages; minus
3. The accrued amount of reserve for any taxes or other economic burden resulting from the application of tax laws that are determined by Us to be properly attributable to the Subaccount; and the result divided by
4. The number of outstanding units in the Subaccount.

The use of the unit value in determining contract values is described in the Policy Value Provisions.

FIXED ACCOUNT PROVISIONS

Fixed Account

The Owner may allocate any portion of the Net Premiums to the Fixed Account. The Fixed Account is part of Our general account. Our general account consists of all assets that We own except those in the Separate Account and other separate accounts We may have. Except as limited by law, We have sole control over investment of the assets in Our general account. The Owner may allocate Net Premiums to the Fixed Account and transfer amounts between the Separate Account and the Fixed Account (subject to the following Transfers section).

Fixed Account Interest Rate

The Net Premium allocated to the Fixed Account will accrue interest from the Valuation Date on which We allocate it to the Fixed Account, as described in the Policy Value Provisions. Interest on the Fixed Account will be compounded daily at a minimum guaranteed effective annual interest rate of 3% per year. We may declare from time to time various higher current interest rates on the unloaned portion of the Fixed Account. We will never declare an interest rate that is lower than the guaranteed minimum effective annual interest rate.

Transfers

On transfers from the Fixed Account to a Subaccount, We may impose the following limitations:

1. Written Notice must be received by Us within thirty (30) days after an Anniversary;
2. The transfer will take place on the date We receive such Written Notice.
3. The maximum amount that may be transferred is the greater of: (a) 25% of the amount in the Fixed Account; or (b) the amount transferred in the prior policy year from the Fixed Account.

Unless We otherwise consent, transfers or allocation of premiums to the Fixed Account may be restricted if the Fixed Account Value excluding the loan reserve following the transfer or allocation will exceed the Fixed Account Value Limit shown on the Policy Schedule pages. This restriction will not apply for any transfer made under the Conversion Rights section of the General Provisions of the Policy.

We may defer payment of any amounts from the Fixed Account for no longer than six (6) months after We receive such Written Notice.

POLICY VALUE PROVISIONS

Net Premium

The Net Premium equals the premium paid during a policy year.

Allocation of Net Premiums

Net Premiums will be allocated to the Subaccounts of the Separate Account and the Fixed Account on the first Valuation Date on or following the date the premium is received at Our Mailing Office; except any Net Premium received prior to the Policy Date will be allocated on the first Valuation Date on or following the Policy Date. All Net Premiums allocated prior to the Reallocation Date will be allocated to the Reallocation Account. On the first Valuation Date on or following the Reallocation Date, the values in the Reallocation Account will be transferred in accordance with the Owner's allocation as shown in the application.

We reserve the right to limit any allocation to any Account to no less than 1%. No fractional percentages may be permitted. The allocation may be changed by the Owner. The request for change of allocations must be in a form satisfactory to Us. The allocation change will be effective on the date the request for change is recorded by Us.

Monthly Deductions

On each Monthiversary, a monthly deduction for the Policy will be made equal to the sum of the following:

1. The Monthly Policy Charge (if any) as shown on the Policy Schedule Pages.
2. The Monthly Cost of Insurance for the Policy;
3. The charge for benefits provided by Riders attached to the Policy.

Deductions will be withdrawn from each account in proportion to the value each bears to the Cash Value.

**Recovery
of Monthly
Deductions**

If the Net Surrender Value on any Monthiversary is not sufficient to cover the Monthly Deduction due on such day, the Cash Value of the Policy may be negative. This may occur while the Policy is being supported by the No Lapse Guarantee or during the grace period. Any such negative values will be accrued without any accumulation of interest and must be repaid by the Owner out of future premiums. If the Primary Insured dies before the Owner pays the amount due, We will subtract the amount required to provide insurance to the date the Primary Insured died from any Death Benefit Proceeds.

Monthly Policy Charge

If applicable, the Initial and Guaranteed Monthly Policy Charge are shown on the Policy Schedule pages. It is Our intention to charge the Initial Monthly Policy Charge each month; however, We reserve the right to increase the Monthly Policy Charge up to the Guaranteed Monthly Policy Charge after the first policy year. Any change in this charge will be applied uniformly to all policies in effect for the same length of time.

**Monthly Cost
of Insurance**

The Monthly Cost of Insurance on each Monthiversary is determined as follows:

1. Divide the death benefit on the Monthiversary by 1.0024663; and
2. Reduce the result by the Cash Value on the Monthiversary in the following order until all Cash Value has been applied:
 - a. Against the insurance provided under the original application;
 - b. Against the insurance provided by the oldest increase;
 - c. Against the insurance provided by the next oldest increase and each successive increase;
 - d. Against the insurance provided by the most recent increase;

This results in the Amount at Risk for the Policy.

3. Divide the Amount at Risk by 1,000 to arrive at the number of thousands of Amount at Risk.
4. Multiply the number of thousands of Amount at Risk by the appropriate Monthly Cost of Insurance Rate(s) to arrive at the Monthly Cost of Insurance.

Monthly Cost of Insurance Rates

The Monthly Cost of Insurance Rates will vary by the Primary Insured's sex, Age at issue, Age at the time of any increase in Specified Amount, Rate Band, plan of insurance, Rate Class, any rating and the duration from the Policy Date or the date of any increase in Specified Amount. Different Monthly Cost of Insurance Rates may apply to increases in the Specified Amount following the Policy Date. Monthly Cost of Insurance Rates may be changed by Us from time to time. A change in the Monthly Cost of Insurance Rates will apply to all persons of the same Attained Age, sex, plan of insurance, Rate Band, Rate Class, any rating and whose policies or increases have been in effect for the same length of time. The rates, before applying any rating, will not exceed those shown in the Table of Guaranteed Maximum Life Insurance Rates.

Subaccount Value

At the end of any Valuation Period, the Subaccount Value is equal to the number of units that the Policy has in the Subaccount, multiplied by the unit value of that Subaccount.

The number of units that the Policy has in each Subaccount is equal to:

1. The initial units purchased on the Reallocation Date; plus
2. Units purchased at the time additional Net Premiums are allocated to the Subaccount; plus
3. Units purchased through transfers from another Subaccount or the Fixed Account; minus
4. Those units that are redeemed to pay for Monthly Deductions as they are due; minus
5. Any units that are redeemed to pay for cash withdrawals; minus
6. Any units that are redeemed as part of a transfer to another Account.

The number of units purchased in or redeemed from a Subaccount is determined by dividing the dollar amount of each purchase or redemption by the unit value of the Subaccount as of the first Valuation Date on or following the date of purchase or redemption.

Fixed Account Value

At the end of any Valuation Period, the Fixed Account value is equal to:

1. The sum of all Net Premiums allocated to the Fixed Account; plus
2. Any amounts transferred from a Subaccount to the Fixed Account; plus
3. Total interest credited to the Fixed Account; minus
4. Any amounts charged to pay for Monthly Deductions as they are due; minus
5. Any amounts withdrawn from the Fixed Account to pay for cash withdrawals; minus
6. Any amounts transferred from the Fixed Account to a Subaccount.

Cash Value

At the end of any Valuation Period, the Cash Value of the Policy is equal to the sum of the Subaccount Values plus the Fixed Account value.

Surrender

While the Policy is In Force, the Owner may Surrender the Policy for the Net Surrender Value. Payment will usually be made within seven days of Written Notice, subject to the Policy Payment section of the General Provisions.

Net Surrender Value The Net Surrender Value is the amount payable upon Surrender of the Policy. At the end of each Valuation Period, the Net Surrender Value is equal to:

1. The Cash Value as of such date; minus
2. Any outstanding policy loan; minus
3. Any accrued loan interest.

Withdrawals Cash withdrawals may be made any time after the first policy year and while the Policy is In Force. Only one withdrawal is allowed during a policy year. The amount of a withdrawal may be limited to no less than \$500 and to no more than 10% of the Net Surrender Value. After the first ten (10) policy years, the amount of a withdrawal may be limited to no less than \$500 and to no more than the Net Surrender Value less \$500. The remaining Net Surrender Value following a withdrawal may not be less than \$500. The request for a withdrawal must be by Written Notice to Us.

When a withdrawal is made, the Cash Value shall be reduced by the amount of the withdrawal. If the death benefit is Option Type A or if the death benefit is Option C and the Attained Age is seventy-one (71) or greater, the Specified Amount shall also be reduced by the amount of the withdrawal. These reductions will result in a reduction in the death benefit, which may be determined from the Death Benefit section. If the Specified Amount following the withdrawal results in a change in the Rate Band, the Cost of Insurance for the new band will apply starting with the effective date of the withdrawal. No withdrawal will be allowed if the resulting Specified Amount would be less than the Band 1 minimum Specified Amount shown on the Policy Schedule pages.

The Accounts from which the withdrawal will be made may be specified in the Written Notice. If no Account is specified, the withdrawal amount will be withdrawn from each Account in accordance with the Owner's current premium allocation instructions. Payment will usually be made within seven days of Written Notice, subject to the Policy Payment section of the General Provisions of the Policy.

Continuation of Insurance Subject to the Grace Period section of the Premium Provisions, insurance coverage under the Policy and any benefits provided by Rider will be continued In Force until the Net Surrender Value is insufficient to cover the Monthly Deductions. This provision shall not continue the Policy beyond the Maturity Date nor continue any Rider beyond the date for its Termination, as provided in the Rider.

Insufficient Value If the Net Surrender Value on any Monthiversary is not sufficient to cover the Monthly Deductions then due, the Policy shall terminate subject to the Grace Period section of the Premium Provisions.

Basis of Computations Policy values and reserves are at least equal to those required by law. If required, a detailed statement of the method of computation of values and reserves has been filed with the insurance department of the State in which the Policy was delivered.

Policy Loans

After the first policy year and during the continuance of the Policy, the Owner can borrow against the Policy an amount which is not greater than 90% of the Cash Value, less any outstanding policy loan, including accrued interest. The amount of any policy loan may be limited to no less than \$500, except as noted below.

When a loan is made, an amount equal to the loan will be withdrawn from the Accounts and transferred to the loan reserve. The loan reserve is a portion of the Fixed Account used as collateral for any policy loan. We will credit the amount in the loan reserve with an effective annual interest rate of 3%. The Owner may specify the Account(s) from which the withdrawal will be made. If no Account is specified, the withdrawal will be made from each Account in accordance with the Owner's current premium allocation instructions.

The loan date is the date We process a loan request. Payment will usually be made within seven (7) days of the date We receive proper loan request, subject to the Policy Payment section of the General Provisions of the Policy. The Policy will be the sole security for the loan.

While the Policy is In Force, any loan may be repaid. Any amounts received on the Policy will be considered premiums unless clearly marked as loan repayments.

On each Anniversary, We charge an annual interest rate on each policy loan. Interest not paid when due will be added to the loan and will bear interest up to the maximum policy loan rate. The annual interest rate is guaranteed not to exceed 4%, payable in arrears. From time to time, We may declare various lower policy loan interest rates. We may also apply different loan interest rates to different parts of the loan.

At each Anniversary, We will compare the amount of the outstanding loan to the amount in the loan reserve. At each such time, if this amount plus any accrued loan interest exceeds the amount in the loan reserve, We will withdraw the difference from the Accounts and transfer it to the loan reserve, in the same fashion as when a loan is made. If the amount in the loan reserve exceeds the amount of the outstanding loan, plus any accrued loan interest, We will withdraw the difference from the loan reserve and transfer it to the Accounts in accordance with the Owner's current allocation instructions. However, We may require that the transfer be directed to the Fixed Account if such loans were originally transferred from the Fixed Account.

SETTLEMENT OPTIONS

Effective Date and First Payment Due

The effective date of a settlement provision will be either the date of Surrender or the date of death. The first payment due will be on the effective date of the settlement provision.

Betterment of Monthly Annuity

The payee will receive the greater of:

1. The income rate guaranteed in the Policy; or
2. The income rates in effect for Us at the time income payments are made.

Availability If the payee is not a natural person, an optional method of settlement is only available with Our permission. No optional method of settlement is available if:

1. The payee is an assignee; or
2. The periodic payment is less than \$100.

Age Age, when required, means age nearest birthday on the effective date of the option. An adjustment will be made in determining the age of the payee(s) when using the tables under Options B and C to obtain the amount of each monthly payment for each \$1,000.00 of proceeds applied. The monthly payment for other age or sex combinations will be furnished upon request.

Age Adjustment Table

Annuity Commencement Date	Adjusted Age
Before 2010	Actual Age
2010-2019	Actual Age minus 1
2020-2026	Actual Age minus 2
2027-2033	Actual Age minus 3
2034-2040	Actual Age minus 4
After 2040	Determined by Us

Proof of Age and Sex Prior to making the first payment under the Policy, We reserve the right to require satisfactory evidence of the birth date and sex of any payee.

Proof of Survival Prior to making any payment under the Policy, We reserve the right to require satisfactory evidence that any payee is alive on the due date of such payment.

Interest All settlement options are based on the Annuity 2000 Mortality Table with projection, if applicable, and a guaranteed annual interest rate of 3%.

**TABLE OF OPTIONAL METHODS OF SETTLEMENT
DESCRIPTION AND TABLES OF MONTHLY INSTALLMENT
PER \$1,000 OF PROCEEDS**

Option A -- Fixed Period

The proceeds will be paid in equal installments. The amount of each monthly installment is determined by multiplying the appropriate factor times the proceeds as of the effective date of settlement divided by 1,000. The installments will be paid over a fixed period determined from the following table:

Fixed Period (in months)	Factor
60	17.91
120	9.61
180	6.87
240	5.51

Option B -- Life Income

The proceeds will be paid in equal installments determined from the following table. Such installments are payable:

1. During the payee's lifetime only (Life Annuity); or
2. During a 10-year fixed period certain and for the payee's remaining lifetime (Certain Period); or
3. Until the sum of installments paid equals the annuity proceeds applied and for the payee's remaining lifetime (Installment Refund).

Payee's Adjusted Age	Life Annuity		Certain Period		Installment Refund	
	Male	Female	Male	Female	Male	Female
55	4.18	4.01	4.13	3.99	3.99	3.89
60	4.64	4.42	4.57	4.38	4.36	4.23
65	5.30	4.98	5.14	4.89	4.83	4.67
70	6.21	5.78	5.86	5.58	5.43	5.26
75	7.46	6.94	6.70	6.45	6.22	6.04
80	9.23	8.66	7.61	7.46	7.24	7.08
85	11.72	11.24	8.44	8.40	8.55	8.45

Option C -- Joint and Survivor Life Income

The proceeds will be paid in equal installments during the joint lifetime of two payees:

1. Continuing upon the death of the first payee for the remaining lifetime of the survivor; or
2. Reduced by one-third upon the death of the first payee and continuing for the remaining lifetime of the survivor.

Joint Life Income with Full Amount to Survivor

Joint Life Income with 2/3 to Survivor

The sample ages shown are Adjusted Ages

Male	Female 55	60	65	70	75		Male	Female 55	60	65	70	75
55	3.61	3.74	3.86	3.96	4.04		55	3.91	4.09	4.29	4.51	4.75
60	3.72	3.91	4.09	4.26	4.39		60	4.08	4.30	4.54	4.81	5.11
65	3.81	4.06	4.32	4.57	4.80		65	4.28	4.53	4.83	5.17	5.54
70	3.88	4.18	4.52	4.89	5.25		70	4.49	4.79	5.15	5.57	6.05
75	3.93	4.27	4.69	5.17	5.70		75	4.70	5.05	5.47	5.99	6.61

WESTERN RESERVE LIFE ASSURANCE CO. OF OHIO

Flexible Premium Variable Life Insurance Policy
Death Benefit Proceeds Payable at Death of Primary Insured Prior to Maturity Date
Net Surrender Value Payable at Maturity Date
Flexible Premiums Payable During Lifetime of Primary Insured Until Maturity Date
Non-Participating -- No Dividends
Some Benefits Reflect Investment Results

[WRL Freedom Elite Builder and WRL Freedom Wealth Protector]

WRL – WESTERN RESERVE LIFE ASSURANCE CO. OF OHIO *Individual Life Insurance Application*

Mailing Address: [4333 Edgewood Road NE, Cedar Rapids, IA 52499] Administrative Office: [P.O. Box 5068, Clearwater, FL 33758-5068]

SECTION 1. PROPOSED PRIMARY INSURED/OWNER				SPECIFIED AMOUNT \$ _____	
If proposed Contingent Owner is named, please use Additional Information Supplement.					
1. Last Name			First Name		M.I.
2. Address (Cannot be a P.O. Box)			Apt#	City	
State	Zip Code	3. Years at Address	4. Home Phone ()		5. Driver License Number
6. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	7. Date of Birth MM-DD-YYYY	8. Age	9. Place of Birth – State/Country		10. Social Security Number
11. Height (ft. in.)	12. Weight (lbs.)	13. Marital Status	14. Employer		#Years
15. Employer's Address and Phone Number					
16. Occupation & Duties					
17. Have you used TOBACCO or any other product containing NICOTINE in the last 12 months? <input type="checkbox"/> No <input type="checkbox"/> Yes Date last used _____					
18. Rate Class Quoted: <input type="checkbox"/> Ult Select <input type="checkbox"/> Select <input type="checkbox"/> Ult Standard <input type="checkbox"/> Standard <input type="checkbox"/> Juvenile					
SECTION 2. PROPOSED OTHER/JOINT INSURED				SPECIFIED AMOUNT \$ _____	
<input type="checkbox"/> Check if proposed Joint Insured is also Joint Owner (FWP Only)					
If more than one Other Insured, please use Additional Information Supplement.					
We will allow the OIR death benefit recipient to be a choice of: <input type="checkbox"/> Owner <input type="checkbox"/> Primary Insured <input type="checkbox"/> Same Beneficiary as the base policy					
<input type="checkbox"/> Other _____					
1. Last Name			First Name		M.I.
2. Address (Cannot be a P.O. Box)			Apt#	City	
State	Zip Code	3. Years at Address	4. Home Phone ()		5. Driver License Number
6. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	7. Date of Birth MM-DD-YYYY	8. Age	9. Place of Birth – State/Country		10. Social Security Number
11. Height (ft. in.)	12. Weight (lbs.)	13. Marital Status	14. Relationship to proposed Primary Insured		
15. Employer					#Years
16. Employer's Address and Phone Number					
17. Occupation & Duties					
18. Have you used TOBACCO or any other product containing NICOTINE in the last 12 months? <input type="checkbox"/> No <input type="checkbox"/> Yes Date last used _____					
19. Rate Class Quoted: <input type="checkbox"/> Ult Select <input type="checkbox"/> Select <input type="checkbox"/> Ult Standard <input type="checkbox"/> Standard <input type="checkbox"/> Juvenile					
SECTION 3. APPLICANT/OWNER IF OTHER THAN THE PROPOSED PRIMARY INSURED If ownership is corporation, partnership or institutional body, please complete the Entity Certification of Authority form. If ownership is a trust, please complete the Trustee Certification Trust form. Attach a copy of the first page and the signature page of the Trust.					
1. Last Name			First Name		M.I.
2. Address (Cannot be a P.O. Box)			Apt#	City	
State	Zip Code	3. Home Phone ()		4. Social Security Number / Tax ID #	
5. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	6. Date of Birth/Trust Date MM-DD-YYYY	7. Relationship to proposed Primary Insured			
8. Are you a citizen of <input type="checkbox"/> USA <input type="checkbox"/> Other Country _____ Type of VISA _____					

SECTION 4. CHILDREN'S BENEFIT RIDER (Not available on FWP) SPECIFIED AMOUNT \$

Name	Relationship	Date of Birth (mmddyyyy)	Height (ft. in.)	Weight (lbs.)

Are all children listed? Yes No Are children living with proposed Primary Insured? Yes No
 If not, explain why: _____

SECTION 5. PRIMARY BENEFICIARY – If percentage shares are not listed below, they will be divided equally among the beneficiaries. If ownership or beneficiary is a corporation, partnership or institutional body, please complete the Entity Certification of Authority form. If ownership or beneficiary is a trust, please complete the Trustee Certification Trust form. Attach a copy of the first page and the signature page of the Trust.

Name	Percent	Relationship	Social Security Number/Tax ID#
Total	100		

SECTION 6. CONTINGENT BENEFICIARY – If percentage shares are not listed below, they will be divided equally among the beneficiaries.

Name	Percent	Relationship	Social Security Number/Tax ID#
Total	100		

SECTION 7. PROPOSED PLAN OF INSURANCE

WRL Freedom Elite Builder (FEB) WRL Freedom Wealth Protector (FWP)

SECTION 8. DEATH BENEFIT OPTION

A) Level Benefit B) Increasing Benefit C) Option B to Age 70 then grade to Option A (Not available on FWP)

SECTION 9. ADDITIONAL BENEFITS – PRIMARY INSURED ONLY

WRL FEB

<input type="checkbox"/> Primary Insured Rider Plus \$ _____	<input type="checkbox"/> Disability Waiver and Income Rider
<input type="checkbox"/> Primary Insured Rider \$ _____	(\$300 per month maximum) \$ _____ per month
<input type="checkbox"/> Accidental Death Benefit Rider \$ _____	<input type="checkbox"/> Disability Waiver Rider
<input type="checkbox"/> (\$150,000 maximum)	

WRL FWP

<input type="checkbox"/> Joint Insured Rider \$ _____	No Lapse Guarantee Option (must elect one) <input type="checkbox"/> Option 1 <input type="checkbox"/> Option 2
Individual Insured Rider	
<input type="checkbox"/> Proposed Primary \$ _____	
<input type="checkbox"/> Proposed Joint Insured \$ _____	
We will allow the IIR death benefit recipient to be a choice of:	
<input type="checkbox"/> Owner <input type="checkbox"/> Other proposed Insured <input type="checkbox"/> Same Beneficiary as the base policy <input type="checkbox"/> Other _____	

SECTION 10. PREMIUMS PAYABLE

Initial Planned Premium \$ _____ Electronic (bank draft) _____ Draft Date (1st through 28th)

Direct Bill Single Premium Annually Semiannually Quarterly Monthly Other _____

Premium Payor (If other than Owner) Applicant may specify a payor other than Owner and a Secondary Addressee who may be named to receive copies of notices and letters regarding possible lapses in coverage.

1. Payor's Last Name _____ First Name _____ M.I. _____

2. Address (Cannot be a P.O. Box) _____ Apt# _____ City _____

State _____ Zip Code _____ 3. Home Phone _____ 4. Social Security Number/Tax ID # _____ 5. Relationship to proposed Primary Insured _____

Secondary Addressee

1. Last Name _____ First Name _____ M.I. _____

2. Address (Cannot be a P.O. Box) _____ City _____ State _____ Zip Code _____

SECTION 11. PREMIUM ALLOCATION OPTIONS

I have completed and signed the allocation form. Please allocate funds accordingly.

SECTION 12. OTHER INSURANCE IN FORCE FOR ALL PROPOSED INSURED

A) Has any proposed Insured ever had life, disability or health insurance declined, rated, modified, issued with an exclusion rider, canceled, or not renewed? If yes, please explain. _____ Yes No

B) Will the insurance applied for on any proposed Insured discontinue, replace or change any existing life or annuity policy? If yes, complete replacement forms, if appropriate. Yes No

C) Is there an application for life, accident or sickness insurance now pending or contemplated on any proposed Insured in this or any other company? If yes, give details in Agent's Report. Yes No

D) Does any proposed Insured have existing life insurance policies or annuity contracts? Yes No

Proposed Insured Name	Company	Amount of Insurance	Year Issued	Replacement?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

IS THIS INTENDED TO BE A 1035 EXCHANGE? Yes No

Anticipated Cash Value Transfer \$ _____

SECTION 13. PERSONAL FINANCIAL STATEMENT FOR PROPOSED PRIMARY INSURED

All financial information on non-juvenile business must be that of the proposed Primary Insured, not the Owner.

A) Gross Income Current Year \$ _____

B) Gross Income Previous Year \$ _____

C) Source of Funds Employment Retirement Inheritance 1035 Exchange Other _____

D) Current Net Worth \$ _____

For over \$1,000,000.00 applied coverage complete a separate Financial Questionnaire.

SECTION 14. BUSINESS FINANCIAL STATEMENT FOR PROPOSED PRIMARY INSURED

A) Current Estimated Market Value \$ _____

B) Assets *Liquid* \$ _____

Nonliquid \$ _____

C) Liabilities \$ _____

D) Net Worth \$ _____

SECTION 15. MEDICAL QUESTIONS – Each question must be individually asked and answered for each proposed Insured.

Give the details to a “No” answer for medical question 15A and “Yes” answers to questions 15B-E below:

- A) For the last 180 days has the proposed Primary Insured been actively at work, on a full time basis, at their usual place of business or employment? Yes No
- B) To the best of your knowledge and belief, has any proposed Insured within the last 10 years been diagnosed, treated or been given medical advice by a member of the medical profession for:
- 1) Heart murmur, high blood pressure, chest pain, heart attack, stroke, or other disorder of the heart, blood vessels or circulatory system? Yes No
 - 2) Asthma, emphysema, chronic bronchitis, tuberculosis, or any other respiratory disorder; colitis, ulcer or any other gastrointestinal disorder; jaundice, hepatitis, liver or kidney disorder? Yes No
 - 3) Cancer, tumor, polyp, breast, prostate or any other reproductive disorder; or any thyroid or endocrine disorder? Yes No
 - 4) Brain, nervous system, seizure or mental disorder, anxiety, depression, suicide attempt or any paralysis? Yes No
 - 5) Diabetes, anemia, or any disorder of the blood; sugar, protein, or blood in the urine? Yes No
- C) To the best of your knowledge and belief, has any proposed Insured within the last 10 years:
- 1) Used amphetamines, heroin, cocaine, marijuana, or any other illegal or controlled substance except as prescribed by a physician? Yes No
 - 2) Received treatment or counseling for or been advised by a member of the medical profession to limit or discontinue the use of alcohol or prescribed or non-prescribed drugs, or been a member of any self help group such as Alcoholics Anonymous or Narcotics Anonymous? Yes No
 - 3) Been on or are now on prescribed medication or prescribed diet? Yes No
 - 4) Had or been advised to have any hospitalization, surgery, or any diagnostic test including, but not limited to, electrocardiograms, blood studies, scans, MRI's or other test? Yes No
 - 5) Had an examination, treatment or consultation with a doctor or health care provider other than above? Yes No
- D) Within the last 10 years, has any proposed Insured been told by a member of the medical profession that he or she had a diagnosis of AIDS (Acquired Immune Deficiency Syndrome), ARC (AIDS Related Complex), or the HIV (Human Immunodeficiency Virus) infection? Yes No
- E) Has any proposed Insured had a parent, brother or sister who had any occurrence of or death from coronary artery disease prior to age 60? Yes No

SECTION 16. DETAILS TO ANSWERS FOR MEDICAL QUESTIONS Identify question number; state diagnosis, dates, duration, treatment, medications and results of each illness or injury. List the name, full address, phone number, and dates of each health care provider consulted.

Question #	Proposed Insured's Name	Diagnosis, Dates, Durations, Treatments, Medications and Results	Name, Address and Phone # of Attending Doctor and Hospital

SECTION 17. PERSONAL PHYSICIAN (if none, so state)

Proposed Insured's Name	Date Last Seen, Reason and Results	Name, Address and Phone # of Attending Doctor and Hospital

SECTION 18. RESIDENCY AND FOREIGN TRAVEL Each question must be individually asked and answered for each proposed Insured.

- A) Is every proposed Insured a citizen of USA Other Country _____ Type of VISA _____
- B) How many years has the proposed Insured resided in the USA? _____
- C) Has any proposed Insured resided outside the USA during the past 2 years or intends to live outside the USA during the next 2 years? Yes No If yes, provide details: include name of proposed Insured and location.
- _____

- D) Does any proposed Insured intend to travel outside the USA during the next 2 years? Yes No
If yes, provide details: include name of proposed Insured, destination, number of trips, duration and purpose of each trip.
- _____

SECTION 19. DRIVING AND PUBLIC RECORDS Each question must be individually asked and answered for each proposed Insured.

- A) Has any proposed Insured had their driver's license suspended, restricted, revoked, or been cited for a moving violation in the last 5 years? Yes No If yes, give description of the Department of Motor Vehicles' action, plea, conviction or accident; the number of times the various occurrence(s) have taken place, the date and state of each occurrence:
- _____

- B) Has any proposed Insured in the last 10 years pled guilty to or been convicted of a felony or misdemeanor or do they have any charges currently against them (other than a minor traffic violation)? Yes No If yes, give reason:
- _____

SECTION 20. SPECIAL ACTIVITIES Each question must be individually asked and answered for each proposed Insured.

- A) Except as a passenger on a regularly scheduled flight, has any proposed Insured flown within the past 2 years, or does the proposed Insured have plans to fly in the next 2 years? If yes, complete the Avocation & Aviation Questionnaire. Yes No
- B) In the past 2 years has any proposed Insured participated in or intends within the next 2 years to engage in organized racing (automobile, truck, motorcycle, or boat), underwater or sky diving, hang gliding, canyoneering, mountain or rock climbing? If yes, complete the Avocation & Aviation Questionnaire. Yes No

SECTION 21. SUITABILITY FOR VARIABLE LIFE INSURANCE POLICY

- A) Have you, the proposed Primary Insured, and Applicant/Owner, if other than the proposed Primary Insured, received the current Prospectus for the policy? Yes No
- B) **Do you understand that the Death Benefit may be variable or fixed under specified conditions?** Yes No
- C) **DO YOU UNDERSTAND THAT UNDER THE POLICY APPLIED FOR (EXCLUSIVE OF ANY OPTIONAL BENEFITS), THE ENTIRE AMOUNT OF THE POLICY CASH VALUE MAY INCREASE OR DECREASE DEPENDING UPON THE INVESTMENT EXPERIENCE?** Yes No
- D) With this in mind, is the policy in accordance with your insurance objectives and your anticipated financial needs? Yes No

SECTION 22. TRANSFER AUTHORIZATION – TO BE COMPLETED BY APPLICANT/OWNER

(See Prospectus for transfer procedures.)

Your policy applied for, if issued, will automatically receive transfer privileges described in the applicable prospectus. These privileges allow the Owner and the registered representative of record to make transfers and to change the allocation of future payments unless declined below.

Western Reserve Life Assurance Co. of Ohio will not be liable for complying with transfer instructions it reasonably believes to be authentic, nor for any loss, damage, costs or expense in acting on such instructions, and Policy Owners will bear the risk of any such loss. Western Reserve Life Assurance Co. of Ohio will employ reasonable procedures to confirm that transfer instructions are genuine. If Western Reserve Life Assurance Co. of Ohio does not employ such procedures, it may be liable for losses due to unauthorized or fraudulent instructions. These procedures include but are not limited to requiring forms of personal identification prior to acting upon such transfer instruction, providing written confirmation of such transactions to the Owner and/or tape recording of telephone transfer request instructions received.

- The registered representative does **not** have authority to make transfers or change payment allocations on my behalf.

FRAUD WARNING

The following state(s) and U.S. territories require that insurance applicants acknowledge a fraud warning statement. Please refer to the fraud warning statement for your state or U.S. territory as indicated below.

ARKANSAS, LOUISIANA and WEST VIRGINIA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

DISTRICT OF COLUMBIA: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

FLORIDA: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

KENTUCKY: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

MAINE: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

MARYLAND: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NEW JERSEY: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NEW MEXICO: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

OHIO: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OKLAHOMA: 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.

PENNSYLVANIA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

PUERTO RICO: Any person who knowingly, and with the intention to defraud, includes false information in an application for insurance or files, assists or abets in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony, and if found guilty, shall be punished for each violation with a fine of no less than five thousand dollars (\$5000), not to exceed ten thousand dollars (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.

TENNESSEE, VIRGINIA and WASHINGTON: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

ALL OTHER STATES: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

SECTION 23. AUTHORIZATION TO OBTAIN AND DISCLOSE INFORMATION

Each of the undersigned hereby certifies and represents as follows: The statements and answers given on this application are true and complete to the best of my knowledge and belief. I acknowledge and agree (A) that this application and any amendments shall be the basis for any insurance issued; (B) that the registered representative does not have the authority to waive any question on this application, to decide if insurance will be issued, or to modify any term or provision of any insurance which may be issued based on this application, only a writing signed by an officer of the Company can change the terms of this application or the terms of any insurance issued by the Company; (C) except as provided in the Conditional Receipt, if issued with the same proposed Insured(s) as on this application, no policy applied for shall take effect until after all of the following conditions have been met: 1) the minimum initial premium must be received by the Company; 2) the proposed Owner must have personally received and accepted the policy during the lifetime of each proposed Insured and there must have been no change in the insurability of any proposed Insured; and 3) on the date of the later of either 1) or 2) above, all of the statements and answers given in this application must be true and complete. Unless otherwise stated the undersigned applicant is the premium payor and Owner of the policy applied for.

I authorize MIB Group, Inc. and its members or affiliates, my employer or former employer, any consumer reporting agency or governmental agency, medical provider, or any insurer or reinsurer to provide medical or personal information about me that is reasonably required for the purposes stated in this authorization to Western Reserve Life Assurance Co. of Ohio, its administrators, representatives or its reinsurers. I understand the information obtained by use of the authorization will be used by Western Reserve Life Assurance Co. of Ohio to determine eligibility for insurance, and eligibility for benefits under an existing policy. Any information obtained will not be released by Western Reserve Life Assurance Co. of Ohio to any person or organization except to reinsurers, MIB Group, Inc. and its members or affiliates, or other persons or organizations performing business or legal services in connection with my application, claim or as may be otherwise lawfully required or as I may authorize. This authorization will expire 30 months from the date signed. A copy of this authorization shall be as valid as the original. Either my authorized representative or I may receive a copy of this authorization upon request.

The Company shall have 60 days from the date hereof within which to consider and act on this application and if within such period a policy has not been received by the applicant or if notice of approval or rejection has not been given, then this application shall be deemed to have been declined by the Company.

I acknowledge receipt of the (1) Notice to Persons Applying for Insurance Regarding Investigative Report, (2) MIB Group, Inc. Pre-Notification, and (3) Notice of Insurance Information Practices.

I understand that any omissions or misstatements in this application could cause an otherwise valid claim to be denied under any insurance issued from this application.

Signed at _____ (city) _____ (state) on _____ (month/day/year)

Signature of proposed Primary Insured/Owner
(Child over age 15 must sign)

Print Registered Rep. Name

Signature of Applicant/Owner if other than the proposed Primary Insured (If business insurance, show title of officer and name of firm. If trust, show trustee's name)

Registered Rep. Number

Signature of proposed Other/Joint Insured

Signature of Registered Rep.

Signature of Parent or Legal Guardian of Children age 15 and under

Signature of Registered Rep. (Split)

SECTION 24. TAXPAYER IDENTIFICATION CERTIFICATION

Under current federal tax laws, the Company is required to obtain your Taxpayer Identification Number (e.g., a social security or employer identification number, or "TIN") and certification that you are not subject to backup withholding. Please review the following certification and sign accordingly.

Under penalties of perjury, I certify that (1) the TIN listed in this application is my correct TIN; (2) I have not been notified that I am subject to backup withholding or I am not subject to backup withholding because I am an exempt recipient; and (3) I am a U.S. Person (U.S. citizen/legal resident). If not a U.S. Person, I have completed the appropriate Form W-8BEN. The IRS does not require your consent to any provision of this form other than this certification.

Signature of Owner _____ **Date** _____

SECTION 25. OTHER INSURANCE – TO BE COMPLETED BY THE REGISTERED REPRESENTATIVE

- A) Will the policy applied for discontinue, replace or change any existing life insurance policy or annuity? Yes No
- B) If replacement of existing insurance is involved, have you complied with all state requirements, including any Disclosure and Comparison Statements? Yes No N/A
If No, explain _____
- C) Did you present and leave the Applicant/Owner approved sales material? Yes No

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CONDITIONAL RECEIPT

(Detach and leave with applicant only if money is submitted with application. **If within the past 12 months the proposed Insured has been diagnosed, treated or been given medical advice by a member of the medical profession for heart trouble, stroke or cancer, no payment may be accepted with the application.** Do not accept money unless all required signatures below are obtained.)

PLEASE READ THIS CAREFULLY

No coverage will become effective prior to the delivery of the policy applied for unless and until all conditions of this receipt have been fulfilled exactly. No registered representative is authorized to waive or modify any of the provisions of the conditional receipt.

Make all checks payable to the Company. Do not make checks payable to the registered representative or leave the payee blank or you may jeopardize the insurance for which you have applied.

Received from _____, the sum of \$_____ for the insurance application dated _____, with _____ as the proposed Insured. The policy you applied for will not become effective unless and until a policy contract is delivered to you and all other conditions of coverage are met. However, subject to the conditions and limitations of this Receipt, conditional insurance under the terms of the policy applied for may become effective as of the later of (1) the date of application and (2) the date of the last medical examination, tests, and other screenings required by the Company, if any (the "Effective Date"). Such conditional insurance will take effect as of the Effective Date, so long as all of the following requirements are met:

1. Each person proposed to be insured is found to have been insurable as of the Effective Date, exactly as applied for in accordance with the Company's underwriting rules and standards, without any modifications as to plan, amount, or premium rate;
2. As of the Effective Date, all statements and answers given in the application must be true and complete to the best of my knowledge and belief.
3. The payment made with the application must not be less than the full initial premium for the mode of payment chosen in the application and must be received at our Administrative Office within the lifetime of the proposed Insured to whom the conditional insurance would apply and, if in the form of check or draft, must be honored for payment;
4. All medical examinations, tests, and other screenings required of the proposed Insured by the Company are completed and the results received at our Administrative Office within 60 days of the date the application was completed; and
5. All parts of the application, any supplemental application, questionnaires, addendum and/or amendment to the application are signed and received at our Administrative Office.

Any conditional insurance provided by this Receipt will terminate on the earliest of: (a) 60 days from the date the application was signed; (b) the date the Company either mails notice to the applicant of the rejection of the application and/or mails a refund of any amounts paid with the application; (c) when the insurance applied for goes into effect under the terms of the policy applied for; or (d) the date the Company offers to provide insurance on terms that differ from the insurance for which you have applied.

If one or more of this Receipt's conditions have not been met exactly, or if the proposed Insured dies by suicide, the Company will not be liable except to return any payment made with the application.

If the Company does not approve and accept the application for insurance within 60 days of the date you signed the application, the application will be deemed to be rejected by the Company and there will be no conditional insurance. In that case, the Company's liability will be limited to returning any payment(s) you have made upon return of this Receipt to the Company.

The aggregate amount of conditional insurance provided under this Receipt, if any, and any other conditional receipt issued by the Company shall be limited to the lesser of the amount(s) applied for or \$500,000 of life insurance. There is no conditional insurance for any riders, additional benefits, proposed Other Insured(s) or proposed insured child(ren) if any, for which you have applied.

Authorization (Signatures Required)

I certify that I have read and reviewed the Conditional Receipt and the Authorization to Obtain and Disclose Information in the application. The terms and conditions of the Conditional Receipt have been explained to me fully by the registered representative and I understand them.

Dated at _____ on _____
City, State Date Signature of Registered or Authorized Company Rep.

Signature of proposed Primary Insured Signature of Applicant (if other than proposed Primary Insured)

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NOTICES

DETACH AND LEAVE THIS PAGE WITH APPLICANT

NOTICE TO PERSONS APPLYING FOR INSURANCE REGARDING INVESTIGATIVE REPORT

To proposed Insured: In connection with this application, an investigative consumer report may be prepared about you. Such reports are part of the process of evaluating risks for life and health insurance. Typically, this report will contain information about your character, general reputation, personal characteristics and mode of living. The information in the report may be obtained by talking with you or members of your family, business associates, financial sources, neighbors, and others you know. You may ask to be interviewed in connection with the preparation of any such report. Also, we may have the report updated if you apply for more coverage.

Upon your written request, we will let you know whether a report was prepared and we will give you the name, address, and telephone number of the agency preparing the report. By contacting that agency and providing proper identification, you may obtain a copy of the report.

MIB GROUP, INC. (MIB) PRE-NOTIFICATION

To proposed Insured and other persons proposed to be insured, if any. Information regarding your insurability will be treated as confidential. We or our reinsurer(s) may, however, make a brief report on this information to MIB Group, Inc., a non-profit membership organization of insurance companies that operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB may, upon request, supply such company with the information in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information it may have in your file. If you question the accuracy of information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information office is: Post Office Box 105, Essex Station, Boston, Massachusetts 02122; and telephone number is 866-692-6901 (TTY 866-346-3642 for hearing impaired).

NOTICE OF INSURANCE INFORMATION PRACTICES

To proposed Insured: Personal information may be collected from persons other than the individual(s) proposed for coverage. Such information as well as other personal or privileged information subsequently collected by us or our registered representative may in certain circumstances be disclosed to third parties without authorization. Upon request, you have the right to access your personal information and ask for corrections. You may obtain a complete description of our Information Practices by writing to Western Reserve Life Assurance Co. of Ohio, Attn: Director of Underwriting, [4333 Edgewood Road NE, Cedar Rapids, Iowa 52499].

**PLEASE PROVIDE A COPY OF THIS NOTICE TO THE PROPOSED INSURED
IF NOT A HOUSEHOLD MEMBER.**

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Additional Information Supplement (For use only with FEB)

SECTION 1. PROPOSED CONTINGENT OWNER If ownership is corporation, partnership or institutional body, please complete the Entity Certification of Authority form. If ownership is a trust, please complete the Trustee Certification Trust form. Attach a copy of the first page and the signature page of the Trust.

1. Last Name		First Name		M.I.
2. Address (Cannot be a P.O. Box)			Apt#	City
State	Zip Code	3. Home Phone ()	4. Social Security Number / Tax ID #	
5. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	6. Date of Birth/Trust Date MM-DD-YYYY	7. Relationship to proposed Primary Insured		
8. Are you a citizen of <input type="checkbox"/> USA <input type="checkbox"/> Other Country _____ Type of VISA _____				

SECTION 2. PROPOSED OTHER INSURED **SPECIFIED AMOUNT \$** _____
 We will allow the OIR death benefit recipient to be a choice of: Owner Primary Insured Same Beneficiary as the base policy
 Other _____

1. Last Name		First Name		M.I.
2. Address (Cannot be a P.O. Box)			Apt#	City
State	Zip Code	3. Years at Address	4. Home Phone ()	5. Driver License Number
6. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	7. Date of Birth MM-DD-YYYY	8. Age	9. Place of Birth – State/Country	10. Social Security Number
11. Height (ft. in.)	12. Weight (lbs.)	13. Marital Status	14. Relationship to proposed Primary Insured	
15. Employer				#Years
16. Employer's Address and Phone Number				
17. Occupation & Duties				
18. Have you used TOBACCO or any other product containing NICOTINE in the last 12 months? <input type="checkbox"/> No <input type="checkbox"/> Yes Date last used _____				
19. Rate Class Quoted: <input type="checkbox"/> Ult Select <input type="checkbox"/> Select <input type="checkbox"/> Ult Standard <input type="checkbox"/> Standard <input type="checkbox"/> Juvenile				

SECTION 3. PROPOSED OTHER INSURED **SPECIFIED AMOUNT \$** _____
 We will allow the OIR death benefit recipient to be a choice of: Owner Primary Insured Same Beneficiary as the base policy
 Other _____

1. Last Name		First Name		M.I.
2. Address (Cannot be a P.O. Box)			Apt#	City
State	Zip Code	3. Years at Address	4. Home Phone ()	5. Driver License Number
6. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	7. Date of Birth MM-DD-YYYY	8. Age	9. Place of Birth – State/Country	10. Social Security Number
11. Height (ft. in.)	12. Weight (lbs.)	13. Marital Status	14. Relationship to proposed Primary Insured	
15. Employer				#Years
16. Employer's Address and Phone Number				
17. Occupation & Duties				
18. Have you used TOBACCO or any other product containing NICOTINE in the last 12 months? <input type="checkbox"/> No <input type="checkbox"/> Yes Date last used _____				
19. Rate Class Quoted: <input type="checkbox"/> Ult Select <input type="checkbox"/> Select <input type="checkbox"/> Ult Standard <input type="checkbox"/> Standard <input type="checkbox"/> Juvenile				

SECTION 4. PROPOSED OTHER INSURED **SPECIFIED AMOUNT \$** _____

We will allow the OIR death benefit recipient to be a choice of: Owner Primary Insured Same Beneficiary as the base policy
 Other _____

1. Last Name		First Name		M.I.
2. Address (Cannot be a P.O. Box)			Apt#	City
State	Zip Code	3. Years at Address	4. Home Phone ()	5. Driver License Number
6. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	7. Date of Birth MM-DD-YYYY	8. Age	9. Place of Birth – State/Country	10. Social Security Number
11. Height (ft. in.)	12. Weight (lbs.)	13. Marital Status	14. Relationship to proposed Primary Insured	
15. Employer and Employer's Phone Number				#Years
16. Employer's Address				
17. Occupation & Duties				
18. Have you used TOBACCO or any other product containing NICOTINE in the last 12 months? <input type="checkbox"/> No <input type="checkbox"/> Yes Date last used _____				
19. Rate Class Quoted: <input type="checkbox"/> Ult Select <input type="checkbox"/> Select <input type="checkbox"/> Ult Standard <input type="checkbox"/> Standard <input type="checkbox"/> Juvenile				

SECTION 5. PROPOSED OTHER INSURED **SPECIFIED AMOUNT \$** _____

We will allow the OIR death benefit recipient to be a choice of: Owner Primary Insured Same Beneficiary as the base policy
 Other _____

1. Last Name		First Name		M.I.
2. Address (Cannot be a P.O. Box)			Apt#	City
State	Zip Code	3. Years at Address	4. Home Phone ()	5. Driver License Number
6. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	7. Date of Birth MM-DD-YYYY	8. Age	9. Place of Birth – State/Country	10. Social Security Number
11. Height (ft. in.)	12. Weight (lbs.)	13. Marital Status	14. Relationship to proposed Primary Insured	
15. Employer and Employer's Phone Number				#Years
16. Employer's Address				
17. Occupation & Duties				
18. Have you used TOBACCO or any other product containing NICOTINE in the last 12 months? <input type="checkbox"/> No <input type="checkbox"/> Yes Date last used _____				
19. Rate Class Quoted: <input type="checkbox"/> Ult Select <input type="checkbox"/> Select <input type="checkbox"/> Ult Standard <input type="checkbox"/> Standard <input type="checkbox"/> Juvenile				

SECTION 6. DECLARATIONS

I (We) represent that all statements and answers made in this supplement are full, complete and true to the best of my (our) knowledge and belief. It is agreed that this statement shall be made part of the application, and is subject to all terms and conditions contained in the application.

Signed at _____ on _____
 (city) (state) (month/day/year)

sec. 2 _____ sec. 4 _____
 Signature of proposed Other Insured Signature of proposed Other Insured
 (Child over age 15 must sign) (Child over age 15 must sign)

sec. 3 _____ sec. 5 _____
 Signature of proposed Other Insured Signature of proposed Other Insured
 (Child over age 15 must sign) (Child over age 15 must sign)

 Signature of Parent or Legal Guardian for Insured(s)
 age 15 and under

 Signature of Applicant/Owner, if other than the
 proposed Primary Insured (If business insurance,
 show title of officer and name of firm. If trust, show
 trustee's name)

 Witness (Registered Representative)

SERFF Tracking Number: *AEGB-125675883* *State:* *Arkansas*
Filing Company: *Western Reserve Life Assurance Co. of Ohio* *State Tracking Number:* *39391*
Company Tracking Number: *VL22AR*
TOI: *L061 Individual Life - Variable* *Sub-TOI:* *L061.002 Single Life - Flexible Premium*
Product Name: *Flexible Premium Variable Life Insurance Policy et al*
Project Name/Number: *VL22AR et al/VL22AR et al*

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: AEGB-125675883 State: Arkansas
Filing Company: Western Reserve Life Assurance Co. of Ohio State Tracking Number: 39391
Company Tracking Number: VL22AR
TOI: L061 Individual Life - Variable Sub-TOI: L061.002 Single Life - Flexible Premium
Product Name: Flexible Premium Variable Life Insurance Policy et al
Project Name/Number: VL22AR et al/VL22AR et al

Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice

06/02/2008

Comments:

Attachments:

AR Bulletin 11-83 Certification.pdf
AR Bulletin 11-88 Certification.pdf
AR Certification of Readability.pdf
AR Regulation 19 Certification.pdf
AR Regulation 33 Certification.pdf
AR Regulation 49 Certification.pdf

Review Status:

Satisfied -Name: Cover Letter

06/23/2008

Comments:

Please find a copy of our cover letter, as included in the filing description field of the General Information tab, printed on our company's letter head.

Attachment:

WRL Cover Letter.pdf

WESTERN RESERVE LIFE ASSURANCE CO. OF OHIO
Home Office: Columbus, Ohio

BULLETIN 11-83 CERTIFICATION

Policy Form: VL22AR

We agree that all premium rates and/or cost bases (both "maximum" and "current or projected") used in relation to the above captioned policy form number will be filed with the Insurance Commissioner of the State of Arkansas ("Commissioner") at least sixty (60) days prior to their proposed effective date. Such rates and/or cost bases shall be deemed effective sixty (60) days after they are filed with the Commissioner, unless the Commissioner shall approve or disapprove such rates and/or cost bases prior to the expiration of sixty (60) days.



Fred Alvarado, Manager
Contract Development

06/23/2008

Date



Cheryl Bock
Assistant Vice President

WESTERN RESERVE LIFE ASSURANCE CO. OF OHIO
Home Office: Columbus, Ohio

BULLETIN 11-88 CERTIFICATION

Policy Form: VL22AR

We certify that, for policies issued in Arkansas on the above-referenced policy form number, we will deliver the Consumer Information Notice required by Bulletin 11-88.



Fred Alvarado, Manager
Contract Development

06-23-2008
Date



Cheryl Bock
Assistant Vice President

WESTERN RESERVE LIFE ASSURANCE CO. OF OHIO
Home Office: Columbus, Ohio

ARKANSAS CERTIFICATION OF READABILITY

This is to certify that the attached life insurance forms have each achieved a Flesch Reading Ease Score as shown.

<u>Form Number</u>	<u>Form Description</u>	<u>Flesch Score</u>
VL22AR	Flexible Premium Variable Life Insurance Policy	50.6
U000312	Application	50.5

and each form complies with the requirements of Arkansas Statutes Annotated Sections 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.



Fred Alvarado, Manager
Contract Development

06-23-2008
Date



Cheryl Bock
Assistant Vice President

WESTERN RESERVE LIFE ASSURANCE CO. OF OHIO
Home Office: Columbus, Ohio

COMPLIANCE CERTIFICATION

Policy Form: VL22AR

We certify that, to the best of our knowledge and belief, this submission meets the provisions of Rule and Regulation 19 as well as all applicable requirements of the Insurance Division of the State of Arkansas.



Fred Alvarado, Manager
Contract Development

06-23-2008
Date



Cheryl Bock
Assistant Vice President

WESTERN RESERVE LIFE ASSURANCE CO. OF OHIO
Home Office: Columbus, Ohio

REGULATION 33 CERTIFICATION

Policy Form: VL22AR

We certify that, to the best of our knowledge and belief, we are in compliance with Regulation 33 of the State of Arkansas.



Fred Alvarado, Manager
Contract Development

06-23-2008
Date



Cheryl Bock
Assistant Vice President

WESTERN RESERVE LIFE ASSURANCE CO. OF OHIO
Home Office: Columbus, Ohio

REGULATION 49 CERTIFICATION

Policy Form: VL22AR

We certify that, for policies issued in Arkansas on the above-referenced policy form number, we will deliver the Life and Health Guaranty Fund Notice required by Regulation 49.



Fred Alvarado, Manager
Contract Development

06-23-2008
Date



Cheryl Bock
Assistant Vice President



June 23, 2008

Commissioner of Insurance
Arkansas Department of Insurance
Compliance - Life/Health
1200 West Third Street
Little Rock, AR 72201-1904

RE: Western Reserve Life Assurance Co. of Ohio
NAIC #: 468-91413
FEIN #: 43-1162657
Forms: VL22AR- Flexible Premium Variable Life Insurance Policy
U000312 - Application

Western Reserve Life Assurance
Co. of Ohio
Administrative Office:
4333 Edgewood Road NE
Cedar Rapids, IA 52499
Home Office:
Columbus, Ohio
www.westernreserve.com

Dear Sir/Madam:

Enclosed please find copies of the above referenced forms. These are new forms and are not intended to replace any forms previously approved by your Department. These forms have been submitted in final printed form in which they will be distributed to the Insureds. These forms are subject to only minor modifications in paper size and stock, ink, border, Company logo, Company address, adaptation to computer printing, and Officer's signatures.

Flexible Premium Variable Life Insurance Policy - The enclosed policy form is a single life flexible premium variable life insurance policy that is issued pursuant to the guideline premium life insurance compliance test. The issue age is based on age nearest birthday for ages 0-85. The minimum specified amount (i.e. face amount) for this policy is \$50,000. There are three death benefit options available under this policy. This policy has a maturity date, which is the anniversary nearest in the insured's 100th birthday. However, the maturity date may be extended as provided in the Extension of Maturity Date provision in the policy. This policy features a no lapse guarantee based on the insured's age on the policy date: (1) 20 years for issue ages 0-45; (2) to age 65 for issue age 46-60; and (3) five years for issue ages 61 and older.

The policy form has been developed in compliance with the NAIC Variable Life Insurance Regulation, regulations adopted in your State, and regulations adopted by the Securities and Exchange Commission to regulate flexible premium variable life insurance policies. We have enclosed the actuarial memorandum and supporting documentation.

Application for Insurance – The proposed owner will use this form to apply for the coverage provided under the policy.

WRL uses technology that provides a robust online signature solution, including allowing agents to collect owners and insured's electronic signatures. "The electronic application and signature process is only available to those who specifically consent to do business with WRL electronically, and at any time, such consent can be revoked and the applicant can return to a hard copy application process.

The solution consists of an online module, integrated with the platform that allows users to pull up an electronic version of the filed and approved application, review its content, view all signature required associated with the document, and if there is no change or correction to the document as presented, apply an electronic signature for each signature required. Each signature will be captured separately. The E-Signature solution generates all of the documents for one application in separate documents, and each document contains its own metadata that is locked and bound after the signing ceremony is complete. If any document is changed during the course of the signing ceremony, any signatures captured for such document are effectively revoked, and the document must be resigned completely. Once the application is submitted to the carrier it can never be changed and is held at the carrier in a locked down status.

All processes used will comply with the Uniform Electronic Transactions Act, and to the extent applicable, the Federal E-SIGN Act.



Western Reserve Life Assurance
Co. of Ohio
Administrative Office:
4333 Edgewood Road NE
Cedar Rapids, IA 52499
Home Office:
Columbus, Ohio
www.westernreserve.com

If you have any questions or if you need any additional information in order to complete your review, please do not hesitate to contact me. Thank you in advance for your time and attention.

Sincerely,
WESTERN RESERVE LIFE ASSURANCE CO. OF OHIO

A handwritten signature in cursive script that reads "Joanne D. Nolte".

Joanne D. Nolte
Policy Analyst
Contract Development
Ph: 319.355.7494
Fax: 319.355.2501
jnolte@aegonusa.com