

SERFF Tracking Number: AEGB-125582484 State: Arkansas
Filing Company: Transamerica Life Insurance Company State Tracking Number: 38651
Company Tracking Number: TL04 0906 AR
TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life -
Fixed/Indeterminate Premium
Product Name: TL04 0906 AR
Project Name/Number: TL04 0906 AR/Term to Age 95 Life Insurance Policy

Filing at a Glance

Company: Transamerica Life Insurance Company

Product Name: TL04 0906 AR SERFF Tr Num: AEGB-125582484 State: ArkansasLH
TOI: L04I Individual Life - Term SERFF Status: Closed State Tr Num: 38651
Sub-TOI: L04I.103 Renewable - Single Life - Co Tr Num: TL04 0906 AR State Status: Approved-Closed
Fixed/Indeterminate Premium
Filing Type: Form Co Status: Reviewer(s): Linda Bird
Author: Stephanie Mara Disposition Date: 04/17/2008
Date Submitted: 04/09/2008 Disposition Status: Approved
Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: TL04 0906 AR Status of Filing in Domicile: Pending
Project Number: Term to Age 95 Life Insurance Policy Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments: Filed Concurrently
Explanation for Combination/Other: Market Type: Individual
Submission Type: New Submission Group Market Size:
Overall Rate Impact: Group Market Type:
Filing Status Changed: 04/17/2008 Deemer Date:
State Status Changed: 04/17/2008
Corresponding Filing Tracking Number: TL04 0906 AR
Filing Description:
TL04 0906 AR - Term to Age 95 Life Insurance Policy

April 9, 2008

Commissioner of Insurance

SERFF Tracking Number: AEGB-125582484 *State:* Arkansas
Filing Company: Transamerica Life Insurance Company *State Tracking Number:* 38651
Company Tracking Number: TL04 0906 AR
TOI: L04I Individual Life - Term *Sub-TOI:* L04I.103 Renewable - Single Life -
Fixed/Indeterminate Premium

Product Name: TL04 0906 AR
Project Name/Number: TL04 0906 AR/Term to Age 95 Life Insurance Policy

Arkansas Department of Insurance
1200 West 3rd Street
Little Rock, AR 72201-1904

Re: TRANSAMERICA LIFE INSURANCE COMPANY NAIC # 468-86231
Form Number: TL04 0906 AR – Term to Age 95 Life Insurance Policy with Policy Endowment Benefit –
Nonparticipating

Dear Sir/Madam:

Please find attached a copy of the above referenced form. This is a new form, which is not intended to replace any form previously approved by your Department. This form has been submitted in final printed form in which it will be distributed to Insureds. This form is subject to only minor modifications in paper size and stock, ink, border, Company logo, Company address, adaptation to computer printing, and Officers' signatures.

This form is an exact copy of the form that was previously filed and approved by your Department on May 30, 2007 for our sister company, Stonebridge Life Insurance Company. No changes have been made to this form except for the company logo and officers' signatures.

Term to Age 95 Life Insurance Policy - This Term Life Insurance Policy is a twenty (20) or thirty (30) year nonparticipating term life insurance policy to age 95 with level premiums for the initial term period selected, increasing annually thereafter to age 95. This product has a return of premium benefit applicable to the initial level premium period selected. The benefit accrual is reflected in the Table of Policy Values and will be paid to the Policy Owner on the Endowment Date. The Policy will have no Policy Value after the Endowment Date. The premium rates are based on the 2001 CSO Table.

This Policy is for general use and will be sold on an individual basis by licensed agents.

We intend to use application L 114 1207 AR with this Policy. This application was approved by your Department on January 7, 2008.

SERFF Tracking Number: AEGB-125582484 State: Arkansas
Filing Company: Transamerica Life Insurance Company State Tracking Number: 38651
Company Tracking Number: TL04 0906 AR
TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life -
Fixed/Indeterminate Premium
Product Name: TL04 0906 AR
Project Name/Number: TL04 0906 AR/Term to Age 95 Life Insurance Policy

An actuarial demonstration and supporting documentation are attached for your reference. This product is fully guaranteed and is not subject to the NAIC Model Illustration regulation, and therefore will not be illustrated.

We would appreciate your review and approval of this form.

Sincerely,

TRANSAMERICA LIFE INSURANCE COMPANY

Policy Analyst
Contract Development
(319) 355-8202 (collect)
Fax #: (319) 355-2501

Company and Contact

Filing Contact Information

Stephanie Mara, Policy Analyst smara@aegonusa.com
4333 Edgewood Rd. NE (319) 355-8202 [Phone]
Cedar Rapids, IA 52499 (319) 355-2501[FAX]

Filing Company Information

Transamerica Life Insurance Company CoCode: 86231 State of Domicile: Iowa
4333 Edgewood Road, NE Group Code: 468 Company Type:
Cedar Rapids, IA 52499 Group Name: State ID Number:
(319) 398-7888 ext. [Phone] FEIN Number: 39-0989781

SERFF Tracking Number: AEGB-125582484 State: Arkansas
Filing Company: Transamerica Life Insurance Company State Tracking Number: 38651
Company Tracking Number: TL04 0906 AR
TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life -
Fixed/Indeterminate Premium
Product Name: TL04 0906 AR
Project Name/Number: TL04 0906 AR/Term to Age 95 Life Insurance Policy

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: \$50.00 per filing x 1 filing = \$50.00
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Transamerica Life Insurance Company	\$50.00	04/09/2008	19387035

SERFF Tracking Number: AEGB-125582484 State: Arkansas
Filing Company: Transamerica Life Insurance Company State Tracking Number: 38651
Company Tracking Number: TL04 0906 AR
TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life -
Fixed/Indeterminate Premium
Product Name: TL04 0906 AR
Project Name/Number: TL04 0906 AR/Term to Age 95 Life Insurance Policy

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	04/17/2008	04/17/2008

SERFF Tracking Number: *AEGB-125582484* *State:* *Arkansas*
Filing Company: *Transamerica Life Insurance Company* *State Tracking Number:* *38651*
Company Tracking Number: *TL04 0906 AR*
TOI: *L04I Individual Life - Term* *Sub-TOI:* *L04I.103 Renewable - Single Life -
Fixed/Indeterminate Premium*

Product Name: *TL04 0906 AR*
Project Name/Number: *TL04 0906 AR/Term to Age 95 Life Insurance Policy*

Disposition

Disposition Date: 04/17/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AEGB-125582484 State: Arkansas
 Filing Company: Transamerica Life Insurance Company State Tracking Number: 38651
 Company Tracking Number: TL04 0906 AR
 TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life -
 Fixed/Indeterminate Premium

Product Name: TL04 0906 AR
 Project Name/Number: TL04 0906 AR/Term to Age 95 Life Insurance Policy

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Flesch Score		Yes
Supporting Document	Bulletin 11-83 Cert		Yes
Form	Term to Age 95 Life Insurance Policy		Yes

SERFF Tracking Number: AEGB-125582484 State: Arkansas
 Filing Company: Transamerica Life Insurance Company State Tracking Number: 38651
 Company Tracking Number: TL04 0906 AR
 TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life -
 Fixed/Indeterminate Premium
 Product Name: TL04 0906 AR
 Project Name/Number: TL04 0906 AR/Term to Age 95 Life Insurance Policy

Form Schedule

Lead Form Number: TL04 0906 AR

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	TL04 0906 AR	Policy/Cont ract/Fraternal Certificate	Policy/Cont ract/Fraternal Insurance Policy	Initial		50	TL04 0906 AR.pdf



TRANSAMERICA

® LIFE INSURANCE COMPANY

A Stock Company

Home Office located at: Cedar Rapids, Iowa

Administrative Office located at: 4333 Edgewood Road N.E., Cedar Rapids, Iowa 52499
(Hereafter called the Company, we, our, or us) (319) 355-8511

INSURED: [JOHN DOE] **FACE AMOUNT:** \$[100,000.00]
POLICY NUMBER: [110 01 SAMPLE] **POLICY DATE:** [AUGUST 1, 2006]
OWNER(S): [JOHN DOE]

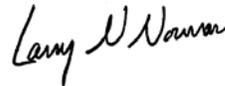
WE AGREE to pay the Proceeds of this Policy to the Beneficiary upon receiving due proof of the Insured's death and to provide You with the other rights and benefits of this Policy. We will pay You the Net Policy Value of this Policy on the Endowment Date if the Insured is alive, this Policy is In Force, and coverage is not continued as Extended Level Term Insurance or Reduced Paid-Up Insurance on that date. Life insurance may be continued after the Endowment Date until the Expiry Date by payment of the premium due. These agreements are subject to the provisions of this Policy.

10 DAY RIGHT TO CANCEL – You may cancel this Policy by delivering or mailing a Written Request to us or to the agent from whom it was purchased. You must return the Policy to us or the agent before midnight of the 10th day after the day You receive it. Your Written Request given by mail and return of the Policy by mail are effective on being postmarked, properly addressed and postage prepaid. We must return all payments made for this Policy within thirty (30) days after we receive notice of cancellation and the returned Policy.

Signed for us at our Home Office.



SECRETARY



PRESIDENT

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

READ YOUR POLICY CAREFULLY

**TERM TO AGE 95 LIFE INSURANCE POLICY
POLICY VALUE ENDOWMENT BENEFIT
CONVERSION PERIOD SPECIFIED ON THE POLICY SPECIFICATION PAGE
FACE AMOUNT PAYABLE AT DEATH PRIOR TO EXPIRY DATE
NON-PARTICIPATING**

TABLE OF CONTENTS

	Page		Page
Age	4	Misstatement of Age or Sex.....	5
Assignment	5	Net Policy Value	7
Automatic Premium Loan Provision	8	Nonforfeiture Options.....	7
Basis Used for Calculations	9	Nonparticipating	6
Beneficiary Designation	5	Payment Intervals	6
Change of Beneficiary	5	Payment of Proceeds	10
Conditions	11	Policy Loans	8
Contract	5	Policy Specification.....	3
Conversion Privilege	6	Policy Value Endowment Benefit.....	7
Death Proceeds	12	Policy Value.....	7
Deferral of Policy Value and Loan Payment.....	9	Premiums	6
Definitions	4	Proceeds Exempt from Claim of Creditors	11
Endowment Benefit.....	8	Reinstatement.....	6
General Provisions	5	Riders	12
Grace Period	6	Settlement Options	10
Incontestability	5	Suicide Exclusion.....	5
Interest from Date of Death	11	Surrender of Policy	7
Living Benefits.....	12	Termination of Policy	7
Loan Repayment.....	8		

POLICY SPECIFICATION PAGE

POLICY NUMBER: [110 01 SAMPLE] **POLICY DATE:** [AUGUST 1, 2006]
FACE AMOUNT: \$[100,000.00] **EXPIRY DATE:** [AUGUST 1, 2066]
ISSUE AGE/SEX: [35/MALE] **FIRST PREMIUM INCREASE DATE:** [AUGUST 1, 2026]
ENDOWMENT DATE: [AUGUST 1, 2026]
INSURED: [JOHN DOE]
OWNER(S): [JOHN DOE]
PREMIUM CLASS: [NON-TOBACCO]

TYPE OF COVERAGE	AMOUNT	POLICY YEARS PREMIUM IS PAYABLE	GUARANTEED PREMIUM PAYMENTS (ANNUAL)
BASIC POLICY LEVEL TERM INSURANCE TO AGE 95 Conversion allowed prior to the earlier of: First Premium Increase Date or Insured's Age 70	\$[100,000.00]	To Age 95	* \$[455.00] *For the First 20 Policy Years
[CHILDREN'S BENEFIT RIDER]	\$[10,000.00]	To Child's Age 25	\$[87.00]
**[WAIVER OF PREMIUM BENEFIT RIDER]		To Age 65	\$[43.00]
Total Guaranteed Annual Premium on Policy Date.....			\$[585.00]

**FOR THE FIRST [20] YEARS OR UNTIL EXPIRY OF RIDER, IF SOONER

SCHEDULE OF TOTAL PREMIUMS

Policy Year Years 1-20	Annual \$[585.00]	Semi-Annual \$[298.35]	Quarterly \$[152.10]	Monthly \$[51.19]
----------------------------------	-----------------------------	----------------------------------	--------------------------------	-----------------------------

**GUARANTEED PREMIUM SCHEDULE
ANNUAL PREMIUMS FOR BASE POLICY AND
BASE POLICY PLUS ADDITIONAL BENEFITS*****

POLICY NUMBER: [110 01 SAMPLE] **INSURED:** [JOHN DOE]

POLICY YEAR	BASE POLICY	****BASE POLICY PLUS ADDITIONAL BENEFITS	POLICY YEAR	BASE POLICY	****BASE POLICY PLUS ADDITIONAL BENEFITS
21	\$ 1,657.00	\$ 2,531.00	41	\$ 11,938.00	\$ 11,938.00
22	1,819.00	2,719.00	42	13,186.00	13,186.00
23	1,993.00	2,992.00	43	14,525.00	14,525.00
24	2,182.00	3,287.00	44	15,904.00	15,904.00
25	2,393.00	3,618.00	45	17,367.00	17,367.00
26	2,627.00	3,912.00	46	19,367.00	19,367.00
27	2,890.00	4,336.00	47	21,624.00	21,624.00
28	3,190.00	4,820.00	48	24,202.00	24,202.00
29	3,529.00	5,365.00	49	27,143.00	27,143.00
30	3,914.00	5,986.00	50	30,417.00	30,417.00
31	4,339.00	4,339.00	51	33,965.00	33,965.00
32	4,801.00	4,801.00	52	37,745.00	37,745.00
33	5,296.00	5,296.00	53	41,734.00	41,734.00
34	5,829.00	5,829.00	54	45,865.00	45,865.00
35	6,407.00	6,407.00	55	50,192.00	50,192.00
36	7,064.00	7,064.00	56	54,764.00	54,764.00
37	7,926.00	7,926.00	57	59,651.00	59,651.00
38	8,662.00	8,662.00	58	64,995.00	64,995.00
39	9,645.00	9,645.00	59	70,998.00	70,998.00
40	10,750.00	10,750.00	60	78,526.00	78,526.00

***INCLUDES ANNUAL POLICY FEE OF [\$80.00]

****BASE POLICY PLUS ADDITIONAL BENEFITS COLUMNS INCLUDE PREMIUMS FOR ANY ADDITIONAL BENEFITS WHICH MAY BE ATTACHED TO YOUR POLICY, EXCEPT FOR THE MONTHLY DISABILITY INCOME RIDER, IF ELECTED. PREMIUMS FOR THE MONTHLY DISABILITY INCOME RIDER, IF ELECTED, ARE DISPLAYED ON THE POLICY SPECIFICATION PAGE.

TABLE OF POLICY VALUES

POLICY NUMBER: [110 01 SAMPLE]
ISSUE AGE: [35]

If all the premiums due have been paid to the Anniversary Date, the Policy Values will be:

END OF POLICY YEAR	POLICY VALUE	EXTENDED LEVEL TERM INSURANCE		REDUCED PAID-UP INSURANCE
		YEARS	DAYS	
1	\$ 0.00	0	0	\$ 0.00
2	0.00	0	0	0.00
3	0.00	0	0	0.00
4	0.00	0	0	0.00
5	0.00	0	0	0.00
6	105.30	0	245	563.00
7	286.65	1	230	1,470.00
8	561.60	2	297	2,762.00
9	1,263.60	5	210	5,962.00
10	1,989.00	7	342	9,007.00
11	2,767.05	9	286	12,031.00
12	3,580.20	11	65	14,951.00
13	4,410.90	12	96	17,694.00
14	5,323.50	13	63	20,512.00
15	6,230.25	13	277	23,061.00
16	7,207.20	14	84	25,630.00
17	8,254.35	14	228	28,211.00
18	9,371.70	14	355	30,795.00
19	10,559.25	15	100	33,374.00
20	11,700.00	15	152	35,591.00
21 & LATER	0.00	0	0	0.00

The Years and Days columns reflect the period for which Extended Level Term Insurance will be In Force at the end of the applicable policy year for the Face Amount of this Policy at time of Lapse. The Reduced Paid-Up Insurance amount is the amount of reduced paid-up insurance that the Net Policy Value will purchase at the end of the applicable policy year.

THIS PAGE INTENTIONALLY LEFT BLANK

DEFINITIONS

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

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

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

ENDOWMENT DATE – The date on which we will pay the Endowment Benefit as described in the Policy Value Endowment Benefit section of this Policy as shown on the Policy Specification Page.

EXPIRY DATE – The date on which coverage under this Policy expires. The Expiry Date is the Policy Anniversary following the Insured's 95th birthday and is shown on the Policy Specification Page.

FACE AMOUNT – The amount upon which death Proceeds are determined. The Face Amount is shown on the Policy Specification Page.

FIRST PREMIUM INCREASE DATE – The first day on which Your premium will increase. Your premium will increase on the First Premium Increase Date, as shown on the Policy Specification Page, and each Policy Anniversary thereafter when a premium is due.

INDEBTEDNESS – Any due and unpaid premium plus Policy Loans.

IN FORCE – The period of time the Insured's life remains insured under the terms of this Policy.

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

LAPSE OR LAPSED – This occurs when premium is in default or unpaid loan interest due exceeds the Net Policy Value, resulting in the Insured's life no longer being insured under the terms of this Policy. If there is remaining Net Policy Value at the end of the Grace Period, it will be applied under the Nonforfeiture Options provision.

LOAN VALUE – The maximum amount which may be borrowed under the Policy Loans provision.

NET POLICY VALUE – The Policy Value of this Policy less any outstanding Policy Loan. This amount is available for applying to a Nonforfeiture Option.

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

POLICY DATE – The day and month from which the Expiry Date and premium due dates are determined.

POLICY LOAN – Indebtedness to us for a loan secured by this Policy, including loan interest.

POLICY VALUE – The amount available to You under the terms of this Policy (see Policy Value Endowment Benefit section). This amount is available for loans as described in the Policy Loans provision.

POLICY YEAR – The twelve (12) month period directly preceding the Policy Anniversary.

PROCEEDS – The amount we are obligated to pay under the terms of this Policy when Your Policy is surrendered or the Insured dies.

REINSTATE – To restore coverage after the Policy has Lapsed.

TERMINATE – This occurs when the Insured's life is no longer insured under the terms of this Policy.

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

WRITTEN REQUEST – A request in writing signed by You on a form satisfactory to us.

GENERAL PROVISIONS

THE CONTRACT – Your Policy is issued in consideration of the application and the payment of premiums as provided for in this Policy.

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

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

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

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

INCONTESTABILITY – We cannot contest this Policy, except for fraud or non-payment of Premium, after it has been In Force during the lifetime of the Insured for two (2) years after:

1. The Policy Date; or
2. The effective date of Reinstatement of this Policy.

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

MISSTATEMENT OF AGE OR SEX – If the Age or sex of the Insured has been misstated, the benefits will be those which the premiums paid would have purchased for the correct Age and sex.

BENEFICIARY – When we receive due proof of the Insured's death, we will pay the Proceeds of this Policy to the Beneficiary or Beneficiaries who are named in the application for this Policy unless You subsequently change the Beneficiary. In that event, we will pay the Proceeds to the Beneficiary named in Your last change of Beneficiary request as provided for in this Policy.

If a Beneficiary dies before the Insured, that Beneficiary's interest in this Policy ends with that Beneficiary's death. Only those Beneficiaries who survive the Insured will be eligible to share in the Proceeds. If no Beneficiary survives the Insured, we will pay the Proceeds of this Policy to You, if living, otherwise to Your estate.

CHANGE OF OWNER OR BENEFICIARY – If You have reserved the right to change the owner or Beneficiary, You can file a Written Request with us to make such a change. If You have not reserved the right to change the Beneficiary, the written consent of the irrevocable Beneficiary will be required.

Your Written Request will not be effective until it is recorded in our Administrative Office records. After it has been so recorded, it will take effect as of the date You signed the request. However, if the Insured dies before the request has been so recorded, the request will not be effective as to those Proceeds we have paid before Your request was recorded in our Administrative Office records.

PREMIUMS – Your first premium is due as of the Policy Date, and is payable in advance. All premiums after the first premium are payable on or before the date they are due and must be mailed to us at our Administrative Office. If You would like a receipt for a premium payment, we will give You one, signed by a Company officer, upon request.

PAYMENT INTERVALS – The frequency of the premium payments are shown on the Policy Specification Page of Your Policy. Interruption of premium payments will cause Your Policy to enter the Grace Period. Premiums may be paid annually, semi-annually, quarterly or monthly. The mode of payment may be changed at any Policy Anniversary by written agreement.

GRACE PERIOD – Your Policy has a thirty-one (31) day grace period. This means that if a premium is not paid on or before the date it is due, You may pay that premium during the thirty-one (31) day period immediately following the due date. The Insured's life will continue to be insured during this thirty-one (31) day period. If the premium is not paid within the thirty-one (31) day grace period, the Premium due will be in default and the Policy will Lapse, except as provided for in the Automatic Premium Loans or Nonforfeiture Options provisions. In addition, if any loan interest due (that has not been paid in cash by the end of the thirty-one (31) day grace period) exceeds the Policy Value less the outstanding loan, Your Policy will Lapse, except as provided for in the Nonforfeiture Options provisions. (See Loan Repayment provision.)

If the Insured dies during this thirty-one (31) day grace period, we will deduct a premium for the applicable period from the Proceeds of this Policy. This thirty-one (31) day grace period does not apply to the first premium payment.

REINSTATEMENT – If a premium is not received before the end of the thirty-one (31) day grace period, Your Policy will Lapse and no further premium payments may be made.

However, even if Your Policy Lapses during the lifetime of the Insured, this Policy may be Reinstated if it was Lapsed and Terminated because a grace period ended without sufficient premium payments. We will not Reinstatement this Policy if it was surrendered for its Policy Value. Any Reinstatement must be done within five (5) years from the end of the grace period. For us to consider Reinstatement, we will require:

1. Your Written Request to Reinstatement this Policy,
2. The Insured's written consent to Reinstatement,
3. Evidence of insurability satisfactory to us,
4. Payment of all overdue premiums, with interest from the due date of each premium. The interest rate is 6% per annum, compounded annually, and
5. Payment or Reinstatement of any Indebtedness with interest.

If any loans existed when the Policy Lapsed or was changed to Extended Level Term Insurance or Reduced Paid-Up Insurance, You may repay Your outstanding loans with interest or these outstanding loans including interest will be reinstated with Your Policy. Interest will be compounded annually from the date of Lapse or change to Extended Level Term Insurance or Reduced Paid-Up Insurance, at the loan interest rate of 7.4% in advance.

The date of Reinstatement will be the Monthly Anniversary Date on or following the date the application for Reinstatement is approved by us, so long as the Insured is still living. If all the conditions for Reinstatement are satisfied, coverage under this Policy will be effective as though it had continued In Force from the Lapse date to the date of Reinstatement.

NONPARTICIPATING – This Policy will not share in our surplus distributions.

CONVERSION PRIVILEGE – While this Policy is In Force, You may convert it to a new policy. The conversion may be made during the conversion period described on the Policy Specification Page, if no premium is in default. The following conditions apply:

1. The Face Amount of the new policy may not exceed the amount of insurance under this Policy on the date of conversion.
2. The Face Amount of the new policy may not be less than the minimum amount we issue. There will always be a plan available to which You may convert.
3. You must send us a Written Request for the conversion.
4. The new policy will be on any life insurance plan written by us that is eligible for conversion, other than term insurance.

5. Premiums for the new policy will be for the same class of risk as for this Policy or a similar class of risk, if the same class is not available on the new plan, and for the Insured's sex and Age as of the date of the new policy.
6. The new policy will be dated as of the date of conversion. Coverage under this Policy Terminates when coverage under the new policy begins.
7. If the premiums are being waived under a rider attached to the Policy at the time of conversion, the premiums under the new policy will not be waived.
8. No evidence of insurability will be required if all of the conditions listed above are met.

If the Policy is converted in accordance with the conversion conditions listed above and if the Policy has passed its second Policy Anniversary, the Incontestability and Suicide provisions in the new policy shall not apply. Otherwise the Incontestability and Suicide Provisions shall remain in effect for the two (2) year period beginning on the Policy Date of this Policy.

Conversion cannot be made if this Policy coverage is currently continued as Extended Level Term Insurance or Reduced Paid-Up Insurance.

Any Net Policy Value available at time of conversion will be credited as premium for the new policy.

TERMINATION – The Policy will Terminate and all coverage on the Insured's life shall end on the earliest of the following dates or events:

1. The Expiry Date, as set out in the Policy Specification Page; or
2. The date the Policy Lapses, as set out in the Grace Period provision; or
3. The date the Owner requests termination in a Written Request; or
4. The date this Policy is surrendered or converted; or
5. The date of the Insured's death.

POLICY VALUE ENDOWMENT BENEFIT

POLICY VALUE – This Policy provides Policy Value benefits. The Policy Values at the end of certain Policy Years are shown in the Table of Policy Values. The Policy Value will exclude any premium amount paid by us on Your behalf under any Waiver of Premium benefit, if elected, and will also exclude any substandard premiums. There is no Policy Value after the Endowment Date.

NET POLICY VALUE – The Net Policy Value is the Policy Value minus any outstanding loans.

You may borrow the Policy Value as described in the Policy Loans provision. You may use Your Net Policy Value to purchase Reduced Paid-Up Insurance, or You may receive the Net Policy Value upon surrender of the Policy. You may also purchase Extended Level Term Insurance if Your premium class is other than substandard.

SURRENDER OF POLICY – You may surrender this Policy for its Net Policy Value by returning this Policy to Us with a request for surrender during the lifetime of the Insured. In such case, the Policy will end on the date we receive Your request. Except for payment of its Net Policy Value, this Policy will then provide no further benefit or value.

NONFORFEITURE OPTIONS – If the Policy Lapses as provided in the Policy's Grace Period provision, the Policy may have a Net Policy Value (see Table of Policy Values). We will require Your Written Request and the return of the Policy if You select one (1) of the three (3) available options below. If we do not receive Your written instructions by the end of the Grace Period, this Policy will automatically go to the Extended Level Term Insurance option (if available), otherwise Reduced Paid-Up Insurance.

1. Policy Surrender – The Policy may be surrendered for its Net Policy Value.
2. Reduced Paid-Up Insurance – You may use the Net Policy Value to continue coverage as a nonparticipating paid-up endowment at Age 95, at the net single premium rate for the Insured's attained Age. The face amount of the paid-up endowment will be equal to or less than the current Face Amount at the time You

elect this option, payable under the same conditions as this Policy.

3. Extended Level Term Insurance – Under this option, if Your premium class is other than substandard, You may use the Net Policy Value to continue coverage as Extended Level Term Insurance. The face amount will be the same as the Face Amount of this Policy minus any outstanding Policy Loans at the time of Lapse. The Extended Level Term Insurance will begin at the earlier of the Lapse date or when you elect this option and continue for a period of time based on the net single premium rate and the Insured's attained Age. At the end of that duration, the insurance will Terminate and there will be no Net Policy Value remaining.

ENDOWMENT BENEFIT – The Endowment Benefit is equal to the Net Policy Value on the Endowment Date. We will pay the Endowment Benefit to You on the Endowment Date if the Insured is living and the Policy is still In Force. The Policy will remain In Force as long as You continue to pay premiums, but there will be no Net Policy Value after the Endowment Date.

POLICY LOANS – When this Policy has a Policy Value, we will make a loan subject to the following conditions:

1. The maximum loan amount is the Policy Value of the Policy at the end of the Policy Year in which the Policy loan is made minus:
 - a. Any existing Policy loan(s);
 - b. Interest on the amount of the existing and proposed loan to the end of the Policy year; and
 - c. Premiums payable under this Policy to the end of the Policy year.
2. We will charge interest on the total loan balance each year, in advance, on the Policy anniversary. The loan interest rate is 7.4% in advance. 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 outstanding loan. If the Insured dies, we will deduct the outstanding loan from the death benefit before we pay the death benefit to the Beneficiary.
4. The loan will be secured by that portion of the Policy Value equal to the amount of the loan.

LOAN REPAYMENT – You may repay part or all of any outstanding loan balance 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 apply it first to any premium due. Any remaining balance will then be applied as a loan repayment. When we receive a loan repayment, we will apply it to the portion of the Policy Value that secures the loan.

Your Policy will not automatically Lapse if you do not repay a loan. However, the Policy may Lapse if the Policy 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 additional details.)

AUTOMATIC PREMIUM LOANS – If this provision is made effective as described below, any premium which remains unpaid at the end of a grace period will be paid by automatic loan subject to the following conditions:

1. If the Loan Value of this Policy is insufficient to pay a quarterly premium, no automatic loan will be made. If there is any Net Policy Value remaining, we will apply it to the applicable Nonforfeiture Option. If there is no Net Policy Value, Your Policy will Lapse.
2. If on a Policy Anniversary, two (2) or more premiums due immediately before that anniversary have been paid by automatic premium loan, we may change the frequency of premium payment to annual provided the Loan Value of this Policy is sufficient to pay the next annual premium.
3. The automatic premium loan is subject to the Policy Loans provision.

This provision will only be effective if You send in a Written Request to our Administrative Office. This provision may later be made ineffective by sending in a subsequent Written Request to our Administrative Office.

DEFERRAL OF POLICY VALUE AND LOAN PAYMENT

We reserve the right to defer payment of the Net Policy Value for up to six (6) months after we receive Your Written Request. We will pay interest at a rate not less than the minimum rate required by state law, if the deferral period is thirty (30) days or more.

We may delay making a loan to you for up to six (6) months after we receive Your Written Request for the loan. We will not delay any loan made to pay premiums due to us on any Policy.

BASIS USED FOR CALCULATIONS – The Reduced Paid-Up Insurance and Extended Level Term Insurance options are based on:

- 2001 CSO Nonsmoker and Smoker Ultimate Tables;
- Age Last Birthday;
- Maximum Interest Rate permissible by the Standard Nonforfeiture Law;
- Death occurring at the end of the Policy Year.

Policy Values equal or exceed those required by the state in which this Policy is delivered. A detailed statement of the method used to compute those values has been filed with the insurance department of that state.

PAYMENT OF PROCEEDS

SETTLEMENT OPTIONS – You may, during the Insured’s lifetime, request that we pay the Proceeds under one (1) of the following settlement options. We will also use any other method of payment that is agreeable to You and us, including a lump sum payment. In the event a death claim arises under this Policy, settlement shall be made as outlined in the Interest From Date of Death provision.

OPTION 1 – Interest Payments

(Payment of interest on the Proceeds at such times and for a period that is agreeable to You and us.) Withdrawal of Proceeds may be made in amounts of at least \$100.00. At the end of the period, any remaining Proceeds will be paid in either a single sum or under any other method we approve.

OPTION 2 – Payments for a Specified Period

(Monthly payments for a specified number of years.) The amount of each monthly payment for each \$1,000.00 of Proceeds applied under this option is shown in Option 2 Table. The monthly payments for any period not shown will be furnished upon request.

Option 2 Table

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

OPTION 3 – Life Income

(Monthly payments for the life of the person who is to receive the income.) We will require satisfactory proof of the person’s Age and sex. Payments can be guaranteed for either Life, ten (10) or twenty (20) years, or as the “Guaranteed Return of Policy Proceeds”. The amount of each monthly payment for each \$1,000.00 of Proceeds applied under this option is shown in Option 3 Table. The monthly payments for any Ages not shown will be furnished upon request.

Option 3 Table

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

OPTION 4 – Payments of Specified Amount

(Monthly payments of a specified amount until the Proceeds and interest are fully paid.)

OPTION 5 – Joint and Survivor Life Income

(Monthly payments during the joint lifetime of two (2) persons and continued during the lifetime of the survivor.) We will pay the amount retained, with interest, in equal monthly payments, as shown in the Option 5 Table. The monthly payment for other Age or sex combinations will be furnished upon request.

Option 5 Table

JOINT AND SURVIVOR LIFE INCOME				
MONTHLY PAYMENTS FOR EACH \$1,000.00 OF AMOUNT RETAINED				
AGE OF ONE PAYEE (MALE)*	AGE OF OTHER PAYEE* (FEMALE)			
	15 Years Less than Male Payee's	10 Years Less than Male Payee's	5 Years Less than Male Payee's	Same as Male Payee's
50	\$2.47	\$2.59	\$2.70	\$2.81
55	2.62	2.76	2.91	3.06
60	2.80	2.98	3.17	3.37
65	3.04	3.27	3.52	3.79
70	3.34	3.65	3.99	4.37

* Age nearest birthday.

OTHER SETTLEMENT OPTIONS – The Proceeds will be paid in any other manner agreed to by us.

INTEREST FROM DATE OF DEATH – If the Proceeds under this Policy are not paid within thirty (30) days after we receive due proof of the death of the Insured, we will pay interest on the Proceeds from the date of death to the date of payment. The interest rate will be 8% per annum

In the event of the death of the Insured, the Proceeds payable under this Policy shall include the refund of all premiums, if any, paid beyond the month in which the death occurs. If the refund of premiums is not paid within thirty (30) days after we receive due proof of the death of the Insured, we will pay interest on such refund from the date of death to the date of payment. The interest rate will be determined by us, but never less than 2%.

CONDITIONS – Proceeds of less than \$1,000.00 may not be applied under any settlement option and will be paid in a lump sum. We may change the payment frequency if payments under an option become less than \$20.00.

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

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

A Beneficiary may select a settlement option only after the Insured's death. However, You may provide that the Beneficiary will not be permitted to change the settlement option You have selected.

PROCEEDS EXEMPT FROM CLAIM OF CREDITORS – To the extent permitted by law, no payment of Proceeds or interest we make will be subject to the claims of any creditor. Also, if You provide that the option selected cannot be changed after the Insured's death, the payments will not be subject to the debts or contracts of the person receiving the payments. If garnishment or any other attachment of the payments is attempted, we will make those payments to a trustee we name. The trustee will apply those payments for the maintenance and support of the person You named to receive the payments.

BASIS OF PAYMENT OF PROCEEDS – Options 1 through 5 are based on a guaranteed interest rate of 2.0% using the "Annuity 2000 Mortality Table."

SUMMARY OF POLICY BENEFITS

LIVING BENEFITS - Your Policy has certain guaranteed values which are available to You during Your lifetime. These values consist of the Policy Value or the Net Policy Value. If the Policy is In Force You may use these values to continue some insurance protection if You cannot or do not wish to continue paying premiums or to obtain cash by surrendering Your Policy.

Your Policy also has an Endowment Benefit. We will automatically pay You the Net Policy Value of this Policy on the Endowment Date if the Insured is living, this Policy is In Force and coverage is not continued as Extended Level Term Insurance or Reduced Paid-Up Insurance.

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

- The Face Amount of this Policy,
- Plus any additional insurance on the Insured's life provided by an extra benefit rider,
- Plus the part of any premium paid which applies to a period after the Insured's death,
- Minus any Indebtedness.

RIDERS - The additional benefits, if any, listed on the Policy Specification Page are fully described in the riders that are attached to this Policy.

YOUR RIGHTS

During the Insured's lifetime and unless otherwise provided in this Policy, You have the exclusive right to assign this Policy and to exercise every right, privilege and option this Policy grants or that we allow. Subject to the specific terms and conditions of this Policy, some of Your rights are:

- To change the owner or Beneficiary.
- To change the frequency of premium payments.
- To take loans against Your Policy.
- To Reinstate the Policy after Lapse.
- To convert the Policy.
- To surrender this Policy for its Net Policy Value.
- To discontinue premium payments and elect Extended Level Term Insurance or Reduced Paid-Up Insurance or continue premium payments through the Automatic Premium Loans provision.

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

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



**TERM TO AGE 95 LIFE INSURANCE POLICY
POLICY VALUE ENDOWMENT BENEFIT
CONVERSION PERIOD SPECIFIED ON THE POLICY SPECIFICATION PAGE
FACE AMOUNT PAYABLE AT DEATH PRIOR TO EXPIRY DATE
NON-PARTICIPATING**

- Please examine Your Policy and the attached copy of the application carefully. Contact Your agent if You desire additional services or information.
- If You change Your address, please notify us at the Administrative Office giving Your full name and Policy number.
- Your Policy is a valuable asset. For Your own protection, let us advise You regarding any suggestion to Terminate this Policy.

SERFF Tracking Number: *AEGB-125582484* *State:* *Arkansas*
Filing Company: *Transamerica Life Insurance Company* *State Tracking Number:* *38651*
Company Tracking Number: *TL04 0906 AR*
TOI: *L04I Individual Life - Term* *Sub-TOI:* *L04I.103 Renewable - Single Life -
Fixed/Indeterminate Premium*

Product Name: *TL04 0906 AR*
Project Name/Number: *TL04 0906 AR/Term to Age 95 Life Insurance Policy*

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: AEGB-125582484 State: Arkansas
Filing Company: Transamerica Life Insurance Company State Tracking Number: 38651
Company Tracking Number: TL04 0906 AR
TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life -
Fixed/Indeterminate Premium
Product Name: TL04 0906 AR
Project Name/Number: TL04 0906 AR/Term to Age 95 Life Insurance Policy

Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice 03/27/2008

Comments:

Attachments:

Regulation 19 Cert.pdf
GuarantyAssocCert - Regulation 49.pdf
23-79-138 cert TLIC.pdf

Review Status:

Satisfied -Name: Application 03/27/2008

Comments:

The attached application was approved on January 7, 2008. The application is attached as a specimen copy only.

Attachment:

L 114 1207 AR - Specimen.pdf

Review Status:

Satisfied -Name: Life & Annuity - Acturial Memo 03/27/2008

Comments:

Attachment:

Act Demo TL04 - Stnd.pdf

Review Status:

Satisfied -Name: Flesch Score 04/03/2008

Comments:

Attachment:

Flesch Score TL04 0906 TLIC.pdf

Review Status:

Satisfied -Name: Bulletin 11-83 Cert 04/03/2008

Comments:

Attachment:

SERFF Tracking Number: *AEGB-125582484* *State:* *Arkansas*
Filing Company: *Transamerica Life Insurance Company* *State Tracking Number:* *38651*
Company Tracking Number: *TL04 0906 AR*
TOI: *L04I Individual Life - Term* *Sub-TOI:* *L04I.103 Renewable - Single Life -
Fixed/Indeterminate Premium*

Product Name: *TL04 0906 AR*
Project Name/Number: *TL04 0906 AR/Term to Age 95 Life Insurance Policy*

Bulletin 11-83 Cert.pdf

**Home Office
4333 Edgewood Road N.E.
Cedar Rapids, Iowa 52499**

STATE OF ARKANSAS

RE:

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

Hereby certified on this 9th day of April, 2008.

By:

Michael J. Brown, Product Actuary

**Home Office
4333 Edgewood Road N.E.
Cedar Rapids, Iowa 52499**

STATE OF ARKANSAS

RE:

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

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

Hereby certified on this 9th day of April, 2008.

By:

**Transamerica Life Insurance Company
Home Office
4333 Edgewood Road N.E.
Cedar Rapids, Iowa 52499**

STATE OF ARKANSAS

RE: TL04 0906 AR

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

Hereby certified on this 9th day of April, 2008.

By: Cheryl Bock

PROPOSED INSURED INFORMATION

1. Name (First, M.I., Last)			2. Mailing Address (Cannot be a P.O. Box) City, State, Zip			
3. Home Telephone No. ()		4. Work Telephone No. ()		5. Birth Date	Age	6. Birth State / Country
7. Height	8. Weight	9. Marital Status		10. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	11. U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	12. If no, give immigration status/type of visa:
13. Occupation & Duties			14. Annual Income Current Year _____ Annual Income Previous Year _____ Net Worth _____			15. Social Security No. or Tax I.D. No.
						16. Drivers License No./ State
						17. E-mail Address

18. Have you used any tobacco or nicotine products within the last 5 years? Yes No If yes, list type and when used last

BENEFICIARY AND OWNER DESIGNATION (Unless otherwise noted, the beneficiary of other persons proposed for Coverage will be the proposed Insured.)

19. Primary Relationship		Primary Relationship	
Primary Relationship		20. Contingent Relationship	

OWNER (Unless otherwise noted, the Owner will be the Insured.)

21. Name		a. Relationship to Proposed Insured		b. Social Security Number	
c. Address (Cannot be a P.O. Box)			d. Birth Date		e. Phone ()
f. Are you a citizen of <input type="checkbox"/> USA <input type="checkbox"/> Other Country _____ <input type="checkbox"/> Type of VISA _____					

POLICY INFORMATION

22. Plan: UL _____ <input type="checkbox"/> Level <input type="checkbox"/> Increasing		23. Amount of Insurance Guaranteed Period \$ _____		24. Planned Premium \$ _____	
25. Mode of Payment (for bank draft, complete authorization, and collect initial payment.) <input type="checkbox"/> Monthly Bank Draft <input type="checkbox"/> Quarterly <input type="checkbox"/> Semiannually <input type="checkbox"/> Annually <input type="checkbox"/> Other _____					

Specimen

26. ADDITIONAL BENEFITS and AMOUNTS

<input type="checkbox"/> Additional Insured Rider (AIR) \$ _____	<input type="checkbox"/> Waiver of Premium Benefit Rider (WP)
<input type="checkbox"/> Base Insured Rider (BIR) \$ _____	<input type="checkbox"/> Waiver of Monthly Deduction
<input type="checkbox"/> Children's Benefit Rider \$ _____	<input type="checkbox"/> Disability Income Rider (AIR) Monthly Payout \$ _____ Occupation/Income _____
<input type="checkbox"/> Accidental Death Benefit Rider (ADB) \$ _____	<input type="checkbox"/> Critical Illness Rider \$ _____
<input type="checkbox"/> Disability Income Rider Monthly Payout \$ _____	<input type="checkbox"/> Other _____ \$ _____
<input type="checkbox"/> Guaranteed Insurability Rider (GIR) \$ _____	

27. Name of Proposed Additional Insured(s) including any children applying	Birth Date	Sex	Height	Weight	Social Security Number	Relationship to Insured	Amount of Insurance	Used Tobacco or nicotine products in last 5 years? If yes, list type and when used last.
								<input type="checkbox"/> No <input type="checkbox"/> Yes _____
								<input type="checkbox"/> No <input type="checkbox"/> Yes _____
								<input type="checkbox"/> No <input type="checkbox"/> Yes _____
								<input type="checkbox"/> No <input type="checkbox"/> Yes _____

28. LIFE INSURANCE IN FORCE If none check this box

Insured's Name	Company (only need if replacing)	Policy Number (only need if replacing)	Face Amount
			\$ _____
			\$ _____
			\$ _____

29. DISABILITY INCOME - INSURANCE IN FORCE If none check this box Complete only if applying for Disability Rider.

Insured's Name	Company	Policy Number	Monthly Amount	Benefit Period	Elimination Period

30. GENERAL QUESTIONS Complete the following. For YES answers, give full details in the space provided in Section 52.

31. Will the insurance applied for replace or change any existing insurance or annuity? Yes No
- Have you or any proposed Additional Insured (including any children applying),**
32. Had any health, disability or life insurance pending or contemplated with another company? Yes No
33. Been declined, postponed, offered a rated or modified life, health or disability policy or been denied reinstatement? Yes No
34. Within the past 5 years,
- a. Been cited or convicted of a moving violation, including DUI, or had a driver's license suspended or revoked? Yes No
(If yes, provide state and drivers license number.)
- b. Been or is now fully or partially disabled? Yes No
- c. Been charged with or convicted of any felony or been on probation? Yes No
35. Within the past 2 years, (any yes answer to 35a or 35b, complete the Aviation and Avocation Questionnaire)
- a. Taken part in any type of racing, mountain climbing, underwater or sky diving, hang gliding or plan to? Yes No
- b. Flown other than as a passenger, or plan to? Yes No
- c. Foreign residence or travel contemplated? Yes No
36. Within the past 10 years, used drugs (such as: hallucinogens, barbiturates, excitants or narcotics) except as medication prescribed by a physician, or been treated or counseled for drug or alcohol use? Yes No
37. Family History: Is there a history of cardiovascular disease (including coronary artery disease, stroke or transient ischemic attack), internal cancer or melanoma in parents/siblings prior to age 60? If yes, please provide details including, type of cancer (if applicable) and if there was a death due to this condition. Yes No
38. Have you or any proposed Additional Insured sought protection from creditors within the past 5 years?. Yes No
39. Do you or any proposed Additional Insured currently or within the past two years consume six or more alcoholic beverages per week? If yes, please provide type of drinks, number of occasions per year and the number of drinks consumed on those occasions. Yes No
40. Have you or any proposed Additional Insured had any weight change of 10 or more pounds in the past year? Yes No

41. MEDICAL QUESTIONS Each question must be individually asked and answered. For YES answers, give full details in the space provided in Section 52.

42. Have you or any proposed Additional Insured (including any children applying) EVER been diagnosed as having or been treated for AIDS, or AIDS Related Complex (ARC) or tested positive for the AIDS virus? Yes No
- (Questions 43 to 49) Within the past 10 years, have you or any proposed Additional Insured (including any children applying) been treated or diagnosed by a health care professional as having any disease or disorder of the:**
43. Blood or circulatory system (such as: heart attack, heart disease, palpitations, heart murmur, or chest pain, high blood pressure, stroke, anemia)? Yes No
44. Respiratory system (such as: emphysema, asthma, shortness of breath, chronic cough, or sleep apnea) Yes No
45. Brain or nervous system (such as: seizures, epilepsy, multiple sclerosis, mental illness, depression, suicide attempt, eating disorder, dementia or Alzheimer's disease)? Yes No
46. Sugar, albumin, or blood in urine, or other illness or disease of the kidneys, bladder, or urinary system, prostate, breast, sexually transmitted disease or any other reproductive disorder? Yes No
47. Stomach, intestine, liver (such as: ulcer, colitis, Crohn's disease or hepatitis)? Yes No
48. Endocrine system, muscles or bone (such as diabetes, thyroid, lupus, arthritis, or back problems)? Yes No
49. Cancer, tumor, polyps, melanoma or other malignancy? Yes No
50. Have you or any proposed Additional Insured (including any children applying) had or been advised to have a check-up, consultation, lab test, EKG, X-ray or other diagnostic test? Yes No
51. Are you or any proposed Additional Insured (including any children applying) currently under the observation of a physician or taking medication? Yes No

52. ADDITIONAL INFORMATION Explain all "yes" answers below. If additional space required, use Supplemental Form SA-ADINFO.

Question Number	Name of Proposed Insured	Details to General and Medical Questions (Diagnosis, Dates, Durations) Medical Facilities & Physicians Names, Addresses, Phone Numbers

53. PERSONAL PHYSICIAN(S) If additional space required, use Supplemental Form SA-ADINFO.

Name of Proposed Insured	Personal Physician(s) Name, Address, Phone Number	Date Last Visited, Reason, Result

SECTION 54. ILLUSTRATION CERTIFICATION The box below MUST be checked if a signed illustration of the policy applied for is NOT enclosed with this application. (Universal Life only)

- The Applicant/Owner and the Licensed Agent certify that they have each read and agree with their respective statements below regarding the policy applied for:
- Applicant's/Owner's statement:** By signing this application, I, the Applicant/Owner acknowledge that I have NOT received an illustration of the policy applied for and understand that an illustration of the policy as issued will be provided no later than the policy delivery date. **Licensed Agent's statement:** By signing this application, I, the Licensed Agent certify that I have NOT provided an illustration of the policy as applied for. However, I will provide an illustration conforming to the policy as issued upon or prior to delivery of the policy.

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

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

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

I acknowledge receipt of the (1) Notice to Persons Applying for Insurance Regarding Investigative Report, (2) MIB Group, Inc. Pre-Notification, (3) Notice of Insurance Information Practices, and (4) Disclosure for Accelerated Terminal Illness Benefit, if required. I understand that any omissions or misstatements in this application could cause an otherwise valid claim to be denied under any insurance issued from this application.

I also understand that I will not receive any insurance coverage for any money paid with this application unless a policy is issued except in accordance with the terms of the Conditional Receipt.

Please make checks payable to Transamerica Life Insurance Company. Do not make checks payable to the agent or leave the payee space blank on your check.

Amount paid with application: \$ _____ **Best time for a personal history interview:** _____ **a.m./p.m. Okay to contact at work?** Yes No

FRAUD WARNING: 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.

Dated at _____ City _____ State _____ this _____ day of _____ Month _____, _____ Year

Specimen

Signature of proposed Insured (if age 15 or over) _____ Signature of proposed Owner (if other than proposed Insured) _____

Signature of Parent or Legal Guardian (if proposed Insured is under 18 and Parent/Guardian has not signed as Owner) _____ Signature of Additional Insured _____

SECTION 55. TAX NOTICE AND TAXPAYER IDENTIFICATION NUMBER CERTIFICATION

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

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

Signature of Proposed Owner _____ **Date** _____

SECTION 56. AGENT INFORMATION & SIGNATURE

Signature of Agent (_____)	(Print First and Last Name) (_____)	Agent # _____
Telephone Number _____	Agent Fax # _____	Agent E-mail Address _____
Split Agent Signature (If Applicable) (_____)	(Print First and Last Name) (_____)	Agent # _____
Telephone Number _____	Agent Fax # _____	Agent E-mail Address _____
<ul style="list-style-type: none"> • Did you ask all questions on the application in the presence of all proposed Insureds, record the answers as given, and witness all signatures? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, please provide details. _____ • Do you have any knowledge or reason to believe that the insurance applied for will replace or change any existing insurance or annuity? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, submit the state required forms.) _____ 		

CONDITIONAL RECEIPT

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

PLEASE READ THIS CAREFULLY

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

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

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

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

Specimen

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

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

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

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

Authorization (Signatures Required)

I certify that I have read and reviewed the Conditional Receipt and the acknowledgment of the applicant and proposed Insured in the application. The terms and conditions of the conditional receipt have been explained to me fully by the agent and I understand them.

Dated at _____ on _____
City State Date Signature of Agent or Authorized Company Rep

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

DETACH AND LEAVE THIS PAGE WITH APPLICANT

NOTICE TO PERSONS APPLYING FOR INSURANCE REGARDING INVESTIGATIVE REPORT

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

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

MIB GROUP, INC. (MIB) PRE-NOTIFICATION

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

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

Specimen

NOTICE OF INSURANCE INFORMATION PRACTICES

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

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

ACTUARIAL DEMONSTRATION
TERM TO 95 WITH POLICY VALUES AND AN ENDOWMENT BENEFIT LIFE INSURANCE POLICY

Policy Form: TL04 0906

I. DESCRIPTION OF POLICY

- Generic Name: Term life insurance to 95 with policy values during the level premium paying period with an endowment benefit payable equal to the policy value at the end of the level premium paying period.
- Mortality: 2001 CSO male and female, smoker and nonsmoker, age last birthday, with continuous functions. In addition, valuation will use 25 year select factors on deficiency reserves but not on basic reserves.
- Interest: 4.00% (valuation)
5.00% (nonforfeiture)
- Benefits: \$1,000 death benefit to age 95
- Premiums: Premiums vary by gender, issue age, class, face amount, and duration. The level premium paying period is 20 or 30 years. The current premiums are level and guaranteed for the level term period. At the end of the level term period, the premiums increase annually to age 95 and are guaranteed.
- Conversion: Convertible prior to the earliest of the end of the level period or attained age 70.
- Policy Value/Endowment: This policy will pay a benefit upon surrender or lapse of the policy or an endowment benefit at the end of the level term period. The endowment benefit is equal to the total annual premiums paid over the term period, less any premium for substandard ratings. The policy values during the term period will increase the endowment benefit and will be greater than the minimum policy values required by the Standard Nonforfeiture Law. They will be calculated as follows:
- The total annual premiums paid;
 - Multiplied by the policy year's percentage.

The percentages will vary by level period, gender, issue age, face amount, class, and duration. No policy value or endowment benefit will be paid if the Insured dies prior to the end of the level term period.

In the event of lapse, the policyowner may choose one of three available nonforfeiture options if the policy has policy value.

- Policy Surrender Option – the owner may surrender the policy for its policy value
- Extended Level Term Option – the policy can be continued as extended level term insurance for the amount of insurance which is in effect on the due date of the unpaid premium. The period will be determined by applying the policy's policy value as a net single premium for such insurance.
- Reduced Paid Up – the policy can be continued as a paid up policy for a reduced amount. The amount is determined by applying the policy's policy value as a net single premium for an amount of insurance paid up at age 95.

Extended Term Insurance is the automatic option for the policy.

The basis for the nonforfeiture benefits are as follows:

Policy Value: 2001 CSO, male or female, smoker or nonsmoker, age last birthday @ 5.00%, Curtate
Extended Term: 2001 CSO, male or female, smoker or nonsmoker, age last birthday @ 5.00%, Curtate
Reduced Paid Up: 2001 CSO, male or female, smoker or nonsmoker, age last birthday @ 5.00%, Curtate

II. DEMONSTRATION OF COMPLIANCE WITH STANDARD NONFORFEITURE LAW (SNFL)

The following example is for a policy issued to a male age 35, non-tobacco class, \$100,000 face amount. The level premium period is twenty years. The values are expressed on a per 1,000 basis. All commutation functions and actuarial figures used in these calculations assume an interest rate of 5.00% (maximum permissible by the SNFL) and 2001 CSO Age Last, Male Nonsmoker mortality, as specified in the description.

In general, the policy surrender value (${}_tPV_x$) required by the SNFL can be put into the form:

$${}_tPV_x = A_{x+t} + {}_tEB_x * \frac{D_{x+20}}{D_{x+t}} - P_x^a \ddot{a}_{x+t}$$

The Endowment Benefit (EB) in year 20 is equal to:

$${}_{20}EB_{35} = GP_{35} * TPY ; \text{ where}$$

GP_{35} is the Gross Premium for the policy for a male, 35, non-tobacco standard plus (3.75 per 1,000);
 TPY is the number of Years in the Level Period (20).

In the case of an Endowment at duration 20 life insurance policy, the Net Level Premium equals

$$P_{35} = \frac{1,000(M_{35} - M_{95}) + EB_{55} * D_{55}}{N_{35} - N_{95}} = \frac{1,000(25,995.55 - 102.66) + 75.00 * 64,936}{3,255,483 - 393} = 9.45077$$

So the Maximum Expense Allowance permitted by the SNFL equals: $\max EA = \text{Minimum of } (1.25 * 9.45077 + 10) \text{ or } 60 = 21.81346$

$$P_{35}^a = \frac{1,000(M_{35} - M_{95}) + \max EA * D_{35} + EB_{55} * D_{55}}{N'_{35} - N'_{95}} =$$

$$\frac{1,000(25,995.55 - 102.66) + 21.81346 * 181,290 + 75.00 * 64,936}{18,471,021 - 0} = 1.87958$$

where N'_{35} and N'_{95} take into account that net premiums have to be a uniform percentage of the guaranteed premiums.

$${}_5CV_{35} = \frac{1,000(M_{40} - M_{95}) + EB_{55} * D_{55}}{D_{40}} - P_{35}^a * \frac{(N'_{40} - N'_{95})}{D_{40}}$$

$$= \frac{1,000(25,019.27 - 102.66) + 75.00 * 64,936}{141,157} - 1.87958 * \frac{(17,648,730 - 0)}{141,157} = -23.98, \text{ so } {}_5CV_{35} = 0$$

*See Appendix A for minimum policy surrender values at other policy durations for this insured.

For the “smoothness test”, we have calculated a nonforfeiture factor for each policy year, such that when multiplied by the gross premiums, calculates a value which does not differ by more than 0.2% of the amount of insurance, as the insurance is uniform in amount, from any policy value under the policy on any anniversary. Such nonforfeiture factors

- are the same percentage for each policy year between the second policy anniversary and the later of the fifth policy anniversary and the first policy anniversary at which there is a policy value available in an amount of at least 0.2% of the amount of insurance, as the insurance is uniform in amount; and
- do not apply to fewer than five (5) consecutive policy years.

Since the policy value percentages vary by level period, gender, issue age, class, face amount, and duration, the nonforfeiture factors will vary by the same. We have tested each level period, gender, issue age, class, and duration combination and all pass the “smoothness test”.

Let:
 NFF_t = Nonforfeiture Factor for duration t
 SP_t = Smoothness Test Premiums
 ${}_tPVSP_x$ = Present Value of the Smoothness Test Premiums at the beginning of duration t for issue age x
 ${}_tSCSV_x$ = Smoothness Test Policy Values at the beginning of duration t for issue age x

Then:

$$SP_t = NFF_t * P_t^a$$

$${}_tPVSP_x = \sum_{s=t}^{95-x} SP_s * \frac{D_{x+s-1}}{D_{x+t-1}}$$

$${}_tSCSV_x = \left[\frac{DB * (M_{x+t} - M_{95})}{D_{x+t}} + EB_x * \frac{D_{x+20}}{D_{x+t}} \right] - {}_tPVSP_x, \text{ subject to minimum of zero(0)}$$

A numerical example is shown in Appendix A for Male, Issue Age 35, Non-Tobacco Standard Plus. The policy value percentages have been modified for other issue ages, females and other risk classes to comply with the “smoothness test”.

This product has Cash Values that either exceed the minimum cash values determined using the assumptions listed below or are negative or less than the benchmark of 2.50% of the policy death benefit.

Assumptions for Minimum Cash Values

Premiums: Guaranteed Premiums until Age 95 (No Policy Fee)
 Death Benefits: Level Face Amount of \$1,000 until Age 95
 Interest: Maximum Permissible Nonforfeiture Interest Rate (currently 5.00%)
 Mortality: 2001 CSO Male/Female, Smoker/Nonsmoker, Age Last Birthday
 Reserve Method: Standard Nonforfeiture Law Method

III. RESERVES

Basic Reserves

Basic reserves shall be calculated as the greater of the segmented reserves and the unitary reserves. Both the segmented reserves and the unitary reserves will be determined using the 2001 CSO Mortality, Male and Female, Smoker/Nonsmoker, Age Last Birthday Tables. The interest rate used to calculate reserves will be the maximum valuation interest rate permissible (currently 4.00%).

Basic reserves will not be less than the tabular cost of insurance for the balance of the policy year, if mean reserves are used. The tabular cost of insurance will use the same valuation mortality table and interest rates as that used for the calculation of the segmented reserves.

Unitary Reserves

Unitary reserves shall be calculated as the present value of all future guaranteed benefits less the present value of all future modified net premiums. Guaranteed benefits and modified net premiums until age 95 will be considered. The modified net premiums will equal a uniform percentage of the guaranteed gross premiums. The uniform percentage is such that the present value of the net premiums equals:

- (a) The present value of the death benefits, plus
- (b) The present value of the endowment benefit, plus;
- (c) The excess of Item (1) over Item (2), as follows
 - (1) A net level annual premium equal to the present value, at the date of issue, of the benefits provided after the first policy year, divided by the present value, at the date of issue, of an annuity of one per year payable on the first and each subsequent anniversary on which a premium falls due. However, the net level annual premium shall not exceed the net level annual premium on the nineteen-year premium whole life plan of insurance of the same renewal year equivalent level amount at an age one year higher than the age at issue of the policy.
 - (2) A net one-year term premium for the benefits provided for in the first policy year.

The unitary reserve at time t equals

$${}_tV_x = A_{x+t:95-x-t} + {}_tEB_x * \frac{D_{x+20}}{D_{x+t}} - \sum_{k=t}^{95-x-t} NP_{x+k} * v^{k-t} * {}_{k-t}P_{x+t}$$

where: x = original issue age;
t = number of years from the date of issue;
 $A_{x+t:95-x-t}$ = net single premium for term insurance to age 95;

${}_tV_x$, v^{x+k-t} and ${}_{k-t}P_{x+t}$ are the standard actuarial terms;

NP_{x+k} = net premium for issue age x at time k, where

$$NP_{x+k} = U\% * GP_{x+k}$$

where: GP_{x+k} = gross guaranteed annual premium per 1,000 (ignoring policy fees);

$U\%$ = uniform percentage, where

$$U\% = \frac{A_{x:95-x} + (b-a) + {}_tEB_x * \frac{D_{x+20}}{D_{x+t}}}{\sum_{k=0}^{95-x-1} GP_{x+k} * v^k * {}_kP_x}$$

where: $(b-a)$ = Minimum of ($P_{x+1:95-x-1}$ or ${}_{19}P_{x+1}$) - $\frac{1,000 * C_x}{D_x}$

Segmented Reserves

Segmented reserves will be calculated using segments produced by the contract segmentation method (see method description on the following pages). Reserves, under this method, will equal the present value of all future guaranteed benefits less the present value of all future net premiums to the expiration of the policy (attained age 95). The net premiums within each segment are a uniform percentage of the respective guaranteed gross premiums within the segment. The uniform percentage for each segment is such that, at the beginning of the segment, the present value of the net premiums within the segment equals:

- (d) The present value of the death benefits within the segment, plus
- (e) For the first segment only, the excess of Item (1) over Item (2), as follows
 - (3) A net level annual premium equal to the present value, at the date of issue, of the benefits provided for in the first segment after the first policy year, divided by the present value, at the date of issue, of an annuity of one per year payable on the first and each subsequent anniversary within the first segment on which a premium falls due. However, the net level annual premium shall not exceed the net level annual premium on the nineteen-year premium whole life plan of insurance of the same renewal year equivalent level amount at an age one year higher than the age at issue of the policy.
 - (4) A net one-year term premium for the benefits provided for in the first policy year.

The Segmented Reserve, at time t, equals:

$${}_tV_x = A_{x+t:95-x-t} + {}_tEB_x * \frac{D_{x+20}}{D_{x+t}} - \sum_{k=t}^{95-x-t} NP_{x+k} * v^{k-t} * {}_{k-t}P_{x+t}$$

where: x = original issue age;
t = number of years from the date of issue;
 $A_{x+t:95-x-t}$ = net single premium for term insurance to age 95;

${}_tV_x$, v^{x+k-t} and ${}_{k-t}P_{x+t}$ are the standard actuarial terms;

NP_{x+k} = net premium for issue age x at time k, where

$$NP_{x+k} = U\%_l * GP_{x+k}$$

where: GP_{x+k} = gross guaranteed annual premium per 1,000 (ignoring policy fees);

$U\%_l$ = uniform percentage in segment l, where for each segment l, of length s, from x+t to x+t+s

$$U\%_t = \frac{A_{x+r;s} + (b-a) + {}_tEB_x * \frac{D_{x+20}}{D_{x+t}}}{\sum_{k=0}^{s-1} GP_{x+r+k} * v^k * {}_kP_{x+r}}$$

where: $(b-a) =$ 0 if not in segment 1;

Minimum of $(P_{x+1:s-1}$ or ${}_{19}P_{x+1}) - \frac{1,000 * C_x}{D_x}$ in segment 1

Contract Segmentation Method

The Contract Segmentation Method will be used to divide the period from issue to the date of expiry of the policy into successive segments. Each segment is defined as the period from the end of the prior segment (from policy inception for the first segment) to the end of the latest policy year as defined below. Segment calculations are made using the 2001 CSO Mortality Tables.

The length of a particular segment shall be set equal to the minimum value t for which G_t is greater than R_t , where G_t and R_t are defined as follows (R_t may be increased or decreased by 1% in any policy year at the company's option, but will never be less than 1):

$$G_t = \frac{GP_{x+k+t}}{GP_{x+k+t-1}} \quad \text{and} \quad R_t = \frac{q_{x+k+t}}{q_{x+k+t-1}}$$

where: $x =$ original issue age;
 $k =$ the number of years from the date of issue to the beginning of the segment;
 $t =$ 1, 2, ...; t is reset to 1 at the beginning of each segment;
 $GP_{x+k+t-1} =$ Guaranteed gross premiums per thousand of face amount for year k+t-1 of the segment, ignoring policy fees;
 $q_{x+k+t-1} =$ valuation mortality rate for year k+t-1 (2001 CSO Mortality Table).

Unusual Pattern of Guaranteed Cash Surrender Values

If and when the pattern of cash values qualifies as unusual, the reserves will be calculated in accordance with Regulation XXX section D.

Deficiency Reserves

Deficiency reserves, if any, are calculated for each policy as the excess, if greater than zero, of the quantity A over the basic reserve. The quantity A is obtained by re-calculating the basic reserve for the policy using guaranteed gross premiums (with policy fees) instead of net premiums when the guaranteed gross premiums are less than the corresponding net premiums. The quantity A will be calculated using the 2001 CSO Mortality Male and Female, Smoker/Nonsmoker, Age Last Tables using X% of the 25-Year Select Factors. The maximum interest rate permissible (currently 4.00%) will be used for the calculation of the reserves.

The deficiency reserve at any duration shall be calculated:

- On a unitary basis if the corresponding basic reserve determined is unitary;
- On a segmented basis if the corresponding basic reserve determined is segmented (the deficiency reserve calculation will use the same segments as determined for the basic reserve); or
- On the segmented basis of the corresponding basic reserve determined is equal to both the unitary reserve and the segmented reserve.

X Factors

X factors will be determined in accordance with the valuation regulation and will satisfy all of the required provisions. X factors will only be used in the first segment. The X factors, X_t will typically be determined using the following formula:

$$\sum_{k=0}^{95-x-1} v^{k+1} * {}_kP_x^{(e)} * q_{x+k}^{(e)} \leq \sum_{k=0}^{95-x-1} v^{k+1} * {}_kP_x^{(X)} * q_{x+k}^{(X)}$$

where: $q_{x+t}^{(X)} = X_t * q_{x+t}^{(b)} = X_t * SF(x,t) * q_{x+t}^{CSO2001}$

$X_t \geq \frac{q_{x+t}^{(e)}}{q_{x+t}^{(b)}}$ in years t, 1 to 5

$q_{x+t}^{(e)}$ and ${}_kP_x^{(e)}$ are the standard actuarial terms for the expected mortality experience;

$q_{x+t}^{(b)}$ and $p_x^{(b)}$ are the standard actuarial terms for basic reserve mortality using 2001 CSO tables and 25 Year Select Factors;
and

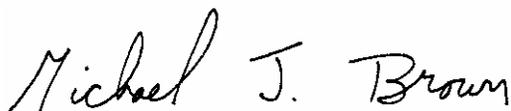
$q_{x+t}^{(X)}$ and $p_x^{(X)}$ are the standard actuarial terms for deficiency reserve mortality using 2001 CSO tables and X_t of the 25 Year
Select Factors.

The calculated X factors are also subject to the following:

- (a) X_t may vary by year, underwriting class, issue age or any other factor expected to affect mortality experience;
- (b) X_t shall never be less than 20%; and
- (c) X_t shall not decrease in any successive policy year

CERTIFICATION

I certify that the Policy Values will equal or exceed the Minimum Policy Values as defined in the Standard Non-Forfeiture Law. I also certify that statutory reserves are calculated in accordance with the Standard Valuation Law.



Michael J. Brown, F.S.A., M.A.A.A.
March 10, 2008

Actual Policy Value per 1,000
Policy Form: TL04 0906

Policy Year	Per 1,000 Policy Value
1	0.00
2	0.00
3	0.00
4	0.00
5	0.00
6	0.82
7	2.23
8	4.37
9	9.83
10	15.47
11	21.52
12	27.85
13	34.31
14	41.41
15	48.46
16	56.06
17	64.20
18	72.89
19	82.13
20	91.00

Appendix A

MINIMUM POLICY VALUES
TERM TO 95 WITH POLICY VALUES AND AN
ENDOWMENT BENEFIT LIFE INSURANCE POLICY
Policy Form: TL04 0906

End of Policy Year	Minimum Policy Surr Value	End of Policy Year	Minimum Policy Surr Value
1	-22.08	31	-217.14
2	-22.40	32	-224.93
3	-22.82	33	-232.64
4	-23.34	34	-240.19
5	-23.98	35	-247.64
6	-24.77	36	-254.98
7	-25.72	37	-261.75
8	-26.89	38	-269.23
9	-28.32	39	-276.42
10	-30.04	40	-282.99
11	-32.09	41	-288.92
12	-34.48	42	-294.54
13	-37.20	43	-300.34
14	-40.21	44	-307.34
15	-43.59	45	-316.32
16	-47.41	46	-325.71
17	-51.77	47	-335.21
18	-56.78	48	-343.84
19	-62.55	49	-350.70
20	-69.24	50	-355.26
21	-149.85	51	-357.34
22	-155.67	52	-356.90
23	-161.66	53	-353.67
24	-167.74	54	-347.38
25	-173.95	55	-336.87
26	-180.36	56	-318.79
27	-187.09	57	-287.50
28	-194.19	58	-235.22
29	-201.65	59	-148.59
30	-209.33	60	0.00

Demonstration of the "Smoothness" test of the Standard Nonforfeiture Law

Male, issue age 35, nontobacco standard

Policy Form: TL04 0906

<u>Duration</u>	<u>Gross Px</u>	Ratio for	NFF	SP	PVSP	PVFB	<u>Actual</u>	SCSV	<u>CV Diff</u>
		<u>Adj Px</u>	<u>Nonforfeiture</u>	<u>Smoothness</u>	<u>PV at issue</u>	<u>Present Val</u>		<u>Smoothness</u>	
			<u>Factor</u>	<u>Premium</u>	<u>Smooth Px</u>	<u>Future Ben</u>	<u>Cash Value</u>	<u>Cash Value</u>	
0	4.55	0.50	2.00	4.54	196.35	175.42	-	-	-
1	4.55	0.50	2.00	4.54	201.63	183.28	-	-	-
2	4.55	0.50	2.00	4.54	207.19	191.50	-	-	-
3	4.55	0.50	2.00	4.54	213.05	200.08	-	-	-
4	4.55	0.50	2.00	4.54	219.23	209.03	-	-	-
5	4.55	0.50	2.50	5.67	225.75	218.38	0.82	-	0.82
6	4.55	0.50	2.50	5.67	231.43	228.12	2.23	0.83	1.40
7	4.55	0.50	2.50	5.67	237.44	238.27	4.37	5.03	(0.66)
8	4.55	0.50	2.50	5.67	243.80	248.83	9.83	9.25	0.58
9	4.55	0.50	2.50	5.67	250.54	259.79	15.47	13.49	1.98
10	4.55	0.50	3.37	7.64	257.68	271.17	21.52	19.79	1.73
11	4.55	0.50	3.37	7.64	263.19	282.98	27.85	26.20	1.65
12	4.55	0.50	3.37	7.64	269.05	295.24	34.31	32.76	1.55
13	4.55	0.50	3.37	7.64	275.27	308.03	41.41	39.53	1.88
14	4.55	0.50	3.37	7.64	281.86	321.39	48.46	46.47	1.98
15	4.55	0.50	3.89	8.82	288.86	335.33	56.06	54.80	1.26
16	4.55	0.50	3.89	8.82	295.05	349.85	64.20	63.27	0.93
17	4.55	0.50	3.89	8.82	301.68	364.95	72.89	71.83	1.06
18	4.55	0.50	3.89	8.82	308.79	380.62	82.13	80.45	1.68
19	4.55	0.50	3.89	8.82	316.43	396.87	91.00	89.01	1.99
20	16.57	0.50	0.70	5.75	324.67	413.68	-	-	-
21	18.19	0.50	0.70	6.31	-	-	-	-	-
22	19.93	0.50	0.70	6.91	-	-	-	-	-
23	21.82	0.50	0.70	7.57	-	-	-	-	-
24	23.93	0.50	0.70	8.30	-	-	-	-	-
25	26.27	0.50	0.61	7.99	-	-	-	-	-
26	28.90	0.50	0.61	8.79	-	-	-	-	-
27	31.90	0.50	0.61	9.70	-	-	-	-	-
28	35.29	0.50	0.61	10.73	-	-	-	-	-
29	39.14	0.50	0.61	11.90	-	-	-	-	-
30	43.39	0.50	0.64	13.82	-	-	-	-	-
31	48.01	0.50	0.64	15.29	-	-	-	-	-
32	52.96	0.50	0.64	16.87	-	-	-	-	-
33	58.29	0.50	0.64	18.57	-	-	-	-	-
34	64.07	0.50	0.64	20.41	-	-	-	-	-
35	70.64	0.50	0.67	23.52	-	-	-	-	-
36	79.26	0.50	0.67	26.39	-	-	-	-	-
37	86.62	0.50	0.67	28.85	-	-	-	-	-
38	96.45	0.50	0.67	32.12	-	-	-	-	-
39	107.50	0.50	0.67	35.80	-	-	-	-	-
40	119.38	0.50	0.70	41.48	-	-	-	-	-
41	131.86	0.50	0.70	45.82	-	-	-	-	-
42	145.25	0.50	0.70	50.47	-	-	-	-	-
43	159.04	0.50	0.70	55.26	-	-	-	-	-
44	173.67	0.50	0.70	60.35	-	-	-	-	-
45	193.67	0.50	0.73	70.09	-	-	-	-	-
46	216.24	0.50	0.73	78.26	-	-	-	-	-
47	242.04	0.50	0.73	87.59	-	-	-	-	-
48	271.43	0.50	0.73	98.24	-	-	-	-	-
49	304.17	0.50	0.73	110.09	-	-	-	-	-
50	339.65	0.50	0.76	127.84	-	-	-	-	-

**TRANSAMERICA LIFE INSURANCE COMPANY
FLESCH READABILITY CERTIFICATION**

Form Number (may vary by state)

Flesch Score

TL04 0906

50.0

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

Cheryl Bock, Assistant Vice President of Contract Development

**Home Office
4333 Edgewood Road N.E.
Cedar Rapids, Iowa 52499**

STATE OF ARKANSAS

RE:

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

Hereby certified on this day of

By: