

SERFF Tracking Number: AEGA-127724378 State: Arkansas
Filing Company: Transamerica Life Insurance Company State Tracking Number: 50042
Company Tracking Number: CMIS-APP-A 12/11 (NIC)
TOI: A02.11 Individual Annuities- Deferred Non- Sub-TOI: A02.11.002 Flexible Premium
Variable and Variable
Product Name: CMIS-APP-A 12/11 (NIC)
Project Name/Number: Variable Annuity Application/CMIS-APP-A 12/11 (NIC)

Filing at a Glance

Company: Transamerica Life Insurance Company

Product Name: CMIS-APP-A 12/11 (NIC) SERFF Tr Num: AEGA-127724378 State: Arkansas
TOI: A02.11 Individual Annuities- Deferred Non- SERFF Status: Closed-Approved- State Tr Num: 50042
Variable and Variable Closed
Sub-TOI: A02.11.002 Flexible Premium Co Tr Num: CMIS-APP-A 12/11 State Status: Approved-Closed
(NIC)
Filing Type: Form Reviewer(s): Linda Bird
Author: Laurie Bascom Disposition Date: 10/20/2011
Date Submitted: 10/17/2011 Disposition Status: Approved-
Closed
Implementation Date Requested: On Approval Implementation Date:
State Filing Description:

General Information

Project Name: Variable Annuity Application Status of Filing in Domicile: Pending
Project Number: CMIS-APP-A 12/11 (NIC) Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments:
Explanation for Combination/Other: Market Type: Individual
Submission Type: New Submission Individual Market Type:
Overall Rate Impact: Filing Status Changed: 10/20/2011
State Status Changed: 10/20/2011
Created By: Laurie Bascom
Deemer Date: Corresponding Filing Tracking Number:
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
CMIS-APP-A 12/11 (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 the Variable Annuity products approved by your Department and shown on the attached list. It will be printed and be made part of any policy issued.

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.

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. You have our assurances the form will contain the same language as approved by your Department.

This application is being sold through CUNA Mutual Insurance Society (CMIS), a marketing unit for Transamerica Life Insurance Company (TLIC) and its affiliates. CMIS offers private labeled (MEMBERS®) TLIC variable annuity products for distribution through CMIS's broker dealer and to select third party broker dealers.

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

Company and Contact

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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
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Transamerica Life Insurance Company	\$50.00	10/17/2011	52893973

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	10/20/2011	10/20/2011

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Disposition

Disposition Date: 10/20/2011

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
Supporting Document	Policy List		Yes
Form	Variable Annuity Application		Yes



Individual Variable Deferred Annuity Application

Home Office: Cedar Rapids, IA
Telephone: (800) 525-6205

Transamerica Life Insurance Company
4333 Edgewood Road NE, Cedar Rapids, IA 52499
www.transamericaannuities.com

BENEFITS ARE ON A VARIABLE BASIS AND MAY INCREASE OR DECREASE AND ARE NOT GUARANTEED AS TO A FIXED DOLLAR AMOUNT.

1. PRODUCT INFORMATION

Product (select only one option):
MEMBERS@ Extra SM (Bonus)
MEMBERS@ Freedom SM (C-Share)
MEMBERS@ Landmark SM (B-Share)
MEMBERS@ Liberty SM (L-Share)

2. PRIMARY OWNER INFORMATION

Type of Owner:

- Individual (1)
Trust (Trust Certification Form is Required)
Corporate
Guardianship / Conservatorship
Company Qualified Plan (Profit Sharing Plan, Pension Plan)
UGMA / UTMA

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

3. JOINT OWNER INFORMATION

If no Joint Owner is listed, Transamerica Life Insurance Company will issue the policy with the Owner listed in Section 2.

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

(1) If Type of Owner in Section 2 is Individual; there must be an immediate familial relationship between the Primary Owner, the Joint Owner (if applicable) and the Annuitant.

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

4. ANNUITANT INFORMATION

If no Annuitant is listed, Transamerica Life Insurance Company will issue the policy with the Primary 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 assigned must be whole percentages and total 100% for each beneficiary type (primary and/or contingent). If the percentages do not total 100%, we will consider this designation incomplete until sufficient beneficiary information is received. If a designation is incomplete or there are no surviving beneficiaries at the time a claim is processed, proceeds will be payable per the terms of the policy.

Primary 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⁾ If Type of Owner in Section 2 is Individual; there must be an immediate familial relationship between the Primary Owner, the Joint Owner (if applicable) and the Annuitant.

⁽²⁾ The 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⁾ 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

Type of Annuity Applying for (select only one):⁽³⁾

- Non-Qualified Traditional IRA Roth IRA SEP IRA Simple IRA BENE IRA⁽⁴⁾
 Non-Qualified Stretch⁽⁴⁾ Profit Sharing Plan Pension Plan Other: _____

Funding Options:

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

Source of Funds:

- New Money / Contribution Money \$_____ if Qualified Plan - Tax Year: _____
- Non-qualified 1035 Exchange - Anticipated Premium Amount \$_____ If Transamerica Life Insurance Company is to request funds, 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 - Anticipated Premium Amount \$_____ If Transamerica Life Insurance Company is to request funds, 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.
- Direct Transfer - Anticipated Premium Amount \$_____ If Transamerica Life Insurance Company is to request funds, 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 - Anticipated Premium Amount \$_____ If Transamerica Life Insurance Company is to request funds, the Qualified Funds Direct Rollover or Transfer Request Form is **required**.

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

⁽²⁾ 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.

⁽⁴⁾ Include the deceased information in the Owner Information section.

7A. ELECTIONS - GUARANTEED MINIMUM DEATH BENEFITS

Only one Guaranteed Minimum Death Benefit must be selected. Your selection cannot be changed after the policy has been issued.

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

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

7B. ELECTIONS - ADDITIONAL DEATH BENEFIT RIDER(S)

Only one Additional Death Benefit can be selected.

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

- Additional Death Distribution + SM (Plus)
- Additional Death Distribution SM

7C. ELECTIONS - LIVING/WITHDRAWAL BENEFIT RIDER(S)

Only one Living/Withdrawal Benefit can be selected.

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

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

Election - To elect this rider, select either the Single option or the Joint option.

- 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 - To elect this rider, select either the Designated or Open Allocation option.

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

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

- Income Enhancement SM (**Not available in CA**)
- Death Benefit

◆ **Retirement Income Max SM Rider** - Investment Allocation in Section 8C must be within Designated Group C or indicated Designated Group B investment options only.

Election - To elect this rider, select either the Single option or the Joint option.

- 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.

7C. ELECTIONS - LIVING/WITHDRAWAL BENEFIT RIDER(S) (continued)

Only one Living/Withdrawal Benefit can be selected.

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

- ◆ **Income Link® Rider** - Investment Allocation in Section 8C must be Designated Group C investment options only.

Election - To elect this rider, select either the Single option or the Joint option.

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** - Investment Allocation in Section 8C can be allocated among any investment options.

GPSSM Rider

8A. INVESTMENT SELECTION - DOLLAR COST AVERAGING (DCA) PROGRAM

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

Transfer from:

DCA Fixed Account (state maximum caps may apply)

TA AEGON Money Market

TA AEGON U.S. Government Securities - not available for use with the Static Allocation Models in Section 8C.

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

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

For Washington applicants ONLY - If the TA AEGON Money Market or the TA AEGON U.S. Government Securities is selected, the DCA frequency cannot exceed twelve (12) months or four (4) quarters. If the DCA Fixed Account is selected, six (6) monthly transfers must be chosen. If the Retirement Income Choice® Rider, the Retirement Income MaxSM Rider or the Income Link® Rider in Section 7C is selected, the DCA Fixed Account is not available.

8B. INVESTMENT SELECTION - 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 8, please complete the Optional Services Form.

I elect Asset Rebalancing: No Yes

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

Monthly Quarterly Semi-Annually Annually

8C. INVESTMENT SELECTION - INVESTMENT ALLOCATIONS

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

**Initial % DCA %
(Required) (Optional)**

**Initial % DCA %
(Required) (Optional)**

If you choose to DCA into a Static Allocation Model on page 7, the Initial Investment for DCA must be 100% and the DCA frequency cannot exceed twelve (12) months or four (4) quarters.

Initial Investment for DCA _____ .0%

Designated Group A - Allocations within this group are NOT permitted if the Retirement Income MaxSM Rider or the Income Link® Rider is elected in Section 7C.

TA Janus Balanced (773)	_____ .0%	_____ .0%	TA Madison Moderate Growth Allocation (787)	_____ .0%	_____ .0%
TA Vanguard ETF Index - Growth (857)	_____ .0%	_____ .0%			

Designated Group B - Allocations within this group are NOT permitted if the Income Link® Rider is elected in Section 7C. If you elected the Retirement Income MaxSM Rider in Section 7C, you may ONLY select subaccount(s) marked with an asterisk (*).

TA BlackRock Tactical Allocation (799)	_____ .0%	_____ .0%	TA Madison Balanced Allocation (788) *	_____ .0%	_____ .0%
TA Madison Diversified Income (789) *	_____ .0%	_____ .0%	TA Vanguard ETF Index - Balanced (856) *	_____ .0%	_____ .0%

Designated Group C - If you elected the Retirement Income MaxSM Rider in Section 7C, you may ONLY select subaccount(s) marked with an asterisk (*).

1 Year Fixed Guaranteed Period ⁽¹⁾ (101)	_____ .0%	_____ .0%	3 Year Fixed Guaranteed Period ⁽¹⁾ (103)	_____ .0%	_____ .0%
5 Year Fixed Guaranteed Period ⁽¹⁾ (105)	_____ .0%	_____ .0%	7 Year Fixed Guaranteed Period ⁽¹⁾ (107)	_____ .0%	_____ .0%
American Funds - Bond Fund ⁽²⁾ (904)	_____ .0%	_____ .0%	TA AEGON Money Market (829)	_____ .0%	_____ .0%
TA AEGON Tactical Vanguard ETF - Conservative (784)	_____ .0%	_____ .0%	TA AEGON U.S. Government Securities (828)	_____ .0%	_____ .0%
TA AllianceBernstein Dynamic Allocation (825) *	_____ .0%	_____ .0%	TA Madison Conservative Allocation (790)	_____ .0%	_____ .0%
TA PIMCO Real Return TIPS (785)	_____ .0%	_____ .0%	TA PIMCO Total Return (823)	_____ .0%	_____ .0%
TA Vanguard ETF Index - Conservative (779)	_____ .0%	_____ .0%			

Additional investment allocations are continued on the next page.

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

⁽²⁾ Allocations are not available in Oregon.

8C. INVESTMENT SELECTION - INVESTMENT ALLOCATIONS (continued)

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

**Initial % DCA %
(Required) (Optional)**

**Initial % DCA %
(Required) (Optional)**

Open (Non-Designated) - Allocations within this group are NOT permitted if either the Retirement Income Choice® Rider Designated Allocation Option, the Retirement Income MaxSM Rider or the Income Link® Rider is elected in Section 7C.

AllianceBernstein Balanced Wealth Strategy Portfolio (901)	_____0%	_____0%	American Funds - Asset Allocation Fund (903)	_____0%	_____0%
American Funds - Growth Fund ⁽¹⁾ (905)	_____0%	_____0%	American Funds - Growth - Income Fund ⁽¹⁾ (906)	_____0%	_____0%
Fidelity VIP Balanced Portfolio (858)	_____0%	_____0%	Franklin Income Securities Fund (220)	_____0%	_____0%
GEI Total Return Fund (908)	_____0%	_____0%	TA AEGON High Yield Bond (820)	_____0%	_____0%
TA BlackRock Large Cap Value (822)	_____0%	_____0%	TA Clarion Global Real Estate Securities (812)	_____0%	_____0%
TA BlackRock Global Allocation ⁽¹⁾ (902)	_____0%	_____0%	TA Madison Large Cap Growth (791)	_____0%	_____0%
TAMFS International Equity (806)	_____0%	_____0%	TA Morgan Stanley Active International Allocation (833)	_____0%	_____0%
TA Morgan Stanley Mid-Cap Growth (835)	_____0%	_____0%	TA T. Rowe Price Small Cap (832)	_____0%	_____0%
TAVanguard ETF Index - Aggressive Growth (780)	_____0%	_____0%			

Static Allocation Models - Allocations within this group are NOT permitted if either the Retirement Income Choice® Rider Designated Allocation Option, the Retirement Income MaxSM Rider or the Income Link® Rider is elected in Section 7C.

If you choose to DCA into a Static Allocation Model on page 6, the Initial Investment for DCA must be 100% and the DCA frequency cannot exceed twelve (12) months or four (4) quarters.

	<u>100% Initial</u>	<u>100% DCA</u>
Aggressive Growth Model (80/20)	<input type="checkbox"/>	<input type="checkbox"/>
Growth Model (70/30)	<input type="checkbox"/>	<input type="checkbox"/>
Moderate Growth Model (60/40)	<input type="checkbox"/>	<input type="checkbox"/>
Balanced Model (50/50)	<input type="checkbox"/>	<input type="checkbox"/>
Conservative Growth Model (40/60)	<input type="checkbox"/>	<input type="checkbox"/>

⁽¹⁾ Allocations not available in Oregon.

9A. OWNER ACKNOWLEDGEMENTS - 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.
- 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.
- All statements in this application made by or under the authority of the applicant are representations and not warranties.

9B. OWNER ACKNOWLEDGEMENTS - ELECTRONIC DOCUMENT DELIVERY

Skip to Section 9C if you are not initiating the process of Electronic Document Delivery.

By providing an email address in this section, 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.

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.

Please call [\(800\) 525-6205](tel:8005256205) 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.

9C. OWNER ACKNOWLEDGEMENTS - 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.

9D. OWNER ACKNOWLEDGEMENTS - NORTH CAROLINA APPLICANTS ONLY

All questions in this section must be answered if the issue state is North Carolina.

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

9E. OWNER ACKNOWLEDGEMENTS - TELEPHONE/ELECTRONIC AUTHORIZATION

As the Owner, you 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.

10. OWNER & REPRESENTATIVE/INSURANCE PRODUCER - REPLACEMENT INFORMATION

All questions in this section must be answered.

Completed by Owner	Completed by Representative/ Insurance Producer	Replacement Questions
<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	Did the representative/insurance producer present and leave sales material with the Owner?
<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	Does the Owner have any existing life insurance policies or annuity contracts?
<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	Will this annuity replace or change any existing life insurance policies or annuity contracts? If yes - Company: _____ Policy #: _____

11. FRAUD & DISCLOSURE 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 FL - Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

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.

For Applicants in all other states - Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

12. OWNER & ANNUITANT SIGNATURES

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

Account values when allocated to any of the options in Section 8 are not guaranteed as to fixed dollar amount and will increase or decrease with investment experience.

Signed at: _____
City State

Date: _____ Linking Number: _____

Owner(s) Signature: **X** _____

Joint Owner(s) Signature: **X** _____

Annuitant Signature (if not Owner): **X** _____

13. REPRESENTATIVE/INSURANCE PRODUCER ACKNOWLEDGEMENTS & SIGNATURES

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 Transamerica Life Insurance Company's written standard regarding the acceptability of replacements and that it meets the Company's standard.

#1: Primary Registered Representative/Licensed Insurance Producer

Print Full Name: _____

Representative/Insurance Producer ID Number: _____

Email Address (Optional): _____ Phone Number: _____

Firm Name: _____

Firm Address: _____

Florida Agent License Number: _____

Commission Split: _____% (Must be in whole percentages. Total Commission Split in Section 13 must equal 100%.)

Signature: X _____

#2: Registered Representative/Licensed Insurance Producer

Print Full Name: _____

Representative/Insurance Producer ID Number: _____

Email Address (Optional): _____ Phone Number: _____

Florida Agent License Number: _____

Commission Split: _____% (Must be in whole percentages. Total Commission Split in Section 13 must equal 100%.)

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-127724378 State: Arkansas
 Filing Company: Transamerica Life Insurance Company State Tracking Number: 50042
 Company Tracking Number: CMIS-APP-A 12/11 (NIC)
 TOI: A02.11 Individual Annuities- Deferred Non- Sub-TOI: A02.11.002 Flexible Premium
 Variable and Variable
 Product Name: CMIS-APP-A 12/11 (NIC)
 Project Name/Number: Variable Annuity Application/CMIS-APP-A 12/11 (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:

Arkansas Reg 19 cert of comp.pdf

Item Status: **Status Date:**

Bypassed - Item: Application

Bypass Reason: The application to be reviewed for approval is attached to the Forms 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

Item Status: **Status Date:**

Satisfied - Item: Policy List

SERFF Tracking Number: AEGA-127724378 *State:* Arkansas
Filing Company: Transamerica Life Insurance Company *State Tracking Number:* 50042
Company Tracking Number: CMIS-APP-A 12/11 (NIC)
TOI: A02.11 Individual Annuities- Deferred Non- *Sub-TOI:* A02.11.002 Flexible Premium
Variable and Variable
Product Name: CMIS-APP-A 12/11 (NIC)
Project Name/Number: Variable Annuity Application/CMIS-APP-A 12/11 (NIC)

Comments:

Attachment:

AR Policy List - TLIC.pdf

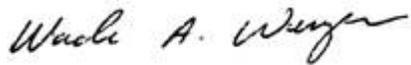
CERTIFICATION OF COMPLIANCE

Company Name: Transamerica Life Insurance Company

Form Title(s): Variable Annuity Application

Form Number(s): CMIS-APP-A 12/11 (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.



Wade A. Wenger
Assistant Vice President – Compliance Officer

10/17/2011

Date

Annuity Application Statement of Variability

CMIS-APP-A 12/11 (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/Website: To allow for administrative flexibility. Should the location, telephone number, website 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 7A. ELECTIONS – GUARANTEED MINIMUM DEATH BENEFITS

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

Section 7B. ELECTIONS – 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.

Section 7C. ELECTIONS – 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.

Section 8A. INVESTMENT SELECTION – DOLLAR COST AVERAGING (DCA) PROGRAM

To allow for flexibility to make changes to the DCA accounts. We would also like the ability to revise the sentence at the bottom of this section if the Retirement Income Choice[®], Retirement Income MaxSM or the Income Link[®] Riders are no longer being offered.

Section 8C. INVESTMENT SELECTION – INVESTMENT ALLOCATIONS

To allow for flexibility to make changes to the Investment Allocations or Static Allocation Models being offered. The Investment Allocations will vary dependent on the riders being offered in Section 7.C. Elections - Living/Withdrawal Benefit Rider(s). We would also like the ability to revise the sentence at the top of each Investment Group if the Retirement Income Choice[®], Retirement Income MaxSM or the Income Link[®] Riders are no longer being offered.

Section 9B. OWNER ACKNOWLEDGEMENTS – ELECTRONIC DOCUMENT DELIVERY

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

Section 11. FRAUD AND DISCLOSURE STATEMENTS

The ability to add or remove states due to future state requirements.

Section 13. REPRESENTATIVE/INSURANCE PRODUCER ACKNOWLEDGEMENTS AND SIGNATURES

The ability to add or change commission options.

Transamerica Life Insurance Company

List of forms that may be used with CMIS-APP-A 12/11 (NIC)

<u>Policy Forms</u>	<u>Approval Date</u>
AV1224 101 165 103	10/17/2005
AV920 101 168 603	07/11/2003
AV950 101 175 603	07/11/2003
AV1140 101 192 604	06/25/2004

Any future Variable Deferred Annuity policies approved by your Department