

SERFF Tracking Number: MWSG-125624923 State: Arkansas  
 Filing Company: Transamerica Life Insurance Company State Tracking Number: 38971  
 Company Tracking Number: PFA11008T  
 TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life  
 Adjustable Life  
 Product Name: Addendum to Application for Life Insurance Coverage  
 Project Name/Number: /

## Filing at a Glance

Company: Transamerica Life Insurance Company

Product Name: Addendum to Application for Life Insurance Coverage	SERFF Tr Num: MWSG-125624923	State: ArkansasLH
TOI: L09I Individual Life - Flexible Premium Adjustable Life	SERFF Status: Closed	State Tr Num: 38971
Sub-TOI: L09I.001 Single Life	Co Tr Num: PFA11008T	State Status: Approved-Closed
Filing Type: Form	Co Status:	Reviewer(s): Linda Bird
	Authors: June Stracener, Dorothy Seals	Disposition Date: 05/15/2008
	Date Submitted: 05/09/2008	Disposition Status: Approved
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: Filing submitted concurrently with this filing.
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Group Market Size:
Overall Rate Impact:	Group Market Type:
Filing Status Changed: 05/15/2008	
State Status Changed: 05/15/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	

This form, which is identical except for the Company name, address, and form number, is concurrently being filed under the Company's sister companies of Transamerica Occidental Life Insurance Company and Western Reserve Life Assurance Co. of Ohio and is simultaneously being submitted to its domiciliary state of Iowa. It is a new form and does not replace any previously approved form.

<i>SERFF Tracking Number:</i>	<i>MWSG-125624923</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Transamerica Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>38971</i>
<i>Company Tracking Number:</i>	<i>PFA11008T</i>		
<i>TOI:</i>	<i>L09I Individual Life - Flexible Premium Adjustable Life</i>	<i>Sub-TOI:</i>	<i>L09I.001 Single Life</i>
<i>Product Name:</i>	<i>Addendum to Application for Life Insurance Coverage</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Addendum to Application for Life Insurance Coverage (form PFA11008T) is intended to be a supplement to universal life application forms previously approved by your Department as well as those that are approved in the future. The Addendum will be completed at the same time as the application form and must be submitted prior to a policy being issued. It is for use with universal life policy forms previously approved by your Department as well as those that are approved in the future.

The Addendum will be used under the following conditions: (1) the actual age of the proposed insured(s) is 65 or older at the time the applied for policy is issued; (2) a policy with a face amount of \$ 1 million or greater is being applied for; and (3) the policy applied for will not be owned by a qualified retirement plan. The Addendum will be used to identify Stranger Originated Life Insurance (STOLI) situations. The questions posed on the Addendum are to identify impermissible STOLI transactions which the Company plans to decline to insure. If there are material misstatements of the facts on this issue, the Company will plan on contesting as permitted by law.

The approved base policy form(s) will be marketed through the Company's agent field force and is designed for clients who desire and will benefit from the purchase of a flexible premium adjustable life insurance policy.

## **Company and Contact**

### **Filing Contact Information**

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

Doak Foster, Attorney	dfoster@mwsgw.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	
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## Filing Fees

Fee Required? Yes  
Fee Amount: \$20.00  
Retaliatory? No  
Fee Explanation: Arkansas charges \$ 20 per incidental form. Iowa's fees are retaliatory.  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Transamerica Life Insurance Company	\$20.00	05/09/2008	20207342

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	05/15/2008	05/15/2008

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## Disposition

Disposition Date: 05/15/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: MWSG-125624923 State: Arkansas  
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<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Certification/Notice		Yes
<b>Supporting Document</b>	Application		Yes
<b>Supporting Document</b>	Health - Actuarial Justification		No
<b>Supporting Document</b>	Outline of Coverage		No
<b>Supporting Document</b>	Authorization Letter for Transamerica Life		Yes
<b>Supporting Document</b>	Flesch Score Certification for Transamerica Life		Yes
<b>Supporting Document</b>	5-9-08 Cover Letter		Yes
<b>Form</b>	Addendum to Application for Life Insurance Coverage		Yes

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## Form Schedule

Lead Form Number: PFA11008T

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	PFA11008T	Application/ Enrollment Form	Addendum to Application for Life Insurance Coverage	Initial		50	Transamerica PFA11008T.pdf



Transamerica Life Insurance Company  
4333 Edgewood Road NE  
Cedar Rapids, IA 52499

## Addendum to Application for Life Insurance Coverage

This document serves as an addendum to the life insurance application, and must be submitted prior to a policy being issued. All responses to the questions below will be considered part of the application.

This addendum to the applied for policy is to be completed, signed and submitted prior to the issuance of any universal life insurance policy(ies) (including conversions from term policies within the first five years of policy issue) if:

- the Proposed Insured(s) actual age(s) is 65 or older at the time the applied for policy is issued,
- a policy with a face amount of \$1 million or greater is being applied for, and
- the policy applied for will not be owned by a qualified retirement plan.

Please answer the following questions either yes or no, and provide details for any yes answers in the space below.

1.  Yes  No Has anyone offered or provided to anyone any inducement - such as cash or other compensation in relation to the applied-for life insurance policy? If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

2.  Yes  No Is there any plan to sell or transfer any interest in the applied-for life insurance policy? If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

3.  Yes  No If an entity will own the applied-for policy, is there any plan to sell or transfer any beneficial interest in the entity? If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

4.  Yes  No Will premiums for the applied-for life insurance policy be borrowed? If yes, please explain (including details of loan guarantee, if any): \_\_\_\_\_

\_\_\_\_\_

5.  Yes  No If you answered yes to question 4, can the loan be repaid by the transfer of the applied-for policy to the lender or any other person affiliated with the lender? If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

6.  Yes  No If you answered yes to question 4, will the amount of any loan or loans, or the borrower's payment obligation, on termination of the financing exceed the amount needed to pay life insurance policy premiums, loan interest, and loan fees? If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

**I understand that any arrangement for borrowing funds for the payment of policy premiums is a matter between the lender and the borrower. Transamerica Life Insurance Company is not a party to any such arrangement and will not become a party to any such arrangement.**

I also understand that neither Transamerica Life Insurance Company nor any person acting on its behalf has furnished legal or tax advice upon which I/We may rely. The financing of life insurance premiums involves important tax and other considerations. Transamerica Life Insurance Company strongly recommends that you seek advice from your own qualified advisors.

It is represented that the statements and answers given in this supplement to the application are true, complete and correctly recorded. It is agreed that this supplement shall be a part of the application to Transamerica Life Insurance Company for insurance on the life of the Proposed Insured, and shall be the basis for any policy issued on this application. I understand that the statements and answers given in this Addendum are material to Transamerica Life Insurance Company's decision to issue any policy applied for, and that Transamerica Life Insurance Company would not issue the policy being applied for if the statements and answers given on the subject matters covered in this Addendum are not true, complete and correctly reported.

Signed at Any City, Any State this 15<sup>th</sup> day of April, 2008

John A. Doe  
Signature of Proposed Insured(s)

4-15-08  
Date

\_\_\_\_\_  
Proposed Owner(s) Signature  
(If different from Insured(s))

\_\_\_\_\_  
Date

Wilbur Doe  
Witness

4-15-08  
Date

*SERFF Tracking Number:* MWSG-125624923      *State:* Arkansas  
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## **Rate Information**

Rate data does NOT apply to filing.

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## Supporting Document Schedules

**Review Status:**  
**Satisfied -Name:** Certification/Notice 04/26/2008  
**Comments:**  
**Attachment:**  
AR Transamerica Life Certificate of Compliance.pdf

**Review Status:**  
**Satisfied -Name:** Application 04/26/2008  
**Comments:**  
Please refer to the cover letter for the application information requested.

**Review Status:**  
**Bypassed -Name:** Health - Actuarial Justification 04/26/2008  
**Bypass Reason:** Not applicable. The form being submitted is an addendum (supplement) to a previously approved application.  
**Comments:**

**Review Status:**  
**Bypassed -Name:** Outline of Coverage 04/26/2008  
**Bypass Reason:** Not applicable. The form being submitted is an addendum (supplement) to a previously approved application.  
**Comments:**

**Review Status:**  
**Satisfied -Name:** Authorization Letter for Transamerica Life 04/28/2008  
**Comments:**  
**Attachment:**  
Transamerica Life Authorization Letter.pdf

**Review Status:**

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**Satisfied -Name:** Flesch Score Certification for 04/28/2008  
Transamerica Life

**Comments:**

**Attachment:**

Transamerica Life Flesch Score Cert.pdf

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**Review Status:**

**Satisfied -Name:** 5-9-08 Cover Letter

05/09/2008

**Comments:**

**Attachment:**

AR Transamerica Life Cover Letter Dated 5-9-08.pdf

CERTIFICATION

I, Cheryl Bock, Assistant Vice President of Contract Development of Transamerica Life Insurance Company, do hereby certify that the Form identified below complies with:

- Arkansas Rule and Regulation 19, Unfair Sex Discrimination in the Sale of Insurance.
- Arkansas Rule and Regulation 49, Life and Health Insurance Guaranty Association Notices.
- Arkansas Rule and Regulation 34.
- Arkansas Code Annotated § 23-79-138 as provided for in Bulletin 11-88, Consumer Information Notice.

TRANSAMERICA LIFE INSURANCE COMPANY



Cheryl Bock  
Assistant Vice President of Contract Development

Date: 4/25/08

**Name of Form**

**Form Number**

Addendum to Application for Life Insurance Coverage

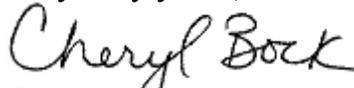
PFA11008T

April 24, 2008

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

## FLESCH READABILITY CERTIFICATION

**Form Number (may vary by state)**

**Flesch Score**

PFA11008

50.0

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

*Cheryl Bock*

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Cheryl Bock, Assistant Vice President of Contract Development

# MITCHELL | WILLIAMS

DOAK FOSTER  
DIRECT DIAL: 501-688-8841  
E-MAIL: DFOSTER@MWSGW.COM

425 WEST CAPITOL AVENUE, SUITE 1800  
LITTLE ROCK, ARKANSAS 72201-3525  
TELEPHONE 501-688-8800  
FAX 501-688-8807

May 9, 2008

The Honorable Julie Benafield Bowman  
Commissioner of Insurance  
Arkansas Insurance Department  
1200 West Third Street  
Little Rock, Arkansas 72201-1904

Attn: Mr. Dan Honey  
Life and Health Division

RE: **TRANSAMERICA LIFE INSURANCE COMPANY**  
(NAIC No. 86231; FEIN No. 39-0989781)  
**Addendum to Application for Life Insurance Coverage (Form PFA11008T)**  
SERFF Filing No. MWSG-125624923

Dear Commissioner Bowman:

On behalf of our client, Transamerica Life Insurance Company (the "Company"), we are enclosing the above referenced form for your review and approval. This form is new and does not replace any previously approved form. Also enclosed are the following:

1. The Company's letter authorizing Mitchell, Williams, Selig, Gates & Woodyard, P.L.L.C. to make this filing on the Company's behalf;
2. A Flesch score certification; and
3. An executed Certification of Compliance.

The filing fee of \$20 is being sent to you via EFT.

This form is being submitted in final printed form in which it will be distributed to the Insured. It is subject to only minor modifications in paper size and stock, ink, border, Company logo, Company address and phone number, adaptation to computer printing, and Officers' signatures. This form, which is identical except for the Company name, address, and form number, is concurrently being filed under the Company's sister companies of Transamerica Occidental Life Insurance Company and Western Reserve Life Assurance Co. of Ohio and is simultaneously being submitted to its domiciliary state of Iowa.

**Addendum to Application for Life Insurance Coverage (form PFA11008T)** is intended to be a supplement to universal life application form 6000 R801 previously approved by your Department on October 2, 2001 as well as those that are approved in the future. The

The Honorable Julie Benafield Bowman  
May 9, 2008  
Page 2

Addendum will be completed at the same time as the application form and must be submitted prior to a policy being issued. It is for use with universal life policy form UL04 0607 AR previously approved by your Department on June 28, 2007 as well as those that are approved in the future.

The Addendum will be used under the following conditions: (1) the actual age of the proposed insured(s) is 65 or older at the time the applied for policy is issued; (2) a policy with a face amount of \$ 1 million or greater is being applied for; and (3) the policy applied for will not be owned by a qualified retirement plan. The Addendum will be used to identify Stranger Originated Life Insurance (STOLI) situations. The questions posed on the Addendum are to identify impermissible STOLI transactions which the Company plans to decline to insure. If there are material misstatements of the facts on this issue, the Company will plan on contesting as permitted by law.

The approved base policy form(s) will be marketed through the Company's agent field force and is designed for clients who desire and will benefit from the purchase of a flexible premium adjustable life insurance policy.

To the best of the Company's knowledge, information and belief, the form submitted herewith is in compliance in all respects with the provisions of the insurance laws, rules and regulations of your state, and such form contains no provisions previously disapproved by your Department.

If you have any questions or need anything further to expedite the review and approval of this filing, please contact me at (501) 688-8841 or my paralegal, June Stracener at (501) 370-4225. Thank you for your assistance in this matter.

Sincerely,

MITCHELL, WILLIAMS, SELIG,  
GATES & WOODYARD, P.L.L.C.

By   
Doak Foster *by BM*

DF:ka  
Enclosures

cc: Mr. Fred Alvarado  
Mr. Stephanie Mara  
Mr. Kevin Lyons