

SERFF Tracking Number: AEGA-126441762 State: Arkansas
Filing Company: Transamerica Life Insurance Company State Tracking Number: 44504
Company Tracking Number: TF-FX APP 12/09
TOI: A02I Individual Annuities- Deferred Non- Sub-TOI: A02I.002 Flexible Premium
Variable
Product Name: TF-FX APP 12/09
Project Name/Number: Fixed Annuity Application/TF-FX APP 12/09

Filing at a Glance

Company: Transamerica Life Insurance Company

Product Name: TF-FX APP 12/09 SERFF Tr Num: AEGA-126441762 State: Arkansas
TOI: A02I Individual Annuities- Deferred Non- SERFF Status: Closed-Approved- State Tr Num: 44504
Variable Closed
Sub-TOI: A02I.002 Flexible Premium Co Tr Num: TF-FX APP 12/09 State Status: Approved-Closed
Filing Type: Form Reviewer(s): Linda Bird
Author: Laurie Bascom Disposition Date: 01/08/2010
Date Submitted: 01/07/2010 Disposition Status: Approved-
Closed
Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: Fixed Annuity Application
Project Number: TF-FX APP 12/09
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:
Filing Status Changed: 01/08/2010

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: 01/08/2010
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

Re: Transamerica Life Insurance Company

NAIC #: 468 – 86231

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TF-FX APP 12/09 – Fixed Annuity Application

SERFF File #: AEGA-126441762

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 AF715 101 186 104 approved by your Department on 03/15/2004.

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 application was approved by Iowa, our Home State on _____, or is concurrently submitted.

Company and Contact

Filing Contact Information

SERFF Tracking Number: AEGA-126441762 State: Arkansas
Filing Company: Transamerica Life Insurance Company State Tracking Number: 44504
Company Tracking Number: TF-FX APP 12/09
TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.002 Flexible Premium
Variable
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	01/08/2010	01/08/2010

SERFF Tracking Number: AEGA-126441762 *State:* Arkansas
Filing Company: Transamerica Life Insurance Company *State Tracking Number:* 44504
Company Tracking Number: TF-FX APP 12/09
TOI: A021 Individual Annuities- Deferred Non- *Sub-TOI:* A021.002 Flexible Premium
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Product Name: TF-FX APP 12/09
Project Name/Number: Fixed Annuity Application/TF-FX APP 12/09

Disposition

Disposition Date: 01/08/2010

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	Fixed Annuity Application		Yes

TRANSFREEDOM® II Fixed Annuity Application

TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: Cedar Rapids, IA Mailing Address: 4333 Edgewood Road N.E., Cedar Rapids, IA 52499

Telephone: (800) 821-9090

ANNUITANT FULL NAME _____

Residential Address: ⁽¹⁾ _____

Mailing Address: _____

SSN: _____ DOB: _____ Telephone Number: _____ Sex: M F

U.S. Citizen Yes No (Country of Citizenship: _____) Resident Alien Non-Resident Alien

PRIMARY OWNER*

Full Name: ⁽²⁾ _____

Residential Address: ⁽¹⁾ _____

Mailing Address: _____

Tax ID: _____ Telephone Number: _____

U.S. Citizen Yes No (Country of Citizenship: _____) Resident Alien Non-Resident Alien

BENEFICIARY(IES) If there are more than two (2) beneficiaries, attach an Additional Beneficiary Form. (Must total 100%)

Full Name: ⁽²⁾ _____ Primary Contingent _____%

Relationship to Annuitant: _____ Tax ID: _____ Sex: M F

Full Name: ⁽²⁾ _____ Primary Contingent _____%

Relationship to Annuitant: _____ Tax ID: _____ Sex: M F

PREMIUMS

Modal Premiums

Frequency: Monthly Quarterly Semi-Annually Annually

Amount of each modal premium \$ _____ First planned modal premium date _____ mm/dd/yyyy

Lump Sum Premiums

Amount: None

Direct Rollover or Transfer \$ _____

Other \$ _____

ANNUITY WILL BE ISSUED AS:

A funding vehicle for an IRC Section 412(e)(3) fully insured defined benefit plan

Will this annuity be used as a "holding account" for the plan? Yes No

Other (specify) _____

* Citizenship must be completed if the Primary Owner is an individual.

⁽¹⁾ Address must be completed and cannot be a P.O. Box. Entities should provide the principal place of business.

⁽²⁾ A Trustee Certification Form is required if a Trust other than a qualified plan trust is named as Owner or Beneficiary.

SIGNATURE(S) OF AUTHORIZATION ACCEPTANCE - All questions in this section must be answered

- No Yes Did the Representative/Insurance Producer present and leave the applicant insurer-approved 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? (Complete the information below.)

Company: _____ Policy #: _____

- Unless I have notified Transamerica Life Insurance Company of a community or marital property interest in this contract, Transamerica Life Insurance 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.
- 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.

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.

I have read the Fraud and Disclosure Statements listed in this application.

Signed at: _____
City State Date

Owner Signature: X _____

Joint Owner Signature: X _____

Annuitant Signature (if not Owner): X _____

REPRESENTATIVE/INSURANCE PRODUCER 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 - If applicable, submit the appropriate state replacement form(s) if the Applicant's state has Replacement Regulations.

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.

Print Full Name: _____

Representative/Insurance Producer ID Number: _____

Representative/Insurance Producer Code: _____

Solicitor Code: _____ General Agency Code: _____

Phone Number: _____ Email Address (Optional): _____

Signature: X _____

Fraud and Disclosure Statements

For Applicants in [AR, LA, ME, NM, OH, OK, RI, 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 MD

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.

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.

For Applicants in PR

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.

For Applicants in WA

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.

Under the Washington Uniform Transfers to Minors Act, extending custodianship to age twenty-five may cause you to lose your annual exclusion from Federal Gift Tax. We recommend you seek the advice of your tax counsel prior to making this election.

Must be returned with Completed Application

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Supporting Document Schedules

Item Status: **Status Date:**

Satisfied - Item: Flesch Certification

Comments:

Attachments:

Arkansas Cert 2 (Flesch) - TLIC -TF-FX APP 1209.pdf
 Arkansas Cert 3 (Reg 19) - TLIC - TF-FX APP 1209.pdf

Item Status: **Status Date:**

Bypassed - Item: Application

Bypass Reason: Application filing only - the application being filed for review is attached under the Form Schedule tab.

Comments:

Item Status: **Status Date:**

Bypassed - Item: Life & Annuity - Acturial Memo

Bypass Reason: n/a

Comments:

Item Status: **Status Date:**

Satisfied - Item: Statement of Variability

Comments:

Attachment:

Statement of Variability.pdf

TRANSAMERICA LIFE INSURANCE COMPANY

STATE OF ARKANSAS

CERTIFICATION

This is to certify that the attached Fixed Annuity Application Form No. TF-FX APP 12/09 has achieved a Flesch Reading Ease Score of 50.3 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

01/05/2010

Date

CERTIFICATION OF COMPLIANCE

Company Name: Transamerica Life Insurance Company

Form Title(s): Fixed Annuity Application

Form Number(s): TF-FX APP 12/09

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.



Karen Alvarado
Vice President, Compliance Director

01/05/2010

Date

Annuity Application Statement of Variability

TF-FX APP 12/09

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:

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

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

Fraud and Disclosure Statements: The ability to add or remove states due to future state requirements.