

SERFF Tracking Number: AEGB-125842181 State: Arkansas
Filing Company: Transamerica Life Insurance Company State Tracking Number: 40485
Company Tracking Number: UL05 1207 REV
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
Adjustable Life
Product Name: UL05 1207 REV
Project Name/Number: Inheritance Builder/UL05 1207 REV

Filing at a Glance

Company: Transamerica Life Insurance Company

Product Name: UL05 1207 REV

SERFF Tr Num: AEGB-125842181 State: ArkansasLH

TOI: L09I Individual Life - Flexible Premium

SERFF Status: Closed

State Tr Num: 40485

Adjustable Life

Sub-TOI: L09I.001 Single Life

Co Tr Num: UL05 1207 REV

State Status: Approved-Closed

Filing Type: Form

Co Status:

Reviewer(s): Linda Bird

Author: Janet Waldschmidt

Disposition Date: 10/16/2008

Date Submitted: 10/08/2008

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Inheritance Builder

Status of Filing in Domicile: Authorized

Project Number: UL05 1207 REV

Date Approved in Domicile: 10/03/2008

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 10/16/2008

Deemer Date:

State Status Changed: 10/16/2008

Corresponding Filing Tracking Number: UL05 1207 REV

Filing Description:

Universal Life policy

October 8, 2008

Arkansas Department of Insurance

1200 West 3rd Street

SERFF Tracking Number: AEGB-125842181 State: Arkansas
Filing Company: Transamerica Life Insurance Company State Tracking Number: 40485
Company Tracking Number: UL05 1207 REV
TOI: L091 Individual Life - Flexible Premium Sub-TOI: L091.001 Single Life
Adjustable Life
Product Name: UL05 1207 REV
Project Name/Number: Inheritance Builder/UL05 1207 REV

Little Rock, AR 72201-1904

Re: TRANSAMERICA LIFE INSURANCE COMPANY

NAIC #468-86231

FEIN # 39-0989871

Form Number: UL05 1207 REV – Individual Flexible Premium Universal Life Insurance

Dear Sir/Madam:

Please find attached a copy of the above referenced form. This form is intended to revise and replace previously filed form, UL05 1207, which was recently approved by your Department on 03/11/08. During a recent audit of our files, we discovered inconsistencies with two provisions. In the NONFORFEITURE CHARGES section, under the BASIS USED FOR CALCULATION provision, we corrected the percentage rate from 3.5% to 4.00%. In the SURRENDER CHARGE provision we added an additional table which shows the Surrender Charge Percentage of Premiums lowered for ages 66 and above. We certify that no other changes have been made to the form, except those described above. We have revised the form number by adding "REV" to the end of the form number originally submitted.

This form has been submitted in final printed form in which they will be distributed to the Insureds. This form is subject to only minor modifications in paper size and stock, ink, border, Company logo, Company address, adaptation to computer printing, and Officer's signatures.

Individual Flexible Premium Life Insurance Product – This universal life policy is a flexible premium adjustable life insurance policy, which will be issued to tobacco or non tobacco users on a simplified issue and full underwriting basis. The simplified issue limit is 2,000 times the applicant's issue age, (e.g. for issue age 50, the insured may pay premium up to \$100,000 on a simplified issue basis). Any premium that pushes the policy over simplified issue limit will receive full underwriting. The product is available for ages 20 – 85, based on Age Last Birthday. The minimum initial premium is \$5,000. We will not accept additional premium in the first policy year. After the first year, additional premiums will be accepted up to age 85. All additional premiums will increase the specified amount. Additional premium may require additional underwriting.

We intend to use application form number L 115 0108, which was previously approved by your Department on 03/11/08.

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This product will be illustrated, in accordance with the NAIC Model Illustration Regulation.

This form will be marketed through our agent field force. We have not identified any specific market for this product.

Actuarial demonstrations and supporting documentation are attached for your reference.

We would appreciate your review and approval of this form.

Sincerely,

TRANSAMERICA LIFE INSURANCE COMPANY

Janet Waldschmidt
Policy Analyst
(260) 485-9093
(319) 355-2501 (fax)
jwaldschmidt@aegonusa.com

Company and Contact

Filing Contact Information

Janet Waldschmidt, Contract Analyst jwaldschmidt@aegonusa.com
4333 Edgewood Road, NE (260) 485-9093 [Phone]
Cedar Rapids, IA 52499 (213) 763-9557[FAX]

Filing Company Information

Transamerica Life Insurance Company CoCode: 86231 State of Domicile: Iowa
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: 39-0989781

SERFF Tracking Number: AEGB-125842181 State: Arkansas
Filing Company: Transamerica Life Insurance Company State Tracking Number: 40485
Company Tracking Number: UL05 1207 REV
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
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Product Name: UL05 1207 REV
Project Name/Number: Inheritance Builder/UL05 1207 REV

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: 1 filing @ \$50.
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Transamerica Life Insurance Company	\$50.00	10/08/2008	23049732

SERFF Tracking Number: AEGB-125842181 State: Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	10/16/2008	10/16/2008

SERFF Tracking Number: AEGB-125842181 State: Arkansas
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Product Name: UL05 1207 REV
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Disposition

Disposition Date: 10/16/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AEGB-125842181 State: Arkansas
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 Product Name: UL05 1207 REV
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document	Bulletin 11-83		Yes
Supporting Document	Cert of Regulation 34		Yes
Supporting Document	Cert of Regulation 49		Yes
Supporting Document	Rule and Regulation 19		Yes
Supporting Document	Actuarial Demo		No
Supporting Document	Flesch Score		Yes
Form	Inheritance Builder		Yes

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Form Schedule

Lead Form Number: UL05 1207 REV

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	UL05 1207 REV	Policy/Cont ract/Fraternal Certificate	Inheritance Builder	Initial		50	UL05 1207 REV.pdf



TRANSAMERICA
LIFE INSURANCE COMPANY

A Stock Company

Home Office located at: Cedar Rapids, Iowa

Administrative Office located at: 4333 Edgewood Road N.E., Cedar Rapids, Iowa 52499

(Hereafter called the Company, we, our, or us) (319) 355-8511

INSURED: [JOHN DOE]

**INITIAL SPECIFIED
AMOUNT:** [\$100,000]

POLICY NUMBER: [110 01 SAMPLE]

POLICY DATE: [MARCH 01, 2008]

OWNER(S): [JOHN DOE]

WE AGREE - To pay the Proceeds of this Policy to the Beneficiary upon receiving due proof of the Insured's death and to provide You with the other rights and benefits of this Policy. These agreements are subject to the provisions of this Policy.

30 DAY FREE LOOK - If, for any reason, You are not satisfied with Your Policy, You may cancel it by returning the Policy to Us or to Your agent within thirty (30) days after You receive it. If You do, We will refund the premium paid to Us.

Signed for Us at Our Home Office.



SECRETARY



PRESIDENT

This Policy is a legal contract between the Owner and the Company.

READ YOUR POLICY CAREFULLY

COMPLAINT NOTICE

To obtain information or to make further inquiries regarding this Policy, You may call Our toll-free number 1-800-732-7754. You may also write to Us at Our Administrative Office.

**FLEXIBLE PREMIUM UNIVERSAL LIFE INSURANCE POLICY
(INITIAL PREMIUM PAYABLE, WITH LIMITED RIGHT FOR ADDITIONAL PREMIUM PAYMENTS)
PROCEEDS PAYABLE AT DEATH
NON-PARTICIPATING**

DEFINITIONS

When We use the following words, this is what We mean:

AGE – The Insured's age at the Insured's last birthday, unless We state otherwise.

BENEFICIARY – The person to receive the Proceeds in the event of the Insured's death.

IN FORCE – Insurance coverage under this Policy is in effect and has not been Terminated.

INDEBTEDNESS – All Policy Loans, if any, including accrued loan interest.

INSURED – The person whose life is insured under this Policy as shown on the Policy Specification Page.

LAPSE – Termination of the Policy due to insufficient Policy Value. If there is remaining Policy Value at the time of termination, it will be applied to the nonforfeiture options.

MONTHLY DATE – The day of each month coinciding with the Policy Date. If there is no day in the calendar month that coincides with the Policy Date, the Monthly Date will be the first day of the following month.

POLICY ANNIVERSARY – The same day and month as Your Policy Date for each succeeding year Your Policy remains In Force.

POLICY DATE – The date coverage under this Policy becomes effective and the date from which the Policy Anniversaries, policy years, and Monthly Dates are determined.

PROCEEDS – The amount We are obligated to pay under the terms of this Policy when the Insured dies.

SPECIFIED AMOUNT – The amount upon which Death Benefits are determined. The Initial Specified Amount is shown on the Policy Specification Page, unless changed in accordance with the Additional Premium section of this Policy or reduced by a cash withdrawal.

TERMINATE – When the Insured's life is no longer insured under any of the terms of this Policy.

WRITTEN REQUEST – A request in writing signed by You on a form acceptable to the Company.

YOU, YOUR, OWNER – The Owner of this Policy as shown in the application, unless subsequently changed as provided for in this Policy. The Owner is the Insured unless otherwise stated.

GUARANTEED MONTHLY COST OF INSURANCE RATES PER \$1,000

Attained	Male	Female			Attained	Male	Female		
Age	Non	Non	Male	Female	Age	Non	Non	Male	Female
Age	Tobacco	Tobacco	Tobacco	Tobacco	Age	Tobacco	Tobacco	Tobacco	Tobacco
20	0.07917	0.03750	0.13250	0.07333	71	2.33250	1.60917	5.33750	4.23083
21	0.07917	0.03917	0.17000	0.07833	72	2.59750	1.76417	5.83000	4.60417
22	0.07917	0.04000	0.17833	0.08250	73	2.87667	1.93333	6.32667	5.01000
23	0.08000	0.04000	0.18750	0.08583	74	3.17667	2.12083	6.86333	5.43500
24	0.08083	0.04167	0.19750	0.09167	75	3.50333	2.32667	7.46083	5.88083
25	0.08333	0.04250	0.20833	0.09917	76	3.87167	2.55250	8.12417	6.36333
26	0.08667	0.04583	0.22000	0.10500	77	4.30000	2.80250	8.89000	6.88333
27	0.08833	0.04750	0.22583	0.11167	78	4.79750	3.07500	9.76917	7.44500
28	0.08667	0.05000	0.22750	0.11833	79	5.35500	3.37417	10.73583	8.04833
29	0.08583	0.05250	0.22583	0.12583	80	5.97667	3.74583	11.79333	8.80167
30	0.08500	0.05500	0.22500	0.13417	81	6.65250	4.20250	12.91750	9.72083
31	0.08417	0.05833	0.22583	0.14333	82	7.36833	4.68583	14.07333	10.66833
32	0.08500	0.06167	0.23000	0.15417	83	8.15000	5.19333	15.30583	11.63583
33	0.08750	0.06583	0.23750	0.16667	84	9.01917	5.75917	16.70000	12.64417
34	0.08917	0.07083	0.24583	0.18250	85	9.98583	6.33250	18.28000	13.57500
35	0.09333	0.07667	0.25583	0.19833	86	11.04917	7.01000	19.99333	14.65167
36	0.09750	0.08250	0.27167	0.21500	87	12.19833	7.84667	21.81500	15.98583
37	0.10333	0.08750	0.28833	0.22833	88	13.42000	8.72917	23.71417	17.32250
38	0.11083	0.09167	0.31000	0.24250	89	14.70167	9.60750	25.66583	18.54500
39	0.11750	0.09667	0.33417	0.25750	90	15.97833	10.25417	27.55250	19.24000
40	0.12667	0.10250	0.36250	0.27417	91	17.23500	10.87250	29.34750	19.81000
41	0.13750	0.10917	0.39750	0.29250	92	18.55167	11.89750	31.19000	21.04083
42	0.15083	0.11667	0.43833	0.31667	93	19.94000	13.28667	33.09500	22.78333
43	0.16667	0.12583	0.48750	0.34250	94	21.40250	15.01667	35.12750	25.21250
44	0.18417	0.13667	0.54250	0.37417	95	22.85083	16.89917	37.17417	28.07750
45	0.20333	0.14917	0.59750	0.41000	96	24.26500	18.75333	39.11583	30.80583
46	0.22250	0.16417	0.65250	0.45250	97	25.77167	19.95667	41.16333	32.42500
47	0.23833	0.18167	0.69917	0.50500	98	27.37833	20.61000	43.32500	33.07417
48	0.25083	0.20083	0.73417	0.56750	99	29.09250	21.96583	45.60667	34.82167
49	0.26667	0.22250	0.77917	0.63750	100	30.73000	23.72833	47.74000	37.18500
50	0.28750	0.24667	0.83750	0.71250	101	32.18250	25.64333	49.56417	39.74000
51	0.31417	0.27417	0.91417	0.79500	102	33.72750	27.75333	51.48167	42.51667
52	0.34667	0.30500	1.00667	0.88417	103	35.37000	30.05833	53.49500	45.50500
53	0.38417	0.33750	1.11750	0.98000	104	37.10583	32.57083	55.79083	48.95417
54	0.43167	0.37167	1.25000	1.08250	105	38.93417	35.22583	58.52500	52.93000
55	0.48500	0.41083	1.39083	1.19167	106	40.87500	37.94333	61.42750	56.99833
56	0.54000	0.45333	1.53750	1.30750	107	42.93417	40.70583	64.50833	61.13750
57	0.59333	0.49833	1.67250	1.42500	108	45.11917	43.51583	67.77667	65.34667
58	0.64667	0.54500	1.80083	1.54750	109	47.43500	46.41917	71.24250	69.69500
59	0.70917	0.59250	1.95250	1.67917	110	49.88750	49.32917	74.91250	74.05417
60	0.78500	0.64250	2.13917	1.81500	111	52.48583	52.13417	78.80083	78.25583
61	0.87750	0.69750	2.36667	1.96250	112	55.23583	54.81333	82.91833	82.26917
62	0.98500	0.75583	2.62750	2.11917	113	58.14583	57.56500	83.33333	83.33333
63	1.10250	0.81750	2.90750	2.27833	114	61.22083	61.00417	83.33333	83.33333
64	1.22500	0.88500	3.18750	2.45167	115	64.46917	64.27833	83.33333	83.33333
65	1.35250	0.96000	3.46083	2.63750	116	67.89667	67.69583	83.33333	83.33333
66	1.48167	1.04167	3.72667	2.84000	117	71.51083	71.32500	83.33333	83.33333
67	1.61667	1.13250	3.99333	3.06500	118	75.31667	74.71500	83.33333	83.33333
68	1.75917	1.23333	4.26750	3.31167	119	83.33333	83.33333	83.33333	83.33333
69	1.91917	1.34333	4.56833	3.58250	120	83.33333	83.33333	83.33333	83.33333
70	2.10583	1.46750	4.91417	3.88917	121	83.33333	83.33333	83.33333	83.33333

GUARANTEED CASH VALUE PER \$1000 SPECIFIED AMOUNT

Attained	Male	Female			Attained	Male	Female		
Age	Non	Non	Male	Female	Age	Non	Non	Male	Female
Age	Tobacco	Tobacco	Tobacco	Tobacco	Age	Tobacco	Tobacco	Tobacco	Tobacco
20	122.65	106.52	182.28	158.93	71	620.88	558.76	723.92	686.54
21	126.72	109.86	187.98	164.55	72	635.51	572.87	735.96	698.71
22	130.97	113.84	193.86	170.34	73	650.02	587.04	747.75	71067
23	135.38	117.97	199.90	176.34	74	664.44	601.27	759.40	722.41
24	139.97	122.26	206.11	182.55	75	678.77	615.54	770.90	733.95
25	144.74	126.72	212.48	188.96	76	693.02	629.82	782.24	745.34
26	149.68	131.34	219.03	195.57	77	707.13	644.11	793.39	756.56
27	154.79	136.12	225.74	202.39	78	721.02	658.39	804.24	767.63
28	160.09	141.08	232.69	209.43	79	734.58	672.65	814.69	778.55
29	165.63	146.21	239.92	216.69	80	747.75	68687	824.69	789.34
30	171.40	151.52	247.48	224.18	81	760.49	700.90	834.21	799.77
31	177.41	157.02	255.37	231.91	82	772.77	714.54	843.29	809.54
32	183.69	162.72	263.58	239.88	83	784.63	727.82	852.03	818.72
33	190.21	168.61	272.12	248.09	84	796.08	740.78	860.49	827.36
34	196.97	174.71	280.95	256.53	85	807.03	753.37	868.57	835.50
35	204.00	181.00	290.09	265.18	86	817.44	765.70	876.15	843.41
36	211.28	187.49	299.54	274.06	87	827.23	777.62	883.17	850.94
37	218.81	194.19	309.27	283.17	88	836.37	788.84	889.59	857.67
38	226.61	201.12	319.29	292.55	89	844.84	799.38	895.40	863.63
39	234.65	208.29	329.56	302.23	90	852.63	809.38	900.61	869.03
40	242.97	215.72	340.10	312.19	91	859.86	819.55	905.33	874.91
41	251.55	223.39	350.88	322.45	92	866.68	830.17	909.76	881.80
42	260.40	231.32	361.88	333.01	93	873.10	840.63	913.93	889.06
43	269.49	239.51	373.05	343.84	94	879.09	850.40	917.87	896.26
44	278.83	247.95	384.37	354.94	95	884.62	859.01	921.48	902.66
45	288.41	256.65	395.81	366.30	96	889.78	866.24	924.78	907.65
46	298.23	265.60	407.39	377.89	97	894.70	872.11	927.95	911.08
47	308.31	274.80	419.14	389.69	98	899.37	877.70	930.97	914.09
48	318.70	284.23	431.14	401.65	99	903.71	884.16	933.77	918.18
49	329.43	293.90	443.48	413.72	100	907.59	890.72	936.21	922.54
50	340.49	303.79	456.14	425.88	101	911.12	897.02	938.32	926.76
51	351.88	313.91	469.05	438.11	102	914.57	903.07	940.41	930.85
52	363.55	324.25	482.13	450.39	103	917.94	908.83	942.50	934.82
53	375.50	334.78	495.33	462.71	104	921.22	914.22	944.71	938.79
54	387.70	345.52	508.55	475.05	105	924.40	919.27	947.02	942.64
55	400.10	356.47	521.72	487.39	106	927.50	923.84	949.27	946.13
56	412.68	367.62	534.82	499.73	107	930.52	928.02	951.46	949.29
57	425.47	378.94	547.87	512.07	108	933.45	931.84	953.58	952.16
58	438.49	390.45	560.97	524.42	109	936.29	935.36	955.63	954.80
59	451.77	402.16	574.21	536.79	110	939.05	938.53	957.61	957.18
60	465.29	414.08	587.51	549.18	111	941.71	941.34	959.52	959.26
61	479.00	426.22	600.77	561.60	112	944.28	943.90	961.36	961.07
62	492.81	438.57	613.83	574.03	113	946.77	946.38	961.54	961.54
63	506.70	451.14	626.61	586.48	114	949.16	949.00	961.54	961.54
64	520.62	463.92	639.08	598.97	115	951.46	951.33	961.54	961.54
65	534.61	476.93	651.31	611.51	116	953.67	953.55	961.54	961.54
66	548.66	490.13	663.38	624.07	117	955.81	955.68	961.54	961.54
67	562.84	503.53	675.40	636.65	118	957.99	957.72	961.54	961.54
68	577.15	517.11	687.44	649.21	119	961.54	961.54	961.54	961.54
69	591.61	530.85	699.55	661.74	120	1000.00	1000.00	1000.00	1000.00
70	606.21	544.74	711.73	674.20	121	1000.00	1000.00	1000.00	1000.00

NET SINGLE PREMIUM PER \$1000

Attained	Male	Female				Male	Female		
Age	Non	Non	Male	Female	Attained	Non	Non	Male	Female
Age	Tobacco	Tobacco	Tobacco	Tobacco	Age	Tobacco	Tobacco	Tobacco	Tobacco
20	122.65	106.02	182.28	158.93	71	620.88	558.76	723.92	686.54
21	126.72	109.86	187.98	164.55	72	635.51	572.87	735.96	698.71
22	130.97	113.84	193.86	170.34	73	650.02	587.04	747.75	710.67
23	135.38	117.97	199.90	176.34	74	664.44	601.27	759.40	722.41
24	139.97	122.26	206.11	182.55	75	678.77	615.54	770.90	733.95
25	144.74	126.72	212.48	188.96	76	693.02	629.82	782.24	745.34
26	149.68	131.34	219.03	195.57	77	707.13	644.11	793.11	756.56
27	154.79	136.12	225.74	202.39	78	721.02	658.39	804.24	767.63
28	160.09	141.08	232.69	209.43	79	734.58	672.65	814.69	778.55
29	165.63	146.21	239.92	216.69	80	747.75	686.87	824.69	789.34
30	171.40	151.52	247.48	224.18	81	760.49	700.90	834.21	799.77
31	177.41	157.02	255.37	231.91	82	772.77	714.54	843.29	809.54
32	183.69	162.72	263.58	239.88	83	784.63	727.82	852.03	818.72
33	190.21	168.61	272.12	248.09	84	796.08	740.78	860.49	827.36
34	196.97	174.71	280.95	256.53	85	807.03	753.37	868.57	835.50
35	204.00	181.00	290.09	265.18	86	814.44	765.70	876.15	843.41
36	211.28	187.49	299.54	274.06	87	827.23	777.62	883.17	850.94
37	218.81	194.19	309.27	283.17	88	836.36	788.84	889.59	857.67
38	226.61	201.12	319.29	292.55	89	844.83	799.38	895.40	863.63
39	234.65	208.29	329.56	302.23	90	852.62	809.38	900.61	869.03
40	242.97	215.72	340.10	312.19	91	859.86	819.55	905.33	874.91
41	251.55	223.39	350.88	322.45	92	866.68	830.17	909.76	881.80
42	260.40	231.32	361.88	333.01	93	873.09	840.62	913.93	889.06
43	269.49	239.51	373.05	343.84	94	879.08	850.39	917.87	896.26
44	278.83	247.95	384.37	354.94	95	884.61	859.00	921.48	902.66
45	288.41	256.65	395.81	366.30	96	889.77	866.23	924.78	907.65
46	298.23	265.60	407.39	377.89	97	894.70	872.10	927.95	911.08
47	308.31	274.80	419.14	389.69	98	899.37	877.70	930.97	914.09
48	318.70	284.23	431.14	401.65	99	903.70	884.15	933.77	918.18
49	329.43	293.90	443.48	413.72	100	907.59	890.71	936.21	922.54
50	340.49	303.79	456.14	424.88	101	911.12	897.02	938.32	926.76
51	351.88	313.91	469.05	438.11	102	914.57	903.07	940.41	930.85
52	363.55	324.25	482.13	450.39	103	917.94	908.83	942.50	934.82
53	375.50	334.78	495.33	462.71	104	921.21	914.25	944.71	938.79
54	387.69	345.52	508.55	475.05	105	924.40	919.26	947.02	942.64
55	400.10	356.47	521.72	487.39	106	927.50	923.84	949.27	946.13
56	412.68	367.62	534.82	499.73	107	930.51	928.01	951.46	949.29
57	425.47	378.94	547.87	512.07	108	933.45	931.84	953.58	952.16
58	438.49	390.45	560.97	524.42	109	936.29	935.35	955.63	954.80
59	451.77	402.16	574.21	536.79	110	939.04	938.52	957.61	957.18
60	465.29	414.08	587.51	549.18	111	941.71	941.34	959.52	959.26
61	479.00	426.22	600.77	561.60	112	944.28	943.89	961.36	961.07
62	492.81	438.57	613.83	574.03	113	946.76	946.37	961.54	961.54
63	506.70	451.14	626.61	586.48	114	949.15	949.00	961.54	961.54
64	520.62	463.92	639.08	598.97	115	951.45	951.32	961.54	961.54
65	534.61	476.93	651.31	611.51	116	953.66	953.54	961.54	961.54
66	548.66	490.13	663.38	624.07	117	955.78	955.65	961.54	961.54
67	562.84	503.53	675.40	636.65	118	957.82	957.49	961.54	961.54
68	577.15	517.11	687.44	649.21	119	959.75	959.28	961.54	961.54
69	591.61	530.85	699.55	661.74	120	961.54	961.54	961.54	961.54
70	606.21	544.74	711.73	674.20	121	961.54	961.54	961.54	961.54

GENERAL PROVISIONS

THE CONTRACT – Your Policy is issued in consideration of the application and the payment of the Initial Premium.

This Policy, any endorsement(s), and the copy of the application (including any amendments and questionnaires) attached to it contain the entire contract between You and Us. Any statements made in the application (or any amendments and questionnaires) either by You or by the Insured will, in the absence of fraud, be considered representations and not warranties. Also, any written statement made either by You or by the Insured will not be used to void Your Policy nor defend against a claim under Your Policy unless the statement is contained in the application or any amendments, or questionnaires thereto.

No change or waiver of any of the provisions of this Policy will be valid unless made in writing by Us and signed by Our President, a Vice President, Our Secretary or an officer of the Company. No agent or other person has the authority to change or waive any provision of Your Policy.

Any extra benefit rider attached to this Policy will become a part of this Policy and will be subject to the terms and conditions of this Policy unless We state otherwise in the rider.

OWNERSHIP – The Insured is the Owner of this Policy unless otherwise stated on the application or later changed. The Owner may exercise all rights under this Policy during the Insured's lifetime including the right to transfer ownership subject to applicable law and regulation. If the Owner should die during the Insured's lifetime, ownership of this Policy will pass to the Owner's estate if no contingent Owner is named.

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

SUICIDE EXCLUSION – If the Insured, whether sane or insane, dies by suicide within two (2) years from the Policy Date, Our liability will be limited to an amount equal to the premiums paid for this Policy.

If the Insured, whether sane or insane, dies by suicide within two (2) years from the effective date of any increase in the Specified Amount, Our liability for the amount of increase will be limited to the Cost of Insurance for the increase.

INCONTESTABILITY – We cannot contest this Policy, except for fraud, after it has been In Force for two (2) years after:

- (a) the Policy Date for the initial Specified Amount; or
- (b) the effective date of any increase in Specified Amount for the amount of such increase.

The Insured, the Owner, and the Beneficiary are obligated to cooperate in any contestability investigation that We may conduct, including supplying Us with necessary authorizations for medical and other information.

ASSIGNMENT – Your Policy may be assigned by You. The assignment must be in writing and filed at Our Administrative Office. We assume no responsibility for the validity or effect of any assignment of this Policy or of any interest in it. Any Proceeds which become payable to an assignee will be payable in a single sum. Any claim made by an assignee will be subject to proof of the assignee's interest and the extent of the assignment.

MISSTATEMENT OF AGE OR SEX – If the Age or sex of the Insured has been misstated, the Death Benefit will be adjusted to that which would have been purchased by the most recent cost of insurance charge at the correct Age or sex. If required by law, the Insured's sex will not affect the values of this Policy.

BENEFICIARY – When We receive due proof of the Insured’s death, We will pay the Proceeds of this Policy to the designated Beneficiary or Beneficiaries. Such Beneficiary(ies) must be named in the application and may be changed without consent (unless irrevocably designated or required by law) by notifying Us in writing on a form acceptable to Us. The change must be acknowledged in writing by Us, and will take effect upon the date You sign the request, whether or not You are living when We receive it. The notice must have been postmarked (or show other evidence of delivery that is acceptable to Us) on or before the date of death. Your most recent acknowledged change of Beneficiary notice will replace any prior Beneficiary designations. No change will apply to any payment We made before the written notice was received. If an irrevocable Beneficiary dies, You may designate a new Beneficiary.

You may direct by Written Request that the Beneficiary shall not have the right to withdraw, assign, or commute any sum payable under an option. In the absence of such election or direction, the Beneficiary may change the manner of payment or make an election of any option.

If a primary or contingent Beneficiary dies before the Insured, that Beneficiary’s interest in this Policy ends with that Beneficiary’s death. Only those Beneficiaries who survive the Insured will be eligible to share in the Policy’s Proceeds. If no Beneficiaries survive the Insured, We will pay the Proceeds to You if living, otherwise to Your estate. We will pay the Proceeds as soon as We receive due written proof at Our Administrative Office that the Insured has died.

If the Insured is survived by more than one Beneficiary and You did not specify their respective interests, they will share Proceeds equally. Payment will be made to the named contingent Beneficiary (ies) only if all primary Beneficiaries have died before the death Proceeds become payable.

NONPARTICIPATING - This Policy will not share in Our surplus distributions.

POLICY VALUES

INITIAL PREMIUM – The Initial Premium is the premium due on the Policy Date, and is payable in advance. The Policy will not be in effect and there will be no Death Benefit before the Initial Premium is paid.

ADDITIONAL PREMIUM – SPECIFIED AMOUNT – At any time after one (1) year from the Policy Date and prior to Age 85, the Insured may apply for an increase in the Specified Amount and pay an Additional Premium. The increase in the Specified Amount is subject to underwriting satisfactory to the Company.

The minimum Additional Premium that will be accepted is \$5,000. The increase in the Specified Amount is determined in accordance with Our guidelines, based on the Insured’s premium class on the Policy Date. Any Additional Premiums are payable to Us at Our Administrative Office.

The Specified Amount will not be increased and the Additional Premium will not be accepted if:

- at a prior time, a Partial Surrender was processed; OR
- a Policy Loan is outstanding; OR
- the amount of Additional Premium submitted does not allow the Proceeds of this Policy to retain their tax status as life insurance under the Internal Revenue Code.

SPECIFIED AMOUNT – The Initial Specified Amount for Your Policy is shown on the Policy Specification Page. If a Partial Surrender is taken, the Specified Amount will change as described under Partial Surrenders. Any change in the Specified Amount will take effect immediately following the Partial Surrender.

DEATH BENEFIT – If the Insured dies while this Policy is In Force, the Company guarantees to pay a Death Benefit that is at least equal to the Specified Amount less any Indebtedness and any Monthly Deductions due. If the Specified Amount changes due to acceptance of Additional Premium or due to a Partial Surrender, the Death Benefit will be at least equal to the new Specified Amount less any Indebtedness and any Monthly Deductions due. We will pay the Proceeds as soon as We receive due written proof at Our Administrative Office that the Insured has died.

The Death Benefit is the greater of the Specified Amount or the Policy Value divided by the Net Single Premium multiplied by 1000. The Net Single Premium is calculated using Guaranteed Cost of Insurance Rates and 4% interest compounded annually. For Ages above 120, the Net Single Premium will equal $(1000 / 1.04)$.

If there are no outstanding Policy Loans, We guarantee the Policy will never Lapse and the Specified Amount will remain in effect. If the Policy has a loan, and the loan amount exceeds the available Policy Value, less any Surrender Charges, the Policy will be subject to Lapse.

INTEREST FROM DATE OF DEATH – When required by applicable state law, We will pay interest on the Proceeds at the rate and for the time period required by such state law.

POLICY VALUE – The Policy Value on the Policy Date is equal to the Initial Premium received minus the Monthly Deduction. Thereafter the Policy Value will be determined on each Monthly Date after the Policy Date as follows:

- The Policy value as of the prior Monthly Date;
- PLUS The interest earned for the prior month,
- PLUS All Premiums received since the prior Monthly Date;
- MINUS All Partial Surrenders taken since the prior Monthly Date;
- MINUS The Monthly Deduction for the current month.

On any day between Monthly Dates, the Policy Value will be determined as follows:

- The Policy Value as of the prior Monthly Date;
- PLUS All premiums received since the prior Monthly Date;
- PLUS The interest earned since the prior Monthly Date;
- MINUS All Partial Surrenders taken since the prior Monthly Date.

MONTHLY DEDUCTION – Each Monthly Deduction consists of:

The monthly Cost of Insurance;		
PLUS	•	The Monthly Administrative Charge if applicable (see Policy Specification Page);
PLUS	•	Any charges, if applicable, for additional benefits provided by riders (see Policy Specification Page);

For purposes of crediting interest, the amount of Monthly Deduction is considered to be deducted from the Initial Premium and its earnings first. If the amount deducted exceeds the Initial Premium and its earnings, the first Additional Premium, if any, and its earnings are considered to be deducted next, and so on until the most recent Additional Premium is deducted.

COST OF INSURANCE – The Monthly Cost of Insurance is determined by multiplying the difference between the Death Benefit divided by 1.002871 and the Policy Value at the beginning of each month, by the Monthly Per Dollar Cost of Insurance Rate. The Monthly Guaranteed Cost of Insurance Rates per \$1000 is based on the Insured's:

- Sex, unless prohibited by law;
- Attained Age; and
- Premium class shown on the Policy Specification Page.

We may use Cost of Insurance Rates lower than the guaranteed rates but will never charge rates in excess of the Monthly Guaranteed Cost of Insurance Rates. Any change in the Cost of Insurance Rates will be applied uniformly to all members of the same premium class.

INTEREST RATE – The guaranteed Interest Rate is 0.2871% per month, compounded monthly which is equivalent to 3.5% per year.

We may use current Interest Rates greater than the guaranteed rates to calculate the Policy Value. We will declare these Interest Rates from time to time. We may apply a rate of interest less than the current rate to separate portions of the Policy Value including the amount of the Policy Value equal to any outstanding Policy Loan(s). However, each rate cannot be less than the guaranteed rate.

If We do not declare interest in excess of the guaranteed Interest Rate, the guaranteed Interest Rate will be applied to the total Policy Value, including any Policy Loan(s).

ANNUAL REPORT – We will send You, at least once a year, an Annual Report which shows the current Death Benefit, Policy Value, the amount of Indebtedness, any Partial Surrenders, and Monthly Deductions since the last report.

LOAN VALUES

POLICY LOANS – After the 30 day free look period has passed, You may request a loan. You can borrow up to 90% of the available Cash Surrender Value of Your Policy. Upon request, We will send You a loan agreement for Your signature. We have the right to postpone Your loan for up to six (6) months.

Loans have priority over the claims of any assignee or other person. Your Policy is the sole security for all loans.

For purposes of crediting interest, the amount of the loan is considered to be deducted from the Initial Premium and its earnings first. If the amount deducted exceeds the Initial Premium and its earnings, the first Additional Premium, if any, and its earnings are considered to be deducted next, and so on until the most recent Additional Premium is deducted.

LOAN INTEREST – The maximum Loan Interest Rate is 0.5262% per month, compounded monthly which is equivalent to 6.5% per year. Interest not paid when due will be added to the loan.

We may charge a Loan Interest Rate which is less than the maximum Loan Interest Rate.

LOAN REPAYMENT – You can repay all or part of a loan at any time while this Policy is In Force. Each payment must be at least \$100 unless the loan amount is less than \$100, in which case full payment is required.

If the total Indebtedness equals or exceeds the Policy Value minus the Surrender Charge, We will send notice to the last known address of both the Owner and assignee if any. You will have 61 days from the date of the notice to make a Loan Repayment that will reduce the Policy Loan to an amount that is less than the Policy Value minus the Surrender Charge. At the end of the 61 days, if the total Indebtedness remains equal to or greater than the Policy Value minus the Surrender Charge, We will Terminate this Policy.

NONFORFEITURE OPTIONS

CASH SURRENDER VALUE – You may surrender Your Policy for its Cash Surrender Value which may be paid in cash or under an elected Settlement Option.

Your Cash Surrender Value is determined as follows:

The Policy Value;
 MINUS The Surrender Charge, if any,
 MINUS Any Indebtedness.

The Cash Surrender Value will never be less than the greatest of (a), (b) or (c):

- (a) the Guaranteed Cash Value per thousand of Specified Amount shown on the Table of Guaranteed Values;
 TIMES the number of thousands of Specified Amount In Force,
 MINUS any Indebtedness; or
- (b) the Guaranteed Cash Value described under Basis Used For Calculation;
 MINUS any Indebtedness; or
- (c) the amount of premium paid;
 MINUS prior Partial Surrenders,
 MINUS any Indebtedness.

If You surrender this Policy within thirty (30) days after a Policy Anniversary, the Cash Surrender Value shall not be less than the Cash Surrender Value on that anniversary less any Indebtedness or Partial Surrenders made on or after that anniversary.

We may defer payment of any Cash Surrender Value by not more than six (6) months.

When You surrender Your Policy for its Cash Surrender Value, Your Policy will Terminate.

SURRENDER CHARGE – The Surrender Charge is a percentage of the premium(s). Surrender Charges are applied to each premium for seven (7) years following the payment of each premium:

<u>Number of Years Since Premium Payment Date</u>	<u>Surrender Charge Percentage of Premium</u>
	<u>Ages 20-65</u>
0-3	8%
More than 3 up to 4	7
More than 4 up to 5	6
More than 5 up to 6	4
More than 6 up to 7	2
More than 7	0

<u>Number of Years Since Premium Payment Date</u>	<u>Surrender Charge Percentage of Premium</u>
	<u>Age 66 and above</u>
0-5	5%
More than 5 up to 6	4
More than 6 up to 7	2
More than 7	0

PARTIAL SURRENDERS – You may request a surrender of a portion of the Cash Surrender Value. The amount surrendered must be at least \$1,000 and must not cause the Cash Surrender Value after the withdrawal to be less than \$5,000.

After the first Policy Anniversary, an amount up to the gain in the Policy may be surrendered free of any Surrender Charges. Amounts surrendered in excess of gain will be subject to Surrender Charges.

For purposes of crediting interest, the amount of the Partial Surrender is considered to be deducted from the Initial Premium and its earnings first. If the amount deducted exceeds the Initial Premium and its earnings, the first Additional Premium, if any, and its earnings are considered to be deducted next, and so on until the most recent Additional Premium is deducted.

NONFORFEITURE OPTIONS - CONTINUED

BASIS USED FOR CALCULATION – All Nonforfeiture Options for this Policy are based on the Commissioner's 2001 Standard Ordinary Mortality Table, Age Last Birthday, Male/Female (unless required by law to use unisex rates), Smoker/Nonsmoker with interest at 4.00% compounded annually. The Table of Guaranteed Values shows the present values of future benefits discounted at a 4.00% Interest Rate using the Commissioner's 2001 Standard Ordinary Mortality Table, Age Last Birthday, Male/Female (unless required by law to use unisex rates), Smoker/Nonsmoker, and are for completed Policy years. They assume that there is no Indebtedness and that there have been no Partial Surrenders.

Reserves are not less than the required minimum reserves and shall never be less than the Cash Surrender Value.

All of the values are equal to or greater than the minimums set by laws of the states where the Policy is delivered. If required, We have filed a detailed statement showing the figures and methods used with Your State Insurance Department.

PAYMENT OF PROCEEDS

SETTLEMENT OPTIONS – You may, during the Insured's lifetime, request that We pay the Proceeds under one of the following Settlement Options. We will also use any other method of payment that is agreeable to You and Us.

OPTION 1 – Payments for a Specified Period – (Periodic payments for a specified number of years.) The amount of each monthly payment for each \$1,000 of Proceeds applied under this option is shown in Option 1 table. The periodic payments for any period not shown will be furnished upon request.

OPTION 2 – Life Income – (Periodic payments for the life of the person who is to receive the income.) We will require satisfactory proof of the person's sex (unless required by law to use unisex rates) and Age. Payments can be guaranteed for 10 or 20 years or as "Guaranteed Return of Policy Proceeds." The amount of each monthly payment for each \$1,000 of Proceeds applied under this option is shown in Option 2 Table. The payments for any Ages or periodic options not shown will be furnished upon request.

OPTION 3 – Payments of a specified amount – (Periodic payments of a specified amount until the Proceeds and interest are fully paid.)

OPTION 4 – Joint and Survivor Life Income – (Periodic payments during the joint lifetime of two persons continued during the lifetime of the survivor.) We will pay the amount retained, with interest, in equal payments. See Option 4 Table for example of monthly payments for each \$1,000 of Proceeds. Upon request, We will furnish the income for other combinations of sex (unless required by law to use unisex rates), Age, and periodic options.

OTHER SETTLEMENT OPTIONS

The Proceeds will be paid in any other manner agreed to by Us.

CONDITIONS

Proceeds of less than \$1,000 may not be applied under any Settlement Options and are only payable in a single sum. We may change the payment frequency if payments under an option become less than \$100.

A corporation may receive payments under a life income option only if the payments are based on the life of the Insured, or a surviving spouse or dependent of the Insured.

If a Settlement Option is requested, We will prepare an agreement to be signed which will state the terms and conditions under which the payments will be made. This agreement will include a statement regarding the withdrawal value, if any, and to whom any remaining Proceeds will be paid following the death of the person receiving the payments.

A Beneficiary may select a Settlement Option only after the Insured’s death. However, You may provide a Written Request stating that the Beneficiary will not be permitted to change the Settlement Option You have selected.

PROCEEDS EXEMPT FROM CLAIM OF CREDITORS – To the extent permitted by law, no payment of Proceeds or interest We make will be subject to the claims of any creditors.

Also, if You provide that the option selected cannot be changed after the Insured’s death, the payments will not be subject to the debts or contracts of the person receiving the payments. If garnishment or any other attachment of the payments is attempted, We will make those payments to a trustee We name. The trustee will apply those payments for the maintenance and support of the person You named to receive the payments.

RATE OF INTEREST – Options 1 through 4 are based on a guaranteed Interest Rate of 2.0% using the “2000 Annuity Table with projection” (male, female, and unisex if required by law) Mortality Table.

SEX-DISTINCT TABLES

Option 1 Table

PAYMENTS FOR A SPECIFIED PERIOD FOR EACH \$1000 OF PROCEEDS	
Number of Years Payable	Amount of Monthly Payments
5	\$17.49
10	9.18
15	6.42
20	5.04
25	4.22
30	3.68

Option 2 Table

LIFE INCOME					
MONTHLY INCOME PAYMENTS FOR EACH \$1000 OF PROCEEDS					
Guaranteed For Life			Guaranteed For 10 Years		
M	AGE	F	M	AGE	F
\$3.25	50	\$3.13	\$3.23	50	\$3.12
3.60	55	3.45	3.65	55	3.50
4.07	60	3.87	4.01	60	3.83
4.72	65	4.43	4.59	65	4.35
5.63	70	5.22	5.32	70	5.05
Guaranteed Return of Policy Proceeds			Guaranteed for 20 Years		
M	AGE	F	M	AGE	F
\$3.09	50	\$3.03	\$3.17	50	\$3.09
3.37	55	3.29	3.46	55	3.39
3.72	60	3.62	3.80	60	3.69
4.16	65	4.05	4.16	65	4.07
4.72	70	4.59	4.51	70	4.45

Option 4 Table

JOINT AND SURVIVIOR LIFE INCOME				
MONTHLY PAYMENTS FOR EACH \$1,000 OF AMOUNT RETAINED				
AGE OF ONE PAYEE (MALE)*	AGE OF OTHER PAYEE* (FEMALE)			
	15 Years Less than Male Payee's	10 Years Less than Male Payee's	5 Years Less than Male Payee's	Same as Male Payee's
50	\$2.47	\$2.59	\$2.70	\$2.81
55	2.62	2.76	2.91	3.06
60	2.80	2.98	3.17	3.37
65	3.04	3.27	3.52	3.79
70	3.34	3.65	3.99	4.37

* Age nearest birthday.

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SUMMARY OF POLICY BENEFITS

LIVING BENEFITS – Your Policy has certain guaranteed values which are available to You during Your lifetime. These values consist of the cash or loan values. You may use these values:

- To receive Policy benefits as income (see pages 10 and 11).
- As collateral for a loan or as the basis for a Policy Loan (see page 8).
- To obtain cash by surrendering your Policy (see page 8).
- To obtain cash by Partial Surrender, (see page 8).

The available Cash Surrender Value of your Policy is:

- The Policy Value (see page 6).
- MINUS • The Surrender Charge, if any (see page 8).
- MINUS • Any Indebtedness, (see page 2),

but not less than the greater of the Guaranteed Cash Value less any Indebtedness and the minimum Cash Value less any Indebtedness.

The available loan value of Your Policy is:

- The Cash Surrender Value (see page 8).

The maximum loan amount is equal to 90% of the Cash Surrender Value.

DEATH PROCEEDS – The amount payable to the Beneficiary(ies) is the total of the following amounts determined on the date of the Insured's death:

- The Death Benefit amount of this Policy (see page 6).
- PLUS • Any additional insurance on the Insured's life provided by an extra benefit rider (see page 3).
- MINUS • Any Indebtedness (see page 2).
- MINUS • Any Monthly Deductions due (see page 7).

YOUR RIGHTS

During the Insured's lifetime and unless otherwise provided in this Policy, You have the exclusive right to assign this Policy, to receive every benefit and to exercise every right, privilege and option this Policy grants or that We allow. Among Your rights are:

- To change the Owner or Beneficiary(ies) (Change of Owner and Beneficiary, page 5).
- To withdraw cash (Partial Surrenders, page 8).
- To surrender this Policy (Cash Surrender Value, page 8).
- To borrow on the life insurance base Policy (Policy Loans, page 8).
- To receive Policy benefits as income (Settlement Options, pages 10 and 11).

To exercise any of these rights, or to apply for the proceeds of any benefits under this Policy, communicate with Our nearest representative or directly with our Administrative Office. Please notify Us promptly of any change of address.

Transamerica Life Insurance Company
 Home Office located at: Cedar Rapids, Iowa
 Administrative Office located at: 4333 Edgewood Road N.E., Cedar Rapids, Iowa 52499



**FLEXIBLE PREMIUM UNIVERSAL LIFE INSURANCE POLICY
 (INITIAL PREMIUM PAYABLE, WITH LIMITED RIGHT FOR ADDITIONAL PREMIUM PAYMENTS)
 PROCEEDS PAYABLE AT DEATH
 NON-PARTICIPATING**

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SERFF Tracking Number: AEGB-125842181 State: Arkansas
Filing Company: Transamerica Life Insurance Company State Tracking Number: 40485
Company Tracking Number: UL05 1207 REV
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
Adjustable Life
Product Name: UL05 1207 REV
Project Name/Number: Inheritance Builder/UL05 1207 REV

Supporting Document Schedules

Review Status:
Satisfied -Name: Certification/Notice 10/02/2008
Comments:
Attachment:
AR - Cert of Compliance 23-79-138.pdf

Review Status:
Satisfied -Name: Application 10/02/2008
Comments:
This policy will be used with application form number L 115 0108 which was approved on March 11, 2008.

Review Status:
Satisfied -Name: Bulletin 11-83 10/08/2008
Comments:
Attachment:
AR - Bulletin 11-83.pdf

Review Status:
Satisfied -Name: Cert of Regulation 34 10/08/2008
Comments:
Attachment:
AR - Cert of Regulation 34.pdf

Review Status:
Satisfied -Name: Cert of Regulation 49 10/08/2008
Comments:
Attachment:
AR - Cert of Regulation 49.pdf

Review Status:
Satisfied -Name: Rule and Regulation 19 10/08/2008

SERFF Tracking Number: AEGB-125842181 *State:* Arkansas
Filing Company: Transamerica Life Insurance Company *State Tracking Number:* 40485
Company Tracking Number: UL05 1207 REV
TOI: L09I Individual Life - Flexible Premium *Sub-TOI:* L09I.001 Single Life
Adjustable Life
Product Name: UL05 1207 REV
Project Name/Number: Inheritance Builder/UL05 1207 REV

Review Status:

Satisfied -Name: Flesch Score

10/08/2008

Comments:

Attachment:

Flesch score - TLIC.pdf

**CERTIFICATION OF
ARKANSAS INSURANCE CODE
23-79-138**

Policy Number:

Date:

I hereby certify that the accompanying life product is in compliance with Arkansas Insurance Code 23-79-138.

**BULLETIN 11-83
STATE OF ARKANSAS**

Form Number:

Date:

I hereby certify that the accompanying life product is in compliance with Bulletin 11-83.

**STATE OF ARKANSAS
REGULATION 34**

Form Number:

Date:

We certify that to the best of our knowledge and belief, we are in compliance with Arkansas Rule and Regulation 34 regarding Universal Life products.

CERTIFICATION OF REGULATION 49
STATE OF ARKANSAS

Form Number:

Date:

This is submitted in Compliance with Regulation 49 of the Arkansas Insurance Code.

I hereby certify that the accompanying life product is in compliance with Regulation 49 in that a Life and Health Guaranty Association notice will be given to each policy owner at the time of issue.

**RULE AND REGULATION 19
STATE OF ARKANSAS**

Form Number:

Date:

I hereby certify that the accompanying life product is in compliance with Rule and Regulation 19.

**TRANSAMERICA LIFE INSURANCE COMPANY
FLESCH READABILITY CERTIFICATION**

Form Number (may vary by state)

Flesch Score

UL05 1207 REV

50.1

I certify that the machine scored Flesch Readability score(s) for the above mentioned form(s) is/are accurate.

Cheryl Bock

Cheryl Bock, Assistant Vice President of Contract Development