

SERFF Tracking Number: AEGA-126937178 State: Arkansas
Filing Company: Transamerica Life Insurance Company State Tracking Number: 47536
Company Tracking Number: VA-APP 02/11 (NIC)
TOI: A02.11 Individual Annuities- Deferred Non- Sub-TOI: A02.11.002 Flexible Premium
Variable and Variable
Product Name: VA-APP 02/11 (NIC)
Project Name/Number: Variable Annuity Application/VA-APP 02/11 (NIC)

Filing at a Glance

Company: Transamerica Life Insurance Company

Product Name: VA-APP 02/11 (NIC) SERFF Tr Num: AEGA-126937178 State: Arkansas
TOI: A02.11 Individual Annuities- Deferred Non- SERFF Status: Closed-Approved- State Tr Num: 47536
Variable and Variable Closed
Sub-TOI: A02.11.002 Flexible Premium Co Tr Num: VA-APP 02/11 (NIC) State Status: Approved-Closed
Filing Type: Form Reviewer(s): Linda Bird
Author: Laurie Bascom Disposition Date: 12/17/2010
Date Submitted: 12/15/2010 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 02/11 (NIC)
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:

Status of Filing in Domicile: Pending
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Individual
Individual Market Type:
Filing Status Changed: 12/17/2010
State Status Changed: 12/17/2010
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

VA-APP 02/11 (NIC) – Variable Annuity Application

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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 our Variable Annuity portfolio approved by your Department.

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.

This application is used with variable annuities which are SEC registered products. Therefore, a Flesch Readability Certification has not been attached as a flesch reading ease score is not required.

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

SERFF Tracking Number: AEGA-126937178 State: Arkansas
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Filing Contact Information

Laurie Bascom, Forms Filing Analyst II lbascom@aegonusa.com
 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

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: 1 form X \$50/form
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Transamerica Life Insurance Company	\$50.00	12/15/2010	42972827

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	12/17/2010	12/17/2010

SERFF Tracking Number: AEGA-126937178 *State:* Arkansas
Filing Company: Transamerica Life Insurance Company *State Tracking Number:* 47536
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Disposition

Disposition Date: 12/17/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.



Individual Variable Deferred 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

1. PRODUCT INFORMATION

Product (select only one option): Advisor Elite SM, Axiom SM, Extra SM, Freedom SM, Landmark SM ML, Huntington Landmark SM, Landmark SM, Liberty SM, Principium II SM

2. OWNER INFORMATION

Type of Owner:

- Individual, Trust, Corporate, Guardianship, Company Qualified Plan, UGMA / UTMA

Complete Legal Name:

Residential Address: City, State, Zip:

Mailing Address: City, State, Zip:

SSN/TIN: Date of Birth: Telephone:

Gender: Male Female Marital Status: Single Married Widowed Divorced Domestic Partner

Citizenship: U.S. Citizen Non-U.S.Citizen (Country of Citizenship:) Resident Alien Non-Resident Alien

3. JOINT OWNER INFORMATION

Only complete this section if there will be a Joint Owner. If no Joint Owner is listed, Transamerica Life Insurance Company will issue the policy with the Sole Owner.

Relationship to Owner:

Complete Legal Name:

Residential Address: City, State, Zip:

Mailing Address: City, State, Zip:

SSN/TIN: Date of Birth: Telephone:

Gender: Male Female Marital Status: Single Married Widowed Divorced Domestic Partner

Citizenship: U.S. Citizen Non-U.S.Citizen (Country of Citizenship:) Resident Alien Non-Resident Alien

(1) If Type of Owner in Section 2 is Individual, Owner or Joint Owner must be the Annuitant.

(2) A Residential Address must be completed and cannot be a P.O. Box.

(3) Prior Company approval will be required if there is not an immediate (including Grandparents) familial relationship.

4. ANNUITANT INFORMATION

Only complete this section if Annuitant is different than Owner or if there is a Joint Owner. If Type of Owner in Section 2 is Individual, Owner or Joint Owner must be the Annuitant. If no Annuitant is listed, Transamerica Life Insurance Company will issue the policy with the Owner and Annuitant as the same.

Relationship to Owner: ⁽¹⁾ _____

Complete Legal Name: _____

Residential Address: ⁽²⁾ _____ City, State, Zip: _____

Mailing Address: _____ City, State, Zip: _____

SSN/TIN: _____ Date of Birth: _____ Telephone: _____

Gender: Male Female Marital Status: Single Married Widowed Divorced Domestic Partner

Citizenship: U.S. Citizen
 Non-U.S.Citizen (Country of Citizenship: _____) Resident Alien Non-Resident Alien

5. BENEFICIARY DESIGNATION (If there are more than 3 beneficiaries, attach an Additional Beneficiary Form.)

The percentages you assign for each beneficiary must be whole percentages. Any Beneficiary Designation must have at least one primary beneficiary listed. Sum of all primary beneficiary designation(s) must total 100%. Sum of all contingent beneficiary designation(s), if applicable, must total 100%. If the percentages do not total 100% we will consider this designation incomplete and all claims will be paid per the terms of the policy, unless accurate beneficiary information is received timely. If there are no surviving beneficiaries, proceeds will be payable per the terms of the policy.

Primary Contingent Allocation Percentage: _____%

Is this an Irrevocable Beneficiary? Yes No Is this a Restricted Beneficiary? Yes ⁽³⁾ No

Complete Legal Name: _____ Spousal Beneficiary

Relationship to Annuitant: _____ Gender: Male Female Entity or Trust ⁽⁴⁾

Mailing Address: _____ City, State, Zip: _____

SSN/TIN: _____ Date of Birth: _____

Citizenship: U.S. Citizen
 Non-U.S.Citizen (Country of Citizenship: _____) Resident Alien Non-Resident Alien

Primary Contingent Allocation Percentage: _____%

Is this an Irrevocable Beneficiary? Yes No Is this a Restricted Beneficiary? Yes ⁽³⁾ No

Complete Legal Name: _____

Relationship to Annuitant: _____ Gender: Male Female Entity or Trust ⁽⁴⁾

Mailing Address: _____ City, State, Zip: _____

SSN/TIN: _____ Date of Birth: _____

Citizenship: U.S. Citizen
 Non-U.S.Citizen (Country of Citizenship: _____) Resident Alien Non-Resident Alien

⁽¹⁾ **Prior Company approval will be required if there is not an immediate (including Grandparents) familial relationship.**

⁽²⁾ **A Residential Address must be completed and cannot be a P.O. Box.**

⁽³⁾ **The Beneficiary will not be restricted until the Beneficiary Designation with Restricted Payout Form is received.**

⁽⁴⁾ **Please submit the Trustee Certification Form if a Trust is named as Beneficiary.**

5. BENEFICIARY DESIGNATION (continued)

Primary Contingent Allocation Percentage: _____%

Is this an Irrevocable Beneficiary? Yes No

Is this a Restricted Beneficiary? Yes⁽¹⁾ No

Complete Legal Name: _____

Relationship to Annuitant: _____ Gender: Male Female Entity or Trust⁽²⁾

Mailing Address: _____ City, State, Zip: _____

SSN/TIN: _____ Date of Birth: _____

Citizenship: U.S. Citizen

Non-U.S. Citizen (Country of Citizenship: _____) Resident Alien Non-Resident Alien

6. PURCHASE PAYMENT INFORMATION

Purchase Amount \$ _____

- Check/Wire Enclosed
- Transamerica Life Insurance Company to request release of funds
- Insurance Producer/Client to request release of funds

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

A. NON-QUALIFIED

Source of Funds:

- New Money
- 1035 Exchange - The IRC Section 1035 Exchange Form is **required**. Submit the appropriate state replacement form(s) if the Applicant has existing life insurance policies or annuity contracts.
- CD/Mutual Fund Redemption - The Mutual Fund/CD Redemption Form is **required**. Submit the appropriate state replacement form(s) if the Applicant has existing life insurance policies or annuity contracts.

B. QUALIFIED

Source of Funds:

- New Contribution - Tax Year: _____
- Direct Transfer - The Qualified Funds Direct Rollover or Transfer Request Form is **required**. Submit the appropriate state replacement form(s) if the Applicant has existing life insurance policies or annuity contracts.
- Rollover - The Qualified Funds Direct Rollover or Transfer Request Form is **required**.

Type of Qualified Plan Applying for:⁽³⁾

- Traditional IRA Roth IRA SEP IRA Simple IRA
- Profit Sharing Plan Pension Plan Other: _____

⁽¹⁾ The Beneficiary will not be restricted until the Beneficiary Designation with Restricted Payout Form is received.

⁽²⁾ Please submit the Trustee Certification Form if a Trust is named as Beneficiary.

⁽³⁾ Prior Company approval required for all qualified plans other than individual IRAs.

7. ELECTIONS

Elections below may not be available in all states or with all products. Issue ages may differ between states and products.

A. GUARANTEED MINIMUM DEATH BENEFITS - Your selection cannot be changed after the policy has been issued. 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 +SM (Plus)
- Additional Death DistributionSM

C. LIVING/WITHDRAWAL BENEFIT RIDER(S) - If a rider is not selected, your policy will not have the benefits provided by that rider and you will not be charged for the rider. Only one Living/Withdrawal Benefit can be selected.

◆ **Retirement Income Choice® (RIC) Rider**

RIC Investment Strategy Options - To elect this rider, either the Open or Designated Allocation option must be selected.

- Open Allocation (Investment Allocation in Section 8C can be allocated among any investment options.)
- Designated Allocation (Investment Allocation in Section 8C must be within Designated Groups A, B or C investment options only.)

Election - To elect this rider, either the Single or the Joint option must be selected.

- Single
- Joint - Joint Owner in Section 3 or Sole Primary Beneficiary in Section 5 must be the Owner's spouse, civil union or domestic partner.

RIC Rider Options - More than one option may be selected.

- Income EnhancementSM
- Death Benefit

◆ **Retirement Income MaxSM Rider** - To elect this rider, select either the Single option or the Joint option.

Election - Investment Allocation in Section 8C must be within Designated Group C or indicated Designated Group B investment options only.

- Single
- Joint - Joint Owner in Section 3 or Sole Primary Beneficiary in Section 5 must be the Owner's spouse, civil union or domestic partner.

◆ **Income LinkSM Rider** - To elect this rider, select either the Single option or the Joint option.

Election - Investment Allocation in Section 8C must be Designated Group C investment options only.

- Single
- Joint - Joint Owner in Section 3 or Sole Primary Beneficiary in Section 5 must be the Owner's spouse, civil union or domestic partner.

◆ **Guaranteed Principal SolutionSM (GPS) Rider**

- GPSSM Rider

7. ELECTIONS (continued)

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

- Liquidity Rider - Only available with LandmarkSM
 Access Rider

There are no additional riders available at this time.

8. INVESTMENT SELECTION

If immediately investing all funds proceed to Section 8B. If any funds are to be allocated in the DCA complete Section 8A.

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 10 12 24 Other: _____ (minimum 6 months/maximum 24 months)

Quarterly: 4 8

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 ALLOCATIONS

IF YOU SELECTED THE RETIREMENT INCOME CHOICE® RIDER DESIGNATED ALLOCATION OPTION IN SECTION 7C YOU CAN ALLOCATE WITHIN:

- DESIGNATED GROUP A
- DESIGNATED GROUP B
- DESIGNATED GROUP C

IF YOU SELECTED THE RETIREMENT INCOME MAXSM RIDER IN SECTION 7C, YOU CAN ALLOCATE WITHIN:

- DESIGNATED GROUP C
- INDICATED DESIGNATED GROUP B ALLOCATIONS

IF YOU SELECTED THE INCOME LINKSM RIDER IN SECTION 7C, YOU CAN ALLOCATE WITHIN:

- DESIGNATED GROUP C

IF YOU SELECTED THE RETIREMENT INCOME CHOICE® RIDER OPEN ALLOCATION OPTION, THE GUARANTEED PRINCIPAL SOLUTIONSM (GPS) RIDER OR DID NOT SELECT A LIVING BENEFIT/WITHDRAWAL RIDER IN SECTION 7C, YOU CAN ALLOCATE WITHIN:

- DESIGNATED GROUP A
- DESIGNATED GROUP B
- DESIGNATED GROUP C
- NON-DESIGNATED (OPEN) ALLOCATIONS

Investment options start on the next page.

8. INVESTMENT SELECTION (continued)

C. PORTFOLIO ALLOCATIONS (continued)

For all options listed in this Section, the Initial Allocation Percentage column and DCA (if applicable) Allocation Percentage column must each total 100%. All allocations must be entered in whole percentages.

	Initial % (Required)	DCA % (Optional)		Initial % (Required)	DCA % (Optional)
Initial Investment for DCA	_____	.0%			

Designated Group A:⁽¹⁾

AllianceBernstein Balanced Wealth Strategy Portfolio	_____	.0%	American Funds - Asset Allocation Fund	_____	.0%
Fidelity VIP Balanced Portfolio	_____	.0%	Franklin Templeton VIP Founding Funds Allocation Fund	_____	.0%
GEI Total Return Fund	_____	.0%	TA Asset Allocation - Moderate Growth VP	_____	.0%
TA Balanced VP	_____	.0%	TA Efficient Markets VP (Investing in Vanguard® ETFs and Dimensional Fund Advisors Mutual Funds)	_____	.0%
TA Index 75 VP (Investing in Vanguard® ETFs)	_____	.0%	TA International Moderate Growth VP	_____	.0%

Designated Group B:⁽²⁾

TA Asset Allocation - Moderate VP ⁽³⁾	_____	.0%	TA BlackRock Global Allocation VP	_____	.0%
TA BlackRock Tactical Allocation VP	_____	.0%	TA Index 50 VP (Investing in Vanguard® ETFs) ⁽³⁾	_____	.0%

Designated Group C:⁽⁴⁾

1 Year Fixed Guaranteed Period ⁽⁵⁾	_____	.0%	3 Year Fixed Guaranteed Period ⁽⁵⁾	_____	.0%
5 Year Fixed Guaranteed Period ⁽⁵⁾	_____	.0%	7 Year Fixed Guaranteed Period ⁽⁵⁾	_____	.0%
American Funds - Bond Fund	_____	.0%	TA AllianceBernstein Dynamic Allocation VP	_____	.0%
TA Asset Allocation - Conservative VP	_____	.0%	TA Foxhall Global Conservative VP	_____	.0%
TA Index 35 VP (Investing in Vanguard® ETFs)	_____	.0%	TA Money Market VP	_____	.0%
TA PIMCO Total Return VP	_____	.0%	TA U.S. Government Securities VP	_____	.0%

Additional investment options are continued on the next page.

⁽¹⁾ Fund Allocations for Retirement Income Choice® Designated - Group A

⁽²⁾ Fund Allocations for Retirement Income Choice® Designated - Group B

⁽³⁾ Fund Allocations for Retirement Income MaxSM - Indicated Group B

⁽⁴⁾ Fund Allocations for Retirement Income Choice® Designated, Retirement Income MaxSM or Income LinkSM - Group C

⁽⁵⁾ The Guaranteed Period Options may not be available in all states or with all products. Premium limits may apply.

8. INVESTMENT SELECTION (continued)

C. PORTFOLIO ALLOCATIONS (continued)

For all options listed in this Section, the Initial Allocation Percentage column and DCA (if applicable) Allocation Percentage column must each total 100%. All allocations must be entered in whole percentages.

	Initial % (Required)	DCA % (Optional)		Initial % (Required)	DCA % (Optional)
Non-Designated (Open):					
AllianceBernstein Growth and Income Portfolio	____.0%	____.0%	AllianceBernstein Large Cap Growth Portfolio	____.0%	____.0%
American Funds - Growth Fund	____.0%	____.0%	American Funds - Growth - Income Fund	____.0%	____.0%
American Funds - International Fund	____.0%	____.0%	Fidelity VIP Contrafund ® Portfolio	____.0%	____.0%
Fidelity VIP Equity-Income Portfolio	____.0%	____.0%	Fidelity VIP Growth Portfolio	____.0%	____.0%
Fidelity VIP Mid Cap Portfolio	____.0%	____.0%	Fidelity VIP Value Strategies Portfolio	____.0%	____.0%
Franklin Income Securities Fund	____.0%	____.0%	Invesco V.I. Basic Value Fund	____.0%	____.0%
Invesco V.I. Capital Appreciation Fund	____.0%	____.0%	Janus Aspen - Enterprise Portfolio	____.0%	____.0%
Janus Aspen - Worldwide Portfolio	____.0%	____.0%	MFS ® New Discovery Series	____.0%	____.0%
MFS ® Total Return Series	____.0%	____.0%	Mutual Shares Securities Fund	____.0%	____.0%
Templeton Foreign Securities Fund	____.0%	____.0%	TA AEGON High Yield Bond VP	____.0%	____.0%
TA Asset Allocation - Growth VP	____.0%	____.0%	TA BlackRock Large Cap Value VP	____.0%	____.0%
TA Clarion Global Real Estate Securities VP	____.0%	____.0%	TA Diversified Equity VP	____.0%	____.0%
TA Focus VP	____.0%	____.0%	TA Foxhall Emerging Markets/Pacific Rim VP	____.0%	____.0%
TA Foxhall Global Growth VP	____.0%	____.0%	TA Foxhall Global Hard Asset VP	____.0%	____.0%
TA Growth Opportunities VP	____.0%	____.0%	TA Hanlon Balanced VP	____.0%	____.0%
TA Hanlon Growth VP	____.0%	____.0%	TA Hanlon Growth and Income VP	____.0%	____.0%
TA Hanlon Managed Income VP	____.0%	____.0%	TA Index 100 VP (Investing in Vanguard ® ETFs)	____.0%	____.0%
TA JPMorgan Enhanced Index VP	____.0%	____.0%	TA JPMorgan Mid Cap Value VP	____.0%	____.0%
TA Jennison Growth VP	____.0%	____.0%	TA MFS International Equity VP	____.0%	____.0%
TA Morgan Stanley Active International Allocation VP	____.0%	____.0%	TA Morgan Stanley Mid-Cap Growth VP	____.0%	____.0%
TA Multi Managed Large Cap Core VP	____.0%	____.0%	TA Small/Mid Cap Value VP	____.0%	____.0%
TA T. Rowe Price Small Cap VP	____.0%	____.0%	TA WMC Diversified Growth VP	____.0%	____.0%

9. OWNER ACKNOWLEDGEMENTS & SIGNATURES

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

- No Yes Did the Representative/Insurance Producer present and leave the applicant sales material?
- No Yes Do you have any existing life insurance policies or annuity contracts?
- No Yes Will this annuity replace or change any existing life insurance policies or annuity contracts?

If yes - Company: _____ Policy #: _____

B. DISCLOSURES

- 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.
- 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.
- 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.

C. AGGREGATION OF ANNUITIES

All non-qualified deferred annuity policies that are issued by us (or our affiliates) to the same owner during any calendar year are treated as one annuity for purposes of determining the amount includable in the owner's income when a taxable distribution occurs. Affiliates of the Transamerica Life Insurance Company include: Monumental Life Insurance Company, Transamerica Advisors Life Insurance Company, Transamerica Advisors Life Insurance Company of New York, Transamerica Financial Life Insurance Company and Western Reserve Life Assurance Co. of Ohio.

D. TELEPHONE/ELECTRONIC 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. If no option is selected, the authorization will default to Owner only.

- Yes By checking "Yes," I am authorizing and directing Transamerica Life Insurance Company to act on telephone or electronic instructions from my insurance producer of record or their support staff. This may include fund transfers, allocation changes and any other changes approved by Transamerica Life Insurance Company. Transamerica Life Insurance Company will use reasonable procedures to confirm that these instructions are authorized and genuine. As long as these procedures are followed, Transamerica Life Insurance Company and its affiliates and their directors, officers, employees, representatives and/or insurance producers will be held harmless for any claim, liability, loss or cost.
- No By checking "No", I am not authorizing and directing Transamerica Life Insurance Company to act on telephone or electronic instructions from my insurance producer of record or their support staff.

E. ELECTRONIC DOCUMENT DELIVERY

Skip to subsection 9F if you are not initiating the process of Electronic Document Delivery.

By providing an email address below, I consent to initiate the process of receiving electronic documents and notices applicable to the Eligible Policy/Policies accessed through the Company website. These include, but are not limited to, prospectuses, prospectus supplements, annual and semiannual reports, quarterly statements and immediate confirmations, privacy notices and other notices and documentation in electronic format when available instead of receiving paper copies of these documents by U.S. mail. I consent to receive in electronic format any documents added in the future.

9. OWNER ACKNOWLEDGEMENTS & SIGNATURES (continued)

E. ELECTRONIC DOCUMENT DELIVERY (continued)

Important Information Concerning Electronic Document Delivery:

- There is no charge for electronic delivery, although an internet provider may charge for internet access.
- You are confirming that you have access to a computer with internet capabilities and an active email account to receive information electronically.
- This Electronic Document Delivery applies only to Eligible Policies accessed through the following websites: www.transamericaannuities.com, www.westernreserve.com, www.advisorresources.com and www.monlife.com.
- After subscribing to Electronic Document Delivery, Transamerica Life Insurance Company will send an email to confirm the provided email address is correct. If Transamerica Life Insurance Company is not able to confirm an email address or has reasonable suspicion that an email address is incorrect, Transamerica Life Insurance Company will not be able to activate the subscription for electronic delivery, in which case paper copy documents will be sent.
- Email filters must be updated which may prevent email notifications from Transamerica Life Insurance Company to be received.
- Not all contract documentation and notifications may currently be available in electronic format.
- Paper copies of the information may be requested at any time for no charge.
- For jointly owned policies both owners are consenting to have information sent to the email address listed below.
- If the email address changes after the subscription process, notification must be sent to Transamerica Life Insurance Company.
- Electronic delivery will be cancelled if emails are returned undeliverable.
- This consent will remain in effect until revoked.

Transamerica Life Insurance Company is not required to deliver this information electronically and may discontinue electronic delivery in whole or in part at any time. Please call (800) 525-6205 or visit the Company website if you would like to revoke your consent, wish to receive a paper copy of the information above, or need to update your email address.

Email Address: _____

Electronic Delivery Document notifications will be provided to only one email address. Any email provided above will override any existing email address, if applicable.

F. FRAUD STATEMENTS

For Applicants in AR - 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 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.

9. OWNER ACKNOWLEDGEMENTS & SIGNATURES (continued)

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.

Signed at: _____
City State

Date: _____ Linking Number: _____

Owner(s) Signature: X _____

Joint Owner(s) Signature: X _____

Annuitant Signature (if not Owner): X _____

10. REPRESENTATIVE/INSURANCE PRODUCER 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 life insurance policies or annuity contracts?
- No Yes Do you have any reason to believe the annuity applied for will replace or change any existing life insurance policies or annuity contracts?

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

B. REPRESENTATIVE/INSURANCE PRODUCER 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.

REMINDER - Please verify a product has been selected in Section 1.

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

If this is a replacement transaction, I confirm that I have reviewed the Company's written standard regarding the acceptability of replacements and that it meets the Company's standard.

#1: Registered Representative/Licensed Insurance Producer

Print Full Name: _____

Representative/Insurance Producer ID Number: _____

Email Address (Optional): _____

Phone Number: _____

Firm Name: _____

Firm Address: _____

Signature: X _____

#2: Registered Representative/Licensed Insurance Producer

Print Full Name: _____

Representative/Insurance Producer ID Number: _____

Email Address (Optional): _____

Phone Number: _____

Signature: X _____

For Representative/Insurance Producer 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)

SERFF Tracking Number: AEGA-126937178 State: Arkansas
Filing Company: Transamerica Life Insurance Company State Tracking Number: 47536
Company Tracking Number: VA-APP 02/11 (NIC)
TOI: A02.11 Individual Annuities- Deferred Non- Sub-TOI: A02.11.002 Flexible Premium
Variable and Variable
Product Name: VA-APP 02/11 (NIC)
Project Name/Number: Variable Annuity Application/VA-APP 02/11 (NIC)

Supporting Document Schedules

Item Status: **Status**
Date:

Satisfied - Item: Flesch Certification

Comments:

This application is used with variable annuities which are SEC registered products. Therefore, a Flesch Readability Certification has not been attached as a flesch reading ease score is not required.

Attachment:

AR Reg 19 Cert VA-APP 0211 (NIC).pdf

Item Status: **Status**
Date:

Satisfied - Item: Statement of Variability

Comments:

Attachment:

Statement of Variability.pdf

CERTIFICATION OF COMPLIANCE

Company Name: Transamerica Life Insurance Company

Form Title(s): Variable Annuity Application

Form Number(s): VA-APP 02/11 (NIC)

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.



Darin D. Smith
Vice President

December 15, 2010

Date

Annuity Application Statement of Variability

VA-APP 02/11 (NIC)

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

A. 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.

B. 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.

C. 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.

D. 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

A. Dollar Cost Averaging (DCA) Program: To allow for flexibility to make changes to the DCA accounts.

C. Portfolio Allocations: To allow for flexibility to make changes to the Portfolio Allocation instructions and Subaccounts being offered. The instructions and Subaccounts will vary dependent on the riders being offered in Section 7.C. Living/Withdrawal Benefit Rider(s).

Section 9. OWNER ACKNOWLEDGEMENTS AND SIGNATURES

C. Aggregation of Annuities: The ability to revise company names due to mergers or name changes without refilling this form to your Department. Any revision to the company names would be approved by your Department prior to any updates to this form.

E. Electronic Document Delivery: To allow for administrative flexibility. Should the website or telephone number information change, this information will be updated accordingly.

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

Section 10. REPRESENTATIVE/INSURANCE PRODUCER ACKNOWLEDGEMENTS AND SIGNATURES

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