

**State:** Arkansas **Filing Company:** Transamerica Life Insurance Company  
**TOI/Sub-TOI:** L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life  
**Product Name:** WL08 AR, WL09 AR, ADR10 AR, CR13, R05400, R05401, L122 1012T, L123 1012T  
**Project Name/Number:** Senior Markets Final Expense/L086-1

## Filing at a Glance

Company: Transamerica Life Insurance Company  
Product Name: WL08 AR, WL09 AR, ADR10 AR, CR13, R05400, R05401, L122 1012T, L123 1012T  
State: Arkansas  
TOI: L071 Individual Life - Whole  
Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life  
Filing Type: Form  
Date Submitted: 11/26/2012  
SERFF Tr Num: AEGB-128781423  
SERFF Status: Closed-Approved-Closed  
State Tr Num:  
State Status: Approved-Closed  
Co Tr Num:  
  
Implementation: On Approval  
Date Requested:  
Author(s): Stephanie Mara  
Reviewer(s): Linda Bird (primary)  
Disposition Date: 11/30/2012  
Disposition Status: Approved-Closed  
Implementation Date:  
  
State Filing Description:

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## General Information

Project Name: Senior Markets Final Expense	Status of Filing in Domicile: Pending
Project Number: L086-1	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments: Concurrently filed
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Individual Market Type:
Overall Rate Impact:	Filing Status Changed: 11/30/2012
	State Status Changed: 11/30/2012
Deemer Date:	Created By: Stephanie Mara
Submitted By: Stephanie Mara	Corresponding Filing Tracking Number: 3Y001008

### Filing Description:

RE: TRANSAMERICA LIFE INSURANCE COMPANY NAIC#468-86231  
Form Numbers: WL08 AR – Whole Life Insurance Policy  
WL09 AR – Whole Life Insurance Policy with Graded Death Benefit  
L 122 1012T – Individual Life Application  
L 123 1012T – Individual Life Application  
ADR10 AR – Accidental Death Benefit Rider  
CR13– Child/Grandchild Rider  
R05401 – Accelerated Death Benefit Rider without Nursing Home Option  
R05400 – Accelerated Death Benefit Rider with Nursing Home Option

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. 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.

WL08 AR, Whole Life Insurance Policy – This is a non-participating single life policy based on the age at the last birthday of the individual Insured. This is a whole life policy that provides a level death benefit with benefits payable to age 121. The premium paying period will be the applicant's choice of either level to age 121 or level for 10 years. If the Insured is still living at age 121, the policy terminates and the cash surrender value (equal to the death benefit) is paid out. The issue ages for this policy are 0-85. The policy has sample policy data for a policy with level premiums payable to age 121. We have included sample policy data for a policy with level premiums payable for 10 years.

WL09 AR, Whole Life Insurance Policy with Graded Death Benefit – This is a non-participating single life policy based on the age at the last birthday of the individual Insured. This policy is a graded death benefit whole life policy. A graded death benefit and an accidental death benefit are payable within the first two years, with the full amount of insurance payable thereafter. Benefits will be payable to age 121. The premium paying period will be level to age 121. If the Insured is still living at age 121, the policy terminates and the cash surrender value (equal to the death benefit) is paid out. The issue ages for this policy are 18-80.

Please note that for both policies, the nonforfeiture interest rate will be 5.00% for policies issued through 12-31-2013 and 4.50% for policies issued 1-1-2014 and thereafter.

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ADR10 AR, Accidental Death Benefit Rider – This rider will be available only on the WL08 AR Whole Life Insurance Policy when the applicant chooses the level to age 121 premium paying period. This rider must have a face amount equal to the base policy. Accidental Death is defined as loss of life that, directly and independently of all other causes, results solely from an accidental bodily injury. The death must occur prior to termination of this rider and within 90 days of the accidental bodily injury.

CR13, Child/Grandchild Rider – This rider will be available only on the WL08 AR Whole Life Insurance Policy when the applicant chooses the level to age 121 premium paying period. This rider provides term insurance on each child and/or grandchild named in the application. The issue age of the Insured must be between 15 days and 17 years, and the issue age of the parent/grandparent must be between issue ages 18-75. The face amount must be the same for all children/grandchildren covered under this rider. The rider terminates on the rider anniversary following the child/grandchild's 25th birthday.

R05401, Accelerated Death Benefit Rider without Nursing Home Option – This rider will be automatically available only on the WL08 AR Whole Life Insurance Policy when the applicant answers “no” to a question concerning nursing home confinement on the application. This rider pays a lump sum benefit, without life contingencies, to the Policyowner when proof has been received that the Insured is diagnosed with a qualifying event while the policy and rider are in force. The accelerated death benefit is effective for accidents on the effective date of the rider and illnesses that manifest themselves more than 30 days following the effective date of the rider.

R05400, Accelerated Death Benefit Rider with Nursing Home Option – This rider will be automatically available only on the WL08 AR Whole Life Insurance Policy when the applicant answers “yes” to a question concerning nursing home confinement on the application. This rider is identical to the previously mentioned rider with the exception of the additional nursing home qualifying event. The rider pays a lump sum benefit, without life contingencies, to the Policyowner when proof has been received that the Insured is diagnosed with a qualifying event while the policy and rider are in force. The accelerated death benefit is effective for accidents on the effective date of the rider and illnesses that manifest themselves more than 30 days following the effective date of the rider.

These riders (except where noted above) and applications will be used with the WL08 AR, the WL09 AR and our life portfolio.

ACC-DISC LR – Accelerated Death Benefit Rider Disclosure – Upon receipt of proof acceptable to us of the Insured's Qualifying Event, the Owner may choose to receive the Accelerated Death Benefit while the Insured is alive and the Rider is in force.

Individual Life Application – Form L 122 1012T is for applicant ages 45 and up and will be used with the WL08 AR Whole Life Insurance Policy and WL09 AR Whole Life Insurance Policy with Graded Death Benefit concurrently filed here, and also with our life portfolio..

Individual Life Application – Form L 123 1012T is for applicant ages 0-44 and will be used with the WL08 AR Whole Life Insurance Policy and WL09 AR Whole Life Insurance Policy with Graded Death Benefit concurrently filed here, and also with our life portfolio.

We also plan to make these application forms available electronically. It is our intent to use these application forms in a variety of electronic environments, including a laptop and web based application process. Regardless of the application process used, we intend to adopt measures to secure both the integrity of the documents once signed, and the confidentiality of any information transmitted, including transmission of information via a secured socket layer/secured line. The information

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contained in the applications will be transmitted to our administrative office electronically as well as the electronic signature of the Owner/Applicant. Current technology will be used to ensure that the confidential information is not compromised. All processes used will comply with the Uniform Electronic Transactions act, and to the extent applicable, the Federal ESIGN Act.

We hereby certify that any electronic signature we obtain will be linked to the date on the electronic applications in such a manner that the electronic signatures are invalidated if any of the data on the applications is changed. We also certify that such electronic signature intended for use with these applications will not be affixed to or duplicated on any other document.

A copy of the application, identical to the filed form, will be printed and made part of any policy issued.

These policies will be marketed through our agent field force, and are designed for clients who desire and will benefit from the purchase of a fixed premium whole life policy. We have not identified any specific market for these products.

We would appreciate your review and approval of these forms.

Sincerely,

TRANSAMERICA LIFE INSURANCE COMPANY

Stephanie Mara  
 Policy Analyst  
 Contract Development  
 Ph: (319) 355-8202 (collect)  
 Fax: 319-355-2501  
 Stephanie.Mara@Transamerica.com

## Company and Contact

### Filing Contact Information

Stephanie Mara, Policy Analyst smara@aegonusa.com  
 4333 Edgewood Rd. NE 319-355-8202 [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: \$400.00

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Retaliatory? No  
Fee Explanation: \$50/ form x 8 forms = \$400.00  
Per Company: No

Company	Amount	Date Processed	Transaction #
Transamerica Life Insurance Company	\$400.00	11/26/2012	65180950

SERFF Tracking #:

AEGB-128781423

State Tracking #:

Company Tracking #:

State:

Arkansas

Filing Company:

Transamerica Life Insurance Company

TOI/Sub-TOI:

L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life

Product Name:

WL08 AR, WL09 AR, ADR10 AR, CR13, R05400, R05401, L122 1012T, L123 1012T

Project Name/Number:

Senior Markets Final Expense/L086-1

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	11/30/2012	11/30/2012

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## Disposition

Disposition Date: 11/30/2012

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	Accelerated Death Benefit Disclosure Acc-DISC LR		Yes
Supporting Document	WL08 AR 10 Pay Data Pages		Yes
Supporting Document	Statements of Variability		Yes
Supporting Document	Flesch Score		Yes
Form	Whole Life Policy		Yes
Form	Whole Life Policy with Graded Death Benefit		Yes
Form	Accidental Death Benefit Rider		Yes
Form	Children's and Grandchildren's Benefit Rider		Yes
Form	Accelerated Death Benefit Rider with Nursing Home Option		Yes
Form	Accelerated Death Benefit Rider		Yes
Form	Individual Life Application		Yes
Form	Individual Life Application		Yes

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## Form Schedule

Lead Form Number: WL08 AR, et al

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Whole Life Policy	WL08	POL	Initial		53.800	WL08 AR T.pdf
2		Whole Life Policy with Graded Death Benefit	WL09	POL	Initial		52.500	WL09 AR T.pdf
3		Accidental Death Benefit Rider	ADR10	POLA	Initial		50.800	ADR10 AR T.pdf
4		Children's and Grandchildren's Benefit Rider	CR13	POLA	Initial		53.200	CR13.pdf
5		Accelerated Death Benefit Rider with Nursing Home Option	R05400	POLA	Initial		54.200	R05400 T.pdf
6		Accelerated Death Benefit Rider	R05401	POLA	Initial		54.200	R05401 T.pdf
7		Individual Life Application	L122 1012T	AEF	Initial		50.700	L122 1012T.pdf
8		Individual Life Application	L123 1012T	AEF	Initial		50.700	L123 1012T.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)

SERFF Tracking #:

AEGB-128781423

State Tracking #:

Company Tracking #:

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<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  
1-800-TLC-HOST]

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INSURED	[JOHN DOE]	POLICY NUMBER	[110 01 SAMPLE]
FACE AMOUNT	[\$10,000.00]	POLICY DATE	[APRIL 01, 2012]
OWNER	[JOHN DOE]		

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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 the agent from whom it was purchased. You must return the policy to us or the agent before midnight of the 10th day after you receive it. Your Written Request given by mail and return of the policy by mail are effective on being postmarked, properly addressed and postage paid. We must return all payments made for this policy 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.

This policy is a legal contract between the owner and the Company.

**READ YOUR POLICY CAREFULLY**

**Whole Life Insurance with  
Death Benefit Payable at Death While the Policy is In Force  
Premiums Payable for a Stated Period Shown in the Policy Data  
Non-Participating - No Dividends**

## GUIDE TO POLICY PROVISIONS

	Page
Amount of Death Benefit.....	5-6
Assignment of the Policy.....	5
Change of Beneficiary.....	5
Definitions.....	4
Dividends (No Dividends are Payable).....	9
Extra Benefit Riders.....	8
Grace Period for Paying Premiums.....	6
Incontestability.....	8
Loan Interest Rate.....	7
Loans.....	7
Misstatement of Age or Sex.....	8
Nonforfeiture Provisions.....	6-7
Ownership and Beneficiary Provisions.....	5
Payment of the Death Benefit.....	5-6
Policy Contract.....	8
Policy Data.....	3-3A
Policy Date.....	3
Premiums.....	6
Proof of Death.....	5
Reinstatement.....	6
Schedule of Premiums.....	3
Settlement Provisions.....	9-10
Suicide.....	8
Surrender Option.....	7
Table of Policy Values.....	3A
Termination of Insurance.....	8-9
Your Rights.....	9



**TABLE OF POLICY VALUES**

**IF ALL THE PREMIUMS DUE HAVE BEEN PAID TO THE POLICY ANNIVERSARY AND THERE IS NO LOAN BALANCE OUTSTANDING, THE POLICY VALUES WILL BE:**

**POLICY NUMBER:** [110 01 SAMPLE]  
**NONFORFEITURE INTEREST RATE:** [5.00%]

<u>END OF POLICY YEAR</u>	<u>AGE OF INSURED</u>	<u>CASH VALUE</u>	<u>EXTENDED TERM INSURANCE</u>		<u>REDUCED PAID UP INSURANCE</u>
			<u>YEARS</u>	<u>DAYS</u>	
[1]	36	\$ 0.00	0	0	\$ 0.00]
[2]	37	0.00	0	0	0.00]
[3]	38	37.40	2	309	223.00]
[4]	39	124.40	7	329	708.00]
[5]	40	215.00	11	310	1173.00]
[6]	41	309.20	14	296	1617.00]
[7]	42	407.00	16	348	2041.00]
[8]	43	508.30	18	227	2445.00]
[9]	44	613.00	19	313	2829.00]
[10]	45	721.10	20	288	3194.00]
[11]	46	832.80	21	194	3542.00]
[12]	47	948.10	22	50	3873.00]
[13]	48	1067.80	22	225	4190.00]
[14]	49	1192.50	22	358	4495.00]
[15]	50	1322.10	23	80	4787.00]
[16]	51	1456.50	23	136	5067.00]
[17]	52	1595.20	23	163	5334.00]
[18]	53	1738.10	23	168	5588.00]
[19]	54	1885.00	23	150	5829.00]
[20]	55	2035.30	23	112	6058.00]
	[@55	2035.30	23	112	6058.00]
	[@60	2840.40	22	45	7039.00]
	[@65	3722.00	20	100	7796.00]

## DEFINITIONS

In this policy:

**Age** means a person's age in years on his or her last birthday, unless otherwise specified. For purposes of this policy, the Insured's Age changes on each Policy Anniversary.

The **Beneficiary** is the person(s) designated to receive the death benefit on the death of the Insured. The Beneficiary named on the application may be changed as provided in this policy.

The **Date of Issue** is the date this policy is prepared in our office. 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.

The **Face Amount** is the amount upon which the death benefit is determined. The Face Amount is shown in the Policy Data.

**In Force** means insurance coverage is in effect and has not terminated.

The **Insured** is the person whose life is insured under this policy. The Insured is identified in the Policy Data.

**Lapse** means termination of the policy at the end of the grace period due to non-payment of premiums. If this policy Lapses, the Insured's life will no longer be insured under the terms of this policy except as set forth in the Nonforfeiture Provisions.

**Loan Balance** means the sum of any unpaid policy loans and accrued loan interest. We will deduct any Loan Balance from any amounts payable by us under this policy.

The **Monthly Anniversary Date** is the day of each month coinciding with the Policy Date. If there is no day in a calendar month that coincides with the Policy Date, the Monthly Anniversary Date for that month will be the first day of the following month.

A **Policy Anniversary** is the same day and month as the Policy Date for each year this policy remains In Force.

The **Policy Date** is the date coverage is effective under this policy. We will use the Policy Date to determine the premium due dates, Monthly Anniversary Dates, Policy Anniversaries and Policy Years. The Policy Date is shown in the Policy Data.

A **Policy Year** is the 12 month period directly preceding a Policy Anniversary.

**Reinstate** means to restore coverage after the policy has Lapsed, in accordance with the Reinstatement provision.

A **Rider** is an attachment to this policy that provides an additional benefit.

**Written Request** means a signed request in a form satisfactory to us that is received at our Administrative Office.

**You** and **your** means the owner of this policy. The owner as of the Date of Issue is identified 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

**Owner of the Policy** - 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 the owner dies during the Insured's lifetime, ownership of this policy will pass to the owner's estate if no contingent owner is named. 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.

**Assignment of the Policy** - 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 as of 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.

## THE BENEFICIARY

**Who Receives the Death Benefit** - When the death benefit is payable under this policy, we will pay it to the Beneficiary named by you in accordance with this policy. If no Beneficiary has been designated, or if the interest of all designated 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, that Beneficiary's interest in the death benefit will end.
2. If any Beneficiary dies at the same time as the Insured, or within 30 days after the Insured, that Beneficiary's interest in the death benefit will end if no benefits have been paid to that Beneficiary.
3. If the 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 the 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. 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.

## PAYMENT OF THE DEATH BENEFIT

**Proof of Death** - We will pay any benefit payable because of death 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.

**Death Benefit** - The amount of the death benefit will be equal to:

- (a) the Face Amount of this policy,
- plus (b) the amount payable under any attached rider, subject to its terms,
- plus (c) the amount of any portion of a paid premium which applies to a period beyond the Insured's date of death,

- minus (d) the amount of any portion of a premium due under the Grace Period provision,
- minus (e) the amount of any Loan Balance.

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

**Interest on Death Benefit** - If we do not pay the death benefit within 30 days after we receive due proof of the Insured's death, we will pay interest on the death benefit from the date of the Insured's death to the date the payment is made. The interest rate will be equal to 8%.

## **PREMIUMS**

**Premium** - To keep this policy In Force, each premium must be paid in advance. 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. The first premium is due on the Policy Date. Subsequent premiums are payable while the Insured is living and within the grace period. If a part of the premium ceases to be payable under the provisions of a rider, the premium will be reduced accordingly. The mode of premium payment may be changed on any Policy Anniversary to any other mode shown in the Policy Data.

The annual premium is shown in the Policy Data. If you pay your premiums more frequently than annually, the total amount you pay in a year may be higher than if you made one annual payment.

**Grace Period** - If premiums are not paid when they are due, this policy will Lapse. We will allow a period of 31 days after the premium due date for payment of each premium after the first premium. This means that if a premium is not paid on or before the date it is due, you may pay that premium during the 31 day period immediately following the due date. The Insured's life will continue to be insured during this 31 day period. During the grace period, we will not charge any interest on the premium due. 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 the premium is paid, we will deduct the portion of the premium required to provide insurance from the premium due date to the date of the Insured's death from the death benefits payable under this policy.

**Reinstatement** - If this policy Lapses, you may Reinstatement it as provided in this section unless it has been surrendered for its Net Cash Value. Any Reinstatement must be made during the lifetime of the Insured and within five years from the end of the grace period. Before we Reinstatement your policy, we will require:

1. Your Written Request to Reinstatement this policy,
2. The Insured's written consent to Reinstatement,
3. Evidence of insurability satisfactory to us,
4. Payment of all overdue premiums with interest from the due date of each premium. The interest rate is 6% per annum, compounded annually, and
5. Payment or reinstatement of any Loan Balance at the interest rates in effect during the period of Lapse.

The date of Reinstatement will be the Monthly Anniversary Date on or following the date the application for Reinstatement is approved by us, so long as the Insured is still living.

## **NONFORFEITURE PROVISIONS**

**Cash Value** - The Cash Value while this policy is In Force on a premium paying basis is shown in the Table of Policy Values. Cash Values have been calculated on the assumption that there is no Loan Balance outstanding. Any Loan Balance is subtracted to find the Net Cash Value.

**Lapse** - If the premium is not paid when due or before the end of a grace period, the Net Cash Value as of the date of Lapse will be applied under one of the following options. The owner may elect an option, upon Written Request, within 60 days after the date to which premiums have been paid. If no election is made, the Extended Term Option will apply. The basic life benefit continued under the Extended Term Option or Reduced Paid Up Option will not include additional benefits provided under any rider attached to this policy, unless specifically provided in such rider.

**Extended Term Option** - Under this option, the Net Cash Value is used to buy level term insurance. The amount will be equal to the stated Face Amount less any Loan Balance. The term of coverage will be that which the Net Cash Value will buy when applied as a net single premium at the Insured's Age and class of risk as of the date of Lapse.

**Reduced Paid Up Option** - Under this option, the Net Cash Value is used to buy a level amount of whole life insurance. No further premiums are due. The amount will be that which the Net Cash Value will buy when applied as a net single premium at the Insured's Age and class of risk as of the date of Lapse.

**Surrender Option** - This policy may be surrendered for its Net Cash Value if it is then on a premium paying basis or Reduced Paid Up Option, at any time upon Written Request. The surrender will take effect on the date the Written Request is signed by you. Upon surrender, all insurance provided by the policy and any riders, unless the riders provide otherwise, will terminate.

If this policy is surrendered within 60 days after a Policy Anniversary, the Cash Value on the surrender date will not be less than it was on that Policy Anniversary date. If it is surrendered more than 60 days after a Policy Anniversary, due allowance will be made for time elapsed and any fractional premium payment. We can defer any payment under this provision for up to six months from the date we receive your Written Request.

**Basis of Computation of Policy Values** - Nonforfeiture values for this policy are shown in the Table of Policy Values. The nonforfeiture values are shown for the Age at which this policy was issued and at the end of certain Policy Years, with the assumption that premiums are paid to the end of those years and that there is no Loan Balance outstanding. The value at any time during a Policy Year will be calculated on the same basis, with allowance for any premium paid for part of the Policy Year. Nonforfeiture values for any Policy Years not shown will be furnished upon Written Request.

Nonforfeiture values and net single premiums are calculated using the Nonforfeiture Interest Rate shown in the Table of Policy Values, assuming immediate payment of claims.

The nonforfeiture values of this policy are not less than the minimum values and benefits required by the laws of the state in which this policy is delivered. On each Policy Anniversary, the value of any paid up insurance is equal to the net single premium at the Age of the Insured using the Nonforfeiture Interest Rate shown in the Table of Policy Values. A detailed statement of the method of computing nonforfeiture values has been filed with the proper supervisory officials of the state where this policy is delivered.

## POLICY LOANS

**Policy Loan** - You may obtain a Policy Loan by Written Request provided this policy is not then in the Extended Term Option. The maximum amount available for Policy Loans will be 90% of the Net Cash Value. This policy will be the only security for the Loan Balance. We can defer a Policy Loan for up to six months from the date we receive your Written Request, but not if it is being used to pay premiums to us under an Automatic Premium Loan. Any Loan Balance will be deducted from any amounts payable by us under this policy.

**Loan Interest Rate** - Interest on any loan is payable at rates declared by us from time to time. This rate may change from year to year, but it will not exceed 8% per year. You will be notified of the current rate at the time of a loan. No increase in rate shall apply until 30 days prior notice has been given.

**Repayment of Loan Balance** - All or part of any Loan Balance may be repaid at any time while this policy is In Force. Failure to repay the Loan Balance will not terminate this policy unless the Loan Balance exceeds the Cash Value. If this happens, we will send a notice of termination to the owner and any assignee of which we have a record. We will mail this notice at least 30 days before terminating the policy.

**Automatic Premium Loan** - If this feature is in effect, any unpaid premium for this policy and attached riders, if any, which falls due one year or more from the Policy Date will be paid at the end of a grace period by an automatic loan. An automatic loan will not be granted if the premium due exceeds the Net Cash Value.

Automatic loans will be subject to all of this policy's provisions regarding Policy Loans. The loan will bear interest from the premium due date.

This feature will not take effect unless selected in the application or elected by Written Request. If active, this feature can be cancelled by Written Request.

## GENERAL PROVISIONS

**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 thereto either by you or by the Insured will, in the absence of fraud (when such defense is permitted by the applicable law in the state where the policy will be delivered or issued for delivery) be considered representations and not warranties. Also, any written statement made either by you or by 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.

Any extra benefit rider attached to this policy 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.

**Incontestability** - 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:

1. The Date of Issue; and
2. The effective date of Reinstatement of this policy.

If this policy is Reinstated, a new two year contestability period (in addition to any remaining contestability period) will apply from the date of Reinstatement and will apply only to statements made in the application for Reinstatement.

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.

**Amount Payable Is Limited in the Event of Suicide** - 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.

**Misstatement of Age or Sex in the Application** - If there is a misstatement of the Insured's date of birth or sex in the application, we will adjust the death benefit to that which the premiums paid would have purchased at the correct Age or sex.

**Extra Benefit Riders** - The extra benefit riders, if any, are listed in the Policy Data.

**Who Can Make Changes in the Policy** - No change or waiver of any of the provisions of this policy will be valid unless it is made in writing by us. 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.

**Termination of Insurance** - This policy will terminate and all coverage on the Insured's life will end on the earliest of the following dates or events:

1. The date this policy Lapses; or
2. The date this policy is surrendered for its Net Cash Value by Written Request; or
3. The date of the Insured's death; or
4. The date the Loan Balance exceeds the Cash Value; or
5. The maturity date shown in the Policy Data. On the maturity date, we will pay the Net Cash Value to the owner.

Our acceptance of a premium for any period after the date of termination of this policy shall 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.

**No Dividends are Payable** - This is non-participating insurance. It does not participate in our profits or surplus.

**Your Rights** - 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. Some of your rights are:

- To change the owner or Beneficiary.
- To change the frequency of premium payments.
- To Reinstate the policy after Lapse in accordance with the Reinstatement provision.

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. Please notify us promptly of any change of address.

## **SETTLEMENT PROVISIONS**

**Lump Sum Payment** - When the death benefit is payable, we will pay it in a lump sum, unless a settlement option is elected. We may discharge our obligation to make payment in a lump sum by providing you with drafts by which you may draw at any time all or any portion of the remaining benefit. If we do so, we will pay interest from time to time on any amount remaining unpaid. Such interest will be at a rate declared by us from time to time, and may differ from the rate we pay under the settlement options below. There is no minimum interest rate.

**Settlement Options** - 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.

**Annuity** - 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 life, or for a period certain, with or without a guaranteed period, as agreed to by the payee and us. The annuity payment will not be less than what our newly issued immediate annuity contracts with the same features are then paying.

**Benefit Deposited with Interest** - We will hold the benefit on deposit with us and it will earn interest from the date of death. Such interest will be at a rate declared by us from time to time, but not less than an annual interest rate of 1%, and may differ from the rate we pay under other options or as a Lump Sum Payment. 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, but unlike for Lump Sum Payment, no drafts will be provided.

**Conditions** - Death benefits of less than \$10,000 will be paid in a lump sum and may not be applied under any settlement option. We may change the payment frequency if payments under an option become less than \$100.

A corporation may receive payments under a life income option only if the payments are based on the life of the surviving spouse or a dependent of the Insured.

**Payments Exempt from the Claims of Creditors** - To the extent permitted by law:

1. No payment of death benefit or interest we make will be subject to the claims of any creditor; and
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.



Transamerica Life Insurance Company  
[Home Office: Cedar Rapids, IA  
Administrative Office:  
4333 Edgewood Rd NE  
Cedar Rapids, IA 52499  
1-800-TLC-HOST]

**Whole Life Insurance with  
Death Benefit Payable at Death While the Policy is In Force  
Premiums Payable for a Stated Period Shown in the Policy Data  
Non-Participating - No Dividends**

**Please examine your policy and the attached copy of the application carefully. Contact your agent if you desire additional services or information.**

**If you change your address, please notify us at our Administrative Office giving your full name and policy number.**

**Your policy is a valuable asset. For your own protection, let us advise you regarding any suggestion to terminate or replace this policy.**



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[Home Office: Cedar Rapids, IA  
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Cedar Rapids, IA 52499  
1-800-TLC-HOST]

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INSURED	[JOHN DOE]	POLICY NUMBER	[110 01 SAMPLE]
FACE AMOUNT	[\$10,000.00]	POLICY DATE	[APRIL 01, 2012]
OWNER	[JOHN DOE]		

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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 the agent from whom it was purchased. You must return the policy to us or the agent before midnight of the 10th day after you receive it. Your Written Request given by mail and return of the policy by mail are effective on being postmarked, properly addressed and postage paid. We must return all payments made for this policy 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.

This policy is a legal contract between the owner and the Company.

**READ YOUR POLICY CAREFULLY**

**Whole Life Insurance with  
Death Benefit Payable at Death While the Policy is In Force  
Premiums Payable for a Stated Period Shown in the Policy Data  
Non-Participating - No Dividends  
Limited Death Benefit During First Two Policy Years**

## GUIDE TO POLICY PROVISIONS

	Page
Amount of Death Benefit.....	5-6
Assignment of the Policy.....	5
Change of Beneficiary.....	5
Definitions.....	4
Dividends (No Dividends are Payable).....	9
Extra Benefit Riders.....	9
Grace Period for Paying Premiums.....	6
Incontestability.....	8
Loan Interest Rate.....	7
Loans.....	7-8
Misstatement of Age or Sex.....	8
Nonforfeiture Provisions.....	7
Ownership and Beneficiary Provisions.....	5
Payment of the Death Benefit.....	5-6
Policy Contract.....	8
Policy Data.....	3-3A
Policy Date.....	3
Premiums.....	6
Proof of Death.....	5
Reinstatement.....	6
Schedule of Premiums.....	3
Settlement Provisions.....	9-10
Suicide.....	8
Surrender Option.....	7
Table of Policy Values.....	3A
Termination of Insurance.....	9
Your Rights.....	9

**POLICY DATA**

**POLICY NUMBER:** [110 01 SAMPLE]      **DATE OF ISSUE:** [APRIL 01, 2012]  
**POLICY DATE:** [APRIL 01, 2012]      **MATURITY DATE:** [MARCH 31, 2098]  
**FACE AMOUNT:** \$[10,000.00]      **ISSUE AGE/SEX:** [35/MALE]  
**INSURED:** [JOHN DOE]  
**OWNER:** [JOHN DOE]

TYPE OF COVERAGE	FACE AMOUNT	PREMIUMS PAYABLE	*ANNUAL PREMIUM
BASIC POLICY **LIMITED DEATH BENEFIT DURING FIRST TWO POLICY YEARS	\$ [10,000.00]	[86] YEARS	\$ [508.30]

**\*Total Annual Premium on Policy Date** ..... \$[508.30]

\*THE "ANNUAL PREMIUM" AND "TOTAL ANNUAL PREMIUM ON POLICY DATE" LISTED ON THIS PAGE ARE THE AMOUNT YOU WILL PAY PER YEAR ONLY IF YOU CHOOSE THE ANNUAL PREMIUM PAYMENT MODE. THE AMOUNT YOU PAY PER YEAR MAY BE HIGHER IF YOU PAY PURSUANT TO ANY OTHER PAYMENT MODE. THE "ANNUAL PREMIUM" AND "TOTAL ANNUAL PREMIUM ON POLICY DATE" INCLUDE AN ANNUAL POLICY FEE OF \$[42.00]. THE POLICY FEE MAY BE HIGHER IF YOU PAY PURSUANT TO ANY PAYMENT MODE OTHER THAN ANNUAL.

\*\*IF THE INSURED DIES WITHIN THE FIRST TWO POLICY YEARS, THE DEATH BENEFIT WILL BE LIMITED TO 30% OF THE FACE AMOUNT OF THE POLICY DURING THE FIRST POLICY YEAR, OR 60% OF THE AMOUNT OF THE POLICY DURING THE SECOND POLICY YEAR, MINUS THE AMOUNT OF ANY LOAN BALANCE.

**Initial Premium Payment Amount and Mode**.....\$[508.30] [ANNUALLY] [DIRECT BILL]  
**Total Payments Per Year**.....\$[508.30]

**SCHEDULE OF PREMIUMS**

	<b>Annually</b>	<b>Semi-Annually</b>	<b>Quarterly</b>	<b>Monthly</b>
Premium Due Per Payment	\$[508.30]	\$[258.81]	\$[131.74]	\$[43.14]
Total Payments Per Year	\$[508.30]	\$[517.62]	\$[526.96]	\$[517.68]

The Schedule of Premiums above is for direct billing only. A Schedule of Premiums for other payment modes will be provided on request.

**TABLE OF POLICY VALUES**

**IF ALL THE PREMIUMS DUE HAVE BEEN PAID TO THE POLICY ANNIVERSARY AND THERE IS NO LOAN BALANCE OUTSTANDING, THE POLICY VALUES WILL BE:**

**POLICY NUMBER:** [110 01 SAMPLE]  
**NONFORFEITURE INTEREST RATE:** [5.00%]

<u>END OF POLICY YEAR</u>	<u>AGE OF INSURED</u>	<u>CASH VALUE</u>	<u>REDUCED PAID UP INSURANCE</u>
[1	36	\$ 0.00	\$ 0.00]
[2	37	0.00	0.00]
[3	38	86.00	492.00]
[4	39	175.50	963.00]
[5	40	268.70	1414.00]
[6	41	365.30	1844.00]
[7	42	465.50	2254.00]
[8	43	569.10	2645.00]
[9	44	676.00	3016.00]
[10	45	786.20	3369.00]
[11	46	899.80	3705.00]
[12	47	1017.00	4025.00]
[13	48	1138.50	4332.00]
[14	49	1264.90	4627.00]
[15	50	1396.10	4909.00]
[16	51	1532.10	5181.00]
[17	52	1672.30	5439.00]
[18	53	1816.50	5685.00]
[19	54	1964.40	5919.00]
[20	55	2115.40	6140.00]
	[@55	2115.40	6140.00]
	[@60	2920.50	7091.00]
	[@65	3795.20	7825.00]

## DEFINITIONS

In this policy:

**Age** means a person's age in years on his or her last birthday, unless otherwise specified. For purposes of this policy, the Insured's Age changes on each Policy Anniversary.

The **Beneficiary** is the person(s) designated to receive the death benefit on the death of the Insured. The Beneficiary named on the application may be changed as provided in this policy.

The **Date of Issue** is the date this policy is prepared in our office. 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.

The **Face Amount** is the amount upon which the death benefit is determined. The Face Amount is shown in the Policy Data.

**In Force** means insurance coverage is in effect and has not terminated.

The **Insured** is the person whose life is insured under this policy. The Insured is identified in the Policy Data.

**Lapse** means termination of the policy at the end of the grace period due to non-payment of premiums. If this policy Lapses, the Insured's life will no longer be insured under the terms of this policy except as set forth in the Nonforfeiture Provisions.

**Loan Balance** means the sum of any unpaid policy loans and accrued loan interest. We will deduct any Loan Balance from any amounts payable by us under this policy.

The **Monthly Anniversary Date** is the day of each month coinciding with the Policy Date. If there is no day in a calendar month that coincides with the Policy Date, the Monthly Anniversary Date for that month will be the first day of the following month.

A **Policy Anniversary** is the same day and month as the Policy Date for each year this policy remains In Force.

The **Policy Date** is the date coverage is effective under this policy. We will use the Policy Date to determine the premium due dates, Monthly Anniversary Dates, Policy Anniversaries and Policy Years. The Policy Date is shown in the Policy Data.

A **Policy Year** is the 12 month period directly preceding a Policy Anniversary.

**Reinstate** means to restore coverage after the policy has Lapsed, in accordance with the Reinstatement provision.

A **Rider** is an attachment to this policy that provides an additional benefit.

**Written Request** means a signed request in a form satisfactory to us that is received at our Administrative Office.

**You** and **your** means the owner of this policy. The owner as of the Date of Issue is identified 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

**Owner of the Policy** - 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 the owner dies during the Insured's lifetime, ownership of this policy will pass to the owner's estate if no contingent owner is named. 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.

**Assignment of the Policy** - 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 as of 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.

## THE BENEFICIARY

**Who Receives the Death Benefit** - When the death benefit is payable under this policy, we will pay it to the Beneficiary named by you in accordance with this policy. If no Beneficiary has been designated, or if the interest of all designated 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, that Beneficiary's interest in the death benefit will end.
2. If any Beneficiary dies at the same time as the Insured, or within 30 days after the Insured, that Beneficiary's interest in the death benefit will end if no benefits have been paid to that Beneficiary.
3. If the 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 the 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. 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.

## PAYMENT OF THE DEATH BENEFIT

**Proof of Death** - We will pay any benefit payable because of death 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.

**Limited Death Benefit** - If the Insured dies within the first two Policy Years, the death benefit will be limited to 30% of the Face Amount of the policy during the first Policy Year, or 60% of the Face Amount of the policy during the second Policy Year, minus the amount of any Loan Balance.

After the second Policy Anniversary, the amount of the death benefit will be equal to:

- (a) the Face Amount of this policy,

- plus (b) the amount payable under any attached rider, subject to its terms,
- plus (c) the amount of any portion of a paid premium which applies to a period beyond the Insured's date of death,
- minus (d) the amount of any portion of a premium due under the Grace Period provision,
- minus (e) the amount of any Loan Balance.

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

**Interest on Death Benefit** - If we do not pay the death benefit within 30 days after we receive due proof of the Insured's death, we will pay interest on the death benefit from the date of the Insured's death to the date the payment is made. The interest rate will be equal to 8%.

## PREMIUMS

**Premium** - To keep this policy In Force, each premium must be paid in advance. 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. The first premium is due on the Policy Date. Subsequent premiums are payable while the Insured is living and within the grace period. If a part of the premium ceases to be payable under the provisions of a rider, the premium will be reduced accordingly. The mode of premium payment may be changed on any Policy Anniversary to any other mode shown in the Policy Data.

The annual premium is shown in the Policy Data. If you pay your premiums more frequently than annually, the total amount you pay in a year may be higher than if you made one annual payment.

**Grace Period** - If premiums are not paid when they are due, this policy will Lapse. We will allow a period of 31 days after the premium due date for payment of each premium after the first premium. This means that if a premium is not paid on or before the date it is due, you may pay that premium during the 31 day period immediately following the due date. The Insured's life will continue to be insured during this 31 day period. During the grace period, we will not charge any interest on the premium due. 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 the premium is paid, we will deduct the portion of the premium required to provide insurance from the premium due date to the date of the Insured's death from the death benefits payable under this policy.

**Reinstatement** - If this policy Lapses, you may Reinstatement it as provided in this section unless it has been surrendered for its Net Cash Value. Any Reinstatement must be made during the lifetime of the Insured and within five years from the end of the grace period. Before we Reinstatement your policy, we will require:

1. Your Written Request to Reinstatement this policy,
2. The Insured's written consent to Reinstatement,
3. Evidence of insurability satisfactory to us,
4. Payment of all overdue premiums with interest from the due date of each premium. The interest rate is 6% per annum, compounded annually, and
5. Payment or reinstatement of any Loan Balance at the interest rates in effect during the period of Lapse.

The date of Reinstatement will be the Monthly Anniversary Date on or following the date the application for Reinstatement is approved by us, so long as the Insured is still living.

## NONFORFEITURE PROVISIONS

**Cash Value** - The Cash Value while this policy is In Force on a premium paying basis is shown in the Table of Policy Values. Cash Values have been calculated on the assumption that there is no Loan Balance outstanding. Any Loan Balance is subtracted to find the Net Cash Value.

**Lapse** - If the premium is not paid when due or before the end of a grace period, the Net Cash Value as of the date of Lapse will be applied under one of the following options. The owner may elect an option, upon Written Request, within 60 days after the date to which premiums have been paid. If no election is made, the Reduced Paid Up Option will apply. The basic life benefit under the Reduced Paid Up Option will not include additional benefits provided under any rider attached to this policy, unless specifically provided in such rider.

**Reduced Paid Up Option** - Under this option, the Net Cash Value is used to buy a level amount of whole life insurance. No further premiums are due. The amount will be that which the Net Cash Value will buy when applied as a net single premium at the Insured's Age and class of risk as of the date of Lapse.

**Surrender Option** - This policy may be surrendered for its Net Cash Value if it is then on a premium paying basis or Reduced Paid Up Option, at any time upon Written Request. The surrender will take effect on the date the Written Request is signed by you. Upon surrender, all insurance provided by the policy and any riders, unless the riders provide otherwise, will terminate.

If this policy is surrendered within 60 days after a Policy Anniversary, the Cash Value on the surrender date will not be less than it was on that Policy Anniversary date. If it is surrendered more than 60 days after a Policy Anniversary, due allowance will be made for time elapsed and any fractional premium payment. We can defer any payment under this provision for up to six months from the date we receive your Written Request.

**Basis of Computation of Policy Values** - Nonforfeiture values for this policy are shown in the Table of Policy Values. The nonforfeiture values are shown for the Age at which this policy was issued and at the end of certain Policy Years, with the assumption that premiums are paid to the end of those years and that there is no Loan Balance outstanding. The value at any time during a Policy Year will be calculated on the same basis, with allowance for any premium paid for part of the Policy Year. Nonforfeiture values for any Policy Years not shown will be furnished upon Written Request.

Nonforfeiture values and net single premiums are calculated using the Nonforfeiture Interest Rate shown in the Table of Policy Values, assuming immediate payment of claims.

The nonforfeiture values of this policy are not less than the minimum values and benefits required by the laws of the state in which this policy is delivered. On each Policy Anniversary, the value of any paid up insurance is equal to the net single premium at the Age of the Insured using the Nonforfeiture Interest Rate shown in the Table of Policy Values. A detailed statement of the method of computing nonforfeiture values has been filed with the proper supervisory officials of the state where this policy is delivered.

## POLICY LOANS

**Policy Loan** - You may obtain a Policy Loan by Written Request provided this policy is not then in the Extended Term Option. The maximum amount available for Policy Loans will be 90% of the Net Cash Value. This policy will be the only security for the Loan Balance. We can defer a Policy Loan for up to six months from the date we receive your Written Request, but not if it is being used to pay premiums to us under an Automatic Premium Loan. Any Loan Balance will be deducted from any amounts payable by us under this policy.

**Loan Interest Rate** - Interest on any loan is payable at rates declared by us from time to time. This rate may change from year to year, but it will not exceed 8% per year. You will be notified of the current rate at the time of a loan. No increase in rate shall apply until 30 days prior notice has been given.

**Repayment of Loan Balance** - All or part of any Loan Balance may be repaid at any time while this policy is In Force. Failure to repay the Loan Balance will not terminate this policy unless the Loan Balance exceeds the Cash Value. If this happens, we will send a notice of termination to the owner and any assignee of which we have a record. We will mail this notice at least 30 days before terminating the policy.

**Automatic Premium Loan** - If this feature is in effect, any unpaid premium for this policy and attached riders, if any, which falls due one year or more from the Policy Date will be paid at the end of a grace period by an automatic loan. An automatic loan will not be granted if the premium due exceeds the Net Cash Value.

Automatic loans will be subject to all of this policy's provisions regarding Policy Loans. The loan will bear interest from the premium due date.

This feature will not take effect unless selected in the application or elected by Written Request. If active, this feature can be cancelled by Written Request.

## GENERAL PROVISIONS

**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 thereto either by you or by the Insured will, in the absence of fraud (when such defense is permitted by the applicable law in the state where the policy will be delivered or issued for delivery) be considered representations and not warranties. Also, any written statement made either by you or by 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.

Any extra benefit rider attached to this policy 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.

**Incontestability** - 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:

1. The Date of Issue; and
2. The effective date of Reinstatement of this policy.

If this policy is Reinstated, a new two year contestability period (in addition to any remaining contestability period) will apply from the date of Reinstatement and will apply only to statements made in the application for Reinstatement.

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.

**Amount Payable Is Limited in the Event of Suicide** - 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.

**Misstatement of Age or Sex in the Application** - If there is a misstatement of the Insured's date of birth or sex in the application, we will adjust the death benefit to that which the premiums paid would have purchased at the correct Age or sex.

**Extra Benefit Riders** - The extra benefit riders, if any, are listed in the Policy Data.

**Who Can Make Changes in the Policy** - No change or waiver of any of the provisions of this policy will be valid unless it is made in writing by us. 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.

**Termination of Insurance** - This policy will terminate and all coverage on the Insured's life will end on the earliest of the following dates or events:

1. The date this policy Lapses; or
2. The date this policy is surrendered for its Net Cash Value by Written Request; or
3. The date of the Insured's death; or
4. The date the Loan Balance exceeds the Cash Value; or
5. The maturity date shown in the Policy Data. On the maturity date, we will pay the Net Cash Value to the owner.

Our acceptance of a premium for any period after the date of termination of this policy shall 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.

**No Dividends are Payable** - This is non-participating insurance. It does not participate in our profits or surplus.

**Your Rights** - 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. Some of your rights are:

- To change the owner or Beneficiary.
- To change the frequency of premium payments.
- To Reinstate the policy after Lapse in accordance with the Reinstatement provision.

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. Please notify us promptly of any change of address.

## **SETTLEMENT PROVISIONS**

**Lump Sum Payment** - When the death benefit is payable, we will pay it in a lump sum, unless a settlement option is elected. We may discharge our obligation to make payment in a lump sum by providing you with drafts by which you may draw at any time all or any portion of the remaining benefit. If we do so, we will pay interest from time to time on any amount remaining unpaid. Such interest will be at a rate declared by us from time to time, and may differ from the rate we pay under the settlement options below. There is no minimum interest rate.

**Settlement Options** - 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.

**Annuity** - 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 life, or for a period certain, with or without a guaranteed period, as agreed to by the payee and us. The annuity payment will not be less than what our newly issued immediate annuity contracts with the same features are then paying.

**Benefit Deposited with Interest** - We will hold the benefit on deposit with us and it will earn interest from the date of death. Such interest will be at a rate declared by us from time to time, but not less than an annual interest rate of 1%, and may differ from the rate we pay under other options or as a Lump Sum Payment. 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, but unlike for Lump Sum Payment, no drafts will be provided.

**Conditions** - Death benefits of less than \$10,000 will be paid in a lump sum and may not be applied under any settlement option. We may change the payment frequency if payments under an option become less than \$100.

A corporation may receive payments under a life income option only if the payments are based on the life of the surviving spouse or a dependent of the Insured.

**Payments Exempt from the Claims of Creditors** - To the extent permitted by law:

1. No payment of death benefit or interest we make will be subject to the claims of any creditor; and
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.



Transamerica Life Insurance Company  
[Home Office: Cedar Rapids, IA  
Administrative Office:  
4333 Edgewood Rd NE  
Cedar Rapids, IA 52499  
1-800-TLC-HOST]

**Whole Life Insurance with  
Death Benefit Payable at Death While the Policy is In Force  
Premiums Payable for a Stated Period Shown in the Policy Data  
Non-Participating - No Dividends  
Limited Death Benefit During First Two Policy Years**

**Please examine your policy and the attached copy of the application carefully. Contact your agent if you desire additional services or information.**

**If you change your address, please notify us at our Administrative Office giving your full name and policy number.**

**Your policy is a valuable asset. For your own protection, let us advise you regarding any suggestion to terminate or replace this policy.**



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

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

### ACCIDENTAL DEATH BENEFIT RIDER

<b>Rider Benefit</b>	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 face amount of this rider as set forth below. The face amount of this rider is shown in the Policy Data. Payments are subject to the provisions of the policy and this rider.
<b>Payment of Proceeds</b>	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.
<b>Definitions</b>	<p><b>Accidental Bodily Injury</b> means an injury that is the direct cause, independently of sickness or disease, of the Insured's Accidental Death.</p> <p><b>Accidental Death</b> 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.</p> <p><b>Insured</b> means only the Insured under the policy to which this rider is attached. It does not include any other individuals covered under other riders.</p>
<b>Risks Not Covered</b>	<p>No benefits will be payable under this rider if the Insured's Accidental Bodily Injury or death is caused by or contributed to by, or results directly or indirectly, wholly or in part, from:</p> <ol style="list-style-type: none"><li>1. Suicide or any attempted suicide or self-inflicted injury, while sane or insane.</li><li>2. Intoxication as defined by the jurisdiction in which the accident occurred.</li><li>3. An infection except when caused directly by Accidental Bodily Injury.</li><li>4. Disease or infirmity of mind or body, or medical or surgical treatment for such disease or infirmity.</li><li>5. The voluntary intake or use by any means of:<ol style="list-style-type: none"><li>a. Any drug, unless administered in accordance with a physician's advice and written instruction; or</li><li>b. Any poison or gas voluntarily or involuntarily, accidentally or otherwise taken, administered, absorbed or inhaled.</li></ol></li><li>6. The commission of, or attempt to commit, a felony.</li><li>7. Travel in or descent from any kind of aircraft except as a passenger on a regularly scheduled commercial aircraft.</li><li>8. Active participation in a riot, insurrection or terrorist activity.</li><li>9. War, declared or undeclared, or any act of war.</li><li>10. Riding or driving an air, land or water vehicle in a race, speed or endurance contest.</li><li>11. Participation in an illegal occupation or activity.</li><li>12. Bungee jumping or mountain or rock climbing.</li><li>13. Hang-gliding, skydiving, parachuting, ultra light soaring, ballooning, or parasailing.</li></ol> <p>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.</p>

<b>Notice of Claim</b>	Notice of claim must be given to us at our Administrative Office. Such notice should be made within 30 days after any loss covered by the rider unless it is not reasonably possible to give notice within that time period.
<b>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 date of such loss. If it was not reasonably possible to give notice and/or written proof in the time required, we shall 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 date of such loss 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>	This rider will terminate on the earliest of the following dates or events: <ol style="list-style-type: none"> <li>1. The Policy Anniversary at the Insured's Age 80.</li> <li>2. The death of the Insured.</li> <li>3. The next Monthly Anniversary 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.</li> <li>6. The date the policy matures or terminates.</li> </ol> <p>Any premium paid for any period after the date of termination of this rider shall create no liability for us, nor will it constitute a waiver of the termination. Any premium paid 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 the payment of the premium for this rider.
<b>Premiums</b>	The charges for this rider are shown in the Policy Data and are payable as provided in the policy. No charges for this rider will be payable after 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.
<b>Nonforfeiture Values</b>	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]



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

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

### CHILDREN'S AND GRANDCHILDREN'S BENEFIT 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 a covered child dies while insured under this rider, we will pay the face amount of this rider as set forth below. The face amount of this rider is shown in the Policy Data. Payments are subject to the provisions of the policy and this rider.

**Limitation of Coverage** The maximum amount payable on the life of one covered child under all riders issued by us or our affiliates covering children or grandchildren of an insured is limited to \$5,000. If we reduce the amount payable under this rider because of this limitation, we will refund the premiums attributable to the amount of the reduction.

**Payment of Proceeds** Unless you request otherwise, any proceeds payable under this rider will be paid to you. You may request that any proceeds will be paid to a beneficiary other than you by:

1. Naming the beneficiary in accordance with the How to Change a Beneficiary provision of the policy; and
2. Specifically stating that the beneficiary designation is applicable to insurance provided under this rider.

Any proceeds may be applied under the Settlement Provisions of the policy.

**Definitions** **Age** has the meaning described in the policy.

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

**Child or grandchild of the Insured** means a person who is the natural child, stepchild or legally adopted child (a) of the Insured, or (b) of a natural child, stepchild or legally adopted child of the Insured.

**Covered child** means a child or grandchild of the Insured who is named on the application for this rider and who:

1. is between the age of 15 days old and 17 years old on the date coverage is effective under this rider; and
2. is not excluded by us.

Covered child also includes a person who becomes a child or grandchild of the Insured after the Rider Date, if you meet all of the requirements of the Adding a Covered Child provision and we approve such coverage.

No coverage is provided under this rider for any person unless that person is named in the application for this rider or we confirm to you in writing that the person has been added as a covered child.

No coverage is provided for any person we exclude.

**Adding a Covered Child**

If a person becomes a child or grandchild of the Insured after the Rider Date, you may request that he or she be included as a covered child under this rider. To add a covered child, you must send us a Written Request to us within 60 days of the date the person becomes a child or grandchild of the Insured, together with such additional information as we may require in order to confirm the child is then living and is eligible for coverage under this rider.

In order to be approved by us as a covered child, a person must be at least 15 days old but not yet 18 years old at the time of your Written Request. The effective date of coverage for any person added as a covered child is the date of our confirmation of your request to add such person.

No more than nine children or grandchildren of the Insured may be covered under this rider.

**Conversion**

You may convert the coverage on a covered child to a new policy of permanent insurance we make available at that time for such purpose as follows:

1. At any time after coverage for that covered child has been in effect for at least two years and prior to the covered child's 22nd birthday; or
2. On the death of the Insured while this rider is in effect and prior to the covered child's 22nd birthday.

**Request and Payment of Premium** – The new policy will be issued upon Written Request for conversion and payment of the required premium. The Written Request must be made by the owner of the policy to which this rider is attached, if living; otherwise, it must be signed by the person who is to be the owner of the new policy. We must receive the Written Request for conversion and payment of the required premium before, or within 31 days after the covered child's 22nd birthday; or within 90 days after the death of the Insured.

**Face Amount** – The face amount of the new policy may not exceed the face amount of this rider and may not be less than our published minimum for the plan selected. There will always be a plan available in an amount to which you can convert.

**Effective Date** - The new policy will be dated as of the date of the conversion. Coverage under this rider will terminate when coverage under the new policy begins. If this rider or insurance on a covered child has terminated and has not yet been converted, no insurance will be in effect under this rider or any new policy during the period between the date coverage terminates and the effective date of the new policy.

**Ownership** – The child or grandchild will be the owner of the new policy unless the child or grandchild is a minor as defined under the laws of the child's or grandchild's state of residence at the time of the conversion request. If the child or grandchild is a minor at the time of the conversion request, you will be the owner of the new policy unless you request otherwise. If you are not living at the time of conversion, the legal guardian of the child or grandchild will be the owner.

**Premiums** – The premiums for each new policy will be at our published rate for the plan selected and the child's or grandchild's age at the time of conversion. Even if premiums for this rider are being waived under a rider attached to the policy at the time of conversion, the premiums under any new policy will not be waived.

**Additional Terms** – If coverage under this rider is converted in accordance with these conditions, the amount of insurance converted will not be subject to the new policy's suicide and contestability periods.

<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; or</li> <li>2. The next Monthly Anniversary Date following the date you request termination of this rider; or</li> <li>3. The date the policy Lapses; or</li> <li>4. The date the policy is surrendered or continued under any nonforfeiture option; or</li> <li>5. The date the policy matures or terminates; or</li> <li>6. The date the policy is converted to another policy.</li> </ol> <p>Insurance on a covered child under this rider will terminate on the earliest of the following dates or events:</p> <ol style="list-style-type: none"> <li>1. The Policy Anniversary on or following such child's or grandchild's 25th birthday; or</li> <li>2. The date insurance for that child is converted to a new policy; or</li> <li>3. The death of that child or grandchild.</li> </ol> <p>Any premium paid for any period after the date of termination of this rider or insurance on a covered child shall create no liability for us, nor will it constitute a waiver of the termination. Any premium paid for this rider following its termination or termination of insurance on a covered child 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 premiums.
<b>Premiums</b>	Separate charges are payable for each covered child. These charges are shown in the Policy Data or in the letter we send confirming coverage for a covered child. No charges for this rider will be payable after 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>Suicide</b>	The suicide provision of the policy will not apply to death of a covered child by suicide.
<b>Misstatement of Age</b>	If a child's or grandchild's date of birth is not correctly stated and the correct date of birth would have affected that person's eligibility for coverage under this rider or would have resulted in termination of that person's coverage prior to that person's death, our liability under this rider for that person will be limited to an amount equal to the premiums paid for such person during the period of ineligibility.
<b>No Dividends are Payable</b>	This rider does not participate in our profits or surplus.
<b>Nonforfeiture Values</b>	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]

## ACCELERATED DEATH BENEFIT RIDER

**AN ACCELERATED DEATH BENEFIT MAY BE TAXABLE AND MAY TRIGGER OTHER TAXABLE EVENTS UNDER THE POLICY. AS WITH ALL TAX MATTERS, YOU SHOULD CONSULT A PERSONAL TAX ADVISOR BEFORE EXERCISING BENEFITS UNDER THIS RIDER.**

**THIS RIDER PROVIDES AN ACCELERATED DEATH BENEFIT THAT IS PAID INSTEAD OF THE CASH VALUE OR DEATH BENEFIT IN YOUR POLICY. PLEASE READ THIS RIDER CAREFULLY.**

This Rider is part of the Policy to which it is attached. It is issued in consideration of the application and the continued payment of any required premium under the Policy. This Rider is subject to the provisions stated below. It is also subject to all conditions and provisions of your Policy not inconsistent with this Rider.

### **DEFINITIONS.**

**Acceleration Date-** The "Acceleration Date" is the date that we make payment of the Accelerated Death Benefit.

**Eligible Institution-** An "Eligible Institution" is a licensed hospice care program which provides a coordinated, interdisciplinary program of hospice care services for meeting the special physical, psychological, spiritual and social needs of dying individuals and their families, by providing palliative and supportive medical, nursing, and other health services through a home-based care program or an inpatient hospice facility during the illness and bereavement.

**Eligible Nursing Home-** An "Eligible Nursing Home" is an institution or special nursing unit of a hospital which meets at least one of the following requirements:

- (1) It is Medicare approved as a provider of skilled nursing care services; or
- (2) It meets all of the requirements listed below:
  - a. It is licensed as a nursing home by the state in which it is located;
  - b. Its main function is to provide skilled, intermediate or custodial nursing care;
  - c. It is engaged in providing continuous room and board accommodations to three or more persons;
  - d. It is under the supervision of a registered nurse (RN) or licensed practical nurse (LPN);
  - e. It maintains a daily medical record of each patient; and
  - f. It maintains records for and controls all medications dispensed.

The specific unit where the Insured is confined must also meet the above requirements. An institution that primarily provides residential facilities is not an Eligible Nursing Home.

**Immediate Family-** "Immediate Family" means a spouse, child, stepchild, brother, stepbrother, sister, stepsister, parent, stepparent, grandparent, or grandchild of the Insured or Owner.

**Insured-** The "Insured" under this Rider is the primary Insured under the attached Policy.

**Owner-** The "Owner" of this Rider is the same as the Owner of the attached Policy.

**Physician-** A "Physician" is a person licensed to practice medicine and treat injury or illness, in the state in which the Insured is treated, and who is acting within the scope of that license. A Physician must be board certified and a Physician must specialize in the treatment of the Qualifying Event for which the Insured is diagnosed. A Physician may not be the Insured, the Owner, a person who lives with the Insured or Owner, or a person who is a part of the Insured's or Owner's Immediate Family.

**Physician Statement-** A "Physician Statement" is a statement in a form acceptable to the Company and signed by a Physician which:

- (1) provides the Physician's diagnosis of the Insured's Qualifying Event; and
- (2) states with reasonable medical certainty that the Insured's Qualifying Event can reasonably be expected to result in the death of the Insured within 12 months from the date of the Physician Statement. This Statement must be made on the basis of the ordinary and reasonable medical care, advice, and treatment available in the same or similar communities.

**Policy-** As used in this Rider, "Policy" means the base life insurance policy to which it is attached. It excludes all other riders attached to that Policy.

**Qualifying Event-** A "Qualifying Event" means a medical condition from injury or illness which, as determined by a Physician:

- (1) can reasonably be expected to result in death within 12 months from the date of the Physician Statement; or
- (2) has required or requires extraordinary medical intervention, including but not limited to major organ transplant or continuous artificial life support, without which the Insured would die; or
- (3) usually requires continuous confinement in an Eligible Institution as defined in this Rider if the Insured is expected to remain there for the rest of his or her life; or
- (4) has required the Insured to be continuously confined in an Eligible Nursing Home for 90 days and a Physician certifies that the Insured is expected to remain continuously confined in an Eligible Nursing Home until his or her death; or
- (5) would result in a drastically limited life span of 12 months or less in the absence of extensive or extraordinary medical treatment. Such conditions include, but are not limited to:
  - a. coronary artery disease resulting in an acute infarction or requiring surgery;
  - b. permanent neurological deficit resulting from cerebral vascular accident;
  - c. end-stage renal failure; or
  - d. Acquired Immune Deficiency Syndrome.

**We-** "We" means Transamerica Life Insurance Company. "Us," "our" and "ours" also refers to Transamerica Life Insurance Company.

**BENEFIT.** We will pay, in a lump sum, without life contingencies, the Accelerated Death Benefit to the Owner when we receive proof, satisfactory to us, that the Insured has been diagnosed with a Qualifying Event while the Policy and this Rider are In Force.

**ACCELERATED DEATH BENEFIT.** The Accelerated Death Benefit shall be equal to:

- (1) the Policy Death Benefit that would be In Force at the end of the 12 month period following the Acceleration Date, before deduction of any outstanding Loan Balance; less
- (2) a discount on the Accelerated Death Benefit calculated for the 12 month period using the interest rate described below; less
- (3) any outstanding policy loans, including accrued interest until the end of the 12 months following the Accelerated Date; less
- (4) any premiums which would be required to keep the Policy In Force for the 12 month period following the Acceleration Date for the Policy Amount of Insurance reduced by an appropriate discount using the interest rate described below.

We will determine the interest rate, but it will not exceed the maximum permissible rate for policy loans under the Policy. The Accelerated Death Benefit will never be less than the net cash value on the Acceleration Date.

Accelerated Death Benefits shall be effective for accidents on the effective date of the Rider and for illnesses that first manifest themselves more than thirty (30) days following the effective date of the Rider.

**BENEFIT AND VALUE REDUCTION.** The Accelerated Death Benefit under this Rider may only be elected once. When elected, the attached Policy and any attached Riders will Terminate. The Policy's Death Benefit and Net Cash Value, if any, will Terminate on the date the Accelerated Death Benefit is paid.

**BENEFIT CONDITIONS.** We will pay the Accelerated Death Benefit subject to all of the following conditions:

- (1) Receipt of a Request in a form acceptable to us. The Request must be signed by the Owner and the Insured;
- (2) Any irrevocable beneficiary or assignee must give written consent to the payment of this benefit;
- (3) The Owner must provide a Physician Statement and any other proof we may require. We shall have the right to seek a second medical opinion at our expense. We shall also have the right to have the Insured examined by a Physician we chose at our expense. If the Physician we choose provides a different diagnosis of the Insured's medical condition, we shall have the right to rely on the statement from our Physician; and
- (4) Payment of the Accelerated Death Benefit for confinement in an Eligible Nursing Home requires:

- a. that a Physician certify to Us, at Your expense, the accident or specific diagnosed illness requiring the Insured's confinement and the expectation that confinement will be required until the Insured's death. We reserve the right to require the Insured to have a physical examination by a Physician of our choice at our expense.
- b. that the confinement in an Eligible Nursing Home must be the result of an accident that occurs on or after the effective date of this Rider or of a specific diagnosed illness that first manifests itself more than thirty (30) days following the Effective Date of this Rider.
- c. that no Physician must have recommended that the Insured be confined in an Eligible Nursing Home during the 2 years prior to the Effective Date of this Rider.

**PROOF OF QUALIFYING EVENT.** We must receive proof of the Insured's Qualifying Event at our Administrative Office. This proof shall include a completed Request, in a form acceptable to us and a Physician Statement. We may request additional medical information from the Physician who submits the Statement.

**PAYING PREMIUMS.** No additional premium is payable for this Rider.

**EFFECTIVE DATE.** The Effective Date of this Rider is the date this Rider was issued. It is used to determine Rider years and anniversaries.

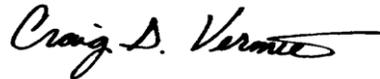
**INCONTESTABILITY.** Except for fraud, we will not contest this Rider after it has been In Force during the lifetime of the Insured for two years from the Effective Date. If the Policy Amount of Insurance is changed after the Rider Effective Date, and such changes increase the benefits under this Rider, we may contest the increase for two years from the date of the increase.

**OTHER INSURANCE.** All other riders attached to the Policy shall Terminate, subject to any paid-up or conversion options, upon payment of any benefit under this Rider.

**TERMINATION.** This Rider will automatically Terminate when your Policy Terminates or lapses or matures or is continued under one of the nonforfeiture options; or when we have paid the Accelerated Death Benefit; whichever occurs first.

Signed for the Company at [Cedar Rapids, Iowa].

**TRANSAMERICA LIFE INSURANCE COMPANY**



[ ]

[Craig D. Vermie]  
[Secretary]

## ACCELERATED DEATH BENEFIT RIDER

**AN ACCELERATED DEATH BENEFIT MAY BE TAXABLE AND MAY TRIGGER OTHER TAXABLE EVENTS UNDER THE POLICY. AS WITH ALL TAX MATTERS, YOU SHOULD CONSULT A PERSONAL TAX ADVISOR BEFORE EXERCISING BENEFITS UNDER THIS RIDER.**

**THIS RIDER PROVIDES AN ACCELERATED DEATH BENEFIT THAT IS PAID INSTEAD OF THE CASH VALUE OR DEATH BENEFIT IN YOUR POLICY. PLEASE READ THIS RIDER CAREFULLY.**

This Rider is part of the Policy to which it is attached. It is issued in consideration of the application and the continued payment of any required premium under the Policy. This Rider is subject to the provisions stated below. It is also subject to all conditions and provisions of your Policy not inconsistent with this Rider.

### **DEFINITIONS.**

**Acceleration Date-** The "Acceleration Date" is the date that we make payment of the Accelerated Death Benefit.

**Eligible Institution-** An "Eligible Institution" is a licensed hospice care program which provides a coordinated, interdisciplinary program of hospice care services for meeting the special physical, psychological, spiritual and social needs of dying individuals and their families, by providing palliative and supportive medical, nursing, and other health services through a home-based care program or an inpatient hospice facility during the illness and bereavement.

**Immediate Family-** "Immediate Family" means a spouse, child, stepchild, brother, stepbrother, sister, stepsister, parent, stepparent, grandparent, or grandchild of the Insured or Owner.

**Insured-** The "Insured" under this Rider is the primary Insured under the attached Policy.

**Owner-** The "Owner" of this Rider is the same as the Owner of the attached Policy.

**Physician-** A "Physician" is a person licensed to practice medicine and treat injury or illness, in the state in which the Insured is treated, and who is acting within the scope of that license. A Physician must be board certified and a Physician must specialize in the treatment of the Qualifying Event for which the Insured is diagnosed. A Physician may not be the Insured, the Owner, a person who lives with the Insured or Owner, or a person who is a part of the Insured's or Owner's Immediate Family.

**Physician Statement-** A "Physician Statement" is a statement in a form acceptable to the Company and signed by a Physician which:

- (1) provides the Physician's diagnosis of the Insured's Qualifying Event; and
- (2) states with reasonable medical certainty that the Insured's Qualifying Event can reasonably be expected to result in the death of the Insured within 12 months from the date of the Physician Statement. This Statement must be made on the basis of the ordinary and reasonable medical care, advice, and treatment available in the same or similar communities.

**Policy-** As used in this Rider, "Policy" means the base life insurance policy to which it is attached. It excludes all other riders attached to that Policy.

**Qualifying Event-** A "Qualifying Event" means a medical condition from injury or illness which, as determined by a Physician:

- (1) can reasonably be expected to result in death within 12 months from the date of the Physician Statement; or
- (2) has required or requires extraordinary medical intervention, including but not limited to major organ transplant or continuous artificial life support, without which the Insured would die; or
- (3) usually requires continuous confinement in an Eligible Institution as defined in this Rider if the Insured is expected to remain there for the rest of his or her life; or
- (4) would result in a drastically limited life span of 12 months or less in the absence of extensive or extraordinary medical treatment. Such conditions include, but are not limited to:
  - a. coronary artery disease resulting in an acute infarction or requiring surgery;

- b. permanent neurological deficit resulting from cerebral vascular accident;
- c. end-stage renal failure; or
- d. Acquired Immune Deficiency Syndrome.

**We-** "We" means Transamerica Life Insurance Company. "Us," "our" and "ours" also refers to Transamerica Life Insurance Company.

**BENEFIT.** We will pay, in a lump sum, without life contingencies, the Accelerated Death Benefit to the Owner when we receive proof, satisfactory to us, that the Insured has been diagnosed with a Qualifying Event while the Policy and this Rider are In Force.

**ACCELERATED DEATH BENEFIT.** The Accelerated Death Benefit shall be equal to:

- (1) the Policy Death Benefit that would be In Force at the end of the 12 month period following the Acceleration Date, before deduction of any outstanding Loan Balance; less
- (2) a discount on the Accelerated Death Benefit calculated for the 12 month period using the interest rate described below; less
- (3) any outstanding policy loans, including accrued interest until the end of the 12 months following the Accelerated Date; less
- (4) any premiums which would be required to keep the Policy In Force for the 12 month period following the Acceleration Date for the Policy Amount of Insurance reduced by an appropriate discount using the interest rate described below.

We will determine the interest rate, but it will not exceed the maximum permissible rate for policy loans under the Policy. The Accelerated Death Benefit will never be less than the net cash value on the Acceleration Date.

Accelerated Death Benefits shall be effective for accidents on the effective date of the Rider and for illnesses that first manifest themselves more than thirty (30) days following the effective date of the Rider.

**BENEFIT AND VALUE REDUCTION.** The Accelerated Death Benefit under this Rider may only be elected once. When elected, the attached Policy and any attached Riders will Terminate. The Policy's Death Benefit and Net Cash Value, if any, will Terminate on the date the Accelerated Death Benefit is paid.

**BENEFIT CONDITIONS.** We will pay the Accelerated Death Benefit subject to all of the following conditions:

- (1) Receipt of a Request in a form acceptable to us. The Request must be signed by the Owner and the Insured;
- (2) Any irrevocable beneficiary or assignee must give written consent to the payment of this benefit; and
- (3) The Owner must provide a Physician Statement and any other proof we may require. We shall have the right to seek a second medical opinion at our expense. We shall also have the right to have the Insured examined by a Physician we chose at our expense. If the Physician we choose provides a different diagnosis of the Insured's medical condition, we shall have the right to rely on the statement from our Physician.

**PROOF OF QUALIFYING EVENT.** We must receive proof of the Insured's Qualifying Event at our Administrative Office. This proof shall include a completed Request, in a form acceptable to us and a Physician Statement. We may request additional medical information from the Physician who submits the Statement.

**PAYING PREMIUMS.** No additional premium is payable for this Rider.

**EFFECTIVE DATE.** The Effective Date of this Rider is the date this Rider was issued. It is used to determine Rider years and anniversaries.

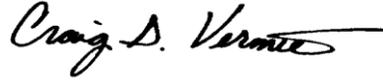
**INCONTESTABILITY.** Except for fraud, we will not contest this Rider after it has been In Force during the lifetime of the Insured for two years from the Effective Date. If the Policy Amount of Insurance is changed after the Rider Effective Date, and such changes increase the benefits under this Rider, we may contest the increase for two years from the date of the increase.

**OTHER INSURANCE.** All other riders attached to the Policy shall Terminate, subject to any paid-up or conversion options, upon payment of any benefit under this Rider.

**TERMINATION.** This Rider will automatically Terminate when your Policy Terminates or lapses or matures or is continued under one of the nonforfeiture options; or when we have paid the Accelerated Death Benefit; whichever occurs first.

Signed for the Company at [Cedar Rapids, Iowa].

**TRANSAMERICA LIFE INSURANCE COMPANY**



[ ]

[Craig D. Vermie]  
[Secretary]

<b>Part A1 – Producer</b>					
Name		Producer ID		Split %	Profile
Name		Producer ID		Split %	Profile
Name		Producer ID		Split %	Profile
<b>Part A2 – Plan &amp; Rider Information</b>					
Plan		Face Amount		Total Premium	
		\$		\$	
Rate Class applied for:					
<input type="checkbox"/> Preferred Non-Tobacco		<input type="checkbox"/> Preferred Tobacco			
<input type="checkbox"/> Standard Non-Tobacco		<input type="checkbox"/> Standard Tobacco			
<input type="checkbox"/> Graded					
Accidental Death Benefit Rider? (If yes, Accidental Death Benefit Rider will equal base amount)				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Child / Grandchild Rider? \$ _____ (Add Child / Grandchild information to the Supplemental Information to the Application for Life Insurance)				<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Part A3 – Proposed Insured</b>					
Name (First, M.I., Last, Suffix)			Address, City, State, Zip Code (cannot be a P.O. Box)		
D.O.B. (MM/DD/YYYY)		U.S. State or Country of Birth		Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	
				If "NO," what Country? _____	
Gender	SSN	Phone Number for Interview	Best time to call		If "NO," are you a legal U.S. Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No
( )		( )	a.m. p.m.		If "YES," VISA type and number _____
					If "NO," you are not eligible for coverage.
<b>Part A4 – Owner (If Other Than Proposed Insured)</b>					
Name (First, M.I., Last, Suffix)			Address, City, State, Zip Code (cannot be a P.O. Box)		
Phone Number		D.O.B. (MM/DD/YYYY)		Gender	
( )					
SSN		Relationship to Insured			
				Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	
				If "NO," what Country? _____	
				If "NO," are you a legal U.S. Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	
				If "YES," VISA type and number _____	
				If "NO," you are not eligible for coverage.	
<b>Part A5 – Beneficiary (Please use the Supplemental Information form if additional room is needed)</b>					
Primary Name (First, M.I., Last, Suffix)		D.O.B. (MM/DD/YYYY)		SSN	Percentage
					Relationship to Insured
Contingent Name (First, M.I., Last, Suffix)		D.O.B. (MM/DD/YYYY)		SSN	Percentage
					Relationship to Insured
<b>Part A6 – Existing Insurance</b>					
Does the proposed Insured have any existing life insurance or annuity contracts with the company or any other company?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this insurance intended to replace or change any life insurance or annuity contract in force with the company or any other company?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, submit the state required forms and please provide company name and policy number. _____					
Is this to be a 1035 exchange?				<input type="checkbox"/> Yes <input type="checkbox"/> No	



<b>Part C1</b>	
Within the last 12 months has the proposed Insured used tobacco products in any form?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If a policy cannot be issued as applied for, would you accept a rated policy if available?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If 'yes,' adjust face amount to premium?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Part C2 – If Any Question In This Section Is Answered “Yes”, The Proposed Insured Is Not Eligible For Any Coverage.</b>	
1) Is the proposed Insured hospitalized, bedridden, residing in a nursing home, assisted or long term care facility, receiving hospice or home health care, or has the proposed Insured been advised or is the proposed Insured planning to have inpatient surgery?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2) Has the proposed Insured <b>ever</b> :	
a) Been diagnosed with, been treated for or advised to receive treatment for Alzheimer’s, dementia, memory loss, organic brain disease, mental incapacity, Lou Gehrig’s disease (ALS), Downs Syndrome, Huntington’s disease, sickle cell anemia, cystic fibrosis, cerebral palsy or been diagnosed by a medical professional as having a terminal medical condition that is expected to result in death within the next 18 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) Tested positive for the antibodies to the AIDS (HIV) virus or been medically diagnosed with or received treatment for HIV, Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c) Been in a diabetic coma or had or been advised to have an amputation due to disease or disorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d) Received or been advised to receive an organ transplant other than corneal?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3) Within the past <b>2 years</b> has the proposed Insured:	
a) Had, been diagnosed with, been treated for or advised to receive treatment for cancer (other than basal cell carcinoma)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) Undergone testing by a medical professional for which the results have not been received or been advised to have any surgical operation, diagnostic testing other than for routine screening purposes, treatment, hospitalization or other procedure which has not been done?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Part C3</b>	
4) Has the proposed Insured been diagnosed with diabetes (other than gestational diabetes) before the age of 18?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5) Within the past <b>4 years</b> has the proposed Insured had, been diagnosed with, been treated for or advised to receive treatment for cancer (other than basal cell carcinoma)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6) Within the past <b>1 year</b> has the proposed Insured:	
a) Used illegal drugs or been diagnosed with, been treated for or been advised to receive treatment for alcoholism, alcohol use/abuse, drug use/abuse, (including prescription drugs), or muscular dystrophy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) Had more than 12 seizures; or had, been diagnosed with, been treated for or advised to receive treatment for congestive heart failure, cirrhosis, hepatitis B or C or other liver disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c) Had, been diagnosed with, been treated for or advised to receive treatment for aneurysm or angina; or had or been advised to have heart surgery of any kind including bypass surgery, angioplasty, stent implant or pacemaker implant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d) Had a heart attack, stroke (CVA) or transient ischemic attack (TIA)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e) Used oxygen to assist in breathing (including Sleep Apnea); received kidney dialysis; or had, been diagnosed with, been treated for or advised to receive treatment for kidney failure due to a disease or disorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7) Within the past 2 years has the proposed Insured used a wheelchair or electric scooter? If answering yes to this question and the reason(s) for the wheelchair or scooter use was/is for a reason that is expected to resolve, please provide details on the Supplemental Information to the Application for Life Insurance.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> <li>• If all questions in Part C3 are answered “No,” proceed to Part C4.</li> <li>• If one question in Part C3 is answered “Yes,” the proposed Insured is potentially eligible for the Graded Death Benefit product, proceed to Part C5.</li> <li>• If two or more questions in Part C3 are answered “Yes,” the proposed Insured is not eligible for any coverage.</li> </ul>	

<b>Part C4</b>	
8) Within the past <b>2 years</b> has the proposed Insured:	
a) Had, been diagnosed with, been treated for or advised to receive treatment for angina (chest pain); aneurysm; vascular, circulatory or blood disorder; heart surgery of any kind including bypass surgery, angioplasty, stent implant or pacemaker implant; or irregular heart rhythm such as atrial fibrillation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) Had a heart attack, stroke (CVA) or transient ischemic attack (TIA)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c) Had more than 12 seizures; used insulin; or had, been diagnosed with, been treated for or advised to receive treatment for congestive heart failure, cirrhosis, hepatitis B or C or other liver disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d) Used illegal drugs or been diagnosed with, been treated for or been advised to receive treatment for alcoholism, alcohol use/abuse, drug use/abuse (including prescription drugs)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9) Within the past <b>4 years</b> has the proposed Insured had, been diagnosed with, been treated for or advised to receive treatment for kidney disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10) Has the proposed Insured <b>ever</b> been diagnosed with, been treated for or advised to receive treatment for Parkinson’s disease, multiple sclerosis, chronic obstructive pulmonary disease (COPD) including emphysema, chronic asthma, black lung or other chronic respiratory disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> <li>• If all questions in Part C4 are answered “No,” the proposed Insured is potentially eligible for the Preferred product, proceed to Part C5.</li> <li>• If one question in Part C4 is answered “Yes,” the proposed Insured is potentially eligible for the Standard product, proceed to Part C5.</li> <li>• If two or more questions in Part C4 are answered “Yes,” the proposed Insured is potentially eligible for the Graded Death Benefit product.</li> </ul>	

<b>Part C5 – Nursing Home Option - If The Following Question Is Answered “Yes”, The Proposed Insured Is Not Eligible For The Nursing Home Option On The Accelerated Death Benefit Rider.</b>	
Does the proposed Insured need any assistance from other persons in performing any activities of daily living such as eating, bathing, toileting, dressing, taking medications, walking or moving in and out of bed or chair or does the proposed Insured have ongoing incontinence or, in the 2 years prior to the application, has a medical professional recommended that the proposed Insured be confined to a Nursing Home?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**AGREEMENT / AUTHORIZATION**

**ACKNOWLEDGMENT OF PROPOSED OWNER AND INSURED(S)** –Each of the undersigned hereby certifies and represents as follows: The statements and answers given on this application are true and correct. I acknowledge and agree (A) that this application and any amendments shall be the basis for any insurance issued; (B) that the agent does not have the authority to waive any question on this application, to decide if insurance will be issued, or to modify any term or provision of any insurance which may be issued based on this application, only a writing signed by an officer of the Company can change the terms of this application or the terms of any insurance issued by the Company; (C) except as provided in the Conditional Receipt, if issued with the same proposed Insured(s) as on this application, no policy applied for shall take effect until after all of the following conditions have been met: 1) the minimum initial premium must be received by the Company; 2) the proposed Owner must have personally received and accepted the policy during the lifetime of all proposed Insured(s) and while all proposed Insured(s) are in good health; and 3) on the date of the later of either 1) or 2) above, all of the statements and answers given in this application must be true and complete, and the insurance will not take effect if the facts have changed. Unless otherwise stated the proposed insured is the premium payor and Owner of the policy applied for.

I have received the MIB Disclosure Notification, Notice to Persons Applying For Insurance, Accelerated Death Benefit Disclosure and Conditional Receipt.

I hereby authorize any licensed physician, medical practitioner, hospital, clinic or other medical or medically related facility, insurance company, MIB, Inc. ("MIB") or other organization, institution or person, that has any records or knowledge of me or my health, to give to the Transamerica Life Insurance Company, or its reinsurers, any such information. I authorize Transamerica Life Insurance Company, or its reinsurers, to make a brief report of my personal/protected health information to MIB. A photographic copy of this authorization shall be as valid as the original.

**I understand that any omissions or misstatements in this application could cause an otherwise valid claim to be denied under any insurance issued from this application.**

**FRAUD WARNING:** Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Signed Date \_\_\_\_\_ Signed at City \_\_\_\_\_ State \_\_\_\_\_

\_\_\_\_\_  
Proposed Insured Signature

\_\_\_\_\_  
Owner Signature (If Owner other than Insured)

\_\_\_\_\_  
Producer Signature

**If the EFT premium payment method is chosen, please tape a voided check in this box.**

### NOTICE TO PERSONS APPLYING FOR INSURANCE

As part of the Company's procedure for processing your insurance application, an investigative consumer report may be prepared whereby information is obtained through physicians, hospitals, clinics, and other medically-related facilities, who may be contacted using your signed authorization, to obtain details of your past medical treatment.

You have the right to be interviewed as part of any investigative consumer report that may be prepared. If you desire to be interviewed, you must indicate this to the Company. You also have the right to request access to, and correction and amendment of, any personal information collected. Additionally, you are entitled to receive a description of procedures which allow access to and correction of personal information which may be obtained, the nature and scope of the investigation requested, and a description of the circumstances under which personal information may be disclosed without prior authorization. Your written request should be addressed to the Company.

### TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: [4333 Edgewood Road NE, Cedar Rapids, IA 52499]

### MIB DISCLOSURE NOTIFICATION

Information regarding your insurability will be treated as confidential. Transamerica Life Insurance Company or its reinsurers may, however, make a brief report thereon to MIB, Inc., a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its Members. If you apply to another MIB Member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information in its file.

Upon receipt of a request from you MIB will arrange disclosure of any information it may have in your file. Please contact MIB at 866-692-6901 (TTY 866-346-3642). If you question the accuracy of information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information office is 50 Braintree Hill Park, Suite 400, Braintree, MA 02184-8734.

Transamerica Life insurance Company, or its reinsurers, may also release information in its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its website at [www.mib.com](http://www.mib.com).

01/13

### CONDITIONAL RECEIPT

No coverage will be effective prior to delivery of the policy applied for unless and until all the following conditions are met:

#### Conditions of Coverage

1. On the Effective Date indicated below, the state of health and all factors affecting insurability of each person proposed for coverage must be stated in the application required by the Company and the application must not contain a material misrepresentation;
2. An amount equal to the first full premium required must be paid and any check, Authorization for Electronic Funds Transfer (EFT), payroll deduction or allotment given in payment must be honored when first presented; and,
3. Each person proposed for coverage is on the Effective Date insurable and acceptable to the Company under its rules, limits and underwriting standards for the plan and for the amount applied for, without modification of plan, premium rates or amount of coverage.

#### Effective Date

If all of the above conditions are met, insurance in the amount applied for or \$50,000, whichever is lower, will become effective on the date the application is completed. If any of the above conditions are not met, or if the proposed Insured dies prior to a future date selected for draft of the initial premium or if the proposed Insured dies by suicide, this receipt provides no coverage, and the liability of the Company is the return of the amount remitted with this receipt. Coverage which takes effect through this receipt will terminate at the EARLIEST of the following: (a) the effective date of the policy; (b) thirty (30) days after the date of the application; (c) three (3) days after the date the Company sends written notice that the receipt is terminated.

**Agent Instructions: Please leave this page with the Proposed Insured/Owner**

## Supplemental Information to the Application for Life Insurance

Proposed Primary Insured Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

### Additional Information

Question Number	Name of Proposed Insured	Details to General and Medical Questions (Diagnosis, Dates, Durations, and Medications, Dosages, Frequency) Medical Facilities & Physicians Names, Addresses, Phone Numbers

### Additional Information

### Child / Grandchild Rider Information

Name (First, M.I., Last, Suffix)	D.O.B. (MM/DD/YYYY)	Gender	Relationship to Insured	SSN

### Contingent Owner

Name (First, M.I., Last, Suffix)	SSN	Gender	Relationship to Insured	Phone Number ( )	D.O.B. (MM/DD/YYYY)
Address, City, State, Zip Code (If different from Insured) (cannot be a P.O. Box)				Are you a citizen of the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what country?	

Signed Date \_\_\_\_\_ Signed at City \_\_\_\_\_ State \_\_\_\_\_

Proposed Insured Signature \_\_\_\_\_

Owner Signature (If Owner other than Insured) \_\_\_\_\_

Producer Signature \_\_\_\_\_

<b>Part A1 – Producer</b>			
Name	Producer ID	Split %	Profile
Name	Producer ID	Split %	Profile
Name	Producer ID	Split %	Profile

<b>Part A2 – Plan &amp; Rider Information</b>		
Plan	Face Amount \$	Total Premium \$
Rate Class applied for: <input type="checkbox"/> Preferred Non-Tobacco <input type="checkbox"/> Preferred Tobacco <input type="checkbox"/> Preferred Juvenile <input type="checkbox"/> Standard Non-Tobacco <input type="checkbox"/> Standard Tobacco <input type="checkbox"/> Standard Juvenile <input type="checkbox"/> Graded		
Accidental Death Benefit Rider? (If yes, Accidental Death Benefit Rider will equal base amount) <span style="float:right"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>		
Child / Grandchild Rider? \$ _____ (Add Child / Grandchild information to the Supplemental Information to the Application for Life Insurance) <span style="float:right"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>		

<b>Part A3 – Proposed Insured</b>					
Name (First, M.I., Last, Suffix)			Address, City, State, Zip Code (cannot be a P.O. Box)		
D.O.B. (MM/DD/YYYY)		U.S. State or Country of Birth		Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If "NO," what Country? _____	
Gender	Height	Weight	SSN	If "NO," are you a legal U.S. Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No If "YES," VISA type and number _____ If "NO," you are not eligible for coverage.	
Driver's License Number	State	Phone Number for Interview ( )	Best time to call a.m. p.m.	Occupation	

<b>Part A4 – Owner (If Other Than Proposed Insured)</b>					
Name (First, M.I., Last, Suffix)			Address, City, State, Zip Code (cannot be a P.O. Box)		
Phone Number ( )	D.O.B. (MM/DD/YYYY)	Gender	Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If "NO," what Country? _____ If "NO," are you a legal U.S. Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No If "YES," VISA type and number _____ If "NO," you are not eligible for coverage.		
SSN	Relationship to Insured				

<b>Part A5 – Beneficiary (Please use the Supplemental Information form if additional room is needed)</b>				
Primary Name (First, M.I., Last, Suffix)	D.O.B. (MM/DD/YYYY)	SSN	Percentage	Relationship to Insured
Contingent Name (First, M.I., Last, Suffix)	D.O.B. (MM/DD/YYYY)	SSN	Percentage	Relationship to Insured

<b>Part A6 – Existing Insurance</b>	
Does the proposed Insured have any existing life insurance or annuity contracts with the company or any other company?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this insurance intended to replace or change any life insurance or annuity contract in force with the company or any other company?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, submit the state required forms and please provide company name and policy number. _____	
Is this to be a 1035 exchange?	<input type="checkbox"/> Yes <input type="checkbox"/> No



<b>Part C1</b>	
Within the last 12 months has the proposed Insured used tobacco products in any form?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If a policy cannot be issued as applied for, would you accept a rated policy if available?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If 'yes,' adjust face amount to premium?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Part C2 – If Any Question In This Section Is Answered “Yes”, The Proposed Insured Is Not Eligible For Any Coverage.</b>	
1) Is the proposed insured currently:	
a. Hospitalized or bedridden; or been advised, planning or scheduled to have inpatient surgery?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. On parole or probation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2) Within the past 2 years has the proposed insured:	
a. Had, been diagnosed with, been treated for or advised to receive treatment for cancer (other than Basal Cell carcinoma)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Had a stroke (CVA), transient ischemic attack (TIA), heart attack, cardiovascular surgery including bypass, angioplasty, stent implant or pacemaker implant; or had, been diagnosed with, been treated for or advised to receive treatment for congestive heart failure?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Used a wheelchair or electric scooter? If answering yes to this question and the reason(s) for the wheelchair or scooter use was/is for a reason that is expected to resolve, please provide details on the Supplemental Information to the Application for Life Insurance.	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Used oxygen to assist in breathing (including oxygen use for Sleep Apnea)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Used illegal drugs (other than marijuana); or been diagnosed with, been treated for or advised to receive treatment for alcoholism, alcohol use/abuse or drug use/abuse (including prescription drugs)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Undergone testing by a medical professional for which the results have not been received; or been advised to have any surgical operation, diagnostic testing (other than for routine screening purposes), treatment, hospitalization or other procedure that has not been completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Resided in a nursing home, assisted or long term care facility; or received hospice or home health care?	<input type="checkbox"/> Yes <input type="checkbox"/> No
h. Been diagnosed with Crohn's disease, Multiple Sclerosis or Parkinson's disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No
i. Had, been diagnosed with, been treated for or advised to receive treatment for Hepatitis C, Tuberculosis (TB) or Lupus?	<input type="checkbox"/> Yes <input type="checkbox"/> No
j. Been incarcerated; or been convicted of a felony or misdemeanor; or been convicted of 2 or more DUI's/DWI's or 3 or more moving violations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3) Has the proposed insured ever:	
a. Had, been diagnosed with, been treated for or been advised to receive treatment for Alzheimer's, dementia, memory loss, any cognitive disorder, organic brain disease, mental incapacity, Lou Gehrig's (ALS), Downs Syndrome, Huntington's, Spina Bifida not surgically corrected, Sickle Cell anemia, Cystic Fibrosis or Cerebral Palsy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Been diagnosed by a medical professional as having a terminal medical condition that is expected to result in death within the next 18 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Tested positive for the antibodies to the AIDS (HIV) virus or been medically diagnosed with or received treatment for HIV, Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Been in a diabetic coma or had or been advised to have an amputation due to disease or disorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Received or been advised to receive an implanted defibrillator or an organ transplant (other than corneal)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Part C3 - For All Questions Answered “Yes” In This Section Give Details On The Supplemental Information To The Application.</b>	
1) Does the proposed Insured take any prescription medication? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	
2) Within the last 10 years, has the proposed Insured had or received medical treatment for any of the following conditions:	
Any disease or disorder of the blood, heart or circulatory system such as heart attack, stroke or transient ischemic attack (TIA)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Respiratory Disease	<input type="checkbox"/> Yes <input type="checkbox"/> No
Kidney/Liver/Digestive Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No
Epilepsy/Seizures	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mental/Nervous Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cancer/Leukemia	<input type="checkbox"/> Yes <input type="checkbox"/> No
High Blood Pressure	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, last reading: _____ / _____ Medication: _____	
Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, age at onset: _____ Medication: _____ Avg. blood sugar reading: _____	
3) Within the last 5 years, has the proposed Insured:	
a) Had one or more DUI(s), been charged with, or convicted of a felony OR been on probation/parole?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) Illegally used any drug or controlled substance or been treated/counseled for drug or alcohol abuse?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Part C4 – Nursing Home Option - If The Following Question Is Answered “Yes”, The Proposed Insured Is Not Eligible For The Nursing Home Option On The Accelerated Death Benefit Rider.</b>	
Does the proposed Insured need any assistance from other persons in performing any activities of daily living such as eating, bathing, toileting, dressing, taking medications, walking or moving in and out of bed or chair or does the proposed Insured have ongoing incontinence or, in the 2 years prior to the application, has a medical professional recommended that the proposed Insured be confined to a Nursing Home? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	

**AGREEMENT / AUTHORIZATION**

**ACKNOWLEDGMENT OF PROPOSED OWNER AND INSURED(S)**—Each of the undersigned hereby certifies and represents as follows: The statements and answers given on this application are true and correct. I acknowledge and agree (A) that this application and any amendments shall be the basis for any insurance issued; (B) that the agent does not have the authority to waive any question on this application, to decide if insurance will be issued, or to modify any term or provision of any insurance which may be issued based on this application, only a writing signed by an officer of the Company can change the terms of this application or the terms of any insurance issued by the Company; (C) except as provided in the Conditional Receipt, if issued with the same proposed Insured(s) as on this application, no policy applied for shall take effect until after all of the following conditions have been met: 1) the minimum initial premium must be received by the Company; 2) the proposed Owner must have personally received and accepted the policy during the lifetime of all proposed Insured(s) and while all proposed Insured(s) are in good health; and 3) on the date of the later of either 1) or 2) above, all of the statements and answers given in this application must be true and complete, and the insurance will not take effect if the facts have changed. Unless otherwise stated the proposed insured is the premium payor and Owner of the policy applied for.

I have received the MIB Disclosure Notification, Notice to Persons Applying For Insurance, Accelerated Death Benefit Disclosure and Conditional Receipt.

I hereby authorize any licensed physician, medical practitioner, hospital, clinic or other medical or medically related facility, insurance company, MIB, Inc. ("MIB") or other organization, institution or person, that has any records or knowledge of me or my health, to give to the Transamerica Life Insurance Company, or its reinsurers, any such information. I authorize Transamerica Life Insurance Company, or its reinsurers, to make a brief report of my personal/protected health information to MIB. A photographic copy of this authorization shall be as valid as the original.

**I understand that any omissions or misstatements in this application could cause an otherwise valid claim to be denied under any insurance issued from this application.**

**FRAUD WARNING:** Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Signed Date \_\_\_\_\_ Signed at City \_\_\_\_\_ State \_\_\_\_\_

\_\_\_\_\_  
Proposed Insured Signature  
( Insured age 15 and over must sign)

\_\_\_\_\_  
Signature of Parent or Legal Guardian  
(if Proposed Insured is Under 18 years of age)

\_\_\_\_\_  
Owner Signature (If Owner other than Insured)

\_\_\_\_\_  
Producer Signature

**If the EFT premium payment method is chosen, please tape a voided check in this box.**

### NOTICE TO PERSONS APPLYING FOR INSURANCE

As part of the Company's procedure for processing your insurance application, an investigative consumer report may be prepared whereby information is obtained through physicians, hospitals, clinics, and other medically-related facilities, who may be contacted using your signed authorization, to obtain details of your past medical treatment.

You have the right to be interviewed as part of any investigative consumer report that may be prepared. If you desire to be interviewed, you must indicate this to the Company. You also have the right to request access to, and correction and amendment of, any personal information collected. Additionally, you are entitled to receive a description of procedures which allow access to and correction of personal information which may be obtained, the nature and scope of the investigation requested, and a description of the circumstances under which personal information may be disclosed without prior authorization. Your written request should be addressed to the Company.

**TRANSAMERICA LIFE INSURANCE COMPANY**  
Home Office: [4333 Edgewood Road NE, Cedar Rapids, IA 52499]

### MIB DISCLOSURE NOTIFICATION

Information regarding your insurability will be treated as confidential. Transamerica Life Insurance Company or its reinsurers may, however, make a brief report thereon to MIB, Inc., a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its Members. If you apply to another MIB Member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information in its file.

Upon receipt of a request from you MIB will arrange disclosure of any information it may have in your file. Please contact MIB at 866-692-6901 (TTY 866-346-3642). If you question the accuracy of information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information office is 50 Braintree Hill Park, Suite 400, Braintree, MA 02184-8734.

Transamerica Life insurance Company, or its reinsurers, may also release information in its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its website at [www.mib.com](http://www.mib.com).

01/13

### CONDITIONAL RECEIPT

No coverage will be effective prior to delivery of the policy applied for unless and until all the following conditions are met:

#### Conditions of Coverage

1. On the Effective Date indicated below, the state of health and all factors affecting insurability of each person proposed for coverage must be stated in the application required by the Company and the application must not contain a material misrepresentation;
2. An amount equal to the first full premium required must be paid and any check, Authorization for Electronic Funds Transfer (EFT), payroll deduction or allotment given in payment must be honored when first presented; and,
3. Each person proposed for coverage is on the Effective Date insurable and acceptable to the Company under its rules, limits and underwriting standards for the plan and for the amount applied for, without modification of plan, premium rates or amount of coverage.

#### Effective Date

If all of the above conditions are met, insurance in the amount applied for or \$50,000, whichever is lower, will become effective on the date the application is completed. If any of the above conditions are not met, or if the proposed Insured dies prior to a future date selected for draft of the initial premium or if the proposed Insured dies by suicide, this receipt provides no coverage, and the liability of the Company is the return of the amount remitted with this receipt. Coverage which takes effect through this receipt will terminate at the EARLIEST of the following: (a) the effective date of the policy; (b) thirty (30) days after the date of the application; (c) three (3) days after the date the Company sends written notice that the receipt is terminated.

**Agent Instructions: Please leave this page with the Proposed Insured/Owner**

## Supplemental Information to the Application for Life Insurance

Proposed Primary Insured Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

### Additional Information

Question Number	Name of Proposed Insured	Details to General and Medical Questions (Diagnosis, Dates, Durations, and Medications, Dosages, Frequency) Medical Facilities & Physicians Names, Addresses, Phone Numbers

### Additional Information

### Child / Grandchild Rider Information

Name (First, M.I., Last, Suffix)	D.O.B. (MM/DD/YYYY)	Gender	Relationship to Insured	SSN

### Contingent Owner

Name (First, M.I., Last, Suffix)	SSN	Gender	Relationship to Insured	Phone Number ( )	D.O.B. (MM/DD/YYYY)
Address, City, State, Zip Code (If different from Insured) (cannot be a P.O. Box)			Are you a citizen of the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what country?		

Signed Date \_\_\_\_\_ Signed at City \_\_\_\_\_ State \_\_\_\_\_

Proposed Insured Signature  
( Insured age 15 and over must sign)

Signature of Parent or Legal Guardian  
(if Proposed Insured is Under 18 years of age)

Owner Signature (If Owner other than Insured)

Producer Signature

SERFF Tracking #:

AEGB-128781423

State Tracking #:

Company Tracking #:

State:

Arkansas

Filing Company:

Transamerica Life Insurance Company

TOI/Sub-TOI:

L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life

Product Name:

WL08 AR, WL09 AR, ADR10 AR, CR13, R05400, R05401, L122 1012T, L123 1012T

Project Name/Number:

Senior Markets Final Expense/L086-1

## Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:			
Attachment(s):			
AR - Rule and Regulation 19.pdf			
AR - Cert of Regulation 49.pdf			
AR Bulletin 15-2009 Certification.pdf			
AR - Bulletin 11-83.pdf			
AR - Cert of Compliance 23-79-138.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Accelerated Death Benefit Disclosure Acc-DISC LR		
Comments:			
Attachment(s):			
ACC-DISC LR (T).pdf			

		Item Status:	Status Date:
Satisfied - Item:	WL08 AR 10 Pay Data Pages		
Comments:			
Attachment(s):			
WL08 AR 10 Pay Policy Data.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Statements of Variability		
Comments:			
Attachment(s):			
Statement of Variability WL08 et al 11-2012.pdf			
TLIC Statement of Variability - Applications.pdf			

SERFF Tracking #:

AEGB-128781423

State Tracking #:

Company Tracking #:

State:

Arkansas

Filing Company:

Transamerica Life Insurance Company

TOI/Sub-TOI:

L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life

Product Name:

WL08 AR, WL09 AR, ADR10 AR, CR13, R05400, R05401, L122 1012T, L123 1012T

Project Name/Number:

Senior Markets Final Expense/L086-1

Item Status:

Status Date:

Satisfied - Item:	Flesch Score		
Comments:			
Attachment(s):			
Flesch Score Cert TLIC WL08 et al.pdf			

TRANSAMERICA LIFE INSURANCE COMPANY

**RULE AND REGULATION 19  
STATE OF ARKANSAS**

Form Number: WL08 AR, WL09 AR

Date: November 26, 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

CERTIFICATION OF REGULATION 49  
STATE OF ARKANSAS

Form Number: WL08 AR, WL09 AR

Date: November 26, 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**  
**Home Office: Cedar Rapids, Iowa**

**BULLETIN 15-2009 CERTIFICATION**

**Policy Forms: WL08 AR and WL09 AR**

We certify that, for policies issued in Arkansas on the above-referenced policy form numbers, we will deliver the Consumer Information Notice required by Bulletin 15-2009.



---

Cheryl Bock  
Assistant Vice President

11/26/2012  
Date

TRANSAMERICA LIFE INSURANCE COMPANY

**BULLETIN 11-83  
STATE OF ARKANSAS**

Form Number: WL08 AR, WL09 AR

Date: November 26, 2012

I hereby certify that the accompanying life product is in compliance with Bulletin 11-83.

*Cheryl Bock*

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Cheryl Bock, Assist. Vice President Contract Development

# TRANSAMERICA LIFE INSURANCE COMPANY

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

**Policy Number:** WL08 AR, WL09 AR

**Date:** November 26, 2012

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

**Cheryl Bock**

Digitally signed by Cheryl Bock  
DN: cn=Cheryl Bock, o, ou,  
email=Cheryl.Bock@Transamerica.com,  
c=US  
Date: 2012.11.26 15:34:32 -06'00'

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Cheryl Bock, Assistant Vice President, Contract Development



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)

### ACCELERATED DEATH BENEFIT RIDER DISCLOSURE

**Receipt of the Accelerated Death Benefit may adversely affect the recipient's eligibility for Medicaid or other government benefits or entitlements. In addition, receipt of the Accelerated Death Benefit may be taxable and assistance should be sought from a personal tax advisor.**

**Description of Benefit:** Upon receipt of proof of acceptable to us of the Insured's Qualifying Event, the Owner may choose to receive the Accelerated Death Benefit while the Insured is alive and the Rider is In Force.

**Qualifying Event:** An event defined in the Rider, which allows for payment of the Accelerated Death Benefit.

**Accelerated Death Benefit Amount:** The Accelerated Death Benefit shall be equal to:

1. the Policy Death Benefit that would be In Force at the end of the 12 month period following the Acceleration Date, before deduction of any outstanding Loan Balance; less
2. a discount on the Accelerated Death Benefit calculated for the 12 month period using the current interest rate; less
3. any outstanding policy loans, including accrued interest until the end of the 12 months following the Acceleration Date; less
4. any premiums which would be required to keep the Policy In Force for the 12 month period following the Acceleration Date for the Policy Amount of Insurance reduced by appropriate discount using the current interest rate.

**Termination of Coverage:** The Accelerated Death Benefit Rider will automatically terminate when the Policy which it is attached terminates or lapses or matures or is continued under one of the nonforfeiture options; or when the Accelerated Death Benefit is paid; whichever occurs first.

**Impact on the Policy's Death Benefit:** The Policy to which the Rider is attached will terminate on the date the Accelerated Death Benefit is paid.

By signing below, you agree that you have read and received a copy of this summary and disclosure statement at the time of application.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner's (Applicant's) Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent's Signature



The Schedule of Premiums above is for direct billing only. A Schedule of Premiums for other payment modes will be provided on request.

**TABLE OF POLICY VALUES**

**IF ALL THE PREMIUMS DUE HAVE BEEN PAID TO THE POLICY ANNIVERSARY AND THERE IS NO LOAN BALANCE OUTSTANDING, THE POLICY VALUES WILL BE:**

**POLICY NUMBER:** [110 01 SAMPLE]  
**NONFORFEITURE INTEREST RATE:** [5.00%]

<u>END OF POLICY YEAR</u>	<u>AGE OF INSURED</u>	<u>CASH VALUE</u>	<u>EXTENDED TERM INSURANCE</u>		<u>REDUCED PAID UP INSURANCE</u>
			<u>YEARS</u>	<u>DAYS</u>	
[1	36	\$ 0.00	0	0	\$ 0.00]
[2	37	96.20	7	125	596.00]
[3	38	324.70	18	216	1928.00]
[4	39	564.00	25	89	3210.00]
[5	40	814.90	29	319	4445.00]
[6	41	1077.80	33	235	5636.00]
[7	42	1353.00	36	322	6784.00]
[8	43	1641.10	39	336	7893.00]
[9	44	1942.50	43	179	8964.00]
[10	45	2258.00	PAID UP		10,000.00]
[11	46	2351.60	PAID UP		10,000.00]
[12	47	2448.40	PAID UP		10,000.00]
[13	48	2548.80	PAID UP		10,000.00]
[14	49	2653.30	PAID UP		10,000.00]
[15	50	2762.00	PAID UP		10,000.00]
[16	51	2874.70	PAID UP		10,000.00]
[17	52	2991.10	PAID UP		10,000.00]
[18	53	3110.90	PAID UP		10,000.00]
[19	54	3234.10	PAID UP		10,000.00]
[20	55	3360.20	PAID UP		10,000.00]
	[@55	3360.20	PAID UP		10,000.00]
	[@60	4035.40	PAID UP		10,000.00]
	[@65	4774.80	PAID UP		10,000.00]

**TRANSAMERICA LIFE INSURANCE COMPANY**

**STATEMENT OF VARIABILITY**

**WL08 - Whole Life Insurance Policy**

1. Home Office Address (face page header): This may change to another location in the future.
2. Administrative Office Address (face page header): This may change to another location.
3. Telephone Number (face page header): This may change to another number.
4. Insured (face page policy information): This will be the name of the insured indicated on the application for insurance.
5. Face Amount (face page policy information): This will be the amount we approve, subject to a minimum of \$1,000 and a maximum of \$50,000.
6. Owner (face page policy information): This will be the insured, unless otherwise indicated on the application for insurance.
7. Policy Number (face page policy information): This will be assigned sequentially.
8. Policy Date (face page policy information): This will be the date coverage under the policy becomes effective.
9. Signed for the Company at (face page, second paragraph): This may change to another location.
10. Officer Signatures and Titles (face page): These may change in the future. In the event the title of an officer signing the policy form changes, any new title will be the title of an officer of the company.
11. Policy Number (policy data page 3): This will be assigned sequentially.
12. Policy Date (policy data page 3): This will be the date coverage under the policy becomes effective.
13. Face Amount (policy data page 3): This will be the amount we approve, subject to a minimum of \$1,000 and a maximum of \$50,000.
14. Insured (policy data page 3): This will be the name of the insured indicated on the application for insurance.
15. Owner (policy data page 3): This will be the insured, unless otherwise indicated on the application for insurance.
16. Class of Risk (policy data page 3): This will be one of the following classes, depending on the insured's underwriting status:
  - Preferred Juvenile
  - Preferred Non-Tobacco
  - Preferred Tobacco
  - Standard Juvenile
  - Standard Non-Tobacco
  - Standard Tobacco
17. Date of Issue (policy data page 3): This will be the date the policy is prepared in our office.
18. Maturity Date (policy data page 3): This will be the insured's attained age of 121.
19. Issue Age/Sex (policy data page 3): This policy form is issued to ages: (a) 0-17 for juveniles; and (b) 18-85 for preferred non-tobacco, preferred tobacco, standard non-tobacco and standard tobacco. There are further restrictions in availability based on the level premium period. Each insured is designated as either male or female.

20. Type of Coverage (policy data page 3): This will indicate any optional riders the owner may choose on the application for insurance.
21. Face Amount (policy data page 3): The face amount of the policy will be the amount we approve, subject to a minimum of \$1,000 and a maximum of \$50,000. The face amount of the accidental death benefit rider will be the number of units the owner chooses on the application. Min = 1 unit (= \$1000) and Max = base face.
22. Premiums Payable (policy data page 3): The period of time that premiums are payable for the policy will depend on which premium payment plan the owner chooses on the application. There are two premium payment plans for the policy; level premiums for 10 years and level premiums until attained age 99. The period of time that premiums are payable for the accidental death benefit rider are to the policy anniversary following the insured's attained age 98 and is only available with the level premiums until attained age 99 plan.
23. Annual Premium (policy data page 3): The annual premium for the policy will depend on the face amount of the policy; and the insured's age, sex and class of risk. The annual premium for the accidental death benefit rider will depend on the face amount of the rider and the insured's age and sex.
24. Total Annual Premium on Policy Date (policy data page 3): This will depend on the premiums payable for the policy and any optional riders the owner may choose on the application for insurance.
25. Policy Fee (policy data page 3): This fee will be \$42 - \$60, depending on the face amount selected.
26. Initial Premium Payment Amount and Mode (policy data page 3): The initial premium payment amount will depend on the premiums payable for the policy and any optional riders the owner may choose on the application for insurance. The mode will be either annually, semi-annually, quarterly or monthly and will depend on the option the owner chooses on the application for insurance. The billing method will depend on the various options allowed by the company and the option the owner chooses on the application for insurance.
27. Total Premiums Per Year (policy data page 3): This amount will vary depending on the premiums payable for the policy and any optional riders the owner may choose on the application for insurance.
28. Schedule of Premiums (policy data page 3): These premium amounts will vary depending on the modal factor times the annual premium. The policy fee is exempt from modal premium loading.  
Annual: 1.00 factor  
Semi-Annual: 0.51 factor  
Quarterly: 0.26 factor  
Monthly: 0.085 factor
29. Policy Number (policy data page 3A): This will be assigned sequentially.
30. Nonforfeiture Interest Rate (policy data page 3A): Shown as 5%, but it may vary based on the updates provided by the Standard Nonforfeiture Law. We will apply the 5% nonforfeiture interest rate for policies issued through 12-31-2013 and a 4.5% nonforfeiture interest rate for policies issued 1/1/14 and thereafter.
31. Table of Policy Values (policy data page 3A): Case specific at time of issue.
32. Home Office Address (back cover page): This may change to another location in the future.
33. Administrative Office Address (back cover page): This may change to another location.
34. Telephone Number (back cover page): This may change to another number.

## **WL09 - Whole Life Insurance Policy with Graded Death Benefit**

1. Home Office Address (face page header): This may change to another location in the future.
2. Administrative Office Address (face page header): This may change to another location.
3. Telephone Number (face page header): This may change to another number.
4. Insured (face page policy information): This will be the name of the insured indicated on the application for insurance.
5. Face Amount (face page policy information): This will be the amount we approve, subject to a minimum of \$1,000 and a maximum of \$25,000.
6. Owner (face page policy information): This will be the insured, unless otherwise indicated on the application for insurance.
7. Policy Number (face page policy information): This will be assigned sequentially.
8. Policy Date (face page policy information): This will be the date coverage under the policy becomes effective.
9. Signed for the Company at (face page, second paragraph): This may change to another location.
10. Officer Signatures and Titles (face page): These may change in the future. In the event the title of an officer signing the policy form changes, any new title will be the title of an officer of the company.
11. Policy Number (policy data page 3): This will be assigned sequentially.
12. Policy Date (policy data page 3): This will be the date coverage under the policy becomes effective.
13. Face Amount (policy data page 3): This will be the amount we approve, subject to a minimum of \$1,000 and a maximum of \$25,000.
14. Insured (policy data page 3): This will be the name of the insured indicated on the application for insurance.
15. Owner (policy data page 3): This will be the insured, unless otherwise indicated on the application for insurance.
16. Date of Issue (policy data page 3): This will be the date the policy is prepared in our office.
17. Maturity Date (policy data page 3): This will be the insured's attained age of 121.
18. Issue Age/Sex (policy data page 3): This policy form is issued to ages 18-80. Each insured is designated as either male or female.
19. Face Amount (policy data page 3): The face amount will be the amount we approve, subject to a minimum of \$1,000 and a maximum of \$25,000.
20. Premiums Payable (policy data page 3): The period of time that premiums are payable will be to the insured's attained age 99.
21. Annual Premium (policy data page 3): The annual premium will depend on the face amount of the policy; and the insured's age and sex.
22. Total Annual Premium on Policy Date (policy data page 3): This will depend on the premiums payable for the policy and any optional riders the owner may choose on the application for insurance.
23. Policy Fee (policy data page 3): This fee will be \$42 - \$60, depending on the face amount selected.
24. Initial Premium Payment Amount and Mode (policy data page 3): The initial premium payment amount will depend on the premiums payable for the policy and any optional riders the owner may choose on the application for insurance. The mode will be either annually, semi-annually, quarterly or monthly and will

depend on the option the owner chooses on the application for insurance. The billing method will depend on the various options allowed by the company and the option the owner chooses on the application for insurance.

25. Total Premiums Per Year (policy data page 3): This will depend on the premiums payable for the policy.
26. Schedule of Premiums (policy data page 3A): These will depend on the modal factor times the annual premium. The policy fee is exempt from modal premium loading.  
  
Annual: 1.00 factor  
Semi-Annual: 0.51 factor  
Quarterly: 0.26 factor  
Monthly: 0.085 factor
27. Policy Number (policy data page 3A): This will be assigned sequentially.
28. Nonforfeiture Interest Rate (policy data page 3A): Shown as 5%, but it may vary based on the updates provided by the Standard Nonforfeiture Law. We will apply the 5% nonforfeiture interest rate for policies issued through 12-31-2013 and a 4.5% nonforfeiture interest rate for policies issued 1/1/14 and thereafter.
29. Table of Policy Values (policy data page 3A): Case specific at time of issue.
30. Home Office Address (back cover page): This may change to another location in the future.
31. Administrative Office Address (back cover page): This may change to another location.
32. Telephone Number (back cover page): This may change to another number.

#### **ADR10 – Accidental Death Benefit Rider**

1. Administrative Office Address (page 1, header): This may change to another location.
2. Telephone Number (page 1, header): This may change to another number.
3. Officer Signatures and Titles (page 3): 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.

#### **CR13 – Children's and Grandchildren's Benefit Rider**

1. Administrative Office Address (page 1, header): This may change to another location.
2. Telephone Number (page 1, header): This may change to another number.
3. Officer Signatures and Titles (page 4): 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.

#### **R05400 and R05401 – Accelerated Death Benefit Riders**

1. Signed for the Company at (page 3, last paragraph): This may change to another location.
2. Officer's Signature, Officer's Name and Title (page 3): These may change in the future. In the event the title of the 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 - APPLICATIONS**

We have bracketed the variable items in these forms. No change in the variability will be made which in any way expands the scope of the wording. Transamerica Life Insurance Company reserves the right to correct, at any time, any and all typographical errors that do not impact the benefits or intent of language.

**L122 1012T – Application for Individual Life Insurance**

1. **Mailing Address** (page 1): This may change to another location in the future.
2. **Underwriting Department Address** (page 5): This may change to another location in the future.
3. **No Debit Cards Please** (page 2): This option may be available in the future.

**L123 1012T – Application for Individual Life Insurance**

1. **Mailing Address** (page 1): This may change to another location in the future.
2. **Underwriting Department Address** (page 5): This may change to another location in the future.
3. **No Debit Cards Please** (page 2): This option may be available in the future.

**TRANSAMERICA LIFE INSURANCE COMPANY  
FLESCH READABILITY CERTIFICATION**

<b><u>Form Number (may vary by State)</u></b>	<b><u>Flesch Score</u></b>
WL08	53.8
WL09	52.5
ADR10	50.8
R05400	54.2
R05401	54.2
CR13	53.2
ACC-DISC LR	51.0
L 122 1012T	50.7
L 123 1012T	50.7

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

*Cheryl Bock*

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Cheryl Bock, Assistant Vice President of Contract Development