

<i>SERFF Tracking Number:</i>	<i>MWSG-125657920</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Transamerica Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>39112</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.101 Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>Whole Life Policy and App</i>		
<i>Project Name/Number:</i>	<i>/1-109 11-108</i>		

Filing at a Glance

Company: Transamerica Life Insurance Company

Product Name: Whole Life Policy and App	SERFF Tr Num: MWSG-125657920	State: ArkansasLH
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TOI: L071 Individual Life - Whole

SERFF Status: Closed

State Tr Num: 39112

Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life

Co Tr Num:

State Status: Approved-Closed

Filing Type: Form

Co Status:

Reviewer(s): Linda Bird

Authors: June Stracener, Dorothy Seals

Disposition Date: 06/05/2008

Date Submitted: 05/27/2008

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: 1-109 11-108

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 06/05/2008

State Status Changed: 06/05/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

These forms are new and do not replace any forms previously approved by your Department. They have been submitted to Iowa, the domestic state, as part of a larger Interstate Compact filing, and are currently pending.

Whole Life Policy (Form 1-109 11-108) – This product is a non-participating whole life product, which has level

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premiums for the life of the Insured. This plan has a level death benefit. It will be marketed to the Company's general market and will be made available to all agents and brokers licensed through the Transamerica Insurance and Investment marketing group as a part of the Company's life insurance general portfolio.

Application (Form APA431008T) – The Company intends to use application APA431008T, which is also included for your Department's review and approval.

These products are fully guaranteed and are not subject to the NAIC Model Illustration Regulation and, therefore, will not be illustrated.

Company and Contact

Filing Contact Information

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

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

Filing Company Information

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

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: Arkansas charges \$ 50 per filing. Iowa, the domestic state, charges retaliatory fees only. Therefore, \$ 50 is being submitted via EFT.
 Per Company: No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Transamerica Life Insurance Company	\$50.00	05/27/2008	20513759

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	06/05/2008	06/05/2008

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Linda Bird	05/30/2008	05/30/2008	June Stracener	06/05/2008	06/05/2008

Amendments

Item	Schedule	Created By	Created On	Date Submitted
Cover Letter dated 5-27-08	Supporting Document	June Stracener	05/27/2008	05/27/2008

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Disposition

Disposition Date: 06/05/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice	Approved	Yes
Supporting Document	Application	Approved	Yes
Supporting Document	Life & Annuity - Actuarial Memo	Approved	No
Supporting Document	Authorization Letter for Transamerica Life	Approved	Yes
Supporting Document	Flesch Score Certification	Approved	Yes
Supporting Document	Cover Letter dated 5-27-08	Approved	Yes
Form (revised)	Whole Life Policy	Approved	Yes
Form	Whole Life Policy	Withdrawn	Yes
Form	Application	Approved	Yes

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 05/30/2008
Submitted Date 05/30/2008

Respond By Date

Dear Doak Foster,

This will acknowledge receipt of the captioned filing.

Objection 1

- Whole Life Policy (Form)

Comment: We did not find a provision in the policy that provides for the payment of interest on delayed claim payments as described in Ark. Code Ann. 23-81-118.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

Response Letter

Response Letter Status Submitted to State
Response Letter Date 06/05/2008
Submitted Date 06/05/2008

Dear Linda Bird,

Comments:

Response 1

Comments: Good morning, Linda! Attached is the revised policy which now incorporates the required language about payment of interest on delayed claim payments. Note that the form number has changed to 1-109 05-108 as a result.

Thanks again for your courtesy and assistance. I hope you have a great day!

June

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Related Objection 1

Applies To:

- Whole Life Policy (Form)

Comment:

We did not find a provision in the policy that provides for the payment of interest on delayed claim payments as described in Ark. Code Ann. 23-81-118.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Whole Life Policy	1-109 05-108		Policy/Contract/Fraternal Certificate	Initial		50	AR REVISED Policy 1-109 05-108.pdf
Previous Version							
Whole Life Policy	1-109 11-108		Policy/Contract/Fraternal Certificate	Initial		50	Policy 1-109 11-108.pdf

No Rate/Rule Schedule items changed.

Sincerely,
 Dorothy Seals, June Stracener

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Amendment Letter

Amendment Date:
Submitted Date: 05/27/2008

Comments:

Attached is a cover letter.

Changed Items:

Supporting Document Schedule Item Changes:

User Added -Name: Cover Letter dated 5-27-08

Comment:
AR 5-27-08 Cover Letter.pdf

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Form Schedule

Lead Form Number: 1-109 11-108

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved	1-109 05-108	Policy/Cont	Whole Life Policy ract/Fratern al Certificate	Initial		50	AR REVISED Policy 1-109 05-108.pdf
Approved	APA431008T	Application/	Application Enrollment Form	Initial		51	Application APA431008T. pdf



Transamerica Life Insurance Company
 Home Office: Cedar Rapids, IA 52499
 Administrative Office: 4333 Edgewood Rd N.E.
 Cedar Rapids, IA 52499
 Marketing Office: Los Angeles, CA 90051

POLICY FORM GWL
 Individual Life Insurance

INSURED

POLICY NUMBER

FACE
 AMOUNT

DATE OF ISSUE

If the Insured dies while this policy is in force, Transamerica Life Insurance Company will pay the face amount to the Beneficiary, subject to the provisions of this policy.

Signed for the Company at Cedar Rapids, Iowa, on the date of issue.



Secretary



President

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

Guaranteed Whole Life Insurance
Premiums Payable During Life of Insured
Face Amount Payable at Death of Insured

Nonparticipating

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

READ YOUR POLICY CAREFULLY

GUIDE TO POLICY PROVISIONS

	Page
Application Copy	after 10
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Change of Beneficiary	4
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Riders	after 10
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POLICY DATA

LOAN INTEREST RATE	7.40% IN ADVANCE	MAR 26, 2008	POLICY DATE
REINSTATEMENT INTEREST RATE	6.00%	35	AGE OF INSURED
		MALE	GENDER OF INSURED
INSURED	JOHN DOE	SPECIMEN	POLICY NUMBER
FACE AMOUNT	\$50,000	MAR 26, 2008	DATE OF ISSUE
OWNER	THE INSURED	STANDARD	CLASS OF RISK

THE CHARGE FOR ANY ADDITIONAL BENEFITS WHICH ARE PROVIDED BY RIDER IS SHOWN BELOW. ONLY A BRIEF DESCRIPTION IS GIVEN. THE COMPLETE PROVISIONS ARE INCLUDED IN THE RIDER.

RIDER NUMBER	SCHEDULE OF ADDITIONAL BENEFITS	ANNUAL PREMIUM
-----	-----	-----
	NONE	

TOTAL PREMIUMS:

ANNUAL	SEMI-ANNUAL	QUARTERLY	MONTHLY
\$820.00	\$426.40	\$217.30	\$75.44

POLICY DATA (CONTINUED)

TABLE OF GUARANTEED VALUES-

DATE	CASH VALUE	PAID-UP INSURANCE	EXTENDED TERM INSURANCE	
			YEARS	DAYS
MAR 26 2011	350	1,550	4	276
MAR 26 2012	900	3,800	9	306
MAR 26 2013	1,400	5,700	13	88
MAR 26 2014	1,950	7,700	15	314
MAR 26 2015	2,550	9,700	17	339
MAR 26 2016	3,150	11,600	19	165
MAR 26 2017	3,750	13,350	20	187
MAR 26 2018	4,350	14,950	21	97
MAR 26 2019	5,000	16,650	21	349
MAR 26 2020	5,650	18,200	22	172
MAR 26 2021	6,300	19,650	22	308
MAR 26 2022	6,950	20,950	23	27
MAR 26 2023	7,700	22,500	23	131
MAR 26 2024	8,400	23,750	23	152
MAR 26 2025	9,150	25,050	23	170
MAR 26 2026	9,900	26,250	23	156
MAR 26 2027	10,700	27,500	23	143
MAR 26 2028	11,500	28,650	23	103

POLICY
ANNIVERSARY
NEAREST AGE

60	\$15,650	\$33,600	22	21
65	\$20,050	\$37,550	20	66

TABLES AND INTEREST RATES USED IN COMPUTATIONS

COMPUTATION	MORTALITY TABLE USED	INTEREST RATE FOR POLICY YEARS	
		1 THRU 15	AFTER 15:
REDUCED PAID-UP	2001 CSO	4.00%	4.00%
EXTENDED TERM	2001 CSO	4.00%	4.00%

DEFINITIONS

In this policy:

We, us and our means Transamerica Life Insurance Company.

You and your means the Owner of this policy.

Age means the Insured's age on the nearest birthday.

Beneficiary is a person who receives the proceeds in the event of the Insured's death.

Cash Value means the Cash Value shown in the Table of Guaranteed Values.

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

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

Lapse means termination of the policy at the end of the Grace Period due to non-payment of premiums or loan interest, when there is no remaining Net Cash Value. Remaining Net Cash Value at the end of the Grace Period will be subject to the Nonforfeiture Provision.

Loan Value means the maximum amount which may be borrowed under the Loans provision.

Net Cash Value is the Cash Value of this policy less any outstanding loan balance.

Rider is an attachment to the policy which provides additional benefits.

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

Notice is a communication we will mail by regular first class mail in the United States Postal Service to your last known address and the last known address of any assignee of record.

Policy Date is a date used to determine the premium due dates, policy anniversaries and policy years and is shown in the Policy Data.

BRIEF DESCRIPTION

While this policy is in force, we will pay the death benefit to the Beneficiary in the event of the Insured's death, subject to the terms of this policy. The death benefit is the face amount shown in the Policy Data. You must pay premiums as long as the Insured is living.

You may receive the Net Cash Value at the surrender of the policy, borrow it as a policy loan, or use it to purchase paid-up insurance.

We provide additional benefits, if any, by Rider.

This is a brief description. We provide complete details in the provisions of this policy.

OWNERSHIP

Owner of the Policy -- Only you, the Owner, may use the rights granted in this policy while the Insured is living. If you are an individual and you die before the Insured, your rights will pass to the executor or administrator of your estate unless other provisions are made in this policy. If the Owner is a partnership, the rights belong to the partnership as it exists when a right is used.

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

BENEFICIARY PROVISIONS

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

If a Beneficiary Dies -- If a Beneficiary dies before the Insured, that Beneficiary's interest in the death benefit ends on the date of the Beneficiary's death. If any Beneficiary dies at the same time as the Insured, or up to 30 days after the Insured dies, that Beneficiary's interest in the death benefit will end on the date of the Beneficiary's death if no benefits have been paid to that Beneficiary. If the interests of all named Beneficiaries have ended when the Insured dies, we will pay the death benefit to you. If you are not living at that time, we will pay the death benefit to the executor or administrator of your estate.

How to Change a Beneficiary -- You may change the Beneficiary by filing a Written Request. A change of Beneficiary will not take effect until we record it at our Home Office. Even if the Insured is not living when we record the change, the change will take effect as of the date it was signed. Any benefits we pay before a Beneficiary change will not be affected by that change.

You may not change an irrevocable Beneficiary without the written consent of that Beneficiary.

Protection of the Death Benefit -- To the extent permitted by law, we will not subject the death benefit to either the claims of a Beneficiary's creditors or to any legal action against a Beneficiary.

PAYMENT OF THE DEATH BENEFIT

Proof of Death -- We will pay the death benefit of this policy when we receive due proof of the Insured's death. The proof must be sent to us at our Home Office. We will send the proper forms to a Beneficiary upon request. Any of our agents will help a Beneficiary fill out the forms without charge. We will send all payments from our Home Office.

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

Death Benefit -- The death benefit of this policy is the face amount shown in the Policy Data,

minus: 1) any outstanding loan balance, and

- 2) any premium needed, under the terms of the Grace Period provision, to provide insurance through the date of death;

- plus: 3) any amount payable under the terms of any Rider attached to this policy, and
- 4) a refund of any portion of a premium paid for a period beyond the date of death.

We will not refund any premiums waived on this policy under a disability Rider as part of the death benefit.

We will adjust the death benefit, as needed, to comply with any of these events:

Misstatement of Age or Sex in the Application -

- 1) If there is a Misstatement of Age or Sex of the Insured in the Policy, we will pay the amount of insurance that the premiums paid would have purchased had the Insured's age or sex been correctly stated.
- 2) In this Policy, exclusive of any Riders, no differentiation will be made for rates and benefits. The male rates in the Table of Maximum Single Premiums for Paid-Up Insurance will apply to both males and females.
- 3) In the Settlement Provisions the female rates will apply to both males and females.

Suicide Exclusion -- If the Insured dies by suicide, while sane or insane, within two years of this policy's date of issue, we will pay a death benefit equal to the amount of premiums paid.

PREMIUM PAYMENT AND REINSTATEMENT PROVISION

Premiums -- To keep this policy in force you must pay each premium in advance at our Home Office, or to our authorized agent or cashier. We will issue a receipt upon request.

Premiums are due from the policy date, for the life of the Insured. Any premium may be paid while the Insured is living. If you do not pay a premium by the end of the Grace Period, and there is no Net Cash Value, this policy will Lapse. If this policy has any Net Cash Value at the end of the Grace Period, the Nonforfeiture Provision will apply.

When premiums due under the provision of a Rider are no longer required, we will reduce the premium by that amount. You may change the mode of premium payment, on the policy anniversary, to any mode shown in the Policy Data.

Grace Period -- Once the first premium is paid, we will accept premium payment up to 31 days after the due date. We will not charge interest on the premium due during the Grace Period. If the insured dies during the Grace Period and the premium is unpaid, we will deduct the amount needed to provide insurance through the date of death from the death benefit.

Policy Date -- We will use the Policy Date to set the premium due dates, policy anniversaries and policy years.

Reinstatement -- If this policy Lapses or is continued under the Nonforfeiture Provision, you may reinstate it under these conditions:

- 1) You must request reinstatement by submitting a Written Request within five years after the date of Lapse or continuance under the Nonforfeiture Provision.
- 2) The insured must continue to be insurable by our standards.

- 3) You must pay all overdue premiums, with interest compounded annually, at the reinstatement interest rate shown in the policy data.
- 4) You must pay the premiums due plus interest at the time of reinstatement.
- 5) You must pay any outstanding loan balance which existed at the time of Lapse or continuance under the Nonforfeiture Provision, or reinstate it with interest compounded annually at the loan interest rate of 8% (7.40% in advance).

GUARANTEED VALUES

You may receive the Net Cash Value upon surrender of the policy, borrow it as a policy loan, or use it to purchase paid-up insurance.

Cash Surrender -- You may surrender this policy for its Net Cash Value.

Loans -- We will make a loan on this policy after it has Cash Value, if it is not in force as extended term insurance. A policy loan is subject to these terms:

1. The maximum amount you may borrow is the Cash Value on the next policy anniversary, minus:
 - a. any existing loan,
 - b. interest from the date of the loan to the next policy anniversary, and
 - c. premiums due through the next policy anniversary.
2. You must pay interest on the total loan balance each year, in advance, on the policy anniversary. The loan interest rate is 8% (7.4% in advance). If you do not pay the interest when it is due, we will pay the interest by loan. We will charge the same interest rate on this loan as on previous policy loans.
3. You must assign the policy to us as security for the outstanding loan. The loan is secured by a portion of the Cash Value equal to the outstanding loan. If the Insured dies, we will deduct the outstanding loan from the death benefit before we pay the Beneficiary.

Loan Repayment -- You may make payments on the outstanding loan balance at any time while the Insured is living and before you make use of a Nonforfeiture Provision option.

If you do not repay the loan, the policy will not enter the Grace Period unless the loan balance, including loan interest due, exceeds the Cash Value of the policy. If this occurs, we will mail you and any assignee of record notice at your and any assignee's last known addresses. If you do not reduce the loan balance, within 31 days of our notice, to an amount that is equal to or less than the Cash Value, the policy will Lapse or, if there is remaining Net Cash Value, continue under the Nonforfeiture Provision.

Automatic Premium Loans -- You may choose this provision while the policy is in force by a signed request received at our Home Office. Once the provision is in effect, we will pay any premium which is unpaid at the end of the Grace Period by an automatic loan, subject to these conditions:

1. We will determine the value available for loan according to the Loan Provision.
2. If there is enough value, we will pay the billed premium. If not, we will pay the next smaller premium, but never less than a quarterly premium.
3. We may pay an annual premium, if the premium due on an anniversary follows two consecutive premiums paid by automatic loan, and if there is enough Loan Value.

4. If there is not enough Loan Value to pay a premium, as described above, the policy will Lapse or, if there is remaining Net Cash Value, the Nonforfeiture Provision will apply.

You may cancel the Automatic Premium Loan provision by providing a signed request to our Home Office.

Nonforfeiture Provision -- If you do not pay a premium or loan interest due by the end of the Grace Period, and there is no Net Cash Value remaining, the policy will Lapse. If there is remaining Net Cash Value at the end of the Grace Period, you may choose one of the following options by a Written Request, subject to the conditions below. If you do not select an option, we will give you the option for your class of risk shown in the Policy Page as explained in Options 2 and 3 below.

Option 1. Cash Surrender -- You will receive the Net Cash Value on the last premium due date. You may choose this option within 3 months of the last premium due date, in lieu of Option 2 or Option 3.

Option 2. Extended Term Insurance -- You may choose this option or, if you do not choose an option, we will issue it only if your class of risk shown in the policy data is "Standard". At the end of the Grace Period, we will continue this policy as a non-participating extended term policy with a face amount equal to the face amount of this policy minus any outstanding loan balance. The term of extended insurance will begin on the due date of the unpaid premium. We will determine the length of the term of extended insurance by using the Net Cash Value of the policy as a Net single premium for the extended term policy.

Option 3. Reduced Paid-Up Insurance -- You may choose this option with any class of risk. If you do not choose an option, we will issue this option for any class of risk other than "Standard". Under this option, we will continue this policy from the premium date with a reduced face amount and you will pay no further premiums. We will determine the reduced face amount by using the Net Cash Value as a net single premium.

Both Option 2 and Option 3 are subject to these conditions:

- 1) You may select Option 2 or Option 3 by Written Request received at our Home Office within 3 months of the date your unpaid premium was due.
- 2) If you choose Option 2 or Option 3, we will not continue any additional benefits given by any Rider attached to this policy.
- 3) You may surrender insurance provided under Options 2 and 3 for its Net Cash Value, by Written Request. The Net Cash Value is the Cash Value minus any outstanding loan balance. If your request is received within 31 days after the policy anniversary, we will not base the Net Cash Value on a Cash Value less than the Cash Value on the last policy anniversary.

Payment of the Cash Value -- We may delay the payment of cash values under the Loan, Cash Surrender or Nonforfeiture Provisions for no longer than six months after we receive your request for such payment. We will not apply this provision to loans made to pay premiums.

Table of Guaranteed Values -- We show the guaranteed values of this policy in the Table of Guaranteed Values. This Table is in the policy data, and the values shown assume no outstanding loan balance. We will determine the Cash Value between any two dates by interpolation, accounting for any premiums paid during that year. We will provide values for policy anniversaries not shown in this Table, if you request them, at a reasonable charge.

Basis of Computation -- We have provided cash values and nonforfeiture benefits in this policy which are not lower than the minimum values and benefits required by the law of the State in which you received this policy. The value and benefit tables in your policy exclude the policy fee, assume an annual premium, and assume that the Insured's death occurs at the end of the policy year.

We have based our calculations of the minimum cash values and the nonforfeiture values in this policy on the 2001 Commissioners Standard Ordinary Mortality Table for Male or Female, as appropriate, on an age nearest birthday basis, and at an interest rate of 4%.

As required, we have filed the method we used to calculate minimum cash values and nonforfeiture benefits with the Supervisory Official of the State in which you received the policy.

We have provided Cash Value and nonforfeiture factor tables in the policy data.

The cost of any paid-up insurance is the Net single premium then required for such insurance.

GENERAL PROVISIONS

The Policy and the Application are the Entire Contract -- We have issued this policy in consideration of your application and premium payment. A copy of your application is attached and is part of this policy. The policy and the application are the entire contract. We will consider all statements made by or for the Insured as representations and not warranties. We will not use any statement to deny a claim unless the statement is in the application and the application is attached to this policy when we issue it.

Incontestability of the Policy -- We will not contest this policy, except for fraud or non-payment of premiums, once it has been in force for two years from its date of issue. The Insured must be alive for the entire two year period. We may contest benefits due under the terms of disability and accidental death Riders at any time.

No Dividends Are Paid -- This policy does not participate in our profits or surplus.

Loans -- We will deduct any outstanding loan balance from any settlement under this policy.

Who Can Make Changes in This Policy -- Only our President or a Vice-President together with our Corporate Secretary can make changes in this policy. Any change we make must be in writing.

SETTLEMENT PROVISIONS

When the Insured dies, we will pay the death benefit in a lump sum unless you have chosen one of the following settlement options. You may choose a settlement option while the Insured is living. If you did not choose an option before the Insured's death, the Beneficiary may choose a settlement option after the Insured has died.

You may also choose to receive any surrender or maturity proceeds through one of these settlement options.

When we receive a Written Request, we will pay the benefit according to one of these options:

Option 1: Payments for Life with a Guaranteed Period -- We will make equal monthly payments as long as the payee is living, or for the guaranteed period, whichever is longer. You may choose a guaranteed period of either 10 years or 20 years. Each payment will be part benefit and part interest. Please see Table A on Page 10 for details.

Option 2: Benefit Deposited with Interest -- We will hold the benefit on deposit. The benefit will earn interest at the annual interest rate we are paying on the date of death, surrender or maturity. We will not pay an annual interest rate that is less than 1.5%. We will pay the earned interest annually, semi-annually, quarterly, or monthly, as requested. The payee may withdraw part or all of the benefit and earned interest at any time. If the payee dies, we will pay the balance of any benefit not withdrawn.

Option 3: Payments of an Equal Amount -- You may choose the payment amount and frequency. We will pay this amount until the benefit and accumulated interest is fully paid.

Option 4: Annuity -- You may use the benefit as a single premium to buy an annuity. The annuity may have one or two payees. It will be payable for life, and you may also choose a guaranteed period. If there are two payees, we will continue payments while either is still living. Your annuity payment will not be less than what our annuity contracts issued at that time are paying.

We may agree to other methods of settlement requested in writing by the owner or payee.

We will pay the benefit in a lump sum, if the benefit applied to any settlement option is less than \$1,000 or provides a payment of less than \$10 to each payee. Any payee must be a person who receives the payment in his or her own right.

We will make the first payment under any option as of the date of death, maturity or surrender. We will pay interest on any unpaid balance from Options 1 or 3 at our current rate at the time of settlement. We will not pay less than 1.5% annual interest. Any unpaid balance will be combined with our general assets.

If the payee does not live to receive all guaranteed payments under Options 1, 3, 4 or any proceeds on deposit under Option 2, plus any accrued interest, we will pay the remainder in a lump sum unless other provisions are made. The lump sum will be the present value of any future guaranteed payments, commuted at a rate equal to the guaranteed interest rate.

TABLE A
Monthly Installment for Each \$1,000 Payable under Option 1
Based Upon Payee's Actual Age

Male Payee														
Guaranteed Period														
Age	10 Yrs.	20 Yrs.												
0	1.67	1.67	21	1.95	1.95	41	2.51	2.49	61	3.85	3.61	81	7.06	4.74
1	1.68	1.68	22	1.97	1.97	42	2.55	2.53	62	3.96	3.69	82	7.24	4.75
2	1.69	1.69	23	1.99	1.99	43	2.59	2.57	63	4.07	3.76	83	7.41	4.77
3	1.70	1.70	24	2.01	2.01	44	2.64	2.61	64	4.20	3.84	84	7.58	4.78
4	1.71	1.71	25	2.03	2.03	45	2.68	2.65	65	4.32	3.91	85	7.74	4.79
5	1.73	1.72	26	2.05	2.05	46	2.73	2.70	66	4.46	3.99	86	7.89	4.80
6	1.74	1.73	27	2.07	2.07	47	2.79	2.75	67	4.60	4.06	87	8.03	4.80
7	1.75	1.75	28	2.10	2.09	48	2.84	2.80	68	4.75	4.13	88	8.16	4.81
8	1.76	1.76	29	2.12	2.12	49	2.90	2.85	69	4.90	4.20	89	8.28	4.81
9	1.77	1.77	30	2.15	2.14	50	2.96	2.90	70	5.06	4.27	90	8.38	4.81
10	1.78	1.78	31	2.17	2.17	51	3.02	2.96	71	5.22	4.33	91	8.48	4.81
11	1.80	1.80	32	2.20	2.19	52	3.08	3.01	72	5.39	4.39	92	8.57	4.81
12	1.81	1.81	33	2.23	2.22	53	3.15	3.07	73	5.56	4.45	93	8.65	4.81
13	1.82	1.82	34	2.26	2.25	54	3.22	3.13	74	5.74	4.50	94	8.72	4.81
14	1.84	1.84	35	2.29	2.28	55	3.30	3.20	75	5.93	4.55	95	8.78	4.81
15	1.85	1.85	36	2.32	2.31	56	3.38	3.26	76	6.11	4.59	96	8.83	4.81
16	1.87	1.87	37	2.35	2.34	57	3.46	3.33	77	6.30	4.63	97	8.87	4.81
17	1.88	1.88	38	2.39	2.38	58	3.55	3.40	78	6.49	4.66	98	8.90	4.81
18	1.90	1.90	39	2.43	2.41	59	3.65	3.47	79	6.68	4.69	99	8.92	4.81
19	1.92	1.91	40	2.47	2.45	60	3.75	3.54	80	6.87	4.71	100	8.94	4.81
20	1.93	1.93												

Female Payee														
Guaranteed Period			Guaranteed Period			Guaranteed Period			Guaranteed Period			Guaranteed Period		
Age	10 Yrs.	20 Yrs.	Age	10 Yrs.	20 Yrs.	Age	10 Yrs.	20 Yrs.	Age	10 Yrs.	20 Yrs.	Age	10 Yrs.	20 Yrs.
0	1.68	1.68	21	1.94	1.94	41	2.45	2.44	61	3.66	3.51	81	6.93	4.74
1	1.69	1.69	22	1.96	1.96	42	2.49	2.48	62	3.76	3.59	82	7.13	4.75
2	1.70	1.69	23	1.98	1.98	43	2.53	2.51	63	3.87	3.67	83	7.33	4.77
3	1.71	1.71	24	2.00	2.00	44	2.57	2.55	64	3.98	3.74	84	7.52	4.78
4	1.72	1.72	25	2.02	2.02	45	2.61	2.59	65	4.09	3.82	85	7.69	4.79
5	1.73	1.73	26	2.04	2.04	46	2.66	2.64	66	4.22	3.90	86	7.86	4.80
6	1.74	1.74	27	2.06	2.06	47	2.70	2.68	67	4.35	3.98	87	8.01	4.80
7	1.75	1.75	28	2.08	2.08	48	2.75	2.73	68	4.49	4.06	88	8.15	4.81
8	1.76	1.76	29	2.10	2.10	49	2.80	2.77	69	4.64	4.14	89	8.27	4.81
9	1.77	1.77	30	2.13	2.12	50	2.86	2.82	70	4.79	4.21	90	8.38	4.81
10	1.78	1.78	31	2.15	2.15	51	2.91	2.88	71	4.95	4.28	91	8.48	4.81
11	1.80	1.80	32	2.18	2.17	52	2.97	2.93	72	5.12	4.35	92	8.57	4.81
12	1.81	1.81	33	2.20	2.20	53	3.03	2.99	73	5.30	4.42	93	8.64	4.81
13	1.82	1.82	34	2.23	2.22	54	3.10	3.04	74	5.49	4.47	94	8.71	4.81
14	1.84	1.84	35	2.26	2.25	55	3.17	3.10	75	5.68	4.53	95	8.77	4.81
15	1.85	1.85	36	2.29	2.28	56	3.24	3.17	76	5.88	4.57	96	8.82	4.81
16	1.86	1.86	37	2.32	2.31	57	3.32	3.23	77	6.09	4.62	97	8.86	4.81
17	1.88	1.88	38	2.35	2.34	58	3.40	3.30	78	6.30	4.65	98	8.90	4.81
18	1.90	1.89	39	2.38	2.37	59	3.48	3.37	79	6.51	4.69	99	8.92	4.81
19	1.91	1.91	40	2.42	2.41	60	3.57	3.44	80	6.72	4.71	100	8.94	4.81
20	1.93	1.93												

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

Policy Form **GWL**
Individual Life Insurance

Guaranteed Whole Life Insurance
Premiums Payable During Life of Insured
Face Amount Payable at Death of Insured

Nonparticipating

Proposed Insured

1. Name (First, Middle, Last)		Social Security Number	
2. Address (Street/City/State/Zip Code/Country/Cannot be a P.O. Box)		Telephone Number Home	
		Business	
3. U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No If no, complete Residency & Travel Questionnaire			
4. Date of Birth	Place of Birth	Height	Weight
5. Occupation (Title & Duties)			Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
6. Annual Income \$			

Owner (complete if owner is other than the Proposed Insured)

7. Name (First, Middle, Last)	Address (Street/City/State/Zip Code/Country/Cannot be a P.O. Box)	Soc. Sec. or Tax No.
Relationship to Proposed Insured		Date of Birth
8. U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No If no, VISA Type/Immigration Status:		E-mail: (Not for Policy/Billing Notices)

Beneficiary (Give full name, address and relationship to Proposed Insured. For trust designation, provide complete date of trust.)

9. Name (First, Middle and Last)	Address (Street/City/State/Zip Code/Country/Cannot be a P.O. Box)	Relationship
----------------------------------	---	--------------

Proposed Insurance Coverage

10a. Amount of Coverage Applied For: \$ _____ (\$50,000 maximum)
10b. Plan Applied For: _____ Kind Code: _____
10c. Nicotine Classification: Nicotine <input type="checkbox"/> Non-Nicotine <input type="checkbox"/>
11. Premium Payment Mode: <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly <input type="checkbox"/> Other _____ <input type="checkbox"/> PAC <input type="checkbox"/> Direct Bill
12. Do you have any existing life insurance or annuities? <input type="checkbox"/> Yes <input type="checkbox"/> No
13. Total insurance in force with all companies: Life Insurance \$ _____ Accidental Death \$ _____
14. Do you intend to discontinue, replace or change insurance with any company if the life insurance applied for is issued? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give company name(s) and policy no(s): _____
15. Mail Additional Premium Notices To: _____ Address (Street/City/State/Zip Code/Country)

Personal History of Proposed Insured (Please answer all questions completely.)

16. Have you ever had, been told by a member of the medical profession that you have, or been diagnosed with or treated for:			Details for any yes answers:	
	a. High Blood Pressure?	Yes <input type="checkbox"/>		No <input type="checkbox"/>
	b. Chest Pain, Heart Attack or Heart Problems?.....	<input type="checkbox"/>		<input type="checkbox"/>
	c. Cancer or Tumor?	<input type="checkbox"/>		<input type="checkbox"/>
	d. Diabetes, Kidney or Urinary Problems?	<input type="checkbox"/>		<input type="checkbox"/>
	e. Ulcer or Digestive Problems?	<input type="checkbox"/>		<input type="checkbox"/>
	f. Lung Problems?	<input type="checkbox"/>		<input type="checkbox"/>
	g. Brain Disease or Nervous or Mental Disorder?.....	<input type="checkbox"/>		<input type="checkbox"/>
	h. Had any injury or illness, received medical treatment or advice for any injury or illness not indicated above, or been hospitalized or had surgery within the past five years?.....	<input type="checkbox"/>		<input type="checkbox"/>
	i. Have you ever been treated or counseled or been advised to seek treatment or counseling for the use of alcohol, drugs or other substance or joined an organization for alcohol or drug dependence or abuse?	<input type="checkbox"/>		<input type="checkbox"/>
	j. Any immune deficiency disorder, Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), Human Immunodeficiency Virus (HIV), or tested positive on an AIDS/HIV-related test?	<input type="checkbox"/>		<input type="checkbox"/>

FRAUD WARNING

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

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

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

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

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

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

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

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

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

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

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

OKLAHOMA: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

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

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

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

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

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

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

AUTHORIZATION TO OBTAIN INFORMATION

Transamerica Life Insurance Company (the Company)

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

I understand the information obtained by use of the Authorization will be used by the Company to determine eligibility for insurance and eligibility for benefits under an existing contract. Any information obtained will not be released by the Company to any person or organization **except** to reinsuring companies, the MIB Group, Inc. and its members or affiliates, or other persons or organizations performing business or legal services in connection with my application, claim or as may be otherwise lawfully required or as I may authorize.

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

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

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

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

Signed at _____ on _____, _____
City-State Date

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

Signed at _____ on _____, _____
City-State Date

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

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

_____ X _____
Signature of Licensed Producer

(NOT PART OF THE APPLICATION)

For Producer's Use Only

Plan Applied For: _____

Kind Code: _____

OFFICE ID#: _____

Producer ID# _____ Producer Profile: _____

Yes No To the best of your knowledge, does the applicant have any existing life insurance or annuities?

X _____ ID#
Signature of Licensed Producer

Yes No To the best of your knowledge could replacement be involved?

X _____ ID#
Signature of Licensed Producer



NOTICE OF DISCLOSURE OF INFORMATION

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

Upon receipt of a request from you, MIB will arrange disclosure of any information it may have in your file. If you question the accuracy of information in MIB's file, you may seek correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. The address of MIB's information office is Post Office Box 105, Essex Station, Boston, MA 02112, telephone (866) 692-6901 (TTY (866) 346-3642 for hearing impaired).

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

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

CONDITIONAL RECEIPT
PLEASE READ THIS CAREFULLY

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

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

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

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

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

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

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

DOLLAR LIMITS OF CONDITIONAL COVERAGE: The aggregate amount of conditional coverage provided under this Receipt, if any, and any other Conditional Receipt issued by the Company on the person to be covered shall be limited to the lesser of the amount(s) applied for or \$50,000 of life insurance. There is no conditional coverage for riders or any additional benefits, if any, for which you have applied.

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

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

ACKNOWLEDGMENT OF TERMS, CONDITIONS, AND LIMITATIONS OF CONDITIONAL RECEIPT

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

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

X _____
Signature of Proposed Owner

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

_____ Date

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

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



**CONDITIONAL RECEIPT
PLEASE READ THIS CAREFULLY**

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

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

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

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

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

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

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

DOLLAR LIMITS OF CONDITIONAL COVERAGE: The aggregate amount of conditional coverage provided under this Receipt, if any, and any other Conditional Receipt issued by the Company on the person to be covered shall be limited to the lesser of the amount(s) applied for or \$50,000 of life insurance. There is no conditional coverage for riders or any additional benefits, if any, for which you have applied.

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

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

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

ACKNOWLEDGMENT OF TERMS, CONDITIONS, AND LIMITATIONS OF CONDITIONAL RECEIPT

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

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

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

SERFF Tracking Number: MWSG-125657920 *State:* Arkansas
Filing Company: Transamerica Life Insurance Company *State Tracking Number:* 39112
Company Tracking Number:
TOI: L071 Individual Life - Whole *Sub-TOI:* L071.101 Fixed/Indeterminate Premium - Single
Life
Product Name: Whole Life Policy and App
Project Name/Number: /1-109 11-108

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: MWSG-125657920 State: Arkansas
Filing Company: Transamerica Life Insurance Company State Tracking Number: 39112
Company Tracking Number:
TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
Product Name: Whole Life Policy and App
Project Name/Number: /1-109 11-108

Supporting Document Schedules

Satisfied -Name: Certification/Notice **Review Status:** Approved 06/05/2008
Comments:
Attachment:
AR Certificate of Compliance.pdf

Satisfied -Name: Application **Review Status:** Approved 06/05/2008
Comments:
The application is attached with the Policy under the Form Schedule tab.

Satisfied -Name: Authorization Letter for Transamerica Life **Review Status:** Approved 06/05/2008
Comments:
Attachment:
Transamerica Life Authorization Letter.pdf

Satisfied -Name: Flesch Score Certification **Review Status:** Approved 06/05/2008
Comments:
Attachment:
Flesch Score.pdf

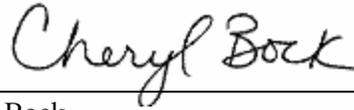
Satisfied -Name: Cover Letter dated 5-27-08 **Review Status:** Approved 06/05/2008
Comments:
Attachment:
AR 5-27-08 Cover Letter.pdf

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 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: 5/21/08

Name of Form

Whole Life Policy
Application

Form Number

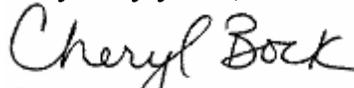
1-109 11-108
APA431008T

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

**TRANSAMERICA LIFE INSURANCE COMPANY
FLESCH READABILITY CERTIFICATION**

Form Number (may vary by state)

Flesch Score

1-109 11-108
APA431008T

50.0
51.3

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

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 27, 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
Director, Life and Health

RE: **TRANSAMERICA LIFE INSURANCE COMPANY**
(NAIC No. 86231; FEIN No. 39-0989781)
Whole Life Policy (Form 1-109 11-108)
Application (Form APA431008T)

- **SERFF Filing No. MWSG-125657920**

Dear Commissioner Bowman:

On behalf of our client, Transamerica Life Insurance Company (the "Company"), we are enclosing the above referenced forms for your review and approval.

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. An Actuarial Memorandum;
3. A Flesch Score Certification; and
4. An executed Certification of Compliance.

The filing fee of \$50 is being sent to you via EFT.

These forms are new and do not replace any forms previously approved by your Department. They have been submitted to Iowa, the domestic state, as part of a larger Interstate Compact filing, and are currently pending.

These forms are being submitted in the final printed form in which they will be distributed to the Insureds. They are 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.

The Honorable Julie Benafield Bowman
May 27, 2008
Page 2

Whole Life Policy (Form 1-109 11-108) – This product is a non-participating whole life product, which has level premiums for the life of the Insured. This plan has a level death benefit. It will be marketed to the Company's general market and will be made available to all agents and brokers licensed through the Transamerica Insurance and Investment marketing group as a part of the Company's life insurance general portfolio.

Application (Form APA431008T) – The Company intends to use application APA431008T, which is also included for your Department's review and approval.

These products are fully guaranteed and are not subject to the NAIC Model Illustration Regulation and, therefore, will not be illustrated.

To the best of the Company's knowledge, information and belief, the forms submitted herewith are in compliance in all respects with the provisions of the insurance laws, rules and regulations of your state, and such forms contain 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

DF:ka

Enclosures

cc: Mr. Fred Alvarado
Ms. Shantelle Smrha

SERFF Tracking Number: MWSG-125657920 State: Arkansas
 Filing Company: Transamerica Life Insurance Company State Tracking Number: 39112
 Company Tracking Number:
 TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
 Product Name: Whole Life Policy and App
 Project Name/Number: /1-109 11-108

Superseded Attachments

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

Original Date:	Schedule	Document Name	Replaced Date	Attach Document
No original date	Form	Whole Life Policy	05/27/2008	Policy 1-109 11-108.pdf



Transamerica Life Insurance Company
 Home Office: Cedar Rapids, IA 52499
 Administrative Office: 4333 Edgewood Rd N.E.
 Cedar Rapids, IA 52499
 Marketing Office: Los Angeles, CA 90051

POLICY FORM GWL
 Individual Life Insurance

INSURED

POLICY NUMBER

FACE
 AMOUNT

DATE OF ISSUE

If the Insured dies while this policy is in force, Transamerica Life Insurance Company will pay the face amount to the Beneficiary, subject to the provisions of this policy.

Signed for the Company at Cedar Rapids, Iowa, on the date of issue.



Secretary



President

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

**Guaranteed Whole Life Insurance
 Premiums Payable During Life of Insured
 Face Amount Payable at Death of Insured**

Nonparticipating

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

READ YOUR POLICY CAREFULLY

GUIDE TO POLICY PROVISIONS

	Page
Application Copy	after 10
Beneficiary's Rights	4
Cash Value	6
Change of Beneficiary	4
Definitions.....	3
Grace Period	5
Guaranteed Values.....	6
Misstatement of Age or Sex	5
Nonforfeiture Provision	6,7
Owner's Rights	3
Payment of Death Benefit	4
Protection of Death Benefit	4
Policy Data	2,2A
Premiums.....	5
Reinstatement.....	5
Riders	after 10
Surrender Option.....	6,7
Table of Settlement Annuities	10

POLICY DATA

LOAN INTEREST RATE	7.40% IN ADVANCE	MAR 26, 2008	POLICY DATE
REINSTATEMENT INTEREST RATE	6.00%	35	AGE OF INSURED
		MALE	GENDER OF INSURED
INSURED	JOHN DOE	SPECIMEN	POLICY NUMBER
FACE AMOUNT	\$50,000	MAR 26, 2008	DATE OF ISSUE
OWNER	THE INSURED	STANDARD	CLASS OF RISK

THE CHARGE FOR ANY ADDITIONAL BENEFITS WHICH ARE PROVIDED BY RIDER IS SHOWN BELOW. ONLY A BRIEF DESCRIPTION IS GIVEN. THE COMPLETE PROVISIONS ARE INCLUDED IN THE RIDER.

RIDER NUMBER	SCHEDULE OF ADDITIONAL BENEFITS	ANNUAL PREMIUM
-----	-----	-----
	NONE	

TOTAL PREMIUMS:

ANNUAL	SEMI-ANNUAL	QUARTERLY	MONTHLY
\$820.00	\$426.40	\$217.30	\$75.44

POLICY DATA (CONTINUED)

TABLE OF GUARANTEED VALUES-

DATE	CASH VALUE	PAID-UP INSURANCE	EXTENDED TERM INSURANCE	
			YEARS	DAYS
MAR 26 2011	350	1,550	4	276
MAR 26 2012	900	3,800	9	306
MAR 26 2013	1,400	5,700	13	88
MAR 26 2014	1,950	7,700	15	314
MAR 26 2015	2,550	9,700	17	339
MAR 26 2016	3,150	11,600	19	165
MAR 26 2017	3,750	13,350	20	187
MAR 26 2018	4,350	14,950	21	97
MAR 26 2019	5,000	16,650	21	349
MAR 26 2020	5,650	18,200	22	172
MAR 26 2021	6,300	19,650	22	308
MAR 26 2022	6,950	20,950	23	27
MAR 26 2023	7,700	22,500	23	131
MAR 26 2024	8,400	23,750	23	152
MAR 26 2025	9,150	25,050	23	170
MAR 26 2026	9,900	26,250	23	156
MAR 26 2027	10,700	27,500	23	143
MAR 26 2028	11,500	28,650	23	103

POLICY
ANNIVERSARY
NEAREST AGE

60	\$15,650	\$33,600	22	21
65	\$20,050	\$37,550	20	66

TABLES AND INTEREST RATES USED IN COMPUTATIONS

COMPUTATION	MORTALITY TABLE USED	INTEREST RATE FOR POLICY YEARS	
		1 THRU 15	AFTER 15:
REDUCED PAID-UP	2001 CSO	4.00%	4.00%
EXTENDED TERM	2001 CSO	4.00%	4.00%

DEFINITIONS

In this policy:

We, us and our means Transamerica Life Insurance Company.

You and your means the Owner of this policy.

Age means the Insured's age on the nearest birthday.

Beneficiary is a person who receives the proceeds in the event of the Insured's death.

Cash Value means the Cash Value shown in the Table of Guaranteed Values.

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

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

Lapse means termination of the policy at the end of the Grace Period due to non-payment of premiums or loan interest, when there is no remaining Net Cash Value. Remaining Net Cash Value at the end of the Grace Period will be subject to the Nonforfeiture Provision.

Loan Value means the maximum amount which may be borrowed under the Loans provision.

Net Cash Value is the Cash Value of this policy less any outstanding loan balance.

Rider is an attachment to the policy which provides additional benefits.

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

Notice is a communication we will mail by regular first class mail in the United States Postal Service to your last known address and the last known address of any assignee of record.

Policy Date is a date used to determine the premium due dates, policy anniversaries and policy years and is shown in the Policy Data.

BRIEF DESCRIPTION

While this policy is in force, we will pay the death benefit to the Beneficiary in the event of the Insured's death, subject to the terms of this policy. The death benefit is the face amount shown in the Policy Data. You must pay premiums as long as the Insured is living.

You may receive the Net Cash Value at the surrender of the policy, borrow it as a policy loan, or use it to purchase paid-up insurance.

We provide additional benefits, if any, by Rider.

This is a brief description. We provide complete details in the provisions of this policy.

OWNERSHIP

Owner of the Policy -- Only you, the Owner, may use the rights granted in this policy while the Insured is living. If you are an individual and you die before the Insured, your rights will pass to the executor or administrator of your estate unless other provisions are made in this policy. If the Owner is a partnership, the rights belong to the partnership as it exists when a right is used.

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

BENEFICIARY PROVISIONS

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

If a Beneficiary Dies -- If a Beneficiary dies before the Insured, that Beneficiary's interest in the death benefit ends on the date of the Beneficiary's death. If any Beneficiary dies at the same time as the Insured, or up to 30 days after the Insured dies, that Beneficiary's interest in the death benefit will end on the date of the Beneficiary's death if no benefits have been paid to that Beneficiary. If the interests of all named Beneficiaries have ended when the Insured dies, we will pay the death benefit to you. If you are not living at that time, we will pay the death benefit to the executor or administrator of your estate.

How to Change a Beneficiary -- You may change the Beneficiary by filing a Written Request. A change of Beneficiary will not take effect until we record it at our Home Office. Even if the Insured is not living when we record the change, the change will take effect as of the date it was signed. Any benefits we pay before a Beneficiary change will not be affected by that change.

You may not change an irrevocable Beneficiary without the written consent of that Beneficiary.

Protection of the Death Benefit -- To the extent permitted by law, we will not subject the death benefit to either the claims of a Beneficiary's creditors or to any legal action against a Beneficiary.

PAYMENT OF THE DEATH BENEFIT

Proof of Death -- We will pay the death benefit of this policy when we receive due proof of the Insured's death. The proof must be sent to us at our Home Office. We will send the proper forms to a Beneficiary upon request. Any of our agents will help a Beneficiary fill out the forms without charge. We will send all payments from our Home Office.

Death Benefit -- The death benefit of this policy is the face amount shown in the Policy Data,

minus: 1) any outstanding loan balance, and

- 2) any premium needed, under the terms of the Grace Period provision, to provide insurance through the date of death;

plus: 3) any amount payable under the terms of any Rider attached to this policy, and

- 4) a refund of any portion of a premium paid for a period beyond the date of death.

We will not refund any premiums waived on this policy under a disability Rider as part of the death benefit.

We will adjust the death benefit, as needed, to comply with any of these events:

Misstatement of Age or Sex in the Application -

- 1) If there is a Misstatement of Age or Sex of the Insured in the Policy, we will pay the amount of insurance that the premiums paid would have purchased had the Insured's age or sex been correctly stated.
- 2) In this Policy, exclusive of any Riders, no differentiation will be made for rates and benefits. The male rates in the Table of Maximum Single Premiums for Paid-Up Insurance will apply to both males and females.
- 3) In the Settlement Provisions the female rates will apply to both males and females.

Suicide Exclusion -- If the Insured dies by suicide, while sane or insane, within two years of this policy's date of issue, we will pay a death benefit equal to the amount of premiums paid.

PREMIUM PAYMENT AND REINSTATEMENT PROVISION

Premiums -- To keep this policy in force you must pay each premium in advance at our Home Office, or to our authorized agent or cashier. We will issue a receipt upon request.

Premiums are due from the policy date, for the life of the Insured. Any premium may be paid while the Insured is living. If you do not pay a premium by the end of the Grace Period, and there is no Net Cash Value, this policy will Lapse. If this policy has any Net Cash Value at the end of the Grace Period, the Nonforfeiture Provision will apply.

When premiums due under the provision of a Rider are no longer required, we will reduce the premium by that amount. You may change the mode of premium payment, on the policy anniversary, to any mode shown in the Policy Data.

Grace Period -- Once the first premium is paid, we will accept premium payment up to 31 days after the due date. We will not charge interest on the premium due during the Grace Period. If the insured dies during the Grace Period and the premium is unpaid, we will deduct the amount needed to provide insurance through the date of death from the death benefit.

Policy Date -- We will use the Policy Date to set the premium due dates, policy anniversaries and policy years.

Reinstatement -- If this policy Lapses or is continued under the Nonforfeiture Provision, you may reinstate it under these conditions:

- 1) You must request reinstatement by submitting a Written Request within five years after the date of Lapse or continuance under the Nonforfeiture Provision.
- 2) The insured must continue to be insurable by our standards.
- 3) You must pay all overdue premiums, with interest compounded annually, at the reinstatement interest rate shown in the policy data.
- 4) You must pay the premiums due plus interest at the time of reinstatement.

- 5) You must pay any outstanding loan balance which existed at the time of Lapse or continuance under the Nonforfeiture Provision, or reinstate it with interest compounded annually at the loan interest rate of 8% (7.40% in advance).

GUARANTEED VALUES

You may receive the Net Cash Value upon surrender of the policy, borrow it as a policy loan, or use it to purchase paid-up insurance.

Cash Surrender -- You may surrender this policy for its Net Cash Value.

Loans -- We will make a loan on this policy after it has Cash Value, if it is not in force as extended term insurance. A policy loan is subject to these terms:

1. The maximum amount you may borrow is the Cash Value on the next policy anniversary, minus:
 - a. any existing loan,
 - b. interest from the date of the loan to the next policy anniversary, and
 - c. premiums due through the next policy anniversary.
2. You must pay interest on the total loan balance each year, in advance, on the policy anniversary. The loan interest rate is 8% (7.4% in advance). If you do not pay the interest when it is due, we will pay the interest by loan. We will charge the same interest rate on this loan as on previous policy loans.
3. You must assign the policy to us as security for the outstanding loan. The loan is secured by a portion of the Cash Value equal to the outstanding loan. If the Insured dies, we will deduct the outstanding loan from the death benefit before we pay the Beneficiary.

Loan Repayment -- You may make payments on the outstanding loan balance at any time while the Insured is living and before you make use of a Nonforfeiture Provision option.

If you do not repay the loan, the policy will not enter the Grace Period unless the loan balance, including loan interest due, exceeds the Cash Value of the policy. If this occurs, we will mail you and any assignee of record notice at your and any assignee's last known addresses. If you do not reduce the loan balance, within 31 days of our notice, to an amount that is equal to or less than the Cash Value, the policy will Lapse or, if there is remaining Net Cash Value, continue under the Nonforfeiture Provision.

Automatic Premium Loans -- You may choose this provision while the policy is in force by a signed request received at our Home Office. Once the provision is in effect, we will pay any premium which is unpaid at the end of the Grace Period by an automatic loan, subject to these conditions:

1. We will determine the value available for loan according to the Loan Provision.
2. If there is enough value, we will pay the billed premium. If not, we will pay the next smaller premium, but never less than a quarterly premium.
3. We may pay an annual premium, if the premium due on an anniversary follows two consecutive premiums paid by automatic loan, and if there is enough Loan Value.
4. If there is not enough Loan Value to pay a premium, as described above, the policy will Lapse or, if there is remaining Net Cash Value, the Nonforfeiture Provision will apply.

You may cancel the Automatic Premium Loan provision by providing a signed request to our Home Office.

Nonforfeiture Provision -- If you do not pay a premium or loan interest due by the end of the Grace Period, and there is no Net Cash Value remaining, the policy will Lapse. If there is remaining Net Cash Value at the end of the Grace Period, you may choose one of the following options by a Written Request, subject to the conditions below. If you do not select an option, we will give you the option for your class of risk shown in the Policy Page as explained in Options 2 and 3 below.

Option 1. Cash Surrender -- You will receive the Net Cash Value on the last premium due date. You may choose this option within 3 months of the last premium due date, in lieu of Option 2 or Option 3.

Option 2. Extended Term Insurance -- You may choose this option or, if you do not choose an option, we will issue it only if your class of risk shown in the policy data is "Standard". At the end of the Grace Period, we will continue this policy as a non-participating extended term policy with a face amount equal to the face amount of this policy minus any outstanding loan balance. The term of extended insurance will begin on the due date of the unpaid premium. We will determine the length of the term of extended insurance by using the Net Cash Value of the policy as a Net single premium for the extended term policy.

Option 3. Reduced Paid-Up Insurance -- You may choose this option with any class of risk. If you do not choose an option, we will issue this option for any class of risk other than "Standard". Under this option, we will continue this policy from the premium date with a reduced face amount and you will pay no further premiums. We will determine the reduced face amount by using the Net Cash Value as a net single premium.

Both Option 2 and Option 3 are subject to these conditions:

- 1) You may select Option 2 or Option 3 by Written Request received at our Home Office within 3 months of the date your unpaid premium was due.
- 2) If you choose Option 2 or Option 3, we will not continue any additional benefits given by any Rider attached to this policy.
- 3) You may surrender insurance provided under Options 2 and 3 for its Net Cash Value, by Written Request. The Net Cash Value is the Cash Value minus any outstanding loan balance. If your request is received within 31 days after the policy anniversary, we will not base the Net Cash Value on a Cash Value less than the Cash Value on the last policy anniversary.

Payment of the Cash Value -- We may delay the payment of cash values under the Loan, Cash Surrender or Nonforfeiture Provisions for no longer than six months after we receive your request for such payment. We will not apply this provision to loans made to pay premiums.

Table of Guaranteed Values -- We show the guaranteed values of this policy in the Table of Guaranteed Values. This Table is in the policy data, and the values shown assume no outstanding loan balance. We will determine the Cash Value between any two dates by interpolation, accounting for any premiums paid during that year. We will provide values for policy anniversaries not shown in this Table, if you request them, at a reasonable charge.

Basis of Computation -- We have provided cash values and nonforfeiture benefits in this policy which are not lower than the minimum values and benefits required by the law of the State in which you received this policy. The value and benefit tables in your policy exclude the policy fee, assume an annual premium, and assume that the Insured's death occurs at the end of the policy year.

We have based our calculations of the minimum cash values and the nonforfeiture values in this policy on the 2001 Commissioners Standard Ordinary Mortality Table for Male or Female, as appropriate, on an age nearest birthday basis, and at an interest rate of 4%.

As required, we have filed the method we used to calculate minimum cash values and nonforfeiture benefits with the Supervisory Official of the State in which you received the policy.

We have provided Cash Value and nonforfeiture factor tables in the policy data.

The cost of any paid-up insurance is the Net single premium then required for such insurance.

GENERAL PROVISIONS

The Policy and the Application are the Entire Contract -- We have issued this policy in consideration of your application and premium payment. A copy of your application is attached and is part of this policy. The policy and the application are the entire contract. We will consider all statements made by or for the Insured as representations and not warranties. We will not use any statement to deny a claim unless the statement is in the application and the application is attached to this policy when we issue it.

Incontestability of the Policy -- We will not contest this policy, except for fraud or non-payment of premiums, once it has been in force for two years from its date of issue. The Insured must be alive for the entire two year period. We may contest benefits due under the terms of disability and accidental death Riders at any time.

No Dividends Are Paid -- This policy does not participate in our profits or surplus.

Loans -- We will deduct any outstanding loan balance from any settlement under this policy.

Who Can Make Changes in This Policy -- Only our President or a Vice-President together with our Corporate Secretary can make changes in this policy. Any change we make must be in writing.

SETTLEMENT PROVISIONS

When the Insured dies, we will pay the death benefit in a lump sum unless you have chosen one of the following settlement options. You may choose a settlement option while the Insured is living. If you did not choose an option before the Insured's death, the Beneficiary may choose a settlement option after the Insured has died.

You may also choose to receive any surrender or maturity proceeds through one of these settlement options.

When we receive a Written Request, we will pay the benefit according to one of these options:

Option 1: Payments for Life with a Guaranteed Period -- We will make equal monthly payments as long as the payee is living, or for the guaranteed period, whichever is longer. You may choose a guaranteed period of either 10 years or 20 years. Each payment will be part benefit and part interest. Please see Table A on Page 10 for details.

Option 2: Benefit Deposited with Interest -- We will hold the benefit on deposit. The benefit will earn interest at the annual interest rate we are paying on the date of death, surrender or maturity. We will not pay an annual interest rate that is less than 1.5%. We will pay the earned interest annually, semi-annually, quarterly, or monthly, as requested. The payee may withdraw part or all of the benefit and earned interest at any time. If the payee dies, we will pay the balance of any benefit not withdrawn.

Option 3: Payments of an Equal Amount -- You may choose the payment amount and frequency. We will pay this amount until the benefit and accumulated interest is fully paid.

Option 4: Annuity -- You may use the benefit as a single premium to buy an annuity. The annuity may have one or two payees. It will be payable for life, and you may also choose a guaranteed period. If there are two

payees, we will continue payments while either is still living. Your annuity payment will not be less than what our annuity contracts issued at that time are paying.

We may agree to other methods of settlement requested in writing by the owner or payee.

We will pay the benefit in a lump sum, if the benefit applied to any settlement option is less than \$1,000 or provides a payment of less than \$10 to each payee. Any payee must be a person who receives the payment in his or her own right.

We will make the first payment under any option as of the date of death, maturity or surrender. We will pay interest on any unpaid balance from Options 1 or 3 at our current rate at the time of settlement. We will not pay less than 1.5% annual interest. Any unpaid balance will be combined with our general assets.

If the payee does not live to receive all guaranteed payments under Options 1, 3, 4 or any proceeds on deposit under Option 2, plus any accrued interest, we will pay the remainder in a lump sum unless other provisions are made. The lump sum will be the present value of any future guaranteed payments, commuted at a rate equal to the guaranteed interest rate.

TABLE A
Monthly Installment for Each \$1,000 Payable under Option 1
Based Upon Payee's Actual Age

Male Payee														
Guaranteed Period														
Age	10 Yrs.	20 Yrs.												
0	1.67	1.67	21	1.95	1.95	41	2.51	2.49	61	3.85	3.61	81	7.06	4.74
1	1.68	1.68	22	1.97	1.97	42	2.55	2.53	62	3.96	3.69	82	7.24	4.75
2	1.69	1.69	23	1.99	1.99	43	2.59	2.57	63	4.07	3.76	83	7.41	4.77
3	1.70	1.70	24	2.01	2.01	44	2.64	2.61	64	4.20	3.84	84	7.58	4.78
4	1.71	1.71	25	2.03	2.03	45	2.68	2.65	65	4.32	3.91	85	7.74	4.79
5	1.73	1.72	26	2.05	2.05	46	2.73	2.70	66	4.46	3.99	86	7.89	4.80
6	1.74	1.73	27	2.07	2.07	47	2.79	2.75	67	4.60	4.06	87	8.03	4.80
7	1.75	1.75	28	2.10	2.09	48	2.84	2.80	68	4.75	4.13	88	8.16	4.81
8	1.76	1.76	29	2.12	2.12	49	2.90	2.85	69	4.90	4.20	89	8.28	4.81
9	1.77	1.77	30	2.15	2.14	50	2.96	2.90	70	5.06	4.27	90	8.38	4.81
10	1.78	1.78	31	2.17	2.17	51	3.02	2.96	71	5.22	4.33	91	8.48	4.81
11	1.80	1.80	32	2.20	2.19	52	3.08	3.01	72	5.39	4.39	92	8.57	4.81
12	1.81	1.81	33	2.23	2.22	53	3.15	3.07	73	5.56	4.45	93	8.65	4.81
13	1.82	1.82	34	2.26	2.25	54	3.22	3.13	74	5.74	4.50	94	8.72	4.81
14	1.84	1.84	35	2.29	2.28	55	3.30	3.20	75	5.93	4.55	95	8.78	4.81
15	1.85	1.85	36	2.32	2.31	56	3.38	3.26	76	6.11	4.59	96	8.83	4.81
16	1.87	1.87	37	2.35	2.34	57	3.46	3.33	77	6.30	4.63	97	8.87	4.81
17	1.88	1.88	38	2.39	2.38	58	3.55	3.40	78	6.49	4.66	98	8.90	4.81
18	1.90	1.90	39	2.43	2.41	59	3.65	3.47	79	6.68	4.69	99	8.92	4.81
19	1.92	1.91	40	2.47	2.45	60	3.75	3.54	80	6.87	4.71	100	8.94	4.81
20	1.93	1.93												

Female Payee														
Guaranteed Period			Guaranteed Period			Guaranteed Period			Guaranteed Period			Guaranteed Period		
Age	10 Yrs.	20 Yrs.	Age	10 Yrs.	20 Yrs.	Age	10 Yrs.	20 Yrs.	Age	10 Yrs.	20 Yrs.	Age	10 Yrs.	20 Yrs.
0	1.68	1.68	21	1.94	1.94	41	2.45	2.44	61	3.66	3.51	81	6.93	4.74
1	1.69	1.69	22	1.96	1.96	42	2.49	2.48	62	3.76	3.59	82	7.13	4.75
2	1.70	1.69	23	1.98	1.98	43	2.53	2.51	63	3.87	3.67	83	7.33	4.77
3	1.71	1.71	24	2.00	2.00	44	2.57	2.55	64	3.98	3.74	84	7.52	4.78
4	1.72	1.72	25	2.02	2.02	45	2.61	2.59	65	4.09	3.82	85	7.69	4.79
5	1.73	1.73	26	2.04	2.04	46	2.66	2.64	66	4.22	3.90	86	7.86	4.80
6	1.74	1.74	27	2.06	2.06	47	2.70	2.68	67	4.35	3.98	87	8.01	4.80
7	1.75	1.75	28	2.08	2.08	48	2.75	2.73	68	4.49	4.06	88	8.15	4.81
8	1.76	1.76	29	2.10	2.10	49	2.80	2.77	69	4.64	4.14	89	8.27	4.81
9	1.77	1.77	30	2.13	2.12	50	2.86	2.82	70	4.79	4.21	90	8.38	4.81
10	1.78	1.78	31	2.15	2.15	51	2.91	2.88	71	4.95	4.28	91	8.48	4.81
11	1.80	1.80	32	2.18	2.17	52	2.97	2.93	72	5.12	4.35	92	8.57	4.81
12	1.81	1.81	33	2.20	2.20	53	3.03	2.99	73	5.30	4.42	93	8.64	4.81
13	1.82	1.82	34	2.23	2.22	54	3.10	3.04	74	5.49	4.47	94	8.71	4.81
14	1.84	1.84	35	2.26	2.25	55	3.17	3.10	75	5.68	4.53	95	8.77	4.81
15	1.85	1.85	36	2.29	2.28	56	3.24	3.17	76	5.88	4.57	96	8.82	4.81
16	1.86	1.86	37	2.32	2.31	57	3.32	3.23	77	6.09	4.62	97	8.86	4.81
17	1.88	1.88	38	2.35	2.34	58	3.40	3.30	78	6.30	4.65	98	8.90	4.81
18	1.90	1.89	39	2.38	2.37	59	3.48	3.37	79	6.51	4.69	99	8.92	4.81
19	1.91	1.91	40	2.42	2.41	60	3.57	3.44	80	6.72	4.71	100	8.94	4.81
20	1.93	1.93												

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

Policy Form **GWL**
Individual Life Insurance

Guaranteed Whole Life Insurance
Premiums Payable During Life of Insured
Face Amount Payable at Death of Insured

Nonparticipating