

SERFF Tracking Number: AEGA-126286661 State: Arkansas  
Filing Company: Transamerica Life Insurance Company State Tracking Number: 43423  
Company Tracking Number: VA-APP 11/09 (PII)  
TOI: A02.11 Individual Annuities- Deferred Non- Sub-TOI: A02.11.002 Flexible Premium  
Variable and Variable  
Product Name: VA-APP 11/09 (PII)  
Project Name/Number: Variable Annuity Application/VA-APP 11/09 (PII)

## Filing at a Glance

Company: Transamerica Life Insurance Company

Product Name: VA-APP 11/09 (PII) SERFF Tr Num: AEGA-126286661 State: Arkansas  
TOI: A02.11 Individual Annuities- Deferred Non- SERFF Status: Closed-Approved- State Tr Num: 43423  
Variable and Variable Closed  
Sub-TOI: A02.11.002 Flexible Premium Co Tr Num: VA-APP 11/09 (PII) State Status: Approved-Closed  
Filing Type: Form Reviewer(s): Linda Bird  
Author: Laurie Bascom Disposition Date: 09/09/2009  
Date Submitted: 08/31/2009 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: Variable Annuity Application  
Project Number: VA-APP 11/09 (PII)  
Requested Filing Mode: Review & Approval  
Explanation for Combination/Other:  
Submission Type: New Submission  
Overall Rate Impact:  
Filing Status Changed: 09/09/2009

Status of Filing in Domicile: Pending  
Date Approved in Domicile:  
Domicile Status Comments:  
Market Type: Individual  
Group Market Size:  
Group Market Type:  
Explanation for Other Group Market Type:  
State Status Changed: 09/09/2009  
Created By: Laurie Bascom  
Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Laurie Bascom

Filing Description:

Life and Health Division  
Arkansas Insurance Department  
1200 West Third Street  
Little Rock, AR 72201

Attn: Policy Examination Division (Life & Annuity)

Re: Transamerica Life Insurance Company

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NAIC # 468 - 86231

VA-APP 11/09 (PII) – Variable Annuity Application

SERFF Tracking #: AEGA-126286661

Dear Sir or Madam:

Please find attached the above referenced application for your review and approval. This is a new form and is not intended to replace any form previously approved by your Department. This form is intended for use with form number AV1025 101 178 903 approved by your Department 01/10/2004.

We have attached a Statement of Variability that outlines the items that are bracketed. Please note that due to the variability of the language on this application the pagination may vary based on what is included in this application.

Please note the paper and font of the attached application may change in the future. You have our assurances the form will contain the same language as approved by your Department. This form will be printed and be made part of any policy issued.

We would appreciate your review and subsequent approval of the attached form.

Sincerely,

Transamerica Life Insurance Company

Laurie Bascom  
Filing Analyst II  
TCM Regulatory Filing Dept.  
Phone: 319-355-6813  
Fax: 319-355-6820  
Email: lbascom@aegonusa.com

P.S. This policy was approved by Iowa, our Home State on \_\_\_\_\_, or is concurrently submitted.

## Company and Contact

### Filing Contact Information

Laurie Bascom, Forms Filing Analyst II

lbascom@aegonusa.com

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4333 Edgewood Road, NE 319-355-6813 [Phone]  
 Cedar Rapids, IA 52499 319-355-6820 [FAX]

**Filing Company Information**

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

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**Filing Fees**

Fee Required? Yes  
 Fee Amount: \$20.00  
 Retaliatory? No  
 Fee Explanation: 1 form X \$20  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Transamerica Life Insurance Company	\$20.00	08/31/2009	30224867

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	09/09/2009	09/09/2009

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## **Disposition**

Disposition Date: 09/09/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Statement of Variability		Yes
Form	Variable Annuity Application		Yes





Variable Annuity Application

Home Office: Cedar Rapids, IA

Mailing Address: Transamerica Life Insurance Company

4333 Edgewood Road NE, Cedar Rapids, IA 52499

Telephone: (800) 525-6205

For Applicants in AZ - Upon your written request, the Company is required to provide, within a reasonable time, reasonable factual information concerning the benefits and provisions of the contract to you. If for any reason you are not satisfied with the contract, you may return it within thirty days after it is delivered and receive a refund equal to the premiums paid, including any policy or contract fees or other charges, less the amounts allocated to any separate accounts under the policy or contract, plus the value of any amounts allocated to any separate accounts under the policy or contract on the date the returned policy is received by the insurer.

1. PRODUCT INFORMATION

Product: Principium II

Non-Qualified

Qualified:

Custodial IRA Inherited IRA Roth IRA SEP IRA

Simple IRA Traditional IRA Other:

Signed at: State

2. OWNER INFORMATION

Type of Owner: Custodian Guardianship Individual Trust UGMA / UTMA
Corporate
Individual

Complete Legal Name:

Residential Address:\* City, State, Zip:

Mailing Address: City, State, Zip:

SSN/TIN: Date of Birth:

Telephone: E-mail Address:

Gender: Male Female Citizenship: U.S. Citizen Non-U.S. Citizen (Country of Citizenship: )
Please Choose: Resident Alien Non-Resident Alien

3. JOINT OWNER INFORMATION (if applicable)

Relationship to Owner:

Complete Legal Name:

Residential Address:\* City, State, Zip:

Mailing Address: City, State, Zip:

SSN/TIN: Date of Birth:

Telephone: E-mail Address:

Gender: Male Female Citizenship: U.S. Citizen Non-U.S. Citizen (Country of Citizenship: )
Please Choose: Resident Alien Non-Resident Alien

(1) The Trustee Certification Form is required if a Trust is named as Owner.

\* A Residential Address must be completed and cannot be a P.O. Box.



**6. SOURCE OF FUNDS**

Purchase Amount \$ \_\_\_\_\_

- Check/Wire Enclosed
- Carrier to request release of funds
- Agent/Client to request release of funds

**Complete only ONE section, 6A or 6B; whichever is applicable.**

**A. NON-QUALIFIED**

- New Money
- 1035 Exchange - The IRC Section 1035 Exchange Form is required.
- CD/Mutual Fund Redemption - The Mutual Fund or CD Redemption Form is required.

**B. QUALIFIED**

- New Contribution - Tax Year: \_\_\_\_\_
- Direct Transfer - The Qualified Funds Direct Rollover or Transfer Request Form is required.
- Rollover - The Qualified Funds Direct Rollover or Transfer Request Form is required.
  - From:  401(k)       Inherited IRA       Traditional IRA
  - 403(b)       SEP IRA       Roth IRA: Date first established \_\_\_\_\_
  - Custodial IRA       Simple IRA       Converted Roth: Date of conversion \_\_\_\_\_
  - Other: \_\_\_\_\_

**7. ELECTIONS**

**Elections below may not be available in all states or with all products. Issue ages may differ between states and products. For the description and applicable fees for the rider(s) listed below, refer to the prospectus.**

**A. GUARANTEED MINIMUM DEATH BENEFITS** - Your selection cannot be changed after the policy has been issued. If no option is selected, the Policy Value Death Benefit will apply. One, and only one, option must be selected.

- Policy Value Death Benefit
- Return of Premium Death Benefit
- Annual Step-Up Death Benefit

**B. ADDITIONAL DEATH BENEFIT RIDER(S)** - Only one Additional Death Benefit can be selected.

- Additional Death Distribution +
- Additional Death Distribution

**C. LIVING/WITHDRAWAL BENEFIT RIDER(S)** - If a rider is not selected, it will not apply. Only one Living/Withdrawal Benefit can be selected.

- Retirement Income Choice (RIC) Rider - Either the Single or the Joint option must be selected.
  - Single
  - Joint - Joint Owner in Section 3 or Sole Beneficiary in Section 5 must be a spouse or a domestic partner.
- RIC Rider Options - More than one option may be selected.
  - Income Enhancement
  - Death Benefit
- RIC Investment Strategy Options - One, and only one, option must be selected.
  - Open Allocation - Choose from any of the Investment Options on Page 4.
  - Designated Allocation - Choose from only the Designated Allocation Options on Page 4.
- Guaranteed Principal Solution Rider (GPS)

**D. OTHER AVAILABLE RIDER(S)** - If a rider is not selected, it will not apply.

- Access Rider

**8. INVESTMENT SELECTION**

**A. DOLLAR COST AVERAGING (DCA) PROGRAM**

Transfer from:

- DCA Fixed Account  TA Money Market VP  TA U.S. Government Securities VP

Frequency and Number of Transfers:

There is a minimum of \$500 for each DCA Transfer.

Monthly:  6  12  24  Other: \_\_\_\_\_ (minimum 6 months/maximum 24 months)

Quarterly:  4  8

For Massachusetts applicants ONLY - The DCA frequency cannot exceed twelve (12) months or four (4) quarters.

**B. ASSET REBALANCING PROGRAM** - Rebalancing will not begin until completion of DCA Program, if applicable. Money invested in the Fixed Account is not included. More than one investment option must be allocated to participate in this program. If you would like to rebalance to a mix other than indicated in Section 8C, please complete the Optional Services Form.

I elect Asset Rebalancing:  No  Yes

Rebalance the variable investment options according to my allocations in Section 8C using the frequency indicated below.

- Monthly  Quarterly  Semi-Annually  Annually

**C. PORTFOLIO FUND ALLOCATIONS**

For all options listed in Section 8C, the Initial Allocation Percentage column and DCA Allocation Percentage column must each total 100%. All allocations must be entered in whole percentages.

Investment Options:

Initial % (Required)	DCA % (Optional)		Initial % (Required)	DCA % (Optional)
____.0%	<u>N/A</u> .0%	<b>Initial Investment for DCA Program</b>		
____.0%	<u>N/A</u> .0%	1 Year Fixed Guaranteed Period Option <sup>(1)</sup>	____.0%	____.0%
____.0%	<u>N/A</u> .0%	3 Year Fixed Guaranteed Period Option <sup>(1)</sup>	____.0%	____.0%
____.0%	<u>N/A</u> .0%	5 Year Fixed Guaranteed Period Option <sup>(1)</sup>	____.0%	____.0%
____.0%	<u>N/A</u> .0%	7 Year Fixed Guaranteed Period Option <sup>(1)</sup>	____.0%	____.0%
____.0%	____.0%	TA Efficient Markets VP	____.0%	____.0%
____.0%	____.0%	TA Index 35 VP	____.0%	____.0%
____.0%	____.0%	TA Index 50 VP	____.0%	____.0%
			<b>100%</b>	<b>100%</b>

<sup>(1)</sup> Guaranteed Period Options may not be available in all states or with all products. Premium limits may apply.

<sup>(2)</sup> Not available if the RIC Rider in Section 7C is selected.

## 9. OWNER ACKNOWLEDGEMENTS & SIGNATURES

### A. REPLACEMENT INFORMATION - All questions in this section must be answered.

No  Yes Did the agent present and leave the applicant sales material?

No  Yes Do you have any existing annuity policies/life insurance contracts?

No  Yes Will this annuity replace or change any existing annuity or life insurance?

If yes - Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

### B. FRAUD STATEMENTS

**For Applicants in AR, LA, ME, NM, OH, OK, TN, WV - 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.**

**For Applicants in CO - 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.**

**For Applicants in DC - WARNING:** 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.

**For Applicants in KY - 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.**

**For Applicants in NJ - Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.**

**For Applicants in PA - 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.**

## 9. OWNER ACKNOWLEDGEMENTS & SIGNATURES (continued)

### C. CALIFORNIA APPLICANTS AGE 60 OR OLDER ONLY

Under California law, there is a 30 Day Right to Review your contract. The amount that will be returned to you if you cancel your contract during this 30 day period will depend on the election below which designates where your payments will be allocated during the Right to Review period. Please check one of the following boxes. **If you do not check one of these boxes, we will allocate your payment to the Money Market portfolio for a period of 35 calendar days.**

- I/We wish to immediately invest in the variable investment options selected in Section 8. If my/our contract is canceled within 30 days, the contract value will be returned to me/us.
- I/We authorize the company to allocate the payment to the Money Market portfolio for a period of 35 calendar days. On the 35th day (or next business day) transfer the contract value to the investment options selected in Section 8. If I/we cancel the contract within 30 days, any payments will be returned.

### D. NORTH CAROLINA APPLICANTS ONLY

- No  Yes Do you believe the selected policy will meet your retirement needs and financial objectives?
- No  Yes Are your other investments and savings adequate to meet planned expenses and possible financial emergencies without need to liquidate this product and possibly incur a penalty?
- No  Yes Do you believe that the selected policy is appropriate for your tax status and meets your tax objectives?
- No  Yes Do you understand that you bear the entire investment risk for all amounts you put in the separate account?

### E. DISCLOSURES

- Unless I have notified the Company of a community or marital property interest in this contract, the Company will rely on good faith belief that no such interest exists and will assume no responsibility for inquiry.
- To the best of my knowledge and belief, all of my statements and answers on this application are correct and true.
- I am in receipt of a current prospectus for this variable annuity.
- I am in receipt of the privacy notice.
- This application is subject to acceptance by Transamerica Life Insurance Company. If this application is rejected for any reason, Transamerica Life Insurance Company will be liable only for return of purchase payment paid.
- I understand that federal law requires all financial institutions to obtain customer information, including the name, residential address, date of birth, Social Security Number or Tax Identification Number and any other information necessary to sufficiently identify each customer. I understand that failure to provide this information could result in the annuity contract not being issued, delayed or unprocessed transactions, or annuity contract termination.
- When funds are allocated to the Fixed Accounts in Section 8, policy values may increase or decrease in accordance with an Excess Interest Adjustment prior to the end of the Guaranteed Period.

**9. OWNER ACKNOWLEDGEMENTS & SIGNATURES (continued)**

**F. TELEPHONE/ELECTRONIC AUTHORIZATIONS**

Yes **TELEPHONE/ELECTRONIC TRANSACTION AUTHORIZATION**

As the Owner, I will receive this privilege automatically. If a policy has Joint Owners, each Owner may individually make telephone and/or electronic requests. By checking "Yes," I am authorizing and directing the Insurance Company to act on telephone or electronic instructions from any other person(s), I give permission to, who can furnish proper identification. The Insurance Company will use reasonable procedures to confirm that these instructions are authorized and genuine. As long as these procedures are followed, the Insurance Company and its affiliates and their directors, trustees, officers, employees, representatives and/or agents will be held harmless for any claim, liability, loss or cost.

**G. CLIENT SIGNATURES**

Check here if you want to be sent a copy of "Statement of Additional Information."

I HAVE REVIEWED MY FINANCIAL OBJECTIVES AND INSURANCE NEEDS, INCLUDING ANY EXISTING ANNUITY COVERAGE, AND FIND THE ANNUITY BEING APPLIED FOR IS APPROPRIATE FOR MY NEEDS.

**Account values when allocated to any of the options in Section 8 are not guaranteed as to fixed dollar amount.**

Date: \_\_\_\_\_

Owner(s) Signature:  X  \_\_\_\_\_

Joint Owner(s) Signature:  X  \_\_\_\_\_

Annuitant Signature (if not Owner):  X  \_\_\_\_\_

**10. REPRESENTATIVE/AGENT ACKNOWLEDGEMENTS & SIGNATURES**

**A. REPLACEMENT INFORMATION - All questions in this section must be answered.**

- No  Yes Did you present and leave the applicant insurer-approved sales material?
- No  Yes Does the applicant have any existing annuity policies or life insurance contracts?
- No  Yes Do you have any reason to believe the annuity applied for will replace or change any existing annuity or life insurance?

**REMINDER** - Submit the appropriate state replacement form(s) if the Applicant has existing annuity policies or life insurance contracts.

**B. REPRESENTATIVE/AGENT SIGNATURES**

I HAVE MADE REASONABLE EFFORTS TO OBTAIN INFORMATION CONCERNING THE CONSUMER'S FINANCIAL STATUS, TAX STATUS, INVESTMENT OBJECTIVES AND SUCH OTHER INFORMATION USED OR CONSIDERED TO BE REASONABLE IN MAKING THE ANNUITY RECOMMENDATION AND FIND THE ANNUITY BEING APPLIED FOR APPROPRIATE FOR HIS/HER NEEDS.

I certify that I have truly and accurately recorded on the application the information that was provided to me by the applicant.

**#1: Registered Representative/Licensed Agent**

Print First Name: \_\_\_\_\_

Print Last Name: \_\_\_\_\_

Signature: X \_\_\_\_\_

Representative/Agent ID Number: \_\_\_\_\_

Email Address (Optional): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Firm Address: \_\_\_\_\_

**#2: Registered Representative/Licensed Agent**

Print First Name: \_\_\_\_\_

Print Last Name: \_\_\_\_\_

Signature: X \_\_\_\_\_

Representative/Agent ID Number: \_\_\_\_\_

Email Address (Optional): \_\_\_\_\_

Phone Number: \_\_\_\_\_

**For Representative/Agent Use Only - Contact your home office for program information.**

**Commission options below are based on the product and rider(s) selected and may not be available in all states.**

- Option A
- Option B
- Option C
- Option D

**(Once selected, program cannot be changed)**

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## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Flesch Certification <b>Comments:</b> <b>Attachments:</b> Arkansas Cert 2 (Flesch) - TLIC.pdf Arkansas Cert 3 (Reg 19).pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Application <b>Bypass Reason:</b> Application to be reviewed for approval is attached under the Form Schedule tab <b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Statement of Variability <b>Comments:</b> <b>Attachment:</b> Statement of Variability.pdf		

**TRANSAMERICA LIFE INSURANCE COMPANY**

**STATE OF ARKANSAS**

**CERTIFICATION**

This is to certify that the attached Variable Annuity Application Form No. VA-APP 11/09 (PII) has achieved a Flesch Reading Ease Score of 50.7 and complies with the requirements of Ark. Stat. Ann. § 23-80-21 through 23-80-208, cited as the Life and Disability Insurance Policy Language Simplification Act.

TRANSAMERICA LIFE INSURANCE COMPANY



Karen Alvarado  
Vice President, Compliance Director

08/31/2009

Date

CERTIFICATION OF COMPLIANCE

Company Name: Transamerica Life Insurance Company

Form Title(s): Variable Annuity Application

Form Number(s): VA-APP 11/09 (PII)

I hereby certify that to the best of my knowledge and belief, the above form(s) and submission complies with Reg.19 s 10B, as well as the other laws and regulations of the State of Arkansas.



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Karen Alvarado  
Vice President, Compliance Director

08/31/2009

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Date

## Annuity Application Statement of Variability

### VA-APP 11/09 (PII)

We have bracketed or determined that the following information will be variable. Any changes will be for future use only, and on a non-discriminatory basis. These changes include any changes to ensure this form remains compliant with state and federal laws, regulations and requirements as well as the items specifically detailed below. We have bracketed the sections for the following reasons:

**Address/Telephone:** To allow for administrative flexibility. Should the location, telephone number or other annuity contact information change, this information will be updated accordingly.

#### Section 1. PRODUCT INFORMATION

**Product Name (Marketing Name):** To allow for future changes in the marketing name for the annuity.

#### Section 7. ELECTIONS

**Guaranteed Minimum Death Benefits:** The ability to offer different Guaranteed Death Benefits. The current options may be removed and added, but newly approved options will never be added.

**Additional Death Benefit Rider(s):** The ability to change and/or make available different types of additional death benefit riders. The current options may be removed and added, but newly approved options will never be added.

**Living/Withdrawal Benefit Rider(s):** The ability to change and/or make available different types of living/withdrawal benefit riders. The current options may be removed and added, but newly approved options will never be added.

**Other Available Rider(s):** The ability to change and/or make available different types of optional riders. The current options may be removed and added, but new approved options will never be added.

#### Section 8. INVESTMENT SELECTION

**Portfolio Fund Allocations:** To allow for flexibility to make changes to the Subaccounts.

#### Section 10. REPRESENTATIVE/AGENT ACKNOWLEDGEMENTS AND SIGNATURES

**Commissions Options:** The ability to add or change commission options.