

SERFF Tracking Number: AEGG-127078075 State: Arkansas
Filing Company: Transamerica Life Insurance Company State Tracking Number: 48247
Company Tracking Number:
TOI: L04G Group Life - Term Sub-TOI: L04G.103 Renewable - Single Life -
Fixed/Indeterminate Premium
Product Name: Voluntary Term Life Insurance
Project Name/Number: Voluntary Term Life Insurance/CPVTL200

Filing at a Glance

Company: Transamerica Life Insurance Company

Product Name: Voluntary Term Life Insurance SERFF Tr Num: AEGG-127078075 State: Arkansas

TOI: L04G Group Life - Term SERFF Status: Closed-Approved- State Tr Num: 48247
Closed

Sub-TOI: L04G.103 Renewable - Single Life - Co Tr Num: State Status: Approved-Closed
Fixed/Indeterminate Premium

Filing Type: Form

Author: Patsy Napier

Reviewer(s): Linda Bird

Date Submitted: 03/15/2011

Disposition Date: 03/29/2011

Disposition Status: Approved-
Closed

Implementation Date Requested: 05/17/2011

Implementation Date:

State Filing Description:

General Information

Project Name: Voluntary Term Life Insurance

Status of Filing in Domicile: Pending

Project Number: CPVTL200

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small and Large

Group Market Type: Employer, Association, Other

Explanation for Other Group Market Type:

Labor Unions; Credit Unions

Overall Rate Impact:

Filing Status Changed: 03/29/2011

State Status Changed: 03/29/2011

Deemer Date:

Created By: Patsy Napier

Submitted By: Patsy Napier

Corresponding Filing Tracking Number:

Filing Description:

RE: TRANSAMERICA LIFE INSURANCE COMPANY

NAIC: 468-86231 FEIN: 39-0989781

NEW GROUP LIFE FORM FILING

CPVTL200 Master Policy for Group Term Life Insurance

CCVTL200 Group Term Life Insurance Certificate

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CEVTL2XX State Amendment

CRADVT00 Accidental Death and Dismemberment Rider
CRTIVT00 Accelerated Death Benefit for Terminal Illness Rider
CDTIVT00 Accelerated Death Benefit for Terminal Illness Disclosure
CRCCVT00 Accelerated Death Benefit for Critical Care Condition Rider
CDCCVT00 Accelerated Death Benefit for Critical Care Condition Disclosure
CRLTVT00 Accelerated Death Benefit for Long Term Care Rider
CDLTVT00 Accelerated Death Benefit for Long Term Care Disclosure
CREXVT00 Extension of Benefit Rider
CDEXVT00 Accelerated Death Benefit for Long Term Care Rider with Extension of Benefits Disclosure
CRCHL200 Child Term Insurance Rider
CRWPVT00 Waiver of Premium Rider
CRWPL200 Waiver of Premium Due to Layoff or Strike Rider
CVT-AP-02-00 Certificate Application

Transmitted via SERFF are the above-referenced forms for your review and approval. These are new forms and are not intended to replace any forms previously approved by the Department. This filing does not contain any unusual or potentially controversial items from industry standards.

Forms CPVTL200 and CCVTL200 are a group policy and certificate for term life insurance. At present, three plan designs will be offered under this policy form – a 5 Year Term, a 10 Year Term and a 20 Year term. The group policy can be renewed for successive terms to age 100. The plans differ only in the term lengths and the Maximum Annual Premium Rates shown on Page 4 of the Certificate. Details are provided in the Explanation of Variables.

C-PH-01-00 - The Group Policyholder Application to be used in offering the above policy was previously approved by your department on 9/21//2010 (SERFF Tracking # AEGG - 126792395). We wish to extend the use of this application to the policy form in this filing.

CVT-AP-02-00 – This Application will be used in conjunction with the sale and presentation of the certificate. The response portion of any statement or question requiring a direct response from an applicant or agent is bracketed. This is to permit the application to be used as part of our electronic/internet application process. When used as part of the electronic process, the answers are populated with the applicant's or agent's selection (either YES or NO). When the application is used in an internet or electronic enrollment, no substantive changes will be made to the format and no changes will be made to the actual application language.

As this application will be used in Worksite Marketing solicitations to the individual employees and members of employers, labor unions and associations, three types of underwriting will be used based on the size of the employer or

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other group where the solicitation takes place: (1) Guaranteed Issue (GI), (2) Conditional Guaranteed Issue (CGI), and (3) Simplified Issue (SI). The type of underwriting and face amounts available at each level of underwriting will depend on the number of eligible lives and the risk characteristics of the employer, union or association. Any issued policies are issued based on the answers to these questions and an MIB report when necessary. We do not request health examinations or consumer credit reports.

For cases where coverage is being issued as Guaranteed Issue, only application questions 1 and 2 must be answered; for cases that are Conditional Guaranteed Issue, questions 1 through 4 must be answered; and for Simplified Issue cases, all questions must be answered.

The following riders will be selected by the policyholder.

CRADVT00 – The Accidental Death and Dismemberment Rider provides benefits to the beneficiary named in the contract if the insured dies as the result of an accidental bodily injury. The benefits will be payable in addition to the applicable death benefit payable under the contract.

This rider also provides the following benefits:

Seatbelt Benefit Air Bag Benefit
Common Carrier Benefit Surviving Spouse Training Benefit
Elder Care Benefit Surviving Child Education Benefit
Child Care Center Benefit Dismemberment Benefit
Transportation of Remains Benefit

CRTIVT00 – The Accelerated Death Benefit for Terminal Illness Rider permits the owner to receive a portion of the death benefit, in advance of death, if the insured is certified by a physician as having a terminal illness with a life expectancy of 12 months or less from the date of diagnosis. Disclosure form CDTIVT00 is also included as part of this filing. This Disclosure will be given at time of application.

CRCCVT00 – The Accelerated Death Benefit for Critical Care Condition Rider is an optional rider which allows the owner to receive a portion of the death benefit, in advance of death, if the insured is diagnosed for the first time with any of the following covered conditions: cancer, heart attack, major organ transplant, renal failure and stroke. Disclosure form CDCCVT00 is also included as part of this filing. This Disclosure will be given at time of application.

CRLTVT00 – The Accelerated Death Benefit for Long Term Care Rider is an optional rider which allows the owner to receive a percentage of the death benefit in advance of death should the insured be diagnosed as a chronically ill individual and meet certain eligibility requirements. The accelerated death benefit will be paid on a monthly basis while an insured is:

SERFF Tracking Number: AEGG-127078075 State: Arkansas
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Fixed/Indeterminate Premium
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Project Name/Number: Voluntary Term Life Insurance/CPVTL200

1. Confined in a long term care or assisted living facility; or
2. Receiving home care services or adult day care services.

Disclosure form CDLTVT00 is also included as part of this filing. This Disclosure will be given at time of application.

CREXVT00 – The Extension of Benefits Rider is an optional rider to be utilized in conjunction with the Accelerated Death Benefit for Long Term Care Rider CRLTVT00. This Rider extends the payment of the accelerated death benefit to an amount after 100% payout of the death benefit. This extended amount will be equal to the original death benefit. Disclosure form CDEXVT00 is also included as part of this filing. This Disclosure will be given at time of application.

CRCHL200, - The Child Term Insurance Rider is an optional rider which allows for term life insurance coverage on eligible dependent children.

CRWPVT00 – The Waiver of Premium Rider is an optional rider which waives the total monthly premium during the total disability of the owner.

CRWPL200 – The Waiver of Premium Due to Layoff or Strike Rider will be used to waive the monthly premiums on the contract if the owner is placed on layoff status by his or her employer or is on strike.

We will be offering these forms in a Worksite Marketing solicitation to the employees and/or members of employers, associations, credit unions or unions, as permitted under the laws of your state. At the time we contact an employer, association, credit union or union regarding the offer of this product to their employees or members, we will put together a predetermined package of the certificate and rider benefits. This predetermined package will then be offered to the employees or members in a Worksite Marketing solicitation. Premium will be paid by the policyholder, certificateholder, or a combination of the two. Certificateholder premiums are customarily paid by payroll deduction.

Also enclosed is an Explanation of Variability (EOV) which includes an explanation of any bracketed material included in each document. The EOV also includes benefit ranges and issue age ranges. Bracketed text is either intended to be (a) in or out of the forms or (b) variable as described in the EOV. No change in the variable areas will be made which will be in conflict with the laws, rules and regulations of your state. In addition, no change in variability will be made which in any way expands the scope of the wording being changed.

Please note that minor modifications in paper size and stock, ink, border, Company logo, signatures and column formatting to accommodate system needs or internet format can occur. We reserve the right to correct at any time any typographical errors that do not impact benefits or intent of language.

To the best of our knowledge, this filing is complete and intended to comply with the insurance laws of your state. If you

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have any questions which can be resolved over the telephone, please do not hesitate to contact me at 800-400-3042, extension 127-1664.

If you have any questions or comments, please let me know.

Sincerely,

Patsy J. Napier, FLMI, AIRC, HIA, CCP
Product Filing Supervisor & Assistant Secretary
Product Implementation Department
Transamerica Life Insurance Company
Telephone: 800-400-3042 x127-1664
Email: pnapier@aegonusa.com

Company and Contact

Filing Contact Information

Patsy Napier, Senior Contract Analyst pnapier@aegonusa.com
PO Box 8063 501-227-1664 [Phone]
Little Rock, AR 72203-8063 501-227-1097 [FAX]

Filing Company Information

Transamerica Life Insurance Company CoCode: 86231 State of Domicile: Iowa
PO Box 8063 Group Code: 468 Company Type: Life and Health
Little Rock, AR 72203-8063 Group Name: State ID Number:
(501) 227-1106 ext. [Phone] FEIN Number: 39-0989781

Filing Fees

Fee Required? Yes
Fee Amount: \$700.00
Retaliatory? No
Fee Explanation: 14 forms @ \$50.00 each
Per Company: No

SERFF Tracking Number: AEGG-127078075 State: Arkansas
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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Transamerica Life Insurance Company	\$700.00	03/15/2011	45583791
Transamerica Life Insurance Company	\$50.00	03/16/2011	45638567

SERFF Tracking Number: AEGG-127078075 State: Arkansas
 Filing Company: Transamerica Life Insurance Company State Tracking Number: 48247
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	03/29/2011	03/29/2011

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Linda Bird	03/22/2011	03/22/2011	Patsy Napier	03/28/2011	03/28/2011
Pending Industry Response	Linda Bird	03/16/2011	03/16/2011	Patsy Napier	03/16/2011	03/16/2011

SERFF Tracking Number: *AEGG-127078075* *State:* *Arkansas*
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Disposition

Disposition Date: 03/29/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AEGG-127078075 State: Arkansas
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Yes	Yes
Supporting Document	Application	Yes	Yes
Supporting Document	Actuarial Memoranda	No	No
Supporting Document	Explanation of Variability	Yes	Yes
Supporting Document	Important Information to Policyholders/Insureds	Yes	Yes
Supporting Document	Regulation 19 Certification	Yes	Yes
Form	Master Policy for Group Term Life Insurance	Yes	Yes
Form	Group Term Life Insurance Certificate	Yes	Yes
Form	Accidental Death and Dismemberment Rider	Yes	Yes
Form	Accelerated Death Benefit for Terminal Illness Rider	Yes	Yes
Form	Accelerated Death Benefit for Terminal Illness Rider Disclosure	Yes	Yes
Form	Accelerated Death Benefit for Critical Care Condition Rider	Yes	Yes
Form	Accelerated Death Benefit for Critical Care Condition Rider	Yes	Yes
Form	Accelerated Death Benefit for Long Term Care Rider	Yes	Yes
Form	Accelerated Death Benefit for Long Term Care Rider Disclosure	Yes	Yes
Form	Extension of Benefits	Yes	Yes
Form	Accelerated Death Benefit for Long Term Care with Extension of Benefits Disclosure	Yes	Yes
Form	Child Term Insurance Rider	Yes	Yes
Form	Waiver of Premium Rider	Yes	Yes
Form	Waiver of Premium Due to Layoff or Strike	Yes	Yes
Form	Certificate Application	Yes	Yes

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 03/22/2011
Submitted Date 03/22/2011
Respond By Date 04/22/2011

Dear Patsy Napier,

This will acknowledge receipt of the captioned filing.

Objection 1

Comment: Ark. Code Ann. 23-79-138 requires that certain information accompany every policy. Bulletin 15-2009 further address this issue. Please review your procedures and assure us that you are in compliance.

Regulation 19s10B requires that all new or revised filings submitted must contain a certification that the submission meets the provisions of this rule as well as all applicable requirements of this Department.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

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Response Letter

Response Letter Status Submitted to State
Response Letter Date 03/28/2011
Submitted Date 03/28/2011

Dear Linda Bird,

Comments:

This is in response to your objection letter of March 22, 2011. I apologize for the delay, but I have been out of the office until this morning.

Response 1

Comments: The information required by AR Code 23-79-138 and Bulletin 15-2009 is contained in form CD-300404. This form has been in use for several years and has been filed with your department. I have attached a copy to the Supporting Documentation tab.

Also attached to Supporting Documentation is the certification required by Regulation 19.

Related Objection 1

Comment:

Ark. Code Ann. 23-79-138 requires that certain information accompany every policy. Bulletin 15-2009 further address this issue. Please review your procedures and assure us that you are in compliance.

Regulation 19s10B requires that all new or revised filings submitted must contain a certification that the submission meets the provisions of this rule as well as all applicable requirements of this Department.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Important Information to Policyholders/Insureds

Comment:

Satisfied -Name: Regulation 19 Certification

Comment:

No Form Schedule items changed.

SERFF Tracking Number: *AEGG-127078075* *State:* *Arkansas*
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Product Name: *Voluntary Term Life Insurance*
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No Rate/Rule Schedule items changed.

Your continued review of this submission will be appreciated.

Sincerely,
Patsy Napier

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 03/16/2011
Submitted Date 03/16/2011
Respond By Date 04/18/2011

Dear Patsy Napier,

This will acknowledge receipt of the captioned filing.

Objection 1

Comment: The submission contained 15 forms for review. The correct filing fee will be \$750.00 for this submission. We will hold your filing in a pending status until the additional \$50.00 is received.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

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Response Letter

Response Letter Status Submitted to State
Response Letter Date 03/16/2011
Submitted Date 03/16/2011

Dear Linda Bird,

Comments:

This is in response to your earlier objection.

Response 1

Comments: The additional \$50.00 was sent via EFT.

Related Objection 1

Comment:

The submission contained 15 forms for review. The correct filing fee will be \$750.00 for this submission. We will hold your filing in a pending status until the additional \$50.00 is received.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,
Patsy Napier

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Form Schedule

Lead Form Number:

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	CPVTL200	Policy/Cont	Master Policy for ract/Fratern Group Term Life al Insurance Certificate	Initial		55.000	CPVTL200 - Group Master Policy 3-10- 2011- FINAL.pdf
	CCVTL200	Certificate	Group Term Life Insurance Certificate	Initial		58.000	CCVTL200 - Certificate 3- 11-2011- FINAL.pdf
	CRADVT00	Certificate	Accidental Death and Amendmen Dismemberment t, Insert Rider Page, Endorseme nt or Rider	Initial		56.000	CRADVT00 - ADD Rider 3- 10-2011- FINAL.pdf
	CRTIVT00	Certificate	Accelerated Death Amendmen Benefit for Terminal t, Insert Illness Rider Page, Endorseme nt or Rider	Initial		55.000	CRTIVT00 - ADB-TI Rider 3-10-2010- FINAL.pdf
	CDTIVT00	Other	Accelerated Death Benefit for Terminal Illness Rider Disclosure	Initial		51.000	CDTIVT00 - ADB-TI Disclosure-3- 11-2011.pdf
	CRCCVT00	Certificate	Accelerated Death Amendmen Benefit for Critical t, Insert Care Condition Rider Page, Endorseme	Initial		56.000	CRCCVT00 - ADB-CCC Rider 3-11- 2011- FINAL.pdf

SERFF Tracking Number: AEGG-127078075 State: Arkansas
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 Company Tracking Number:
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Policy/Document ID	Description	Initial	Premium	Attachment/Reference
CDCCVT00	Other Accelerated Death Benefit for Critical Care Condition Rider	Initial	55.000	CDCCVT00 - ADB-Critical Care Rider Disclosure-3-11-2011.pdf
CRLTVT00	Certificate Amendment, Insert Page, Endorsement or Rider Accelerated Death Benefit for Long Term Care Rider	Initial	57.000	CRLTVT00 - ADB-LTC Rider 3-10-2011-FINAL.pdf
CDLTVT00	Other Accelerated Death Benefit for Long Term Care Rider Disclosure	Initial	56.000	CDLTVT00 - ADB-LTC Disclosure- 3-10-2011.pdf
CREXVT00	Certificate Amendment, Insert Page, Endorsement or Rider Extension of Benefits	Initial	59.000	CREXVT00 - Extension of Benefits Rider 3-10-2011-FINAL.pdf
CDEXVT00	Other Accelerated Death Benefit for Long Term Care with Extension of Benefits Disclosure	Initial	58.000	CDEXVT00 - ADB-LTC w EXT Disclosure- 3-10-2011.pdf
CRCHL200	Certificate Amendment, Insert Page, Endorsement or Rider Child Term Insurance Rider	Initial	59.000	CRCHL200 - Child Term Rider- 3-11-2011 FINAL.pdf
CRWPVT00	Certificate Amendment, Insert Page, Waiver of Premium Rider	Initial	50.000	CRWPVT00 - Waiver of Premium Rider 3-10-

SERFF Tracking Number: AEGG-127078075 State: Arkansas
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	Endorseme nt or Rider			2011-FINAL .pdf
CRWPL200	Certificate Waiver of Premium Amendmen Due to Layoff or t, Insert Strike Page, Endorseme nt or Rider	Initial	62.000	CRWPL200 - Waiver of Premium Due to Layoff Rider 3-11- 2011- FINAL.pdf
CVT-AP- 02-00	Application/Certificate Enrollment Application Form	Initial	54.000	CVT-AP-02- 00-032111- FINAL.pdf

TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: [4333 Edgewood Road NE, Cedar Rapids, Iowa 52499]
A Stock Company

Policyholder: [ABC Company]
Policy Number: [CAI001B]
Policy Effective Date: [January 1, 2011]
Policy Anniversary Date: [January 1, 2012]
Policy Renewal Date: [January 1, 2016]
Governing Jurisdiction: [Any State]

Transamerica Life Insurance Company ("the Company," "we," "us," and "our") agrees to pay the benefits described in this Policy, subject to all terms, conditions, and limitations, in consideration of:

1. The Policyholder Application, a copy of which is attached to and made a part of this Policy; and
2. The payment of the first premium.

By our acceptance of the first premium paid by the Policyholder ("you," "your," and "yours") and by your receipt of this Policy, you agree:

1. To be bound by the terms of this Policy; and
2. To pay all premiums to us according to the terms of this Policy.

This Policy is subject to the laws of the governing jurisdiction in which it is issued. This is not a policy of workers' compensation insurance.

This Policy is signed for the Company at our Home Office to take effect on the Policy Effective Date.

[]

[General Counsel and Secretary]

[]

[President]

Master Policy for Group Term Life Insurance

[5 Year] [10 Year] [20 Year] Term Life Insurance

Renewable to Expiration Date

Premiums Subject to Change

Conversion to Permanent Life Insurance Option

Non-Participating – No Dividends

Administrative Office
[1400 Centerview Drive, P.O. Box 8063
Little Rock, Arkansas 72203-8063]
[1-888-763-7474]

Table of Contents

Policy Schedule	3
Definitions	5
Policyholder Provisions	
Duties	6
Certificates.....	6
Inspection of Policy	6
Notice of Right to Convert Coverage	6
Notice of Right to Continue Coverage.....	6
Premiums, Policy Changes, Termination, and Reinstatement	
Premiums	6
Who May Change This Policy	6
When Policy Changes are Effective.....	6
When This Policy Ends	6
Grace Period	7
When Policy May Be Reinstated	7
General Provisions	
Adjustment in the Event of Clerical Error	7
Adjustment in the Event of Error in Age or Tobacco Use	7
Entire Contract.....	7
Non-Participation.....	7
Right to Contest.....	7
Time Effective.....	7
Certificate Provisions Made a Part of This Policy.....	7

POLICY SCHEDULE

[ELIGIBILITY REQUIREMENTS

Employee or Member – To become an Insured under this Policy:

1. Must be within the Age range of 16 through [70].
2. Must meet the eligibility requirements listed on the Policyholder's Application.
3. Must satisfactorily answer the Evidence of Insurability questions on the Application, if applicable.
4. Must be in Active Service.

Dependents (if available) – To become an Insured under this Policy:

1. Must meet the definition of a Dependent.
2. Must satisfactorily answer the Evidence of Insurability questions on the Application, if applicable.
3. Must not be eligible as an employee or member under this Policy.]

[EVIDENCE OF INSURABILITY

Evidence of Insurability will be required for any person who:

1. Does not apply for this insurance within the first 31 days after first becoming eligible to apply.
2. Applies for an amount of insurance that exceeds the Guaranteed Issue Limit, if applicable.
3. Applies for reinstatement of life insurance coverage after such coverage has been terminated.
4. Converts insurance under this Policy to permanent insurance, and later becomes eligible for coverage under this Policy again.]

[EFFECTIVE DATE OF COVERAGE

An eligible employee or member must apply for this insurance on a form approved by us, and agree in writing to pay any required premium contributions. Coverage will become effective on:

1. The Policy Effective Date, for Applications submitted and approved by us prior to the Policy Effective Date. Under no circumstances will coverage be effective prior to the Policy Effective Date.
2. The Certificate Effective Date, for Applications submitted and approved by us after the Policy Effective Date.

Except that:

1. If an employee or member is not in Active Service on the day coverage is scheduled to become effective, coverage will become effective on the date he or she returns to Active Service.
2. If a Dependent is not in Active Service (if employed) or is confined in a hospital (if not employed) on the date his or her coverage is scheduled to become effective, coverage will become effective on the day following his or her return to Active Service or discharge from the hospital.]

BENEFITS

[Employee or Member:

Increments of [\$10,000], maximum [\$250,000], not to exceed [five] times Salary.

Dependents:

Increments of [\$5,000], maximum [\$50,000], not to exceed 50% of the employee or member coverage amount.

Salary - means the employee's or member's annualized regular wages rounded up to the next highest \$1,000. Salary does not include overtime or bonuses, cash awards, expense allowances, shift differential, goal sharing, variable pay, stock option earnings, incentive items or other extra pay items.]

MINIMUM PARTICIPATION REQUIREMENT

[A minimum of [ten] eligible employee or members insured is required to issue and keep this Policy in force.]

INCLUDED RIDERS

The following optional riders are available with this Policy:

- [Accidental Death and Dismemberment Rider]
- [Accelerated Death Benefit for Terminal Illness Rider]
- [Accelerated Death Benefit for Critical Care Condition Rider]
- [Accelerated Death Benefit for Long Term Care Rider]
- [Extension of Benefits Rider]
- [Waiver of Premium Due to Total Disability Rider]
- [Waiver of Premium Due to Layoff or Strike Rider]
- [Child Term Insurance Rider]

[BENEFIT REDUCTION SCHEDULE

Death Benefits automatically reduce to the following percentages on the Certificate Anniversary Date that follows the Insured's birthday, as follows:

<u>Birthday</u>	<u>Death Benefits Payable</u>
65 th	65% of pre-age 65 death benefit
70 th	50% of pre-age 65 death benefit
75 th	25% of pre-age 65 death benefit]

ADDITIONAL AGREEMENTS

[None]

DEFINITIONS

The provisions of this Policy are subject to the defined terms below.

Active Service - The Insured, if an employee, must be:

1. Performing in the usual manner all of the regular duties of his or her occupation on a scheduled work day; and
2. Performing these duties at one of the places of business where he or she normally works or at some location directed by the employer.

The Insured is considered to be in Active Service on a day which is not a scheduled work day only if he or she would be able to perform in the usual manner all of the regular duties of his or her occupation if it were a scheduled work day and he or she were in Active Service on the last preceding regular work day.

For members, the Insured will be in Active Service if he or she meets the eligibility requirements on the Policyholder Application.

Application - The form completed and signed by your eligible employees or members to apply for coverage under this Policy.

Certificate - The document that describes the terms of the insurance for an insured employee, member or Dependent, as applicable.

[Child – A Child of the employee or member who is within the Age range of 15 days through Age 25 and is:

1. A natural child;
2. A legally adopted child, or a child for whom adoption proceedings have begun;
3. A stepchild;
4. A child for whom the employee or member has been appointed legal guardian; or
5. A grandchild who lives with and is financially dependent on the employee or member for support.]

Dependent - An employee's or member's Spouse or Other Adult Dependent [or Child].

Death Benefit - The amount payable upon the death of an Insured.

Insured - The employee or member or Dependent who is covered under this Policy.

Other Adult Dependent - The employee's or member's common law marriage partner, domestic partner, or civil union partner, if legally required in the governing jurisdiction or as otherwise agreed upon between you and us, who is within the Age range of 16 through [65].

Policy - This document that describes the insurance available to your employees or members.

Policyholder, you, your, or yours - The entity named on the cover page of this Policy.

Policyholder Application - The form completed and signed by you to apply for this Policy

Spouse - A person who is legally married to the employee or member, who is within the Age range of 16 through [65].

Tobacco Use - The Insured's use of any of the following tobacco products within the last 12 months: cigarettes, cigars, pipes, snuff, and chewing tobacco, or nicotine replacement products, such as patches or gum. Such Insured would be considered a **Tobacco User**.

We, us and our - Transamerica Life Insurance Company.

POLICYHOLDER PROVISIONS

Duties - Your duties will include, but are not limited to, the following:

1. Provide us with any and all information we determine to be necessary for the enrollment of your employees or members for the determination of their eligibility. You must provide us with all data we need to underwrite the coverage, to compute premiums, to maintain necessary administrative records, and to generally administer this Policy.
2. Provide us with the completed Applications (or other forms acceptable to us), if applicable.
3. Fulfill the agreements listed on the Policyholder Application.
4. Maintain records pertaining to the insurance of your employees or members as we may reasonably require while this Policy is in force. For two years after this Policy terminates, you must allow us the opportunity to examine these records at any reasonable time during normal business hours.
5. Cooperate fully with us in preparing and/or delivering any notices to your employees or members regarding this insurance.

Certificates - We will issue Certificates for each Insured. The Certificates will describe the life insurance coverage provided by this Policy.

Inspection of Policy - You must make this Policy available for inspection by your employees or members at all reasonable times during normal business hours.

Notice of Right to Convert Coverage - You are required to give each Insured a notice of the right to convert coverage after an Insured ceases to be eligible for coverage under this Policy. Details are set forth in the Conversion Option section of the Certificate.

Notice of Right to Continue Coverage - You are required to give each Insured a notice of the right to continue coverage after an Insured ceases to be eligible for coverage under this Policy. Details are set forth in the Portability Option of the Certificate.

PREMIUMS, POLICY CHANGES, TERMINATION, AND REINSTATEMENT

Premiums – The premiums due will be the sum of the premiums due for all Insureds under this Policy. Premiums are due and payable to us by you on each premium due date. The first premium due date is the Policy Effective Date. Later premiums are due monthly.

The amount of the premium for each Insured is shown on his or her Certificate Schedule.

Who May Change This Policy - The terms of this Policy, including premium rates, may be changed at any time by written agreement between you and us. The insurance provided by this Policy may be changed or canceled without the consent of any Insured and without prior notice to any Insured. Only our President, Vice President, Secretary, or an Assistant Secretary may make any changes to this Policy and then only in writing. No agent or Policyholder has authority to change this Policy or to waive any of its provisions. All changes are subject to the laws of the governing jurisdiction.

When Policy Changes are Effective - Unless otherwise agreed upon in writing, the Effective Date of any change in premium or benefits will be the Policy Anniversary Date.

When This Policy Ends – This Policy will terminate at the earliest of the following events:

1. If any premium payable is not paid within its Grace Period, this Policy will terminate on the day after the end of the Grace Period;
2. If you submit a 60-day advance written request to us to terminate the Policy, this Policy will terminate on the date specified in such request;
3. If we give you a 60-day advance written notice that we intend to terminate the Policy, this Policy will terminate on the date specified in such notice;
4. If you fail to comply with any terms of the Policy, or fail to fulfill any obligations under or pertaining to this insurance, or fail to comply with or cooperate with us in satisfying the requirements of any applicable law or regulation pertaining to this insurance, this Policy will terminate on the 32nd day after we have given you written notice of our intent to terminate.

Termination of this Policy is without prejudice to claims that occur or commence prior to the date of termination.

Grace Period – You have a Grace Period of 31 days from each premium due date, except the first, in which to pay the premium then due. Coverage will continue during the Grace Period. You are liable for the premium during the Grace Period.

When Policy May Be Reinstated – At our sole discretion, we may reinstate the Policy which has terminated if requested to do so by the Policyholder.

GENERAL PROVISIONS

Adjustments in the Event of Clerical Error - Clerical error will not void insurance otherwise validly in force; nor will it continue or make insurance valid that otherwise would cease or would never have been issued.

Adjustments in the Event of Error in Age or Tobacco Use - If the Age or Tobacco Use status of any Insured is misstated on the Application, we will adjust the Death Benefit to reflect the amount that the most recent premium would buy at the Insured's correct Age or Tobacco Use status.

Entire Contract - This Policy, your Policyholder Application, a Certificate evidencing the insurance made available to your employees or members, and any riders, endorsements and amendments constitute the entire contract of insurance.

Non-Participation - This is non-participating insurance. Neither you nor any employee or member participates in our profits or surplus.

Right to Contest - We will not use any statement, except fraudulent statements, to void or reduce benefits under this Policy or any Certificate after it has been in force for two years from its Effective Date. Any such statement would have to be in a signed form. This also applies to all Riders.

All statements made are considered representations and not warranties. No such statement will be used in any contest, unless a copy of such statement has been furnished to you or your representative.

Time Effective - For any dates used in this Policy, the effective time will be 12:01 AM at your address.

CERTIFICATE PROVISIONS MADE A PART OF THIS POLICY

The remainder of this Policy consists of the provisions that appear in the Certificate (including any Riders and/or Endorsements) that describes the insurance made available to your employees or members under this Policy. Copies of the Certificate, any Riders and Endorsements, if any, are attached to and become a part of this Policy.

TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: [4333 Edgewood Road NE, Cedar Rapids, Iowa 52499]
A Stock Company

FOR INFORMATION, OR TO MAKE A COMPLAINT, CALL [1-888-763-7474]
PLEASE READ YOUR CERTIFICATE CAREFULLY

GROUP TERM LIFE INSURANCE CERTIFICATE

This Certificate summarizes the Master Policy for Group Term Life Insurance ("Policy") that is underwritten by Transamerica Life Insurance Company (the "Insurer"). Read it carefully to become familiar with your coverage.

Terms important to understanding this Certificate are defined in the **Definitions** section or in separate Certificate Provisions and are capitalized in this Certificate.

The Policy under which this Certificate is issued may be amended or canceled, as stated in its provisions. Such an action may be taken without the consent of or notice to any Owner or Insured. Premiums are subject to periodic changes.

RIGHT TO EXAMINE AND RETURN CERTIFICATE WITHIN 30 DAYS

AT ANY TIME WITHIN 30 DAYS AFTER YOU RECEIVE THIS CERTIFICATE, YOU MAY RETURN IT TO US OR THE GROUP POLICYHOLDER. WE WILL CANCEL THIS CERTIFICATE AND VOID IT FROM THE BEGINNING. WE WILL REFUND TO YOU ANY PREMIUMS PAID.

This Certificate is signed for the Company at our Home Office to take effect on its Effective Date.

[]

[General Counsel and Secretary]

[]

[President]

Group Term Life Insurance Certificate
[5 Year] [10 Year] [20 Year] Term Life Insurance
Renewable to Expiration Date
Premiums Subject to Change
Conversion to Permanent Life Insurance Option
Non-Participating – No Dividends

Administrative Office
[1400 Centerview Drive, P.O. Box 8063
Little Rock, Arkansas 72203-8063]
[1-(888) 763-7474]
E-Mail Address: [customer.service@Transamerica.com]
Web Address: [www.transamericaworksite.com]

TABLE OF CONTENTS

CERTIFICATE SECTIONS	PAGE
Right to Examine and Return Certificate	1
Certificate Schedule.....	3
Table of Maximum Annual Premium Rates	4
Definitions	5
Ownership	6
Beneficiary	6
Death Benefit	6
Renewal Provision	7
Effective Date	7
Premiums	7
Termination	7
Reinstatement	7
Conversion Option	7
Portability Option	8
General Provisions	
Assignment	8
Claims Procedure	8
Entire Contract	8
Grace Period	8
Policyholder as Your Agent.....	8
Misstatement of Age or Tobacco Use Status	8
Right to Contest	8
Suicide Exclusion	8
When Notice is to be Given by Us	8

CERTIFICATE SCHEDULE

POLICYHOLDER	[ABC COMPANY]	POLICY NUMBER	[99999999]
INSURED	[JOHN DOE]	CERTIFICATE NUMBER	[99999999]
DEATH BENEFIT	[\$50,000]	EFFECTIVE DATE	[1/1/2011]
CLASS OF RISK	[TOBACCO]	PREMIUM PAYMENT	[\$43.75 MONTHLY]
INSURED ISSUE AGE	[35]	INITIAL TERM PERIOD	[5 Year Term]
EXPIRATION DATE	Certificate Anniversary Date following Insured's [100 th] Birthday		
OWNER	[THE INSURED]		

RIDERS INCLUDED IN YOUR COVERAGE

[Accidental Death and Dismemberment Rider

Accidental Death Benefit:	[\$50,000]	
Seatbelt Benefit:	[10]% of Accidental Death Benefit	
Air Bag Benefit:	[5]% of Accidental Death Benefit	
Common Carrier Benefit:	[100]% of Accidental Death Benefit	
Monthly Premium:		\$ 3.00]

[Accelerated Death Benefit for Terminal Illness Rider

Maximum Benefit: the lesser of: (a) up to [50%] of the Insured's Death Benefit; or (b) \$[100,000]

[Accelerated Death Benefit for Critical Care Condition Rider

Maximum Benefit: the lesser of: (a) up to [100%] of the Applicable Death Benefit or (b) \$[100,000]
 Monthly Premium: \$17.50]

[Accelerated Death Benefit for Long Term Care Rider

Benefits:

Accelerated Death Benefit for Confinement:	[4]%	
Accelerated Death Benefit for Home Health Care/Adult Day Care:	[2]%	
Elimination Period:	[90] Days	
Monthly Premium:		\$ 2.79
Maximum Monthly Premium Rate per \$1,000:	\$0.0975]	

[Extension of Benefits Rider

Monthly Premium:		\$ 2.00
Maximum Monthly Premium Rate per \$1,000:	\$0.0700]	

[Child Term Insurance Rider:

Death Benefit:	Each Child: [\$10,000]	
Monthly Premium:		\$ 2.50]

[Waiver of Premium Rider

Benefits Stop on the Certificate Anniversary Date following the Insured's [65th] birthday
 Monthly Premium: \$ 1.46]

[Waiver of Premium Due to Layoff or Strike Rider

Benefits Stop on the Certificate Anniversary Date following the Insured's [65th] birthday
 Monthly Premium: \$0.04]

TABLE OF MAXIMUM ANNUAL PREMIUM RATES

The maximum annual premium for this Certificate will be determined by multiplying the annual rate per \$1,000 by the number of \$1,000's of Death Benefit amount. These rates do not include the additional premiums payable for any Riders which may be attached to this Certificate. These are annual rates and should be adjusted for other payment methods or modes. Current rates lower than these maximum rates may be charged.

ATTAINED AGE	NON-TOBACCO 5 YEAR TERM* ANNUAL RATE PER \$1,000	TOBACCO 5 YEAR TERM * ANNUAL RATE PER \$1,000	ATTAINED AGE	NON-TOBACCO 5 YEAR TERM* ANNUAL RATE PER \$1,000	TOBACCO 5 YEAR TERM * ANNUAL RATE PER \$1,000
16	\$ 2.18	\$ 3.26	58	\$ 13.84	\$ 30.41
17	\$ 2.18	\$ 3.26	59	\$ 14.81	\$ 32.85
18	\$ 2.18	\$ 3.26	60	\$ 16.15	\$ 36.13
19	\$ 2.20	\$ 3.30	61	\$ 17.52	\$ 38.30
20	\$ 2.22	\$ 3.33	62	\$ 19.01	\$ 40.98
21	\$ 2.24	\$ 3.36	63	\$ 20.43	\$ 44.67
22	\$ 2.26	\$ 3.40	64	\$ 21.97	\$ 48.69
23	\$ 2.29	\$ 3.43	65	\$ 24.38	\$ 54.21
24	\$ 2.31	\$ 3.47	66	\$ 26.58	\$ 59.63
25	\$ 2.34	\$ 3.50	67	\$ 28.70	\$ 65.60
26	\$ 2.38	\$ 3.53	68	\$ 31.57	\$ 72.16
27	\$ 2.42	\$ 3.57	69	\$ 37.89	\$ 79.37
28	\$ 2.45	\$ 3.70	70	\$ 55.58	\$ 92.15
29	\$ 2.47	\$ 3.74	71	\$ 66.70	\$ 101.36
30	\$ 2.48	\$ 3.78	72	\$ 75.37	\$ 113.53
31	\$ 2.49	\$ 3.89	73	\$ 85.17	\$ 128.29
32	\$ 2.51	\$ 4.01	74	\$ 97.94	\$ 146.25
33	\$ 2.60	\$ 4.17	75	\$ 113.61	\$ 166.41
34	\$ 2.73	\$ 4.34	76	\$ 127.25	\$ 185.00
35	\$ 2.89	\$ 4.51	77	\$ 139.97	\$ 203.50
36	\$ 2.94	\$ 4.59	78	\$ 153.97	\$ 223.85
37	\$ 3.00	\$ 4.78	79	\$ 170.91	\$ 250.72
38	\$ 3.09	\$ 4.97	80	\$ 193.58	\$ 278.30
39	\$ 3.11	\$ 5.00	81	\$ 214.87	\$ 311.69
40	\$ 3.17	\$ 5.09	82	\$ 238.51	\$ 338.96
41	\$ 3.23	\$ 5.24	83	\$ 264.74	\$ 372.86
42	\$ 3.21	\$ 5.33	84	\$ 293.87	\$ 410.15
43	\$ 3.53	\$ 6.58	85	\$ 326.19	\$ 451.16
44	\$ 3.88	\$ 7.83	86	\$ 362.07	\$ 496.28
45	\$ 4.47	\$ 9.09	87	\$ 401.90	\$ 545.90
46	\$ 4.91	\$ 10.57	88	\$ 446.11	\$ 595.04
47	\$ 5.39	\$ 12.10	89	\$ 495.18	\$ 648.59
48	\$ 6.03	\$ 13.70	90	\$ 544.70	\$ 706.96
49	\$ 6.74	\$ 15.34	91	\$ 599.17	\$ 770.59
50	\$ 7.62	\$ 16.71	92	\$ 659.09	\$ 839.94
51	\$ 8.38	\$ 17.88	93	\$ 724.99	\$ 915.54
52	\$ 8.88	\$ 19.03	94	\$ 797.49	\$ 960.00
53	\$ 9.49	\$ 20.37	95	\$ 832.15	\$ 960.00
54	\$ 10.27	\$ 21.70	96	\$ 866.80	\$ 960.00
55	\$ 11.20	\$ 24.74	97	\$ 901.46	\$ 960.00
56	\$ 11.98	\$ 25.95	98	\$ 936.11	\$ 960.00
57	\$ 12.82	\$ 28.16	99	\$ 960.00	\$ 960.00]

* Current premiums are guaranteed for the first [5] Certificate years.

DEFINITIONS

Active Service - The Insured, if an employee, must be:

1. Performing in the usual manner all of the regular duties of his or her occupation on a scheduled work day; and
2. Performing these duties at one of the places of business where he or she normally works or at some location directed by the employer.

The Insured is considered to be in Active Service on a day which is not a scheduled work day only if he or she would be able to perform in the usual manner all of the regular duties of his or her occupation if it were a scheduled work day and he or she were in Active Service on the last preceding regular work day.

For members, the Insured will be in Active Service if he or she meets the eligibility requirements on the Policyholder Application.

Age or Attained Age - The Insured's Age as of the last Certificate Anniversary Date. Attained Age will increase by one year on each Certificate Anniversary Date. **Issue Age** is the Attained Age of the Insured as of the Effective Date. The Issue Age is shown on the Certificate Schedule.

Amendment, Endorsement, or Rider - Any form issued by us which adds, modifies, changes, or deletes any Policy or Certificate provisions or benefits.

Anniversary Date – The month and date of each calendar year that is the same month and date as the Effective Date.

Application - The form completed and signed by the Owner to apply for this life insurance coverage.

Beneficiary - The recipient of the Death Benefit of this Certificate in the event of the Insured's death.

Certificate – This document that describes your insurance coverage.

Death Benefit - The amount payable upon the Insured's death.

Effective Date - The date when the Policy or this Certificate takes effect as shown on the Policy Schedule or Certificate Schedule.

Expiration Date – The date that coverage under this Certificate terminates if the Insured is living on that date.

Grace Period – The Grace Period is a 31-day period after a premium payment is due. See the Grace Period provision in the General Provisions section for details.

Insured - The person covered under this Certificate and named on the Certificate Schedule.

Initial Term Period – The number of years for which the Policy is initially issued.

Lapse - The termination of this Certificate for the nonpayment of premium or insufficient payment of the premium due.

Owner, you, your, or yours - The employee or member named as Owner on the Certificate Schedule to which this Certificate is issued.

Policy – The document that is issued to the Policyholder.

Policyholder – The group entity named on the cover page of the Policy.

Reinstate, Reinstated, or Reinstatement - To restore coverage if this Certificate has Lapsed, subject to the Reinstatement provision.

Tobacco Use – The Insured's use of any of the following tobacco products within the last 12 months: cigarettes, cigars, pipes, snuff, and chewing tobacco, or nicotine replacement products such as patches or gum. Such Insured would be considered a **Tobacco User**.

Transamerica Life Insurance Company, the Company, we, us, or our – The Insurer that underwrites this life insurance coverage and pays the benefits upon a claim.

OWNERSHIP

You have certain rights while the Insured is living and this Certificate is in force. Your rights include, but are not limited to, those listed below:

1. Changing the Beneficiary, subject to any irrevocable Beneficiary that may have been named (an irrevocable Beneficiary cannot be changed without the written consent of that irrevocable Beneficiary);
2. Assigning any right or benefit under this Certificate;
3. Reinstating coverage that has Lapsed, subject to the Reinstatement provision;
4. Exercising an option under any Rider attached to this Certificate; and
5. Transferring ownership. Any requested change of ownership must be in writing on our form and approved by us. Your requested change will be effective on the date that you signed it, subject to any actions taken prior to receipt of such change.

If you, as the Owner, are not the Insured, and you die before the Insured, the executor or administrator of your estate will have these rights.

BENEFICIARY

Payment of the Death Benefit - If the Insured dies while this Certificate is in force, we will pay the Death Benefit to the Beneficiary, subject to the provisions of this Certificate. The Beneficiary will be as designated on the Application for this insurance coverage, unless later changed as provided under the How to Change the Beneficiary provision.

If a Beneficiary is Not Named in the Application or the Stated Beneficiary Dies - The rights of any Beneficiary to receive the Death Benefit will end if the Beneficiary dies prior to the death of the Insured. Except to the degree that benefits have already been paid, and unless otherwise provided, the rights of any Beneficiary who dies at the time of, or within 30 days after, the Insured's death will end at their death. If the rights of all named Beneficiaries have ended, or if a Beneficiary was not named in the original Application, benefits will be payable to the Insured's survivors in the following order of preference:

1. Spouse or Other Adult Dependent;
2. Child(ren) (in equal amounts);
3. Parents (in equal amounts);
4. Siblings (in equal amounts);
5. The executor or administrator of the Owner's estate.

The existence of multiple Beneficiaries will not increase the benefit payable.

Protection of the Death Benefit - To the extent permitted by law, the Death Benefit will not be subject to the claims of the Beneficiary's creditors or to any legal process against the Beneficiary.

How to Change the Beneficiary - You may change the Beneficiary at any time while the Insured is living. Please request a Change of Beneficiary form from us. To be effective, the change must be in writing and signed by both you and a disinterested witness. The change will be effective on the date it is recorded. However, any benefits paid before we receive the notice of a change in Beneficiary will not be subject to such change. If the Insured dies after you changed the Beneficiary, but before the date it is recorded, the change will be effective on the date you signed the valid change request.

DEATH BENEFIT

The Death Benefit payable at the Insured's death will be:

1. The Death Benefit in effect at the Insured's death; plus
2. Any insurance on the Insured's life provided by Riders, if any; less
3. Any premium which is due and unpaid for a period from the premium due date to the end of the Certificate month in which the Insured's death occurs.

Death Benefit - The Death Benefit is the amount shown on the Certificate Schedule.

Refund of Unearned Premium - We will refund any unearned life insurance premium upon the death of the Insured. Such refund will be made to the designated Beneficiary and will be included with the Death Benefit.

RENEWAL PROVISION

The Initial Term Period will be for the number of years shown on the Certificate Schedule. After the Initial Term Period, you may renew this Certificate for successive term periods. The successive term periods will be for the same number of years as the Initial Term Period or the period ending at the Expiration Date, if earlier. No evidence of insurability is required on renewal. Renewal will automatically take place on each Policy Anniversary on or following the end of a Term Period provided:

1. The Policy and this Certificate are in force with no premium in default; and
2. The premium due on the Policy Anniversary is paid within the Grace Period.

Upon payment of such renewal premium, any Riders which are part of this Certificate may be continued on renewal of this Certificate, subject to their termination provisions.

EFFECTIVE DATE

The insurance under this Certificate will start on the Certificate Effective Date if:

1. Your Application has been approved by us on or before this date;
2. The Insured is living; and
3. The initial premium payment has been received by us.

If the Insured is not in Active Service (if employed) or is confined in a hospital (if not employed) on the Certificate Effective Date, then coverage will not become effective until the day after the Insured returns to Active Service or is discharged from the hospital.

PREMIUMS

Premium Payments – The premium payable for this Certificate is shown on the Certificate Schedule. The first premium must be paid on or before the Certificate Effective Date. Premiums are payable in advance of the period to which they apply. All premiums are payable to our Administrative Office or to an agent authorized by us to collect premiums.

Change of Premium – We reserve the right to decrease or increase the current premiums after the period of time shown on the Certificate Schedule. However, premiums will never exceed the maximum guaranteed premiums shown on the Certificate Schedule. We will notify you at least 31 days prior to the date a change in premium amount is effective. We will send you a notice of your new current premium.

TERMINATION

The insurance under this Certificate will stop on the earliest one of these occurrences:

1. The date we receive your written request to terminate coverage;
2. The Expiration Date;
3. The date the Insured dies;
4. The date this Certificate Lapses, subject to the Grace Period; or
5. The date the Policy terminates, subject to the Portability Option.

REINSTATEMENT

This Certificate may be Reinstated within five years after default in payment. Reinstatement is subject to:

1. Proof of insurability satisfactory to us; and
2. Payment of past due premiums with interest compounded annually at 6% per year.

The Right to Contest provision applies from the effective date of Reinstatement. If this Certificate has been in force for two years during the lifetime of the Insured, it is contestable only as to statements made in the Reinstatement Application.

CONVERSION OPTION

You can convert the Insured's coverage to permanent life insurance on a policy form that we then issue, without any optional Riders, in an amount not to exceed the amount of insurance that is terminating under the Policy. The premium for the permanent coverage will be based upon the Insured's Attained Age and class of risk at the time of conversion, together with the form and amount of insurance chosen. No evidence of insurability will be required.

We must receive the conversion application and any required premium within 31 days of termination under the Policy. If the Insured dies within the 31-day conversion period, benefits under the Policy will be paid as if coverage had continued, regardless of whether or not the Owner applied for conversion coverage.

Conversion is not available if termination is the result of submitting a fraudulent claim.

PORTABILITY OPTION

If you lose eligibility for this insurance for any reason other than nonpayment of premiums and while the Policy is still in force, you will have the option to continue this Certificate (including any Riders) by paying the premiums directly to us at our Administrative Office. We will bill you for these premiums. The premiums you pay directly to us may include an additional charge for administrative costs.

Premiums may be paid annually, semi-annually, quarterly or monthly, subject to our rules as of the date you request portability. The Owner may change the frequency of premium payments, subject to our rules in effect at the time of the change by filing a written request at our Administrative Office. If you stop paying the premiums under this option, this Certificate (and any Riders) will cease, subject to the terms of the Grace Period.

GENERAL PROVISIONS

Assignment - If you file an assignment with us and it is recorded at our Administrative Office, your rights and the rights of the Beneficiary will be subject to that assignment.

Claims Procedure - Due proof of the Insured's death must be submitted to us at our Administrative Office. The Beneficiary or a personal representative can get a claim form by calling our toll-free telephone number listed on the cover page.

Entire Contract - The Policy, the Policyholder Application, this Certificate, your Application and any Riders, Endorsements and Amendments form the entire contract of insurance. All statements made by or for an Insured, in the absence of fraud, will be considered representations and not warranties. We will not use any statement made by or for an Insured to contest this insurance unless:

1. That statement is in writing;
2. That statement has been signed by, or on behalf of, the Insured; and
3. A copy of that statement has been given to the Insured, his or her Beneficiary or personal representative.

Only our President, Vice President, Secretary, or an Assistant Secretary may make any changes to this Certificate and then only in writing. No agent or Policyholder has authority to change the Policy, this Certificate, or to waive any of its provisions. Any changes are subject to the laws of the governing jurisdiction.

Grace Period - If we do not receive a premium payment when it is due, a Grace Period of 31 days will be provided. Written notice will be sent to your last known address on record at least 31 days prior to termination. If a premium payment is not paid by the end of the Grace Period, this Certificate will terminate. If the Insured dies during the Grace Period, we will pay the Death Benefit, less any unpaid premium.

Policyholder as Your Agent - For all purposes related to this insurance, your Policyholder serves as your agent and not as our agent.

Misstatement of Age or Tobacco Use Status - If the Insured's Age or Tobacco Use status was misstated on the Application for this insurance coverage, we will adjust the Death Benefit to the amount that the most recent premium would buy at the Insured's correct Age or Tobacco Use status.

Right To Contest - We will not contest this insurance, in the absence of fraud, after it has been in force during the lifetime of an Insured for two years from the date it starts, except for nonpayment of premiums.

Suicide Exclusion - We will not pay a Death Benefit if an Insured dies by suicide, while sane or insane, within two years of the date his or her insurance starts. If the Insured dies by suicide within this two-year period, we will refund the premiums paid for the insurance.

When Notice is to be Given by Us - Any notice to be given by us will be sent to the Owner at the Owner's last known address and any assignee of record at the assignee's last known address.

TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: [Cedar Rapids, Iowa]

Administrative Office: [1400 Centerview Drive, PO Box 8063, Little Rock, Arkansas 72203-8063]
(Hereinafter called "the Company," "we," "us," or "our")

ACCIDENTAL DEATH AND DISMEMBERMENT RIDER

This Rider is issued in consideration of the Application and payment of any required initial premium. Except as shown in this Rider, the provisions of the contract to which this Rider is attached will prevail. This Rider has no cash value.

DEFINITIONS

In addition to the definitions contained in the contract, the following definitions apply to this Rider:

Accidental Bodily Injury - Injury resulting, directly and independently of all other causes, from external and involuntary causes.

Accidental Death - Loss of life resulting from an Accidental Bodily Injury. The death must occur within [365] days of the Accidental Bodily Injury. The Accidental Bodily Injury must occur on or before the Certificate Anniversary Date following the Insured's [70th] birthday.

Accidental Death Benefit - The amount payable for an Accidental Death will be the Accidental Death Benefit shown on the Certificate Schedule, less any Rider premium due and unpaid. The amount payable for a Dismemberment will be a percentage of the Accidental Death Benefit as shown in the Dismemberment Benefit section of this Rider, less any Rider premium due and unpaid. If any change was made in the Accidental Death Benefit, the amount payable will be adjusted to the applicable amount shown in any endorsement to this Rider issued by us.

Air Bag System – An automatically inflatable passive restraint system that is designed to provide automatic crash protection in front or side impact Automobile accidents and meets the Federal Vehicle Safety Standards of the National Highway Traffic Safety Administration.

Automobile – A four-wheeled private passenger motor vehicle licensed for use on public highways and not used to transport passengers for hire.

Child - A Child of the employee or member who is within the Age range of 15 days through Age 25 and is:

1. A natural child;
2. A legally adopted child, or a child for whom adoption proceedings have begun;
3. A stepchild; or
4. A child for whom the employee or member has been appointed legal guardian.

Covered Loss – An Accidental Death or a Dismemberment. Such a loss must occur within [365] days of an Accidental Bodily Injury subject to the Exclusions and Limitations section of this Rider. Covered Loss also includes an Accidental Death or a Dismemberment resulting from unavoidable exposure to the elements if such loss occurs within [365] days of the date of an Accidental Bodily Injury.

Dismemberment - An Accidental Bodily Injury that, directly and independently of all other causes, results in the complete severance of a body extremity or the complete loss of sight, speech, or hearing.

Loss of a hand means the entire loss of at least four fingers. Loss of a finger or toe means complete severance at the hand or foot. Loss of a foot means complete severance at or above the ankle joint. Loss of an arm means complete severance above the elbow. Loss of a leg means complete severance above the knee. Loss of sight, speech, or hearing means total and permanent loss of sight, speech, or hearing.

Elder - An adult who is at least [60] years of age and who primarily depends on the Insured for financial support.

Elder Care – The non-medical care provided in a home for the aged or a community living center that provides domiciliary, residential, or retirement care. Elder Care does not include:

1. Medical care in a hospital;
2. Psychiatric care in a facility that treats mental illness of a non-organic origin; or
3. Treatment in a facility for voluntary chemical dependence.

Expiry Date - The Expiry Date means the Certificate Anniversary Date after the Insured reaches age [70].

Physician – A duly licensed or certified practitioner of medicine, other than an Immediate Family Member, who is legally licensed to diagnose and treat any sickness or injury within the scope of his or her license.

Public Transportation – A public passenger conveyance operated by a licensed common carrier for the transportation of the general public for a fare and operating on regularly scheduled passenger routes with a definite schedule of departures and arrival times. (This definition excludes taxis, limousines, and chartered vehicles.)

Seatbelt – A properly installed combination lap and shoulder restraint system that meets the Federal Vehicle Safety Standards of the National Highway Traffic Safety Administration. Seatbelt will include a lap belt only if the Automobile was not equipped with a combination lap and shoulder restraint system when manufactured. This benefit is not payable if a seatbelt is not worn or the seatbelt is not available in the Automobile.

Survivor – For purposes of this Rider only, Survivor means the Insured's surviving Spouse or Other Adult Dependent if the Insured is deceased from an Accidental Death. If both the Insured and Spouse or Other Adult Dependent are deceased, Survivor will mean the legally appointed guardian of each minor Dependent Child or the Dependent Child, if of legal age of majority.

BENEFITS

Accidental Death Benefit - If the Insured dies as the result of an Accidental Bodily Injury, we agree to pay the Accidental Death Benefit to the Beneficiary. This Rider must be in force at the time of death. We must receive satisfactory proof of the Insured's death. The Accidental Death Benefit will be payable in addition to the applicable Death Benefit payable under the contract. We will pay the Accidental Death Benefit to the Beneficiary named in writing as provided in the contract.

Seatbelt Benefit – We will pay the Seatbelt Benefit shown on the Certificate Schedule if both of the following events occur:

1. The Insured dies as a result of an Automobile accident for which an Accidental Death Benefit is payable; and
2. The deceased Insured was wearing and was properly utilizing a Seatbelt at the time of the accident, as evidenced by a police accident report.

This benefit will not be payable if the Insured is the driver of the Automobile and does not hold a current and valid driver's license.

Air Bag Benefit – We will pay the Air Bag Benefit shown on the Certificate Schedule if all of the following events occur:

1. The Insured dies as a result of an Automobile accident for which a Seatbelt Benefit is payable.
2. The Automobile is equipped with an Air Bag System that was installed as original equipment by the Automobile manufacturer.
3. The deceased Insured was seated in the driver's or a passenger's seating position intended to be protected by the Air Bag System and the Air Bag System deployed, as evidenced by a police accident report.

Common Carrier Benefit – We will pay the Common Carrier Benefit shown on the Certificate Schedule if both of the following events occur:

1. The Insured dies as a result of an Accident for which an Accidental Death Benefit is payable; and
2. The Accident occurs while the Insured was riding as a fare-paying passenger on Public Transportation.

Transportation of Remains Benefit - We will pay a Transportation of Remains Benefit equal to the lesser of [10%] of the Accidental Death Benefit or [\$5,000] if the Insured dies more than [200] miles from his or her primary residence and expenses are incurred to transport the Insured's body to a mortuary near his or her primary place of residence.

Dismemberment Benefit – If an Insured suffers a Dismemberment, we will pay the applicable benefit shown in the following table. If more than one Dismemberment occurs as a result of the same Accidental Bodily Injury, we will pay a benefit for the loss which has the largest benefit. If the Insured suffers another Dismemberment as the result of subsequent Accidental Bodily Injuries, a new Dismemberment benefit will be payable. We will not include the benefit amount that we paid for a prior Dismemberment when we determine the amount that we will pay for the subsequent Dismemberment.

Dismemberment or complete loss of, with or without reattachment:

Two or more: hand, foot, or sight of one eye	Lesser of Accidental Death Benefit or \$[100,000]
Quadriplegia	Lesser of Accidental Death Benefit or \$[100,000]
Loss of speech and loss of hearing in both ears	Lesser of Accidental Death Benefit or \$[100,000]
Paraplegia	Lesser of [75%] of Accidental Death Benefit or \$[100,000]
One: hand, foot, or sight of one eye	Lesser of [50%] of Accidental Death Benefit or \$[100,000]
Loss of speech or loss of hearing in both ears	Lesser of [50%] of Accidental Death Benefit or \$[100,000]
Hemiplegia	Lesser of [50%] of Accidental Death Benefit or \$[100,000]
Loss of hearing of one ear	Lesser of [25%] of Accidental Death Benefit or \$[100,000]
Loss of thumb and index finger on same hand	Lesser of [25%] of Accidental Death Benefit or \$[100,000]

Survivor Training Benefit - We will pay a Survivor Training Benefit to the Survivor for a training program in which the Survivor has enrolled within 365 days of the Insured's death. The training program must be for the purpose of obtaining an independent source of income for the Survivor. We will pay an amount equal to the lesser of:

1. [3%] of the Accidental Death Benefit; or
2. [\$3,500] subject to the Lifetime Benefits Limitation provision of this Rider.

Elder Care Benefit - We will pay an Elder Care Benefit to the Survivor, provided that the Elder is receiving Elder Care before the Rider Effective Date. We will pay an amount equal to the lesser of:

1. [3%] of the Accidental Death Benefit; or
2. [\$3,500] subject to the Lifetime Benefits Limitation provision of this Rider.

Child Educational Benefit - We will pay a Child Educational Benefit to the Survivor if the Insured is survived by a Child who is enrolled, or enrolls within 365 days of the Insured's death, at an accredited secondary school, college, university, or trade school. If there is no Survivor, this benefit will be paid to such Child, if of legal age of majority, or to the legally appointed guardian, if such Child is a minor. We will pay an amount equal to the lesser of:

1. [3%] of the Accidental Death Benefit; or
2. [\$3,500] each year for up to four years while the Child is enrolled in school. We will continue to pay this benefit only while the Child remains a full-time student. We will pay this benefit in equal installments over the four-year period. We will pay separate benefits for each Child who meets the requirements for this benefit, subject to the Lifetime Benefits Limitation provision.

Evidence of student status must be provided annually.

Child Care Center Benefit - We will pay a Child Care Center Benefit to the Survivor if the Insured is survived by a Child who is receiving child care, subject to the following:

1. The Child must be enrolled in a qualified child care center. A qualified child care center means a facility that: operates pursuant to law, including any licensing or other laws or regulations applicable to child care facilities; and primarily provides care and supervision for children in a group setting on a regular, daily basis. A child care center does not include: a hospital; the child's home; a nursing home or convalescent home; a facility or part thereof for the treatment of mental disorders; a place or part thereof used primarily for the care of drug addicts, or alcoholics; or an orphanage;
2. The Child must be enrolled in a child care center within 90 continuous days immediately after the date of the Insured's death; and
3. The Child must be enrolled in a child care center for care on less than a 24-hour per day basis and an expense must be incurred.

We will pay an amount equal to the lesser of:

1. [3%] of the Accidental Death Benefit; or
2. [\$3,500] each year for up to four years while the Child is enrolled in a child care center. We will continue to pay this benefit provided the Child remains enrolled in a child care center. We will pay this benefit in equal

installments over the four year period. We will pay separate benefits for each Child who meets the requirements for this benefit, subject to the Lifetime Benefits Limitation provision of this Rider.

Lifetime Benefits Limitation - A claim can be made for benefits under the Survivor Training Benefit, Elder Care Benefit, Child Education Benefit, or Child Care Center Benefit, concurrently or separately. We do, however, limit the aggregate lifetime benefit for all four of these benefits to a maximum of \$15,000 over a four-year period.

EXCLUSIONS AND LIMITATIONS

We will not pay the Accidental Death or Dismemberment Benefit if the Insured's death is caused by or results directly or indirectly from the Insured's:

1. Suicide or intentionally self-inflicted injury while sane or insane;
2. Sickness, disease, physical or mental infirmity, pregnancy, or any other kind of illness, or any medical or surgical care, diagnosis, or treatment for such condition;
3. Committing or attempting to commit a felony or engaging in an illegal occupation;
4. Voluntary use of any drug, whether legal or illegal, unless administered in accordance with a Physician's advice and written instruction;
5. Voluntarily taking, absorbing, or inhaling a poison, gas, or fumes;
6. Involvement in an accident that occurs while he or she was driving a motor vehicle while intoxicated or under the influence according to the laws of the jurisdiction in which the accident occurs;
7. Travel in or descent from any vehicle or device for aerial navigation, except as a fare paying passenger in an aircraft operated by a commercial airline (other than a charter airline) on a regularly scheduled passenger trip;
8. Service in the military or any auxiliary unit attached thereto;
9. Participation in any of the following activities: motor vehicle or boat racing, hang gliding, sky diving, mountain or rock climbing, or any related hazardous activities; or
10. The release of nuclear energy.

CLAIMS

The following Claims Procedures apply to this Rider.

Notice of Claim - We must be notified of a claim for benefits under this Rider, in writing, within 90 days of the Covered Loss. The written notice must be sent to our agent or to us. The notice must include sufficient information to identify the claimant. If notice cannot reasonably be given within 90 days of a loss, notice must be sent as soon as reasonably possible.

Claim Forms - After we receive notice of claim, we will send you the claim forms within 15 days. If the forms have not been received within 15 days, you may send us written proof of loss describing the nature and extent of the claim. The written proof of loss must be sent to us within the time limit stated in the following paragraph.

Written Proof of Loss - We will pay benefits under this Rider after we receive due written proof of loss. We must receive such proof within 90 days after the Covered Loss. If it is not reasonably possible to provide this information within such time, written proof of loss must be submitted as soon as reasonably possible but no later than one year from the time specified.

Written proof of loss means the completion and submission of all documents needed to support a Covered Loss, such as a claimant's statement, attending Physician's statement, accident report, and death certificate, if applicable.

Physical Examination - At our expense, we reserve the right to have a Physician of our choosing examine the Insured while a claim is pending to determine eligibility for benefits. In the event that the Physician we choose provides a different diagnosis of the Insured's condition, we reserve the right to rely on the certification from the Physician of our choosing for claim purposes. We may have an autopsy performed, if necessary, unless prohibited by law.

Time of Payment of Claims - All benefits described in this Rider will be paid as soon as we have received written proof of loss satisfactory to us.

Payment of Claims - Unless otherwise stated in this Rider, benefits other than loss of life are payable to the Owner or a payee designated by the Owner. Accidental Death Benefits are payable to the Beneficiary.

Legal Actions - No legal action may be brought to recover under the contract within 60 days after written proof of loss has been provided to us as required nor more than 3 years from the time written proof of loss is required to be furnished.

GENERAL RIDER PROVISIONS

Contestability - This Rider will be contestable on the same basis as the contract, during the lifetime of the Insured, for two years from the Rider Effective Date.

PREMIUM

The premium for this Rider is shown on the Certificate Schedule.

EFFECTIVE DATE

The Rider Effective Date is the same date as the contract Effective Date unless we inform the Owner in writing of a different date.

TERMINATION

This Rider will terminate on the earliest of the following dates or events:

1. The date the contract terminates;
2. The date the Rider or the contract Lapses for failure to pay premium, subject to the Grace Period of the contract;
3. The date the Owner requests termination;
4. The date the Insured dies; or
5. The Expiry Date of this Rider.

Our acceptance of a premium for any period after the date of termination of this Rider will create no liability for us, nor will it constitute a waiver of the termination. Any such premium will be returned.

This Rider is signed for the Company at our Home Office to take effect on the Rider Effective Date.

[]

[General Counsel and Secretary]

[]

[President]

TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: [Cedar Rapids, Iowa]
Administrative Office: [1400 Centerview Drive, PO Box 8063, Little Rock, Arkansas 72203-8063]
(Hereinafter called "the Company," "we," "us," or "our")

ACCELERATED DEATH BENEFIT FOR TERMINAL ILLNESS RIDER

(The Death Benefit under the contract will be reduced if a Rider benefit is paid)

SPECIAL NOTICE

This Rider is intended to provide a qualified accelerated death benefit that is excluded from gross income for federal income tax purposes. Whether any tax liability may be incurred when benefits are paid under this Rider could depend on whether you are also the Insured and how the Internal Revenue Service interprets applicable provisions of the Internal Revenue Code. As with any tax matter, you and any other recipient of this benefit should each consult an independent tax advisor to evaluate any tax impact of this benefit.

Receipt of acceleration of life insurance benefits may affect your, your spouse's or your family's eligibility for public assistance programs such as medical assistance (Medicaid), Aid to Families with Dependent Children (AFDC), supplementary social security income (SSI) and drug assistance programs. You are advised to consult with a qualified tax advisor and with social service agencies concerning how receipt of such payment will affect you, your spouse's and your family's eligibility for public assistance.

This Rider is attached to and made part of the contract as of the Rider Effective Date. It is issued in consideration of the Application and payment of any required initial premium. Except as shown in this Rider, the provisions of the contract will prevail. This Rider has no cash value.

DEFINITIONS

Immediate Family Member - The Owner or the Insured (if they are not one and the same) and his or her Spouse or Other Adult Dependent as well as his or her Child, brother, sister, mother or father, or the spouse of one of these individuals.

Physician - A duly licensed or certified practitioner of medicine, other than an Immediate Family Member, who is legally licensed to diagnose and treat any sickness or injury within the scope of his or her license.

Terminal Illness - Is an illness that, in the best medical judgment of a Physician, will result in death within 12 months.

BENEFIT

We will pay an accelerated death benefit under this Rider if the Insured is diagnosed with a Terminal Illness for the first time, on or after the Rider Effective Date. The maximum amount that you can accelerate is shown on the Certificate Schedule.

EFFECT ON INSURED'S DEATH BENEFIT

If you exercise this option, we will deduct the amount we accelerate from the Insured's Death Benefit. The Insured's Beneficiary will receive the remaining amount of the Death Benefit after the Insured dies, provided the contract has not stopped. After payment of an accelerated death benefit, we will send you a benefit report that will show the proportionate reduction in the premiums under the contract, if any.

LIMITATIONS

We will not pay an accelerated death benefit under this Rider for any Terminal Illness that is diagnosed for the first time, prior to the Rider Effective Date.

We will pay an accelerated death benefit only once. If you ask for less than the maximum amount available when you submit a claim, you cannot ask us at a later time to give you the difference between what you did ask for and what you could have asked for.

CLAIMS

The following Claims Procedures apply to this Rider.

Notice of Claim - We must be notified of a claim for benefits under this Rider, in writing, within 30 days of the initial date that the Insured is first diagnosed with a Terminal Illness. The written notice must be sent to our agent or to us. The notice must include sufficient information to identify the claimant. If notice cannot reasonably be given within 30 days of a loss, notice must be sent as soon as reasonably possible.

Claim Forms - After we receive notice of claim, we will send you the claim forms within 15 days. If the forms have not been received within 15 days, you may send us written proof of loss describing the nature and extent of the claim. The written proof of loss must be sent to us within the time limit stated in the following paragraph.

Written Proof of Loss - We will pay benefits under this Rider after we receive written proof of loss. We must receive such proof within 90 days after the Insured is diagnosed with a Terminal Illness. If it is not reasonably possible to provide this information within such time, written proof of loss must be submitted as soon as reasonably possible but no later than one year from the time specified.

Written proof of loss means a written statement signed by a Physician certifying that the Insured has been diagnosed with a Terminal Illness for the first time. Such certification must also show the date of the original diagnosis and the specific condition diagnosed.

Physical Examination - At our expense, we reserve the right to have a Physician of our choosing examine the Insured while a claim is pending to determine eligibility for benefits. In the event that the Physician we choose provides a different diagnosis of the condition, we reserve the right to rely on the certification from the Physician of our choosing for claim purposes.

Time of Payment of Claims - All benefits described in this Rider will be paid as soon as we have received written proof of loss satisfactory to us.

Payment of Claims - We will pay the accelerated death benefit under this Rider to the Owner, unless a different payee is designated.

Legal Actions - No legal action may be brought to recover under the contract within 60 days after written proof of loss has been provided to us as required nor more than 3 years from the time written proof of loss is required to be furnished.

GENERAL RIDER PROVISIONS

Consent for Benefit Payment: If there is an assignment of the contract on record or an irrevocable Beneficiary on record, we must obtain the consent of such assignee or irrevocable Beneficiary before any Rider benefit is paid.

Contestability - This Rider will be contestable on the same basis as the contract, during the lifetime of the Insured, for two years from the Rider Effective Date.

Suicide: If the Insured dies by suicide, while sane or insane, within two years from the Rider Effective Date, any premiums refunded under the Suicide Exclusion provision of the contract will be reduced by the amount of accelerated benefits paid, if any, under this Rider.

PREMIUM

There is no cost for this Rider, unless you decide to exercise this option. If you decide to exercise this option, you will have to pay:

1. An administrative fee of \$[100]; and
2. 12 months interest, in advance, on the amount that we accelerate (at an interest rate of not more than 7.4%).

EFFECTIVE DATE

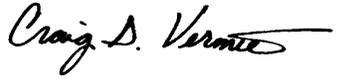
The Rider Effective Date is the same date as the contract Effective Date unless we inform the Owner in writing of a different date.

TERMINATION

This Rider stops at the earlier of:

1. The date the contract terminates;
2. The date the Insured dies; or
3. The date we have paid the accelerated death benefit for the Insured.

This Rider is signed for the Company at our Home Office to take effect on the Rider Effective Date.


[General Counsel and Secretary]


[President]

TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: [Cedar Rapids, Iowa 52499]
Administrative Office: [1400 Centerview Drive, PO Box 8063, Little Rock, AR 72203-8063]
(Hereinafter called "the Company," "we," "us," or "our")

DISCLOSURE UPON THE PURCHASE OF THE ACCELERATED DEATH BENEFIT FOR TERMINAL ILLNESS RIDER

SPECIAL NOTICE

This Rider is intended to provide a qualified Accelerated Death Benefit that is excluded from gross income for federal income tax purposes. Whether any tax liability may be incurred when benefits are paid under this Rider could depend on whether you are also the Insured and how the Internal Revenue Service interprets applicable provisions of the Internal Revenue Code. As with any tax matter, you and any other recipient of this benefit should each consult an independent tax advisor to evaluate any tax impact of this benefit.

Receipt of acceleration of life insurance benefits may affect your, your spouse's or your family's eligibility for public assistance programs such as medical assistance (Medicaid), Aid to Families with Dependent Children (AFDC), supplementary social security income (SSI) and drug assistance programs. You are advised to consult with a qualified tax advisor and with social service agencies concerning how receipt of such payment will affect you, your spouse's and your family's eligibility for public assistance.

This disclosure is designed to provide you with a summary of the Rider coverage. The Rider form and the life contract set forth in detail the terms, conditions, limitations and exclusions of your coverage. Therefore, if you purchase this coverage, it is important that you **READ YOUR LIFE INSURANCE CONTRACT AND ALL RIDERS CAREFULLY.**

If you have any questions or concerns about any benefits or provision of your Accelerated Death Benefit For Terminal Illness Rider, please contact your agent or us directly at [1-888-763-7474].

1. **Description of Benefit** - Upon receipt of written proof acceptable to us that the Insured has 12 months or less to live because of a Terminal Illness, the Owner may choose to receive a portion of the Death Benefit while the Insured is still alive and while the Rider is in force.

We will pay an accelerated death benefit under this Rider if the Insured is diagnosed with a Terminal Illness for the *first* time, *on or after* the Rider Effective Date. The Terminal Illness Accelerated Death Benefit amount will be equal to the lesser of: (1) up to [50]% of the Death Benefit; or (2) \$[100,000].

A **Terminal Illness** is an illness that in the best medical judgment of a Physician will result in death within 12 months.

2. **Premiums** - There is no cost for this Rider, unless the Owner exercises this option. If the Owner exercises this option, an administrative fee of \$[100] will be assessed. In addition, we will deduct 12 month's interest in advance on the amount. We will accelerate at an interest rate not higher than 7.4%.
3. **Effect on Death Benefit** - If you exercise this option, we will deduct the amount we accelerate from the Insured's Death Benefit. The Insured's Beneficiary will receive the remaining amount of the Death Benefit after the Insured dies, provided the contract has not stopped. After payment of an accelerated death benefit, we will send you a benefit report that will show the proportionate reduction in the premiums under the contract, if any
4. **Illustrative Example** of the effect of exercising the Accelerated Death Benefit option based on acceleration of 50% of the Death Benefit:

	Death Benefit	Accelerated Death Benefit Amount
Before payment of Accelerated Benefit	\$50,000	\$0
After payment of Accelerated Benefit	\$25,000	\$25,000*

* The Accelerated Death Benefit amount elected will be reduced by an administrative fee of \$[100] and interest of 12 months.

5. **Limitations** - We will not pay an accelerated death benefit under this Rider for any Terminal Illness that is diagnosed for the first time, prior to the Rider Effective Date.

We will pay an accelerated death benefit only once. If you ask for less than the maximum amount available when you submit a claim, you cannot ask us at a later time to give you the difference between what you did ask for and what you could have asked for.

[ACKNOWLEDGMENT

I acknowledge that I have read this disclosure and understand that if I exercise the Accelerated Death Benefit option, any Beneficiary I designate may receive a reduced Death Benefit.

— Date	Owner's Signature]

[Please return a signed copy to our Administrative Office address shown at the top of this form]

TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: [Cedar Rapids, Iowa]

Administrative Office: [1400 Centerview Drive, PO Box 8063, Little Rock, Arkansas 72203-8063]
(Hereinafter called "the Company," "we," "us," or "our")

ACCELERATED DEATH BENEFIT FOR CRITICAL CARE CONDITION RIDER

(The Death Benefit under the contract will be reduced if a Rider benefit is paid)

SPECIAL NOTICE

The acceleration of life insurance benefits offered under this rider may or may not qualify for favorable tax treatment under the Internal Revenue Code. Whether such benefits qualify depends on factors such as your life expectancy at the time benefits are accelerated or whether you use the benefits to pay for necessary long-term care expenses, such as nursing home care. If the acceleration of life insurance benefits qualify for favorable tax treatment, the benefits will be excludable from your income and not subject to federal taxation. Tax laws relating to acceleration of life insurance benefits are complex. You are advised to consult with a qualified tax advisor about circumstances under which you could receive acceleration of life insurance benefits excludable from income under federal law.

Receipt of acceleration of life insurance benefits may affect your, your spouse's or your family's eligibility for public assistance programs such as medical assistance (Medicaid), Aid to Families with Dependent Children (AFDC), supplementary social security income (SSI) and drug assistance programs. You are advised to consult with a qualified tax advisor and with social service agencies concerning how receipt of such payments will affect you, your spouse and your family's eligibility for public assistance.

This Rider is issued in consideration of the Application and payment of any required initial premium. Except as shown in this Rider, the provisions of the contract to which this Rider is attached will prevail. This Rider has no cash value.

DEFINITIONS

In addition to the definitions contained in the contract, the following definitions apply to this Rider.

Critical Care Condition - One of the following life threatening medical conditions:

1. **Cancer** -- The manifestation of a malignant tumor, a tumor that is not encapsulated and has properties to infiltrate and cause metastasis, including Leukemia and Hodgkin's Disease. The diagnosis must be supported by histological evidence of malignancy.
2. **Heart Attack** -- The death (infarction) of a portion of the heart muscle as a result of inadequate blood supply. The diagnosis must be based on all of the following criteria: (1) associated new electrocardiographic (EKG) changes consistent with injury; (2) elevation of cardiac enzymes; and (3) confirmatory imaging studies such as thallium scans, MUGA scans, or stress echocardiograms.
3. **Major Organ Transplant Surgery** -- The actual undergoing of major organ transplant surgery as prescribed by a Physician. Major organ transplant surgery is limited to the following procedures: heart transplant, lung transplant, heart and lung transplant, liver transplant or bone marrow transplant. Diagnostic evidence of the underlying disease requiring the procedure must be provided upon request.
4. **Renal Failure** -- End stage renal failure resulting in chronic and irreversible failure of both kidneys to function. Such renal failure must result in the prescription of renal dialysis.
5. **Stroke** -- A cerebrovascular accident or incident producing neurological sequela lasting more than 24 hours that causes permanent damage. Evidence of permanent neurological damage must be produced.

Immediate Family Member - The Owner or the Insured (if they are not one and the same) and his or her Spouse or Other Adult Dependent as well as his or her Child, brother, sister, mother or father, or the spouse of one of these individuals.

Physician - A duly licensed or certified practitioner of medicine, other than an Immediate Family Member, who is legally licensed to diagnose and treat any sickness or injury within the scope of his or her license.

Waiting Period - The [30-day] period after the Rider Effective Date for sickness conditions and zero days for accidents. Benefits are payable under this Rider for a Critical Care Condition diagnosed for the first time, after the Waiting Period expires. No benefits will be payable for any sickness condition that occurs during the Waiting Period.

BENEFIT

We will pay an accelerated death benefit under this Rider if the Insured is diagnosed with a Critical Care Condition for the first time, after the Waiting Period ends. The maximum amount that you can accelerate is shown on the Certificate Schedule.

When you exercise this option, the benefit amount you request will be reduced by an administration expense charge in the amount of [\$250].

EFFECT ON INSURED'S DEATH BENEFIT

If you exercise this option, we will deduct the amount we accelerate from the Insured's Death Benefit. The Insured's Beneficiary will receive the remaining amount of the Death Benefit after the Insured dies, provided the contract has not stopped. After payment of an accelerated death benefit, we will send you a benefit report that will show the proportionate reduction in the premiums under the contract, if any.

EXCLUSIONS AND LIMITATIONS

We will not pay an accelerated death benefit under this Rider for any Critical Care Condition that is diagnosed for the first time, prior to or during the Waiting Period.

We will pay an accelerated death benefit only once for each Insured. If you ask for less than the maximum amount available when you submit a claim, you cannot ask us at a later time to give you the difference between what you did ask for and what you could have asked for.

If the Insured suffers from more than one medical condition, we will pay an accelerated death benefit under this Rider for only one of the conditions. Under no circumstances will we pay an accelerated death benefit for any subsequent condition.

We will not pay any accelerated death benefit under this Rider for:

1. Transient Ischemic Attacks (TIAs) and attacks of Vertebrobasilar Ischemia.
2. Skin cancer other than malignant melanomas, all tumors that are histologically described as pre-malignant or are only showing early malignant change, cancer in-situ, and papillary cancer of the bladder.
3. Any surgical procedures not specifically mentioned in this Rider.

CLAIMS

The following Claims Procedures apply to this Rider.

Notice of Claim - We must be notified of a claim for benefits under this Rider, in writing, within 30 days of the initial date that the Insured is first diagnosed with a Critical Care Condition. The written notice must be sent to our agent or to us. The notice must include sufficient information to identify the claimant. If notice cannot reasonably be given within 30 days of a loss, notice must be sent as soon as reasonably possible.

Claim Forms - After we receive notice of claim, we will send you the claim forms within 15 days. If the forms have not been received within 15 days, you may send us written proof of loss describing the nature and extent of the claim. The written proof of loss must be sent to us within the time limit stated in the following paragraph.

Written Proof of Loss - We will pay benefits under this Rider after we receive written proof of loss. We must receive such proof within 90 days after the Insured is diagnosed with a Critical Care Condition. If it is not reasonably possible to provide this information within such time, written proof of loss must be submitted as soon as reasonably possible but no later than one year from the time specified.

Written proof of loss means a written statement signed by a Physician certifying that the Insured has been diagnosed with a Critical Care Condition for the first time. Such certification must also show the date of the original diagnosis and the specific condition diagnosed.

Physical Examination - At our expense, we reserve the right to have a Physician of our choosing examine the Insured while a claim is pending to determine eligibility for benefits. In the event that the Physician we choose provides a different

diagnosis of the condition, we reserve the right to rely on the certification from the Physician of our choosing for claim purposes.

Time of Payment of Claims - All benefits described in this Rider will be paid as soon as we have received written proof of loss satisfactory to us.

Payment of Claims - We will pay the accelerated death benefit under this Rider to the Owner, unless a different payee is designated.

Legal Actions - No legal action may be brought to recover under the contract within 60 days after written proof of loss has been provided to us as required nor more than 3 years from the time written proof of loss is required to be furnished.

GENERAL RIDER PROVISIONS

Consent for Benefit Payment: If there is an assignment of the contract on record or an irrevocable Beneficiary on record, we must obtain the consent of such assignee or irrevocable Beneficiary before any Rider benefit is paid.

Contestability: This Rider will be contestable on the same basis as the contract, during the lifetime of the Insured, for two years from the Rider Effective Date.

Suicide: If the Insured dies by suicide, while sane or insane, within two years from the Rider Effective Date, any premiums refunded under the Suicide Exclusion provision of the contract will be reduced by the amount of accelerated benefits paid, if any, under this Rider.

PREMIUM

There is a separate premium charge for this Rider which is payable at the same time as the premium for the contract. The initial monthly premium for this Rider is shown on the Certificate Schedule. The maximum monthly premium rates for this Rider are shown on Page 4 of this Rider. We may use premium rates lower than the maximum rates but will not use rates higher than the maximum rates.

EFFECTIVE DATE

The Rider Effective Date is the same date as the contract Effective Date unless we inform the Owner in writing of a different date.

TERMINATION

This Rider stops at the earliest of:

1. The date the contract terminates;
2. The date the Rider or the contract Lapses for failure to pay premium, subject to the Grace Period of the contract;
3. The date the Owner requests termination;
4. The date the Insured dies; or
5. The date we have paid the accelerated death benefit for the Insured;

This Rider is signed for the Company at our Home Office to take effect on the Rider Effective Date.


[General Counsel and Secretary]


[President]

MAXIMUM MONTHLY PREMIUMS PER \$1,000

Issue Age or Age at Renewal	Non-Tobacco	Tobacco
16 – 18	\$0.065	\$0.104
19	\$0.070	\$0.112
20	\$0.074	\$0.120
21	\$0.079	\$0.130
22	\$0.084	\$0.139
23	\$0.090	\$0.150
24	\$0.096	\$0.161
25	\$0.102	\$0.174
26	\$0.109	\$0.187
27	\$0.116	\$0.201
28	\$0.124	\$0.217
29	\$0.132	\$0.233
30	\$0.141	\$0.251
31	\$0.150	\$0.270
32	\$0.169	\$0.308
33	\$0.190	\$0.352
34	\$0.213	\$0.402
35	\$0.240	\$0.460
36	\$0.270	\$0.525
37	\$0.295	\$0.566
38	\$0.322	\$0.610
39	\$0.352	\$0.658
40	\$0.384	\$0.710
41	\$0.420	\$0.765
42	\$0.449	\$0.813
43	\$0.480	\$0.863
44	\$0.512	\$0.917
45	\$0.547	\$0.974
46	\$0.585	\$1.035
47	\$0.627	\$1.117
48	\$0.671	\$1.205
49	\$0.719	\$1.301
50	\$0.770	\$1.404
51	\$0.825	\$1.515
52	\$0.863	\$1.578
53	\$0.903	\$1.645
54	\$0.945	\$1.713
55	\$0.989	\$1.785
56	\$1.035	\$1.860
57	\$1.101	\$2.013
58	\$1.171	\$2.178

Issue Age or Age at Renewal	Non-Tobacco	Tobacco
59	\$1.246	\$2.357
60	\$1.325	\$2.551
61	\$1.410	\$2.760
62	\$1.490	\$2.886
63	\$1.575	\$3.018
64	\$1.665	\$3.155
65	\$1.760	\$3.299
66	\$1.860	\$3.450
67	\$1.914	\$3.530
68	\$1.969	\$3.612
69	\$2.026	\$3.696
70	\$2.085	\$3.782
71	\$2.145	\$3.870
72	\$2.101	\$3.782
73	\$2.058	\$3.696
74	\$2.016	\$3.612
75	\$1.975	\$3.530
76	\$1.935	\$3.450
77	\$1.891	\$3.378
78	\$1.848	\$3.308
79	\$1.806	\$3.239
80	\$1.765	\$3.171
81	\$1.725	\$3.105
82	\$1.631	\$2.842
83	\$1.543	\$2.601
84	\$1.459	\$2.381
85	\$1.380	\$2.180
86	\$1.305	\$1.995
87	\$1.227	\$1.853
88	\$1.154	\$1.722
89	\$1.085	\$1.599
90	\$1.021	\$1.486
91	\$0.960	\$1.380
92	\$0.960	\$1.380
93	\$0.960	\$1.380
94	\$0.960	\$1.380
95	\$0.960	\$1.380
96	\$0.960	\$1.380
97	\$0.960	\$1.380
98	\$0.960	\$1.380
99	\$0.960	\$1.380]

TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: [Cedar Rapids, Iowa 52499]

Administrative Office: [1400 Centerview Drive, PO Box 8063, Little Rock, AR 72203-8063]
(Hereinafter called "the Company," "We," "Us," or "Our")

DISCLOSURE UPON THE PURCHASE OF THE ACCELERATED DEATH BENEFIT FOR CRITICAL CARE CONDITION RIDER

SPECIAL NOTICE

The acceleration of life insurance benefits offered under this Rider may or may not qualify for favorable tax treatment under the Internal Revenue Code. Whether such benefits qualify depends on factors such as the Insured's life expectancy at the time benefits are accelerated or whether they use the benefits to pay for necessary long-term care expenses, such as nursing home care. If the acceleration of life insurance benefits qualify for favorable tax treatment, the benefits will be excludable from the Owner's income and not subject to federal taxation. Tax laws relating to acceleration of life insurance benefits are complex. The Owner is advised to consult with a qualified tax advisor about circumstances under which they could receive acceleration-of-life insurance benefits excludable from income under federal law.

Receipt of acceleration of life insurance benefits may affect the Owner, his or her spouse's or family's eligibility for public assistance programs such as medical assistance (Medicaid), Aid to Families with Dependent Children (AFDC), supplementary social security income (SSI) and drug assistance programs. Please consult with a qualified tax advisor and with social service agencies concerning how receipt of such payments will affect the Owner, the Insured (if different than the Owner), his or her spouse and family's eligibility for public assistance.

This disclosure is designed to provide You with a summary of the Rider coverage. The Rider form and the life Contract set forth in detail the terms, conditions, limitations and exclusions of Your coverage. Therefore, if You purchase this coverage, it is important that You **READ YOUR LIFE INSURANCE CONTRACT AND ALL RIDERS CAREFULLY**.

If You have any questions or concerns about any benefit or provision of Your Accelerated Death Benefit Rider For Critical Care Condition, please contact Your agent or Us directly at [1-888-763-7474].

1. **Description of Benefit** - After Our receipt of written proof that an Insured is diagnosed with a Critical Care Condition, the Owner may choose to receive a portion of the Death Benefit while the Insured is still alive and while the Rider is in force.

We will pay an accelerated death benefit under this Rider if the Insured is diagnosed with a Critical Care Condition for the *first* time, *after* the Waiting Period ends. The maximum amount that you can accelerate is shown on the Certificate Schedule.

When you exercise this option, the benefit amount you request will be reduced by an administration expense charge in the amount of [\$250].

2. **Definitions** - These are some of the important definitions that will help the Owner understand how this Rider works. Please review the Rider for further information.

Critical Care Condition - Is one of the following life threatening medical conditions:

Cancer - The manifestation of a malignant tumor, a tumor that is not encapsulated and has properties to infiltrate and cause metastasis, including Leukemia and Hodgkin's Disease. The diagnosis must be supported by histological evidence of malignancy.

Heart Attack - The death (infarction) of a portion of the heart muscle (myocardium) as a result of inadequate blood supply. The diagnosis must be based on all of the following criteria: (1) associated new electrocardiographic (EKG) changes consistent with injury; (2) elevation of cardiac enzymes; and (3) confirmatory imaging studies such as thallium scans, MUGA scans, or stress echocardiograms.

Major Organ Transplant Surgery - The actual undergoing of major organ transplant surgery as prescribed by a Physician. Major organ transplant surgery is limited to the following procedures: heart transplant, lung transplant, heart and lung transplant, liver transplant or bone marrow transplant. Diagnostic evidence of the underlying disease requiring the procedure must be provided upon request.

Renal Failure - End stage renal failure resulting in chronic and irreversible failure of both kidneys to function. Such renal failure must result in the prescription of renal dialysis.

Stroke - A cerebrovascular accident or incident producing neurological sequela lasting more than 24 hours that causes permanent damage. Evidence of permanent neurological damage must be produced.

Waiting Period – The [30-day] period after the Rider Effective Date for sickness conditions [and zero days for accidents]. Benefits are payable under this Rider for a Critical Care Condition diagnosed for the first time, after the Waiting Period expires. No benefits will be payable for any sickness condition that occurs during the Waiting Period.

3. **Premiums** - There is a monthly premium for this rider. The initial monthly premium is shown in the Contract Data Page's. In addition, when the Owner exercises this option, any Accelerated Death Benefit amount the Owner requests will be reduced by an administrative expense charge of \$[250].
4. **Impact on Death Benefit** - If you exercise this option, we will deduct the amount we accelerate from the Insured's Death Benefit. The Insured's Beneficiary will receive the remaining amount of the Death Benefit after the Insured dies, provided the contract has not stopped. After payment of an accelerated death benefit, we will send you a benefit report that will show the proportionate reduction in the premiums under the contract, if any.
5. **Illustrative Example** of the effect of exercising the Accelerated Death Benefit option based on acceleration of 50% of the Death Benefit:

	Death Benefit	Accelerated Death Benefit Amount
Before payment of Accelerated Benefit	\$50,000	\$0
After payment of Accelerated Benefit	\$25,000	\$24,750*

* Amount includes the administration expense charges.

5. Exclusions and Limitations –

We will not pay an accelerated death benefit under this Rider for any Critical Care Condition that is diagnosed for the first time, prior to or during the Waiting Period.

We will pay an accelerated death benefit only once for each Insured. If you ask for less than the maximum amount available when you submit a claim, you cannot ask us at a later time to give you the difference between what you did ask for and what you could have asked for.

If the Insured suffers from more than one medical condition, we will pay an accelerated death benefit under this Rider for only one of the conditions. Under no circumstances will we pay an accelerated death benefit for any subsequent condition.

We will not pay any accelerated death benefit under this Rider for:

1. Transient Ischemic Attacks (TIAs) and attacks of Vertebrobasilar Ischemia.
2. Skin cancer other than malignant melanomas, all tumors that are histologically described as pre-malignant or are only showing early malignant change, cancer in-situ, and papillary cancer of the bladder.
3. Any surgical procedures not specifically mentioned in this Rider.

[ACKNOWLEDGMENT

I acknowledge that I have read this disclosure and understand that if I exercise the Accelerated Death Benefit option, any Beneficiary I designate may receive either a reduced Death Benefit or no Death Benefit at all. If the entire Death Benefit is paid out as an Accelerated Death Benefit prior to the Insured's death, the beneficiary I designate will receive no Death Benefit.

Date	Owner's Signature]
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[Please return a signed copy to Us at Our Administrative Office address shown at the top of this form]

TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: [Cedar Rapids, Iowa]

Administrative Office: [1400 Centerview Drive, PO Box 8063, Little Rock, Arkansas 72203-8063]
(Hereinafter called "the Company," "we," "us," or "our")

ACCELERATED DEATH BENEFIT FOR LONG TERM CARE RIDER

(The Death Benefit will be reduced if a Rider benefit is paid)

SPECIAL NOTICE

This Rider is intended to provide a qualified Accelerated Death Benefit that is excluded from gross income for federal income tax purposes under the applicable provisions of the Internal Revenue Code in existence at the time this Rider is issued. To that end, the provisions of this Rider and the contract are to be interpreted to ensure or maintain such tax qualification, notwithstanding any other provision to the contrary. We reserve the right to amend this Rider or the contract to reflect any clarifications that may be needed or are appropriate to maintain such tax qualification or to conform this Rider or the contract to any applicable changes in such tax qualification requirements. We will send you a copy of any such amendment. If you refuse such an amendment, you must do so by giving us written notice, and your refusal may result in adverse tax consequences. Whether any tax liability may be incurred when benefits are paid under this Rider could depend on whether you are also the Insured and how the Internal Revenue Service interprets applicable provisions of the Internal Revenue Code. As with any tax matter, you and any other recipient of this benefit should each consult an independent tax advisor to evaluate any tax impact of this benefit.

Receipt of Accelerated Death Benefit MAY AFFECT MEDICAID and SUPPLEMENTAL SECURITY INCOME ("SSI") eligibility. Without exercising this option, the mere fact that the Accelerated Death Benefit for Long Term Care Rider is part of your contract will not in and of itself affect the eligibility for these government programs. However, exercising this option before you apply for these programs, or while you are receiving government benefits, may affect your continued eligibility. Contact the Medicaid Unit of the local Department of Public Welfare and Social Security Administration Office for more information.

This Rider is issued in consideration of the Application and payment of any required initial premium. Except as shown in this Rider, the provisions of the contract to which this Rider is attached will prevail. This Rider has no cash value.

NOTICE TO YOU, THE OWNER

The Rider may not cover all of the costs associated with long term care incurred during the period of coverage. We advise you to review carefully all limitations of this Rider, as well as those of the contract to which it is attached.

NOTICE TO PERSONS ELIGIBLE FOR MEDICARE

This is not a Medicare Supplement Rider. If the Insured is eligible for Medicare, review the Medicare Supplement Buyer's Guide available from the Company.

FOR INFORMATION, OR TO MAKE A COMPLAINT, CALL [1-888-763-7474]

DEFINITIONS

In addition to the definitions contained in the contract, the following definitions apply to this Rider.

Activities of Daily Living – Every day activities. For the purposes of this Rider, each of the following activities is considered an Activity of Daily Living:

Bathing - The Insured's ability to wash himself or herself by sponge bath; or in a tub or shower, including the task of getting into and out of the tub or shower.

Continence – The Insured's ability to maintain control of bowel and bladder function; or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for catheter or colostomy bag).

Dressing - The Insured's ability to put on and take off all items of clothing and any necessary braces, fasteners or artificial limbs.

Eating - The Insured's ability to feed himself or herself by getting food into his or her body from a receptacle (such as a plate, cup or table) or by a feeding tube or intravenously.

Toileting – The Insured's ability to get to and from the toilet, to get on and off the toilet, and to perform associated personal hygiene.

Transferring - The Insured's ability to move into or out of a bed, chair or wheelchair.

Adult Day Care - A program of social and/or health-related services provided on a less than 24 hour a day basis, provided in an Adult Day Care Center. The purpose of the program must be to support frail or impaired elderly or other disabled adults who can benefit from care in a group setting outside the Home.

Adult Day Care Center - A facility or part of a facility that provides Adult Day Care and is appropriately licensed or certified to provide such services, if required by the jurisdiction in which it is operating.

Assisted Living Facility - A facility engaged primarily in providing ongoing care and related services that meets all of the following criteria:

1. It is appropriately licensed or certified to provide these services, if such licensing or certification is required by the state in which it operates; and
2. It provides 24 hour a day care and services sufficient to support needs resulting from inability to perform Activities of Daily Living or from Severe Cognitive Impairment; and
3. It has an awake, trained and ready-to-respond employee on duty in the facility at all times to provide care; and
4. It provides three meals a day and accommodates special dietary needs; and
5. It has written contractual arrangements or otherwise ensures that residents receive the medical care services of a Physician or Registered Professional Nurse in case of emergency; and
6. It has appropriate methods and procedures to assist residents in the self-administration of prescribed medications.

Examples of an Assisted Living Facility include, but are not limited to, residential care facilities, board and care facilities, adult foster homes, and hospice care facilities.

Note - The following entities cannot qualify as an Assisted Living Facility:

1. A hospital; or
2. A facility or part of a facility that is operated mainly for the treatment and care of:
 - a. mental, nervous, psychotic or psychoneurotic deficiencies or disorders;
 - b. tuberculosis;
 - c. alcoholism;
 - d. drug addiction;
 - e. rehabilitation; or
 - f. occupational therapy.

Determination of whether Confinement to an Assisted Living Facility is eligible for benefits is based on whether the facility meets the requirements set forth in this Rider.

Chronically Ill Individual – An Insured who has been certified by a Physician as:

1. Being unable to perform, without Substantial Human Assistance, at least two Activities of Daily Living for a period of at least [90] days; or
2. Having a Severe Cognitive Impairment that requires Substantial Supervision to protect the Insured from threats to his or her health and safety.

Certification by a Physician of the Chronically Ill Individual must occur at least once every 12 months.

Confined or Confinement - Assignment to a bed and physically within a licensed Nursing or Assisted Living Facility as an overnight resident patient.

Elimination Period - The number of days during which the Insured must meet the conditions listed under the Benefits provision and during which no benefits are payable under this Rider. The Elimination Period starts from the first day that the Insured becomes a Chronically Ill Individual. The Elimination Period for this Rider is [90] days. The Elimination Period needs to be satisfied only once during the Insured's lifetime, but must be satisfied during a continuous period.

Home - Any place where an Insured resides other than a Nursing Facility, Assisted Living Facility, Alzheimer's facility, Hospital, hospice facility, congregate care, or any other similar residential care facility.

Home Health Care - A program of professional, para-professional or skilled care provided by or through a Home Health Care Agency in the Insured's Home. It includes the following types of care: nursing services; physical therapy, occupational therapy, speech therapy, respiratory therapy, audiology services; and medical social services by a Licensed Social Worker or social work assistant.

Home Health Care Agency - An agency or organization that provides care and services in the Insured's Home and meets all of the following criteria:

1. It is, where required, licensed, certified and/or accredited as a Home Health Care Agency;
2. It provides Home Health Care services;
3. It is, where required by its licensure, certification and/or accreditation, supervised by a Registered Professional Nurse or a Licensed Social Worker;
4. It has employees who have appropriately specialized training;
5. It keeps Plan of Care records, including Physician's orders where appropriate, on all patients; and
6. If providing Home Health Care services, it keeps clinical records on all patients.

Hospital - An institution that:

1. Is licensed as a Hospital and is operating within the scope of its license;
2. Is accredited as a Hospital by the Joint Commission on Accreditation of Health Care Organizations, or by the American Osteopathic Association;
3. Is primarily and continuously engaged in providing or operating medical, diagnostic and major surgical facilities which are located either on the Hospital's premises or in facilities controlled by such Hospital;
4. Is under the supervision of a Physician;
5. Provides medical care and treatment of sick or injured persons on an inpatient basis for which a charge is made; and
6. Provides 24 hour nursing service by or under the supervision of a Registered Professional Nurse.

Note - Hospital does not mean a place that is operated mainly for any of the following: rest; convalescence; care of the aged; custodial care; treatment and care of mental disorders, tuberculosis, alcoholism, or drug addiction; rehabilitation; or occupational therapy.

Immediate Family Member - The Owner or the Insured (if they are not one and the same) and his or her Spouse or Other Adult Dependent as well as his or her Child, brother, sister, mother or father, or the spouse of one of these individuals.

Licensed Social Worker – A healthcare professional who is licensed by the state in which he or she practices and who is practicing within the scope of that license. It does not include an Immediate Family Member, or anyone who normally resides in the Insured's Home or residence.

Medicare – The Health Insurance for the Aged Act, Title XVIII of the Social Security Amendments of 1965 as then constituted or later amended.

Nursing Facility – A health care facility or a distinct part of a Hospital or other institution that meets all of the following standards:

1. It operates under a license issued by the appropriate licensing agency to provide nursing care and related services;
2. It provides, in addition to room and board, 24 hour a day nursing care and related services on a continuing inpatient basis, to 6 or more individuals;
3. It provides, on a formal prearranged basis, a Registered Professional Nurse on duty or on call at all times;

4. It provides, on a formal prearranged basis, that a Physician will be available in case of emergency;
5. It has a planned program of policies and procedures developed with the advice of, and periodically reviewed by, at least one Physician; and
6. It maintains a clinical record of each patient.

Note – Nursing Facility does not mean a Hospital. It does not mean a facility or part of a facility that is operated mainly for any of the following; treatment and care of mental, nervous, psychotic or psychoneurotic deficiencies or disorders; or tuberculosis; or drug addiction; or rehabilitation, or occupational therapy.

Plan of Care – A written individualized plan of services developed by a Physician.

Physician - A duly licensed or certified practitioner of medicine, other than an Immediate Family Member, who is legally licensed to diagnose and treat any sickness or injury within the scope of his or her license.

Registered Professional Nurse – A health care professional who is licensed or registered as a professional graduate nurse by the state in which he or she practices and who is practicing within the scope of that license. It does **not** include a member of the Insured's Immediate Family, or anyone who normally resides in their Home or residence.

Severe Cognitive Impairment – A deficiency in any of the following: the Insured's short-term or long-term memory; orientation as to person, place and time; deductive or abstract reasoning; or judgment as it relates to safety awareness. Severe Cognitive Impairment is established by clinical evidence and standardized tests that reliably measure the Insured's loss. **For Example:** Severe Cognitive Impairment resulting from Alzheimer's disease and similar forms of senility, senile dementia and irreversible dementia is covered under this Rider.

Substantial Human Assistance – Actual hands-on assistance by another individual.

Substantial Supervision – Continuous, arms-length supervision, including but not limited to verbal cueing by another individual to protect the Insured from harming himself, herself or others, or from threats to the Insured's health and safety.

Waiting Period – There is a Waiting Period of [30] days from the Rider Effective Date for sickness conditions. There is no Waiting Period for accidents.

BENEFITS

Eligibility for Benefits - After the Waiting Period has been satisfied, we will pay a monthly Accelerated Death Benefit under this Rider after we receive written proof that the Insured has met all of the following conditions.

1. The Insured has been certified by a Physician as being a Chronically Ill Individual.
2. The Insured must be:
 - a. Confined in a Nursing Facility or Assisted Living Facility;
 - b. Receiving Home Health Care or Adult Day Care services, minimum of [4] visits per month.
3. The Insured's Plan of Care must include such Confinement, Home Health Care, or Adult Day Care services.
4. The Insured has satisfied the Elimination Period.

Accelerated Death Benefit – As shown on the Certificate Schedule, we will accelerate the percentage of the Insured's Death Benefit for each month that the Insured meets the Eligibility for Benefits provision.

Waiver of Premium - For each month or partial month that benefits are paid under this Rider, we will waive the monthly premium for the contract.

EFFECT ON INSURED'S DEATH BENEFIT

We will deduct the amount we accelerate each month from the Insured's Death Benefit and send the Owner a monthly report showing the effect of each payment on the Insured's Death Benefit. The Insured's Beneficiary will receive any remaining Death Benefit after the Insured dies, provided the contract has not stopped. However, if the entire Death Benefit has been accelerated prior to the Insured's death, the contract will terminate and there will be no Death Benefit payable upon the Insured's death.

Once Rider benefit payments begin, we will not accept any premium payments.

EXCLUSIONS AND LIMITATIONS

We will **not** pay Rider benefits for care that is received or loss incurred as a result of:

1. Any sickness condition or Plan of Care that begins before or during the Waiting Period;
2. An intentionally self-inflicted injury, or attempted suicide;
3. War or any act of war, declared or undeclared, or service in the armed forces of any country;
4. Treatment of the Insured's alcohol, drug or other chemical dependence, except if the drug dependency was sustained or acquired at the hands of a Physician, or while under treatment for an injury or sickness; or
5. The Insured's commission of, or attempt to commit, a felony; or an injury that occurs because of the Insured's involvement in an illegal activity.

We will **not** pay Rider benefits if the Confinement or service:

1. Is received outside the United States and its territories;
2. Is provided by ineligible providers;
3. Is rendered by members of the Insured's Immediate Family;
4. Is fully or partially reimbursed by a state or federal workers' compensation plan, Medicare, or any other governmental program, except Medicaid; or
5. Would not be charged for in the absence of insurance.

We will not pay Accelerated Death Benefits under this Rider for Confinement and Home Health Care/Adult Day Care simultaneously, even if the Insured otherwise qualifies for both benefits. In any given month the Insured qualifies for both benefits, we will pay either the Accelerated Death Benefit for Confinement or the Accelerated Death Benefit for Home Health Care/Adult Day Care, whichever is greater. We will not pay an Accelerated Death Benefit on any Riders attached to the contract.

CLAIMS

The following Claims Procedures apply to this Rider.

Notice of Claim – We must be notified of a claim for benefits under this Rider, in writing, within 30 days of the initial date of any service or Confinement. The written notice must be sent to our agent or to us. The notice must include sufficient information to identify the claimant. If notice cannot reasonably be given within 30 days of a loss, notice must be sent as soon as reasonably possible.

Claim Forms - After we receive notice of claim, we will send you the claim forms within 15 days. If the forms have not been received within 15 days, you may send us written proof of loss describing the nature and extent of the claim. Such initial notice and ongoing written proof of loss must be sent within the time limit stated in the following paragraph.

Written Proof of Loss - We will pay benefits under this Rider after we receive due written proof of loss. We must receive the initial written proof of loss within 90 days after expiration of the Elimination Period. If it is not reasonably possible to provide this information within such time, initial written proof of loss must be submitted as soon as reasonably possible but no later than one year from the time specified. We will require subsequent written proof of loss to be submitted periodically while the Insured is eligible to receive benefits under this Rider. Any such periodic proof of receipt of care or services covered under the contract will not be required more frequently than once every 31 days. Any such periodic proof of chronic illness will not be required more frequently than once every 90 days.

Written proof of loss means billing statements, invoices, or payment receipts to prove that the Insured was Confined or received Home Health Care or Adult Day Care services in accordance with a Plan of Care. Written proof of loss also means certification by a Physician that the Insured is chronically ill. Examples of written proof of loss include Physician certification, Plan of Care records, attending Physician reports, medical records; and similar written documentation.

Physical Examination and Assessment - At our expense, we reserve the right to have a Physician of our choosing examine the Insured as often as is reasonably necessary while a claim is pending to determine the eligibility for benefits. In the event that the Physician we choose provides a different assessment of the condition, we reserve the right to rely on the certification from the Physician of our choosing for claim purposes.

Time of Payment of Claims - All benefits described in this Rider will be paid monthly provided we have received written proof of loss as described above.

Payment of Claims – We will pay the Accelerated Death Benefits to the Owner, unless a different payee is designated.

Legal Actions - No legal action may be brought to recover under the contract within 60 days after written proof of loss has been provided to us as required nor more than 3 years from the time written proof of loss is required to be furnished.

GENERAL RIDER PROVISIONS

Consent For Benefit Payment – If there is an assignment of this contract on record or an irrevocable Beneficiary on record, we must obtain the consent of any assignee or irrevocable Beneficiary before any Rider benefit is paid.

Contestability - This Rider will be contestable on the same basis as the contract, during the lifetime of the Insured, for two years from the Rider Effective Date.

Suicide - If the Insured dies by suicide, while sane or insane, within two years from the Rider Effective Date, any premiums refunded under the Suicide Exclusion provision of the contract will be reduced by the amount of Accelerated Death Benefits paid, if any, under this Rider.

PREMIUM

The current monthly premium and the maximum monthly premium for this Rider are shown in the Certificate Schedule. We may use premium rates lower than the maximum rate but will not use rates higher than the maximum rate.

EFFECTIVE DATE

The Rider Effective Date is the same date as the contract Effective Date unless we inform the Owner in writing of a different date.

TERMINATION

This Rider will terminate on the earliest of:

1. The date the contract terminates;
2. The date the Rider or the contract Lapses for failure to pay premium, subject to the Grace Period of the contract;
3. The date the Owner requests termination;
4. The date the Insured dies;
5. The date the cumulative payments of the monthly Accelerated Death Benefits equal 100% of the Death Benefit, subject to any optional Extension of Benefits Rider.

This Rider is signed for the Company at our Home Office to take effect on the Rider Effective Date.

[]
[General Counsel and Secretary]

[]
[President]

TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: [Cedar Rapids, Iowa 52499]
Administrative Office: [1400 Centerview Drive, PO Box 8063, Little Rock, AR 72203-8063]
(Hereinafter called "the Company," "we," "us," or "our")

DISCLOSURE UPON THE PURCHASE OF THE ACCELERATED DEATH BENEFIT FOR LONG TERM CARE RIDER

SPECIAL NOTICE

This Rider is intended to provide a qualified Accelerated Death Benefit that is excluded from gross income for federal income tax purposes under the applicable provisions of the Internal Revenue Code in existence at the time this Rider is issued. To that end, the provisions of this Rider and the contract are to be interpreted to ensure or maintain such tax qualification, notwithstanding any other provision to the contrary. We reserve the right to amend this Rider or the contract to reflect any clarifications that may be needed or are appropriate to maintain such tax qualification or to conform this Rider or the contract to any applicable changes in such tax qualification requirements. We will send you a copy of any such amendment. If you refuse such an amendment, you must do so by giving us written notice, and your refusal may result in adverse tax consequences. Whether any tax liability may be incurred when benefits are paid under this Rider could depend on whether you are also the Insured and how the Internal Revenue Service interprets applicable provisions of the Internal Revenue Code. As with any tax matter, you and any other recipient of this benefit should each consult an independent tax advisor to evaluate any tax impact of this benefit.

Receipt of Accelerated Death Benefit MAY AFFECT MEDICAID and SUPPLEMENTAL SECURITY INCOME ("SSI") eligibility. Without exercising this option, the mere fact that the Accelerated Death Benefit for Long Term Care Rider is part of your contract will not in and of itself affect the eligibility for these government programs. However, exercising this option before you apply for these programs, or while you are receiving government benefits, may affect your continued eligibility. Contact the Medicaid Unit of the local Department of Public Welfare and Social Security Administration Office for more information.

This disclosure is designed to provide you with a summary of the Rider coverage. The Rider form and the life Contract set forth in detail the terms, conditions, limitations and exclusions of your coverage. Therefore, if you purchase this coverage, it is important that you **READ YOUR LIFE INSURANCE CONTRACT AND ALL RIDERS CAREFULLY.**

If you have any questions or concerns about any benefits or provision of your Accelerated Death Benefit For Long Term Care Rider, please contact your agent or us directly at [1-888-763-7474].

1. **Benefits** - After our receipt of written proof that an Insured has met the Eligibility for Benefits provision, the Owner may choose to receive a portion of the Death Benefit while the Insured is still alive and while the Rider is in force, until the entire Death Benefit has been paid out.

Eligibility for Benefits - After the Waiting Period has been satisfied, we will pay a monthly Accelerated Death Benefit under this Rider after we receive written proof that the Insured has met all of the following conditions.

1. The Insured has been certified by a Physician as being a Chronically Ill Individual.
2. The Insured must be:
 - a. Confined in a Nursing Facility or Assisted Living Facility;
 - b. Receiving Home Health Care or Adult Day Care services, minimum of [4] visits per month.
3. The Insured's Plan of Care must include such Confinement, Home Health Care, or Adult Day Care services.
4. The Insured has satisfied the Elimination Period.

Accelerated Death Benefit – As shown on the Certificate Schedule, we will accelerate the percentage of the Insured's Death Benefit for each month that the Insured meets the Eligibility for Benefits provision. There are two types of monthly benefits under this Rider:

- a. **Monthly Benefits for Confinement** - We will pay the Accelerated Death Benefit percentage shown on the Certificate Schedule for each month the Insured is Confined in a Nursing or Assisted Living Facility and otherwise satisfies the Eligibility for Benefits provision of the Rider.

- b. **Monthly Benefit for Home Health Care or Adult Day Care** - We will pay the Accelerated Death Benefit percentage shown on the Certificate Schedule for each month the Insured is receiving Home Health Care or Adult Day Care and otherwise satisfies the Eligibility for Benefits provision of the Rider.

The applicable percentage of the Death Benefit amount that we will pay will be based on the amount of the Death Benefit as of the Monthly Date immediately following the date the Elimination Period has been satisfied.

Limitations - Rider benefits will not be paid for Confinement and Home Health Care /Adult Day Care simultaneously even if the Insured otherwise qualifies for both benefits. If the Insured qualifies for both benefits, we will pay only one benefit, whichever is higher.

2. **Definitions** - These are some of the important definitions that will help you understand the Benefits provision.

Activities of Daily Living - Are every day activities. For the purposes of this Rider, each of the following activities is considered an Activity of Daily Living:

Bathing - The Insured's ability to wash himself or herself by sponge bath; or in a tub or shower, including the task of getting into and out of the tub or shower.

Continence - The Insured's ability to maintain control of bowel and bladder function; or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for catheter or colostomy bag).

Dressing - The Insured's ability to put on and take off all items of clothing and any necessary braces, fasteners or artificial limbs.

Eating - The Insured's ability to feed himself or herself by getting food into his or her body from a receptacle (such as a plate, cup or table) or by a feeding tube or intravenously.

Toileting - The Insured's ability to get to and from the toilet, to get on and off the toilet, and to perform associated personal hygiene.

Transferring - The Insured's ability to move into or out of a bed, chair or wheelchair.

Chronically Ill Individual - An Insured who has been certified by a Physician as:

- (a) Being unable to perform, without Substantial Human Assistance, at least two Activities of Daily Living for a period of at least [90] days; **or**
- (b) Having a Severe Cognitive Impairment that requires Substantial Supervision to protect the Insured from threats to his or her health and safety.

Certification by a Physician of the Chronically Ill Individual must occur at least once every 12 months.

Severe Cognitive Impairment - A deficiency in any of the following: the Insured's short-term or long-term memory; orientation as to person, place and time; deductive or abstract reasoning; or judgment as it relates to safety awareness. Cognitive Impairment is established by clinical evidence and standardized tests that reliably measure the Insured's loss. For example: Cognitive Impairment resulting from Alzheimer's disease and similar forms of senility, senile dementia and irreversible dementia is covered under this Rider.

Elimination Period - The number of days during which the Insured must meet the conditions listed under the Benefits provision and during which no benefits are payable under this Rider. The Elimination Period starts from the first day that the Insured becomes a Chronically Ill Individual. The Elimination Period for this Rider is [90] days. The Elimination Period needs to be satisfied only once during the Insured's lifetime, but must be satisfied during a continuous period.

5. **Premiums** - The monthly premium for this Rider is shown on the Certificate Schedule.
6. **Waiver of Premium** - For each month or partial month that benefits are paid under this Rider, we will waive the monthly premium for the contract.
7. **Exclusions** - We will **not** pay Rider benefits for care that is received or loss incurred as a result of:
- a. Any sickness condition or Plan of Care that begins before or during the Waiting Period;
 - b. An intentionally self-inflicted injury, or attempted suicide;
 - c. War or any act of war, declared or undeclared, or service in the armed forces of any country;
 - d. Treatment of the Insured's alcohol, drug or other chemical dependence, except if the drug dependency was sustained or acquired at the hands of a Physician, or while under treatment for an injury or sickness; or
 - e. The Insured's commission of, or attempt to commit, a felony; or an injury that occurs because of the Insured's involvement in an illegal activity.

We will **not** pay Rider benefits if the Confinement or service:

- a. Is received outside the United States and its territories;
- b. Is provided by ineligible providers;
- c. Is rendered by members of the Insured's Immediate Family;
- d. Is fully or partially reimbursed by a state or federal workers' compensation plan, Medicare, or any other governmental program, except Medicaid; or
- e. Would not be charged for in the absence of insurance.

8. **Impact on Death Benefit** - We will deduct the amount we accelerate each month from the Insured's Death Benefit and send the Owner a monthly report showing the effect of each payment on the Insured's Death Benefit. The Insured's beneficiary will receive any remaining Death Benefit after the Insured dies, provided the contract has not stopped. However, if the entire Death Benefit has been accelerated prior to the Insured's death, the contract will terminate and there will be no Death Benefit payable upon the Insured's death.

Once Rider benefit payments begin, we will not accept any premium payments.

Illustrative Example of the effect of exercising the Accelerated Death Benefit option based on acceleration of 4% of the Death Benefit:

	Death Benefit
Before payment of Accelerated Benefit	\$50,000
After one month's payment of Accelerated Death Benefit:	\$48,000

[Acknowledgment

I acknowledge that I have read this disclosure and understand that if I exercise the Accelerated Death Benefit option, any Beneficiary I designate may receive either a reduced Death Benefit or no Death Benefit at all. If the entire Death Benefit is paid out as an Accelerated Death Benefit prior to the Insured's death, the Beneficiary I designate will receive no Death Benefit.

Date

Owner's Signature]

[Please return a signed copy to Us at Our Administrative Office address shown at the top of this form]

TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: [Cedar Rapids, Iowa]
Administrative Office: [1400 Centerview Drive, PO Box 8063, Little Rock, Arkansas 72203-8063]
(Hereinafter called "the Company," "we," "us," or "our")

EXTENSION OF BENEFITS RIDER

This Rider is issued in consideration of the Application and payment of any required initial premium. Except as shown in this Rider, the provisions of the contract to which this Rider is attached will prevail. This Rider has no cash value.

BENEFITS

This Rider extends benefits under the contract and the Accelerated Death Benefit for Long Term Care Rider.

Death Benefit Increases - We will increase the Death Benefit by an amount equal to [4%] of the Death Benefit that was in force on the date the first monthly Accelerated Death Benefit was paid under the Accelerated Death Benefit for Long Term Care Rider (ADB-LTC), subject to all of the following requirements.

1. The Insured must be alive and continue to meet the Eligibility for Benefits provision of the ADB-LTC.
2. The entire Death Benefit must have been paid under the ADB-LTC before this Rider can be exercised.
3. The cumulative Death Benefit increases under this Rider will not exceed 100% of the Death Benefit that was in force on the date the first monthly Accelerated Death Benefit was paid under the ADB-LTC.
4. Future Death Benefit increases under this Rider will be allowed and become effective the month immediately following the date the entire previous Death Benefit increase has been paid under the ADB-LTC.

[Paid-Up Benefit - As soon as the first increase is applied under this Rider, we will issue a paid-up certificate for [25%] of the Death Benefit that was in force on the date the first monthly Accelerated Death Benefit was paid under the ADB-LTC. This paid-up insurance will have no cash or loan values.]

PREMIUM

The current monthly premium and the maximum monthly premium for this Rider are shown in the Certificate Schedule. We may use premium rates lower than the maximum rate but will not use rates higher than the maximum rate.

EFFECTIVE DATE

The Rider Effective Date is the same date as the contract Effective Date unless we inform the Owner in writing of a different date.

TERMINATION

This Rider will terminate on the earliest of:

1. The date the contract Terminates;
2. The date the Rider or the contract Lapses for failure to pay premium, subject to the Grace Period of the contract;
3. The date the Owner requests termination;
4. The date the Insured dies;
5. The date the entire Death Benefit has been paid under the ADB-LTC and the Insured no longer satisfies the Eligibility for Benefits provision;
6. The date the cumulative Death Benefit increases total 100% of the Death Benefit in force on the date the first monthly Accelerated Death Benefit was paid under the ADB-LTC.

This Rider is signed for the Company at our Home Office to take effect on the Rider Effective Date.


[General Counsel and Secretary]


[President]

TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: [Cedar Rapids, Iowa 52499]
Administrative Office: [1400 Centerview Drive, PO Box 8063, Little Rock, AR 72203-8063]
(Hereinafter called "the Company," "we," "us," or "our")

DISCLOSURE UPON THE PURCHASE OF THE ACCELERATED DEATH BENEFIT FOR LONG TERM CARE RIDER WITH EXTENSION OF BENEFITS RIDER

SPECIAL NOTICE

This Rider is intended to provide a qualified Accelerated Death Benefit that is excluded from gross income for federal income tax purposes under the applicable provisions of the Internal Revenue Code in existence at the time this Rider is issued. To that end, the provisions of this Rider and the contract are to be interpreted to ensure or maintain such tax qualification, notwithstanding any other provision to the contrary. We reserve the right to amend this Rider or the contract to reflect any clarifications that may be needed or are appropriate to maintain such tax qualification or to conform this Rider or the contract to any applicable changes in such tax qualification requirements. We will send you a copy of any such amendment. If you refuse such an amendment, you must do so by giving us written notice, and your refusal may result in adverse tax consequences. Whether any tax liability may be incurred when benefits are paid under this Rider could depend on whether you are also the Insured and how the Internal Revenue Service interprets applicable provisions of the Internal Revenue Code. As with any tax matter, you and any other recipient of this benefit should each consult an independent tax advisor to evaluate any tax impact of this benefit.

Receipt of Accelerated Death Benefit MAY AFFECT MEDICAID and SUPPLEMENTAL SECURITY INCOME ("SSI") eligibility. Without exercising this option, the mere fact that the Accelerated Death Benefit for Long Term Care Rider is part of your contract will not in and of itself affect the eligibility for these government programs. However, exercising this option before you apply for these programs, or while you are receiving government benefits, may affect your continued eligibility. Contact the Medicaid Unit of the local Department of Public Welfare and Social Security Administration Office for more information.

This disclosure is designed to provide you with a summary of the Rider coverage. The Rider form and the life Contract set forth in detail the terms, conditions, limitations and exclusions of your coverage. Therefore, if you purchase this coverage, it is important that you **READ YOUR LIFE INSURANCE CONTRACT AND ALL RIDERS CAREFULLY.**

If you have any questions or concerns about any benefits or provision of your Accelerated Death Benefit For Long Term Care Rider, please contact your agent or us directly at [1-888-763-7474].

1. **Benefits Under the Accelerated Death Benefit for Long Term Care Rider** - After our receipt of written proof that an Insured has met the Eligibility for Benefits provision, the Owner may choose to receive a portion of the Death Benefit while the Insured is still alive and while the Rider is in force, until the entire Death Benefit has been paid out.

Eligibility for Benefits - After the Waiting Period has been satisfied, we will pay a monthly Accelerated Death Benefit under this Rider after we receive written proof that the Insured has met all of the following conditions.

1. The Insured has been certified by a Physician as being a Chronically Ill Individual.
2. The Insured must be:
 - a. Confined in a Nursing Facility or Assisted Living Facility;
 - b. Receiving Home Health Care or Adult Day Care services, minimum of [4] visits per month.
3. The Insured's Plan of Care must include such Confinement, Home Health Care, or Adult Day Care services.
4. The Insured has satisfied the Elimination Period.

Accelerated Death Benefit – As shown on the Certificate Schedule, we will accelerate the percentage of the Insured's Death Benefit for each month that the Insured meets the Eligibility for Benefits provision. There are two types of monthly benefits under this Rider:

- a. **Monthly Benefits for Confinement** - We will pay the Accelerated Death Benefit percentage shown on the Certificate Schedule for each month the Insured is Confined in a Nursing or Assisted Living Facility and otherwise satisfies the Eligibility for Benefits provision of the Rider.

- b. **Monthly Benefit for Home Health Care or Adult Day Care** - We will pay the Accelerated Death Benefit percentage shown on the Certificate Schedule for each month the Insured is receiving Home Health Care or Adult Day Care and otherwise satisfies the Eligibility for Benefits provision of the Rider.

The applicable percentage of the Death Benefit amount that we will pay will be based on the amount of the Death Benefit as of the Monthly Date immediately following the date the Elimination Period has been satisfied.

Limitations - Rider benefits will not be paid for Confinement and Home Health Care /Adult Day Care simultaneously even if the Insured otherwise qualifies for both benefits. If the Insured qualifies for both benefits, we will pay only one benefit, whichever is higher.

2. **Benefits under Extension of Benefits Rider** - This Rider extends benefits under the contract and the Accelerated Death Benefit for Long Term Care Rider.

Death Benefit Increases - We will increase the Death Benefit by an amount equal to [4%] of the Death Benefit that was in force on the date the first monthly Accelerated Death Benefit was paid under the Accelerated Death Benefit for Long Term Care Rider (ADB-LTC), subject to all of the following requirements.

- The Insured must be alive and continue to meet the Eligibility for Benefits provision of the ADB-LTC.
- The entire Death Benefit must have been paid under the ADB-LTC before this Rider can be exercised.
- The cumulative Death Benefit increases under this Rider will not exceed 100% of the Death Benefit that was in force on the date the first monthly Accelerated Death Benefit was paid under the ADB-LTC.
- Future Death Benefit increases under this Rider will be allowed and become effective the month immediately following the date the entire previous Death Benefit increase has been paid under the ADB-LTC.

[Paid-Up Benefit - As soon as the first increase is applied under this Rider, we will issue a paid-up certificate for [25%] of the Death Benefit that was in force on the date the first monthly Accelerated Death Benefit was paid under the ADB-LTC. This paid-up insurance will have no cash or loan values.]

3. **Definitions** - These are some of the important definitions that will help you understand the Benefits provision.

Activities of Daily Living - Are every day activities. For the purposes of this Rider, each of the following activities is considered an Activity of Daily Living:

Bathing - The Insured's ability to wash himself or herself by sponge bath; or in a tub or shower, including the task of getting into and out of the tub or shower.

Continence - The Insured's ability to maintain control of bowel and bladder function; or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for catheter or colostomy bag).

Dressing - The Insured's ability to put on and take off all items of clothing and any necessary braces, fasteners or artificial limbs.

Eating - The Insured's ability to feed himself or herself by getting food into his or her body from a receptacle (such as a plate, cup or table) or by a feeding tube or intravenously.

Toileting - The Insured's ability to get to and from the toilet, to get on and off the toilet, and to perform associated personal hygiene.

Transferring - The Insured's ability to move into or out of a bed, chair or wheelchair.

Chronically Ill Individual - An Insured who has been certified by a Physician as:

- Being unable to perform, without Substantial Human Assistance, at least two Activities of Daily Living for a period of at least [90] days; **or**
- Having a Severe Cognitive Impairment that requires Substantial Supervision to protect the Insured from threats to his or her health and safety.

Certification by a Physician of the Chronically Ill Individual must occur at least once every 12 months.

Severe Cognitive Impairment - A deficiency in any of the following: the Insured's short-term or long-term memory; orientation as to person, place and time; deductive or abstract reasoning; or judgment as it relates to safety awareness. Cognitive Impairment is established by clinical evidence and standardized tests that reliably measure the Insured's loss. For example: Cognitive Impairment resulting from Alzheimer's disease and similar forms of senility, senile dementia and irreversible dementia is covered under this Rider.

Elimination Period - The number of days during which the Insured must meet the conditions listed under the Benefits provision and during which no benefits are payable under this Rider. The Elimination Period starts from the first day that the Insured becomes a Chronically Ill Individual. The Elimination Period for this Rider is [90] days. The Elimination Period needs to be satisfied only once during the Insured's lifetime, but must be satisfied during a continuous period.

4. **Premiums** – The monthly premium for this Rider is shown on the Certificate Schedule.
5. **Waiver of Premium** - For each month or partial month that benefits are paid under this Rider, we will waive the monthly premium for the contract.
6. **Exclusions** - We will **not** pay Rider benefits for care that is received or loss incurred as a result of:
 - a. Any sickness condition or Plan of Care that begins before or during the Waiting Period;
 - b. An intentionally self-inflicted injury, or attempted suicide;
 - c. War or any act of war, declared or undeclared, or service in the armed forces of any country;
 - d. Treatment of the Insured's alcohol, drug or other chemical dependence, except if the drug dependency was sustained or acquired at the hands of a Physician, or while under treatment for an injury or sickness; or
 - e. The Insured's commission of, or attempt to commit, a felony; or an injury that occurs because of the Insured's involvement in an illegal activity.

We will **not** pay Rider benefits if the Confinement or service:

- a. Is received outside the United States and its territories;
 - b. Is provided by ineligible providers;
 - c. Is rendered by members of the Insured's Immediate Family;
 - d. Is fully or partially reimbursed by a state or federal workers' compensation plan, Medicare, or any other governmental program, except Medicaid; or
 - e. Would not be charged for in the absence of insurance.
8. **Impact on Death Benefit** - We will deduct the amount we accelerate each month from the Insured's Death Benefit and send the Owner a monthly report showing the effect of each payment on the Insured's Death Benefit. The Insured's beneficiary will receive any remaining Death Benefit after the Insured dies, provided the contract has not stopped. However, if the entire Death Benefit has been accelerated prior to the Insured's death, the contract will terminate and there will be no Death Benefit payable upon the Insured's death.

Once Rider benefit payments begin, we will not accept any premium payments.

Illustrative Example of the effect of exercising the Accelerated Death Benefit option based on acceleration of 4% of the Death Benefit:

	Death Benefit
Before payment of Accelerated Benefit	\$50,000
After one month's payment of Accelerated Death Benefit:	\$48,000

[Acknowledgment

I acknowledge that I have read this disclosure and understand that if I exercise the Accelerated Death Benefit option, any Beneficiary I designate may receive either a reduced Death Benefit or no Death Benefit at all. If the entire Death Benefit is paid out as an Accelerated Death Benefit prior to the Insured's death, the Beneficiary I designate will receive no Death Benefit.

Date

Owner's Signature]

[Please return a signed copy to Us at Our Administrative Office address shown at the top of this form]

TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: [Cedar Rapids, Iowa]

Administrative Office: [1400 Centerview Drive, PO Box 8063, Little Rock, Arkansas 72203-8063]
(Hereinafter called "the Company," "we," "us," or "our")

CHILD TERM INSURANCE RIDER

This Rider is issued in consideration of the Application and payment of any required initial premium. Except as shown in this Rider, the provisions of the contract to which this Rider is attached will prevail. This Rider has no cash value.

DEFINITIONS

In addition to the definitions contained in the Contract, the following definition applies to this Rider;

Insured Child - A Child of the Insured who is within the Age range of 15 days through Age 25 and is:

1. A natural child;
2. A legally adopted child, or a child for whom adoption proceedings have begun;
3. A stepchild; or
4. A child for whom the employee or member has been appointed legal guardian.

To become an Insured Child after the date of the Application, a child must meet the above definition and the Insured must complete an Application to add the new child as an Insured Child.

BENEFIT

We agree to pay the Rider Death Benefit to the Beneficiary when we receive due proof that an Insured Child died on or before the Expiry Date of this Rider. The Rider Death Benefit with respect to each Insured Child is shown on the Certificate Schedule.

GENERAL RIDER PROVISIONS

Contestability – This Rider will be contestable on the same basis as the contract, during the lifetime of the Insured, for two years from the Rider Effective Date.

Suicide – The Suicide provision in the Contract does not apply to this Rider.

PREMIUM

The premium for this Rider is shown on the Certificate Schedule.

EFFECTIVE DATE

The Rider Effective Date is the same date as the contract Effective Date unless we inform the Owner in writing of a different date.

TERMINATION

Expiry Date - Is the Certificate Anniversary after the last Insured Child covered under this Rider has reached his or her 26th birthday.

Termination - The term insurance on an Insured Child will terminate on the earliest of the following dates:

1. The date the contract terminates, subject to the Conversion Options of this Rider;
2. The date this Rider or the contract Lapses for failure to pay premium, subject to the Grace Period of the contract.
3. The date the Owner requests termination.
4. The Certificate Anniversary following the date the Insured Child is no longer eligible as a dependent child.
5. The Expiry Date of this Rider.

Our acceptance of a premium for any period after the date of termination of this Rider will create no liability for us, nor will it constitute a waiver of the termination. Any such premium will be returned.

Termination will not affect any claim which occurred prior to termination.

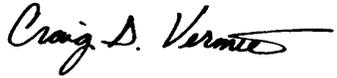
CONVERSION OPTIONS

Conversion and Transfer of Ownership due to Death of Owner - If the Owner dies while this Rider is in force, the premium and deduction will be waived and coverage on any Insured Child under this Rider will automatically be changed to paid-up insurance. This paid-up insurance will have no cash or loan values and will automatically terminate on each Insured Child's 26th birthday. The Owner of the paid-up insurance will be the Insured Child unless such Insured Child is a minor, in which case Ownership will pass to the executor or administrator of the Insured Child's estate for disposition.

Conversion to Individual Policy - When the coverage of an Insured Child terminates for any reason other than the non-payment of premium, the Insured Child may convert this Rider to permanent life insurance on a policy form that we then issue, without any riders, for the then current rates and limits, without further evidence of insurability. The following conditions must be met in order for Conversion to occur:

1. We must receive the conversion application and any required premium at our Administrative Office within 31 days of the termination or expiry of coverage under this Rider.
2. Coverage under the new policy will become effective on the date such Application is made and the premium is paid.
3. The amount of insurance under the new policy may be increased to the lesser of:
 - a. Five times the Rider Face Amount at the termination date, or
 - b. \$50,000.

This Rider is signed for the Company at our Home Office to take effect on the Rider Effective Date.


[General Counsel and Secretary]


[President]

TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: [Cedar Rapids, Iowa]
Administrative Office: [1400 Centerview Drive, PO Box 8306, Little Rock, Arkansas 72203-8063]
(Hereinafter called "the Company," "we," "us," or "our")

WAIVER OF PREMIUM RIDER

This Rider is issued in consideration of the Application and payment of any required initial premium. Except as shown in this Rider, the provisions of the contract to which this Rider is attached will prevail. This Rider has no cash value.

DEFINITIONS

In addition to the definitions contained in the contract, the following definitions apply to this Rider:

Immediate Family Member - The Owner or the Insured (if they are not one and the same) and his or her Spouse or Other Adult Dependent as well as his or her Child, brother, sister, mother or father, or the spouse of one of these individuals.

Physician - A duly licensed or certified practitioner of medicine, other than an Immediate Family Member, who is legally licensed to diagnose and treat any sickness or injury within the scope of his or her license.

Total Disability or Totally Disabled - The Owner's complete inability, because of a bodily injury or disease, to perform the material and substantial duties of any occupation for which he or she is qualified by education, training or experience.

A bodily injury must occur or disease must manifest itself after the date this Rider is issued by us. Total Disability will be presumed to be total, for the purpose of determining the beginning of liability under this Rider, when it is present and has existed continuously for not less than 6 consecutive months.

We will also recognize as Total Disability the Owner's complete and irrecoverable loss of any one of the following:

1. Sight of both eyes;
2. Use of both hands or both feet;
3. Use of one hand and one foot;
4. Hearing in both ears.

Waiting Period – The consecutive six-month period that starts on the date the Owner's Total Disability begins.

BENEFITS

We will begin to apply the Waiver of Premium Rider when we receive due proof that the Owner has been Totally Disabled for six consecutive months. Such disability must have begun prior to the Certificate Anniversary Date on or following the Owner's [65th] birthday. We will provide a premium credit in an amount equal to the premiums that were due, and which were paid, during the Waiting Period. If the Owner continues to be Totally Disabled after the premium credit is used up, we will continue to waive the premiums until the benefits under this Rider stop as provided in the Termination provision.

No benefit will be provided that falls due:

1. More than one year prior to our receipt of a written notice of claim;
2. After the Owner's recovery from Total Disability; or
3. After the termination date of this Rider.

No premiums will be waived during periods of Total Disability if the Owner is not under the normal and customary care of a Physician. No premiums will be waived after the Owner ceases to be Totally Disabled.

LIMITATIONS AND EXCLUSIONS

We will not waive premiums if the Owner's Total Disability results from:

1. The Owner's attempted suicide or intentionally self-inflicted injury while sane or insane;
2. The Owner's commission of or attempting to commit a felony or engaging in an illegal occupation;
3. The Owner's participation in a riot or insurrection;
4. The Owner's voluntary use of alcohol or any drug, whether legal or illegal, unless administered in accordance with a Physician's advice and written instruction;
5. The Owner's voluntarily taking, absorbing or inhaling a poison, gas or fumes;
6. An accident that occurs while the Owner was driving a motor vehicle while intoxicated or under the influence according to the laws of the jurisdiction in which the accident occurs;
7. The Owner's travel in or descent from any vehicle or device for aerial navigation, except as a fare paying passenger in an aircraft operated by a commercial airline (other than a charter airline) on a regularly scheduled passenger trip;
8. War or any act of war, whether declared or undeclared; or
9. The Owner's service in the military or any auxiliary unit attached thereto.

If the Portability Option provision of the contract has been exercised, if any, the Owner will need to provide proof of being employed (other than self-employment) for the 6 months prior to the Total Disability.

This Rider is not available for self-employed individuals.

CLAIMS

Notice and Proof of Loss - Before we waive any premium, we must receive written notice and due proof of Total Disability. The written notice and proof must be sent to our agent or to us and must reach us:

1. While the Insured is living;
2. While the Owner is Totally Disabled; and
3. Not later than one year after the due date of any premium that is to be waived. Unless the Owner has been legally incapable of filing proof of Total Disability, we will not accept notice and proof of loss filed after 12 months from the date it should have been filed.

At reasonable intervals, we can require due proof that the Total Disability is continuing. If we do not receive this continuing proof of loss, we will stop waiving premiums. After the first two years of Total Disability, we will not ordinarily require proof more often than once a year. As part of due proof, we can require, at our expense, that the Owner be examined by a Physician of our choice. The Owner has the obligation to inform us immediately if he or she is no longer Totally Disabled or returns to work.

GENERAL RIDER PROVISIONS

Contestability - This Rider will be contestable on the same basis as the contract, during the lifetime of the Insured, for two years from the Rider Effective Date. The Rider contestable period will be extended for any period of Total Disability for which a claim is submitted if such period commences during the first two years following the Rider Effective Date.

PREMIUM

The premium for this Rider is shown on the Certificate Schedule.

EFFECTIVE DATE

The Rider Effective Date is the same date as the contract Effective Date, unless we inform the Owner in writing of a different date.

TERMINATION

Benefit Payments - The benefits provided by this Rider stop on the earliest of the following dates;

1. The date the Owner's Total Disability ends;
2. The date the Owner dies;
3. The date the Owner refuses to give us proof of his or her continuing Total Disability if we have asked for it;
4. The date the Owner refuses to be examined by a Physician of our choice if asked to do so;
5. The Certificate Anniversary Date on or following the Owner's [65th] birthday; or
6. The date the contract ends.

Termination - This Rider will terminate on the earliest of:

1. The date the contract terminates;
2. The date that the Rider or contract Lapses for failure to pay premium, subject to the Grace Period of the contract;
3. The date the Owner requests termination;
4. The date the Insured dies;
5. The Certificate Anniversary Date on or following the Owner's [65th] birthday; or
6. The date the Owner assigns the contract to another individual.

This Rider is signed for the Company at our Home Office to take effect on the Rider Effective Date.


[General Counsel and Secretary]


[President]

TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: [Cedar Rapids, Iowa]
Administrative Office: [1400 Centerview Drive, PO Box 8063, Little Rock, Arkansas 72203-8063]
(Hereinafter called "the Company," "we," "us," or "our")

WAIVER OF PREMIUM DUE TO LAYOFF OR STRIKE RIDER

This Rider is issued in consideration of the Application and payment of any required initial premium. Except as shown in this Rider, the provisions of the contract to which this Rider is attached will prevail. This Rider has no cash value.

DEFINITIONS

In addition to the definitions contained in the contract, the following definitions apply to this Rider.

Layoff - The Owner has been employed on a full-time basis at the time of the Layoff and is involuntarily terminated by his or her employer due to one of the following reasons.

1. A reduction in work force as the result of economic conditions;
2. The employer's decrease in production; or
3. The employer's reorganization causing the discontinuation of the Owner's job or resulting in a change of aptitude or skill requirements of his or her job.

Strike - A work stoppage at the Owner's place of employment that is supported and/or sponsored by the state or national union headquarters.

BENEFITS

We will waive the monthly premiums on the contract if the Owner is placed on Layoff status or is on Strike, provided that the first premium on the contract to which this rider is attached has been paid. Monthly premiums will begin being waived the first day of the month following the date of Layoff or Strike.

LIMITATIONS AND EXCLUSIONS

We will waive premiums for up to [3] Layoffs or Strikes in any one 12-month period.

We will wave premiums for up to [6] months in any one 12-month period.

A 12-month period will be measured from the date the first premium is waived.

If the Portability Option provision of the contract has been exercised, if any, the Owner will need to provide proof of being employed (other than self-employment) for the 6 months prior to the Layoff or Strike.

This Rider is not available for self-employed individuals.

PREMIUM

The premium for this Rider is shown on the Certificate Schedule.

EFFECTIVE DATE

The Rider Effective Date is the same date as the contract Effective Date, unless we inform the Owner in writing of a different date.

TERMINATION

This Rider will terminate on the earliest of:

1. The date the contract terminates;
2. The date the Rider or contract Lapses for failure to pay premium, subject to the Grace Period of the contract;
3. The date the Owner requests termination;
4. The date the Owner dies;
5. The Certificate Anniversary Date on or following the Insured's [65th] birthday; or
6. The date the Owner assigns the contract to another individual.

This Rider is signed for the Company at our Home Office to take effect on the Rider Effective Date.

[]
[General Counsel and Secretary]

[]
[President]

[Logo]

Transamerica Life Insurance Company ("insurer")
Home Office: [Cedar Rapids, IA]
Administrative Office: [P.O. Box 8063
Little Rock, AR 72203-8063]

[Voluntary
Term Life]
Application

Form header with fields: [] First Application, [] Add Dependents - Certificate #, Group Name [ABC Plumbing], Group Number [1234567], Location [Regional Plant]

Applicant information section including: [] Male / [] Female, Social Security Number [123-45-6789], Date of Birth [04-20-1964], Home phone [(123) 456-7890], Adult Dependent info, Applicant's Email Address, and Employment details like Date of hire, Annual salary, and Occupation.

Beneficiary information section: Primary Beneficiary [Doe, Jane J.] Relationship [Wife], Contingent Beneficiary [Doe, Baby B.] Relationship [Daughter], and a note: [Applicant will be the owner and beneficiary for any dependent coverage]

Payment Mode: [] Weekly [x] Bi-Weekly [] Semi-Monthly [] Monthly [] Other

Table with columns for I am applying for (Applicant Term Life, Adult Dependent Term Life, Child Term Rider, Child Term Life), Gender, Social Security Number, Date of Birth, Death Benefit, and Premium per Mode. Includes a Total Premium per Mode row.

[The following Eligibility and Evidence of Insurability questions do not apply to the Child Term Rider.]

Eligibility Questions section with two numbered questions regarding work status and dependent disability, each with Yes/No checkboxes.

Evidence of Insurability Questions - Part 1 section with two numbered questions regarding hospitalization and medical diagnosis (AIDS, ARC, etc.), each with Yes/No checkboxes.

Evidence of Insurability Questions - Part 2 section with three numbered questions regarding height/weight, medical history, and high blood pressure, each with Yes/No checkboxes.

[Please provide details of all "Yes" answers to questions 2, 3, 4, 6 and 7. Use additional paper if needed.
For High Blood Pressure, please indicate most recent blood pressure reading, name of any medications and dosage.

Question #	Name	Please list: Illness, Injury, Condition, Symptoms, Medication, Date of last Treatment, Date Condition Diagnosed, Duration, Result, Current Health Status, Prognosis, Name & Address of Doctor or Hospital

APPLICANT'S STATEMENTS AND AGREEMENTS:

[Replacement question for residents of [AL, AK, AR, AZ, CO, HI, IA, LA, MD, ME, MS, MT, NE, NC, NH, NJ, NM, OH, OR, RI, SC, TX, UT, VA, VT, WI or WV:] Do you currently have any other existing life insurance policies or contracts? Yes No
If "Yes", complete the replacement form(s) provided by your agent and return with this application.]

[Replacement question for residents of [all other states:]
Is the insurance being applied for intended to replace or change any existing life insurance coverage? Yes No
If "Yes", list name of company _____, Policy/certificate # _____,
complete the Replacement form(s) provided by your agent and return with this application.]

[Accelerated Death Benefit Disclosure Acknowledgement:
If applying for an Accelerated Death Benefit Rider, did you receive the applicable Disclosure(s) if required in your state?
[Long Term Care Rider Yes No] [Critical Care Condition Rider Yes No] [Terminal Illness Rider Yes No]]

I have read or had read to me the completed application. I represent that all statements and answers made on or attached to this application are true and complete to the best of my knowledge and belief, and realize that any false statements herein which materially affect the acceptance of the risk or the hazard assumed may result in loss of coverage under the policy/certificate to which this application is attached.

[For All states not listed below: I understand that 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, any 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 DC, LA, MD or RI: I understand that 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 MA, NC or OR: I understand that 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, any information concerning any fact material thereto, commits a fraudulent insurance act which may be a crime and may subject such person to criminal and civil penalties.]

[For NJ: I understand that any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.]

[For OK: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.]

[For TN or WA: It is a crime to knowingly present false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.]

I understand that coverage will become effective only after all of the following conditions have been met: a) I must be a member of an eligible class; b) I must have satisfied the policyholder waiting period; c) the group must have met the insurer's minimum participation requirement; d) I must satisfactorily answer all questions on this form; e) I must be actively at work[, and any proposed insured dependent must not be disabled (unless included by special endorsement)] on the effective date (according to the insurer's rules); and f) the first month's premium must have been received by the underwriting company at its administrative office. I understand that completion of this application in no way implies that I will be accepted for insurance coverage.

I hereby authorize any licensed physician, medical practitioner, hospital, clinic or other medical or medically-related facility, insurance company, the Medical Information Bureau*, or other organization, institution or person, that has any records or knowledge of me or my health, to give to Insurer, or its reinsurers, any such information.

I understand the information obtained by use of this Authorization will be used by Insurer to determine eligibility for insurance. Any information obtained will not be released by Insurer to any person or organization except to reinsuring companies, the Medical Information Bureau*, or other persons or organizations performing business or legal services in connection with my application or as may be otherwise lawfully required or as I authorize. I know that I may request to receive a copy of this Authorization. I agree that a photographic copy of this Authorization shall be as valid as the original. I agree that this Authorization shall be valid for two years from the date shown below.

Signed in (City/State) _____ This _____ Day of (Month/Year) _____ .
Applicant's Signature _____ Spouse's Signature (if applicable) _____

AGENT'S STATEMENTS AND AGREEMENTS:

I hereby certify that I have accurately recorded in this application all of the information supplied by the applicant. The applicant has read or had read to him/her the completed application. I also certify that this insurance does does not replace or change any existing life insurance coverage.

Licensed Agent/Producer's Name _____ Agent # _____ License # _____
Licensed Agent/Producer's Signature _____ Date _____

*Information regarding your insurability will be treated as confidential. The Insurer, or its reinsurers, may, however, make a brief report thereon to the Medical Information Bureau, a non-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members. If you apply to another Bureau member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, the Bureau, upon request, will supply such company with the information in its file. Upon receipt of a request from you, the Bureau will arrange disclosure of any information it may have in your file. If you question the accuracy of information in the Bureau's file, you may contact the Bureau and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of the Bureau's information office is Post Office Box 105, Essex Station, Boston, Massachusetts 02112, telephone number 866-692-6901 (TTY 866-346-3642 for hearing impaired). Insurer, or its reinsurers, may also release information in its file to other life insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted.

SERFF Tracking Number: AEGG-127078075 State: Arkansas
 Filing Company: Transamerica Life Insurance Company State Tracking Number: 48247
 Company Tracking Number:
 TOI: L04G Group Life - Term Sub-TOI: L04G.103 Renewable - Single Life -
 Fixed/Indeterminate Premium
 Product Name: Voluntary Term Life Insurance
 Project Name/Number: Voluntary Term Life Insurance/CPVTL200

Supporting Document Schedules

Item Status: **Status**
Date:

Satisfied - Item: Flesch Certification
Comments:
Attachment:
 Readability Certification 3-14-2011.pdf

Item Status: **Status**
Date:

Satisfied - Item: Application
Comments:
 The Group Policyholder Application, form C-PH-01-00, was approved by your Department on 9/21/2010; SERFF Tracking # AEGG-126792395.

Item Status: **Status**
Date:

Satisfied - Item: Explanation of Variability
Comments:
Attachment:
 Explanation of Variables 3-10-2011.pdf

Item Status: **Status**
Date:

Satisfied - Item: Important Information to
 Policyholders/Insureds
Comments:
Attachment:
 CD300404 3-28-2011.pdf

Item Status: **Status**
Date:

SERFF Tracking Number: AEGG-127078075 State: Arkansas
Filing Company: Transamerica Life Insurance Company State Tracking Number: 48247
Company Tracking Number:
TOI: L04G Group Life - Term Sub-TOI: L04G.103 Renewable - Single Life -
Fixed/Indeterminate Premium

Product Name: Voluntary Term Life Insurance
Project Name/Number: Voluntary Term Life Insurance/CPVTL200

Satisfied - Item: Regulation 19 Certification

Comments:

Attachment:

Reg 19 Certification.pdf

Readability Certification

This is to certify that the forms listed below are in compliance with your state's readability requirements.

A. Option Selected

1. Policy and its related forms are scored for the Flesch reading ease test as one unit and the combined score is _____.
2. Policy and its related forms are scored separately for the Flesch reading ease test. Scores for the policy and each form are attached.

Forms and Form Numbers to Which Certification is Applicable:

See attached list

B. Test Option Selected

1. Test was applied to entire policy form(s)
2. Test was applied on sample basis. Form(s) contain(s) more than 10,000 words. Copy of form(s) enclosed indicating word samples tested.

C. Standards for Certification

A checked block indicates standard has been achieved

1. The policy text achieves a minimum score of 45 on the Flesch reading ease test in accordance with the option chosen in Section A above.
2. It is printed in not less than ten point type, one point leaded. (This does not apply to specification pages, schedules and tables.)
3. The layout and spacing of the policy separate the paragraphs from each other and from the border of the paper.
4. The section titles are captioned in bold face type or otherwise stand out significantly from the text.
5. Unnecessarily long, complicated or obscure words, sentences, paragraphs or constructions are not used in the policy.
6. The style, arrangement and overall appearance of the policy give no undue prominence to any portion of the policy or to any endorsements or riders.
7. A table of contents or an index of the principal sections is included in the policy. (This applies only if the policy has more than 3,000 words or consists of more than 3 pages.)

The certification must be signed by an officer of the insurer.

	Assistant Secretary
Signature	Officer's Title
Officer's name: Patsy J. Napier	Date: March 14, 2011

GROUP VOLUNTARY TERM LIFE INSURANCE POLICY AND RELATED FORMS

FORM NAME	FORM NUMBER	SYLLABLES	WORDS	SENTENCES	SCORE
Group Master Policy	CPVTL200	3981	2663	107	55
Group Certificate	CCVTL200	3930	2629	118	58
Accidental Death & Dismemberment Rider	CRADVT200	3454	2311	96	56
Accelerated Death Benefit for Terminal Illness Rider	CRTIVT00	1175	786	32	55
Accelerated Death Benefit for Terminal Illness Disclosure	CDTIVT00	952	637	22	51
Accelerated Death Benefit for Critical Care Condition Rider	CRCCVT00	2150	1438	59	56
Accelerated Death Benefit for Critical Care Condition Disclosure	CDCCVT00	1544	1033	42	55
Accelerated Death Benefit for Long Term Care Rider	CRLTVT00	3978	2661	117	57
Accelerated Death Benefit for Long Term Care Disclosure	CDLTVT00	2665	1783	74	56
Extension of Benefit Rider	CREXVT00	598	400	19	59
Accelerated Death Benefit for Long Term Care Rider with Extension of Benefits Disclosure	CDEXVT00	2928	1959	88	58
Child Term Insurance Rider	CRCHL200	1139	762	36	59
Waiver of Premium Rider	CRWPVT00	1725	1154	38	50
Waiver of Premium Due to Layoff or Strike Rider	CRWPL200	332	222	12	62
Certificate Application	CVT-AP-02-00	1275	853	34	54

TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: Cedar Rapids, Iowa

GROUP TERM LIFE INSURANCE

EXPLANATION OF VARIABLES

FOR FORMS: CPVTTL200; CCVTTL200; CRADVT00 CRCHL200; CRCCVT00; CRLTVT00; CREXVT00; CRTIVT00; CRWPVT00; CRWPL200; CVT-AP-02-00

Text that is intended to be variable is bracketed. Bracketed text is either intended to be: (1) in or out of the contract; or (2) have variable ranges. Each variable bracketed text is described below. No change in the variable areas will be made which will be in conflict with the laws, rules and regulations of your State. In addition, no change in variability will be made which in any way expands the scope of the wording being changed. Transamerica Life Insurance Company ("Company") reserves the right to correct at any time any and all typographical errors that do not impact benefits or intent of language.

Ranges for Policy/Certificate:

Issue Ages – Adult Contracts:

5 Year Term	16 to 90
10 Year Term	16 to 85
20 Year Term	16 to 75
Child Contracts	15 days through age 25

Minimum to Maximum Issue Death Amount:

Adult Contracts	\$2,500 - \$1,000,000
Child Contracts:	\$1,000 - \$100,000 (depending on state law)

CPVTTL200 – Group Policy - Variations

Face Page

1. Home Office Address - The address is bracketed to take into consideration any future address changes.
2. Policyholder name, address, Policy Number will be case specific.
3. Policy Effective Date – This information will be case specific.
4. Policy Anniversary Date – This information will be case specific.
5. Policy Renewal Date – This information will be case specific based on whether or not policy is issued as a 5 Year Term, a 10 Year Term, or a 20 Year Term policy.
6. The Governing Jurisdiction will be case specific depending on where the policy is issued.
7. Officers' Signatures – The signatures are variable to take into consideration any future personnel changes.
8. Officers' Titles – The titles are variable to take into consideration any future changes in the officers who are signing on behalf of the Company.
9. Product Description – This will indicate length of term – 5-Year, 10-Year, or 20-Year Term coverage. Other term lengths may be developed, e.g. a level premium to age 100 version of the product.
10. Administrative Office Address – The address is bracketed to take into consideration any future changes.
11. Customer Service Toll Free Number – The toll free number is bracketed to take into consideration any future changes to the telephone number.

Policy Schedule

Pages 3 and 4 - The entire Insurance Schedule is variable to the extent that it will be customized for the group policyholder's requirements.

12. **Eligibility Requirements - Page 3** – This section sets out any policyholder eligibility requirements for employees/members, and, if coverage is available, the requirements for dependents. The maximum issue age for an employee or member is bracketed to take into account the length of term selected by the policyholder.

13. **Evidence of Insurability - Page 3** – This section sets forth the Evidence of Insurability requirements, if any, based on group size, type of underwriting and level of benefits.
14. **Effective Date of Coverage - Page 3** – This section sets out the effective dates of coverage for both the policy and any individual certificates. Effective Dates are variable based on the criteria in this section of the Policy Schedule.
15. **Benefits - Page 3** – This section sets out the Death Benefit minimums and maximums that will be available for an eligible employee or member and any dependents.
16. **Minimum Participation Required - Page 3** – This section sets out the minimum number of eligible employees or members required to issue and keep this Group Master Policy in force.
17. **Included Riders** – This section sets out the riders selected by the policyholder to be included in the Policy.

[Accidental Death and Dismemberment Rider (Applicable Only to Employees or Members and Spouses or Other Adult Dependents)]

[Accelerated Death Benefit for Terminal Illness Rider]

[Accelerated Death Benefit for Critical Care Condition Rider]

[Accelerated Death Benefit for Long Term Care Rider]

[Extension of Benefits Rider sold with the Accelerated Death Benefit for Long Term Care Rider]

[Waiver of Premium Due to Total Disability Rider]

[Waiver of Premium Due to Layoff or Strike Rider]

[Child Term Insurance Rider]

18. **Benefit Reduction Schedule** – This section is bracketed to be either in or out depending on policyholder selection.
19. **Additional Agreements** – This section is will be used to record any additional agreements between the policyholder and the company.
20. **Definitions – Page 5**

Child - The definition of **Child** is bracketed to be either in or out based on whether or not Child coverage is made available to eligible employees or members.

Dependent – The reference to Child in this definition is bracketed to be either in or out based on whether or not Child coverage is made available to eligible employees or members.

Other Adult Dependent – The maximum issue age has been bracketed to be variable based on the length of term and also underwriting parameters for the specific group.

Spouse - The maximum issue age has been bracketed to be variable based on the length of term and also underwriting parameters for the specific group.

CCVTL200 – Group Certificate - Variations

Face Page

1. Home Office Address - The address is bracketed to take into consideration any future address changes.
2. Customer Service Toll Free Number – The toll free number is bracketed to take into consideration any future changes to the telephone number.
3. Officers' Signatures – The signatures are variable to take into consideration any future personnel changes.
4. Officers' Titles – The titles are variable to take into consideration any future changes in the officers who are signing on behalf of the Company.
5. Product Description – This will indicate length of term – 5 Year, 10 Year, or 20 Year Term coverage. Other term lengths may be developed, e.g. a level term to 100 version of the product.
6. Administrative Office Address – The address is bracketed to take into consideration any future changes.
7. Customer Service Toll Free Number – The toll free number is bracketed to take into consideration any future changes to the telephone number.
8. E-Mail Address – The E-Mail address is bracketed to take into consideration any future changes to same.
9. Website Address – The website address is bracketed to take into consideration any future changes to same.

Certificate Schedule - Pages 3 - Case-specific Information and Charges/Fees Listed

- 10. Policyholder – Case specific at time of issue.
- 11. Policy Number – Case specific at time of issue
- 12. Insured – Case specific at time of issue.
- 13. Certificate Number – Case specific at time of issue.
- 14. Death Benefit – Case specific; amount selected by owner.
- 15. Effective Date – Case specific at time of issue
- 16. Class of Risk – Case specific at time of issue.
- 17. Premium Payment – Case specific based on face amount.
- 18. Insured Issue Age – Case specific at time of issue.
- 19. Initial Term Period – Case specific at time of issue based on Policyholder selection.
- 20. Expiration Date – Certificate Anniversary Date following the Insured's [100th] birthday – age 100 is variable to permit flexibility in plans being offered to the Policyholder.
- 18. Owner – Case specific at time of issue.

Page 3 - Additional Riders

- 21. CRADVT00 - ACCIDENTAL DEATH AND DISMEMBERMENT RIDER – Benefit is not available for Child Contracts. Optional rider will either be in or out.

Additional benefits are payable for:

Seatbelt	1%–20% of Accidental Death Benefit
Air Bag	1%-20% of Accidental Death Benefit
Common Carrier	10%-300% of Accidental Death Benefit

Maximum Benefit Amount:	\$10,000 to \$1,000,000
Issue Ages:	16 to 80
Expiry age range:	60 to 90

All occurrences of Dismemberment: 180 days to 2 years following date of accidental injury

Injury must occur on or before the Certificate Anniversary following [65th] Birthday: 60th to 90th

Age ranges for ancillary rider benefits:

Dependent Child age range:	Birth and younger than 26
Elder age range:	50 to 80

Survivor Training Benefit – [3%] of the Accidental Death Benefit – 1% to 10%; or
[\$3,500] – Range is \$500 to \$10,000; subject to the Lifetime Benefits Limitation.

Elder Care Benefit – [3%] of the Accidental Death Benefit – 1% to 10%; or
[\$3,500] –Range is \$500 to \$10,000; subject to the Lifetime Benefits Limitation.

Surviving Child Educational Benefit – [3%] of the Accidental Death Benefit –1% to 10%; or
[\$3,500] - Range is \$500 to \$10,000; subject to the Lifetime Benefits Limitation.

Child Care Center Benefit – [3%] of the Accidental Death Benefit – range is 1% to 10%; or
[\$3,500] – Range is \$500 to \$10,000; subject to the Lifetime Benefits Limitation.

Dismemberment Benefit:

Double Dismemberment - Lesser of applicable Death Benefit or \$[100,000]	\$25,000 to \$300,000
Single or Other Dismemberment - Lesser of [xx%] of applicable Death Benefit or \$[100,000]	
Percentage range:	5% to 100% of applicable Death Benefit
Dollar Amount Range:	\$25,000 to \$300,000

21. CRTIVT00, ACCELERATED DEATH BENEFIT FOR TERMINAL ILLNESS RIDER - The benefit under this Rider will be equal to (1) minus (2) and minus (3):
1. The lesser of: (a) [\$100,000]; or (b) up to [50%] (or the percentage the insured requested) of the Death Benefit of the Contract to which this Rider is attached.
 2. 12 months' interest, in advance, on the amount that we accelerate (at an interest rate of not more than 7.4%).
 3. An Administrative fee of [\$100].

Administration fee:	\$0.00 to \$150
Benefit Percentages:	25% to 100%;
Benefit Dollar Amounts:	\$25,000 to \$1,000,000
Issue Ages:	Live Birth to age 90
	Minimum ages: 0 to 30;
	Maximum issue ages: 40 to 90.

22. CRCCVT00 - ACCELERATED DEATH BENEFIT FOR CRITICAL CARE CONDITION RIDER

The benefit under this Rider will be equal to (1) minus (2):

1. The lesser of: (a) [\$100,000]; or (b) up to [50%] (or the percentage the insured requested) of the Death Benefit of the Contract to which this Rider is attached.
2. An Administrative fee of [\$250].

Administration fee:	\$0.00 to \$500
Benefit Percentages:	25% to 100%;
Benefit Dollar Amounts:	\$25,000 to \$1,000,000
Waiting Period	
Sickness	0 to 90 days
Accident	0 to 30
Issue Ages:	Live Birth to age 90
Minimum ages:	0 to 30;
Maximum issue ages:	40 to 90.

Maximum monthly premium rates for the available percentage level will be shown on the Rider. We are attaching a copy of a Table of Maximum Monthly Premiums Per \$1,000 for each of the three terms available under the master policy as Exhibit II to this Explanation of Variability.

23. CRLTVT00 – ACCELERATED DEATH BENEFIT FOR LONG TERM CARE RIDER

Issue Ages	0 to 90
Home Health Care visits per month	4 - 12
Adult Day Care Visits per month	1 to 12
Confinement Benefit - % of Death Benefit	1% to 8%.
Home Health Care or Adult Day Care Benefit - % of Death Benefit	1% to 8%
Elimination Period	30 to 90 days
Waiting Period	0 to 30 days

24. CRCHL200, CHILD LEVEL TERM INSURANCE RIDER - Will either be in or out depending on selection by the Insured.

Issue Amounts:	\$1,000 to \$25,000
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25. CRWPVT00, WAIVER OF PREMIUM BENEFIT RIDER - Will either be in or out. Any bracketed material will be case specific when rider is part of the issued coverage. (May attach to child or adult contract, but applies to Owner's Total Disability.)

Issue Ages:	Birth to 80
Termination age range:	60 to 94
Age at time of Disability:	60 – 90
Waiver Benefit ceases at age:	65 - 100

25. CRWPL100, WAIVER OF PREMIUM DUE TO LAYOFF RIDER – Optional rider information, will either be in or out. Any bracketed material will be case specific when rider is part of issued coverage. (May attach to child or adult contract, but applies to Owner's Layoff.)

Issue Ages:	Birth to age 90
Rider will permit up to [3] incidences of layoff:	1 to 12 incidences
The total monthly premiums we will waive in any one year:	1 to 12
Termination age:	65 - 90

Page 4 - Table of Maximum Annual Premium Rates

26. The Table of Maximum Annual Premium Rates shown in the "John Doe" certificate reflect the Maximum Annual Premium Rates for a five year term policy. The Table of Maximum Annual Premium Rates for the 10 Year Term Policy and the 20 Year Term Policy are included as Exhibit I in this Explanation of Variability

Rider Variations:

1. Home Office Address - The address is bracketed to take into consideration any future address changes.
2. Administrative Office Address – The address is bracketed to take into consideration any future changes.
3. Officers' Signatures – The signatures are variable to take into consideration any future personnel changes.
4. Officers' Titles – The titles are variable to take into consideration any future changes in the officers who are signing on behalf of the Company.

All other variables and ranges for the optional riders are as listed above on the Certificate Schedule information.

CVT-AP-02-00 - Application – Variations

This form is a print on demand form.

1. Home Office Address- The address is bracketed to take into consideration any future address changes.
2. Administrative Office Address – The address is bracketed to take into consideration any future address changes.
3. The reference to [Logo] is bracketed to indicate the location of the Company's logo.
4. The title of the application is bracketed so that it can be customized for the employees/members of an employer, a labor union, or a trade association solicitation. Application is used in a Worksite Marketing Solicitation.
5. All "Joe Doe" applicant information has been bracketed.
6. Page 1 – The response portion of any statement or question requiring a direct response from an applicant is bracketed. This is to permit the application to be used as part of our electronic/internet application process. When used as part of the electronic process, the answers are populated with the applicant's selection instead of a "tick box."

Page 2 – The response portion of any statement or question on Page 2 of the application that requires a direct response from either the applicant or the agent is bracketed. Any response areas on Page 2 are bracketed for use as part of our electronic/internet application process.

When the application is used in an internet or electronic enrollment, no substantive changes will be made to the format and no changes will be made to the actual application language. For the applicant's signature, a PIN or other electronic signature will be required to be captured and verified.

7. All references to dependents are bracketed to be included or removed. Some of our groups only allow us to market to their employees or members but not their dependents, so we need the ability to remove these references to accommodate these groups.
8. Employee specific information (Date of hire, Average hours worked, Annual salary, Occupation, Work phone) is bracketed to be included or removed or modified (Date of membership) based on type of group being enrolled.
9. The Child Term Rider is bracketed to be included or removed based on group selection.
10. The Child Term Life section is bracketed to be included or removed based on group selection.
11. For all questions, statements referring to "any proposed insured" are bracketed to be replaced with "you" if dependent coverage is not being offered.
12. Question #1 contains two bracketed questions. One is for employee groups and the other is for member groups. Only the applicable question will appear on the application, based on the type of group being enrolled.
13. Provide Details section is bracketed to be included or removed based on underwriting. Our current underwriting is accept/reject so any person answering "yes" to a health question is excluded from coverage, so this section would not appear on the application.

14. The replacement questions are bracketed to be included or removed if the application is customized for a specific state. Additionally, the list of states is bracketed to update as new states adopt the new model regulation for life replacements.
15. The accelerated death benefit disclosure question and riders are bracketed to be included or removed based on group selection.
16. The fraud warnings are bracketed to be included or removed if the application is customized for a specific state.

EXHIBIT I
Table of Maximum Annual Premium Rates
10 Year Term

ATTAINED AGE	NON-TOBACCO 10 YEAR TERM* ANNUAL RATE PER \$1,000	TOBACCO 10YEAR TERM * ANNUAL RATE PER \$1,000	ATTAINED AGE	NON-TOBACCO 10 YEAR TERM* ANNUAL RATE PER \$1,000	TOBACCO 10YEAR TERM * ANNUAL RATE PER \$1,000
16	\$ 2.39	\$ 3.53	58	\$ 14.68	\$ 31.72
17	\$ 2.39	\$ 3.53	59	\$ 15.75	\$ 33.96
18	\$ 2.39	\$ 3.53	60	\$ 17.01	\$ 37.05
19	\$ 2.39	\$ 3.53	61	\$ 18.39	\$ 39.03
20	\$ 2.39	\$ 3.53	62	\$ 19.78	\$ 41.80
21	\$ 2.39	\$ 3.53	63	\$ 21.16	\$ 45.66
22	\$ 2.43	\$ 3.56	64	\$ 22.70	\$ 49.99
23	\$ 2.43	\$ 3.56	65	\$ 25.25	\$ 55.35
24	\$ 2.47	\$ 3.58	66	\$ 27.84	\$ 61.64
25	\$ 2.47	\$ 3.58	67	\$ 30.38	\$ 68.27
26	\$ 2.52	\$ 3.61	68	\$ 33.00	\$ 73.89
27	\$ 2.61	\$ 3.84	69	\$ 39.30	\$ 80.22
28	\$ 2.67	\$ 3.90	70	\$ 57.44	\$ 93.34
29	\$ 2.73	\$ 4.10	71	\$ 69.81	\$ 104.85
30	\$ 2.77	\$ 4.24	72	\$ 79.01	\$ 116.62
31	\$ 2.83	\$ 4.33	73	\$ 90.87	\$ 133.46
32	\$ 2.87	\$ 4.40	74	\$ 103.57	\$ 151.97
33	\$ 2.92	\$ 4.57	75	\$ 117.58	\$ 169.80
34	\$ 3.07	\$ 4.80	76	\$ 134.97	\$ 198.00
35	\$ 3.25	\$ 5.10	77	\$ 147.75	\$ 219.11
36	\$ 3.46	\$ 5.55	78	\$ 162.04	\$ 241.10
37	\$ 3.78	\$ 5.99	79	\$ 177.24	\$ 264.65
38	\$ 3.93	\$ 6.46	80	\$ 200.90	\$ 286.05
39	\$ 4.21	\$ 7.17	81	\$ 243.22	\$ 323.01
40	\$ 4.47	\$ 7.91	82	\$ 281.22	\$ 352.41
41	\$ 4.79	\$ 8.75	83	\$ 319.68	\$ 390.47
42	\$ 5.10	\$ 9.43	84	\$ 354.27	\$ 435.17
43	\$ 5.42	\$ 10.21	85	\$ 393.24	\$ 479.83
44	\$ 5.92	\$ 10.99	86	\$ 428.59	\$ 530.56
45	\$ 6.36	\$ 11.76	87	\$ 481.80	\$ 579.44
46	\$ 6.80	\$ 12.57	88	\$ 537.39	\$ 634.69
47	\$ 7.24	\$ 13.80	89	\$ 596.64	\$ 687.20
48	\$ 7.75	\$ 14.87	90	\$ 651.26	\$ 747.69
49	\$ 8.29	\$ 15.90	91	\$ 678.89	\$ 812.16
50	\$ 8.80	\$ 17.00	92	\$ 733.24	\$ 882.51
51	\$ 9.30	\$ 18.19	93	\$ 813.87	\$ 960.00
52	\$ 9.71	\$ 19.39	94	\$ 896.73	\$ 960.00
53	\$ 10.22	\$ 20.86	95	\$ 923.75	\$ 960.00
54	\$ 10.71	\$ 22.83	96	\$ 950.77	\$ 960.00
55	\$ 11.59	\$ 25.06	97	\$ 960.00	\$ 960.00
56	\$ 12.70	\$ 26.40	98	\$ 960.00	\$ 960.00
57	\$ 13.61	\$ 29.02	99	\$ 960.00	\$ 960.00
			100	\$ 960.00	\$ 960.00

EXHIBIT I - CONTINUED
Table of Maximum Annual Premium Rates
20 Year Term

ATTAINED AGE	NON-TOBACCO 20 YEAR TERM* ANNUAL RATE PER \$1,000	TOBACCO 20YEAR TERM * ANNUAL RATE PER \$1,000	ATTAINED AGE	NON-TOBACCO 20 YEAR TERM* ANNUAL RATE PER \$1,000	TOBACCO 20YEAR TERM * ANNUAL RATE PER \$1,000
16	\$ 3.57	\$ 4.52	58	\$ 21.52	\$ 32.68
17	\$ 3.57	\$ 4.52	59	\$ 22.90	\$ 34.42
18	\$ 3.57	\$ 4.52	60	\$ 24.50	\$ 37.23
19	\$ 3.57	\$ 4.52	61	\$ 26.39	\$ 39.76
20	\$ 3.57	\$ 4.52	62	\$ 28.23	\$ 42.82
21	\$ 3.57	\$ 4.52	63	\$ 30.13	\$ 46.96
22	\$ 3.57	\$ 4.52	64	\$ 33.47	\$ 51.57
23	\$ 3.57	\$ 4.52	65	\$ 37.08	\$ 58.57
24	\$ 3.77	\$ 4.62	66	\$ 40.39	\$ 66.32
25	\$ 3.77	\$ 4.62	67	\$ 43.95	\$ 72.03
26	\$ 4.00	\$ 4.85	68	\$ 47.96	\$ 77.20
27	\$ 4.00	\$ 4.85	69	\$ 52.30	\$ 83.01
28	\$ 4.24	\$ 5.09	70	\$ 67.73	\$ 98.08
29	\$ 4.24	\$ 5.09	71	\$ 74.57	\$ 109.25
30	\$ 4.53	\$ 5.35	72	\$ 81.66	\$ 123.01
31	\$ 4.53	\$ 5.35	73	\$ 95.10	\$ 136.86
32	\$ 4.85	\$ 5.62	74	\$ 112.08	\$ 153.03
33	\$ 4.85	\$ 5.62	75	\$ 136.35	\$ 183.21
34	\$ 5.19	\$ 5.90	76	\$ 149.43	\$ 203.95
35	\$ 5.42	\$ 6.27	77	\$ 163.59	\$ 225.72
36	\$ 5.79	\$ 6.87	78	\$ 179.42	\$ 248.38
37	\$ 6.18	\$ 7.63	79	\$ 196.27	\$ 272.66
38	\$ 6.42	\$ 7.78	80	\$ 224.67	\$ 299.57
39	\$ 6.42	\$ 7.91	81	\$ 262.78	\$ 329.97
40	\$ 6.58	\$ 7.99	82	\$ 306.89	\$ 364.70
41	\$ 6.91	\$ 9.09	83	\$ 348.89	\$ 404.10
42	\$ 7.47	\$ 9.89	84	\$ 386.65	\$ 450.37
43	\$ 8.04	\$ 10.92	85	\$ 429.20	\$ 496.61
44	\$ 8.72	\$ 11.64	86	\$ 467.79	\$ 549.13
45	\$ 8.72	\$ 12.67	87	\$ 525.89	\$ 599.72
46	\$ 9.17	\$ 13.54	88	\$ 586.58	\$ 656.92
47	\$ 9.36	\$ 14.60	89	\$ 651.28	\$ 711.28
48	\$ 9.55	\$ 15.56	90	\$ 710.91	\$ 773.90
49	\$ 9.74	\$ 16.94	91	\$ 741.08	\$ 840.64
50	\$ 10.95	\$ 18.22	92	\$ 800.41	\$ 913.47
51	\$ 12.16	\$ 19.50	93	\$ 888.45	\$ 960.00
52	\$ 13.59	\$ 20.95	94	\$ 960.00	\$ 960.00
53	\$ 15.04	\$ 22.65	95	\$ 960.00	\$ 960.00
54	\$ 16.62	\$ 24.37	96	\$ 960.00	\$ 960.00
55	\$ 16.69	\$ 26.18	97	\$ 960.00	\$ 960.00
56	\$ 18.49	\$ 28.47	98	\$ 960.00	\$ 960.00
57	\$ 20.22	\$ 30.99	99	\$ 960.00	\$ 960.00
			100	\$ 960.00	\$ 960.00

EXHIBIT II
ACCELERATED DEATH BENEFIT FOR CRITICAL CARE CONDITION RIDER
MAXIMUM MONTHLY PREMIUMS PER \$1,000

SEE THE ATTACHED TABLES

Issue Age or Age at Renewal	Non-Tobacco				Tobacco			
	5 Year Term				5 Year Term			
	100%	75%	50%	25%	100%	75%	50%	25%
16 - 18	\$0.065	\$0.056	\$0.029	\$0.023	\$0.104	\$0.085	\$0.070	\$0.033
19	\$0.070	\$0.059	\$0.032	\$0.024	\$0.112	\$0.091	\$0.073	\$0.035
20	\$0.074	\$0.063	\$0.035	\$0.026	\$0.120	\$0.097	\$0.077	\$0.037
21	\$0.079	\$0.067	\$0.038	\$0.027	\$0.130	\$0.104	\$0.081	\$0.040
22	\$0.084	\$0.071	\$0.041	\$0.029	\$0.139	\$0.112	\$0.086	\$0.042
23	\$0.090	\$0.075	\$0.045	\$0.030	\$0.150	\$0.120	\$0.090	\$0.045
24	\$0.096	\$0.080	\$0.049	\$0.032	\$0.161	\$0.129	\$0.095	\$0.048
25	\$0.102	\$0.084	\$0.054	\$0.033	\$0.174	\$0.138	\$0.100	\$0.051
26	\$0.109	\$0.089	\$0.058	\$0.035	\$0.187	\$0.148	\$0.105	\$0.055
27	\$0.116	\$0.095	\$0.064	\$0.037	\$0.201	\$0.159	\$0.110	\$0.058
28	\$0.124	\$0.101	\$0.069	\$0.039	\$0.217	\$0.170	\$0.116	\$0.062
29	\$0.132	\$0.107	\$0.076	\$0.041	\$0.233	\$0.183	\$0.122	\$0.066
30	\$0.141	\$0.113	\$0.083	\$0.043	\$0.251	\$0.196	\$0.128	\$0.070
31	\$0.150	\$0.120	\$0.090	\$0.045	\$0.270	\$0.210	\$0.135	\$0.075
32	\$0.169	\$0.136	\$0.100	\$0.052	\$0.308	\$0.238	\$0.155	\$0.084
33	\$0.190	\$0.154	\$0.110	\$0.059	\$0.352	\$0.269	\$0.178	\$0.095
34	\$0.213	\$0.175	\$0.122	\$0.068	\$0.402	\$0.304	\$0.205	\$0.107
35	\$0.240	\$0.198	\$0.135	\$0.078	\$0.460	\$0.345	\$0.235	\$0.120
36	\$0.270	\$0.225	\$0.150	\$0.090	\$0.525	\$0.390	\$0.270	\$0.135
37	\$0.295	\$0.241	\$0.160	\$0.093	\$0.566	\$0.421	\$0.288	\$0.145
38	\$0.322	\$0.257	\$0.172	\$0.096	\$0.610	\$0.454	\$0.308	\$0.156
39	\$0.352	\$0.275	\$0.184	\$0.099	\$0.658	\$0.490	\$0.329	\$0.168
40	\$0.384	\$0.294	\$0.196	\$0.102	\$0.710	\$0.528	\$0.351	\$0.181
41	\$0.420	\$0.315	\$0.210	\$0.105	\$0.765	\$0.570	\$0.375	\$0.195
42	\$0.449	\$0.341	\$0.228	\$0.113	\$0.813	\$0.607	\$0.401	\$0.206
43	\$0.480	\$0.368	\$0.247	\$0.121	\$0.863	\$0.646	\$0.429	\$0.217
44	\$0.512	\$0.398	\$0.268	\$0.130	\$0.917	\$0.688	\$0.459	\$0.229
45	\$0.547	\$0.430	\$0.290	\$0.140	\$0.974	\$0.733	\$0.491	\$0.242
46	\$0.585	\$0.465	\$0.315	\$0.150	\$1.035	\$0.780	\$0.525	\$0.255
47	\$0.627	\$0.496	\$0.338	\$0.163	\$1.117	\$0.842	\$0.566	\$0.275
48	\$0.671	\$0.530	\$0.363	\$0.176	\$1.205	\$0.908	\$0.610	\$0.298
49	\$0.719	\$0.566	\$0.390	\$0.191	\$1.301	\$0.979	\$0.658	\$0.321
50	\$0.770	\$0.604	\$0.419	\$0.207	\$1.404	\$1.057	\$0.710	\$0.347
51	\$0.825	\$0.645	\$0.450	\$0.225	\$1.515	\$1.140	\$0.765	\$0.375
52	\$0.863	\$0.670	\$0.464	\$0.231	\$1.578	\$1.187	\$0.795	\$0.391
53	\$0.903	\$0.696	\$0.479	\$0.237	\$1.645	\$1.236	\$0.827	\$0.409
54	\$0.945	\$0.723	\$0.494	\$0.243	\$1.713	\$1.287	\$0.860	\$0.427
55	\$0.989	\$0.751	\$0.509	\$0.249	\$1.785	\$1.340	\$0.894	\$0.445
56	\$1.035	\$0.780	\$0.525	\$0.255	\$1.860	\$1.395	\$0.930	\$0.465
57	\$1.101	\$0.842	\$0.570	\$0.278	\$2.013	\$1.522	\$1.021	\$0.510
58	\$1.171	\$0.908	\$0.620	\$0.302	\$2.178	\$1.662	\$1.121	\$0.558

Issue Age or Age at Renewal	Non-Tobacco				Tobacco			
	5 Year Term				5 Year Term			
	100%	75%	50%	25%	100%	75%	50%	25%
59	\$1.246	\$0.979	\$0.673	\$0.329	\$2.357	\$1.813	\$1.231	\$0.612
60	\$1.325	\$1.057	\$0.732	\$0.358	\$2.551	\$1.979	\$1.352	\$0.671
61	\$1.410	\$1.140	\$0.795	\$0.390	\$2.760	\$2.160	\$1.485	\$0.735
62	\$1.490	\$1.187	\$0.820	\$0.404	\$2.886	\$2.241	\$1.543	\$0.765
63	\$1.575	\$1.236	\$0.846	\$0.418	\$3.018	\$2.324	\$1.604	\$0.797
64	\$1.665	\$1.287	\$0.873	\$0.433	\$3.155	\$2.411	\$1.667	\$0.830
65	\$1.760	\$1.340	\$0.901	\$0.449	\$3.299	\$2.502	\$1.732	\$0.864
66	\$1.860	\$1.395	\$0.930	\$0.465	\$3.450	\$2.595	\$1.800	\$0.900
67	\$1.914	\$1.435	\$0.956	\$0.479	\$3.530	\$2.663	\$1.846	\$0.923
68	\$1.969	\$1.475	\$0.982	\$0.494	\$3.612	\$2.733	\$1.892	\$0.946
69	\$2.026	\$1.517	\$1.009	\$0.509	\$3.696	\$2.805	\$1.940	\$0.970
70	\$2.085	\$1.561	\$1.037	\$0.524	\$3.782	\$2.879	\$1.990	\$0.995
71	\$2.145	\$1.605	\$1.065	\$0.540	\$3.870	\$2.955	\$2.040	\$1.020
72	\$2.210	\$1.574	\$1.050	\$0.531	\$3.782	\$2.879	\$1.973	\$0.988
73	\$2.058	\$1.543	\$1.034	\$0.522	\$3.696	\$2.805	\$1.908	\$0.957
74	\$2.016	\$1.513	\$1.019	\$0.513	\$3.612	\$2.733	\$1.845	\$0.927
75	\$1.975	\$1.484	\$1.005	\$0.504	\$3.530	\$2.663	\$1.784	\$0.898
76	\$1.935	\$1.455	\$0.990	\$0.495	\$3.450	\$2.595	\$1.725	\$0.870
77	\$1.891	\$1.420	\$0.965	\$0.482	\$3.378	\$2.539	\$1.691	\$0.851
78	\$1.848	\$1.387	\$0.940	\$0.470	\$3.308	\$2.483	\$1.657	\$0.833
79	\$1.806	\$1.354	\$0.916	\$0.458	\$3.239	\$2.429	\$1.624	\$0.815
80	\$1.765	\$1.321	\$0.893	\$0.446	\$3.171	\$2.377	\$1.592	\$0.797
81	\$1.725	\$1.290	\$0.870	\$0.435	\$3.105	\$2.325	\$1.560	\$0.780
82	\$1.631	\$1.223	\$0.823	\$0.412	\$2.842	\$2.130	\$1.429	\$0.712
83	\$1.543	\$1.160	\$0.779	\$0.389	\$2.601	\$1.951	\$1.308	\$0.650
84	\$1.459	\$1.101	\$0.737	\$0.369	\$2.381	\$1.787	\$1.198	\$0.594
85	\$1.380	\$1.044	\$0.697	\$0.349	\$2.180	\$1.637	\$1.097	\$0.542
86	\$1.305	\$0.990	\$0.660	\$0.330	\$1.995	\$1.500	\$1.005	\$0.495
87	\$1.227	\$0.929	\$0.619	\$0.310	\$1.853	\$1.393	\$0.932	\$0.461
88	\$1.154	\$0.872	\$0.581	\$0.291	\$1.722	\$1.293	\$0.865	\$0.428
89	\$1.085	\$0.818	\$0.545	\$0.273	\$1.599	\$1.201	\$0.802	\$0.399
90	\$1.021	\$0.767	\$0.512	\$0.256	\$1.486	\$1.115	\$0.744	\$0.371
91	\$0.960	\$0.720	\$0.480	\$0.240	\$1.380	\$1.035	\$0.690	\$0.345
92	\$0.960	\$0.720	\$0.480	\$0.240	\$1.380	\$1.035	\$0.690	\$0.345
93	\$0.960	\$0.720	\$0.480	\$0.240	\$1.380	\$1.035	\$0.690	\$0.345
94	\$0.960	\$0.720	\$0.480	\$0.240	\$1.380	\$1.035	\$0.690	\$0.345
95	\$0.960	\$0.720	\$0.480	\$0.240	\$1.380	\$1.035	\$0.690	\$0.345
96	\$0.960	\$0.720	\$0.480	\$0.240	\$1.380	\$1.035	\$0.690	\$0.345
97	\$0.960	\$0.720	\$0.480	\$0.240	\$1.380	\$1.035	\$0.690	\$0.345
98	\$0.960	\$0.720	\$0.480	\$0.240	\$1.380	\$1.035	\$0.690	\$0.345
99	\$0.960	\$0.720	\$0.480	\$0.240	\$1.380	\$1.035	\$0.690	\$0.345

Issue Age or Age at Renewal	Non-Tobacco				Tobacco			
	10 Year Term				10 Year Term			
	100%	75%	50%	25%	100%	75%	50%	25%
18	\$0.08	\$0.07	\$0.04	\$0.03	\$0.13	\$0.11	\$0.09	\$0.04
19	\$0.09	\$0.07	\$0.04	\$0.03	\$0.14	\$0.11	\$0.09	\$0.04
20	\$0.09	\$0.08	\$0.04	\$0.03	\$0.15	\$0.12	\$0.09	\$0.05
21	\$0.10	\$0.08	\$0.05	\$0.03	\$0.16	\$0.13	\$0.10	\$0.05
22	\$0.10	\$0.09	\$0.05	\$0.04	\$0.17	\$0.13	\$0.10	\$0.05
23	\$0.11	\$0.09	\$0.06	\$0.04	\$0.18	\$0.14	\$0.11	\$0.05
24	\$0.12	\$0.10	\$0.06	\$0.04	\$0.19	\$0.15	\$0.11	\$0.06
25	\$0.12	\$0.10	\$0.06	\$0.04	\$0.20	\$0.16	\$0.12	\$0.06
26	\$0.13	\$0.11	\$0.07	\$0.04	\$0.22	\$0.17	\$0.12	\$0.06
27	\$0.14	\$0.12	\$0.08	\$0.05	\$0.25	\$0.20	\$0.14	\$0.07
28	\$0.15	\$0.13	\$0.09	\$0.05	\$0.26	\$0.21	\$0.14	\$0.08
29	\$0.17	\$0.14	\$0.10	\$0.05	\$0.29	\$0.23	\$0.15	\$0.08
30	\$0.18	\$0.15	\$0.11	\$0.06	\$0.32	\$0.25	\$0.17	\$0.09
31	\$0.20	\$0.16	\$0.12	\$0.06	\$0.34	\$0.27	\$0.17	\$0.10
32	\$0.22	\$0.18	\$0.13	\$0.07	\$0.39	\$0.30	\$0.20	\$0.11
33	\$0.25	\$0.20	\$0.14	\$0.08	\$0.44	\$0.34	\$0.22	\$0.12
34	\$0.28	\$0.23	\$0.16	\$0.09	\$0.51	\$0.39	\$0.26	\$0.14
35	\$0.31	\$0.26	\$0.18	\$0.10	\$0.60	\$0.45	\$0.31	\$0.16
36	\$0.37	\$0.30	\$0.20	\$0.12	\$0.73	\$0.54	\$0.37	\$0.19
37	\$0.43	\$0.35	\$0.23	\$0.13	\$0.82	\$0.61	\$0.42	\$0.21
38	\$0.47	\$0.38	\$0.25	\$0.14	\$0.91	\$0.68	\$0.46	\$0.23
39	\$0.55	\$0.43	\$0.29	\$0.15	\$1.08	\$0.81	\$0.54	\$0.28
40	\$0.62	\$0.48	\$0.32	\$0.17	\$1.27	\$0.94	\$0.63	\$0.32
41	\$0.72	\$0.54	\$0.36	\$0.18	\$1.47	\$1.09	\$0.72	\$0.37
42	\$0.82	\$0.62	\$0.42	\$0.21	\$1.65	\$1.24	\$0.82	\$0.42
43	\$0.85	\$0.65	\$0.44	\$0.21	\$1.54	\$1.15	\$0.77	\$0.39
44	\$0.90	\$0.70	\$0.47	\$0.23	\$1.48	\$1.11	\$0.74	\$0.37
45	\$0.90	\$0.70	\$0.48	\$0.23	\$1.45	\$1.09	\$0.73	\$0.36
46	\$0.93	\$0.74	\$0.50	\$0.24	\$1.42	\$1.07	\$0.72	\$0.35
47	\$0.97	\$0.77	\$0.52	\$0.25	\$1.46	\$1.10	\$0.74	\$0.36
48	\$0.99	\$0.78	\$0.54	\$0.26	\$1.51	\$1.13	\$0.76	\$0.37
49	\$1.02	\$0.80	\$0.55	\$0.27	\$1.55	\$1.17	\$0.78	\$0.38
50	\$1.02	\$0.80	\$0.56	\$0.28	\$1.64	\$1.24	\$0.83	\$0.41
51	\$1.05	\$0.82	\$0.57	\$0.29	\$1.77	\$1.33	\$0.89	\$0.44
52	\$1.09	\$0.84	\$0.58	\$0.29	\$1.85	\$1.39	\$0.93	\$0.46
53	\$1.12	\$0.86	\$0.59	\$0.29	\$1.94	\$1.46	\$0.97	\$0.48
54	\$1.13	\$0.87	\$0.59	\$0.29	\$2.07	\$1.56	\$1.04	\$0.52
55	\$1.18	\$0.89	\$0.61	\$0.30	\$2.08	\$1.56	\$1.04	\$0.52
56	\$1.26	\$0.95	\$0.64	\$0.31	\$2.18	\$1.63	\$1.09	\$0.54
57	\$1.34	\$1.03	\$0.70	\$0.34	\$2.39	\$1.80	\$1.21	\$0.60
58	\$1.43	\$1.11	\$0.76	\$0.37	\$2.61	\$1.99	\$1.34	\$0.67

Issue Age or Age at Renewal	Non-Tobacco				Tobacco			
	10 Year Term				10 Year Term			
	100%	75%	50%	25%	100%	75%	50%	25%
59	\$1.52	\$1.20	\$0.82	\$0.40	\$2.80	\$2.16	\$1.46	\$0.73
60	\$1.61	\$1.28	\$0.89	\$0.43	\$3.01	\$2.33	\$1.59	\$0.79
61	\$1.70	\$1.38	\$0.96	\$0.47	\$3.23	\$2.53	\$1.74	\$0.86
62	\$1.78	\$1.42	\$0.98	\$0.48	\$3.39	\$2.63	\$1.81	\$0.90
63	\$1.88	\$1.47	\$1.01	\$0.50	\$3.55	\$2.73	\$1.89	\$0.94
64	\$1.98	\$1.53	\$1.04	\$0.52	\$3.73	\$2.85	\$1.97	\$0.98
65	\$2.10	\$1.60	\$1.07	\$0.53	\$3.87	\$2.94	\$2.03	\$1.01
66	\$2.24	\$1.68	\$1.12	\$0.56	\$4.10	\$3.08	\$2.14	\$1.07
67	\$2.33	\$1.75	\$1.16	\$0.58	\$4.23	\$3.19	\$2.21	\$1.10
68	\$2.37	\$1.77	\$1.18	\$0.59	\$4.25	\$3.22	\$2.23	\$1.11
69	\$2.42	\$1.81	\$1.20	\$0.61	\$4.30	\$3.26	\$2.26	\$1.13
70	\$2.48	\$1.85	\$1.23	\$0.62	\$4.41	\$3.35	\$2.32	\$1.16
71	\$2.58	\$1.93	\$1.28	\$0.65	\$4.60	\$3.52	\$2.43	\$1.21
72	\$2.53	\$1.90	\$1.27	\$0.64	\$4.47	\$3.40	\$2.33	\$1.17
73	\$2.53	\$1.89	\$1.27	\$0.64	\$4.42	\$3.36	\$2.28	\$1.15
74	\$2.45	\$1.84	\$1.24	\$0.62	\$4.32	\$3.27	\$2.20	\$1.11
75	\$2.35	\$1.77	\$1.20	\$0.60	\$4.14	\$3.13	\$2.09	\$1.05
76	\$2.36	\$1.77	\$1.21	\$0.60	\$4.25	\$3.19	\$2.12	\$1.07
77	\$2.30	\$1.72	\$1.17	\$0.59	\$4.18	\$3.14	\$2.09	\$1.05
78	\$2.24	\$1.68	\$1.14	\$0.57	\$4.10	\$3.08	\$2.05	\$1.03
79	\$2.15	\$1.61	\$1.09	\$0.55	\$3.93	\$2.95	\$1.97	\$0.99
80	\$2.11	\$1.58	\$1.07	\$0.53	\$3.75	\$2.81	\$1.88	\$0.94
81	\$2.25	\$1.68	\$1.13	\$0.57	\$3.70	\$2.77	\$1.86	\$0.93
82	\$2.21	\$1.66	\$1.12	\$0.56	\$3.40	\$2.55	\$1.71	\$0.85
83	\$2.14	\$1.61	\$1.08	\$0.54	\$3.13	\$2.35	\$1.58	\$0.78
84	\$2.02	\$1.53	\$1.02	\$0.51	\$2.91	\$2.18	\$1.46	\$0.72
85	\$1.91	\$1.45	\$0.97	\$0.48	\$2.67	\$2.00	\$1.34	\$0.66
86	\$1.78	\$1.35	\$0.90	\$0.45	\$2.45	\$1.84	\$1.24	\$0.61
87	\$1.69	\$1.28	\$0.85	\$0.43	\$2.26	\$1.70	\$1.14	\$0.56
88	\$1.60	\$1.21	\$0.80	\$0.40	\$2.11	\$1.59	\$1.06	\$0.53
89	\$1.50	\$1.13	\$0.76	\$0.38	\$1.95	\$1.46	\$0.98	\$0.49
90	\$1.40	\$1.06	\$0.70	\$0.35	\$1.81	\$1.36	\$0.90	\$0.45
91	\$1.25	\$0.94	\$0.63	\$0.31	\$1.67	\$1.25	\$0.84	\$0.42
92	\$1.23	\$0.92	\$0.61	\$0.31	\$1.67	\$1.25	\$0.83	\$0.42
93	\$1.24	\$0.93	\$0.62	\$0.31	\$1.67	\$1.25	\$0.83	\$0.42
94	\$1.24	\$0.93	\$0.62	\$0.31	\$1.69	\$1.26	\$0.84	\$0.42
95	\$1.23	\$0.92	\$0.61	\$0.31	\$1.68	\$1.26	\$0.84	\$0.42
96	\$1.21	\$0.91	\$0.61	\$0.30	\$1.67	\$1.25	\$0.83	\$0.42
97	\$1.20	\$0.90	\$0.60	\$0.30	\$1.66	\$1.24	\$0.83	\$0.41
98	\$1.19	\$0.89	\$0.59	\$0.30	\$1.65	\$1.24	\$0.83	\$0.41
99	\$1.17	\$0.88	\$0.59	\$0.29	\$1.64	\$1.23	\$0.82	\$0.41

Issue Age or Age at Renewal	Non-Tobacco				Tobacco			
	20 Year Term				20 Year Term			
	100%	75%	50%	25%	100%	75%	50%	25%
18	\$0.08	\$0.07	\$0.04	\$0.03	\$0.11	\$0.09	\$0.07	\$0.03
19	\$0.09	\$0.07	\$0.04	\$0.03	\$0.12	\$0.10	\$0.08	\$0.04
20	\$0.09	\$0.08	\$0.04	\$0.03	\$0.13	\$0.10	\$0.08	\$0.04
21	\$0.10	\$0.08	\$0.05	\$0.03	\$0.13	\$0.11	\$0.08	\$0.04
22	\$0.10	\$0.09	\$0.05	\$0.03	\$0.14	\$0.11	\$0.09	\$0.04
23	\$0.11	\$0.09	\$0.05	\$0.04	\$0.15	\$0.12	\$0.09	\$0.05
24	\$0.12	\$0.10	\$0.06	\$0.04	\$0.17	\$0.13	\$0.10	\$0.05
25	\$0.13	\$0.10	\$0.07	\$0.04	\$0.18	\$0.14	\$0.10	\$0.05
26	\$0.14	\$0.12	\$0.08	\$0.04	\$0.20	\$0.16	\$0.11	\$0.06
27	\$0.15	\$0.12	\$0.08	\$0.05	\$0.21	\$0.17	\$0.11	\$0.06
28	\$0.16	\$0.13	\$0.09	\$0.05	\$0.23	\$0.18	\$0.12	\$0.07
29	\$0.17	\$0.14	\$0.10	\$0.05	\$0.24	\$0.19	\$0.13	\$0.07
30	\$0.20	\$0.16	\$0.12	\$0.06	\$0.27	\$0.21	\$0.14	\$0.08
31	\$0.21	\$0.17	\$0.13	\$0.06	\$0.28	\$0.22	\$0.14	\$0.08
32	\$0.25	\$0.20	\$0.15	\$0.08	\$0.33	\$0.26	\$0.17	\$0.09
33	\$0.27	\$0.22	\$0.16	\$0.08	\$0.36	\$0.28	\$0.18	\$0.10
34	\$0.31	\$0.25	\$0.18	\$0.10	\$0.42	\$0.32	\$0.21	\$0.11
35	\$0.35	\$0.29	\$0.19	\$0.11	\$0.49	\$0.37	\$0.25	\$0.13
36	\$0.41	\$0.34	\$0.23	\$0.14	\$0.60	\$0.45	\$0.31	\$0.15
37	\$0.47	\$0.38	\$0.25	\$0.15	\$0.69	\$0.52	\$0.35	\$0.18
38	\$0.51	\$0.41	\$0.27	\$0.15	\$0.73	\$0.54	\$0.37	\$0.19
39	\$0.56	\$0.43	\$0.29	\$0.16	\$0.80	\$0.59	\$0.40	\$0.20
40	\$0.61	\$0.47	\$0.31	\$0.16	\$0.85	\$0.64	\$0.42	\$0.22
41	\$0.69	\$0.52	\$0.34	\$0.17	\$1.02	\$0.76	\$0.50	\$0.26
42	\$0.80	\$0.61	\$0.41	\$0.20	\$1.16	\$0.86	\$0.57	\$0.29
43	\$0.84	\$0.64	\$0.43	\$0.21	\$1.10	\$0.82	\$0.55	\$0.28
44	\$0.88	\$0.68	\$0.46	\$0.22	\$1.04	\$0.78	\$0.52	\$0.26
45	\$0.82	\$0.64	\$0.43	\$0.21	\$1.04	\$0.78	\$0.52	\$0.26
46	\$0.84	\$0.67	\$0.45	\$0.21	\$1.02	\$0.77	\$0.52	\$0.25
47	\$0.83	\$0.66	\$0.45	\$0.22	\$1.03	\$0.78	\$0.52	\$0.25
48	\$0.82	\$0.64	\$0.44	\$0.21	\$1.05	\$0.79	\$0.53	\$0.26
49	\$0.80	\$0.63	\$0.43	\$0.21	\$1.10	\$0.83	\$0.56	\$0.27
50	\$0.85	\$0.67	\$0.46	\$0.23	\$1.17	\$0.88	\$0.59	\$0.29
51	\$0.92	\$0.72	\$0.50	\$0.25	\$1.27	\$0.95	\$0.64	\$0.31
52	\$1.01	\$0.79	\$0.54	\$0.27	\$1.33	\$1.00	\$0.67	\$0.33
53	\$1.10	\$0.85	\$0.58	\$0.29	\$1.40	\$1.05	\$0.71	\$0.35
54	\$1.17	\$0.90	\$0.61	\$0.30	\$1.48	\$1.11	\$0.74	\$0.37
55	\$1.13	\$0.86	\$0.58	\$0.28	\$1.45	\$1.09	\$0.73	\$0.36
56	\$1.22	\$0.92	\$0.62	\$0.30	\$1.56	\$1.17	\$0.78	\$0.39
57	\$1.33	\$1.02	\$0.69	\$0.34	\$1.70	\$1.28	\$0.86	\$0.43
58	\$1.40	\$1.08	\$0.74	\$0.36	\$1.79	\$1.37	\$0.92	\$0.46

Issue Age or Age at Renewal	Non-Tobacco				Tobacco			
	20 Year Term				20 Year Term			
	100%	75%	50%	25%	100%	75%	50%	25%
59	\$1.48	\$1.16	\$0.80	\$0.39	\$1.89	\$1.46	\$0.99	\$0.49
60	\$1.54	\$1.23	\$0.85	\$0.42	\$2.01	\$1.56	\$1.07	\$0.53
61	\$1.63	\$1.32	\$0.92	\$0.45	\$2.20	\$1.72	\$1.18	\$0.58
62	\$1.70	\$1.35	\$0.93	\$0.46	\$2.31	\$1.80	\$1.24	\$0.61
63	\$1.78	\$1.40	\$0.96	\$0.47	\$2.43	\$1.87	\$1.29	\$0.64
64	\$1.94	\$1.50	\$1.02	\$0.51	\$2.56	\$1.96	\$1.35	\$0.67
65	\$2.05	\$1.56	\$1.05	\$0.52	\$2.73	\$2.07	\$1.43	\$0.72
66	\$2.17	\$1.63	\$1.08	\$0.54	\$2.94	\$2.21	\$1.53	\$0.77
67	\$2.25	\$1.68	\$1.12	\$0.56	\$2.97	\$2.24	\$1.55	\$0.78
68	\$2.29	\$1.72	\$1.14	\$0.57	\$2.96	\$2.24	\$1.55	\$0.78
69	\$2.14	\$1.61	\$1.07	\$0.54	\$2.96	\$2.25	\$1.56	\$0.78
70	\$1.95	\$1.46	\$0.97	\$0.49	\$3.09	\$2.35	\$1.62	\$0.81
71	\$1.84	\$1.38	\$0.91	\$0.46	\$3.20	\$2.44	\$1.69	\$0.84
72	\$1.75	\$1.31	\$0.87	\$0.44	\$3.14	\$2.39	\$1.64	\$0.82
73	\$1.76	\$1.32	\$0.89	\$0.45	\$3.02	\$2.29	\$1.56	\$0.78
74	\$1.77	\$1.33	\$0.89	\$0.45	\$2.90	\$2.19	\$1.48	\$0.74
75	\$1.82	\$1.37	\$0.92	\$0.46	\$2.98	\$2.25	\$1.51	\$0.76
76	\$1.74	\$1.31	\$0.89	\$0.45	\$2.92	\$2.19	\$1.46	\$0.74
77	\$1.69	\$1.27	\$0.86	\$0.43	\$2.87	\$2.16	\$1.44	\$0.72
78	\$1.65	\$1.24	\$0.84	\$0.42	\$2.81	\$2.11	\$1.41	\$0.71
79	\$1.59	\$1.19	\$0.81	\$0.40	\$2.70	\$2.03	\$1.35	\$0.68
80	\$1.57	\$1.18	\$0.79	\$0.40	\$2.62	\$1.96	\$1.31	\$0.66
81	\$1.62	\$1.21	\$0.82	\$0.41	\$2.52	\$1.89	\$1.27	\$0.63
82	\$1.61	\$1.21	\$0.81	\$0.41	\$2.34	\$1.76	\$1.18	\$0.59
83	\$1.56	\$1.17	\$0.79	\$0.39	\$2.16	\$1.62	\$1.09	\$0.54
84	\$1.47	\$1.11	\$0.74	\$0.37	\$2.00	\$1.50	\$1.01	\$0.50
85	\$1.39	\$1.05	\$0.70	\$0.35	\$1.84	\$1.38	\$0.93	\$0.46
86	\$1.29	\$0.98	\$0.65	\$0.33	\$1.69	\$1.27	\$0.85	\$0.42
87	\$1.23	\$0.93	\$0.62	\$0.31	\$1.56	\$1.17	\$0.79	\$0.39
88	\$1.16	\$0.88	\$0.59	\$0.29	\$1.46	\$1.09	\$0.73	\$0.36
89	\$1.09	\$0.82	\$0.55	\$0.27	\$1.34	\$1.01	\$0.67	\$0.34
90	\$1.02	\$0.77	\$0.51	\$0.26	\$1.25	\$0.94	\$0.62	\$0.31
91	\$0.91	\$0.68	\$0.46	\$0.23	\$1.15	\$0.87	\$0.58	\$0.29
92	\$0.89	\$0.67	\$0.45	\$0.22	\$1.15	\$0.86	\$0.58	\$0.29
93	\$0.90	\$0.68	\$0.45	\$0.23	\$1.15	\$0.86	\$0.58	\$0.29
94	\$0.90	\$0.68	\$0.45	\$0.23	\$1.16	\$0.87	\$0.58	\$0.29
95	\$0.88	\$0.66	\$0.44	\$0.22	\$1.15	\$0.86	\$0.58	\$0.29
96	\$0.87	\$0.65	\$0.43	\$0.22	\$1.14	\$0.86	\$0.57	\$0.29
97	\$0.85	\$0.64	\$0.42	\$0.21	\$1.13	\$0.85	\$0.57	\$0.28
98	\$0.83	\$0.63	\$0.42	\$0.21	\$1.13	\$0.84	\$0.56	\$0.28
99	\$0.82	\$0.62	\$0.41	\$0.21	\$1.12	\$0.84	\$0.56	\$0.28

IMPORTANT INFORMATION TO POLICYHOLDERS/INSUREDS

In the event you need to contact someone about this policy or certificate for any reason please contact your agent. If you have additional questions you may contact the insurance company issuing this policy at the following address and telephone number:

Transamerica Life Insurance Company
Administrative Office
1400 Centerview Drive
Post Office Box 8063
Little Rock, Arkansas 72203-8063
(888) 763-7474

If you have been unable to contact or obtain satisfaction from the company or its agent, you may contact the Arkansas Department of Commerce and Insurance at:

Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904
(800) 282-9134

Written correspondence is preferable so that a record of your inquiry is maintained. When contacting your agent, company or the Department of Insurance, have your policy number available.

STATE OF ARKANSAS
CERTIFICATION OF COMPLIANCE

Company Name: Transamerica Life Insurance Company

Forms #	Form Name
CPVTL200	Master Policy for Group Term Life Insurance
CCVTL200	Group Term Life Insurance Certificate
CRADVT00	Accidental Death and Dismemberment Rider
CRTIVT00	Accelerated Death Benefit for Terminal Illness Rider
CDTIVT00	Accelerated Death Benefit for Terminal Illness Disclosure
CRCCVT00	Accelerated Death Benefit for Critical Care Condition Rider
CDCCVT00	Accelerated Death Benefit for Critical Care Condition Disclosure
CRLTVT00	Accelerated Death Benefit for Long Term Care Rider
CDLTVT00	Accelerated Death Benefit for Long Term Care Disclosure
CREXVT00	Extension of Benefit Rider
CDEXVT00	Accelerated Death Benefit for Long Term Care Rider with Extension of Benefits Disclosure
CRCHL200	Child Term Insurance Rider
CRWPVT00	Waiver of Premium Rider
CRWPL200	Waiver of Premium Due to Layoff or Strike Rider
CVT-AP-02-00	Certificate Application

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirements of Rule and Regulation 19.



Patsy J. Napier, FLMI, AIRC, HIA, CCP
Assistant Secretary

March 28, 2011
Date