

SERFF Tracking Number: AEGA-126470107 State: Arkansas
Filing Company: Transamerica Life Insurance Company State Tracking Number: 44688
Company Tracking Number: SES-APP 12/09 (DR)
TOI: A02I Individual Annuities- Deferred Non- Sub-TOI: A02I.003 Single Premium
Variable
Product Name: SES-APP 12/09 (DR)
Project Name/Number: Fixed Annuity Application/SES-APP 12/09 (DR)

Filing at a Glance

Company: Transamerica Life Insurance Company

Product Name: SES-APP 12/09 (DR) SERFF Tr Num: AEGA-126470107 State: Arkansas
TOI: A02I Individual Annuities- Deferred Non- SERFF Status: Closed-Approved- State Tr Num: 44688
Variable Closed
Sub-TOI: A02I.003 Single Premium Co Tr Num: SES-APP 12/09 (DR) State Status: Approved-Closed
Filing Type: Form Reviewer(s): Linda Bird
Author: Laurie Bascom Disposition Date: 02/01/2010
Date Submitted: 01/25/2010 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Fixed Annuity Application
Project Number: SES-APP 12/09 (DR)
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:
Filing Status Changed: 02/01/2010

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: 02/01/2010
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

SES-APP 12/09 (DR) – Fixed Annuity Application

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SERFF File #: AEGA-126470107

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 AS776 107 102 1004 approved by your Department on 10/18/2004.

The product used with this application will be marketed on a direct response basis. The customer contacts the company and requests a "kit". The kit is then sent to the customer with a complete set of forms, including the appropriate replacement documents. If a replacement is intended, the customer completes the replacement documentation and returns it with the application. Please note there is no agent signature on the application as the client completes the appropriate documentation and submits it to the Company without solicitation.

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.

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Company and Contact

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	01/25/2010	33763980

SERFF Tracking Number: AEGA-126470107 State: Arkansas
Filing Company: Transamerica Life Insurance Company State Tracking Number: 44688
Company Tracking Number: SES-APP 12/09 (DR)
TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.003 Single Premium
Variable
Product Name: SES-APP 12/09 (DR)
Project Name/Number: Fixed Annuity Application/SES-APP 12/09 (DR)

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	02/01/2010	02/01/2010

SERFF Tracking Number: AEGA-126470107 *State:* Arkansas
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Disposition

Disposition Date: 02/01/2010

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 - Actuarial Memo		No
Supporting Document	Statement of Variability		Yes
Form	Fixed Annuity Application		Yes

SPECIAL EDITION SELECT 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) 553-5957

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 Same as Annuitant

Full Name: ⁽²⁾ _____

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

JOINT OWNER Relationship to Primary Owner: _____

Full Name: ⁽²⁾ _____

Residential Address: ⁽¹⁾ _____

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

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: _____ SSN: _____ Sex: M F

Full Name: ⁽²⁾ _____ Primary Contingent _____%

Relationship to Annuitant: _____ SSN: _____ Sex: M F

TOTAL PURCHASE AMOUNT \$ _____ Non-Qualified Qualified

New Money Qualified Plan Type: _____ Contribution Year: _____

Transfer From: 1035 Exchange Direct Transfer Roth Conversion Requested by: Client Carrier

Rollover From (Type of Plan): _____ Transfer/Rollover Amount \$ _____

PRODUCT FEATURES

I elect to waive the Return of Premium Guarantee.

Guarantee Period Options (You must select only ONE option):

1 Year Interest Rate with 5 Year Surrender Schedule 5 Year Interest Rate with 5 Year Surrender Schedule

1 Year Interest Rate with 7 Year Surrender Schedule 7 Year Interest Rate with 7 Year Surrender Schedule

1 Year Interest Rate with 9 Year Surrender Schedule 10 Year Interest Rate with 9 Year Surrender Schedule

If electing any additional riders, please choose only ONE of the following options:

Beneficiary Earnings Enhancement (BEE) **Not available in WA**

Beneficiary Earnings Enhancement - EXTRA II (BEE - EXTRA II) **Not available in NJ, WA**

⁽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 is named as Owner or Beneficiary.

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

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 _____

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 -SES-APP 1209 (DR).pdf
 Arkansas Cert 3 (Reg 19) - TLIC - SES-APP 1209 (DR).pdf

Item Status: **Status Date:**

Bypassed - Item: Application

Bypass Reason: The application being submitted for review is attached under the Form Schedule tab.

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. SES-APP 12/09 (DR) has achieved a Flesch Reading Ease Score of 50.8 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

A handwritten signature in black ink that reads "Karen Alvarado". The signature is written in a cursive style with a large initial 'K'.

Karen Alvarado
Vice President, Compliance Director

01/25/2010

Date

CERTIFICATION OF COMPLIANCE

Company Name: Transamerica Life Insurance Company

Form Title(s): Fixed Annuity Application

Form Number(s): SES-APP 12/09 (DR)

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

01/25/2010

Date

Annuity Application Statement of Variability

SES-APP 12/09 (DR)

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.

Product Features: The ability to change and/or make available different types of product features or optional riders (when these are filed and approved by your Department). The current options may be removed and added, but newly approved options will never be added.

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