

**State:** Arkansas **Filing Company:** Transamerica Life Insurance Company  
**TOI/Sub-TOI:** L04I Individual Life - Term/L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life  
**Product Name:** TLTL2600IP-AR  
**Project Name/Number:** Term to Age 120/L078

### Filing at a Glance

Company: Transamerica Life Insurance Company  
 Product Name: TLTL2600IP-AR  
 State: Arkansas  
 TOI: L04I Individual Life - Term  
 Sub-TOI: L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life  
 Filing Type: Form  
 Date Submitted: 11/16/2012  
 SERFF Tr Num: AEGB-128769875  
 SERFF Status: Closed-Approved-Closed  
 State Tr Num:  
 State Status: Approved-Closed  
 Co Tr Num: TLTL2600IP-AR, TLTL2600IPA, TLTL2600IPA APPVER  
  
 Implementation: On Approval  
 Date Requested:  
 Author(s): Patricia Ray  
 Reviewer(s): Linda Bird (primary)  
 Disposition Date: 11/28/2012  
 Disposition Status: Approved-Closed  
 Implementation Date:

State Filing Description:

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### General Information

Project Name: Term to Age 120	Status of Filing in Domicile: Not Filed
Project Number: L078	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments: Not filed in domiciliary state of Iowa.
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Individual Market Type:
Overall Rate Impact:	Filing Status Changed: 11/28/2012
	State Status Changed: 11/28/2012
Deemer Date:	Created By: Patricia Ray
Submitted By: Patricia Ray	Corresponding Filing Tracking Number: 3Y001008

Filing Description:  
 TRANSAMERICA LIFE INSURANCE COMPANY  
 NAIC#: 468-86231  
 Form Number:  
 TLTL2600IP-AR – Individual Term to Age 120 Life Insurance Policy  
 TLTL2600IPA – Application  
 TLTL2600IPA APPVER – Application Verification

Dear Sir/Madam:

Please find attached copies of the above referenced forms. These are new forms and are not intended to replace any forms previously approved by your Department. These forms have been submitted in final printed form in which they will be distributed to insureds.

No part of this filing contains any unusual or possibly controversial items from normal company or industry standards.

A similar filing is being sent concurrently for our sister company, Stonebridge Life Insurance Company. The SERFF Tracking # is AEGB-128769850. The only differences between the policy and application forms for the two companies involve the company information and form numbers.

Term Insurance Policy – The policy provides term life insurance and is guaranteed renewable until an insured attains age 120. Premiums are payable for the first 20 years of coverage, after which coverage converts to Paid Up and premium payments cease. The life insurance benefit during the Paid Up period is 10% of the initial life insurance benefit. Premiums are based on an insured's age at the time a policy is issued and may be adjusted after the first policy anniversary but will never exceed the guaranteed maximum rates shown in the policy schedule. Issue ages are 18 to 50.

The product will not be illustrated.

The product will be marketed via direct response means, including mail, telephone solicitation and internet. We will use Application TLTL2600IPA to underwrite the policy. Application Verification form TLTL2600IPA APPVER will be used when an insured applies via telemarketing methods. We intend to use an electronic signature process for the customer's signature of the application in the telephone and internet channels, and will maintain records of sales of this product in a secure electronic format. A copy of a completed application or application verification form will be issued with a policy.

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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. Bracketed information is intended to be variable.

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.

## Company and Contact

### Filing Contact Information

Pat Ray, Pat.Ray@transamerica.com  
 1150 South Olive St 213-741-6762 [Phone]  
 Los Angeles, CA 90015

### 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: \$150.00  
 Retaliatory? No  
 Fee Explanation: \$50.00 per filed form x 3 forms.  
 Per Company: No

Company	Amount	Date Processed	Transaction #
Transamerica Life Insurance Company	\$150.00	11/16/2012	64986175

SERFF Tracking #: AEGB-128769875

State Tracking #:

Company Tracking #: TLTL2600IP-AR, TLTL2600IPA,  
TLTL2600IPA ...

State: Arkansas

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Product Name: TLTL2600IP-AR

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	11/28/2012	11/28/2012

**SERFF Tracking #:**

AEGB-128769875

**State Tracking #:****Company Tracking #:**TLTL2600IP-AR, TLTL2600IPA,  
TLTL2600IPA ...**State:**

Arkansas

**Filing Company:**

Transamerica Life Insurance Company

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**Product Name:**

TLTL2600IP-AR

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## Disposition

Disposition Date: 11/28/2012

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	Life & Annuity - Acturial Memo		No
Supporting Document	Explanation of Variability (EOV)		Yes
Form	Term to Age 120 Life Insurance Policy		Yes
Form	Application		Yes
Form	Application		Yes

SERFF Tracking #:

AEGB-128769875

State Tracking #:

Company Tracking #:

TLTL2600IP-AR, TLTL2600IPA,  
TLTL2600IPA ...

State:

Arkansas

Filing Company:

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## Form Schedule

Lead Form Number: TLTL2600IP-AR

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Term to Age 120 Life Insurance Policy	TLTL2600IP-AR	POL	Initial		53.000	TLTL2600IP-AR.pdf
2		Application	TLTL2600IP A	AEF	Initial		51.300	TLTL2600IPA.pdf
3		Application	TLTL2600IP A APPVER	AEF	Initial		50.400	TLTL2600IPA APPVER.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, Iowa 52499]  
Administrative Office: [2700 W. Plano Pkwy., Plano, TX 75075]

[1-800-732-1821]

## FOR YOUR INFORMATION

This is a life insurance Policy that stops at Age 120. In this Policy, Transamerica Life Insurance Company is referred to as "we," "our," or "us." The Insured is "you," "your," or "yours." The Policy is a legal contract. We rely on your Application to issue your Policy. We depend on your payment of Premiums when due. You rely on us to honor its terms.

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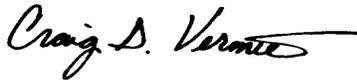
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**YOUR RIGHT TO EXAMINE THE POLICY:** You may return this Policy for any reason within 30 days of the date you receive your Policy. Any Premium paid is immediately refunded. The Policy is treated as if it never existed. No benefits are paid.

**GUARANTEED RENEWABLE TO AGE 120:** We promise to renew this Policy until you attain Age 120 as long as you continue to pay your Premium when due.

This is a legal contract between you and us. **READ YOUR POLICY CAREFULLY.**

**IN WITNESS,** this Policy is signed by our President and Secretary.



[Secretary]



[President]

**TERM TO AGE 120 LIFE INSURANCE POLICY  
PREMIUMS PAYABLE THROUGH THE FIRST 20 POLICY YEARS  
PAID UP THEREAFTER  
DEATH BENEFIT REDUCES BEGINNING THE 20TH POLICY ANNIVERSARY  
PREMIUMS ARE NOT GUARANTEED AND  
SUBJECT TO CHANGE AFTER THE FIRST POLICY YEAR  
Convertible                      Non-Participating**

**POLICY SCHEDULE**

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INSURED: **[JOHN DOE]** INITIAL LIFE INSURANCE BENEFIT: **[\$10,000]**  
PAID UP LIFE INSURANCE BENEFIT: **[\$1,000]**

POLICY NUMBER: **[123456]**  
EFFECTIVE DATE: **[10/01/12]** ISSUE DATE: **[10/01/12]**  
AGE AT ISSUE: **[45]** SEX: **[M]** TOBACCO USE STATUS: **[No]**

PREMIUM EXPIRY DATE: **[09/31/31]**  
PAID UP DATE: **[10/01/32]**

BENEFICIARY: **[Last Documented Beneficiary]**  
POLICY OWNER: **[JOHN DOE]**  
NON-FORFEITURE INTEREST RATE: **[5.00%]**

	PREMIUM PAYMENT OPTIONS			
	MONTHLY	QUARTERLY	SEMI-ANNUAL	ANNUAL
PREMIUM AMOUNT	<b>[\$9.24]</b>	<b>[\$27.70]</b>	<b>[\$55.40]</b>	<b>[\$110.80]</b>
TOTAL AMOUNT OF PAYMENTS PER YEAR	<b>[\$110.80]</b>	<b>[\$110.80]</b>	<b>[\$110.80]</b>	<b>[\$110.80]</b>

GUARANTEED MAXIMUM ANNUAL PREMIUM: **[\$191.60]**

**IF PREMIUMS ARE PAID MONTHLY, QUARTERLY OR SEMI-ANNUALLY, THE TOTAL AMOUNT OF PREMIUM PAID IN A YEAR MAY BE HIGHER THAN ONE ANNUAL PAYMENT. THE FOUR PAYMENT OPTIONS AND THE AMOUNTS PAID FOR EACH OPTION ARE SHOWN ABOVE.**

PREMIUMS FOR THIS POLICY ARE PAYABLE FOR THE FIRST 20 YEARS OF COVERAGE. NO PREMIUM PAYMENTS ARE REQUIRED TO KEEP THIS POLICY IN FORCE ON AND AFTER THE PAID UP DATE.

**Premiums are guaranteed during the first year of coverage. Premiums may be adjusted any time after the first Policy Anniversary but will never exceed the Guaranteed Maximum Premium. Premiums may not be adjusted more than once in any twelve month period.**

## PART I: DEFINITIONS

**AGE** means, on the Policy Effective Date, your current age based on your last birthday. Your Age increases by one on each Policy Anniversary. Your Age increase, for purposes of this Policy, will always occur on the Policy Anniversary even if your actual birthday occurs (in most cases) during the Policy Year prior to the Policy Anniversary.

**BENEFICIARY** means the person(s) designated to receive the life insurance benefit provided by this Policy.

**INSURED** means the individual named in the Policy Schedule.

**LAPSE** means your Policy coverage stops because you have not paid your Premium by the end of the Grace Period. (Grace Period is explained in Part VII: Premiums).

**NON-PARTICIPATING** means your Policy does not share in our surplus earnings.

**OWNER** means the Owner of this Policy. The Owner is named as the Policy Owner in the Policy Schedule. (Ownership is explained in Part VIII: Other Important Information).

**PAID UP LIFE INSURANCE** means the death benefit that is payable beginning on the Paid Up Date that is shown in the Policy Schedule. The Paid Up Life Insurance Benefit equals 10% of the Initial Life Insurance Benefit. Both amounts are shown in your Policy Schedule.

**POLICY ANNIVERSARY** means any anniversary of the date this Policy takes effect.

**POLICY EFFECTIVE DATE** means the date your coverage starts.

**POLICY YEAR** means the 12 month period ending on any Policy Anniversary.

**PREMIUM** means the payment required to keep your insurance in force. Premiums are payable until the Premium Expiry Date that is shown in the Policy Schedule.

**PREMIUM EXPIRY DATE** means the last day of coverage for which Premiums are payable. Coverage is considered Paid Up immediately following the Premium Expiry Date that is shown in the Policy Schedule.

## PART II: WHEN THE COVERAGE STARTS AND STOPS

### COVERAGE STARTS

This insurance takes effect only after two things happen:

1. we approve your Application Form; and
2. we receive the first Premium payment [before][within 21 days after] the Policy Effective Date.

These two things must happen while you are alive. Your coverage then starts at 12:01 A.M. Standard Time at your home on the Policy Effective Date.

### WHEN COVERAGE STOPS

Coverage stops on the earliest of:

1. the date you reach Age 120;
2. the date you convert to a whole life insurance policy;
3. the date the 31 day Grace Period ends if you fail to pay the Premium when due;
4. the date of your death; or
5. the date you cancel your Policy.

You may cancel your coverage upon notice to us. Notice is deemed given when made in writing, communicated verbally by telephone or in person, or by any other means acceptable to us. Unless required otherwise, coverage is cancelled as of the date the cancellation request is made. Any unused Premium is prorated from the date of cancellation and refunded to you.

Cancellation is without prejudice to any claim originating prior to the date of cancellation.

### PART III: WHAT BENEFITS WE PAY

**LIFE INSURANCE BENEFIT:** We pay the Initial Life Insurance Benefit that is shown in the Policy Schedule if you die prior to the Paid Up Date and while you are covered under this Policy. Beginning on the Paid Up Date, the Initial Life Insurance Benefit reduces by 90% and becomes your Paid Up Life Insurance Benefit. We pay the Paid Up Life Insurance Benefit that is shown in the Policy Schedule if you die on or after the Paid Up Date and while covered under this Policy. The Paid Up Date that is shown in the Policy Schedule is the same date as the 20th Policy Anniversary.

Before we pay either the Initial Life Insurance Benefit or the Paid Up Life Insurance Benefit, we must be provided with valid Proof of Loss.

**SUICIDE:** If you die by Suicide within two years following the Policy Issue Date, the benefit is limited to the amount of Premiums paid without interest.

### PART IV: HOW WE PAY BENEFITS

Any benefit under this Policy is paid in one lump sum. You may request benefits be paid in installments. If you do not make a request before your death, your Beneficiary may request payment in installments shown in the table below. The monthly installments are based on an interest of 3% per annum.

If the Beneficiary dies before all installments are paid, the remaining installments are commuted into one sum at 3% per annum and paid to the estate.

#### Installments for each \$1000 of Face Amount

<u>Number of Years Installments are to be Paid</u>	<u>Amount of Each Monthly Installment</u>
2	\$42.86
3	28.99
4	22.06
5	17.91
10	9.61
15	6.87
20	5.51

### PART V: WHO ARE BENEFITS PAID TO

**BENEFICIARY:** If you are the Owner, you choose the person who receives the benefit when you die. This person is called the beneficiary. If there is no Beneficiary when you die, the applicable life insurance benefit will be paid to your then living lawful spouse; otherwise equally to your then living lawful children, if any; otherwise equally to your then living parents or parent, if any; otherwise to your estate. Any payment made under this section will fully release us to the extent of the payment. Spouse means only the one to whom you are lawfully married on the date of your death. For the purposes of determining who benefits are paid to, "step" children and "step" parents are not considered to be your lawful children or parents.

**CHANGING THE BENEFICIARY:** If you are the Owner, you can change your Beneficiary at any time unless you name an irrevocable Beneficiary. An irrevocable Beneficiary is one that can never be changed unless the irrevocable Beneficiary approves the change. We must receive written notice of any change. The change is effective on the date the request for change is signed by you and any irrevocable Beneficiary.

### PART VI: HOW TO CONVERT TO WHOLE LIFE INSURANCE

If you are the Owner, during the first 20 Policy Years you may convert this Policy to an individual whole life insurance policy. This is subject to what individual whole life insurance policy we then have available, if any. This Policy must be in force at the time of the conversion. The conversion may only occur on Premium due dates. We require 31 days prior written notice. The amount of life insurance under the new policy may not exceed this Policy's Initial Life Insurance Benefit. It may be converted without medical exam or other evidence of insurability. However, any application attached to this Policy will be made part of the whole life insurance policy when the conversion occurs during the first two years of coverage under this Policy. It may be used to contest benefits under the whole life insurance policy during the balance of the time that it may be contested under this Policy. The new Premium will be based on your Age and class at the time you convert to the new policy.

## PART VII: PREMIUMS

**PREMIUM PAYMENTS:** This Policy remains in force as long as Premiums are paid when due, subject to the Grace Period. Premiums are payable until the Premium Expiry Date that shown in the Policy Schedule. All Premiums after the Initial Premium must be paid in advance at our Administrative Office. Premiums are also payable to an authorized agent in exchange for an official receipt signed by our President and Secretary. We do not have the right to refuse a Premium paid on or before the date due or within the Grace Period.

No Premium payments following the Premium Expiry Date are required to keep this Policy in force.

**RIGHT TO ADJUST PREMIUM RATES DURING THE FIRST TWENTY YEARS OF COVERAGE:** We may change rates by class on any date. We will not increase your rates in the first Policy Year. After the first Policy Anniversary and prior to the Premium Expiry Date, rates will not increase more than once in any 12 month period. "Class" means all individuals of the same age, sex, and underwriting classification. There will be no change in your class due to any physical impairment. Any change will be based on expectations of future investment earnings, mortality, persistency and expenses. We will provide written notice at least 60 days before the date of change. Your Premium rates will never exceed the Guaranteed Maximum Premium that is shown in the Policy Schedule.

**GRACE PERIOD:** We allow a Grace Period of 31 days to pay each Premium due after the first one. Coverage continues during this Grace Period. If you die during the grace period, any Premium due is deducted from the death benefit. This provision applies as long as the Policy has not stopped.

**REINSTATEMENT:** If the Policy stops during the first 20 Policy Years because Premiums have not been paid, it may be reinstated. This happens if you: (1) make written request for reinstatement; (2) send satisfactory evidence of insurability; (3) are alive on the date of reinstatement; and (4) make your request within 5 years of when the Premium was due.

Reinstatement is subject to payment of all overdue Premiums. We charge 6% interest compounded annually on overdue Premiums. The Incontestability period will start again on the Effective Date of Reinstatement.

**UNEARNED PREMIUM REFUND:** Unearned Premium is any Premium amount paid beyond the date of your death or cancellation of this Policy. A refund of unearned Premium upon your death is payable to your Beneficiary. A refund of unearned Premium upon cancellation is paid to you.

## PART VIII: CLAIMS

**PROOF OF LOSS:** A certified copy of the death certificate showing the date and cause of your death must be given to us as soon as reasonably possible after the date of death.

**TIME PAYMENT OF CLAIMS:** We will pay all benefits covered under the Policy as soon as we receive proper Proof of Loss sufficient to determine our liability.

**INTEREST AT SETTLEMENT:** We will pay interest at the rate of 8% a year from the date of death if benefits and unearned premium, if any, are not paid within 30 days after proof of death has been furnished.

**PAYMENT OF CLAIMS:** Benefits are payable in accordance with the Beneficiary designation in effect at the time of payment.

**AUTOPSY:** At our expense, we may have an autopsy done where it is not forbidden by law.

## PART IX: OTHER IMPORTANT INFORMATION

**INCONTESTABILITY:** This Policy is "incontestable" after it has been in effect while you are alive for 2 years from the issue date of this Policy. "Incontestable" means we may not deny benefits except for non-payment of Premiums when due. Benefits may be denied during the first two years of coverage if you fail to give, to the best of your knowledge and belief, true and complete answers in your Application.

If this Policy is reinstated, benefits may be denied during the first 2 years after your reinstatement date. This happens if you failed to give, to the best of your knowledge and belief, true and complete answers in your reinstatement application.

**THE CONTRACT:** This Policy, your Application, and any Riders and Rider Applications and any attachments form the entire contract of insurance. A copy of your Application(s) is attached to the Policy.

All statements made by you are representations and not warranties. No statement will be used by us to contest a claim, unless it is contained in the Application(s) completed by you. A copy of the Application(s) will be sent to your Beneficiary if used to contest a claim.

No change in this Policy is effective until approved by one of our officers. Such approval must be noted on or attached to this Policy. No agent has the authority to change this Policy or waive any of its provisions.

**MISSTATEMENT OF AGE OR SEX:** If your Age or sex is incorrectly stated, the benefits of this Policy are changed to what the Premium would have paid for at the correct Age or sex according to our rate at the date of issue.

**ASSIGNMENT:** If you are the Owner you may give your rights under this Policy to someone else. This is called an "Assignment." We take no responsibility for the validity or effect of your actions. In order for us to honor your directions, we must receive a copy of any Assignment at our offices.

**NON-PARTICIPATING:** No dividends are payable under this Policy. It does not share in our surplus earnings.

**OWNERSHIP:** This Policy belongs to you unless another Owner is designated by you. During your lifetime the rights and privileges of this Policy may be exercised solely by the Owner. This includes the right to assign benefits and change the Beneficiary, subject to the "Changing The Beneficiary" provision.

**CHANGE OF OWNERSHIP:** The Owner has the right to transfer this Policy to a new Owner by notifying us. The change in ownership is effective on the date the request is received at our offices. The change in ownership is subject to any actions taken prior to the date such request is received.

## **PART X: WHAT HAPPENS IF YOU STOP THIS COVERAGE OR STOP PAYING PREMIUMS**

**DURING THE FIRST TWENTY YEARS OF COVERAGE:** After this Policy starts accumulating Cash Values and prior to the Paid Up Date that is shown in the Policy Schedule, if you choose to stop this coverage or if a Premium remains unpaid at the end of the Grace Period, you may choose one of the following options.

- A. CASH VALUE:** You may return this Policy for its Cash Value. The Cash Value is based on the portion of the total Premiums paid for the life insurance benefit on the date coverage stops. The Cash Value within 60 days of non-payment of Premiums will be the same as the Cash Value on the date coverage stops. We reserve the right to postpone payment, but not for more than six months from the date the request is received by us. Cash Values between Policy Anniversaries are calculated with due allowance for time elapsed and for Premiums paid. The Cash Value under this Policy as of any Policy Anniversary is computed in accordance with the Standard Non-Forfeiture Value Method using the adjusted Premium as defined in the laws of the state in which your Policy is delivered.
- B. PAID-UP TERM LIFE INSURANCE:** Your Cash Value may be used to continue this Policy as paid-up level term life insurance. The life insurance benefit amount is less than the Initial Life Insurance Benefit amount. The benefit amount equals what the Cash Value can buy on the date you default or cancel. No further Premium payments are due.
- C. EXTENDED TERM LIFE INSURANCE:** Your Cash Value may be used to continue this Policy as paid-up level term life insurance for a reduced time period. The reduced time period equals what the Cash Value can buy on the date you default or cancel. The reduced time period will be the same for any Initial Life Insurance Benefit amount. The Initial Life Insurance Benefit amount is not reduced. No further Premium payments are due.

If you wish to return your Policy for its Cash Value, or take the Paid-Up Term Life Insurance option, you must send us a written request. These options are not available beyond the 60th day after the due date of the unpaid Premium. If: (1) coverage lapses; and (2) you have not picked an option; then the Extended Term Insurance goes into effect. You do not have to request it.

If this Policy is in force as Paid-Up Term Life Insurance or Extended Term Life Insurance, it may be returned at any time for its Cash Value. The Cash Value equals the present value of future benefits. If it is returned within 31 days of a Policy Anniversary, this value is not less than its value on that Policy Anniversary.

**AFTER THE FIRST TWENTY YEARS OF COVERAGE:** If you decide to stop this coverage any time on or after the Paid Up Date that is shown in the Policy Schedule, you can return the Policy for its Cash Value that is available at the time it is returned. We reserve the right to postpone payment, but not for more than six months from the date the request is received by us. Cash Values between Policy Anniversaries are calculated with due allowance for time elapsed. The Cash Value under this Policy as of any Policy Anniversary is computed in accordance with the Standard Non-Forfeiture Value Method as defined in the laws of the state in which your Policy is delivered.

To determine a Paid-Up Term Life Insurance amount or Extended Term Insurance period, the Cash Value is applied as a single Premium on the date you default or cancel. Your Premium is set by your Age (as defined) plus the number of months since your last Policy Anniversary.

#### **PART XI: HOW THE POLICY VALUES ARE CALCULATED**

The values explained in Part IX above are shown in the Table of Non-Forfeiture Values on Page 8. These values meet the legal minimums and have been filed with the insurance supervisory official of the state in which the Policy is delivered. They are based on:

- The Commissioner's 2001 Standard Ordinary Mortality Table, Age last birthday, with interest per year as identified by the Non-Forfeiture Interest Rate in the Policy Schedule;
- The Commissioner's Standard Non-Forfeiture Value Method. A copy of the method of computation is on file with the state insurance department in which the Policy is delivered.

The Paid-Up Term Life Insurance and Extended Term Life Insurance values equal what the Cash Value can buy on the Policy Anniversary Date. The Paid-Up Term Life Insurance and Extended Term Life Insurance options are available only during the first twenty years of coverage. All values assume that Premiums are received at the beginning of the Policy Year and that the death benefit is payable at the end of the year in which death occurs.

## TABLE OF NON-FORFEITURE VALUES

For Policy Number: **[123456]**

The Values shown in the following Table are based on your life insurance benefit amounts and Age at issue. The first column shows the length of time your Policy has been in force and should be used to determine your values. The second column shows the Cash Value available. The third column shows the amount of Paid-Up Term Life Insurance that the Cash Value would buy. The fourth column shows the length, in years and days, of Extended Term Life Insurance that the Cash Value would buy.

The values shown in the Table assume that Premium has been paid in full for each Policy Year during the first twenty years of coverage. We will allow for partial years in determining values. Cash Values for Policy Years not shown in the Table will be furnished upon request.

Age: **[45]**

**[MALE]**

End of Policy Year	Cash Value	Paid-Up Term Life Insurance	Extended Term Life Insurance Years	Days
1	<b>[\$0.00]</b>	<b>\$0.00</b>	<b>0</b>	<b>0]</b>
2	<b>[\$0.00]</b>	<b>\$0.00</b>	<b>0</b>	<b>0]</b>
3	<b>[\$0.00]</b>	<b>\$0.00</b>	<b>0</b>	<b>0]</b>
4	<b>[\$0.00]</b>	<b>\$0.00</b>	<b>0</b>	<b>0]</b>
5	<b>[\$0.00]</b>	<b>\$0.00</b>	<b>0</b>	<b>0]</b>
6	<b>[\$0.00]</b>	<b>\$0.00</b>	<b>0</b>	<b>0]</b>
7	<b>[\$0.00]</b>	<b>\$0.00</b>	<b>0</b>	<b>0]</b>
8	<b>[\$0.00]</b>	<b>\$0.00</b>	<b>0</b>	<b>0]</b>
9	<b>[\$0.00]</b>	<b>\$0.00</b>	<b>0</b>	<b>0]</b>
10	<b>[\$0.00]</b>	<b>\$0.00</b>	<b>0</b>	<b>0]</b>
11	<b>[\$0.74]</b>	<b>\$ 7.00</b>	<b>0</b>	<b>276]</b>
12	<b>[\$2.20]</b>	<b>\$19.00</b>	<b>2</b>	<b>131]</b>
13	<b>[\$3.74]</b>	<b>\$31.00</b>	<b>4</b>	<b>30]</b>
14	<b>[\$5.38]</b>	<b>\$43.00</b>	<b>5</b>	<b>279]</b>
15	<b>[\$7.08]</b>	<b>\$54.00</b>	<b>7</b>	<b>85]</b>
16	<b>[\$8.85]</b>	<b>\$ 64.00</b>	<b>8</b>	<b>168]</b>
17	<b>[\$10.68]</b>	<b>\$ 74.00</b>	<b>9</b>	<b>141]</b>
18	<b>[\$12.56]</b>	<b>\$ 84.00</b>	<b>10</b>	<b>27]</b>
19	<b>[\$14.48]</b>	<b>\$ 92.00</b>	<b>10</b>	<b>212]</b>
20	<b>[\$16.44]</b>	<b>\$100.00</b>	<b>0</b>	<b>0]</b>

**TERM TO AGE 120 LIFE INSURANCE POLICY**  
**PREMIUMS PAYABLE THROUGH THE FIRST 20 POLICY YEARS**  
**PAID UP THEREAFTER**  
**DEATH BENEFIT REDUCES BEGINNING THE 20TH POLICY ANNIVERSARY**  
**PREMIUMS ARE NOT GUARANTEED AND**  
**SUBJECT TO CHANGE AFTER THE FIRST POLICY YEAR**  
**Convertible                      Non-Participating**



**FOR COLORADO RESIDENTS:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**FOR KENTUCKY RESIDENTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**FOR ARKANSAS AND LOUISIANA RESIDENTS:** 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 OHIO RESIDENTS:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**FOR OKLAHOMA RESIDENTS:** 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 OREGON RESIDENTS:** 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 may be guilty of a crime and may be subject to fines and confinement in prison.

**Term To Age 120 Life Insurance  
Application Verification**

**Keep this form with your Insurance Policy. Your acceptance of this offer is on file at our Administrative Office.**

This document is a verification record of your telephone-recorded application for the Term to Age 120 Life Insurance plan. It is designed to help you verify that we have correctly recorded your name, address, date of birth, gender, height and weight, the answers and information you provided to the health questions which qualified you for this plan, and your authorization to disclose your medical information to Transamerica Life Insurance Company.

**Our records indicate the following information:**

Name/Address: [John Q. Public]  
[1000 Anywhere Street]  
[Any Town, USA 75000]

Date of Birth: [01/05/1968] Age: [44] Gender: [Male]

Height: [5'10"] Weight: [185 lbs.]

Will this insurance replace or change any life insurance that you now have?  Yes  No

Initial Life Insurance Benefit Amount: [\$100,000.00]

**Health Questions**

1. Have you used any tobacco or nicotine based products within the last 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. In the past 3 years, have you had a driver's license suspended and/or revoked or been cited or arrested for driving while intoxicated (DWI)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. In the past 10 years, have you been diagnosed with or treated for: any disease or disorder of the heart, blood, lungs, liver, kidneys; AIDS or AIDS Related Complex; any mental, nervous, circulatory, digestive or immune disorder; high blood pressure, stroke, hepatitis, cancer or tumor, diabetes, drug or alcohol abuse?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. In the past 10 years have you tested positive for HIV (Human Immunodeficiency Virus)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. Other than those conditions covered in Question 3 during the last three years have you had an examination that was caused by an illness, injury, or abnormal physical condition, or follow-up of a diagnosed condition?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**FULL DETAILS YOU PROVIDED TO QUESTIONS 2, 3, 4, or 5 THAT YOU ANSWERED "YES"**

QUES. NO.	REASON OR CONDITION	DATE(S)	RESULTS	NAMES, COMPLETE ADDRESSES AND TELEPHONE NUMBERS OF DOCTORS AND MEDICAL FACILITIES

**TRANSAMERICA LIFE INSURANCE COMPANY**  
Administrative Offices: [Valley Forge, Pennsylvania 19493]

I understand and affirm by my signature below that, to the best of my knowledge and belief, the information in this entire application is true and complete. I understand that if I fail to give true and complete answers on this application, benefits may be denied during the first 2 Policy Years I understand that no insurance is in effect unless the following happens while I am alive. Transamerica: (1) approves this application; and (2) receives the first premium [before] [within 21 days after] the Policy Effective Date. I have read or have had read to me the **NOTICE TO APPLICANT that accompanies this form as required by the Fair Credit Reporting Act [and my state's fraud notice that is on this application verification form]**.

**Authorization for disclosures of medical information to Transamerica Life Insurance Company**  
I understand I am not required to sign this authorization; however, without it Transamerica cannot achieve two purposes, (1) its underwriters cannot determine my eligibility for insurance; and (2) its claim adjusters may not be able to pay my claim. I authorize any medical practitioner, medical related institution, government agency, paramedic facility, medical record retrieval services, pharmaceutical services, insurance company, reinsurer, plan administrator, the MIB, Inc, or any Consumer Reporting Agency, to disclose to Transamerica **all of my medical records** except psychotherapy notes (e.g., my medical history, diagnoses, symptoms, treatments, prescription drug information, alcohol or drug or tobacco use or abuse or information regarding communicable or infectious conditions, such as AIDS). I understand that entities to which this information may be disclosed may not be covered by federal privacy rules and if this information is redisclosed, it may no longer be protected by those rules. I understand this authorization or a copy: (1) expires 24 months from the date signed or if earlier, upon completion of any claim for benefits; (2) a copy will be sent to me; and (3) I may revoke it in writing at any time by sending written notice to Transamerica [(Valley Forge, Pa. 19493)] except to the extent it is already relied upon.

**FAILURE TO DISPUTE ANY OF THE STATEMENTS ABOVE IS AN ADMISSION THAT THE STATEMENTS ARE CORRECT. THE FALSITY OF ANY ANSWER MAY BAR YOUR BENEFICIARIES' RIGHT TO RECOVER BENEFITS.**

If any of the information is incorrect, contact our Customer Service Department at: [1-800-XXX-XXXX]

[Application signed electronically. Signature on file with the Company] [11/01/2012]  
[Applicant's Signature] [Date Application signed]

**FOR COLORADO RESIDENTS:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

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**TRANSAMERICA LIFE INSURANCE COMPANY**  
Administrative Offices: [Valley Forge, Pennsylvania 19493]

TLTL2600IPA APPVER

**SERFF Tracking #:**

AEGB-128769875

**State Tracking #:****Company Tracking #:**TLTL2600IP-AR, TLTL2600IPA,  
TLTL2600IPA ...**State:**

Arkansas

**Filing Company:**

Transamerica Life Insurance Company

**TOI/Sub-TOI:**

L04I Individual Life - Term/L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life

**Product Name:**

TLTL2600IP-AR

**Project Name/Number:**

Term to Age 120/L078

## Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:			
Attachment(s):			
Flesch Score TLTL2600IP et al..pdf AR - Rule and Regulation 19.pdf AR - Cert of Regulation 49.pdf			

		Item Status:	Status Date:
Bypassed - Item:	Application		
Bypass Reason:	The applications, submitted for review and approval, are attached to the Form Schedule tab.		

		Item Status:	Status Date:
Satisfied - Item:	Explanation of Variability (EOV)		
Comments:			
Attachment(s):			
EOV TLTL2600IP et al (STD rates).pdf			

**FLESCH READABILITY CERTIFICATION**

**Transamerica Life Insurance Company**

<b><u>Form Number (may vary by state)</u></b>	<b><u>Flesch Score</u></b>
TLTL2600IP	53.0
TLTL2600IPA	51.3
TLTL2600IPA APPVER	50.4

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



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Cheryl Bock  
Assistant Vice President  
Contract Development

11/15/2012  
Date

TRANSAMERICA LIFE INSURANCE COMPANY

**RULE AND REGULATION 19  
STATE OF ARKANSAS**

Form Number: TLTL2600IP-AR

Date: 11-14-2012

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

*Cheryl Bock*

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Cheryl Bock, Assist. Vice President Contract Development

TRANSAMERICA LIFE INSURANCE COMPANY

CERTIFICATION OF REGULATION 49  
STATE OF ARKANSAS

Form Number: TLTL2600IP-AR

Date: 11-14-2012

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*

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Cheryl Bock, Assist. Vice President Contract Development

**The following is an “Explanation of Variability” for Policy Form TLTL2600IP, Application Form TLTL2600IPA, and Application Verification Form TLTL2600IPA APPVER.**

**Policy Form TLTL2600IP:**

Page 1:

1. Home Office Address: The address is bracketed to take into consideration any future address changes.
2. Administrative Office Address: Transamerica Life Insurance Company has several administrative office locations. This product may be solicited from one of three locations, depending on the market. The address on the form will be one of the following locations:
  - a) 2700 West Plano Parkway  
Plano, Texas 75075-8200
  - b) 520 Park Avenue  
Baltimore, Maryland 21201
  - c) Valley Forge, Pennsylvania 19493
3. The toll-free telephone number will be changed to the toll-free number for the Administrative Office that will administer the policy.
4. Officers' Signatures and Titles: These may change in the future.

Page 2:

5. Initial Life Insurance Benefit: The amount ranges from \$10,000 to 100,000.
6. Paid-Up Life Insurance Benefit: Benefit equals 10% of the Initial Life Insurance Benefit.
7. Age at Issue: This Policy form is issued to ages 18 – 50.
8. Tobacco Use Status: Case specific, will be either Yes or No.
9. Premium Expiry Date: The last day of coverage for which premiums are payable.
10. Paid Up Date: The day immediately following the Premium Expiry Date.
11. Non-Forfeiture Interest Rate: Current interest rate is 5%. The interest rate may be modified, subject to any future statutorily required changes.

12. Premium Rates:

Minimum = Female, age 18, non-tobacco, \$10,000 face amount; Maximum = Male, age 50, tobacco use, \$100,000 face amount.

Monthly Range: Minimum = \$5.30; maximum = \$356.00

Quarterly Range: Minimum = \$15.88; maximum = \$1068.00

Semi-Annual: Minimum = \$31.75; maximum = \$2136.00

Annual: Minimum = \$63.50; maximum = \$4272.00

13. Guaranteed Maximum Annual Premium: \$4272.00

Page 3:

14. "before/within 21 days after" is bracketed to indicate if the first premium is received before the Policy Effective Date or the first premium is received within 21 days after the Policy Effective Date.

Page 8:

15. Table of Non-Forfeiture Values: The Table will reflect values based on an insured's age at issue, gender, tobacco use status, and policy's life insurance benefit amount.

**Application Form TLTL2600IPA:**

1. The Administrative Office address will be one of the following locations:
  - a) 2700 West Plano Parkway  
Plano, Texas 75075-8200
  - b) 520 Park Avenue  
Baltimore, Maryland 21201
  - c) Valley Forge, Pennsylvania 19493
2. Titles of sections (Complete Personal Information, Select Coverage Amount, Complete All Health Questions, and Select how you want to pay are bracketed so the capitalized letter preceding the title may not be on a printed application
3. The main applicant section is bracketed so items may be rearranged, or if the Company knows the applicant's name, address, etc. such information may be pre-printed on the application. The beneficiary designation in the principal insured's personal information section is bracketed so that it will not be part of the application when it is used with telemarketing or internet marketing. Due to systems constraints, we do not capture a beneficiary's name via the application when the application is taken over the telephone or internet. Instead, a beneficiary's name and relationship to the applicant is taken in a separate process and then recorded in the policy issue system. For applications used in direct mail marketing, the beneficiary designation section is on the application. When a paper application is received by the company, all information on the application including a beneficiary's name and relation to the applicant is manually recorded in our policy issue system.
4. Spouse sections (personal information, benefit selection, answers to health questions) throughout the application are bracketed to allow us to delete these sections if an insurance offer is made to one person rather than two (married) people.
5. The billing section is bracketed so that it can be repositioned or billing options may be deleted to accommodate direct bill only or credit card/ bank deduction payment only offers or a combination of payment offers.
6. The phrase "I understand that a separate Policy will be issued to each applicant" that is in the affirmation paragraph is bracketed to allow us the ability to delete the statement if spouse coverage is not offered.
7. "before/within 21 days after" is bracketed to indicate if the first premium is received before the Policy Effective Date" or the first premium is received within 21 days after the Policy Effective Date."

8. The statement "I have read the fraud notice . . ." sentence in the affirmation paragraph is bracketed so it may be deleted if the application is printed without the state fraud notices (if application is mailed in a state that does not require a fraud notice) or if the fraud notices are printed on the front of the application. The statement would appear on a printed application when space constraints require us to print the fraud notices on the reverse side of the application.

**Application Verification Form TLTL2600IPA APPVER:**

1. The name and address, date of birth, age, gender, and coverage amount will be unique to each applicant.
2. The Administrative office locations may be:  
  
2700 West Plano Parkway Plano, Texas 75075-8200  
  
520 Park Avenue Baltimore, Maryland 21201  
  
Valley Forge, Pennsylvania 19493
3. The telephone number for customer service will match the company's Administrative office location that will be issuing and administering the issued policy.
4. Either "before" or "within 21 days after the Effective Date" will be printed on an application to reflect when the first premium is due as described in the policy that may be issued to the applicant.
5. The applicant's electronic signature and date of application will be unique to each applicant.
6. The appropriate/required fraud statements will be included or excluded in its entirety depending on the states in which the application is used.