

**State:** Arkansas **Filing Company:** Transamerica Life Insurance Company  
**TOI/Sub-TOI:** L09I Individual Life - Flexible Premium Adjustable Life/L09I.001 Single Life  
**Product Name:** TransACE 2013  
**Project Name/Number:** TransACE 2013/L077-2

## Filing at a Glance

Company: Transamerica Life Insurance Company  
Product Name: TransACE 2013  
State: Arkansas  
TOI: L09I Individual Life - Flexible Premium Adjustable Life  
Sub-TOI: L09I.001 Single Life  
Filing Type: Form  
Date Submitted: 10/16/2012  
SERFF Tr Num: AEGB-128711590  
SERFF Status: Closed-Approved-Closed  
State Tr Num:  
State Status: Approved-Closed  
Co Tr Num: UL07 AR, ADR09 AR  
  
Implementation: On Approval  
Date Requested:  
Author(s): Deb White  
Reviewer(s): Linda Bird (primary)  
Disposition Date: 10/24/2012  
Disposition Status: Approved-Closed  
Implementation Date:  
  
State Filing Description:

**State:** Arkansas **Filing Company:** Transamerica Life Insurance Company  
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## General Information

Project Name: TransACE 2013 Status of Filing in Domicile: Pending  
Project Number: L077-2 Date Approved in Domicile:  
Requested Filing Mode: Review & Approval Domicile Status Comments:  
Explanation for Combination/Other: Market Type: Individual  
Submission Type: New Submission Individual Market Type:  
Overall Rate Impact: Filing Status Changed: 10/24/2012  
State Status Changed: 10/24/2012  
Deemer Date: Created By: Deb White  
Submitted By: Deb White Corresponding Filing Tracking Number: 3Y001008

Filing Description:  
October 10, 2012

Arkansas Commissioner of Insurance  
Department of Insurance

Attn.: Policy Examination Division (Individual Life)

Re: TRANSAMERICA LIFE INSURANCE COMPANY  
NAIC #: 468-86231  
UL07 AR -- Flexible Premium Adjustable Life Insurance Policy  
ADR09 AR – Accident Indemnity Rider

Dear Sir/Madam:

We have enclosed the above forms for your review and approval. These are new forms and are not intended to replace any forms previously approved by your Department. These forms have been submitted in the final printed form in which they will be distributed to policy owners. These forms are subject to only minor modifications in paper size and stock, ink, border, company logo, company address, adaptation to computer printing and officers' signatures.

Flexible Premium Adjustable Life Insurance Policy UL07 AR: This is a non-participating, flexible premium universal life policy with Required Minimum Premiums for the first five years, and flexible premiums as long as the policy owner meets the cumulative Required Minimum Premium. This policy guarantees that when the policy's net cash value becomes insufficient to allow the policy to remain in force, the policy will not enter the grace period and the death benefit will continue, provided the Policy Threshold (less any outstanding loans) is never less than zero.

Accident Indemnity Rider ADR09 AR: This rider will pay a death benefit as shown in the Policy Data if the Insured dies from an Accidental Death while insured under the rider.

We intend to market these forms to the general public.

This policy is being declared as "illustratable" and will include a custom illustration when it is issued.

We would appreciate your review and approval of these forms. Should you have any questions or need any additional

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information, please do not hesitate to contact me.

Sincerely,

TRANSAMERICA LIFE INSURANCE COMPANY

Deb White  
 Contract Development  
 (319) 355-7265 (collect)  
 Fax #: (319) 355-2501  
 deb.white@transamerica.com

## Company and Contact

### Filing Contact Information

Debra White, Policy Analyst	Deb.White@Transamerica.com
4333 Edgewood Rd. NE	319-355-7265 [Phone]
MS 2225	319-355-2501 [FAX]
Cedar Rapids, IA 52499	

### Filing Company Information

Transamerica Life Insurance Company	CoCode: 86231	State of Domicile: Iowa
4333 Edgewood Road, NE	Group Code: 468	Company Type:
Cedar Rapids, IA 52499	Group Name:	State ID Number:
(319) 355-7888 ext. [Phone]	FEIN Number: 39-0989781	

## Filing Fees

Fee Required?	Yes
Fee Amount:	\$100.00
Retaliatory?	No
Fee Explanation:	\$50.00 per policy and any addt'l form x 2 forms = \$100.00
Per Company:	No

Company	Amount	Date Processed	Transaction #
Transamerica Life Insurance Company	\$100.00	10/16/2012	63918730

SERFF Tracking #:

AEGB-128711590

State Tracking #:

Company Tracking #:

UL07 AR, ADR09 AR

State:

Arkansas

Filing Company:

Transamerica Life Insurance Company

TOI/Sub-TOI:

L09I Individual Life - Flexible Premium Adjustable Life/L09I.001 Single Life

Product Name:

TransACE 2013

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	10/24/2012	10/24/2012

### Objection Letters and Response Letters

#### Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Linda Bird	10/23/2012	10/23/2012

#### Response Letters

Responded By	Created On	Date Submitted
Deb White	10/23/2012	10/23/2012

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## Disposition

Disposition Date: 10/24/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document	Actuarial Documents		No
Supporting Document	Supporting Documents		Yes
Supporting Document	Statements of Variability		Yes
Supporting Document	AR - Cert of Regulation 34		Yes
Form	Flexible Premium Adjustable Life Insurance Policy		Yes
Form	Accident Indemnity Rider		Yes

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## Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	10/23/2012
Submitted Date	10/23/2012
Respond By Date	11/23/2012

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Dear Debra White,

**Introduction:**

*This will acknowledge receipt of the captioned filing.*

**Objection 1**

Comments:

*Filings of "universal life" type contracts are subject to Regulation 34. Please assure us that you are in compliance with Regulation 34. If cost of insurance may be changed by the company subject to a maximum and/or accumulation rates may be changed by the company subject to a minimum, the the contract must comply with Bulletin 11-83.*

**Conclusion:**

*A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.*

*Please feel free to contact me if you have questions.*

*Sincerely,  
Linda Bird*

SERFF Tracking #:

AEGB-128711590

State Tracking #:

Company Tracking #:

UL07 AR, ADR09 AR

State:

Arkansas

Filing Company:

Transamerica Life Insurance Company

TOI/Sub-TOI:

L09I Individual Life - Flexible Premium Adjustable Life/L09I.001 Single Life

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## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	10/23/2012
Submitted Date	10/23/2012

Dear Linda Bird,

### Introduction:

Good afternoon:

In response to your objection regarding Regulation 34, we have attached the certification related to that. We apologize for that oversight.

### Response 1

#### Comments:

NA

### Related Objection 1

Comments:

Filings of "universal life" type contracts are subject to Regulation 34. Please assure us that you are in compliance with Regulation 34. If cost of insurance may be changed by the company subject to a maximum and/or accumulation rates may be changed by the company subject to a minimum, the the contract must comply with Bulletin 11-83.

### Changed Items:

#### Supporting Document Schedule Item Changes

Satisfied -Name: AR - Cert of Regulation 34

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

### Conclusion:

Thank you,

Deb White

Sincerely,

Deb White

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## Form Schedule

Lead Form Number: UL07 AR

Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/Action Specific Data	Readability Score	Attachments
1		UL07 AR	POL	Flexible Premium Adjustable Life Insurance Policy	Initial:	52.200	UL07 AR.pdf
2		ADR09 AR	POLA	Accident Indemnity Rider	Initial:	58.000	ADR09 AR.pdf

### Form Type Legend:

<b>ADV</b>	Advertising	<b>AEF</b>	Application/Enrollment Form
<b>CER</b>	Certificate	<b>CERA</b>	Certificate Amendment, Insert Page, Endorsement or Rider
<b>DDP</b>	Data/Declaration Pages	<b>FND</b>	Funding Agreement (Annuity, Individual and Group)
<b>MTX</b>	Matrix	<b>NOC</b>	Notice of Coverage
<b>OTH</b>	Other	<b>OUT</b>	Outline of Coverage
<b>PJK</b>	Policy Jacket	<b>POL</b>	Policy/Contract/Fraternal Certificate
<b>POLA</b>	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	<b>SCH</b>	Schedule Pages



Transamerica Life Insurance Company  
Home Office: Cedar Rapids, IA  
Administrative Office:  
[4333 Edgewood Rd NE  
Cedar Rapids, IA 52499]  
[(319) 355-8511]

TA

(Referred to as the Company, we, our or us)

Policy Number: [SPECIMEN]

Face Amount: \$[25,000]

Insured: [John Doe]

Policy Date: [OCT 01, 2012]

Owner: [John Doe]  
[Jane Doe]

We will pay the death benefit to the Beneficiary if the Insured dies while this policy is in force. All payments are subject to the provisions of this policy.

Signed for the Company at [Cedar Rapids, Iowa] on the Date of Issue.

[

[Secretary]

[

[President]

**10 DAY RIGHT TO CANCEL** - You may cancel this policy by delivering or mailing a Written Request to us or to the agent from whom it was purchased. You must return the policy to us or the agent before midnight of the 10th day after the day you receive it (or such longer period as may be required by applicable law in the state where the policy is delivered or issued for delivery). Your Written Request given by mail and return of the policy by mail are effective on being postmarked, properly addressed and postage prepaid. We must return all payments made for this policy, including any fees or charges, within 30 days after we receive notice of cancellation and the returned policy.

If you are terminating or borrowing from another life insurance policy owned by you in connection with your purchase of this policy, then this policy may be considered a replacement policy. If this policy is a replacement policy, your right to cancel is extended to midnight of the 30th day after the day you receive it (or such longer period as may be required by applicable law in the state where the policy is delivered or issued for delivery).

**Flexible Premium Adjustable Life Insurance**  
**Minimum Premium Requirement Shown in the Policy Data**  
**Flexible Premiums Payable Until the Insured's Age 111**  
**Subject to the Limitations Described in the Premiums Provision**

**Death Benefit Payable at Death of Insured**

**Nonparticipating – No Dividends**

**THIS POLICY PROVIDES INSURANCE BEYOND AGE 100. THE INTERNAL REVENUE SERVICE HAS NOT ISSUED ANY OFFICIAL GUIDELINES REGARDING QUALIFICATION AS LIFE INSURANCE BEYOND AGE 100. THE POLICY MAY NOT QUALIFY AS LIFE INSURANCE BEYOND AGE 100 AND MAY BE SUBJECT**

**TO ADVERSE TAX CONSEQUENCES. CONSULT YOUR TAX ADVISOR REGARDING ANY POSSIBLE TAX CONSEQUENCES.**

**GUIDE TO POLICY PROVISIONS**

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POLICY DATA

LOAN INTEREST RATE	7.40% IN ADVANCE	[JAN 01, 2013]	POLICY DATE
POLICY NUMBER	[SPECIMEN]		REINSTATEMENT INTEREST RATE
INSURED	[JOHN DOE]	6.00%	
FACE AMOUNT	[\$25,000]	[35]	AGE OF INSURED
DEATH BENEFIT OPTION	[L]	[JAN 01, 2013]	DATE OF ISSUE
OWNER	[JOHN DOE]	[PREFERRED NON-SMOKER]	CLASS OF RISK
		[[MALE]	SEX OF INSURED]

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MINIMUM INITIAL PREMIUM: \$ [49]

PLANNED PERIODIC PREMIUMS: \$ [290] ANNUAL

REQUIRED PREMIUM PERIOD: 5 YEARS

REQUIRED PREMIUM PER YEAR FOR THE POLICY AND ALL ADDITIONAL RIDERS: \$ [290]

GUARANTEED MAXIMUM MONTHLY POLICY FEE: POLICY YEARS 1 AND LATER TO AGE 111: \$ [7.00]

GUARANTEED MAXIMUM MONTHLY EXPENSE CHARGE PER THOUSAND:  
POLICY YEARS 1-5: [0.597500000]  
POLICY YEARS 6 AND LATER: [0.630000000]

GUARANTEED MINIMUM INTEREST RATE: [2.00]%

PREMIUM EXPENSE CHARGE: [7]% OF EACH GROSS PREMIUM

-----

NOTE: THIS POLICY MAY TERMINATE IF:

- (1) THE CASH VALUE MINUS ANY LOAN(S) IS LESS THAN THE MONTHLY DEDUCTION DUE, OR
- (2) THE REQUIRED PREMIUMS FOR THE POLICY AND ANY ADDITIONAL RIDERS ARE NOT PAID IN THEIR REQUIRED PREMIUM PERIOD.

POLICY DATA (CONTINUED)

TABLE OF GUARANTEED MAXIMUM MONTHLY DEDUCTION RATES PER \$1,000

POLICY YEAR	POLICY EXCLUDING RIDERS	POLICY YEAR	POLICY EXCLUDING RIDERS	POLICY YEAR	POLICY EXCLUDING RIDERS
[1	0.020833333	31	1.289166667	61	22.265833333
2	0.027500000	32	1.417500000	62	23.649166667
3	0.034166667	33	1.547500000	63	25.124166667
4	0.040000000	34	1.687500000	64	26.698333333
5	0.045833333	35	1.832500000	65	28.378333333
6	0.121666667	36	2.008333333	66	30.175000000
7	0.131666667	37	2.205000000	67	31.600833333
8	0.144166667	38	2.463333333	68	33.120000000
9	0.158333333	39	2.735833333	69	34.736666667
10	0.175000000	40	3.022500000	70	36.456666667
11	0.194166667	41	3.335833333	71	38.260833333
12	0.212500000	42	3.677500000	72	40.179166667
13	0.232500000	43	4.074166667	73	42.218333333
14	0.244166667	44	4.537500000	74	44.385833333
15	0.257500000	45	5.072500000	75	46.688333333
16	0.276666667	46	5.655833333	76	49.132500000
17	0.299166667	47	6.320000000	77	51.728333333
18	0.330000000	48	7.011666667	78	54.483333333
19	0.363333333	49	7.757500000	79	57.409166667
20	0.405833333	50	8.583333333	80	60.512500000
21	0.458333333	51	9.505833333	81	63.805833333
22	0.511666667	52	10.528333333	82	67.299166667
23	0.569166667	53	11.645000000	83	71.004166667
24	0.618333333	54	12.841666667	84	74.935000000
25	0.675000000	55	14.104166667	85	79.101666667
26	0.743333333	56	15.421666667	86	83.333333333]
27	0.826666667	57	16.660833333		
28	0.928333333	58	17.952500000		
29	1.042500000	59	19.315000000		
30	1.162500000	60	20.754166667		

For all years after those shown, the guaranteed maximum monthly deduction rate per \$1,000 is \$0.00000000.

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\* TO FIND THE AMOUNT OF MONTHLY DEDUCTION DURING EACH POLICY YEAR, SEE THE GUARANTEED VALUES SECTION. A POLICY FEE OF \$[7.00] WILL BE INCLUDED IN EACH MONTHLY DEDUCTION. A MONTHLY EXPENSE CHARGE WILL ALSO BE INCLUDED IN EACH MONTHLY DEDUCTION. THE GUARANTEED MAXIMUM MONTHLY EXPENSE CHARGE PER THOUSAND IS SHOWN ON POLICY DATA PAGE 2.

POLICY DATA (CONTINUED)

ADDITIONAL BENEFITS

THE CHARGE FOR ANY ADDITIONAL BENEFITS WHICH ARE PROVIDED BY ENDORSEMENT IS SHOWN BELOW. ONLY A BRIEF DESCRIPTION IS GIVEN. THE COMPLETE PROVISIONS ARE INCLUDED IN THE ENDORSEMENT.

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FORM NUMBER	ADDITIONAL BENEFIT	ANNUAL PREMIUM
ICC12 MFS01	MULTIFLEX SURRENDER ENHANCEMENT ENDORSEMENT REFERENCE PREMIUM: \$[285.92]	NO CHARGE

POLICY DATA (CONTINUED)

TABLE OF ILLUSTRATIVE POLICY VALUES AND BENEFITS (1)

GUARANTEED BASIS (2)

END OF POLICY YEAR	PLANNED ANNUALIZED PREMIUM	DEATH BENEFIT	ACCUMULATION VALUE (3)	CASH VALUE(4)
1	\$ [290	\$ [25,000	\$ [3	\$ [0
2	290	25,000	3	0
3	290	25,000	2	0
4	290	25,000	0	0
5	290	25,000	0	0
6	290	25,000	0	0
7	290	25,000	0	0
8	290	25,000	0	0
9	290	25,000	0	0
10	290	25,000	0	0
11	290	25,000	0	0
12	290	25,000	0	0
13	290	25,000	0	0
14	290	25,000	0	0
15	290	25,000	0	0
16	290	25,000	0	0
17	290	25,000	0	0
18	290	25,000	0	0
19	290	25,000	0	0
20	290	25,000	0	0
AGE 60	290	25,000	0	0
AGE 65	290]	25,000]	0]	0]

- 
- (1) THE ACCUMULATION AND CASH VALUES RESULT FROM THE INTEREST RATES, MONTHLY DEDUCTIONS AND THE TIMELY PAYMENT OF THE PLANNED ANNUALIZED PREMIUMS. PARTIAL SURRENDERS OR LOANS MAY CHANGE THESE RESULTS.
  - (2) RESULTS CALCULATED ON A GUARANTEED BASIS REFLECT GUARANTEED MAXIMUM MONTHLY DEDUCTIONS AND THE GUARANTEED MINIMUM INTEREST RATE OF [2.0]%.
  - (3) ACCUMULATION VALUES ILLUSTRATED ON A GUARANTEED BASIS REFLECT ACCUMULATED NET PREMIUMS PLUS INTEREST AT THE GUARANTEED MINIMUM INTEREST RATE OF [2.0]% LESS GUARANTEED MAXIMUM MONTHLY DEDUCTIONS WHICH INCLUDE THE POLICY FEE, THE GUARANTEED MAXIMUM MONTHLY EXPENSE CHARGE AND THE MONTHLY DEDUCTION FOR ANY RIDERS. WHILE A POLICY LOAN(S) EXISTS, THE INTEREST RATE APPLICABLE TO THE CASH VALUE SECURING THE LOAN(S) MAY DIFFER FROM THE INTEREST RATE APPLICABLE TO THE CASH VALUE NOT SECURING THE LOAN(S).
  - (4) THE DIFFERENCE BETWEEN THE ACCUMULATION VALUE AND THE CASH VALUE IS THE SURRENDER CHARGE.

PREMIUMS ARE SUBJECT TO REFUND UNDER CONDITIONS DESCRIBED IN THE POLICY.

POLICY DATA (CONTINUED)

TABLE OF SURRENDER CHARGES PER \$1,000 OF FACE AMOUNT

SURRENDER CHARGE PERIOD: 20 YEARS

POLICY YEAR	SURRENDER CHARGE FACTOR
1	[28.0
2	27.6
3	27.1
4	26.7
5	26.2
6	25.8
7	25.4
8	24.9
9	24.5
10	24.0
11	23.6
12	20.8
13	18.1
14	15.5
15	13.0
16	10.6
17	8.3
18	6.0
19	3.9
20	1.9
21+	0.0]

TO CALCULATE THE FULL SURRENDER CHARGE FOR THE POLICY, FIND THE FACTOR FOR THE CURRENT POLICY YEAR. MULTIPLY THIS FACTOR BY THE NUMBER OF THOUSANDS OF FACE AMOUNT.

POLICY DATA (CONTINUED)

TABLE OF DEATH BENEFIT FACTORS

POLICY YEAR	DEATH BENEFIT FACTOR	POLICY YEAR	DEATH BENEFIT FACTOR	POLICY YEAR	DEATH BENEFIT FACTOR
[1	5.08	40	1.53	79	1.06
2	4.91	41	1.49	80	1.06
3	4.74	42	1.46	81	1.06
4	4.58	43	1.43	82	1.05
5	4.43	44	1.40	83	1.05
6	4.19	45	1.38	84	1.05
7	4.05	46	1.35	85	1.05
8	3.91	47	1.33	86	1.04]
9	3.78	48	1.31		
10	3.65	49	1.29		
11	3.53	50	1.27		
12	3.41	51	1.25		
13	3.30	52	1.24		
14	3.20	53	1.22		
15	3.09	54	1.21		
16	2.99	55	1.19		
17	2.89	56	1.18		
18	2.80	57	1.17		
19	2.71	58	1.16		
20	2.63	59	1.15		
21	2.54	60	1.15		
22	2.47	61	1.14		
23	2.39	62	1.13		
24	2.32	63	1.13		
25	2.25	64	1.12		
26	2.19	65	1.11		
27	2.12	66	1.11		
28	2.06	67	1.10		
29	2.01	68	1.10		
30	1.95	69	1.10		
31	1.90	70	1.09		
32	1.85	71	1.09		
33	1.80	72	1.08		
34	1.76	73	1.08		
35	1.72	74	1.08		
36	1.67	75	1.07		
37	1.63	76	1.07		
38	1.60	77	1.07		
39	1.56	78	1.06		

FOR ALL POLICY YEARS AFTER THOSE SHOWN, THE DEATH BENEFIT FACTOR IS 1.04.

POLICY DATA (CONTINUED)

TABLE OF THRESHOLD MONTHLY PREMIUM RATES PER \$1,000

POLICY YEAR	THRESHOLD MONTHLY PREMIUM RATE	POLICY YEAR	THRESHOLD MONTHLY PREMIUM RATE	POLICY YEAR	THRESHOLD MONTHLY PREMIUM RATE
[1	0.068199167	36	2.546413333	71	48.511586667
2	0.082351667	37	2.795770000	72	50.943874167
3	0.099078333	38	3.123315833	73	53.529367500
4	0.115804167	39	3.468821667	74	56.277578333
5	0.129957500	40	3.832291667	75	59.196956667
6	0.141155000	41	4.229573333	76	62.295957500]
7	0.149020833	42	4.662779167		
8	0.153865000	43	5.165720833		
9	0.163018333	44	5.753189167		
10	0.180802500	45	6.431524167		
11	0.203835833	46	7.171141667		
12	0.231010833	47	8.013250833		
13	0.261233333	48	8.890228333		
14	0.291301667	49	9.835883333		
15	0.319104167	50	10.882970833		
16	0.346575000	51	12.052625833		
17	0.377215833	52	13.349072500		
18	0.412084167	53	14.764913333		
19	0.453290833	54	16.282187500		
20	0.498725000	55	17.882933333		
21	0.552612500	56	19.553415833		
22	0.612838333	57	21.124576667		
23	0.679403333	58	22.762303333		
24	0.748083333	59	24.489841667		
25	0.819931667	60	26.314585833		
26	0.942496667	61	28.231253333		
27	1.048156667	62	29.985205833		
28	1.177062500	63	31.855383333		
29	1.321817500	64	33.851296667		
30	1.473967500	65	35.981396667		
31	1.634570833	66	38.259422500		
32	1.797285833	67	40.067261667		
33	1.962116667	68	41.993439167		
34	2.139624167	69	44.043237500		
35	2.323471667	70	46.224054167		

THRESHOLD PERIOD: POLICY YEARS 1-[76]

POLICY DATA (CONTINUED)

TABLE OF THRESHOLD MONTHLY EXPENSE CHARGE  
PER THOUSAND RATES

POLICY YEAR	THRESHOLD MONTHLY EXPENSE CHARGE RATE	POLICY YEAR	THRESHOLD MONTHLY EXPENSE CHARGE RATE	POLICY YEAR	THRESHOLD MONTHLY EXPENSE CHARGE RATE
[1	0.660000000	36	0.000000000	71	0.000000000
2	0.660000000	37	0.000000000	72	0.000000000
3	0.660000000	38	0.000000000	73	0.000000000
4	0.660000000	39	0.000000000	74	0.000000000
5	0.660000000	40	0.000000000	75	0.000000000
6	0.660000000	41	0.000000000	76	0.000000000]
7	0.660000000	42	0.000000000		
8	0.660000000	43	0.000000000		
9	0.660000000	44	0.000000000		
10	0.660000000	45	0.000000000		
11	0.000000000	46	0.000000000		
12	0.000000000	47	0.000000000		
13	0.000000000	48	0.000000000		
14	0.000000000	49	0.000000000		
15	0.000000000	50	0.000000000		
16	0.000000000	51	0.000000000		
17	0.000000000	52	0.000000000		
18	0.000000000	53	0.000000000		
19	0.000000000	54	0.000000000		
20	0.000000000	55	0.000000000		
21	0.000000000	56	0.000000000		
22	0.000000000	57	0.000000000		
23	0.000000000	58	0.000000000		
24	0.000000000	59	0.000000000		
25	0.000000000	60	0.000000000		
26	0.000000000	61	0.000000000		
27	0.000000000	62	0.000000000		
28	0.000000000	63	0.000000000		
29	0.000000000	64	0.000000000		
30	0.000000000	65	0.000000000		
31	0.000000000	66	0.000000000		
32	0.000000000	67	0.000000000		
33	0.000000000	68	0.000000000		
34	0.000000000	69	0.000000000		
35	0.000000000	70	0.000000000		

POLICY DATA (CONTINUED)

TABLE OF THRESHOLD INTEREST RATES

POLICY YEAR	THRESHOLD INTEREST RATE	POLICY YEAR	THRESHOLD INTEREST RATE	POLICY YEAR	THRESHOLD INTEREST RATE
[1	2.00%	36	6.50%	71	7.00%
2	2.00%	37	6.50%	72	7.00%
3	2.00%	38	6.50%	73	7.00%
4	2.00%	39	6.50%	74	7.00%
5	2.00%	40	6.50%	75	7.00%
6	3.50%	41	7.00%	76	7.00%]
7	3.50%	42	7.00%		
8	3.50%	43	7.00%		
9	3.50%	44	7.00%		
10	3.50%	45	7.00%		
11	6.40%	46	7.00%		
12	6.40%	47	7.00%		
13	6.40%	48	7.00%		
14	6.40%	49	7.00%		
15	6.40%	50	7.00%		
16	6.50%	51	7.00%		
17	6.50%	52	7.00%		
18	6.50%	53	7.00%		
19	6.50%	54	7.00%		
20	6.50%	55	7.00%		
21	6.50%	56	7.00%		
22	6.50%	57	7.00%		
23	6.50%	58	7.00%		
24	6.50%	59	7.00%		
25	6.50%	60	7.00%		
26	6.50%	61	7.00%		
27	6.50%	62	7.00%		
28	6.50%	63	7.00%		
29	6.50%	64	7.00%		
30	6.50%	65	7.00%		
31	6.50%	66	7.00%		
32	6.50%	67	7.00%		
33	6.50%	68	7.00%		
34	6.50%	69	7.00%		
35	6.50%	70	7.00%		

POLICY DATA (CONTINUED)

TABLE OF THRESHOLD ADMINISTRATIVE CHARGES

POLICY YEAR	THRESHOLD ADMINISTRATIVE CHARGE	POLICY YEAR	THRESHOLD ADMINISTRATIVE CHARGE	POLICY YEAR	THRESHOLD ADMINISTRATIVE CHARGE
[1	6.00%	36	3.00%	71	3.00%
2	6.00%	37	3.00%	72	3.00%
3	6.00%	38	3.00%	73	3.00%
4	6.00%	39	3.00%	74	3.00%
5	6.00%	40	3.00%	75	3.00%
6	6.00%	41	3.00%	76	3.00%]
7	5.50%	42	3.00%		
8	5.00%	43	3.00%		
9	4.50%	44	3.00%		
10	4.00%	45	3.00%		
11	3.50%	46	3.00%		
12	3.00%	47	3.00%		
13	3.00%	48	3.00%		
14	3.00%	49	3.00%		
15	3.00%	50	3.00%		
16	3.00%	51	3.00%		
17	3.00%	52	3.00%		
18	3.00%	53	3.00%		
19	3.00%	54	3.00%		
20	3.00%	55	3.00%		
21	3.00%	56	3.00%		
22	3.00%	57	3.00%		
23	3.00%	58	3.00%		
24	3.00%	59	3.00%		
25	3.00%	60	3.00%		
26	3.00%	61	3.00%		
27	3.00%	62	3.00%		
28	3.00%	63	3.00%		
29	3.00%	64	3.00%		
30	3.00%	65	3.00%		
31	3.00%	66	3.00%		
32	3.00%	67	3.00%		
33	3.00%	68	3.00%		
34	3.00%	69	3.00%		
35	3.00%	70	3.00%		

END OF POLICY DATA

## DEFINITIONS

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<b>Accumulation Value</b>	This policy's total value as described in the Accumulation Value provision.
<b>Age</b>	A person's age in years on his or her nearest birthday, unless otherwise specified. For purposes of this policy, a person's Age changes on each Policy Anniversary.
<b>Beneficiary</b>	A person designated to receive all or a portion of the death benefit on the death of the Insured. You may name both a Primary and Contingent Beneficiary. A Primary or Contingent Beneficiary named on the application may be changed as provided in this policy.
<b>Cash Value</b>	The Accumulation Value less any applicable surrender charge.
<b>Current Interest Rate</b>	The rates at which interest will be credited to the Accumulation Value. Current Interest Rates are declared by us at our discretion. Different Current Interest Rates may apply to different portions of the Accumulation Value.
<b>Date of Issue</b>	The date the Suicide and Contestability periods begin for this policy. The Date of Issue is shown in the Policy Data. The Date of Issue may or may not be the same as the Policy Date.
<b>Face Amount</b>	An amount used in determining the amount of this policy's death benefit. The initial Face Amount is shown in the Policy Data. The actual death benefit we pay on the death of the Insured will depend on the death benefit option selected. The amount may also be affected by tax law requirements and may be adjusted as described in this policy.
<b>In Force</b>	Insurance coverage is in effect and has not terminated.
<b>Insured</b>	The person whose life is insured under this policy. The Insured is identified in the Policy Data.
<b>Lapse</b>	Termination of this policy at the end of the grace period due to insufficient premium, unloaned Accumulation Value or unloaned Cash Value.
<b>Monthly Deduction</b>	A charge we deduct from the Accumulation Value on each Monthly Policy Date up to the Policy Anniversary at the Insured's Age 121.
<b>Monthly Policy Date</b>	The day of each month coinciding with the Policy Date.
<b>Net Cash Value</b>	The Cash Value less any outstanding loan.
<b>Net Premium</b>	Any premium you pay minus the Premium Expense Charge.
<b>Policy Anniversary</b>	The same day and month as the Policy Date for each year this policy remains In Force.
<b>Policy Date</b>	The date coverage is effective under this policy. We will use the Policy Date to determine the Monthly Policy Dates, Policy Months, Policy Years and Policy Anniversaries. The Policy Date is shown in the Policy Data.

<b>Policy Month</b>	The one-month period beginning on each Monthly Policy Date.
<b>Policy Year</b>	The 12-month period directly preceding a Policy Anniversary.
<b>Reinstate</b>	To restore coverage after this policy has Lapsed, in accordance with the Reinstatement provision.
<b>Required Premium</b>	The minimum amount of premium you must pay each Policy Year during the Required Premium Period. You may pay all or any part of this premium in advance.
<b>Required Premium Period</b>	The number of Policy Years that the Required Premium must be paid. This period begins on the Policy Date and is shown in the Policy Data.
<b>Rider</b>	An attachment to this policy that provides an additional benefit.
<b>Written Request</b>	A signed request in a form satisfactory to us that is received at our Administrative Office.
<b>You and your</b>	The owner of this policy. The owner at the inception of this policy is shown in the Policy Data. Ownership may be transferred as provided in this policy. Following a transfer of ownership, you and your will refer to the new owner.

## **OWNERSHIP**

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<b>Owner of the Policy</b>	The owner may exercise all rights under this policy during the Insured's lifetime, including the right to transfer ownership subject to applicable law and regulation. If ownership is shared by more than one person, all such persons must act together to exercise a right. Unless otherwise specified, if a co-owner dies during the Insured's lifetime, the co-owner's interest in this policy will pass to the remaining co-owners. If the owner or all co-owners die during the Insured's lifetime, ownership will pass to the contingent owner, if one has been named; otherwise, ownership will pass to the estate of the last surviving owner. You may change the owner by filing a Written Request with us. We will not be bound by any change of ownership until we record it in our records. Unless otherwise specified by you, the change will then take effect as of the date the change is signed by you, subject to any payments made or actions taken by us prior to our recording of the change.
<b>Assignment of the Policy</b>	You may assign this policy by filing a Written Request with us. We will not be bound by any assignment until we record it in our records. Unless otherwise specified by you, the assignment will then take effect on the date the assignment is signed by you, subject to any payments made or actions taken by us prior to our recording of the assignment. We assume no responsibility for the validity or effect of any assignment of this policy or of any interest in it. Any death benefit which becomes payable to an assignee will be payable in a single sum and will be subject to proof of the assignee's interest and the extent of the assignment.

**Policy Statements** We will send you a statement at least once a year without charge showing the following information about this policy:

1. The beginning and ending dates of the current statement period.
2. The Accumulation Value, if any, at the beginning of the current statement period and at the end of the current statement period.
3. The amounts that have been credited or debited to the Accumulation Value during the current statement period, including the type for each.
4. The death benefit at the end of the current statement period.
5. The Net Cash Value, if any, at the end of the current statement period.
6. The amount of any outstanding loan at the end of the current statement period.
7. The Monthly Deduction as of the statement date.
8. If applicable, a notice that, assuming guaranteed interest and guaranteed charges, the Net Cash Value will not maintain this policy In Force until the end of the next statement period unless further premium payments are made.

**Illustrations** Upon Written Request at any time after the first Policy Year, we will send you an illustration of this policy's benefits and values. There will be no charge for the first such illustration in a Policy Year. We reserve the right to charge a \$25 fee for any illustration after the first in any Policy Year.

## **THE BENEFICIARY**

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**Who Receives the Death Benefit** When the death benefit is payable under this policy, we will pay it to the Primary Beneficiary named by you in accordance with this policy. If no Primary Beneficiary has been designated, or if the interest of all designated Primary Beneficiaries has ended before we make payment of the death benefit, we will pay the death benefit to the Contingent Beneficiary, if one has been named. If the interest of all designated Primary and Contingent Beneficiaries has ended before we make payment of the death benefit, we will pay the death benefit to you. If you are not living at the time, we will pay the death benefit to the executor or administrator of your estate.

Unless you specify otherwise, the following will apply:

1. If any Beneficiary dies before the Insured, at the same time as the Insured, or within 30 days after the Insured, that Beneficiary's interest in the death benefit will end, except as to any death benefits we have already paid to that Beneficiary.
2. If a Beneficiary is a partnership, we will pay the death benefit to the partnership as it existed when the Insured died.

**How to Change a Beneficiary** You may name or change a Primary or Contingent Beneficiary while the Insured is living by sending us a Written Request. The change will not be effective until we record it in our records. Even if the Insured is not living when we record the change, the change will take effect as of the date it was signed, unless otherwise specified by you. However, any benefits we pay before we record the change will not be subject to the change.

A Beneficiary designated irrevocably may not be changed without the written consent of that Beneficiary.

## **THE DEATH BENEFIT**

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**Amount of the Death Benefit** The amount of the death benefit is determined in part by which Death Benefit Option (Level or Return of Premium) is in effect. The Policy Data shows which Death Benefit Option is in effect.

**If the Level option (Option L) is in effect**, the death benefit will be the greatest of:

1. The Face Amount; or

2. The appropriate Death Benefit Factor multiplied by the Accumulation Value on the date of the Insured's death; or
3. The minimum amount required for this policy to qualify as a life insurance contract under Section 7702 of the Internal Revenue Code.

**If the Return of Premium option (Option R) is in effect,** the death benefit will be the greatest of:

1. the lesser of a. and b.:
  - a. Four times the Face Amount
  - b. The sum of:
    - (i) the Face Amount;  
plus
    - (ii) the total amount of all premium payments minus any Partial Surrenders and premium refunds as of the date of death of the Insured;
2. the appropriate Death Benefit Factor multiplied by the Accumulation Value on the date of the Insured's death;
3. The minimum amount required for this policy to qualify as a life insurance contract under Section 7702 of the Internal Revenue Code.

The "appropriate Death Benefit Factor" means the Death Benefit Factor as shown in the Policy Data for the Policy Year in which the Insured's death occurs.

The amount of the death benefit may be affected by the Misstatement of Age or Sex in the Application provision.

**Change of Death Benefit Option**

If the Death Benefit Option is R, you may request a change to Option L as of the nearest Monthly Policy Date by submitting a Written Request. When we process the requested change, we will increase the Face Amount by the amount of the premiums that have been paid on this policy, less the amount of any premium refunds or Partial Surrenders.

**Decreasing the Face Amount**

You may make a Written Request to decrease the Face Amount of this policy if all of the following conditions are met:

1. At the request date, this policy must be in force and the Insured must be living.
2. The amount of the reduction in Face Amount must be at least \$25,000.
3. The new Face Amount may not be less than \$25,000, our published minimum Face Amount for this plan.

The decrease in the Face Amount will be effective as of the next Monthly Policy Date.

A surrender charge will result from the decrease in the Face Amount if the decrease is made during the Surrender Charge Period. The surrender charge is equal to A times B divided by C, where:

- A is the full surrender charge for the current Policy Year;
- B is the amount of the decrease in the Face Amount; and
- C is the Face Amount before the decrease.

We will issue new Policy Data pages showing the new Face Amount. After the decrease, the Monthly Deduction rates, Monthly Policy Fee, Monthly Expense Charge Per Thousand rates and any future surrender charges will be based on the new Face Amount.

If the Face Amount is decreased during the Required Premium Period, we will recalculate the Required Premium for the remainder of the Required Premium Period based on the new Face Amount.

**Tax Qualification** This policy is intended to qualify under Section 7702 of the Internal Revenue Code as a life insurance contract for federal tax purposes. The death benefit under this policy is intended to qualify for the federal income tax exclusion. The provisions of this policy (including any Rider or endorsement) shall be interpreted to ensure tax qualification, regardless of any language in this policy to the contrary.

To the extent that the death benefit is increased to maintain this policy's qualification as a life insurance contract, appropriate adjustments will be made in any Monthly Deductions and Accumulation Value as of that time, retroactively or otherwise, that are consistent with such an increase. Retroactive adjustments to the Monthly Deduction may be made by deducting them from any death benefit payable. Prospective adjustments will be reflected in the Monthly Deduction.

## **PAYMENT OF THE DEATH BENEFIT**

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**Proof of Death** We will pay any benefit payable because of the death of the Insured when we receive due proof that the Insured's death occurred while this policy was In Force. The proof must be sent to us at our Administrative Office. We will send appropriate forms to the Beneficiary upon request. Any of our agents will help the Beneficiary fill out the forms without charge.

**Adjustments in the Death Benefit** We will reduce the death benefit by the amount of any outstanding loan and by any amount necessary to provide insurance to the date of the Insured's death occurring during a grace period. We will add to the death benefit any amount payable under any attached Rider, subject to its terms. We will also add to the death benefit the portion of any Monthly Deduction we have taken for the time between the date of the Insured's death and the next Monthly Policy Date.

We will refund any premiums we receive after the Insured's death. However, except as outlined in the Premium Limitations provision, we will not refund any premiums we receive prior to the Insured's death regardless of timing or amount of the premiums.

**Interest from Date of Death** We will pay interest on the death benefit under this policy after we receive due proof of the Insured's death. We will pay interest on the death benefit from the date of death to the date of payment. The annual interest rate will be at least 1%.

We will pay additional interest at a rate of 10% annually, beginning with the date that is 31 calendar days from the latest of items 1, 2 and 3 below to the date payment is made:

1. The date we receive due proof of the Insured's death.
2. The date we receive sufficient information to determine our liability, the extent of our liability and the appropriate payee legally entitled to the death benefit.
3. The date that legal impediments to payment of the death benefit that depend on the action of parties other than us are resolved and sufficient evidence is provided to us. Legal impediments include, but are not limited to:

- a) The establishment of guardianships and conservatorships;
- b) The appointment and qualification of trustees, executors and administrators; and
- c) The submission of information required to satisfy state and federal reporting requirements.

In the event of the death of the Insured, the death benefit payable under this policy shall include a refund of all premiums, if any, paid beyond the Insured's date of death. If the refund of premiums is not paid within 30 days after we receive due proof of the death of the Insured, we will pay interest on such refund from the date of death to the date of payment. The interest rate will be determined by us, but will never be less than 1%.

## PREMIUMS

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Premiums for this policy are flexible. Subject to the requirements below, you may pay any amount at any time. If you do not pay sufficient premiums, this policy will Lapse.

The Minimum Initial Premium shown in the Policy Data is payable on or before the Policy Date. Subsequent premiums should be sent to our Administrative Office or as otherwise instructed by us. We will give you a receipt if you ask for one.

You may pay premiums at any time while the Insured is living and prior to the Insured's Age 111. Each premium must be at least \$25 and may not exceed the limits described in the Premium Limitations provision below.

**Required Premiums** You must pay the Required Premiums for the Policy and All Riders for the Required Premium Period shown in the Policy Data. These premiums may be paid cumulatively in advance. At the end of each Policy Year in the Required Premium Period, we will calculate the cumulative total of all premiums paid for this policy, less any premium refunds and Partial Surrenders. This amount must equal or exceed the cumulative sum of the Required Premiums for the Policy and All Riders for the number of Policy Years completed, or this policy will enter the grace period.

**Premium Limitations** We reserve the right to refund any premium paid during a Policy Year that exceeds the premiums billed by us during that Policy Year and:

- (a) increases the difference between the death benefit and the Accumulation Value; or
- (b) is more than \$20 per \$1,000 of Face Amount and more than three times the total of the Monthly Deductions for the last year.

We also reserve the right to refund any premium that exceeds the premiums billed by us during the preceding 12 months by more than \$25,000.

We will not refund any amount if doing so would cause this policy to enter the grace period before the next Policy Anniversary.

A premium refund (but not including any interest thereon) may also be required as a result of a decrease in the Face Amount or other change in the benefits or terms of the policy which lowers the limit on premium amount allowable into this policy for federal income tax purposes below the premiums that have been paid into the policy.

We will apply any premium refund amount to any outstanding loan before refunding any excess to you.

The amount refundable will not exceed the Net Cash Value. If the entire Net Cash Value is refunded, we will treat the transaction as a surrender of this policy for its Net Cash Value.

## LAPSE AND REINSTATEMENT

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**Continuation of Insurance** If you stop paying premiums, we will continue this policy at the same Face Amount and with any additional benefits provided by Rider, subject to the Grace Period and Required Premiums provisions.

**Grace Period** On each Monthly Policy Date, we will determine whether this policy will enter a grace period.

During the Required Premium Period, this policy will enter a grace period on:

1. a Policy Anniversary on which the cumulative Required Premiums have not been paid as specified in the Required Premiums provision; or
2. a Monthly Policy Date on which: (a) the Accumulation Value minus any outstanding loan is less than Monthly Deductions due and any loan interest due and unpaid; and/or (b) the Net Cash Value is less than any loan interest due and unpaid.

After the Required Premium Period and prior to the Policy Anniversary at the Insured's Age 111, this policy will enter a grace period on any Monthly Policy Date when the Net Cash Value is less than the total Monthly Deductions due, plus any loan interest due and unpaid.

Beginning on the Policy Anniversary at the Insured's Age 111, this policy will enter a grace period on any Policy Anniversary on which any loan interest due has not been paid in cash, and the Accumulation Value minus any existing loan is less than the loan interest due and unpaid.

A grace period is 61 days. We will mail a grace period notice to your address and the address of any assignee as shown in our records at least 30 days prior to termination of coverage. The grace period notice will show the minimum payment required to prevent this policy from Lapsing. You will have the entire grace period within which to remit payment. Any payments sent by U.S. mail must be postmarked within the grace period. If the Insured dies during the grace period before you have paid the required amount, we will deduct the amount required to provide insurance to the date of the Insured's death from the death benefit payable under this policy.

This policy will remain In Force during the grace period. If the minimum amount due is not postmarked within the grace period, this policy will Lapse at the end of the 61 days and all coverage under this policy and any Riders will terminate. If there is any Net Cash Value remaining at the end of the grace period, it will be paid to you.

During the grace period, we will not charge interest on the amount due.

**Reinstatement** If this policy Lapses, you may Reinstatement it as provided in this section. You may not Reinstatement this policy if it has been surrendered for its Net Cash Value. Any Reinstatement must be made during the lifetime of the Insured and within three years from the Lapse date. Before we Reinstatement this policy, we will require all of the following:

1. Your Written Request to Reinstatement this policy.
2. The Insured's written consent to the Reinstatement.
3. Evidence of insurability satisfactory to us that the Insured continues to qualify for the same class of risk and rating upon which we based the issuance of this policy.
4. Payment or reinstatement of any loans that existed when this policy Lapsed, with interest. Interest will be compounded annually from the date of Lapse. Interest will be at the Loan Interest Rate of 8.00% (7.40% in advance).
5. Payment of the following:
  - a. If the policy Lapsed during the Required Premium Period and is reinstated in a different Policy Year, you must pay a premium large enough to meet the greater of (i) the minimum premium requirement at the time of Reinstatement, with interest or (ii) the two Monthly Deductions due when the policy Lapsed and three Monthly Deductions due when the policy is reinstated. Interest will be compounded annually at the Reinstatement Interest Rate shown in the Policy Data.
  - b. If the policy Lapsed after the Required Premium Period, or if it Lapsed during one year of the Required Premium Period and is reinstated in the same Policy Year, you must pay a premium large enough to cover two Monthly Deductions due when the policy Lapsed and three Monthly Deductions due when the policy is reinstated.
6. Repayment of any Net Cash Value we paid to you at the time of Lapse, with interest. Interest will be compounded annually at the Reinstatement Interest Rate shown in the Policy Data.

The date of Reinstatement will be the Monthly Policy Date on or following the date the application for Reinstatement is approved by us, so long as the Insured is still living. At that time, this policy will be placed In Force again on the following basis:

1. The Accumulation Value of the reinstated policy will be: the surrender charge assessed at the time of Lapse; plus any Net Cash Value we paid you at the time of Lapse; plus any loan repaid or reinstated; plus the Net Premium you pay at Reinstatement; minus any Monthly Deductions due at the time of Lapse.
2. If this policy is reinstated during the Surrender Charge Period, any applicable surrender charges in effect for the Reinstated policy will be calculated from the original Policy Date.
3. The premiums you pay will be treated as new premium.
4. Any Riders may be reinstated subject to their terms.

## **POLICY VALUES**

**Accumulation Value** The Accumulation Value on the Policy Date is equal to all Net Premiums received by us on or before the Policy Date.

The Accumulation Value on any other date is equal to:

1. the Accumulation Value on the last Monthly Policy Date, plus accrued interest from the last Monthly Policy Date to the specified date; plus
2. all Net Premiums paid less any premiums refunded since the last Monthly Policy Date, plus accrued interest on each from the date it was credited to the Accumulation Value to the specified date; minus
3. the Monthly Deduction charged on the last Monthly Policy Date, plus accrued interest on that amount; minus
4. any Partial Surrenders, including pro rata surrender charges, since the last Monthly Policy Date, plus accrued interest on that amount from each Partial Surrender date to the specified date.

A Table of Illustrative Policy Values and Benefits is included in this policy. It is based on the information you gave us when this policy was issued. The values shown may change as the declared interest rates, your premium payments, and other factors change from the illustrated data. Every year, we will send you a statement of actual policy values.

**Net Premiums**

A Net Premium is any premium received by us minus the Premium Expense Charge. We may increase or decrease the Premium Expense Charge, but we will never charge more than the Premium Expense Charge shown in the Policy Data.

Net Premiums received on or before the Policy Date will only be credited to the Accumulation Value as of the Policy Date. After the Policy Date, Net Premiums will be credited to the Accumulation Value on the day they are received at our Administrative Office.

**INTEREST**

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**Interest Rates**

Interest accrues on the Accumulation Value each day at the Current Interest Rates then in effect. Different Current Interest Rates may apply to different portions of the Accumulation Value.

Current Interest Rates are declared by us at our discretion, but will never be less than the Guaranteed Minimum Interest Rate shown in the Policy Data. We may change Current Interest Rates at any time without notice.

Beginning on the Policy Anniversary at the Insured's Age 121, the Accumulation Value will accrue interest at the Guaranteed Minimum Interest Rate.

The interest rate for any portion of the Accumulation Value equal to the amount of any outstanding loan will be the effective annual loan interest rate less 2.5%.

**CHARGES**

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**Monthly Deduction**

On each Monthly Policy Date, we will take the Monthly Deduction for that Policy Month from the Accumulation Value. Each Monthly Deduction consists of:

1. The Monthly Deduction Rate, times .001, times the difference between the death benefit and the Accumulation Value at the beginning of the Policy Month; plus
2. The Monthly Policy Fee; plus
3. The Monthly Expense Charge; plus
4. Any charge for additional benefits provided by any Riders.

There will be no Monthly Deductions beginning at the Insured's Age 121.

<b>Monthly Deduction Rates</b>	To determine the Monthly Deduction Rate for each Policy Month, we will use our current Monthly Deduction Rate tables for policies that have been in effect for the same length of time and that have the same Face Amount and the same Age, sex and Class of Risk and rating as of the Policy Date. Monthly Deduction Rates may be changed by us from time to time. The rates will not exceed those shown in the Table of Guaranteed Maximum Monthly Deduction Rates.
<b>Monthly Policy Fee</b>	The Monthly Policy Fee is determined by us. We may increase or decrease the Monthly Policy Fee from time to time, but we will never charge in excess of the Guaranteed Maximum Monthly Policy Fee shown in the Policy Data.
<b>Monthly Expense Charge</b>	<p>The Monthly Expense Charge is equal to the Face Amount times .001, times the applicable Monthly Expense Charge Per Thousand.</p> <p>We determine the rate of the Monthly Expense Charge Per Thousand and may change it from time to time, but we will never charge in excess of the Guaranteed Maximum Monthly Expense Charge Per Thousand. The Guaranteed Maximum Monthly Expense Charge Per Thousand is shown in the Policy Data.</p>
<b>Changes in Rates, Fees or Charges</b>	<p>Any changes to the rates, fees or charges will be based on our expectations as to future cost factors. Such cost factors may include, but are not limited to: mortality, expenses, interest, persistency, reinsurance costs, and any applicable federal, state and local taxes. We will not change these rates, fees or charges to recoup any prior losses.</p> <p>Any change in rates, fees or charges will be applied uniformly to all policies that have been in effect for the same length of time and that have the same Face Amount and the same Age, sex and Class of Risk and rating as of the Policy Date.</p>

## **POLICY LOANS**

---

<b>Policy Loans</b>	At any time after the period stated on the front page of this policy during which you may cancel this policy, you may request a policy loan. The loan date will be the date we process the loan request. The loan will be secured by that portion of the Accumulation Value equal to the amount of the loan. Any outstanding loan will be deducted from any amounts payable by us under this policy.
<b>Maximum Policy Loans</b>	<p>The maximum amount you may borrow is the Accumulation Value as of the date of the loan, minus:</p> <ol style="list-style-type: none"><li>1. Any outstanding loan;</li><li>2. Interest on the new outstanding loan amount to the end of the Policy Year; and</li><li>3. The amount of the surrender charge that would apply on a surrender of this policy for its Net Cash Value or two Monthly Deductions, whichever is greater.</li></ol>
<b>Repayment of Loans</b>	<p>You may repay any part of any outstanding loan at any time while this policy is In Force.</p> <p>If you wish to make a loan repayment, you must tell us that the payment you send us is for that purpose. Unless your payment is clearly marked as a loan repayment, we will assume it is a premium payment unless it is received after the Insured's Age 111.</p> <p>Loan repayments will first be applied to the loans with the most recent loan dates.</p>

**Interest on Loans**

We will charge you interest in advance on each loan at the rate stated in the Policy Data. Interest is due in advance on each loan each year on the Policy Anniversary. If you do not pay the interest when it is due, the interest on the outstanding loan will be treated as an additional loan at the same interest rate, if there is sufficient Net Cash Value.

**PARTIAL SURRENDER**

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At any time after the period stated on the front page of this policy during which you may cancel this policy, you may receive a portion of the Net Cash Value by sending us a Written Request, subject to the limitations described below. We will deduct this amount and any surrender charge from the Accumulation Value, and will reduce the Face Amount as described below.

**Maximum Partial Surrender Amount**

In any Policy Year, the maximum amount that you may receive by Partial Surrender is:

1. the Accumulation Value; minus
2. any outstanding loan; minus
3. the sum of three Monthly Deductions; minus
4. the greater of \$25 or the surrender charge that would apply on a surrender of this policy for its Net Cash Value.

During the Required Premium Period, the sum of all Partial Surrenders may not exceed the sum of all premiums paid, less the sum of all refunds and the sum of all Required Premiums since the Policy Date.

If you request a Partial Surrender larger than the maximum described above, we will treat it as a request for a surrender of this policy for its Net Cash Value.

During the Surrender Charge Period, a pro rata surrender charge will be assessed on any surrender amount you request. The minimum pro rata surrender charge is \$25. After all Surrender Charge Periods have expired, we will assess a \$25 surrender charge on any Partial Surrender.

The surrender charge will be equal to A times B divided by D, below, but not more than E times B divided by C. For purposes of these calculations:

- A is the surrender amount;
- B is the Surrender Charge Factor for the current Policy Year;
- C is 1000;
- D is 1000 minus the Surrender Charge Factor for the current Policy Year; and
- E is the Face Amount.

The Surrender Charge Period and the corresponding Surrender Charge Factors are shown in the Policy Data.

**Face Amount  
Reduction**

If the Death Benefit Option is Option L, we will reduce the Face Amount by the amount of the Partial Surrender and the surrender charge.

If the Death Benefit Option is Option R, we will reduce the Face Amount by the surrender charge and the amount of the Partial Surrender that exceeds the cumulative premiums paid minus the sum of all previous partial surrenders and premium refunds.

If the new Face Amount would be less than \$25,000, our published minimum for this plan, then the Partial Surrender will not be allowed.

## **NONFORFEITURE OPTION**

---

**Cash Surrender** You may surrender this policy for its Net Cash Value at any time upon Written Request. If you exercise this option, this policy and all attached Riders will terminate. The surrender will take effect on the date we receive the Written Request. We will charge a surrender charge if the policy is surrendered during the Surrender Charge Period shown in the Policy Data.

The surrender charge will be equal to A times B, divided by C, where:

A is the Surrender Charge Factor shown in the Policy Data for the Policy Year in which the surrender occurs

B is the Face Amount

C is 1000

If you request a surrender under this provision within 30 days after a Policy Anniversary, the surrender value will not be less than the surrender value on that anniversary, less any loans and Partial Surrenders (including pro rata surrender charges) made since the last Policy Anniversary.

**Basis of Computations** The values and benefits of this policy are not less than the minimum values and benefits required by or pursuant to the NAIC Universal Life Insurance Regulation, Model #585.

Calculation of minimum cash values and nonforfeiture benefits are based on the 2001 Commissioners Standard Ordinary Smoker or Nonsmoker Ultimate Mortality Tables for males or females, age nearest birthday. Deaths are assumed to occur at the end of the Policy Year.

## **ALTERNATIVE PAID-UP LIFE INSURANCE**

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**Alternative Paid-Up Life Insurance Option** At any time beginning on the fifth Policy Anniversary and before the Insured's Age 121, you may surrender this policy and purchase a new policy of alternative paid-up life insurance.

This option will terminate when the first of these events occurs: (1) the Insured dies; (2) you surrender this policy for its Net Cash Value; (3) you exercise this option; or (4) this policy is terminated.

When you exercise this option, the face amount of the new policy will be the amount that this policy's Net Cash Value will purchase at the current Net Single Premium rate in effect when you choose the option.

The Net Single Premium rate in effect will vary by: the Insured's Age when you exercise the option; the Insured's sex; the Insured's smoker or nonsmoker status on this policy; and the Insured's class of risk on this policy as of the date you exercise this option.

In order to exercise the alternative paid-up life insurance option, you must send us a Written Request and this policy. We must receive the request within 60 days of the date you signed it and while this option is still in force. You will surrender all rights under this policy in exchange for the alternative paid-up life insurance.

This policy and all Riders attached to it will terminate when the new policy is issued. The Cash Value, if any, of the Riders attached to this policy will be included in the Net Cash Value that is used to determine the amount of alternative paid-up life insurance you may purchase.

**Evidence of Insurability** When you request this option, we may require evidence of insurability. To determine whether evidence of insurability is required, we will perform the following calculation:

A = the amount of alternative paid-up life insurance.  
B = the Net Cash Value used to purchase the alternative paid-up life insurance.  
C = the death benefit payable under this policy on the date you exercise this option, without regard to benefits payable under any Riders.  
D = the Accumulation Value of this policy on the date you exercise.

If (A-B) is greater than (C-D), then the Insured must provide evidence of insurability satisfactory to us. In all other situations, evidence of insurability is not required.

If the Insured does not provide evidence satisfactory to us that the Insured is still insurable, we will reduce the amount of alternative paid-up life insurance such that (A-B) is equal to (C-D). If there is any Net Cash Value left after you purchase alternative paid-up life insurance, we will pay it to you.

**Alternative  
Paid-Up Life  
Insurance Policy**

We will issue and date the alternative paid-up life insurance policy as of the date you exercise this option. If your request occurs within 30 days after a Policy Anniversary, the surrender value of the alternative paid-up life insurance will not be less than the Policy's surrender value on that anniversary, less any loans and Partial Surrenders (including pro rata surrender charges), made after the Policy Anniversary.

We will include in each alternative paid-up life insurance policy a table of cash values for that policy and a description of the basis we use to calculate those values. The cash values will not be less than the minimum values required by the jurisdiction in which the policy is delivered.

Certain terms of the new policy may differ from this policy. In particular, the new policy may have a different loan interest rate, and such rate may be variable rather than fixed.

**GENERAL PROVISIONS**

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**This Policy is  
Our Contract  
with You**

This policy is issued in consideration of the application and the payment of premiums as provided in this policy.

This policy, any amendment(s) or endorsement(s), and a copy of the application(s) and any questionnaires for issuance or Reinstatement of the policy attached to it contain the entire contract between you and us. Any statements made in such application(s), questionnaires or any amendments either by you or by the Insured will, in the absence of fraud, be considered representations and not warranties. Also, any written statement made by or for you or by or for the Insured will not be used to void this policy nor defend against a claim under this policy unless the statement is contained in the application(s), questionnaires or any amendments thereto.

We reserve the right to add future Riders or endorsements to this policy, except where prohibited by law.

<b>Incontestability</b>	<p>We cannot contest this policy, except for fraud (when such a defense is permitted by the applicable law in the state where the policy will be delivered or issued for delivery) or non-payment of premium, after it has been In Force during the lifetime of the Insured for two years after the later of:</p> <ol style="list-style-type: none"> <li>1. The Date of Issue; and</li> <li>2. The effective date of Reinstatement of this policy.</li> </ol> <p>If this policy is Reinstated, the original contestability period will continue to apply. In addition, a new two year contestability period will apply from the date of Reinstatement with respect to statements made in the application for Reinstatement.</p> <p>The Insured, the owner and the Beneficiary are obligated to cooperate in any contestability investigation that we may conduct, including supplying us with necessary authorizations for medical and other information.</p>
<b>Riders</b>	<p>Riders, if any, are listed in the Policy Data. Any Rider will become a part of this policy and will be subject to all of the terms and conditions of this policy, unless we state otherwise in the Rider.</p>
<b>Amount Payable Is Limited in the Event of Suicide</b>	<p>If the Insured, whether sane or insane, dies by suicide within two years from the Date of Issue, our liability will be limited to an amount equal to the premiums paid for this policy, less any outstanding loan and any Partial Surrenders during such period.</p>
<b>Misstatement of Age or Sex in the Application</b>	<p>If the age and/or sex of the Insured has been misstated, the death benefit will be adjusted to that which would have been purchased by the most recent Monthly Deduction at the correct age and/or sex. There will be no adjustment beyond the Policy Anniversary at the Insured's Age 121.</p>
<b>Payment of Cash Values and Loans</b>	<p>We may delay paying you the partial or full surrender values of this policy for up to six months after we receive your Written Request for the surrender. We may delay making a loan to you for up to six months after we receive your Written Request for the loan. We will not delay any loan made to pay premiums due us on any policy.</p>
<b>Who Can Make Changes in the Policy</b>	<p>No change or waiver of any of the provisions of this policy will be valid unless made in writing by us and signed by an officer of the Company. Any change or waiver must be signed by our President or a Vice President together with our Secretary. No agent or other person has the authority to change or waive any provision of this policy.</p>
<b>Termination of Insurance</b>	<p>This policy will terminate and all benefits under it will cease on the earliest of the following:</p> <ol style="list-style-type: none"> <li>1. The date this policy Lapses; or</li> <li>2. The date we receive your Written Request to surrender or terminate; or</li> <li>3. The date of the Insured's death; or</li> <li>4. The date a new policy is issued under the Alternative Paid-Up Life Insurance Option.</li> </ol> <p>Our acceptance of a premium for any period after the date of termination of this policy will create no liability by us with respect to this policy, nor will it constitute a waiver of the termination. Any premium paid for this policy following its termination will be refunded.</p>
<b>No Dividends are Payable</b>	<p>This is nonparticipating insurance. It does not participate in our profits or surplus. We do not distribute past surplus or recover past losses by changing the rates or charges.</p>
<b>Your Rights</b>	<p>During the Insured's lifetime and unless otherwise provided in this policy, you have the exclusive right to assign this policy and to exercise every right, privilege and option this policy grants or that we allow.</p>

To exercise any of these rights, or to apply for the death benefits or any benefits under this policy, communicate with our nearest representative or directly with our Administrative Office. Contact your agent if you desire additional services or information. Please notify us promptly of any change of address.

## **SETTLEMENT PROVISIONS**

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<b>Lump Sum Payment</b>	When the death benefit is payable, we will pay it in a lump sum, unless a settlement option is elected.
<b>Settlement Options</b>	<p>During the Insured's lifetime, you may request that we pay the death benefit under one of the following settlement options. We will also use any other method of payment that is agreeable to you and us. After the Insured's death, a Beneficiary may elect to receive such Beneficiary's share of the death benefit under a settlement option. However, you may provide that the Beneficiary will not be permitted to change the settlement option you have selected. If a settlement option is requested, we will prepare an agreement to be signed which will state the terms and conditions under which the payments will be made. This agreement will include a statement regarding the withdrawal value, if any, and to whom any remaining proceeds will be paid following the death of the person receiving the payments.</p> <p>You may also choose one of these options as a method of receiving the surrender proceeds, if any are available under this policy.</p>
<b>Annuity</b>	We will use the benefit as a single premium to buy an annuity. The annuity may be payable to one or two payees. It may be payable for a guaranteed period, or for life with or without a guaranteed period as long as we agree to it. The annuity payment will not be less than what our newly issued immediate annuity contracts with the same features are then paying.
<b>Benefit Deposited with Interest</b>	We will hold the benefit on deposit with us and it will earn interest. Such interest will be at a rate declared by us from time to time and may differ from the rate we pay under other options. We will pay the earned interest monthly, quarterly, semi-annually or annually, as requested. The payee may withdraw part or all of the benefit and earned interest at any time.
<b>Payments Exempt from the Claims of Creditors</b>	<p>To the extent permitted by law:</p> <ol style="list-style-type: none"><li>1. No payment of the death benefit or interest we make will be subject to the claims of any creditor; and</li><li>2. If you provide that the option selected cannot be changed after the Insured's death, the payments will not be subject to the debts or contracts of the person receiving the payments.</li></ol>



Transamerica Life Insurance Company  
Home Office: Cedar Rapids, IA  
Administrative Office:  
[4333 Edgewood Rd NE  
Cedar Rapids, IA 52499]  
[(319) 355-8511]

**Flexible Premium Adjustable Life Insurance**  
**Minimum Premium Requirement Shown in the Policy Data**  
**Flexible Premiums Payable Until the Insured's Age 111**  
**Subject to the Limitations Described in the Premiums Provision**

**Death Benefit Payable at Death of Insured**

**Nonparticipating -- No Annual Dividends**



Transamerica Life Insurance Company  
Home Office: [Cedar Rapids, IA 52499]  
Administrative Office:  
[4333 Edgewood Rd NE  
Cedar Rapids, IA 52499]  
[(800) 238-4302]

(Referred to as the Company, we, our or us)

### ACCIDENT INDEMNITY RIDER

We have issued this rider as a part of the policy to which it is attached. Except as otherwise specifically set forth below, it is subject to all of the terms of the policy.

**Rider Benefit** If the Insured dies while insured under this rider and the death is an Accidental Death as defined in this rider, we will pay the rider death benefit as set forth below. The rider death benefit is shown in the Policy Data. If coverage is added or changed after the Date of Issue of the policy, the rider death benefit will be the amount we confirm to you in writing. Payments are subject to the provisions of the policy and this rider.

**Payment of Proceeds** Any proceeds payable under this rider will be paid to the Beneficiary under the policy. Any proceeds may be applied under the Settlement Provisions of the policy.

**Definitions** **Accidental Bodily Injury** means an injury that is the direct cause, independently of sickness or disease, of the Insured's Accidental Death.

**Accidental Death** means loss of life that, independently of sickness or disease, results solely from an Accidental Bodily Injury. The death must occur within 90 days of the Accidental Bodily Injury.

**Insured** means only the Insured under the policy to which this rider is attached. It does not include any other individuals covered under other riders.

**Risks Not Covered** No benefits will be payable under this rider if the Insured's death or Accidental Bodily Injury is caused by or contributed to by, or results directly or indirectly, wholly or in part, from:

1. Suicide or any attempted suicide or self-inflicted injury, while sane or insane.
2. Intoxication as defined by the jurisdiction in which the accident occurred.
3. An infection except when caused directly by Accidental Bodily Injury.
4. Disease or infirmity of mind or body, or medical or surgical treatment for such disease or infirmity.
5. The voluntary intake or use by any means of:
  - a. Any drug, unless prescribed or administered by a physician and taken in accordance with a physician's instructions; or
  - b. Any poison or gas voluntarily or involuntarily, accidentally or otherwise taken, administered, absorbed, or inhaled.
6. The commission of, or attempt to commit, a felony.
7. Travel in or descent from any kind of aircraft except as a passenger on a regularly scheduled commercial aircraft.
8. Active participation in a riot, insurrection or terrorist activity.

9. War, declared or undeclared, or any act of war.
10. Riding or driving an air, land or water vehicle in a race, speed or endurance contest.
11. Participation in an illegal occupation or activity.
12. Bungee jumping or rock or mountain climbing.
13. Hang-gliding, skydiving, parachuting, ultra light soaring, ballooning, or parasailing.

Any defense of a claim under this rider based on the Risks Not Covered shall not be construed to be a contest of this rider.

<b>Notice and Proof of Loss</b>	Written proof of loss must be given to us at our Administrative Office. Proof must be sent within 90 days after the death of the Insured. If it was not reasonably possible to give notice and/or written proof in the time required, we will not reduce or deny the claim for this reason if the notice and/or proof are filed as soon as reasonably possible. In any event, the notice and proof required must be given no later than one year after the death of the Insured unless the claimant was legally incapacitated.
<b>Autopsy</b>	We have the right to have an autopsy performed at our expense, unless prohibited by law.
<b>Non-Convertible</b>	This rider is not convertible.
<b>Termination</b>	<p>This rider will terminate on the earliest of the following dates or events:</p> <ol style="list-style-type: none"> <li>1. The death of the Insured;</li> <li>2. The Policy Anniversary at the Insured's Age 70;</li> <li>3. The next Monthly Policy Date following the date you request termination of this rider;</li> <li>4. The date the policy Lapses;</li> <li>5. The date the policy is surrendered or continued under any nonforfeiture option; or</li> <li>6. The date the policy terminates.</li> </ol> <p>Our taking of a monthly charge for any period after the date of termination of this rider shall create no liability by us with respect to this rider, nor will it constitute a waiver of the termination. Any monthly charge for this rider following its termination will be refunded to you.</p>
<b>Reinstatement</b>	If the policy is Reinstated, this rider may be reinstated at the same time.
<b>Consideration</b>	We have issued this rider in consideration of the application and payment of the premium for this rider.
<b>Charges for this Rider</b>	The charge for this rider is shown in the Policy Data and shall be payable as provided in the policy until this rider terminates.
<b>Incontestability</b>	The provisions of the policy relating to incontestability apply to this rider. However, if this rider is added after the Date of Issue of the policy, the contestable period will be measured from the later of the Rider Date or the date this rider is reinstated.
<b>No Dividends are Payable</b>	This rider does not participate in our profits or surplus.

**Nonforfeiture Values** This rider does not have cash values or loan values.

**Rider Date** The Rider Date of this rider will be the Policy Date, unless we inform you in writing of a different date.

Signed for us at our home office.



[

[Secretary]



[

[President]

**SERFF Tracking #:**

AEGB-128711590

**State Tracking #:****Company Tracking #:**

UL07 AR, ADR09 AR

**State:**

Arkansas

**Filing Company:**

Transamerica Life Insurance Company

**TOI/Sub-TOI:**

L09I Individual Life - Flexible Premium Adjustable Life/L09I.001 Single Life

**Product Name:**

TransACE 2013

**Project Name/Number:**

TransACE 2013/L077-2

## Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:			
Attachment(s):			
UL07 Flesch Score.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Supporting Documents		
Comments:			
Attachment(s):			
AR Cover Letter _T_.pdf			
AR - Cert of Compliance 23-79-138.pdf			
AR - Cert of Regulation 49.pdf			
AR - Rule and Regulation 19.pdf			
TransACE 2013 Policy Summary.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Statements of Variability		
Comments:			
Attachment(s):			
Statement of Variability UL07.pdf			
Statement of Variability ADR09.pdf			
Statement of Variability Certification UL07.pdf			

		Item Status:	Status Date:
Satisfied - Item:	AR - Cert of Regulation 34		
Comments:			
Attachment(s):			

**SERFF Tracking #:**

AEGB-128711590

**State Tracking #:**

**Company Tracking #:**

UL07 AR, ADR09 AR

**State:**

Arkansas

**Filing Company:**

Transamerica Life Insurance Company

**TOI/Sub-TOI:**

L09I Individual Life - Flexible Premium Adjustable Life/L09I.001 Single Life

**Product Name:**

TransACE 2013

**Project Name/Number:**

TransACE 2013/L077-2

AR - Cert of Regulation 34.pdf

## FLESCH READABILITY CERTIFICATION

Transamerica Life Insurance Company

**Form Number (may vary by state)**

**Flesch Score**

UL07  
ADR09

52.2  
58.0

I certify that the machine scored Flesch Readability score(s) for the above mentioned form(s) is/are accurate.



---

Cheryl Bock  
Assistant Vice President

10/1/2012  
Date

October 10, 2012

Arkansas Commissioner of Insurance  
Department of Insurance

**Attn.: Policy Examination Division (Individual Life)**

**Re: TRANSAMERICA LIFE INSURANCE COMPANY**  
**NAIC #: 468-86231**  
**UL07 AR – Flexible Premium Adjustable Life Insurance Policy**  
**ADR09 AR – Accident Indemnity Rider**

Dear Sir/Madam:

We have enclosed the above forms for your review and approval. These are new forms and are not intended to replace any forms previously approved by your Department. These forms have been submitted in the final printed form in which they will be distributed to policy owners. These forms are subject to only minor modifications in paper size and stock, ink, border, company logo, company address, adaptation to computer printing and officers' signatures.

**Flexible Premium Adjustable Life Insurance Policy UL07 AR:** This is a non-participating, flexible premium universal life policy with Required Minimum Premiums for the first five years, and flexible premiums as long as the policy owner meets the cumulative Required Minimum Premium. This policy guarantees that when the policy's net cash value becomes insufficient to allow the policy to remain in force, the policy will not enter the grace period and the death benefit will continue, provided the Policy Threshold (less any outstanding loans) is never less than zero.

**Accident Indemnity Rider ADR09 AR:** This rider will pay a death benefit as shown in the Policy Data if the Insured dies from an Accidental Death while insured under the rider.

We intend to market these forms to the general public.

This policy is being declared as "illustratable" and will include a custom illustration when it is issued.

We would appreciate your review and approval of these forms. Should you have any questions or need any additional information, please do not hesitate to contact me.

Sincerely,

TRANSAMERICA LIFE INSURANCE COMPANY



Digitally signed by Deb White  
DN: cn=Deb White, o, ou,  
email=deb.white@transamerica.com, c=US  
Date: 2012.10.10 09:02:17 -05'00'

Deb White  
Contract Development  
(319) 355-7265 (collect)  
Fax #: (319) 355-2501  
deb.white@transamerica.com

TRANSAMERICA LIFE INSURANCE COMPANY

**CERTIFICATION OF  
ARKANSAS INSURANCE CODE  
23-79-138**

Policy Number: UL07 AR

Date: October 10, 2012

I hereby certify that the accompanying life product is in compliance with Arkansas Insurance Code 23-79-138.

*Cheryl Bock*

Digitally signed by CBock  
DN: cn=CBock, c=US  
Date: 2008.02.28 13:46:12  
-06'00'

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Cheryl Bock, Assistant Vice President, Contract Development

TRANSAMERICA LIFE INSURANCE COMPANY

CERTIFICATION OF REGULATION 49  
STATE OF ARKANSAS

Form Number: UL07 AR

Date: October 10, 2012

This is submitted in Compliance with Regulation 49 of the Arkansas Insurance Code.

I hereby certify that the accompanying life product is in compliance with Regulation 49 in that a Life and Health Guaranty Association notice will be given to each policy owner at the time of issue.

*Cheryl Bock*

---

Cheryl Bock, Assist. Vice President Contract Development

TRANSAMERICA LIFE INSURANCE COMPANY

**RULE AND REGULATION 19  
STATE OF ARKANSAS**

Form Number: UL07 AR

Date: October 10, 2012

I hereby certify that the accompanying life product is in compliance with Rule and Regulation 19.

*Cheryl Bock*

---

Cheryl Bock, Assist. Vice President Contract Development

TRANSAMERICA LIFE INSURANCE COMPANY

HOME OFFICE: CEDAR RAPIDS, IA 52499  
MARKETING OFFICE: LOS ANGELES, CA 90015  
ADMINISTRATIVE OFFICE: 4333 EDGEWOOD ROAD, N.E.  
CEDAR RAPIDS, IA 52499

---

STATEMENT OF POLICY COST AND BENEFIT INFORMATION

THIS FORM IS NOT A CONTRACT. IT IS INTENDED ONLY AS A SUMMARY OF THE POLICY PROVISIONS SHOWN. IN ALL CASES, CONSULT YOUR POLICY FOR FULL DETAILS.

PRESENTED FOR      JOHN TRANSAMERICA

PREPARED ON        OCTOBER 01, 2012

POLICY NUMBER     SPECIMEN

AGENT'S NAME        .....

AGENT'S ADDRESS    .....

.....

FOR FURTHER INFORMATION, CONTACT YOUR AGENT, OR WRITE TO THE COMPANY'S ADMINISTRATIVE OFFICE AT THE ADDRESS LISTED ON TOP OF THIS PAGE.

STATEMENT OF POLICY COST AND BENEFIT INFORMATION

PROPOSED INSURED: JOHN TRANSAMERICA MALE AGE 35  
 POLICY NUMBER SPECIMEN POLICY FORM UL07

TRANSACE®  
 ADJUSTABLE LIFE INSURANCE.  
 FLEXIBLE PREMIUMS PAYABLE DURING LIFE OF THE INSURED,  
 PRIOR TO POLICY ANNIVERSARY AT AGE 111.  
 BENEFIT PAYABLE AT DEATH.  
 NONPARTICIPATING.

LOAN INTEREST RATE PAYABLE IN ADVANCE: 7.40%

TABLE OF ILLUSTRATIVE POLICY VALUES AND BENEFITS (1)  
 GUARANTEED BASIS (2)

END OF POLICY YEAR	PLANNED ANNUALIZED PREMIUM	DEATH BENEFIT	ACCUMULATION VALUE	CASH VALUE
1	\$ [290	\$ 25,000	\$ 2	\$ 0
2	290	25,000	3	0
3	290	25,000	2	0
4	290	25,000	0	0
5	290	25,000	0	0
10	290	25,000	0	0
15	290	25,000	0	0
20	290	25,000	0	0
AGE 60	290	25,000	0	0
AGE 65	290	25,000	0	0]

COST INDEXES AT 5.00% ON GUARANTEED BASIS

	SURRENDER COST INDEX	NET PAYMENT COST INDEX
10 YEARS	[11.60	11.60
20 YEARS	11.60	11.60]

CURRENT BASIS (5)

END OF POLICY YEAR	PLANNED ANNUALIZED PREMIUM	DEATH BENEFIT	ACCUMULATION VALUE	CASH VALUE
1	\$ [290	\$ 25,000	\$ 2	\$ 0
2	290	25,000	3	0
3	290	25,000	2	0
4	290	25,000	0	0
5	290	25,000	0	0
10	290	25,000	0	0
15	290	25,000	0	0
20	290	25,000	0	0
AGE 60	290	25,000	0	0
AGE 65	290	25,000	0	0]

COST INDEXES AT 5.00% ON CURRENT BASIS

	SURRENDER COST INDEX	NET PAYMENT COST INDEX
10 YEARS	[11.60	11.60
20 YEARS	11.60	11.60]

- (1) THE ACCUMULATION AND CASH VALUES RESULT FROM THE INTEREST RATES, MONTHLY DEDUCTIONS AND THE PAYMENT OF THE PLANNED ANNUALIZED PREMIUMS ON EACH DUE DATE. PARTIAL SURRENDERS OR LOANS MAY CHANGE THESE RESULTS.
- (2) RESULTS CALCULATED ON A GUARANTEED BASIS REFLECT GUARANTEED MAXIMUM MONTHLY DEDUCTIONS AND THE GUARANTEED MINIMUM INTEREST RATE OF [2.0] %.
- (3) ACCUMULATION VALUES ILLUSTRATED ON A GUARANTEED BASIS REFLECT ACCUMULATED NET PREMIUMS PLUS INTEREST AT THE GUARANTEED MINIMUM INTEREST RATE OF [2.0] % LESS GUARANTEED MAXIMUM MONTHLY DEDUCTIONS WHICH INCLUDE THE GUARANTEED MAXIMUM POLICY FEE, THE GUARANTEED MAXIMUM MONTHLY EXPENSE CHARGE AND THE COST OF ANY RIDERS. WHILE A POLICY LOAN(S) EXISTS, THE INTEREST RATE APPLICABLE TO THE CASH VALUE SECURING THE LOAN(S) MAY DIFFER FROM THE INTEREST RATE APPLICABLE TO THE CASH VALUE NOT SECURING THE LOAN(S).
- (4) THE DIFFERENCE BETWEEN THE ACCUMULATION VALUE AND THE CASH VALUE IS THE SURRENDER CHARGE.
- (5) RESULTS CALCULATED ON A CURRENT BASIS REFLECT THE CURRENT SCHEDULE OF MONTHLY DEDUCTION RATES, THE CURRENT MONTHLY EXPENSE CHARGE, POLICY FEES AND THE CURRENT INTEREST RATE OF [2.0] %. IF THE ACTUAL INTEREST CREDITING RATE IS LESS AND/OR IF ACTUAL MONTHLY DEDUCTIONS CHARGED ARE GREATER THAN THOSE IN THE CURRENT SCHEDULE, THEN ADDITIONAL PREMIUMS WILL BE REQUIRED TO PRODUCE THE SAME VALUES ILLUSTRATED.

THE ACTUAL COST MAY INCREASE OR DECREASE DEPENDING UPON FUTURE MONTHLY DEDUCTIONS, INTEREST CREDITING RATES, TIMING AND AMOUNT OF PREMIUM PAYMENTS AND THE TIME WHEN SURRENDER OCCURS.

CURRENT MONTHLY DEDUCTION RATES ARE NOT GUARANTEED AFTER POLICY YEAR FIVE, NOR ARE THEY ESTIMATES FOR THE FUTURE.

SURRENDER CHARGES FOR THE POLICY DURING THE FIRST 20 POLICY YEARS ARE SHOWN ON THE DATA PAGES. THERE IS A PREMIUM EXPENSE CHARGE OF [7.0]% OF EACH PREMIUM. A POLICY FEE OF \$[7.00] WILL BE INCLUDED IN EACH MONTHLY DEDUCTION FOR THE FIRST POLICY YEAR. IN SUBSEQUENT YEARS, THE MONTHLY POLICY FEE WILL NOT EXCEED \$10.00. A MONTHLY EXPENSE CHARGE WILL ALSO BE INCLUDED IN EACH MONTHLY DEDUCTION.[TO AGE 111].

EXPLANATIONS OF THE INTENDED USES OF THE COST INDEXES ARE INCLUDED IN THE LIFE INSURANCE BUYER'S GUIDE. THE INDEXES ARE USEFUL ONLY FOR COMPARISON OF THE RELATIVE COST OF TWO OR MORE SIMILAR PLANS OF INSURANCE WITH SIMILAR COST GUARANTEES AND WITH ILLUSTRATIONS BASED ON SIMILAR ASSUMPTIONS.

PREMIUMS ARE SUBJECT TO REFUND UNDER CONDITIONS DESCRIBED IN THE POLICY.

OPTIONAL BENEFITS AND RIDERS  
BENEFIT/RIDER DESCRIPTION

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NO-LAPSE GUARANTEE ENDORSEMENT - NONPARTICIPATING  
ENDORSEMENT FORM NUMBER: NL01

DURING THE THRESHOLD PERIOD, THE POLICY WILL NOT ENTER ITS GRACE PERIOD DUE TO LACK OF POLICY VALUE IF THE POLICY THRESHOLD MINUS ANY OUTSTANDING LOAN IS NOT LESS THAN ZERO. IF THIS REQUIREMENT IS MET, THE POLICY AND THIS ENDORSEMENT WILL REMAIN IN EFFECT. WE WILL CONTINUE TO DEDUCT THE MONTHLY DEDUCTIONS FROM THE POLICY ACCUMULATION VALUE AS THEY COME DUE BUT INTEREST WILL NOT ACCRUE ON THE ACCUMULATION VALUE IF IT IS LESS THAN ZERO WHILE THE POLICY REMAINS IN FORCE UNDER THE TERMS OF THIS ENDORSEMENT. THIS ENDORSEMENT MAY TERMINATE PRIOR TO THE END OF THE THRESHOLD PERIOD IF ITS TERMS ARE NOT MET.

**STATEMENT OF VARIABILITY**  
**TRANSAMERICA LIFE INSURANCE COMPANY**  
**POLICY FORM: UL07**  
**EFFECTIVE: 10/1/2012**

There are two types of bracketed text: (1) illustrative; and (2) variable.

**Bracketed Illustrative Text Includes:**

1. Administrative Office Address (Face Page and Back Cover): This may change in the future.
2. Telephone Number (Face Page and Back Cover): This may change to another number in the future.
3. Policy Number (Face Page and Policy Data Pages): This will be issued sequentially.
4. Insured (Face Page and Policy Data Pages): This will be the name of the insured shown on the application for insurance.
5. Owner (Face Page and Policy Data Pages): This is the person insured, unless otherwise specified in the application for insurance.
6. Policy Date (Face Page and Policy Data Pages): This will be the date coverage under the policy becomes effective.
7. Company Address (Face Page, First Paragraph): This may change to another location in the future.
8. Officers' Signatures and Titles (Face Page): These may change in the future.

**Bracketed Variable Text Includes:**

1. Age of Insured (Page 2): This will be between 16-89.
2. Face Amount (Face Page and Page 2): The initial amount we approve, subject to the minimum face amount of \$25,000. No face amount increases are allowed, but the face amount may decrease upon Written Request as long as the new Face Amount is no less than \$25,000.
3. Date of Issue (Page 2): The date the policy is recorded in our books.
4. Class of Risk (Page 2): This will depend on the insured's underwriting class. It will be one of the following:

Select Nonsmoker	Preferred Nonsmoker
Standard Nonsmoker	Nonsmoker
Preferred Smoker	Standard Smoker
Smoker	

We may change the names of the class of risk for future new issues.

5. Sex of Insured (Page 2): This will be male or female.
6. Minimum Initial Premium (Page 2): This will be the amount the owner chooses on the application for insurance.
7. Death Benefit Option (Page 2): This will be the death benefit option the owner chooses on the application for insurance. This will be either level (Option L) or plus-premium (Option R).
8. Planned Periodic Premiums (Page 2): This will be an amount at the discretion of the policy owner.
9. Required Premium Period: This is 5 years for all issue ages.

10. Required Premium per Year for the Policy and all Additional Riders (Page 2): Will vary due to age, sex, policy face amount, dating of policy, risk class and rating.
11. Guaranteed Maximum Monthly Policy Fee (Page 2 & 3): This is the maximum monthly policy fee.
12. Guaranteed Maximum Monthly Expense Charge per Thousand (Page 2): Varies due to issue age, sex, policy face amount, risk class and rating.
13. Guaranteed Minimum Interest Rate (page 2 & 4): This is the guaranteed interest rate.
14. Premium Expense Charge (Page 2): This will be a percentage of each gross premium received, guaranteed for all years until the policy anniversary nearest age 111.
15. Guaranteed Maximum Monthly Deduction Rates (page 3): These are guaranteed for the first five policy years and for policy years six and later, rates may vary by issue age, risk class, rating, sex, policy face amount, and death benefit option.
16. Reference Premium for Additional Benefit (page 3A): Reference premium will vary due to age, sex, policy face amount, dating of policy, risk class and rating.
17. Illustrative Values (page 4): These may vary due to the Planned Periodic Premium and age, sex, policy face amount, risk class, rating and duration of the policy. These values represent the minimum values for the policyholder, based on guaranteed assumptions and timely premium payments.
18. Surrender Charge Factor (page 4A): Factors vary due to issue age, sex, policy face amount, risk class, rating and duration.
19. Death Benefit Factors (page 4B): Factors vary due to issue age, sex, and duration.
20. Threshold Monthly Premium Rates (page 4C): Vary due to the insured's age, sex, risk class, rating, duration and face amount.
21. Threshold Period (page 4C): Will vary due to age.
22. Threshold Monthly Expense Charge Rates (page 4D): Will vary due to age, sex, face amount, risk class, rating and duration.
23. Threshold Interest Rates (page 4E): Depends on duration of the policy.
24. Threshold Premium Expense Charge (page 4F): Will vary due to age, sex, face amount, risk class, rating and duration.

We certify that we will limit any change or modification to new issues of the policy. We certify that we will not apply any change or modification to in force policies.



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Cheryl Bock  
Assistant Vice President

**TRANSAMERICA LIFE INSURANCE COMPANY**

**STATEMENT OF VARIABILITY  
FOR RIDER: ADR09**

1. Home Office Address (page 1, header): This may change to another location in the future.
2. Administrative Office Address (page 1, header): This may change to another location.
3. Telephone Number (page 1, header): This may change to another number.
4. Signed for the Company at (page 2, last paragraph): This may change to another location.
5. Officer Signatures and Titles (page 2): These may change in the future. In the event the title of an officer signing the rider form changes, any new title will be the title of an officer of the company.

**TRANSAMERICA LIFE INSURANCE COMPANY**

**STATEMENT OF VARIABILITY CERTIFICATION**

**Policy Form: UL07**

We certify that, if we make any changes in the variable information contained in the policy or its corresponding schedule pages, we will submit:

1. A revised Statement of Variability in accordance with Variability of Information requirements; and
2. Revised policy schedule pages.

*Cheryl Bock*

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Cheryl Bock  
Assistant Vice President

10/1/2012  
Date

**STATE OF ARKANSAS  
REGULATION 34**

Form Number: UL07 AR, ADR09 AR

Date: 10/22/12

We certify that to the best of our knowledge and belief, we are in compliance with Arkansas Rule and Regulation 34 regarding Universal Life products.

*Cheryl Bock*

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