

SERFF Tracking Number: MWSG-125781861 State: Arkansas
Filing Company: Transamerica Life Insurance Company State Tracking Number: 40096
Company Tracking Number: 1-18005108
TOI: L071 Individual Life - Whole Sub-TOI: L071.301 Current Assumption - Fixed Premium - Single Life
Product Name: ISWL
Project Name/Number: /

Filing at a Glance

Company: Transamerica Life Insurance Company

Product Name: ISWL

SERFF Tr Num: MWSG-125781861

State: ArkansasLH

TOI: L071 Individual Life - Whole

SERFF Status: Closed

State Tr Num: 40096

Sub-TOI: L071.301 Current Assumption - Fixed Premium - Single Life

Co Tr Num: 1-18005108

State Status: Approved-Closed

Filing Type: Form

Co Status:

Reviewer(s): Linda Bird

Authors: June Stracener, Lori Marsh

Disposition Date: 10/30/2008

Date Submitted: 08/27/2008

Disposition Status: Accepted For Informational Purposes

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 10/30/2008

State Status Changed: 09/04/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

These forms are new and will not replace any forms previously approved by your Department.

Policy 1-18005108: This policy is a single life, non-participating, fixed premium, limited pay Interest Sensitive Whole Life (ISWL) Insurance product. Premiums are fixed and guaranteed, and are generally payable either in one lump sum

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single premium, or for limited pay periods that range from a minimum of 5 years to a maximum period to the later of (a) the policy anniversary at the Insured's age 65, or (b) 10 policy years. The policyowner may elect on the application a more limited premium paying period than to age 65 but in no event may the period be less than 1 year. The premium will remain level throughout the premium paying period of the policy subject to in-force changes that may result in a premium adjustment. ISWL has elements of both traditional whole life and universal life products. On the guaranteed side, there will be guaranteed minimum cash values with a fixed, guaranteed interest rate. On the current side, there will be an accumulation value that receives a company declared rate, but the declared rate will never be less than 4%. Net amount at risk will be calculated and monthly deductions will be withdrawn at the beginning of each policy month.

Issue ages are 18 to 80, age last birthday. There is no contractual maturity date.

This policy will be made available to the Company's general market and will be offered for sale on an individual basis. The Company intends to market this product primarily through its licensed producers on a face-to-face sales basis.

This product will be made available for sale in both individual and business markets.

Individual Life Insurance Application for One Life APA40TS1008T: The Company intends to use new application APA40TS1008T with this product.

Coverage Continuation Option Endorsement 1-006 11-108: This endorsement allows for an exchange to permanent insurance, under a policy form(s) the Company makes available for this purpose, without evidence of insurability as of the beginning of the eighth policy year.

Waiver of Policy Fee Option 1-011 11-108: This option allows for the waiver of the policy fee on subsequent issues of this product if the option is requested at the time of application and the subsequent issue is on the same life and has the same Owner as an existing in force ISWL policy that is not continued under any nonforfeiture option. This option will be attached at issue to all such issues of this product.

Please note, we have also included the following supporting documentation in this package:

1. Actuarial Memo including supporting tables

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2. A supplement to the Actuarial Memo
3. Certification of Readability
4. Regulation 19 Certification
5. Regulation 49 Certification
6. Bulletin 11-83 Certification
7. Bulletin 11-88 Certification
8. Current and Guaranteed COIs (MDs)

Company and Contact

Filing Contact Information

(This filing was made by a third party - MWSGW01)

Doak Foster, Attorney dfoster@mws gw.com
 425 West Capitol Avenue (501) 688-8841 [Phone]
 Little Rock, AR 72201-3525 (501) 688-8807[FAX]

Filing Company Information

Transamerica Life Insurance Company	CoCode: 86231	State of Domicile: Iowa
4333 Edgewood Road NE	Group Code: 468	Company Type: Life Insurer
Cedar Rapids, IA 52499	Group Name: AEGON USA Inc.	State ID Number:
(319) 355-8511 ext. [Phone]	FEIN Number: 39-0989781	

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: Arkansas charges \$ 50/filing. Iowa's fees are purely retaliatory.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Transamerica Life Insurance Company	\$50.00	08/27/2008	22172178

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Informational Purposes	Linda Bird	10/30/2008	10/30/2008
Accepted For Informational Purposes	Linda Bird	09/18/2008	09/18/2008
Approved	Linda Bird	09/04/2008	09/04/2008

Amendments

Item	Schedule	Created By	Created On	Date Submitted
Coverage Continuation Option Endorsement	Form	Lori Marsh	10/30/2008	10/30/2008
Life & Annuity Supporting Document - Actuarial Memo		June Stracener	09/18/2008	09/18/2008

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Request to Reopen Filing	Note To Filer	Linda Bird	10/30/2008	10/30/2008
Request to Reopen Filing	Note To Reviewer	Lori Marsh	10/29/2008	10/29/2008

SERFF Tracking Number: MWSG-125781861 State: Arkansas
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Request to Reopen Filing to Provide Note To Filer Linda Bird 09/15/2008 09/15/2008
Updated Documents

Clarification on 9-12-08 Note to Reviewer Note To Reviewer June Stracener 09/12/2008 09/12/2008

Request to Reopen Filing to Provide Note To Reviewer June Stracener 09/12/2008 09/12/2008
Updated Documents

SERFF Tracking Number: MWSG-125781861 *State:* Arkansas
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Single Life

Product Name: ISWL
Project Name/Number: /

Disposition

Disposition Date: 10/30/2008

Implementation Date:

Status: Accepted For Informational Purposes

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: MWSG-125781861 State: Arkansas
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 TOI: L071 Individual Life - Whole Sub-TOI: L071.301 Current Assumption - Fixed Premium - Single Life
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Supporting Document (revised)	Life & Annuity - Acturial Memo		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Authorization Letter		Yes
Supporting Document	Flesch score certification		Yes
Form	Limited Payment Whole Life Insurance Policy with Current Interest		Yes
Form	Individual Life Insurance Application for One Life		Yes
Form (revised)	Coverage Continuation Option Endorsement		Yes
Form	Coverage Continuation Option Endorsement	Replaced	Yes
Form	Waiver of Policy Fee Option		Yes
Rate	Current and Guaranteed COIs (MDs)		Yes

SERFF Tracking Number: MWSG-125781861 *State:* Arkansas
Filing Company: Transamerica Life Insurance Company *State Tracking Number:* 40096
Company Tracking Number: 1-18005108
TOI: L071 Individual Life - Whole *Sub-TOI:* L071.301 Current Assumption - Fixed Premium -
Single Life

Product Name: ISWL
Project Name/Number: /

Disposition

Disposition Date: 09/18/2008

Implementation Date:

Status: Accepted For Informational Purposes

Comment: Company has made revisions to the actuarial memo.

Rate data does NOT apply to filing.

SERFF Tracking Number: MWSG-125781861 State: Arkansas
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Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Authorization Letter		Yes
Supporting Document	Flesch score certification		Yes
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TOI: L071 Individual Life - Whole Sub-TOI: L071.301 Current Assumption - Fixed Premium -
Single Life
Product Name: ISWL
Project Name/Number: /

Disposition

Disposition Date: 09/04/2008

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
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Supporting Document (revised)	Life & Annuity - Acturial Memo		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Authorization Letter		Yes
Supporting Document	Flesch score certification		Yes
Form	Limited Payment Whole Life Insurance Policy with Current Interest		Yes
Form	Individual Life Insurance Application for One Life		Yes
Form (revised)	Coverage Continuation Option Endorsement		Yes
Form	Coverage Continuation Option Endorsement	Replaced	Yes
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 Product Name: ISWL
 Project Name/Number: /

Amendment Letter

Amendment Date:
 Submitted Date: 10/30/2008

Comments:

Thank you for reopening this filing. The Company has made a very minor change to the language in the Coverage Continuation Option Endorsement approved by your Department by adding the words "for this purpose" to the last sentence of the second paragraph to further clarify that the products available are any "plan acceptable to us" (as noted in the prior sentence in that same paragraph) to avoid any possible ambiguity in this provision. As a result of this change, the form number has been changed to 1-006 11-208.

Thank you for your continued assistance.

Lori

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
1-006 11-208	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Coverage Continuation Option	Initial				54	COVERAGE CONTINUATION OPTION ENDORSEMENT 1-006 11-208.pdf

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Single Life

Product Name: ISWL
Project Name/Number: /

Note To Filer

Created By:

Linda Bird on 10/30/2008 09:16 AM

Subject:

Request to Reopen Filing

Comments:

Filing has been reopened for minor change to the language in the Coverage Continuation Option Endorsement.

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TOI: L071 Individual Life - Whole Sub-TOI: L071.301 Current Assumption - Fixed Premium -
Single Life
Product Name: ISWL
Project Name/Number: /

Note To Reviewer

Created By:

Lori Marsh on 10/29/2008 11:08 AM

Subject:

Request to Reopen Filing

Comments:

On behalf of the Company, please accept this as our request to have this filing re-opened. The Company has made a very minor change to the language in the Coverage Continuation Option Endorsement by adding the words "for this purpose" to the last sentence of the second paragraph to further clarify that the products available are any "plan acceptable to us" (as noted in the prior sentence in that same paragraph) to avoid any possible ambiguity in this provision. Due to this very minor change, and with your permission, we would like to substitute the revised form for the one originally submitted and approved by your Department.

Thank you in advance for your assistance.

Lori Marsh

SERFF Tracking Number: MWSG-125781861 State: Arkansas
Filing Company: Transamerica Life Insurance Company State Tracking Number: 40096
Company Tracking Number: 1-18005108
TOI: L071 Individual Life - Whole Sub-TOI: L071.301 Current Assumption - Fixed Premium -
Single Life
Product Name: ISWL
Project Name/Number: /

Amendment Letter

Amendment Date:

Submitted Date: 09/18/2008

Comments:

Thank you for re-opening this filing. Since the original submission/approval of this filing, the Company's actuary has made the following revisions to the actuarial memo:

1. Added nonforfeiture options and provisions.
2. Added the current non-qualified 7.5% premium load in the Expense Charges section.
3. Corrected the IEA formulas on pages 7 and 8.

In order to ensure the proper actuarial support materials are on file with your Department for this policy form, please replace the previously submitted actuarial memorandum with that which is now attached. Please accept the Company's sincerest apologies for any inconvenience this may cause.

Changed Items:

Supporting Document Schedule Item Changes:

Satisfied -Name: Life & Annuity - Acturial Memo

Comment:

AR actuarial supp for filing 08008.pdf

09-15-08 Revised Actuarial Memo tables TransSecure II- Generic_NQ.pdf

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Single Life

Product Name: ISWL
Project Name/Number: /

Note To Filer

Created By:

Linda Bird on 09/15/2008 08:24 AM

Subject:

Request to Reopen Filing to Provide Updated Documents

Comments:

The filing has been reopened in order for revisions to be made to the Actuarial Memo.

SERFF Tracking Number: MWSG-125781861 *State:* Arkansas
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TOI: L071 Individual Life - Whole *Sub-TOI:* L071.301 Current Assumption - Fixed Premium -
Single Life

Product Name: ISWL
Project Name/Number: /

Note To Reviewer

Created By:

June Stracener on 09/12/2008 07:44 AM

Subject:

Clarification on 9-12-08 Note to Reviewer

Comments:

In the Note to Reviewer which was just submitted a few minutes ago, we indicated that this filing was approved by your Department on 8-27-08. That was actually the date it was submitted. This filing was approved by your Department on 9-4-08.

Thank you again for your assistance in this matter.

June

SERFF Tracking Number: MWSG-125781861 *State:* Arkansas
Filing Company: Transamerica Life Insurance Company *State Tracking Number:* 40096
Company Tracking Number: 1-18005108
TOI: L071 Individual Life - Whole *Sub-TOI:* L071.301 Current Assumption - Fixed Premium -
Single Life

Product Name: ISWL
Project Name/Number: /

Note To Reviewer

Created By:

June Stracener on 09/12/2008 07:28 AM

Subject:

Request to Reopen Filing to Provide Updated Documents

Comments:

Please accept this as our request that this filing be reopened. It was approved by your Department on 8-27-08 and, since that time, the Company's actuary has made the following revisions to the Actuarial Memo:

1. Added Nonforfeiture options and provisions.
2. Added the current non-qualified 7.5% premium load in the Expense Charges section.

In order to ensure the proper actuarial support materials are on file with your Department for this policy form, we would like to replace the previously submitted Actuarial Memo. Please accept the Company's sincerest apologies for any inconvenience this may cause.

We appreciate your continued courtesy and assistance in the review of this filing.

June

SERFF Tracking Number: MWSG-125781861 State: Arkansas
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 Company Tracking Number: 1-18005108
 TOI: L071 Individual Life - Whole Sub-TOI: L071.301 Current Assumption - Fixed Premium - Single Life
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Form Schedule

Lead Form Number: 1-18005108

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	1-18005108	Policy/Cont	Limited Payment ract/Fratern Whole Life Insurance al Policy with Current Certificate Interest	Initial		54	AR Policy 1-18005108.pdf
	APA40TS1008T	Application/Individual Life Enrollment Form	Insurance Application for One Life	Initial		50	AR Application APA40TS1008T Standard.pdf
	1-006 11-208	Policy/Cont	Coverage ract/Fratern Continuation Option al Endorsement Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		54	COVERAGE CONTINUATI ON OPTION ENDORSEM ENT 1-006 11-208.pdf
	1-011 11-108	Policy/Cont	Waiver of Policy Fee ract/Fratern Option al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		56	Waiver of Policy Fee Option 1-011 11-108.pdf



Transamerica Life Insurance Company
Home Office: Cedar Rapids, IA 52499
Marketing Office: Los Angeles, CA 90051
Administrative Office: 4333 Edgewood Road NE
Cedar Rapids, IA 52499

POLICY FORM ISWL
Individual Life Insurance

INSURED JOHN DOE

SPECIMEN POLICY NUMBER

FACE
AMOUNT \$100,000

JUN 01 2008 DATE OF ISSUE

Transamerica Life Insurance Company will pay the death benefit to the Beneficiary if the Insured dies while this policy is in force. All payments are subject to the provisions of this policy. Signed for the Company at Cedar Rapids, Iowa, on the date of issue.



Secretary



President

Right to Examine and Return Policy Within 10 Days -- At any time within 10 days after you receive this policy, you may return it to us or the agent through whom you bought it. We will cancel the policy and void it from the beginning. We will refund to you any premiums paid.

**Limited Payment Whole Life Insurance Policy
With Current Interest**

Level Premiums

Death Benefit Payable at Death of Insured

Nonparticipating - No Annual Dividends

This policy is a legal contract between you, the Policy Owner, and Transamerica Life Insurance Company.

READ YOUR POLICY CAREFULLY

POLICY SUMMARY

We will pay the death benefit to the Beneficiary upon the death of the Insured while this policy is in force, subject to all policy provisions.

Premiums are level and required to be paid to the specified age shown in the Policy Data. The policy will Lapse if the premium is not paid by the end of the Grace Period, subject to all policy provisions.

Additional benefits, if any, are provided by Rider.

This is only a brief description. The insurance is fully described in the various provisions of the policy.

GUIDE TO POLICY PROVISIONS

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Accumulation Value	9
Application Copy	after 25
Beneficiary's Rights	7
Cash Value	11
Change of Beneficiary	7
Death Benefit	7
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Nonforfeiture Options	14
Ownership Provision	6
Option to Change the Face Amount.....	14
Payment of Cash Values and Loans.....	16
Payment of Death Benefit	7
Policy Data	2,3,4
Policy Loans.....	11
Policy Statements and Illustrations	16
Policy Values	9
Payment of Premiums	8
Reinstatement	9
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Appendix A - Table of Maximum Net Single Premiums for Paid-Up Life Insurance and Table of Paid-Up Life Insurance Per \$1,000 of Net Cash Value.....	22-25

POLICY DATA

CLASS A LOAN INTEREST RATE 4.25% IN ARREARS

JUN 01 2008 POLICY DATE

CLASS B LOAN INTEREST RATE 6.50% IN ARREARS

6.00% REINSTATEMENT INTEREST RATE

POLICY NUMBER SPECIMEN

35 AGE OF INSURED

INSURED JOHN DOE

FACE AMOUNT \$100,000

JUN 01 2008 DATE OF ISSUE

OWNER JOHN DOE

PREFERRED NONSMOKER CLASS OF RISK

INCOME TAX STATUS NON-QUALIFIED

SCHEDULE OF POLICY REQUIRED PREMIUMS PAYABLE TO AGE: 65

ANNUAL	SEMI-ANNUAL	QUARTERLY	MONTHLY
\$1,673.00	\$836.50	\$418.25	\$139.42

GUARANTEED MAXIMUM MONTHLY POLICY FEE:

POLICY YEAR 1: \$4.00
POLICY YEARS 2 AND LATER: \$10.00

GUARANTEED MAXIMUM MONTHLY EXPENSE CHARGE PER THOUSAND:

YEARS 1-20: 0.6175

GUARANTEED MINIMUM INTEREST RATE:

4.00%

GUARANTEED MAXIMUM ADMINISTRATIVE CHARGE: 7.50% OF EACH GROSS PREMIUM

MONTHLY DEATH BENEFIT DISCOUNT FACTOR: 0.99674

POLICY DATA (CONTINUED)

TABLE OF GUARANTEED MAXIMUM MONTHLY DEDUCTION RATES PER \$1,000
FOR BASE POLICY *

POLICY YEAR	RATE	POLICY YEAR	RATE	POLICY YEAR	RATE
1	0.09333	34	1.75917	67	32.18250
2	0.09750	35	1.91917	68	33.72750
3	0.10333	36	2.10583	69	35.37000
4	0.11083	37	2.33250	70	37.10583
5	0.11750	38	2.59750	71	38.93417
6	0.12667	39	2.87667	72	40.87500
7	0.13750	40	3.17667	73	42.93417
8	0.15083	41	3.50333	74	45.11917
9	0.16667	42	3.87167	75	47.43500
10	0.18417	43	4.30000	76	49.88750
11	0.20333	44	4.79750	77	52.48583
12	0.22250	45	5.35500	78	55.23583
13	0.23833	46	5.97667	79	58.14583
14	0.25083	47	6.65250	80	61.22083
15	0.26667	48	7.36833	81	64.46917
16	0.28750	49	8.15000	82	67.89667
17	0.31417	50	9.01917	83	71.51083
18	0.34667	51	9.98583	84	75.31667
19	0.38417	52	11.04917	85	79.30583
20	0.43167	53	12.19833	86	83.33333
21	0.48500	54	13.42000		
22	0.54000	55	14.70167		
23	0.59333	56	15.97833		
24	0.64667	57	17.23500		
25	0.70917	58	18.55167		
26	0.78500	59	19.94000		
27	0.87750	60	21.40250		
28	0.98500	61	22.85083		
29	1.10250	62	24.26500		
30	1.22500	63	25.77167		
31	1.35250	64	27.37833		
32	1.48167	65	29.09250		
33	1.61667	66	30.73000		

FOR ALL YEARS AFTER THOSE SHOWN, THE GUARANTEED MAXIMUM MONTHLY DEDUCTION RATE PER \$1,000 IS \$0.0000.

* TO FIND THE AMOUNT OF MONTHLY DEDUCTION DURING EACH POLICY YEAR, SEE THE POLICY VALUES SECTION. A MONTHLY POLICY FEE OF \$4.00 WILL BE ADDED INTO EACH MONTHLY DEDUCTION FOR THE FIRST POLICY YEAR. IN SUBSEQUENT YEARS, THE MONTHLY POLICY FEE WILL NOT EXCEED \$10.00. A MONTHLY EXPENSE CHARGE PER THOUSAND WILL ALSO BE ADDED TO EACH MONTHLY DEDUCTION. THE GUARANTEED MAXIMUM MONTHLY EXPENSE CHARGE PER THOUSAND IS SHOWN ON POLICY DATA PAGE 2.

POLICY DATA (CONTINUED)

TABLE OF GUARANTEED MINIMUM CASH VALUES

END OF POLICY YEAR	GUARANTEED MINIMUM CASH VALUE (1)	END OF POLICY YEAR	GUARANTEED MINIMUM CASH VALUE (1)	END OF POLICY YEAR	GUARANTEED MINIMUM CASH VALUE (1)
1	\$0	34	\$59,200	67	\$91,500
2	\$0	35	\$60,700	68	\$91,800
3	\$1,200	36	\$62,100	69	\$92,200
4	\$2,400	37	\$63,600	70	\$92,500
5	\$3,800	38	\$65,100	71	\$92,800
6	\$5,100	39	\$66,500	72	\$93,100
7	\$6,500	40	\$67,900	73	\$93,400
8	\$8,000	41	\$69,400	74	\$93,700
9	\$9,500	42	\$70,800	75	\$94,000
10	\$11,000	43	\$72,200	76	\$94,200
11	\$12,600	44	\$73,500	77	\$94,500
12	\$14,200	45	\$74,800	78	\$94,700
13	\$15,900	46	\$76,100	79	\$95,000
14	\$17,700	47	\$77,300	80	\$95,200
15	\$19,500	48	\$78,500	81	\$95,400
16	\$21,400	49	\$79,700	82	\$95,600
17	\$23,300	50	\$80,800	83	\$95,800
18	\$25,300	51	\$81,800	84	\$96,000
19	\$27,300	52	\$82,800	85	\$96,200
20	\$29,400	53	\$83,700	86	\$100,000
21	\$31,500	54	\$84,500		
22	\$33,700	55	\$85,300		
23	\$35,900	56	\$86,000		
24	\$38,300	57	\$86,700		
25	\$40,600	58	\$87,400		
26	\$43,100	59	\$88,000		
27	\$45,600	60	\$88,500		
28	\$48,200	61	\$89,000		
29	\$50,800	62	\$89,500		
30	\$53,500	63	\$90,000		
31	\$54,900	64	\$90,400		
32	\$56,300	65	\$90,800		
33	\$57,800	66	\$91,200		

(1) THE GUARANTEED MINIMUM CASH VALUE IS NOT AFFECTED BY ANY SURRENDER CHARGE THAT IS ASSESSED.

POLICY DATA (CONTINUED)

TABLE OF PAID UP LIFE INSURANCE AND EXTENDED TERM INSURANCE

END OF POLICY YEAR	PAID-UP LIFE INSURANCE	EXTENDED TERM INSURANCE YEAR S	DAYS	END OF POLICY YEAR	PAID-UP LIFE INSURANCE	EXTENDED TERM INSURANCE YEARS	DAYS
1	\$0	0	0	25	\$87,300	28	125
2	\$0	0	0	26	\$90,000	28	207
3	\$5,300	8	39	27	\$92,600	28	322
4	\$10,300	13	126	28	\$95,200	29	213
5	\$15,700	17	150	29	\$97,600	30	327
6	\$20,300	19	325	30	\$100,000		
7	\$25,000	21	289				
8	\$29,700	23	108				
9	\$34,100	24	159				
10	\$38,200	25	116				
11	\$42,300	26	35				
12	\$46,100	26	233				
13	\$49,900	27	40				
14	\$53,800	27	190				
15	\$57,300	27	285				
16	\$60,900	28	1				
17	\$64,100	28	39				
18	\$67,400	28	73				
19	\$70,500	28	77				
20	\$73,500	28	88				
21	\$76,400	28	81				
22	\$79,300	28	86				
23	\$81,900	28	77				
24	\$84,800	28	116				

PAID-UP INSURANCE IS BASED ON THE 2001 CSO ULTIMATE MORTALITY TABLE SMOKER/NONSMOKER-DISTINCT, SEX-DISTINCT, AGE LAST BIRTHDAY, WITH INTEREST AT THE RATE OF 4.00%.

EXTENDED TERM INSURANCE IS BASED ON THE 2001 CSO ULTIMATE MORTALITY TABLE SMOKER/NONSMOKER-DISTINCT, SEX-DISTINCT, AGE LAST BIRTHDAY, WITH INTEREST AT THE RATE OF 4.00%.

POLICY DATA (CONTINUED)

TABLE OF POLICY VALUES AND BENEFITS

GUARANTEED BASIS (2)

END OF POLICY YEAR	ANNUAL PREMIUM	DEATH BENEFIT	POLICY VALUE (3)	CASH VALUE
1	\$1,673	\$100,000	\$691	\$0
2	\$1,673	\$100,000	\$1,331	\$0
3	\$1,673	\$100,000	\$1,991	\$1,200
4	\$1,673	\$100,000	\$2,670	\$2,400
5	\$1,673	\$100,000	\$3,800	\$3,800
6	\$1,673	\$100,000	\$5,100	\$5,100
7	\$1,673	\$100,000	\$6,500	\$6,500
8	\$1,673	\$100,000	\$8,000	\$8,000
9	\$1,673	\$100,000	\$9,500	\$9,500
10	\$1,673	\$100,000	\$11,000	\$11,000
11	\$1,673	\$100,000	\$12,600	\$12,600
12	\$1,673	\$100,000	\$14,200	\$14,200
13	\$1,673	\$100,000	\$15,900	\$15,900
14	\$1,673	\$100,000	\$17,700	\$17,700
15	\$1,673	\$100,000	\$19,500	\$19,500
16	\$1,673	\$100,000	\$21,400	\$21,400
17	\$1,673	\$100,000	\$23,300	\$23,300
18	\$1,673	\$100,000	\$25,300	\$25,300
19	\$1,673	\$100,000	\$27,300	\$27,300
20	\$1,673	\$100,000	\$29,400	\$29,400
AGE 60	\$1,673	\$100,000	\$40,600	\$40,600
AGE 65	\$1,673	\$100,000	\$53,500	\$53,500

(2) RESULTS CALCULATED ON A GUARANTEED BASIS REFLECT GUARANTEED MAXIMUM MONTHLY DEDUCTIONS AND THE GUARANTEED MINIMUM INTEREST RATE OF 4.0%. PARTIAL SURRENDERS OR LOANS MAY CHANGE THESE RESULTS.

(3) POLICY VALUES ILLUSTRATED ON A GUARANTEED BASIS REFLECT THE GREATER OF:
 (A) ACCUMULATED NET PREMIUMS PLUS INTEREST AT THE GUARANTEED MINIMUM INTEREST RATE OF 4.0% LESS GUARANTEED MAXIMUM MONTHLY DEDUCTIONS WHICH INCLUDE THE POLICY FEE AND THE GUARANTEED MAXIMUM MONTHLY EXPENSE CHARGE PER THOUSAND; OR (B) THE GUARANTEED MINIMUM CASH VALUE ILLUSTRATED ON DATA PAGE 4.

POLICY DATA (CONTINUED)

TABLE OF SURRENDER CHARGE FACTORS PER \$1,000 OF BASE POLICY FACE AMOUNT

SURRENDER CHARGE PERIOD: 10 YEARS

POLICY YEAR	SURRENDER CHARGE FACTORS
1	23.76
2	22.90
3	22.01
4	21.08
5	20.12
6	19.12
7	18.08
8	13.56
9	9.04
10	4.52
11+	0.00

TO CALCULATE THE FULL SURRENDER CHARGE FOR THE BASE POLICY, FIND THE FACTOR FOR THE CURRENT POLICY YEAR. MULTIPLY THIS FACTOR BY THE NUMBER OF THOUSANDS OF FACE AMOUNT OF THE BASE POLICY.

POLICY DATA (CONTINUED)

TABLE OF DEATH BENEFIT FACTORS

POLICY YEAR	DEATH BENEFIT FACTOR	POLICY YEAR	DEATH BENEFIT FACTOR	POLICY YEAR	DEATH BENEFIT FACTOR
1	4.91	34	1.74	67	1.10
2	4.74	35	1.70	68	1.10
3	4.58	36	1.65	69	1.09
4	4.42	37	1.62	70	1.09
5	4.27	38	1.58	71	1.09
6	4.12	39	1.54	72	1.08
7	3.98	40	1.51	73	1.08
8	3.85	41	1.48	74	1.08
9	3.72	42	1.45	75	1.07
10	3.59	43	1.42	76	1.07
11	3.47	44	1.39	77	1.07
12	3.36	45	1.37	78	1.06
13	3.25	46	1.34	79	1.06
14	3.14	47	1.32	80	1.06
15	3.04	48	1.30	81	1.06
16	2.94	49	1.28	82	1.05
17	2.85	50	1.26	83	1.05
18	2.76	51	1.24	84	1.05
19	2.67	52	1.23	85	1.05
20	2.58	53	1.21	86	1.04
21	2.50	54	1.20		
22	2.43	55	1.19		
23	2.36	56	1.18		
24	2.29	57	1.17		
25	2.22	58	1.16		
26	2.15	59	1.15		
27	2.09	60	1.14		
28	2.03	61	1.14		
29	1.98	62	1.13		
30	1.93	63	1.12		
31	1.88	64	1.12		
32	1.83	65	1.11		
33	1.78	66	1.11		

FOR ALL POLICY YEARS AFTER THOSE SHOWN, THE DEATH BENEFIT FACTOR IS 1.04.

DEFINITIONS

In this policy:

We, our and **us** means Transamerica Life Insurance Company.

You and **your** means the Owner(s) of this policy.

Accumulation Value is the policy's total value as described in the Accumulation Value section.

Administrative Office means Transamerica Life Insurance Company, 4333 Edgewood Road NE, Cedar Rapids, Iowa 52499.

Age means the Insured's age in years on the Policy Date or policy anniversary, as applicable, if the Insured's birthday is on that date. Otherwise, it means the Insured's age in years on his or her last birthday prior to the Policy Date or policy anniversary, as applicable. See Settlement Provisions for age calculation under a settlement option.

The **Base Policy** is this policy excluding any Riders.

A **Beneficiary** is the person you designate to receive all or a portion of the death benefit under this policy.

Cash Value means the greater of: (1) the Accumulation Value less any Surrender Charge; or, (2) the Guaranteed Minimum Cash Value.

The **Date of Issue** is shown in the Policy Data.

The **Designated Individual** is the person upon whose life expectancy a settlement option may be based and upon whose life continued payments under a settlement option may depend.

Free-Look Period means the initial period of time after you first receive this policy and during which you have the right to examine and return this policy for a full refund of any premiums paid. This period is shown on page 1 of the policy.

Gender, for purposes of this policy, is "male", "female" or "unisex".

Guaranteed Minimum Cash Value means the values as shown in the Table of Guaranteed Minimum Cash Values in the Policy Data.

Grace Period is the 31-day period within which you must pay any amount due to prevent your policy from lapsing. See the Grace Period provision for details.

A **Gross Premium** is 100% of any premium you pay.

Insured means the person whose life is covered under this policy. The Insured is shown in the Policy Data.

Lapse means termination of the policy at the end of the Grace Period due to nonpayment of premium or loan interest when there is no remaining Net Cash Value. If there is remaining Net Cash Value at the end of the Grace Period, it will be applied to the Nonforfeiture Options.

The **Maximum Loan Value** is the largest amount you may borrow under the loan provisions.

A **Modal Premium** means the premium payment option you elect for this policy. The Modal Premium options available are Annual, Semi-Annual, Quarterly and Monthly.

A **Monthly Deduction** is an amount we withdraw from the Accumulation Value of the policy at the beginning of each policy month.

The **Net Amount at Risk** on any date means the difference between: (1) the death benefit multiplied by the Monthly Death Benefit Discount Factor shown in the Policy Data; and, (2) the Accumulation Value.

The **Net Cash Value** is the Cash Value less any existing Policy Debt.

A **Net Premium** is a Gross Premium you pay minus any premium amount for extra ratings and Riders, and minus the Administrative Charge. The maximum Administrative Charge is shown in the Policy Data. All Net Premium payments will become part of the Accumulation Value.

We will send any **Notice** under the provisions of this policy to your last known address and to any assignee of record.

The **Payee** is the person who has the right to receive payments under a settlement option. If you surrender this policy, you are the Payee under any settlement option you elect. After the Insured's death, the Beneficiary is the Payee under the settlement option you elect.

We will use the **Policy Date** shown in the Policy Data to determine the monthly policy dates, policy anniversaries and policy years.

The **Policy Debt** is the sum of all outstanding loans and loan interest due us for all loans secured by the policy.

The **Policy Fee** is part of the Monthly Deduction. The guaranteed maximum policy fees are shown in the Policy Data. We may change the Policy Fee, subject to the maximum, at any time after the first policy year.

A **Policy Loan** is an outstanding loan due us for a loan secured by this policy.

The **Premium** is the required amount that must be paid each year to the policy anniversary at the specified Age shown in the Policy Data to keep the policy in force.

Reinstate means to restore coverage after the policy has Lapsed or been changed to either Paid-Up Life Insurance or Extended Term Insurance, subject to the requirements in the Reinstatement provision.

A **Rider** is an attachment to the policy that provides an additional benefit.

Written Request means a signed request in a form satisfactory to us that is received at our Administrative Office.

OWNERSHIP

Owner of the Policy -- You as the Owner are entitled to the rights granted under this policy before the Insured's death. The Insured will be the Owner, unless someone else is named as the Owner in the application, or otherwise in accordance with this policy. Ownership of this policy may be shared by two or more persons. If one such person is an individual other than the Insured and dies before the Insured, the rights of that person belong to the executor or administrator of his or her estate unless otherwise provided in the policy. If the Owner is a partnership, the rights belong to the partnership as it exists when a right is exercised.

Exercising Policy Rights -- If ownership of this policy is shared by more than one person, all such persons must sign each Written Request to exercise any right under this policy.

How to Change the Owner -- You may change the Owner while the Insured is living by Written Request. The change will not be effective until we record it at our Administrative Office.

Assignment of the Policy -- We are not responsible for the adequacy of any assignment. However, if you file the assignment with us and we record it at our Administrative Office, your rights and those of any revocable Beneficiary will be subject to it.

BENEFICIARY

Who Receives the Death Benefit -- If the Insured dies while this policy is in force, we will pay the death benefit to the Beneficiary or Beneficiaries. A Beneficiary is as designated in the application, unless changed as shown under "How to Change a Beneficiary" below. If a Beneficiary is a partnership, we will pay its share of the death benefit to the partnership as it existed when the Insured died. If there is more than one Beneficiary, we will pay the death benefit to all of the Beneficiaries in equal shares unless you provide otherwise in the Application or by Written Request.

Protection of the Death Benefit -- To the extent permitted by law, no death benefit will be subject to the claims of a Beneficiary's creditors or to any legal process against a Beneficiary.

If a Beneficiary Dies -- If any Beneficiary dies before the Insured, that Beneficiary's interest in the death benefit will end. If any Beneficiary dies at the same time as the Insured, or within 30 days after the Insured, that Beneficiary's interest in the death benefit will end if no benefits have been paid to that Beneficiary. If the interest of all designated beneficiaries has ended when the Insured dies, we will pay the death benefit to you. If you are not living at that time, we will pay the death benefit to your estate.

How to Change a Beneficiary -- You may change the designated Beneficiary while the Insured is living by Written Request. The change will not be effective until we record it at our Administrative Office. Even if the Insured is not living when we record the change, the change will take effect as of the date it was signed. However, any benefits we pay before we record the change will not be subject to the change.

A Beneficiary designated irrevocably may not be changed without the written consent of that Beneficiary.

PAYMENT OF THE DEATH BENEFIT

Proof of Death -- We will pay any benefit payable because of death when we receive due proof of the Insured's death while this policy was in force. The proof must be sent to us at our Administrative Office. We will send appropriate forms to the Beneficiary upon request. Any of our agents will help the Beneficiary fill out the forms without charge.

Interest on Life Insurance Proceeds -- We will pay interest on the proceeds of any benefit paid under this policy more than 30 days after we receive due proof of the Insured's death. We will pay interest for the period from the date of the Insured's death to the date the payment is made. The interest rate will be at least 8%, or higher if required by law.

Death Benefit -- The amount of the death benefit may be affected by other policy provisions, such as Policy Loans, Partial Surrenders or Misstatement of Age or Gender.

The death benefit will be the greater of:

- (a) the face amount of the Base Policy; or,
- (b) the death benefit factor multiplied by the greater of the Accumulation Value or the Guaranteed Minimum Cash Value; or
- (c) the amount required for the policy to qualify as a life insurance contract under Section 7702 of the Internal Revenue Code.

We will reduce the death benefit payable by any existing Policy Debt and by the portion of any Grace Period payment necessary to provide insurance to the date of the Insured's death.

The death benefit factors are shown in the Policy Data.

This policy is intended to qualify under Section 7702 of the Internal Revenue Code as a life insurance contract for federal tax purposes. The death benefit under this policy is intended to qualify for the federal income tax exclusion. The provisions of this policy (including any Rider or endorsement) will be interpreted to ensure tax 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, appropriate adjustments will be made in any Monthly Deductions or supplemental benefits as of that time, retroactively or otherwise, that are consistent with such an increase. Retroactive adjustments to the Monthly Deduction may be deducted from the Accumulation Value or may be made by right of setoff against any death benefits payable. Prospective adjustments will be reflected in the Monthly Deduction.

PAYMENT OF PREMIUMS

Premium -- To keep this policy in force, each premium must be paid in advance in the amounts and at intervals to the policy anniversary at the specified Age shown in the Policy Data. Premiums should be sent to our Administrative Office or you may pay them to an agent we authorize. We will give you a receipt if you ask for one. The first premium is due on the Policy Date. Subsequent premiums are payable to the policy anniversary at the specified Age shown in the Policy Data while the Insured is living and not after the end of a Grace Period. If any premium remains unpaid after a Grace Period, your policy may Lapse. If a part of the premium ceases to be payable under the provisions of any Rider, the premium will be reduced accordingly.

Grace Period -- A Grace Period of 31 days will be provided for you to pay premiums after the premium due date for each premium after the first premium. We will let you know, by sending a Notice to your last known address, that the Grace Period has begun and that you must pay the premium due before the 31-day Grace Period has expired. If you do not pay the premium due by the end of the 31-day Grace Period, your policy will Lapse, except as provided for in the Automatic Premium Payment, Premium Loan, or Nonforfeiture Options provisions. In addition, if any loan interest due (that has not been paid in cash by the end of the 31-day Grace Period) exceeds the Cash Value less the outstanding loan, your policy will Lapse, except as provided for in the Nonforfeiture Options provision. (See Loan Repayment Provision.)

During the Grace Period, we will not charge interest on the amount due. If the Insured dies during the Grace Period and before you pay the amount due, we will subtract from the death benefit the cost of insurance to the date the Insured died.

Premium Adjustment at Death -- Any portion of a paid premium which applies to a period beyond the date of the Insured's death will be added to the proceeds payable under this policy.

Premium Limitation -- As of the end of any policy year, if the premiums paid exceed the amount allowable if this policy is to continue to qualify as a life insurance contract under Section 7702 of the Internal Revenue Code, as such Section is in effect at the time this policy is issued, and the regulations thereunder, we will remove the excess amount of premiums paid from the policy, with interest, as of the end of that policy year. We will refund to you this excess amount (including interest) within 60 days after the end of that policy year.

Such an excess amount could occur, for example, as a result of a change in the benefits or terms of the policy, since the premium amount allowable for the policy may thereby be reduced.

The amount refundable will not exceed the Net Cash Value of the policy. If the entire Net Cash Value is refunded, we will treat the transaction as a full surrender of your policy.

Automatic Premium Payment -- On or after the first policy anniversary, any premium due will be deducted from this policy's Accumulation Value if:

1. The premium due is not paid by the end of the Grace Period; and
2. The premium due is less than or equal to the excess, if any, of:
 - a) the Accumulation Value less the Surrender Charge, less any Policy Debt; over
 - b) the Guaranteed Minimum Cash Value.

On or after the Policy Date, you may revoke the Automatic Premium Payment option by submitting a Written Request to us. The effective date of such revocation will be the next premium due date if the request is received prior to such date and no premium is in default. If a premium is in default and the request is received during the Grace Period, the effective date will be the due date of the premium in default.

Reinstatement -- If this policy Lapses or is changed to Paid-Up Life Insurance or Extended Term Insurance, it may be reinstated provided it was not surrendered. To Reinstatement the policy, you must meet the following conditions:

1. You must request Reinstatement in writing within three years after the date of Lapse or change to Paid-Up Life Insurance or Extended Term Insurance.
2. The Insured must provide evidence of insurability sufficient to satisfy us that the Insured continues to qualify for the same class of risk and rating upon which we based the issuance of this policy.
3. If any loans existed when the policy Lapsed or was changed to Paid-Up Life Insurance or Extended Term Insurance, you must repay or Reinstatement them with interest compounded annually from the date of Lapse or change to Paid Up Life Insurance or Extended Term Insurance, at the loan interest rate of 4.25% for a Class A loan, and 6.50% for a Class B loan.
4. You must pay all overdue premiums, with interest compounded annually, at the Reinstatement Interest Rate shown in the Policy Data.

The effective date of a Reinstatement will be the date we approve your request to Reinstatement. If a person other than the Insured is covered by any attached Rider, that person's coverage will be reinstated under the Reinstatement terms of that Rider.

POLICY VALUES

Accumulation Value -- The Accumulation Value of the policy on the Policy Date is equal to all Net Premiums paid for the policy. The Accumulation Value of the policy on any monthly policy date after the Policy Date is equal to:

1. its Accumulation Value on the last monthly policy date, plus interest on that amount;
- plus
2. all Net Premiums paid into it less any refunds since the last monthly policy date, plus interest from the date each premium is received in the Administrative Office to the monthly policy date;
- minus
3. the Monthly Deduction charged against it on the last monthly policy date, plus interest on that amount;
- minus
4. any partial surrender(s) plus the \$25 partial surrender fee(s) charged against it since the last monthly policy date, plus interest on that amount from each partial surrender date to the monthly policy date.

The Accumulation Value of the policy on any specified date that falls between any two monthly policy dates is equal to:

1. the Accumulation Value on the last monthly policy date, plus accrued interest from the last monthly policy date to the specified date;
- plus 2. all Net Premiums paid into it less any refunds since the last monthly policy date, plus accrued interest from the date each premium is received in the Administrative Office to the specified date;
- minus 3. the Monthly Deduction charged against it on the last monthly policy date, plus accrued interest on that amount;
- minus 4. any partial surrender(s) plus the \$25 partial surrender fee(s) charged against it since the last monthly policy date, plus accrued interest on that amount from each partial surrender date to the specified date.

A Table of Policy Values and Benefits is included in this policy. It is based on the information you gave us when the policy was issued. Actual values may differ from those shown as declared interest rates, your premium payments, and other factors change from the illustrated data.

Guaranteed Interest Rates -- Except for premium received before the Policy Date, the Net Premium accrues interest from the date we receive it in the Administrative Office. If the policy is not a "modified endowment contract" (MEC) for federal tax purposes as defined in Section 7702a of the Internal Revenue Code and:

- (a) premium is received by us prior to the premium due date; and
- (b) the premium due date is a policy anniversary; and
- (c) crediting the Net Premium to the policy on the date the premium is received by us in our Administrative Office would cause the policy to become a MEC;

then the Net Premium will instead begin to accrue interest as of the premium due date and not the date the premium was received by us if doing so would prevent the policy from becoming a MEC. We will deem the premium to be received by us as of the policy anniversary date rather than the original date we received the premium.

If you provide us with a Written Request on or before the premium payment is received by us instructing us to allow the policy to become a MEC, then the Net Premium will begin to accrue interest as of the date we receive the premium.

Interest is credited monthly on each monthly policy date.

Premiums received on or before the Policy Date will only begin to earn interest as of the Policy Date. The guaranteed minimum interest rate for all policy years is shown in the Policy Data.

Prior to the policy anniversary at Age 121, we may declare an interest rate higher than the guaranteed minimum at any time. We will never declare an interest rate that is lower than the guaranteed minimum interest rate. We may change the interest rate, subject to the minimum, at any time without notice.

Beginning at the policy anniversary at Age 121, the policy Accumulation Value will accrue interest at the guaranteed minimum interest rate.

The interest rate credited for any portion of the Accumulation Value equal to the amount of any existing policy loan will be at an effective annual interest rate of 4.0%.

Monthly Deduction Rates -- We will determine the Monthly Deduction Rate for each policy month at the beginning of that policy month. The Monthly Deduction Rate for the Base Policy will depend on: the face amount of the policy; the Insured's Gender; the Insured's smoker or nonsmoker status; the Insured's class of risk as of the Policy Date; the number of years that the policy has been in force; and the Insured's Age on the Policy Date.

A table of Guaranteed Maximum Monthly Deduction Rates for the Base Policy is shown in the Policy Data. We may use rates lower than these guaranteed maximum Monthly Deduction Rates. We will never use higher rates.

Any change in the Monthly Deduction Rates will be prospective and will be subject to our expectations as to future cost factors. Such cost factors may include, but are not limited to: mortality; expenses; interest; persistency; and any applicable federal, state and local taxes.

Guaranteed Maximum Monthly Expense Charge Per Thousand -- The Guaranteed Maximum Monthly Expense Charge Per Thousand rate for the Base Policy is shown in the Policy Data. We may use an expense charge rate that is lower than the Guaranteed Maximum Monthly Expense Charge Per Thousand rate. We will never use a higher expense charge rate.

Monthly Deduction -- At the beginning of each policy month, we will take the Monthly Deduction for that policy month from the Accumulation Value of the policy. The Monthly Deduction is equal to:

(a) the Monthly Deduction Rate times .001, times the Net Amount at Risk;

plus (b) the Policy Fee;

plus (c) the monthly expense charge per thousand rate times .001, times the face amount of the Base Policy.

Cash Value -- You may borrow the Net Cash Value, or take it as a partial or full surrender of the policy. These transactions are described in the following sections. We guarantee that the Cash Value always equals or exceeds the amount required by the law in effect at the time of issue in the jurisdiction in which the application for this policy was signed.

Guaranteed Minimum Cash Value -- The Table of Guaranteed Minimum Cash Values is shown in the Policy Data. The table shows the Guaranteed Minimum Cash Values that apply at the end of each policy year. The Guaranteed Minimum Cash Values that apply on any other date will be provided upon request. The values shown in the table apply as long as you continue to pay the required premiums as shown in the Policy Data and no Policy Loans are taken. If this policy is changed to Paid-Up Life Insurance or Extended Term Insurance, the Table of Guaranteed Minimum Cash Values will no longer be applicable.

Policy Loans -- If you request a policy loan prior to the eighth policy year, we will handle it as a Class B loan. Beginning in the eighth policy year, we will handle one loan request per year as a Class A loan, subject to the limitations shown below. Beginning in the eighth policy year, we will treat any loan request after the first request in any policy year as a Class B loan.

Class A Policy Loan -- Beginning in the eighth policy year, we will make Class A loans subject to the following conditions:

1. Such a loan will only be allowed one time during a policy year.
2. The maximum amount allowed as a Class A loan in any one policy year will be the lesser of 25% of the Cash Value as of the request date or the maximum loan amount, as described in number 3 below.

3. The maximum loan amount is the policy's Cash Value as of the date of the loan request, minus:
 - a. any existing Policy Debt; and,
 - b. two monthly premiums.
4. Interest on any outstanding loan balance is due in arrears, on the next policy anniversary, or, if earlier, on each of the following applicable dates: (a) the date you repay an outstanding loan in whole or in part; (b) the date a new loan is made; (c) the date you surrender your policy or allow it to Lapse; (d) the date your policy is changed to Paid-Up Life Insurance or Extended Term Insurance; (e) the date your policy terminates for any reason; and/or, (f) the date the Insured dies. The maximum annual effective loan interest rate is 4.25%. If you do not pay the interest when it is due, we will add the amount of interest to the loan. We will charge interest on this amount at the same interest rate being charged on the loan.
5. You must assign the policy to us to the extent of the Policy Debt. If the Insured dies, we will deduct the Policy Debt from the death benefit before we pay the death benefit to the Beneficiary.
6. The loan will be secured by that portion of the Accumulation Value equal to the amount of the loan.

Class B Policy Loan -- We will make Class B loans subject to the following conditions:

1. The maximum amount allowed as a Class B loan is the Cash Value as of the date of the loan request, minus:
 - a. any existing Policy Debt; and,
 - b. two monthly premiums.
2. Interest on any outstanding loan balance is due in arrears, on the next policy anniversary, or, if earlier, on each of the following applicable dates: (a) the date you repay an outstanding loan in whole or in part; (b) the date a new loan is made; (c) the date you surrender your policy or allow it to Lapse; (d) the date your policy is changed to Paid-Up Life Insurance or Extended Term Insurance; (e) the date your policy terminates for any reason; and/or, (f) the date the Insured dies. The maximum annual effective loan interest rate is 6.50%. If you do not pay the interest when it is due, we will add the amount of interest to the loan. We will charge interest on this amount at the same interest rate being charged on the loan.
3. You must assign the policy to us to the extent of the Policy Debt. If the Insured dies, we will deduct the Policy Debt from the death benefit before we pay the death benefit to the Beneficiary.
4. The loan will be secured by that portion of the Accumulation Value equal to the amount of the loan.

Loan Repayment -- You may repay any part of any outstanding loan at any time while the Insured is living.

If you wish to make a loan repayment, you must tell us that the payment you send us is for that purpose. Unless your payment is clearly marked as a loan repayment, we will assume it is a premium payment if a premium is due. When we receive a loan repayment, we will apply it to the portion of the Accumulation Value that secures the loan. If a payment would cause the policy to fail to qualify as a life insurance contract under Section 7702 of the Internal Revenue Code as such Section is in effect at that time, and the regulations thereunder, the portion of the payment that cannot be accepted as premium will be applied against any outstanding policy loans before a refund is made.

Loan repayments will first be applied to any outstanding Class B loans. Then, they will be applied to any outstanding Class A loans. Within the Class A and Class B loan categories, the repayments will be applied first to the loans with the most recent loan dates.

If the policy loan interest due is not paid in cash by you, a new loan of the same class (A or B) will be created to cover the interest. The new loan will have the same interest rate as the loan to which it is added (Class A or B). Any loan interest paid in cash by you will apply first to Class B loans, and then to Class A loans.

Your policy will not automatically Lapse if you do not repay a loan. However, the policy may Lapse if the Cash Value less any outstanding loans is not large enough to cover any loan interest due that is not paid in cash. (See Grace Period provision for details.)

Partial Surrender -- At any time after the Free-Look Period, you may surrender a portion of this policy's Net Cash Value by sending us a Written Request, subject to the limitations described below. We will deduct the surrender amount from the policy's Accumulation Value. The minimum partial surrender amount is \$500.00.

During the premium payment period, the maximum amount that you may receive by partial surrender is:

- 1) the lesser of the annual scheduled premium for the current policy year and the excess of (a) over (b) where:

- (a) is the Cash Value as of the request date; and
- (b) is the Guaranteed Minimum Cash Value as of the request date;

minus 2) any existing Policy Debt;

minus 3) a partial surrender fee of \$25.

After the premium payment period, the maximum amount that you may receive by partial surrender is:

- 1) the excess of (a) over (b) where:

- (a) is the Cash Value as of the request date; and
- (b) is the Guaranteed Minimum Cash Value as of the request date;

minus 2) any existing Policy Debt;

minus 3) a partial surrender fee of \$25.

If you request a partial surrender larger than the maximum described above, we will treat it as a request for a full surrender of the policy.

Premium Loan Provision -- This provision will only be effective if a Written Request is made to us. If this provision is effective, any premium which remains unpaid at the end of a Grace Period will be paid by loan subject to the following conditions:

1. If the loan value of this policy is insufficient to pay the elected modal premium, the next smaller modal premium payable, but never less than the quarterly premium, will be paid by premium loan. If the loan value of this policy is insufficient to pay a premium under this provision, no premium loan will be made. If there is any Net Cash Value remaining, we will apply it to the Nonforfeiture Options (see Nonforfeiture Options provision). If there is no Net Cash Value, your policy will Lapse.
2. If on a policy anniversary the two premiums due immediately before that anniversary have been paid by premium loan, we may change the frequency of premium payment to annual provided the loan value of this policy is sufficient to pay the annual premium.
3. The premium loan will be subject to the Loans provision.

The authorization for this provision to be effective may be withdrawn by a Written Request filed with us.

OPTION TO CHANGE THE FACE AMOUNT

Decreasing the Face Amount -- Beginning in the eighth policy year, a one time request to decrease the face amount of this policy may be made if all of the following conditions are met:

1. You must make a Written Request to us.
2. On the request date, this policy must be in force and the Insured must be living.
3. The amount of the reduction in face amount must be at least \$25,000, not to exceed 50% of the original policy face amount.
4. The new face amount may not be less than our published minimum face amount for this plan.

After the decrease in face amount occurs, the following changes will result:

1. The decrease of the face amount of this policy will cause a change in the Monthly Deductions to be charged.
2. The Guaranteed Minimum Cash Value after the face reduction will be based on the new policy face amount. The difference between the Guaranteed Minimum Cash Value before the face reduction and the Guaranteed Minimum Cash Value after the face reduction will first be applied to offset any Policy Debt and the excess, if any, will be refunded to you.
3. The Accumulation Value will be reduced by the amount of the difference between the Guaranteed Minimum Cash Value before the face amount reduction and the Guaranteed Minimum Cash Value after the face amount reduction.
4. If the face amount of this policy is decreased during the premium payment period, we will recalculate the prospective premium based on the new face amount.

We will issue new Policy Data pages showing the new face amount. After the decrease, the Monthly Deduction rates and monthly expense charge per thousand rates will be based on the new face amount of this policy. We will not assess a Surrender Charge on the requested face reduction. In the event of a future surrender of the policy, any Surrender Charge will be based on the original face amount of the policy prior to the decrease. See Option 3, Full Surrender, in the Nonforfeiture Options provision.

Increasing the Face Amount -- An increase in the face amount of this policy will not be allowed.

NONFORFEITURE OPTIONS

After this policy has a Net Cash Value, if any amount due remains unpaid at the end of the Grace Period, we will apply the Net Cash Value to one of the nonforfeiture options described in this section. The nonforfeiture options will be effective no later than 31 days after the date the unpaid amount was due. You may choose any of the nonforfeiture options at any time within the 31-day Grace Period.

If you do not choose an option in writing, Option 1, Paid-Up Life Insurance, will automatically take effect. In the event that the Net Cash Value in this policy is less than \$1,000, then Option 3, Full Surrender, will instead automatically take effect.

Under Option 3, Full Surrender, the surrender value within 31 days from the date the unpaid amount was due will not be less than the surrender value as of the date the unpaid amount was due, less: (a) any Policy Debt for loans made after the date the unpaid amount was due; and, (b) any partial surrenders made after the date the unpaid amount was due.

Option 1. Paid-Up Life Insurance -- Subject to the conditions of this option, this policy may be continued as single premium Paid-Up Life Insurance. The following conditions will apply:

1. If the policy has not reached the end of the Grace Period as described above and you wish to continue it as Paid-Up Life Insurance, the policy must be in force on the date that you make a Written Request for the change.
2. When you exercise this option, this policy will be continued as Paid-Up Life Insurance. The Paid-Up Life insurance may be for a lower face amount than the Base Policy.
3. The amount of Paid-Up Life Insurance is calculated by using the Net Cash Value divided by the Net Single Premium, times \$1,000. The Net Single Premium is based on the Insured's Gender, the Insured's smoking status and the Insured's attained age. The Net Single Premiums are shown in Appendix A.

If the difference between the amount of Paid-Up Life Insurance and the Net Cash Value for the Paid-Up Life Insurance is greater than the difference between the death benefit and the Accumulation Value under this policy on the date this option is exercised, the amount of the Paid-Up Life Insurance elected under this option will be reduced accordingly. We will refund to you any excess Net Cash Value remaining after the purchase of the Paid-Up Life Insurance.

4. The effective date of the Paid-Up Life Insurance will be the date that the unpaid amount was due before entering the Grace Period, or the date we receive your Written Request to change the policy to Paid-Up Life Insurance, whichever is earlier.
5. The Net Single Premiums used for the single premium Paid-Up Life Insurance will be those rates in the Table of Maximum Net Single Premiums for Paid-Up Life Insurance per \$1,000 in Appendix A. There is also a Table of Paid-Up Life Insurance per \$1,000 of Net Cash Value in Appendix A.
6. The Paid-Up Life Insurance will have cash values based on interest at the guaranteed minimum interest rate shown in the Policy Data. The Net Cash Value of the Paid-Up Life Insurance is equal to the Net Single Premium for the face amount of the Paid-Up Life Insurance, less any Policy Debt on the Paid-Up Life Insurance.
7. When you exercise this option, the following provisions of this policy will not apply to the Paid-Up Life Insurance: Monthly Deductions, Partial Surrender and Decreasing the Face Amount. After you exercise this option, you may not pay any additional premiums.
8. When you exercise this option, all Riders will terminate.
9. If the Insured is alive on the policy anniversary at Age 121, the Paid-Up Life Insurance will mature. We will pay you the Net Cash Value as of that policy anniversary.

Option 2. Extended Term Insurance -- Unless the class of risk shown in the Policy Data is "Rated", you may continue this policy as non-participating Extended Term Insurance. These conditions will apply:

1. We must receive a Written Request to continue this policy under Option 2.
2. The policy must be in force on the date when you request the change.
3. The effective date of the Extended Term Insurance will be the date that the unpaid amount was due before entering the Grace Period, or the date we receive your Written Request to change the policy to Extended Term Insurance, whichever is earlier.
4. You will surrender all rights under this policy except the right to Reinstate, in exchange for the Extended Term Insurance.
5. We will calculate the face amount of the Extended Term Insurance as follows: this policy's face amount less any Policy Debt as of the date we receive your Written Request will equal the extended term face amount.

6. We will calculate the length of the coverage period of the Extended Term Insurance by applying the Net Cash Value of this policy as a net single premium for the Extended Term Insurance.
7. When you exercise this option, all Riders will terminate.

Option 3. Full Surrender -- You may surrender this policy for the Net Cash Value.

There is a Table of Surrender Charge Factors in the Policy Data. We will use the factors in the table to determine the Surrender Charge we will apply. To calculate the full Surrender Charge for the Base Policy, find the factor for the current policy year. Multiply this factor by the number of thousands of face amount of the Base Policy. This is the full Surrender Charge for the Base Policy. There is no Surrender Charge for the Base Policy after 10 policy years.

If you request a full surrender within 30 days after a policy anniversary, the surrender value will not be less than the surrender value on that anniversary, less any Policy Debt for loans made after the last policy anniversary, and less any partial surrenders made after the last policy anniversary.

PAYMENT OF CASH VALUE AND LOANS

We may delay paying you the partial or full surrender value of this policy for up to 6 months after we receive your Written Request for the surrender. We may delay making a loan to you for up to 6 months after we receive your Written Request for the loan. We will not delay any loan made to pay premiums due us on any policy.

POLICY STATEMENTS AND ILLUSTRATIONS

At least once a year, we will send you, without charge, a statement showing: the face amount; Accumulation Value; Cash Value; Policy Debt; partial surrenders; premiums paid; and charges as of the statement date. Upon Written Request at any time, we will send you an illustration of your policy's benefits and values. There will be no charge for the first such illustration in each policy year. We reserve the right to charge a reasonable fee for any illustration after the first in any policy year.

BASIS OF COMPUTATION

The minimum Cash Values of the policy are not less than the minimum values required by the jurisdiction in which the application for this policy was signed. The minimum Cash Values are equal to the greater of:

- (1) the Guaranteed Minimum Cash Values; or,
- (2) the Accumulation Value based on the guaranteed Monthly Deductions and the guaranteed minimum interest rate shown in the Policy Data, less any Surrender Charge.

The Guaranteed Minimum Cash Values appear in the Policy Data.

For policies issued on a unisex basis, calculations of minimum Cash Values and nonforfeiture benefits are based on the guaranteed minimum interest rate, and the 2001 Commissioner's Standard Ordinary Smoker or Nonsmoker Ultimate Mortality Tables for unisex, age last birthday. Extended Term Insurance is based on the guaranteed minimum interest rate, and the 2001 Commissioner's Standard Ordinary Smoker or Nonsmoker Ultimate Mortality Tables for unisex, age last birthday.

For policies issued on a sex-distinct basis, calculations of minimum Cash Values and nonforfeiture benefits are based on the guaranteed minimum interest rate, and the 2001 Commissioner's Standard Ordinary Smoker or Nonsmoker Ultimate Mortality Tables for males or females, age last birthday. Extended Term Insurance is based on the guaranteed minimum interest rate, and the 2001 Commissioner's Standard Ordinary Smoker or Nonsmoker Ultimate Mortality Tables for males or females, age last birthday.

In all calculations, deaths are assumed to occur at the end of the policy year.

As required, we have filed the method we used to compute minimum Cash Values and nonforfeiture benefits with the supervisory official of the jurisdiction in which the application for this policy was signed.

GENERAL PROVISIONS

Incontestability of the Policy -- Except for fraud or nonpayment of premiums, this policy will be incontestable after it has been in force during the Insured's lifetime for two years from the Date of Issue. This provision does not apply to any Rider providing benefits specifically for disability or death by accident.

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

Amount We Pay is Limited in the Event of Suicide -- If the Insured dies by suicide, while sane or insane, within two years from the Date of Issue, we will be liable only for the amount of premiums paid, less any partial surrenders and Policy Debt.

Misstatement of Age or Gender in the Application -- If there is a misstatement of the Insured's Age or Gender in the application, we will adjust the excess of the death benefit over the Accumulation Value to that which would be purchased by the most recent Monthly Deduction at the correct Age or Gender. There will be no adjustment beyond the Insured's 121st birthday.

If this policy was issued on a unisex basis, only adjustments for Misstatement of Age will apply.

The Policy is our Contract with You -- We have issued this policy in consideration of the application and your initial premium payment. A copy of the application is attached and is part of this policy. The policy, including the application and any endorsements and/or Riders, forms our contract with you. All statements made by or for the Insured will, in the absence of fraud, be considered representations and not warranties. We will not use any statement made by or for the Insured to deny a claim unless the statement is in the application and the application is attached to this policy when we issue or deliver it.

Who Can Make Changes in the Policy -- Only our President or a Vice President together with our Secretary have the authority to make any change in this policy. Any change must be in writing.

Termination of Insurance -- This policy will terminate at the earliest of:

1. the date we receive your Written Request to surrender or terminate the policy; or
2. the date of Lapse.

No Dividends are Payable -- This is nonparticipating insurance. It does not participate in our profits or surplus. We do not distribute past surplus or recover past losses by changing the Monthly Deduction rates.

SETTLEMENT PROVISIONS

When the Insured dies while this policy is in force, we will pay the death benefit in a lump sum unless you or the Beneficiary choose a settlement option. You may choose a settlement option while the Insured is living. The Beneficiary may choose a settlement option after the Insured has died. The Beneficiary's right to choose will be subject to any settlement agreement in effect at the Insured's death.

You may also choose one of the options listed below as a method of receiving the surrender proceeds, if any are available under this policy.

There must be at least \$5,000 available for any option and the amount of each installment must be at least \$100. If the benefit amount is not enough to meet these requirements, we will pay the benefit in a lump sum.

The first monthly payment under a settlement option is due one month after the death benefit or surrender proceeds, as applicable, are applied to fund the payments.

Settlement options involving life contingencies are based on a guaranteed interest rate of 2% and the Annuity 2000 (male, female, or unisex) mortality table projected for improvement using projection scale G. The Annuity 2000 table mortality rates are adjusted based on improvements in mortality since 2000 to more appropriately reflect increased longevity. This is accomplished using a set of improvement factors referred to as projection scale G. A settlement option involves life contingencies if payments continue so long as the Designated Individual is living.

Payments under a settlement option involving life contingencies are determined based on the adjusted age of the Designated Individual. The adjusted age is that person's actual age on that person's nearest birthday, as of the date the death benefits or surrender proceeds are applied to fund the payments under the option, adjusted as follows:

<u>Settlement Option Funding Date</u>	<u>Adjusted Age</u>
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	Actual Age minus 5

Any applicable adjustment assumes an increase in life expectancy which results in lower payments.

When we receive a Written Request, we will pay the benefit according to one of these options. The settlement options you may choose from are:

Option A -- Life Annuity

We provide payments to the Payee over the Designated Individual's life. Payments end with the last payment made before the Designated Individual's death. See Table I for Option A rates.

Option B -- Life Annuity with a Period Certain

We provide payments to the Payee for as long as the Designated Individual lives. If the Designated Individual dies before the selected period certain is over, we will continue making payments until the end of the period certain. You may choose a period certain of 60, 120 or 180 months. See Table II for Option B rates.

If the Payee does not live to receive all guaranteed payments under Option B, we will pay the remaining benefit as scheduled to the Payee's estate. The Payee may name and change a successor Payee for any amount we would otherwise pay the Payee's estate.

Option C -- Joint and Survivor Annuity

We provide payments to the Payee for as long as either joint Designated Individual lives. When the first Designated Individual dies, payments will continue in an amount equal to 100%, 66 2/3% or 50% of the original payments, as selected. Payments end with the last payment before the second Designated Individual's death. We will provide you with rates for Option C upon request.

Other Options

Other options may be chosen with our agreement. Rates for other options are available upon request.

Guaranteed Rates and Betterment of Rates

The annuity rates shown in the attached Tables I and II provide a minimum guaranteed monthly payment under Option A (Table I) and Option B (Table II). The rates shown are for each \$1,000 applied under the selected settlement option. We will provide you with any rates not shown in the Tables upon request.

The payments under a settlement option at the time of their commencement will not be less than those that would be provided by the application of the Net Cash Value or death benefit proceeds to purchase a single consideration immediate annuity contract at annuity purchase rates We are then offering for the same class of annuitants and payment arrangement.

If the policy is owned by a pension plan qualified under Section 401(a) of the Internal Revenue Code, and that plan requires that plan benefits be based on guaranteed settlement option rates, we will use the guaranteed settlement option rates in this Policy, unless the owner elects to use the annuity payment rates for a single consideration immediate annuity described above by Written Request at the time of electing the settlement option.

TABLE I**Option A Rates -- Life Annuity Only**

Adjusted Age of Designated Individual	Unisex Life Annuity Only	Male Life Annuity Only	Female Life Annuity Only	Adjusted Age of Designated Individual	Unisex Life Annuity Only	Male Life Annuity Only	Female Life Annuity Only
50	\$3.18	\$3.26	\$3.14	66	\$4.68	\$4.91	\$4.59
51	\$3.24	\$3.32	\$3.20	67	\$4.84	\$5.08	\$4.74
52	\$3.30	\$3.39	\$3.26	68	\$5.00	\$5.26	\$4.90
53	\$3.37	\$3.46	\$3.32	69	\$5.18	\$5.45	\$5.07
54	\$3.43	\$3.54	\$3.39	70	\$5.37	\$5.66	\$5.25
55	\$3.51	\$3.62	\$3.46	71	\$5.57	\$5.88	\$5.45
56	\$3.59	\$3.70	\$3.54	72	\$5.79	\$6.11	\$5.66
57	\$3.67	\$3.79	\$3.62	73	\$6.03	\$6.36	\$5.89
58	\$3.75	\$3.88	\$3.70	74	\$6.29	\$6.63	\$6.14
59	\$3.85	\$3.98	\$3.79	75	\$6.56	\$6.92	\$6.42
60	\$3.94	\$4.09	\$3.88	76	\$6.86	\$7.22	\$6.71
61	\$4.05	\$4.21	\$3.98	77	\$7.18	\$7.55	\$7.03
62	\$4.16	\$4.33	\$4.09	78	\$7.53	\$7.91	\$7.37
63	\$4.28	\$4.46	\$4.20	79	\$7.90	\$8.29	\$7.74
64	\$4.40	\$4.60	\$4.32	80	\$8.31	\$8.70	\$8.15
65	\$4.54	\$4.75	\$4.45				

TABLE II**Option B Rates -- Life Annuity with Period Certain**

Adjusted Age of Designated Individual	Unisex Life Annuity with Period Certain of 60 Months	Male Life Annuity with Period Certain of 60 Months	Female Life Annuity with Period Certain of 60 Months	Unisex Life Annuity with Period Certain of 120 Months	Male Life Annuity with Period Certain of 120 Months	Female Life Annuity with Period Certain of 120 Months	Unisex Life Annuity with Period Certain of 180 Months	Male Life Annuity with Period Certain of 180 Months	Female Life Annuity with Period Certain of 180 Months
50	\$3.17	\$3.25	\$3.14	\$3.17	\$3.24	\$3.13	\$3.15	\$3.21	\$3.12
51	\$3.23	\$3.32	\$3.20	\$3.22	\$3.30	\$3.19	\$3.20	\$3.27	\$3.17
52	\$3.30	\$3.38	\$3.26	\$3.28	\$3.37	\$3.25	\$3.26	\$3.34	\$3.23
53	\$3.36	\$3.45	\$3.32	\$3.35	\$3.43	\$3.31	\$3.32	\$3.40	\$3.29
54	\$3.43	\$3.53	\$3.39	\$3.41	\$3.51	\$3.37	\$3.39	\$3.47	\$3.35
55	\$3.50	\$3.61	\$3.46	\$3.49	\$3.58	\$3.44	\$3.45	\$3.54	\$3.42
56	\$3.58	\$3.69	\$3.53	\$3.56	\$3.66	\$3.52	\$3.52	\$3.61	\$3.48
57	\$3.66	\$3.78	\$3.61	\$3.64	\$3.75	\$3.59	\$3.60	\$3.69	\$3.56
58	\$3.75	\$3.87	\$3.69	\$3.72	\$3.84	\$3.67	\$3.67	\$3.77	\$3.63
59	\$3.84	\$3.97	\$3.78	\$3.81	\$3.93	\$3.76	\$3.75	\$3.85	\$3.71
60	\$3.93	\$4.08	\$3.87	\$3.90	\$4.03	\$3.84	\$3.84	\$3.94	\$3.79
61	\$4.04	\$4.19	\$3.97	\$4.00	\$4.13	\$3.94	\$3.92	\$4.03	\$3.88
62	\$4.15	\$4.31	\$4.08	\$4.10	\$4.24	\$4.04	\$4.02	\$4.13	\$3.97
63	\$4.26	\$4.43	\$4.19	\$4.21	\$4.36	\$4.14	\$4.11	\$4.22	\$4.06
64	\$4.39	\$4.57	\$4.31	\$4.32	\$4.48	\$4.25	\$4.21	\$4.32	\$4.16
65	\$4.52	\$4.71	\$4.43	\$4.44	\$4.61	\$4.37	\$4.31	\$4.43	\$4.26
66	\$4.66	\$4.87	\$4.57	\$4.57	\$4.74	\$4.50	\$4.42	\$4.53	\$4.37
67	\$4.81	\$5.03	\$4.71	\$4.71	\$4.88	\$4.63	\$4.53	\$4.64	\$4.47
68	\$4.97	\$5.20	\$4.87	\$4.85	\$5.03	\$4.77	\$4.64	\$4.75	\$4.59
69	\$5.14	\$5.39	\$5.03	\$5.00	\$5.18	\$4.91	\$4.75	\$4.86	\$4.70
70	\$5.32	\$5.58	\$5.21	\$5.15	\$5.34	\$5.07	\$4.87	\$4.97	\$4.82
71	\$5.51	\$5.78	\$5.40	\$5.32	\$5.51	\$5.23	\$4.98	\$5.08	\$4.94
72	\$5.72	\$6.00	\$5.60	\$5.49	\$5.68	\$5.40	\$5.10	\$5.19	\$5.06
73	\$5.94	\$6.23	\$5.82	\$5.66	\$5.85	\$5.58	\$5.22	\$5.30	\$5.18
74	\$6.18	\$6.47	\$6.06	\$5.85	\$6.03	\$5.77	\$5.33	\$5.41	\$5.30
75	\$6.43	\$6.73	\$6.31	\$6.04	\$6.21	\$5.96	\$5.45	\$5.51	\$5.42
76	\$6.70	\$7.00	\$6.57	\$6.23	\$6.40	\$6.16	\$5.55	\$5.61	\$5.53
77	\$6.99	\$7.28	\$6.86	\$6.43	\$6.58	\$6.37	\$5.66	\$5.70	\$5.64
78	\$7.29	\$7.59	\$7.17	\$6.64	\$6.77	\$6.58	\$5.76	\$5.79	\$5.74
79	\$7.61	\$7.90	\$7.49	\$6.84	\$6.96	\$6.79	\$5.85	\$5.87	\$5.83
80	\$7.96	\$8.23	\$7.84	\$7.04	\$7.15	\$6.99	\$5.93	\$5.95	\$5.92

APPENDIX A

**TABLE OF MAXIMUM NET SINGLE PREMIUMS FOR
PAID-UP LIFE INSURANCE PER \$1,000**

NON-SMOKER

Insured's Attained Age	Male	Female	Unisex	Insured's Attained Age	Male	Female	Unisex
18	\$114.93	\$98.76	\$111.73	70	\$606.21	\$544.74	\$593.35
19	\$118.72	\$102.33	\$115.47	71	\$620.88	\$558.76	\$607.81
20	\$122.65	\$106.02	\$119.35	72	\$635.51	\$572.87	\$622.24
21	\$126.72	\$109.86	\$123.38	73	\$650.02	\$587.04	\$636.57
22	\$130.97	\$113.84	\$127.57	74	\$664.44	\$601.27	\$650.82
23	\$135.38	\$117.97	\$131.93	75	\$678.77	\$615.54	\$665.00
24	\$139.97	\$122.26	\$136.45	76	\$693.02	\$629.82	\$679.09
25	\$144.74	\$126.72	\$141.16	77	\$707.13	\$644.11	\$693.07
26	\$149.68	\$131.34	\$146.03	78	\$721.02	\$658.39	\$706.84
27	\$154.79	\$136.12	\$151.08	79	\$734.58	\$672.65	\$720.32
28	\$160.09	\$141.08	\$156.30	80	\$747.75	\$686.87	\$733.47
29	\$165.63	\$146.21	\$161.75	81	\$760.49	\$700.90	\$746.20
30	\$171.40	\$151.52	\$167.43	82	\$772.77	\$714.54	\$758.46
31	\$177.41	\$157.02	\$173.35	83	\$784.63	\$727.82	\$770.31
32	\$183.69	\$162.72	\$179.51	84	\$796.08	\$740.78	\$781.73
33	\$190.21	\$168.61	\$185.91	85	\$807.03	\$753.37	\$792.66
34	\$196.97	\$174.71	\$192.55	86	\$817.44	\$765.70	\$803.08
35	\$204.00	\$181.00	\$199.42	87	\$827.23	\$777.62	\$812.92
36	\$211.28	\$187.49	\$206.54	88	\$836.36	\$788.84	\$822.07
37	\$218.81	\$194.19	\$213.91	89	\$844.83	\$799.38	\$830.53
38	\$226.61	\$201.12	\$221.52	90	\$852.62	\$809.38	\$838.33
39	\$234.65	\$208.29	\$229.40	91	\$859.86	\$819.55	\$845.80
40	\$242.97	\$215.72	\$237.54	92	\$866.68	\$830.17	\$853.17
41	\$251.55	\$223.39	\$245.94	93	\$873.09	\$840.62	\$860.33
42	\$260.40	\$231.32	\$254.60	94	\$879.08	\$850.39	\$867.11
43	\$269.49	\$239.51	\$263.51	95	\$884.61	\$859.00	\$873.30
44	\$278.83	\$247.95	\$272.67	96	\$889.77	\$866.23	\$878.82
45	\$288.41	\$256.65	\$282.06	97	\$894.70	\$872.10	\$883.67
46	\$298.23	\$265.60	\$291.71	98	\$899.37	\$877.70	\$888.24
47	\$308.31	\$274.80	\$301.61	99	\$903.70	\$884.15	\$893.08
48	\$318.70	\$284.23	\$311.81	100	\$907.59	\$890.71	\$897.88
49	\$329.43	\$293.90	\$322.32	101	\$911.12	\$897.02	\$902.55
50	\$340.49	\$303.79	\$333.14	102	\$914.57	\$903.07	\$907.24
51	\$351.88	\$313.91	\$344.27	103	\$917.94	\$908.83	\$911.89
52	\$363.55	\$324.25	\$355.67	104	\$921.21	\$914.25	\$916.42
53	\$375.50	\$334.78	\$367.32	105	\$924.40	\$919.26	\$920.76
54	\$387.69	\$345.52	\$379.22	106	\$927.50	\$923.84	\$924.85
55	\$400.10	\$356.47	\$391.33	107	\$930.51	\$928.01	\$928.67
56	\$412.68	\$367.62	\$403.61	108	\$933.45	\$931.84	\$932.25
57	\$425.47	\$378.94	\$416.10	109	\$936.29	\$935.35	\$935.58
58	\$438.49	\$390.45	\$428.81	110	\$939.04	\$938.52	\$938.65
59	\$451.77	\$402.16	\$441.77	111	\$941.71	\$941.34	\$941.43
60	\$465.29	\$414.08	\$454.96	112	\$944.28	\$943.89	\$943.98
61	\$479.00	\$426.22	\$468.33	113	\$946.76	\$946.37	\$946.46
62	\$492.81	\$438.57	\$481.84	114	\$949.15	\$949.00	\$949.03
63	\$506.70	\$451.14	\$495.42	115	\$951.45	\$951.32	\$951.35
64	\$520.62	\$463.92	\$509.09	116	\$953.66	\$953.54	\$953.56
65	\$534.61	\$476.93	\$522.83	117	\$955.78	\$955.65	\$955.68
66	\$548.66	\$490.13	\$536.66	118	\$957.82	\$957.49	\$957.56
67	\$562.84	\$503.53	\$550.63	119	\$959.75	\$959.28	\$959.38
68	\$577.15	\$517.11	\$564.72	120	\$961.54	\$961.54	\$961.54
69	\$591.61	\$530.85	\$578.97				

APPENDIX A (continued)

**TABLE OF MAXIMUM NET SINGLE PREMIUMS FOR
PAID-UP LIFE INSURANCE PER \$1,000**

SMOKER

Insured's Attained Age	Male	Female	Unisex	Insured's Attained Age	Male	Female	Unisex
18	\$142.99	\$124.24	\$139.30	70	\$652.15	\$611.36	\$643.44
19	\$147.74	\$128.77	\$143.99	71	\$665.07	\$624.12	\$656.27
20	\$152.60	\$133.44	\$148.83	72	\$677.92	\$636.79	\$669.01
21	\$157.61	\$138.26	\$153.80	73	\$690.61	\$649.35	\$681.60
22	\$162.78	\$143.26	\$158.92	74	\$703.21	\$661.77	\$694.09
23	\$168.10	\$148.42	\$164.22	75	\$715.73	\$674.07	\$706.47
24	\$173.58	\$153.78	\$169.68	76	\$728.13	\$686.27	\$718.73
25	\$179.23	\$159.31	\$175.29	77	\$740.39	\$698.36	\$730.84
26	\$185.04	\$165.03	\$181.08	78	\$752.39	\$710.34	\$742.71
27	\$191.02	\$170.93	\$187.05	79	\$764.05	\$722.21	\$754.27
28	\$197.20	\$177.04	\$193.22	80	\$775.31	\$733.97	\$765.48
29	\$203.64	\$183.34	\$199.63	81	\$786.14	\$745.41	\$776.26
30	\$210.36	\$189.86	\$206.31	82	\$796.57	\$756.27	\$786.58
31	\$217.36	\$196.59	\$213.26	83	\$806.66	\$766.60	\$796.51
32	\$224.65	\$203.54	\$220.48	84	\$816.45	\$776.45	\$806.06
33	\$232.23	\$210.71	\$227.97	85	\$825.84	\$785.85	\$815.17
34	\$240.07	\$218.10	\$235.72	86	\$834.71	\$795.02	\$823.78
35	\$248.20	\$225.69	\$243.73	87	\$842.98	\$803.83	\$831.80
36	\$256.60	\$233.50	\$252.02	88	\$850.63	\$811.93	\$839.15
37	\$265.27	\$241.54	\$260.56	89	\$857.65	\$819.37	\$845.80
38	\$274.20	\$249.83	\$269.36	90	\$864.04	\$826.39	\$851.82
39	\$283.39	\$258.38	\$278.42	91	\$869.93	\$833.88	\$857.57
40	\$292.84	\$267.21	\$287.74	92	\$875.50	\$842.23	\$863.37
41	\$302.53	\$276.31	\$297.31	93	\$880.76	\$850.81	\$869.12
42	\$312.45	\$285.69	\$307.11	94	\$885.75	\$859.17	\$874.73
43	\$322.57	\$295.34	\$317.14	95	\$890.37	\$866.63	\$879.93
44	\$332.87	\$305.24	\$327.35	96	\$894.65	\$872.71	\$884.46
45	\$343.33	\$315.41	\$337.75	97	\$898.75	\$877.40	\$888.35
46	\$353.98	\$325.81	\$348.34	98	\$902.64	\$881.85	\$891.99
47	\$364.82	\$336.44	\$359.14	99	\$906.26	\$887.31	\$895.99
48	\$375.93	\$347.26	\$370.18	100	\$909.48	\$892.99	\$900.03
49	\$387.37	\$358.24	\$381.52	101	\$912.40	\$898.52	\$904.02
50	\$399.12	\$369.35	\$393.13	102	\$915.32	\$903.91	\$908.10
51	\$411.14	\$380.60	\$404.99	103	\$918.28	\$909.17	\$912.28
52	\$423.37	\$391.95	\$417.04	104	\$921.35	\$914.37	\$916.58
53	\$435.76	\$403.41	\$429.24	105	\$924.52	\$919.36	\$920.89
54	\$448.26	\$414.96	\$441.53	106	\$927.60	\$923.92	\$924.95
55	\$460.80	\$426.60	\$453.88	107	\$930.61	\$928.08	\$928.76
56	\$473.37	\$438.31	\$466.27	108	\$933.52	\$931.90	\$932.31
57	\$485.98	\$450.09	\$478.71	109	\$936.35	\$935.40	\$935.64
58	\$498.71	\$461.96	\$491.25	110	\$939.10	\$938.56	\$938.69
59	\$511.62	\$473.92	\$503.96	111	\$941.75	\$941.37	\$941.46
60	\$524.66	\$485.98	\$516.78	112	\$944.31	\$943.92	\$944.01
61	\$537.74	\$498.13	\$529.65	113	\$946.79	\$946.40	\$946.49
62	\$550.75	\$510.37	\$542.48	114	\$949.17	\$949.01	\$949.05
63	\$563.60	\$522.69	\$555.20	115	\$951.47	\$951.34	\$951.37
64	\$576.29	\$535.12	\$567.80	116	\$953.68	\$953.55	\$953.58
65	\$588.86	\$547.66	\$580.31	117	\$955.79	\$955.65	\$955.69
66	\$601.37	\$560.29	\$592.81	118	\$957.82	\$957.49	\$957.57
67	\$613.92	\$573.00	\$605.34	119	\$959.75	\$959.29	\$959.39
68	\$626.55	\$585.76	\$617.94	120	\$961.54	\$961.54	\$961.54
69	\$639.29	\$598.56	\$630.64				

APPENDIX A (continued)

TABLE OF PAID-UP LIFE INSURANCE PER \$1,000 OF NET CASH VALUE

NONSMOKER

Insured's Attained Age	Male	Female	Unisex	Insured's Attained Age	Male	Female	Unisex
18	\$8,700.57	\$10,125.35	\$8,950.46	70	\$1,649.60	\$1,835.73	\$1,685.34
19	\$8,423.07	\$9,772.64	\$8,660.27	71	\$1,610.63	\$1,789.67	\$1,645.26
20	\$8,153.56	\$9,432.42	\$8,378.80	72	\$1,573.54	\$1,745.61	\$1,607.10
21	\$7,891.29	\$9,102.71	\$8,105.19	73	\$1,538.41	\$1,703.47	\$1,570.92
22	\$7,635.61	\$8,784.63	\$7,838.76	74	\$1,505.03	\$1,663.15	\$1,536.52
23	\$7,386.48	\$8,477.07	\$7,579.92	75	\$1,473.25	\$1,624.60	\$1,503.77
24	\$7,144.28	\$8,179.12	\$7,328.51	76	\$1,442.97	\$1,587.75	\$1,472.55
25	\$6,908.87	\$7,891.64	\$7,084.37	77	\$1,414.17	\$1,552.52	\$1,442.86
26	\$6,680.88	\$7,613.71	\$6,847.75	78	\$1,386.92	\$1,518.86	\$1,414.75
27	\$6,460.41	\$7,346.43	\$6,619.15	79	\$1,361.32	\$1,486.67	\$1,388.27
28	\$6,246.48	\$7,088.39	\$6,397.89	80	\$1,337.34	\$1,455.87	\$1,363.39
29	\$6,037.69	\$6,839.64	\$6,182.43	81	\$1,314.95	\$1,426.73	\$1,340.13
30	\$5,834.38	\$6,599.77	\$5,972.72	82	\$1,294.05	\$1,399.49	\$1,318.45
31	\$5,636.51	\$6,368.42	\$5,768.75	83	\$1,274.48	\$1,373.96	\$1,298.18
32	\$5,444.05	\$6,145.54	\$5,570.70	84	\$1,256.16	\$1,349.93	\$1,279.22
33	\$5,257.40	\$5,930.73	\$5,378.96	85	\$1,239.11	\$1,327.38	\$1,261.58
34	\$5,076.83	\$5,723.91	\$5,193.55	86	\$1,223.33	\$1,306.00	\$1,245.20
35	\$4,901.95	\$5,524.93	\$5,014.45	87	\$1,208.86	\$1,285.98	\$1,230.14
36	\$4,733.12	\$5,333.61	\$4,841.59	88	\$1,195.65	\$1,267.69	\$1,216.45
37	\$4,570.09	\$5,149.54	\$4,674.88	89	\$1,183.67	\$1,250.97	\$1,204.06
38	\$4,412.91	\$4,972.13	\$4,514.19	90	\$1,172.85	\$1,235.52	\$1,192.84
39	\$4,261.59	\$4,800.88	\$4,359.23	91	\$1,162.98	\$1,220.19	\$1,182.31
40	\$4,115.68	\$4,635.70	\$4,209.87	92	\$1,153.83	\$1,204.57	\$1,172.10
41	\$3,975.28	\$4,476.47	\$4,066.07	93	\$1,145.35	\$1,189.60	\$1,162.35
42	\$3,840.30	\$4,323.03	\$3,927.77	94	\$1,137.55	\$1,175.93	\$1,153.26
43	\$3,710.72	\$4,175.24	\$3,794.96	95	\$1,130.44	\$1,164.14	\$1,145.08
44	\$3,586.45	\$4,033.04	\$3,667.49	96	\$1,123.89	\$1,154.42	\$1,137.89
45	\$3,467.32	\$3,896.34	\$3,545.29	97	\$1,117.69	\$1,146.66	\$1,131.65
46	\$3,353.10	\$3,765.03	\$3,428.05	98	\$1,111.90	\$1,139.35	\$1,125.82
47	\$3,243.45	\$3,639.04	\$3,315.51	99	\$1,106.56	\$1,131.03	\$1,119.72
48	\$3,137.77	\$3,518.29	\$3,207.13	100	\$1,101.82	\$1,122.70	\$1,113.74
49	\$3,035.57	\$3,402.56	\$3,102.52	101	\$1,097.56	\$1,114.81	\$1,107.97
50	\$2,936.91	\$3,291.71	\$3,001.70	102	\$1,093.41	\$1,107.34	\$1,102.25
51	\$2,841.90	\$3,185.58	\$2,904.72	103	\$1,089.40	\$1,100.32	\$1,096.63
52	\$2,750.63	\$3,084.06	\$2,811.62	104	\$1,085.53	\$1,093.80	\$1,091.20
53	\$2,663.13	\$2,987.01	\$2,722.39	105	\$1,081.79	\$1,087.83	\$1,086.05
54	\$2,579.35	\$2,894.16	\$2,636.96	106	\$1,078.17	\$1,082.44	\$1,081.26
55	\$2,499.40	\$2,805.25	\$2,555.42	107	\$1,074.67	\$1,077.57	\$1,076.81
56	\$2,423.18	\$2,720.23	\$2,477.61	108	\$1,071.30	\$1,073.15	\$1,072.68
57	\$2,350.37	\$2,638.92	\$2,403.28	109	\$1,068.05	\$1,069.11	\$1,068.85
58	\$2,280.58	\$2,561.12	\$2,332.05	110	\$1,064.92	\$1,065.50	\$1,065.36
59	\$2,213.51	\$2,486.55	\$2,263.64	111	\$1,061.90	\$1,062.32	\$1,062.22
60	\$2,149.19	\$2,414.97	\$2,198.01	112	\$1,059.01	\$1,059.44	\$1,059.34
61	\$2,087.70	\$2,346.19	\$2,135.23	113	\$1,056.23	\$1,056.66	\$1,056.56
62	\$2,029.16	\$2,280.12	\$2,075.39	114	\$1,053.57	\$1,053.74	\$1,053.70
63	\$1,973.57	\$2,216.62	\$2,018.47	115	\$1,051.02	\$1,051.17	\$1,051.13
64	\$1,920.78	\$2,155.52	\$1,964.30	116	\$1,048.59	\$1,048.73	\$1,048.70
65	\$1,870.54	\$2,096.76	\$1,912.68	117	\$1,046.26	\$1,046.41	\$1,046.38
66	\$1,822.61	\$2,040.28	\$1,863.36	118	\$1,044.04	\$1,044.40	\$1,044.32
67	\$1,776.71	\$1,985.98	\$1,816.11	119	\$1,041.94	\$1,042.44	\$1,042.34
68	\$1,732.66	\$1,933.83	\$1,770.77	120	\$1,040.00	\$1,040.00	\$1,040.00
69	\$1,690.29	\$1,883.78	\$1,727.20				

APPENDIX A (continued)

TABLE OF PAID-UP LIFE INSURANCE PER \$1,000 OF NET CASH VALUE

SMOKER

Insured's Attained Age	Male	Female	Unisex	Insured's Attained Age	Male	Female	Unisex
18	\$6,993.63	\$8,048.63	\$7,178.96	70	\$1,533.39	\$1,635.69	\$1,554.16
19	\$6,768.87	\$7,765.77	\$6,944.70	71	\$1,503.60	\$1,602.25	\$1,523.77
20	\$6,552.98	\$7,494.25	\$6,719.22	72	\$1,475.10	\$1,570.37	\$1,494.74
21	\$6,344.72	\$7,232.50	\$6,502.03	73	\$1,448.00	\$1,540.00	\$1,467.14
22	\$6,143.37	\$6,980.53	\$6,292.31	74	\$1,422.05	\$1,511.11	\$1,440.74
23	\$5,948.89	\$6,737.47	\$6,089.41	75	\$1,397.17	\$1,483.53	\$1,415.48
24	\$5,760.93	\$6,502.93	\$5,893.60	76	\$1,373.38	\$1,457.16	\$1,391.33
25	\$5,579.44	\$6,276.91	\$5,704.78	77	\$1,350.65	\$1,431.92	\$1,368.28
26	\$5,404.31	\$6,059.61	\$5,522.33	78	\$1,329.10	\$1,407.77	\$1,346.41
27	\$5,235.18	\$5,850.29	\$5,346.16	79	\$1,308.82	\$1,384.63	\$1,325.78
28	\$5,070.92	\$5,648.55	\$5,175.53	80	\$1,289.81	\$1,362.45	\$1,306.37
29	\$4,910.59	\$5,454.28	\$5,009.19	81	\$1,272.03	\$1,341.55	\$1,288.22
30	\$4,753.80	\$5,267.10	\$4,847.10	82	\$1,255.39	\$1,322.28	\$1,271.32
31	\$4,600.59	\$5,086.67	\$4,689.22	83	\$1,239.68	\$1,304.47	\$1,255.48
32	\$4,451.27	\$4,913.04	\$4,535.64	84	\$1,224.81	\$1,287.91	\$1,240.60
33	\$4,306.11	\$4,745.84	\$4,386.60	85	\$1,210.88	\$1,272.51	\$1,226.74
34	\$4,165.39	\$4,585.07	\$4,242.36	86	\$1,198.03	\$1,257.83	\$1,213.92
35	\$4,029.08	\$4,430.80	\$4,102.87	87	\$1,186.27	\$1,244.05	\$1,202.21
36	\$3,897.13	\$4,282.62	\$3,968.01	88	\$1,175.60	\$1,231.64	\$1,191.69
37	\$3,769.76	\$4,140.15	\$3,837.92	89	\$1,165.98	\$1,220.44	\$1,182.32
38	\$3,646.93	\$4,002.79	\$3,712.53	90	\$1,157.36	\$1,210.08	\$1,173.96
39	\$3,528.66	\$3,870.26	\$3,591.76	91	\$1,149.52	\$1,199.22	\$1,166.09
40	\$3,414.81	\$3,742.43	\$3,475.41	92	\$1,142.21	\$1,187.32	\$1,158.26
41	\$3,305.43	\$3,619.13	\$3,363.54	93	\$1,135.38	\$1,175.36	\$1,150.59
42	\$3,200.54	\$3,500.29	\$3,256.14	94	\$1,128.99	\$1,163.92	\$1,143.20
43	\$3,100.12	\$3,385.99	\$3,153.22	95	\$1,123.13	\$1,153.89	\$1,136.46
44	\$3,004.19	\$3,276.06	\$3,054.81	96	\$1,117.76	\$1,145.86	\$1,130.63
45	\$2,912.62	\$3,170.50	\$2,960.75	97	\$1,112.65	\$1,139.73	\$1,125.69
46	\$2,825.03	\$3,069.25	\$2,870.74	98	\$1,107.86	\$1,133.98	\$1,121.08
47	\$2,741.06	\$2,972.27	\$2,784.46	99	\$1,103.44	\$1,127.01	\$1,116.08
48	\$2,660.09	\$2,879.66	\$2,701.42	100	\$1,099.53	\$1,119.84	\$1,111.07
49	\$2,581.53	\$2,791.42	\$2,621.10	101	\$1,096.01	\$1,112.94	\$1,106.17
50	\$2,505.52	\$2,707.43	\$2,543.67	102	\$1,092.51	\$1,106.30	\$1,101.20
51	\$2,432.27	\$2,627.45	\$2,469.19	103	\$1,088.99	\$1,099.90	\$1,096.16
52	\$2,362.01	\$2,551.32	\$2,397.85	104	\$1,085.36	\$1,093.65	\$1,091.01
53	\$2,294.84	\$2,478.84	\$2,329.73	105	\$1,081.64	\$1,087.71	\$1,085.90
54	\$2,230.85	\$2,409.84	\$2,264.83	106	\$1,078.05	\$1,082.35	\$1,081.14
55	\$2,170.15	\$2,344.13	\$2,203.21	107	\$1,074.57	\$1,077.49	\$1,076.71
56	\$2,112.52	\$2,281.50	\$2,144.66	108	\$1,071.21	\$1,073.08	\$1,072.60
57	\$2,057.70	\$2,221.78	\$2,088.97	109	\$1,067.97	\$1,069.06	\$1,068.79
58	\$2,005.17	\$2,164.70	\$2,035.62	110	\$1,064.85	\$1,065.46	\$1,065.31
59	\$1,954.56	\$2,110.04	\$1,984.30	111	\$1,061.85	\$1,062.28	\$1,062.18
60	\$1,905.99	\$2,057.71	\$1,935.07	112	\$1,058.97	\$1,059.41	\$1,059.31
61	\$1,859.63	\$2,007.51	\$1,888.04	113	\$1,056.20	\$1,056.64	\$1,056.54
62	\$1,815.72	\$1,959.37	\$1,843.39	114	\$1,053.55	\$1,053.73	\$1,053.68
63	\$1,774.30	\$1,913.17	\$1,801.16	115	\$1,051.01	\$1,051.15	\$1,051.12
64	\$1,735.23	\$1,868.72	\$1,761.19	116	\$1,048.57	\$1,048.72	\$1,048.69
65	\$1,698.20	\$1,825.95	\$1,723.20	117	\$1,046.25	\$1,046.40	\$1,046.37
66	\$1,662.86	\$1,784.80	\$1,686.88	118	\$1,044.04	\$1,044.39	\$1,044.31
67	\$1,628.87	\$1,745.21	\$1,651.96	119	\$1,041.93	\$1,042.44	\$1,042.33
68	\$1,596.05	\$1,707.18	\$1,618.28	120	\$1,040.00	\$1,040.00	\$1,040.00
69	\$1,564.23	\$1,670.68	\$1,585.68				

Transamerica Life Insurance Company
Home Office: Cedar Rapids, IA 52499
Marketing Office: Los Angeles, CA 90051
Administrative Office: 4333 Edgewood Road NE
Cedar Rapids, IA 52499

Policy Form **ISWL**
Individual Life Insurance

**Limited Payment Whole Life Insurance Policy
With Current Interest**

Level Premiums

Death Benefit Payable at Death of Insured

Nonparticipating -- No Annual Dividends



Transamerica Life Insurance Company
 Home Office: [4333 Edgewood Road NE
 Cedar Rapids, IA 52499]

GA # _____
**Individual Life Insurance
 Application For One Life
 Part 1**

Proposed Insured: _____
 First Middle Last Suffix Mr./Mrs./Ms./Dr.

Birthdate: _____ Age _____ Birth Place: _____ Male Female
 Mo. Day Yr.

Soc. Sec. No.: _____ U.S. Citizen Yes No If no, complete Residency & Travel Questionnaire

Employer: _____ Area Code & Work Phone _____

Occupation: _____

Annual Income \$ _____ Net Worth \$ _____

Residence: _____
 No. & Street (Cannot be a P.O. Box) City State Zip Country Area Code & Home Phone

Owner's Name: _____ Birthdate: _____
 (If other than Proposed Insured) Mo. Day Yr.

If Trust, provide name and date of Trust: _____

Relationship to Proposed Insured: _____

Address: _____
 No. & Street (Cannot be a P.O. Box) City State Zip Country Soc. Sec. or Tax No.

U.S. Citizen Yes No If no, VISA Type/Immigration Status: _____ E-mail: _____
 (Not for Policy/Billing Notices)

Beneficiary's Name and Relationship to Proposed Insured: _____

Address: _____
 No. & Street (Cannot be a P.O. Box) City State Zip Country Date of Trust, if Applicable

1. Plan Applied For: [TransSecure II] Kind Code: _____

2. Risk Classification: Preferred Standard Other _____
 Extra Rating of _____

3. Nicotine Classification: Nicotine Non-Nicotine

4. Amount Applied For \$ _____

5. Additional Benefits by Rider: _____ \$ _____

6. Premium Payment Mode: Annual Semi-Annual Quarterly Monthly Other _____
 PAC Direct Bill

7. Premium and pension plan status

a. Required modal premium \$ _____

b. Required premium payable for _____ years or to age _____. (Complete only one field in 7.b.)

c. Will the policy, if issued, be a funding vehicle held in a qualified pension or profit sharing plan? Yes No

If yes, is the plan an IRC Sect. 412(e)(3) defined benefit plan? Yes No

8. Do you have any existing life insurance or annuities? If none, check this box . If yes, please list the policies below.

a. Do you intend to discontinue, replace or change insurance with any company if the life insurance applied for is issued? Please indicate yes or no in the chart.

Type of Coverage (Personal / Business / Employer Provided / Group)	Company/Policy Number	Face Amount	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

b. Total Accidental Death insurance in force with all companies: \$ _____



9. Is any application for life insurance pending with any other company? Yes No
If yes, give company name, amount applied for and total amount to be placed. _____
10. Are there any life insurance policies on the life of the Proposed Insured that you do not own, including but not limited to any that you have sold or settled? Yes No If yes, give insurance company name, owner's name, and amount of insurance of each policy.

11. Mail Additional Premium Notices To: _____
Address: _____
No. & Street City State Zip Country

Yes No "You" means any person proposed to be insured.

12. Have you ever participated in, or within the next two years do you intend to participate in, hang-gliding, sky diving, parachuting, ultralight flying, vehicle racing, scuba diving, mountain or rock climbing, rodeos, competitive skiing or snowboarding, extreme sports or other hazardous activities? If yes, complete Sports and Hazardous Activities Questionnaire.
13. Do you plan to travel in the next 12 months for business or pleasure to a destination outside the U.S., Canada, Western Europe, Hong Kong, Australia or New Zealand? If yes, complete Residency & Travel Questionnaire.
14. Have you used nicotine at any time? Date Last Used
- Cigarettes _____
- Cigar/Pipe/Chewing Tobacco _____
- Other _____
15. Driver's License #: _____ State: _____
In the past five years, have you been convicted of or pleaded guilty to:
- a. Moving violations? If yes, give dates and type. _____
- b. Driving under the influence of alcohol and/or other drugs? If yes, give dates. _____
- c. Reckless driving? If yes, give dates. _____
16. Except as a passenger on a regularly scheduled flight, has the Proposed Insured flown within the past 2 years, or does the Proposed Insured have plans to fly in the future other than as a passenger? If yes, complete Aviation Questionnaire.
17. Have you ever been convicted of a felony, misdemeanor or infraction other than a traffic violation? If yes, provide full details including state and date of offense.
18. Are you a member of the armed forces including reserves? Intend to become a member? Any deployment orders outside U.S.? If yes, give full details.
19. Is the Proposed Insured currently in bankruptcy or has the Proposed Insured been the subject of any voluntary or involuntary bankruptcy proceeding pending within the last 12 months? If yes, please provide full details including Chapter 7, 11, or 13, date filed, and date of discharge and dismissal, if any.

Remarks: Give details for any questions answered yes

NOTICE TO CONSUMER

The death benefit on many business related life insurance policies will be taxable to you under Section 101(j) of the Internal Revenue Code to the extent it exceeds the premiums and other considerations paid by you for the policy unless the written Notice and Consent is obtained **prior to policy issue** and certain other requirements of such section are met. These policies are often referred to as Employer-Owned Life Insurance Policies but can also include policies owned by others such as affiliates and business owners.

You are advised to consult with your qualified tax advisor prior to purchasing this policy.



* D T O O 9 *

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.

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.

I, the Proposed Insured, and I, the Owner if different, hereby represent that the statements and answers given in this application are true, complete and correctly recorded. **I/we agree:** (1) this application shall consist of Part 1, Part 2, and any required application supplement(s)/amendment(s), and shall be the basis for any contract issued on this application; (2) except as otherwise provided in the conditional receipt, if issued, with the same Proposed Insured as on this application, any contract issued on this application shall not take effect until after all of the following conditions have been met: (a) the full first premium is paid, (b) the Owner has personally received the contract during the lifetime of and while the Proposed Insured is in good health, and (c) all of the statements and answers given in this application must be true and complete as of the date of Owner's personal receipt of the contract and that the contract will not take effect if the facts have changed; (3) no waiver or modification shall be binding upon Transamerica Life Insurance Company (the Company) unless in writing and signed by the President or a Vice President and the Secretary or an Assistant Secretary.

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

AUTHORIZATION TO OBTAIN INFORMATION

Transamerica Life Insurance Company (the Company)

I, the Proposed Insured, hereby authorize any physician, medical practitioner, hospital, clinic, other medical or medically related facility, insuring or reinsuring company, the MIB Group, Inc. and its members or affiliates, consumer reporting agency, or employer having information available as to testing, diagnosis, treatment and prognosis with respect to any physical or mental condition (for example: coronary disease; cancer; Human Immunodeficiency Virus (HIV) related test results or disorders; metabolic, pulmonary, or neurological disorders) and/or treatment of me or my minor children and any other non-medical information of me or my minor children to give to the Company or its legal representative, any and all such information.

I understand the information obtained by use of the Authorization will be used by the Company to determine eligibility for insurance and eligibility for benefits under an existing contract. Any information obtained will not be released by the Company to any person or organization **except** to reinsuring companies, the 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.

I know that I may request to receive a copy of this Authorization. **I agree** that a photocopy of this Authorization shall be as valid as the original. I agree this Authorization shall be valid for two and one half years from the date shown below, regardless of my condition and whether I am living or not.

I acknowledge receipt of the Notice of Disclosure of Information. **I understand** that if an investigative consumer report is ordered in connection with this application, I may elect to be interviewed in connection with the preparation of the report and, upon request, I will be provided with a copy of the report. I elect to be interviewed if an investigative consumer report is prepared. Yes No

PLEASE MAKE CHECKS PAYABLE TO THE COMPANY. DO NOT MAKE CHECKS PAYABLE TO THE AGENT OR LEAVE PAYEE SPACE BLANK.

Amount paid with this Application \$ _____ Check # _____ Credit Card (Complete Credit Card Order Confirmation Form)

Signed at _____ on _____, _____
City-State Date

X _____ X _____
Signature of Proposed Insured (or parent or guardian if Proposed Insured is a minor) Witness to Signature of Proposed Insured

Signed at _____ on _____, _____
City-State Date

X _____ X _____
Signature of Owner (if other than Proposed Insured) Witness to Signature of Owner

If Owner is a Corporation, an authorized officer, other than the Proposed Insured must sign as Owner, give corporate title and full name of corporation below.

X _____
Signature of Licensed Producer

NOTICE OF DISCLOSURE OF INFORMATION

Information regarding your insurability will be treated as confidential except that Transamerica Life Insurance Company (the Company) may make a brief report to the MIB Group, Inc. (MIB) and its members or affiliates, a non-profit membership organization of life insurance companies which operates an information exchange on behalf of its members. Upon request by another member insurance company to which you have applied for life or health insurance, or to which a claim is submitted, MIB will supply such company with the information it may have in its files. The Company may also release information in its file to reinsurers and to other life insurance companies to which you may apply for life or health insurance, or to which a claim is submitted.

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 seek 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, MA 02112, telephone (866) 692-6901 (TTY (866) 346-3642 for hearing impaired).

Notice to Persons Applying for Insurance: Federal law requires us to advise you that in connection with this application, an investigative consumer report may be prepared whereby information is obtained through personal interviews with your neighbors, friends or others with whom you are acquainted. Such reports are usually part of the process of evaluating risks for life and health insurance. Inquiry may be made into your character, general reputation, personal characteristics and mode of living. It is possible that a representative of a firm employed to make such reports may call upon you in person. You have the right to request disclosure of the nature and scope of the investigation by your written request made within a reasonable time after receipt of this notice.

Notice of Insurance Information Practices: The information collected about you by us may in certain circumstances be disclosed to third parties without your specific authorization as permitted or required by law. You have the right of access and correction with respect to the information collected except information which relates to a claim or civil or criminal proceeding. If you wish to have a more detailed explanation of our information practices, please contact your agent or write the Company at its Administrative Office, [4333 Edgewood Road NE, Cedar Rapids, IA 52499].

CONDITIONAL RECEIPT
PLEASE READ THIS CAREFULLY

Received from _____, the sum of \$ _____ for the life insurance application dated _____, with _____ as the Proposed Insured.

This Receipt cannot become valid unless all blanks are completed above, your check, draft or authorized withdrawal is made payable to Transamerica Life Insurance Company (the Company), this Receipt is signed by a duly authorized insurance producer or other Company authorized representative, and you signify that you understand the conditions and limitations of this Receipt and have had them explained to you by signing the Acknowledgment below.

This Receipt does not provide any conditional insurance until after all of the conditions and requirements specified are met, and is strictly limited in scope and amount as set forth below.

CONDITIONAL COVERAGE: Conditional insurance, under the terms of the contract applied for, may become effective as of the date of completing Part 1 of the application, the date of completing Part 2 of the application, or the date requested in the application, whichever is latest (the Effective Date), but only after all the conditions to conditional coverage have been met.

CONDITIONS TO CONDITIONAL COVERAGE UNDER THIS RECEIPT: Such conditional insurance will take effect as of the Effective Date, but only so long as all of the following conditions are met:

1. The payment made with the application must be received at our Administrative Office within the lifetime of the Proposed Insured and honored on first presentation for payment;
2. Part 1 and Part 2 of the application, and all medical examinations, tests, screenings and questionnaires required by the Company are completed and received at our Administrative Office;
3. As of the Effective Date, all statements and answers given in the application (both Parts) must be true and complete; and
4. The Company is satisfied that, at the time of completing Part 1 and Part 2 of the application, each person to be covered was insurable at any rating under the Company's rules for insurance on the plan applied for and in the amount and at the Nicotine Classification applied for.

60-DAY LIMIT OF CONDITIONAL COVERAGE: If the Company does not approve and accept the application for insurance within 60 days of the date you signed the Part 1, the application will be deemed to be rejected by the Company, and there will be no conditional insurance coverage. In that case, the Company's liability will be limited to returning any payment you have made. The Company has the right to terminate conditional coverage at any time prior to 60 days by mailing a refund of the payment made.

DOLLAR LIMITS OF CONDITIONAL COVERAGE: The aggregate amount of conditional coverage provided under this Receipt, if any, and any other Conditional Receipt issued by the Company on each person to be covered shall be limited to the lesser of the amount(s) applied for or \$1,000,000 of life insurance if the Proposed Insured is age 16 - 65 and is insurable at the standard or better class of risk, \$400,000 of life insurance if the Proposed Insured is age 66 - 75 and is insurable at the standard or better class of risk, or \$100,000 for a class of risk with extra ratings regardless of age. There is no conditional coverage for riders or any additional benefits, if any, for which you have applied.

IF CONDITIONS ARE NOT MET OR DEATH OCCURS FROM SUICIDE, THERE IS NO COVERAGE UNDER THIS RECEIPT. If one or more of this Receipt's conditions have not been met exactly, or if a Proposed Insured dies by suicide or intentional self-inflicted injury, while sane or insane, the Company will not be liable under this Receipt except to return any payment made with the application. If the Proposed Insured should die before completing all medical examinations, tests, screenings, and questionnaires required by the Company or would not be insurable under the Company's rules, then the Company will not be liable under this Receipt except to return any payment made with the application.

Except as provided in this Conditional Receipt, no coverage under the contract you are applying for will become effective unless and until after a contract is delivered to you and all other conditions of coverage set forth in Part 1 of the application have been met.

ACKNOWLEDGMENT OF TERMS, CONDITIONS, AND LIMITATIONS OF CONDITIONAL RECEIPT

I have read the foregoing Conditional Receipt issued by Transamerica Life Insurance Company. The insurance producer has fully explained to me all the terms, conditions, and limitations of the Conditional Receipt, and I understand them.

I also understand neither the insurance producer, any person who has signed this Receipt, nor the medical/paramedical examiner is authorized to accept risks or determine insurability, to make or modify contracts, or to waive any of the Company's rights or requirements.

X _____, 20____
Signature of Proposed Owner Date

If Proposed Owner is a Trust, the Trustee must sign as Owner.
Give full name and date of Trust below.

If Proposed Owner is a Corporation, an authorized officer, other than the Proposed Insured must sign as Owner. Give corporate title and full name of corporation below.

You should retain a copy of this Receipt and Acknowledgment. If you do not hear from the Company regarding the proposed insurance within 60 days, notify the Company at its Administrative Office, [4333 Edgewood Road NE, Cedar Rapids, IA 52499], Attention: Underwriting Dept., giving your full name, date of birth, the name of the insurance producer, date and amount of this Conditional Receipt.

Submit this completed and signed original with the application and payment.

Original



**CONDITIONAL RECEIPT
PLEASE READ THIS CAREFULLY**

Received from _____, the sum of \$ _____ for the life insurance application dated _____, with _____ as the Proposed Insured.

This Receipt cannot become valid unless all blanks are completed above, your check, draft or authorized withdrawal is made payable to Transamerica Life Insurance Company (the Company), this Receipt is signed by a duly authorized insurance producer or other Company authorized representative, and you signify that you understand the conditions and limitations of this Receipt and have had them explained to you by signing the Acknowledgment below.

This Receipt does not provide any conditional insurance until after all of the conditions and requirements specified are met, and is strictly limited in scope and amount as set forth below.

CONDITIONAL COVERAGE: Conditional insurance, under the terms of the contract applied for, may become effective as of the date of completing Part 1 of the application, the date of completing Part 2 of the application, or the date requested in the application, whichever is latest (the Effective Date), but only after all the conditions to conditional coverage have been met.

CONDITIONS TO CONDITIONAL COVERAGE UNDER THIS RECEIPT: Such conditional insurance will take effect as of the Effective Date, but only so long as all of the following conditions are met:

1. The payment made with the application must be received at our Administrative Office within the lifetime of the Proposed Insured and honored on first presentation for payment;
2. Part 1 and Part 2 of the application, and all medical examinations, tests, screenings and questionnaires required by the Company are completed and received at our Administrative Office;
3. As of the Effective Date, all statements and answers given in the application (both Parts) must be true and complete; and
4. The Company is satisfied that, at the time of completing Part 1 and Part 2 of the application, each person to be covered was insurable at any rating under the Company's rules for insurance on the plan applied for and in the amount and at the Nicotine Classification applied for.

60-DAY LIMIT OF CONDITIONAL COVERAGE: If the Company does not approve and accept the application for insurance within 60 days of the date you signed the Part 1, the application will be deemed to be rejected by the Company, and there will be no conditional insurance coverage. In that case, the Company's liability will be limited to returning any payment you have made. The Company has the right to terminate conditional coverage at any time prior to 60 days by mailing a refund of the payment made.

DOLLAR LIMITS OF CONDITIONAL COVERAGE: The aggregate amount of conditional coverage provided under this Receipt, if any, and any other Conditional Receipt issued by the Company on each person to be covered shall be limited to the lesser of the amount(s) applied for or \$1,000,000 of life insurance if the Proposed Insured is age 16 - 65 and is insurable at the standard or better class of risk, \$400,000 of life insurance if the Proposed Insured is age 66 - 75 and is insurable at the standard or better class of risk, or \$100,000 for a class of risk with extra ratings regardless of age. There is no conditional coverage for riders or any additional benefits, if any, for which you have applied.

IF CONDITIONS ARE NOT MET OR DEATH OCCURS FROM SUICIDE, THERE IS NO COVERAGE UNDER THIS RECEIPT. If one or more of this Receipt's conditions have not been met exactly, or if a Proposed Insured dies by suicide or intentional self-inflicted injury, while sane or insane, the Company will not be liable under this Receipt except to return any payment made with the application. If the Proposed Insured should die before completing all medical examinations, tests, screenings, and questionnaires required by the Company or would not be insurable under the Company's rules, then the Company will not be liable under this Receipt except to return any payment made with the application.

Except as provided in this Conditional Receipt, no coverage under the contract you are applying for will become effective unless and until after a contract is delivered to you and all other conditions of coverage set forth in Part 1 of the application have been met.

Dated at _____ on _____, 20____ X
City, State Date Insurance Producer or other Company Authorized Rep

ACKNOWLEDGMENT OF TERMS, CONDITIONS, AND LIMITATIONS OF CONDITIONAL RECEIPT

I have read the foregoing Conditional Receipt issued by Transamerica Life Insurance Company. The insurance producer has fully explained to me all the terms, conditions, and limitations of the Conditional Receipt, and I understand them.

I also understand neither the insurance producer, any person who has signed this Receipt, nor the medical/paramedical examiner is authorized to accept risks or determine insurability, to make or modify contracts, or to waive any of the Company's rights or requirements.

You should retain a copy of this Receipt and Acknowledgment. If you do not hear from the Company regarding the proposed insurance within 60 days, notify the Company at its Administrative Office, [4333 Edgewood Road NE, Cedar Rapids, IA 52499], Attention: Underwriting Dept., giving your full name, date of birth, the name of the insurance producer, date and amount of this Conditional Receipt.

Leave this page with the proposed Owner if money is submitted with application

TRANSAMERICA LIFE INSURANCE COMPANY

COVERAGE CONTINUATION OPTION ENDORSEMENT

Transamerica Life Insurance Company has issued this endorsement as part of the policy to which it is attached.

Coverage Continuation Option: Beginning in the eighth policy year and while this policy is in force, you have the option to exchange this policy to another plan acceptable to us without evidence of insurability. This policy can be exchanged for any single life, flexible premium adjustable life policy made available by the company for this purpose at the time the exchange is requested.

The following conditions will apply to any Coverage Continuation Option you exercise:

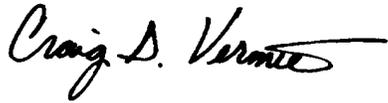
1. The Policy Date of the new policy will be the original Policy Date of this policy.
2. The effective date of the new policy will be the date this policy is exchanged. Premiums for the new policy will be due starting from the effective date of the exchange.
3. The Insured's age on the new policy will be the same as that Insured's age on the original Policy Date.
4. The new policy will be for the same face amount as this policy as of the effective date of the exchange.
5. If the new plan contains multiple Death Benefit Options, the "level" Death Benefit Option will be issued on the new policy.
6. The new policy will be issued at the same class of risk as this policy. If the same class of risk is not available, the new policy will be issued at the most similar class of risk available at the time of the exchange.
7. The entire Accumulation Value (or, if greater, the Guaranteed Minimum Cash Value) of this policy, on the date of exchange, must be applied to the new policy. The Accumulation Value (or, if greater, the Guaranteed Minimum Cash Value) from this policy will not be subject to any Administrative Charges on the new policy.
8. The incontestability period shall apply to the new policy only to the extent that it has not been met under this policy.
9. No Cash Values shall be released or paid to the Owner as part of the exchange.
10. Any and all loans existing on this policy at the time of exchange will become loans on the new policy.
11. Any Riders attached to this policy will be terminated when this option is exercised.
12. There are no Surrender Charges applied as a result of exercising this option. Surrender Charges following the exchange will be based on the applicable schedule in the new policy.
13. You will surrender all rights under this policy in exchange for the new policy. In no event will this policy and the new policy be in force simultaneously.

**Termination of Coverage
Continuation Option**

This option will terminate at the earliest of:

1. the effective date of the exchange; or,
2. the date this policy terminates for any reason; or,
3. the date this policy is continued as Paid-Up Life Insurance or Extended Term Insurance.

Signed for Transamerica Life Insurance Company at Cedar Rapids, Iowa and effective on the date of issue of the policy to which this endorsement is attached.



Secretary



President

TRANSAMERICA LIFE INSURANCE COMPANY

WAIVER OF POLICY FEE OPTION

Transamerica Life Insurance Company has issued this option as a part of the policy to which it is attached ("this policy"). This option is subject to all of the policy's provisions that do not conflict with this option's provisions. In case of conflict between the policy and this option, the option's provisions will control. **READ THIS OPTION CAREFULLY.**

Definitions – The definitions contained in the policy shall apply to this option:

Waiver of Policy Fee – Subject to the provisions of this option and while this option is in effect, we will waive the Policy Fee under the policy.

Termination – This option will terminate on the earliest of the following dates:

1. The date the policy Lapses.
2. The date the policy is surrendered.
3. The date the policy is continued as paid-up life insurance, or extended term insurance; or
4. the date the policy is terminated for any reason.

Reinstatement – If the policy is reinstated, this option may also be reinstated at the same time as the policy provided that the reinstated policy continues to qualify for policy fee waiver under our then current underwriting rules.

Signed for Transamerica Life Insurance Company at Cedar Rapids, Iowa and effective on the date of issue of the policy.



Secretary



President

SERFF Tracking Number: MWSG-125781861 *State:* Arkansas
Filing Company: Transamerica Life Insurance Company *State Tracking Number:* 40096
Company Tracking Number: 1-18005108
TOI: L071 Individual Life - Whole *Sub-TOI:* L071.301 Current Assumption - Fixed Premium -
Single Life

Product Name: ISWL
Project Name/Number: /

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: MWSG-125781861 State: Arkansas
Filing Company: Transamerica Life Insurance Company State Tracking Number: 40096
Company Tracking Number: 1-18005108
TOI: L071 Individual Life - Whole Sub-TOI: L071.301 Current Assumption - Fixed Premium -
Single Life
Product Name: ISWL
Project Name/Number: /

Supporting Document Schedules

Satisfied -Name: Certification/Notice	Review Status:	08/19/2008
Comments:		
Attachments:		
AR Bulletin 11-83 Certification 08008.pdf		
AR Bulletin 11-88 Certification 08008.pdf		
AR Regulation 19 Certification 08008.pdf		
AR Regulation 49 Certification 08008.pdf		
Satisfied -Name: Authorization Letter	Review Status:	08/19/2008
Comments:		
Attachment:		
Transamerica Life Authorization Letter.pdf		
Satisfied -Name: Flesch score certification	Review Status:	08/27/2008
Comments:		
Attachment:		
AR Readability Certification 08008.pdf		

TRANSAMERICA LIFE INSURANCE COMPANY
Home Office: Cedar Rapids, Iowa

BULLETIN 11-83 CERTIFICATION

Policy Form: 1-18005108

Transamerica Life Insurance Company ("the Company") of Cedar Rapids, Iowa does hereby consent and agree:

A. That all premium rates and/or cost bases, both "maximum" and "current or projected", used in relation to policy form number 1-18005108 must be filed with the Insurance Commissioner for 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.

or

B. That where the policy is a flexible or indeterminate premium whole life policy that provides for frequent changes in interest rates based on financial market conditions, the company may file a range of rates it will stay within and will notify the Department at least sixty (60) days prior to any change in the range of rates. The company must also document the method used to calculate its premium and range of rates.

TRANSAMERICA LIFE INSURANCE COMPANY



Fred Alvarado, Manager
Contract Development

08/11/2008
Date



Cheryl Bock, Assistant Vice President
Contract Development

TRANSAMERICA LIFE INSURANCE COMPANY
Home Office: Cedar Rapids, Iowa

BULLETIN 11-88 CERTIFICATION

Policy Form: 1-18005108

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

08/11/2008
Date



Cheryl Bock, Assistant Vice President
Contract Development

TRANSAMERICA LIFE INSURANCE COMPANY
Home Office: Cedar Rapids, Iowa

REGULATION 19 CERTIFICATION

Policy Form: 1-18005108

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

08/11/2008

Date



Cheryl Bock, Assistant Vice President
Contract Development

TRANSAMERICA LIFE INSURANCE COMPANY
Home Office: Cedar Rapids, Iowa

REGULATION 49 CERTIFICATION

Policy Form: 1-18005108

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

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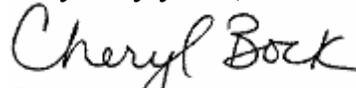


Cheryl Bock, Assistant Vice President
Contract Development

INSURANCE COMMISSIONER

This letter, or a copy thereof, will authorize Mitchell, Williams, Selig, Gates & Woodyard, P.L.L.C. to represent Transamerica Life Insurance Company in any matters related to the submission of policy forms to your state.

Very truly yours,



Cheryl Bock

Assistant Vice President of Contract Development

TRANSAMERICA LIFE INSURANCE COMPANY
Home Office: Cedar Rapids, Iowa

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>
1-18005108	Interest Sensitive Whole Life Insurance Policy	54.0
APA40TS1008T	Individual Life Insurance Application for One Life	50.3
1-006 11-108	Coverage Continuation Option Endorsement	53.7
1-011 11-108	Waiver of Policy Fee Option	56.1

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.



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SERFF Tracking Number: MWSG-125781861 State: Arkansas
 Filing Company: Transamerica Life Insurance Company State Tracking Number: 40096
 Company Tracking Number: 1-18005108
 TOI: L071 Individual Life - Whole Sub-TOI: L071.301 Current Assumption - Fixed Premium - Single Life
 Product Name: ISWL
 Project Name/Number: /

Superseded Attachments

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

Original Date:	Schedule	Document Name	Replaced Date	Attach Document
No original date	Form	Coverage Continuation Option Endorsement	08/27/2008	Coverage Continuation Option Endorsement 1-006 11-108.pdf

TRANSAMERICA LIFE INSURANCE COMPANY

COVERAGE CONTINUATION OPTION ENDORSEMENT

Transamerica Life Insurance Company has issued this endorsement as part of the policy to which it is attached.

Coverage Continuation Option: Beginning in the eighth policy year and while this policy is in force, you have the option to exchange this policy to another plan acceptable to us without evidence of insurability. This policy can be exchanged for any single life, flexible premium adjustable life policy made available by the company at the time the exchange is requested.

The following conditions will apply to any Coverage Continuation Option you exercise:

1. The Policy Date of the new policy will be the original Policy Date of this policy.
2. The effective date of the new policy will be the date this policy is exchanged. Premiums for the new policy will be due starting from the effective date of the exchange.
3. The Insured's age on the new policy will be the same as that Insured's age on the original Policy Date.
4. The new policy will be for the same face amount as this policy as of the effective date of the exchange.
5. If the new plan contains multiple Death Benefit Options, the "level" Death Benefit Option will be issued on the new policy.
6. The new policy will be issued at the same class of risk as this policy. If the same class of risk is not available, the new policy will be issued at the most similar class of risk available at the time of the exchange.
7. The entire Accumulation Value (or, if greater, the Guaranteed Minimum Cash Value) of this policy, on the date of exchange, must be applied to the new policy. The Accumulation Value (or, if greater, the Guaranteed Minimum Cash Value) from this policy will not be subject to any Administrative Charges on the new policy.
8. The incontestability period shall apply to the new policy only to the extent that it has not been met under this policy.
9. No Cash Values shall be released or paid to the Owner as part of the exchange.
10. Any and all loans existing on this policy at the time of exchange will become loans on the new policy.
11. Any Riders attached to this policy will be terminated when this option is exercised.
12. There are no Surrender Charges applied as a result of exercising this option. Surrender Charges following the exchange will be based on the applicable schedule in the new policy.
13. You will surrender all rights under this policy in exchange for the new policy. In no event will this policy and the new policy be in force simultaneously.

**Termination of Coverage
Continuation Option**

This option will terminate at the earliest of:

1. the effective date of the exchange; or,
2. the date this policy terminates for any reason; or,
3. the date this policy is continued as Paid-Up Life Insurance or Extended Term Insurance.

Signed for Transamerica Life Insurance Company at Cedar Rapids, Iowa and effective on the date of issue of the policy to which this endorsement is attached.



Secretary



President