

SERFF Tracking Number: AEGA-126501019 State: Arkansas
Filing Company: Transamerica Life Insurance Company State Tracking Number: 44896
Company Tracking Number: VA-APP 05/10 (NIC)
TOI: A02.11 Individual Annuities- Deferred Non- Sub-TOI: A02.11.002 Flexible Premium
Variable and Variable
Product Name: VA-APP 05/10 (NIC)
Project Name/Number: Variable Annuity Application/VA-APP 05/10 (NIC)

Filing at a Glance

Company: Transamerica Life Insurance Company

Product Name: VA-APP 05/10 (NIC) SERFF Tr Num: AEGA-126501019 State: Arkansas
TOI: A02.11 Individual Annuities- Deferred Non- SERFF Status: Closed-Approved- State Tr Num: 44896
Variable and Variable Closed
Sub-TOI: A02.11.002 Flexible Premium Co Tr Num: VA-APP 05/10 (NIC) State Status: Approved-Closed
Filing Type: Form Reviewer(s): Linda Bird
Author: Laurie Bascom Disposition Date: 02/19/2010
Date Submitted: 02/17/2010 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 05/10 (NIC)
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:
Filing Status Changed: 02/19/2010

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: 02/19/2010
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

Attn: Policy Examination Division (Life & Annuity)

Re: Transamerica Life Insurance Company

SERFF Tracking Number: AEGA-126501019 State: Arkansas
Filing Company: Transamerica Life Insurance Company State Tracking Number: 44896
Company Tracking Number: VA-APP 05/10 (NIC)
TOI: A02.II Individual Annuities- Deferred Non- Sub-TOI: A02.II.002 Flexible Premium
Variable and Variable
Product Name: VA-APP 05/10 (NIC)
Project Name/Number: Variable Annuity Application/VA-APP 05/10 (NIC)

NAIC #: 468 - 86231

VA-APP 05/10 (NIC) – Variable Annuity Application

SERFF Tracking #: AEGA-126501019

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.

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

SERFF Tracking Number: AEGA-126501019 State: Arkansas
 Filing Company: Transamerica Life Insurance Company State Tracking Number: 44896
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 Variable and Variable
 Product Name: VA-APP 05/10 (NIC)
 Project Name/Number: Variable Annuity Application/VA-APP 05/10 (NIC)

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	02/17/2010	34246600

SERFF Tracking Number: AEGA-126501019 State: Arkansas
Filing Company: Transamerica Life Insurance Company State Tracking Number: 44896
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TOI: A02.II Individual Annuities- Deferred Non- Sub-TOI: A02.II.002 Flexible Premium
Variable and Variable
Product Name: VA-APP 05/10 (NIC)
Project Name/Number: Variable Annuity Application/VA-APP 05/10 (NIC)

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	02/19/2010	02/19/2010

SERFF Tracking Number: AEGA-126501019 *State:* Arkansas
Filing Company: Transamerica Life Insurance Company *State Tracking Number:* 44896
Company Tracking Number: VA-APP 05/10 (NIC)
TOI: A02.II Individual Annuities- Deferred Non- *Sub-TOI:* A02.II.002 Flexible Premium
Variable and Variable
Product Name: VA-APP 05/10 (NIC)
Project Name/Number: Variable Annuity Application/VA-APP 05/10 (NIC)

Disposition

Disposition Date: 02/19/2010

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 Axiom Extra Freedom Landmark ML Landmark Liberty Principium II

Non-Qualified

Qualified:

- Traditional IRA Custodial IRA Roth IRA Inherited IRA SEP IRA Simple IRA Other:

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 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 (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 Marital Status: Single Married Widowed Divorced Domestic Partner

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

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.

4. ANNUITANT INFORMATION

Complete this section if Annuitant is different than Owner or if there is a Joint Owner. If no Annuitant is listed, Transamerica Life Insurance Company will issue the policy with the Owner and Annuitant as the same.

Relationship to Owner: _____

Complete Legal Name: _____

Residential Address:* _____ City, State, Zip: _____

Mailing Address: _____ City, State, Zip: _____

SSN: _____ Date of Birth: _____

Telephone: _____ E-mail Address: _____

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

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

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

Beneficiary designation(s) must total 100 % .

Primary Contingent Allocation Percentage: _____ %

Is this an Irrevocable Beneficiary? Yes No Is this a Restricted Beneficiary? Yes ⁽¹⁾ No

Complete Legal Name: _____ Spousal Beneficiary

Relationship to Annuitant: _____

Mailing Address: _____ City, State, Zip: _____

SSN/TIN: _____ Date of Birth: _____

Gender: Male Female N/A - Entity or Trust ⁽²⁾

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 ⁽¹⁾ No

Complete Legal Name: _____

Relationship to Annuitant: _____

Mailing Address: _____ City, State, Zip: _____

SSN/TIN: _____ Date of Birth: _____

Gender: Male Female N/A - Entity or Trust ⁽²⁾

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

⁽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.**

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: _____

Mailing Address: _____ City, State, Zip: _____

SSN/TIN: _____ Date of Birth: _____

Gender: Male Female N/A - Entity or Trust ⁽²⁾

Citizenship: U.S. Citizen

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

⁽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.**

6. PURCHASE PAYMENT INFORMATION

Purchase Amount \$ _____

Check/Wire Enclosed Carrier 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

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 if Carrier to request funds.

Rollover - The Qualified Funds Direct Rollover or Transfer Request Form is required if Carrier to request funds.

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.

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 - Only available with Advisor Elite, Axiom or Principium II
- 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 ChoiceSM (RIC) 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 Investment Strategy Options - Either the Open or Designated Allocation option must be selected.
 - Open Allocation
 - Designated Allocation
- RIC Rider Options - More than one option may be selected.
 - Income Enhancement
 - Death Benefit
- Income LinkSM 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.
- Guaranteed Principal Solution Rider (GPS)

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

- Liquidity Rider - Only available with Landmark
 - Access Rider - Only available with Axiom or Principium II
- There are no additional riders available at this time.**

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 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

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

Additional investment options are continued on the next page.

Investment Options:

	Income Link SM Designated		RIC Designated		All Other Allocations	
	Initial % (Required)	DCA % (Optional)	Initial % (Required)	DCA % (Optional)	Initial % (Required)	DCA % (Optional)
Initial Investment for DCA Program	____.0%	<u>N/A</u> .0%	____.0%	<u>N/A</u> .0%	____.0%	<u>N/A</u> .0%
1 Year Fixed Guaranteed Period Option ⁽¹⁾	____.0%	<u>N/A</u> .0%	____.0%	<u>N/A</u> .0%	____.0%	<u>N/A</u> .0%
3 Year Fixed Guaranteed Period Option ⁽¹⁾	____.0%	<u>N/A</u> .0%	____.0%	<u>N/A</u> .0%	____.0%	<u>N/A</u> .0%
5 Year Fixed Guaranteed Period Option ⁽¹⁾	____.0%	<u>N/A</u> .0%	____.0%	<u>N/A</u> .0%	____.0%	<u>N/A</u> .0%
7 Year Fixed Guaranteed Period Option ⁽¹⁾	____.0%	<u>N/A</u> .0%	____.0%	<u>N/A</u> .0%	____.0%	<u>N/A</u> .0%
AllianceBernstein Balanced Wealth Strategy Portfolio	<u>N/A</u> .0%	<u>N/A</u> .0%	____.0%	____.0%	____.0%	____.0%
American Funds - Asset Allocation Fund	<u>N/A</u> .0%	<u>N/A</u> .0%	____.0%	____.0%	____.0%	____.0%
American Funds - Bond Fund	____.0%	____.0%	____.0%	____.0%	____.0%	____.0%
Fidelity - VIP Balanced Portfolio	<u>N/A</u> .0%	<u>N/A</u> .0%	____.0%	____.0%	____.0%	____.0%

⁽¹⁾ 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 Allocation Percentage column must each total 100%. All allocations must be entered in whole percentages.

Additional investment options are continued on the next page.

Investment Options (continued):

	Income Link SM Designated		RIC Designated		All Other Allocations	
	Initial % (Required)	DCA % (Optional)	Initial % (Required)	DCA % (Optional)	Initial % (Required)	DCA % (Optional)
Franklin Templeton VIP Founding Funds Allocation Fund	<u>N/A</u> .0%	<u>N/A</u> .0%	____.0%	____.0%	____.0%	____.0%
GEI Total Return Fund	<u>N/A</u> .0%	<u>N/A</u> .0%	____.0%	____.0%	____.0%	____.0%
TA Asset Allocation - Conservative VP	____.0%	____.0%	____.0%	____.0%	____.0%	____.0%
TA Asset Allocation - Moderate VP	<u>N/A</u> .0%	<u>N/A</u> .0%	____.0%	____.0%	____.0%	____.0%
TA Asset Allocation - Moderate Growth VP	<u>N/A</u> .0%	<u>N/A</u> .0%	____.0%	____.0%	____.0%	____.0%
TA Balanced VP	<u>N/A</u> .0%	<u>N/A</u> .0%	____.0%	____.0%	____.0%	____.0%
TA BlackRock Global Allocation VP	<u>N/A</u> .0%	<u>N/A</u> .0%	____.0%	____.0%	____.0%	____.0%
TA BlackRock Tactical Allocation VP	<u>N/A</u> .0%	<u>N/A</u> .0%	____.0%	____.0%	____.0%	____.0%
TA Efficient Markets VP (Investing in Vanguard® ETFs and Dimensional Fund Advisors Mutual Funds)	<u>N/A</u> .0%	<u>N/A</u> .0%	____.0%	____.0%	____.0%	____.0%
TA Foxhall Global Conservative VP	____.0%	____.0%	____.0%	____.0%	____.0%	____.0%
TA Index 35 VP (Investing in Vanguard® ETFs)	____.0%	____.0%	____.0%	____.0%	____.0%	____.0%
TA Index 50 VP (Investing in Vanguard® ETFs)	<u>N/A</u> .0%	<u>N/A</u> .0%	____.0%	____.0%	____.0%	____.0%
TA Index 75 VP (Investing in Vanguard® ETFs)	<u>N/A</u> .0%	<u>N/A</u> .0%	____.0%	____.0%	____.0%	____.0%
TA International Moderate Growth VP	<u>N/A</u> .0%	<u>N/A</u> .0%	____.0%	____.0%	____.0%	____.0%
TA Money Market VP	____.0%	____.0%	____.0%	____.0%	____.0%	____.0%
TA PIMCO Total Return VP	____.0%	____.0%	____.0%	____.0%	____.0%	____.0%
TA U.S. Government Securities VP	____.0%	____.0%	____.0%	____.0%	____.0%	____.0%
AIM V.I. Basic Value Fund	<u>N/A</u> .0%	<u>N/A</u> .0%	<u>N/A</u> .0%	<u>N/A</u> .0%	____.0%	____.0%
AIM V.I. Capital Appreciation Fund	<u>N/A</u> .0%	<u>N/A</u> .0%	<u>N/A</u> .0%	<u>N/A</u> .0%	____.0%	____.0%
AllianceBernstein Growth and Income Portfolio	<u>N/A</u> .0%	<u>N/A</u> .0%	<u>N/A</u> .0%	<u>N/A</u> .0%	____.0%	____.0%

8. INVESTMENT SELECTION (continued)

C. PORTFOLIO ALLOCATIONS (continued)

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

Additional investment options are continued on the next page.

Investment Options (continued):

	Income Link SM Designated		RIC Designated		All Other Allocations	
	Initial % (Required)	DCA % (Optional)	Initial % (Required)	DCA % (Optional)	Initial % (Required)	DCA % (Optional)
AllianceBernstein Large Cap Growth Portfolio	N/A .0%	N/A .0%	N/A .0%	N/A .0%	____.0%	____.0%
American Funds - Growth Fund	N/A .0%	N/A .0%	N/A .0%	N/A .0%	____.0%	____.0%
American Funds - Growth - Income Fund	N/A .0%	N/A .0%	N/A .0%	N/A .0%	____.0%	____.0%
American Funds - International Fund	N/A .0%	N/A .0%	N/A .0%	N/A .0%	____.0%	____.0%
Fidelity - VIP Contrafund® Portfolio	N/A .0%	N/A .0%	N/A .0%	N/A .0%	____.0%	____.0%
Fidelity - VIP Equity-Income Portfolio	N/A .0%	N/A .0%	N/A .0%	N/A .0%	____.0%	____.0%
Fidelity - VIP Growth Portfolio	N/A .0%	N/A .0%	N/A .0%	N/A .0%	____.0%	____.0%
Fidelity - VIP Mid Cap Portfolio	N/A .0%	N/A .0%	N/A .0%	N/A .0%	____.0%	____.0%
Fidelity - VIP Value Strategies Portfolio	N/A .0%	N/A .0%	N/A .0%	N/A .0%	____.0%	____.0%
Franklin Income Securities Fund	N/A .0%	N/A .0%	N/A .0%	N/A .0%	____.0%	____.0%
Janus Aspen - Enterprise Portfolio	N/A .0%	N/A .0%	N/A .0%	N/A .0%	____.0%	____.0%
Janus Aspen - Worldwide Portfolio	N/A .0%	N/A .0%	N/A .0%	N/A .0%	____.0%	____.0%
MFS® New Discovery Series	N/A .0%	N/A .0%	N/A .0%	N/A .0%	____.0%	____.0%
MFS® Total Return Series	N/A .0%	N/A .0%	N/A .0%	N/A .0%	____.0%	____.0%
Mutual Shares Securities Fund	N/A .0%	N/A .0%	N/A .0%	N/A .0%	____.0%	____.0%
Templeton Foreign Securities Fund	N/A .0%	N/A .0%	N/A .0%	N/A .0%	____.0%	____.0%
TA AEGON High Yield Bond VP	N/A .0%	N/A .0%	N/A .0%	N/A .0%	____.0%	____.0%
TA Asset Allocation - Growth VP	N/A .0%	N/A .0%	N/A .0%	N/A .0%	____.0%	____.0%
TA BlackRock Large Cap Value VP	N/A .0%	N/A .0%	N/A .0%	N/A .0%	____.0%	____.0%
TA Clarion Global Real Estate Securities VP	N/A .0%	N/A .0%	N/A .0%	N/A .0%	____.0%	____.0%
TA Convertible Securities VP	N/A .0%	N/A .0%	N/A .0%	N/A .0%	____.0%	____.0%
TA Diversified Equity VP	N/A .0%	N/A .0%	N/A .0%	N/A .0%	____.0%	____.0%
TA Focus VP	N/A .0%	N/A .0%	N/A .0%	N/A .0%	____.0%	____.0%
TA Foxhall Emerging Markets/Pacific Rim VP	N/A .0%	N/A .0%	N/A .0%	N/A .0%	____.0%	____.0%

8. INVESTMENT SELECTION (continued)

C. PORTFOLIO ALLOCATIONS (continued)

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

Investment Options (continued):

	Income Link SM Designated		RIC Designated		All Other Allocations	
	Initial % (Required)	DCA % (Optional)	Initial % (Required)	DCA % (Optional)	Initial % (Required)	DCA % (Optional)
TA Foxhall Global Growth VP	N/A .0%	N/A .0%	N/A .0%	N/A .0%	____.0%	____.0%
TA Foxhall Global Hard Asset VP	N/A .0%	N/A .0%	N/A .0%	N/A .0%	____.0%	____.0%
TA Growth Opportunities VP	N/A .0%	N/A .0%	N/A .0%	N/A .0%	____.0%	____.0%
TA Hanlon Balanced VP	N/A .0%	N/A .0%	N/A .0%	N/A .0%	____.0%	____.0%
TA Hanlon Growth VP	N/A .0%	N/A .0%	N/A .0%	N/A .0%	____.0%	____.0%
TA Hanlon Growth and Income VP	N/A .0%	N/A .0%	N/A .0%	N/A .0%	____.0%	____.0%
TA Hanlon Managed Income VP	N/A .0%	N/A .0%	N/A .0%	N/A .0%	____.0%	____.0%
TA Index 100 VP (Investing in Vanguard® ETFs)	N/A .0%	N/A .0%	N/A .0%	N/A .0%	____.0%	____.0%
TA JPMorgan Enhanced Index VP	N/A .0%	N/A .0%	N/A .0%	N/A .0%	____.0%	____.0%
TA JPMorgan Mid Cap Value VP	N/A .0%	N/A .0%	N/A .0%	N/A .0%	____.0%	____.0%
TA Jennison Growth VP	N/A .0%	N/A .0%	N/A .0%	N/A .0%	____.0%	____.0%
TAMFS International Equity VP	N/A .0%	N/A .0%	N/A .0%	N/A .0%	____.0%	____.0%
TA Small/Mid Cap Value VP	N/A .0%	N/A .0%	N/A .0%	N/A .0%	____.0%	____.0%
TA T. Rowe Price Small Cap VP	N/A .0%	N/A .0%	N/A .0%	N/A .0%	____.0%	____.0%
TA Van Kampen Active International Allocation VP	N/A .0%	N/A .0%	N/A .0%	N/A .0%	____.0%	____.0%
TA Van Kampen Large Cap Core VP	N/A .0%	N/A .0%	N/A .0%	N/A .0%	____.0%	____.0%
TA Van Kampen Mid-Cap Growth VP	N/A .0%	N/A .0%	N/A .0%	N/A .0%	____.0%	____.0%
TA WMC Diversified Growth VP	N/A .0%	N/A .0%	N/A .0%	N/A .0%	____.0%	____.0%
Other _____	N/A .0%	N/A .0%	N/A .0%	N/A .0%	____.0%	____.0%
	100%	100%	100%	100%	100%	100%

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. 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.

C. CONNECTICUT APPLICANTS ONLY

An illustration has been provided showing the minimum interest rate percentage applicable to the Fixed Account and I have reviewed it.

The fixed account of this policy guarantees a minimum interest percentage of 1.50. This rate may be lower than the required interest rate for calculating minimum surrender values. Read your contract carefully.

D. 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. 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.

E. 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: Merrill Lynch Life Insurance Company, ML Life Insurance Company of New York, Monumental Life Insurance Company, Transamerica Financial Life Insurance Company and Western Reserve Life Assurance Co. of Ohio.

9. OWNER ACKNOWLEDGEMENTS & SIGNATURES (continued)

F. 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 any other person(s), I give permission to, who can furnish proper identification. 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, trustees, officers, employees, representatives and/or agents 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 anyone other than the owner or owners, if applicable, who automatically have this privilege.

G. 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.

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.

H. 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: _____

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 annuity policies or life insurance contracts.

For Connecticut Representatives/Agents ONLY - I have provided an illustration showing the minimum interest rate percentage applicable to the Fixed Account and reviewed it with the Applicant.

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.

#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-126501019 State: Arkansas
 Filing Company: Transamerica Life Insurance Company State Tracking Number: 44896
 Company Tracking Number: VA-APP 05/10 (NIC)
 TOI: A02.II Individual Annuities- Deferred Non- Sub-TOI: A02.II.002 Flexible Premium
 Variable and Variable
 Product Name: VA-APP 05/10 (NIC)
 Project Name/Number: Variable Annuity Application/VA-APP 05/10 (NIC)

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification		
Comments:		
Attachments:		
AR Flesch Cert VA-APP 0510 (NIC).pdf		
AR Reg 19 Cert VA-APP 0510 (NIC).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:
Bypassed - Item: Life & Annuity - Acturial Memo		
Bypass Reason: Not applicable to this filing		
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 Variable Annuity Application Form No. VA-APP 05/10 (NIC) has achieved a Flesch Reading Ease Score of 50.9 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 "Darin D. Smith". The signature is written in a cursive style with a large initial "D".

Darin D. Smith
Vice President

02/15/2010
Date

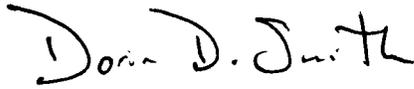
CERTIFICATION OF COMPLIANCE

Company Name: Transamerica Life Insurance Company

Form Title(s): Variable Annuity Application

Form Number(s): VA-APP 05/10 (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

02/15/2010

Date

Annuity Application Statement of Variability

VA-APP 05/10 (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 Subaccounts. The columns titled "Income Link Designated" and "RIC Designated" will be included in this section if these riders are being offered in Section 7. C. Living/Withdrawal Benefit Rider(s). If these riders are not being offered we would then remove these columns from this section.

Section 9. OWNER ACKNOWLEDGEMENTS AND SIGNATURES

C. CONNECTICUT APPLICANTS ONLY: The ability to change the Guaranteed Minimum Interest Rate percentage as approved as a variable item in the base policy to which this application is attached. This rate was approved with a minimum of 1.00% and a maximum of 3.00%

E. Aggregation of Annuities: The ability to revise company names due to mergers or name changes that are approved by your Department.

G. 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.