

SERFF Tracking Number: AEGA-128307585 State: Arkansas  
Filing Company: Transamerica Life Insurance Company State Tracking Number:  
Company Tracking Number: VA-APP 05/12 (IE-B)  
TOI: A02.11 Individual Annuities- Deferred Non- Sub-TOI: A02.11.002 Flexible Premium  
Variable and Variable  
Product Name: VA-APP 05/12 (IE-B)  
Project Name/Number: Variable Annuity Application/VA-APP 05/12 (IE-B)

## Filing at a Glance

Company: Transamerica Life Insurance Company

Product Name: VA-APP 05/12 (IE-B) SERFF Tr Num: AEGA-128307585 State: Arkansas  
TOI: A02.11 Individual Annuities- Deferred Non- SERFF Status: Closed-Approved- State Tr Num:  
Variable and Variable Closed  
Sub-TOI: A02.11.002 Flexible Premium Co Tr Num: VA-APP 05/12 (IE-B) State Status: Approved-Closed  
Filing Type: Form Reviewer(s): Linda Bird  
Author: Laurie Bascom Disposition Date: 05/03/2012  
Date Submitted: 04/26/2012 Disposition Status: Approved-  
Closed  
Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

## General Information

Project Name: Variable Annuity Application  
Project Number: VA-APP 05/12 (IE-B)  
Requested Filing Mode: Review & Approval  
Explanation for Combination/Other:  
Submission Type: New Submission  
Overall Rate Impact:

Status of Filing in Domicile: Pending  
Date Approved in Domicile:  
Domicile Status Comments:  
Market Type: Individual  
Individual Market Type:  
Filing Status Changed: 05/03/2012  
State Status Changed: 05/03/2012  
Created By: Laurie Bascom  
Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Laurie Bascom

Filing Description:

Life and Health Division

Arkansas Insurance Department

1200 West Third Street

Little Rock, AR 72201

Re: Transamerica Life Insurance Company

NAIC # 468 - 86231

SERFF Tracking #: AEGA-128307585

VA-APP 05/12 (IE-B) – Variable Annuity Application

SERFF Tracking Number: AEGA-128307585 State: Arkansas  
Filing Company: Transamerica Life Insurance Company State Tracking Number:  
Company Tracking Number: VA-APP 05/12 (IE-B)  
TOI: A02.II Individual Annuities- Deferred Non- Sub-TOI: A02.II.002 Flexible Premium  
Variable and Variable  
Product Name: VA-APP 05/12 (IE-B)  
Project Name/Number: Variable Annuity Application/VA-APP 05/12 (IE-B)

Dear Sir or Madam:

Please find enclosed the above referenced application for your review and approval. This is a new form and is not intended to replace any form previously approved by your Department. This form is intended for use with form number AV1114 101 185 104 approved by your Department on 02/05/2004.

We have enclosed a Statement of Variability that outlines the items that are bracketed. Please note that due to the variability of the language on this application the pagination may vary based on what is included in this application.

This application is used with variable annuities which are SEC registered products. Therefore, a Flesch Readability Certification has not been enclosed as a flesch reading ease score is not required.

Please note the paper and font of the attached application may change in the future. You have our assurances the form will contain the same language as approved by your Department. This form will be printed and be made part of any policy issued.

We would appreciate your review and subsequent approval of the attached form.

Sincerely,

Transamerica Life Insurance Company

Laurie Bascom  
Filing Analyst II  
TCM Regulatory Filing Dept.  
Phone: 319-355-6813  
Fax: 319-355-6820  
Email: laurie.bascom@transamerica.com

P.S. This application was approved by Iowa, our Home State on \_\_\_\_\_, or is concurrently submitted.

State Narrative:

SERFF Tracking Number: AEGA-128307585 State: Arkansas  
 Filing Company: Transamerica Life Insurance Company State Tracking Number:  
 Company Tracking Number: VA-APP 05/12 (IE-B)  
 TOI: A02.II Individual Annuities- Deferred Non- Sub-TOI: A02.II.002 Flexible Premium  
 Variable and Variable  
 Product Name: VA-APP 05/12 (IE-B)  
 Project Name/Number: Variable Annuity Application/VA-APP 05/12 (IE-B)

## Company and Contact

### Filing Contact Information

Laurie Bascom, Forms Filing Analyst II lbascom@aegonusa.com  
 4333 Edgewood Road, NE 319-355-6813 [Phone]  
 Cedar Rapids, IA 52499 319-355-6820 [FAX]

### Filing Company Information

Transamerica Life Insurance Company CoCode: 86231 State of Domicile: Iowa  
 4333 Edgewood Road, NE Group Code: 468 Company Type:  
 Cedar Rapids, IA 52499 Group Name: State ID Number:  
 (319) 355-8511 ext. [Phone] FEIN Number: 39-0989781

-----

## Filing Fees

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation: 1 form X \$50/form  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Transamerica Life Insurance Company	\$50.00	04/26/2012	58620739

SERFF Tracking Number: AEGA-128307585 State: Arkansas  
Filing Company: Transamerica Life Insurance Company State Tracking Number:  
Company Tracking Number: VA-APP 05/12 (IE-B)  
TOI: A02.11 Individual Annuities- Deferred Non- Sub-TOI: A02.11.002 Flexible Premium  
Variable and Variable  
Product Name: VA-APP 05/12 (IE-B)  
Project Name/Number: Variable Annuity Application/VA-APP 05/12 (IE-B)

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	05/03/2012	05/03/2012

SERFF Tracking Number: AEGA-128307585 State: Arkansas  
Filing Company: Transamerica Life Insurance Company State Tracking Number:  
Company Tracking Number: VA-APP 05/12 (IE-B)  
TOI: A02.11 Individual Annuities- Deferred Non- Sub-TOI: A02.11.002 Flexible Premium  
Variable and Variable  
Product Name: VA-APP 05/12 (IE-B)  
Project Name/Number: Variable Annuity Application/VA-APP 05/12 (IE-B)

## Disposition

Disposition Date: 05/03/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AEGA-128307585 State: Arkansas  
 Filing Company: Transamerica Life Insurance Company State Tracking Number:  
 Company Tracking Number: VA-APP 05/12 (IE-B)  
 TOI: A02.II Individual Annuities- Deferred Non- Sub-TOI: A02.II.002 Flexible Premium  
 Variable and Variable  
 Product Name: VA-APP 05/12 (IE-B)  
 Project Name/Number: Variable Annuity Application/VA-APP 05/12 (IE-B)

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Statement of Variability		Yes
Form	Variable Annuity Application		Yes

SERFF Tracking Number: AEGA-128307585 State: Arkansas  
 Filing Company: Transamerica Life Insurance Company State Tracking Number:  
 Company Tracking Number: VA-APP 05/12 (IE-B)  
 TOI: A02.11 Individual Annuities- Deferred Non- Sub-TOI: A02.11.002 Flexible Premium  
 Variable and Variable  
 Product Name: VA-APP 05/12 (IE-B)  
 Project Name/Number: Variable Annuity Application/VA-APP 05/12 (IE-B)

## Form Schedule

### Lead Form Number:

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	VA-APP 05/12 (IE-B)	Application/Variable Annuity Enrollment Application Form	Initial			VA-APP 0512 (IE-B) - Brackets.pdf



Home Office: Cedar Rapids, IA

Individual Variable Deferred Annuity Application

Transamerica Life Insurance Company
4333 Edgewood Road NE, Cedar Rapids, IA 52499
(800) 525-6205
www.transamericaannuities.com

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

1. PRODUCT INFORMATION

Product: Income Elite SM

2. PRIMARY OWNER INFORMATION

Type of Owner: (1)

Complete Legal Name:

Residential Address: (2) City, State, Zip:

Mailing Address: City, State, Zip:

SSN/TIN: (3) Date of Birth: Telephone:

Gender: Marital Status:

Citizenship: U.S. Citizen

Non-U.S.Citizen (Country of Citizenship: ) Resident Alien Non-Resident Alien

3. JOINT OWNER INFORMATION

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

Relationship to Owner: (1)

Complete Legal Name:

Residential Address: (2) City, State, Zip:

Mailing Address: City, State, Zip:

SSN/TIN: (3) Date of Birth: Telephone:

Gender: Marital Status:

Citizenship: U.S. Citizen

Non-U.S.Citizen (Country of Citizenship: ) Resident Alien Non-Resident Alien

(1) If Type of Owner in Section 2 is Individual; there must be an immediate (spouse, domestic partner, parent, child, grandparent, grandchild or sibling) familial relationship between the Primary Owner, the Joint Owner (if applicable) and the Annuitant.

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

(3) Social Security Number (SSN)/Tax Identification Number (TIN)

#### 4. ANNUITANT INFORMATION

If no Annuitant is listed, Transamerica Life Insurance Company will issue the policy with the Primary Owner and Annuitant as the same.

Relationship to Owner:<sup>(1)</sup> \_\_\_\_\_

Complete Legal Name: \_\_\_\_\_

Residential Address:<sup>(2)</sup> \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

SSN/TIN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Telephone: \_\_\_\_\_

Gender: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Citizenship:  U.S. Citizen

Non-U.S.Citizen (Country of Citizenship: \_\_\_\_\_ )  Resident Alien  Non-Resident Alien

#### 5. BENEFICIARY DESIGNATION (If there are more than 3 beneficiaries, attach an Additional Beneficiary Form.)

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

Primary Allocation Percentage: \_\_\_\_\_ %

Is this an Irrevocable Beneficiary? \_\_\_\_\_ Is this a Restricted Beneficiary?<sup>(3)</sup> \_\_\_\_\_

Complete Legal Name: \_\_\_\_\_

Relationship to Annuitant: \_\_\_\_\_ Gender:<sup>(4)</sup> \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

SSN/TIN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Citizenship:  U.S. Citizen

Non-U.S.Citizen (Country of Citizenship: \_\_\_\_\_ )  Resident Alien  Non-Resident Alien

Primary  Contingent Allocation Percentage: \_\_\_\_\_ %

Is this an Irrevocable Beneficiary? \_\_\_\_\_ Is this a Restricted Beneficiary?<sup>(3)</sup> \_\_\_\_\_

Complete Legal Name: \_\_\_\_\_

Relationship to Annuitant: \_\_\_\_\_ Gender:<sup>(4)</sup> \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

SSN/TIN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Citizenship:  U.S. Citizen

Non-U.S.Citizen (Country of Citizenship: \_\_\_\_\_ )  Resident Alien  Non-Resident Alien

<sup>(1)</sup> If Type of Owner in Section 2 is Individual; there must be an immediate (spouse, domestic partner, parent, child, grandparent, grandchild or sibling) familial relationship between the Primary Owner, the Joint Owner (if applicable) and the Annuitant.

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

<sup>(3)</sup> The Beneficiary will not be restricted until the Beneficiary Designation with Restricted Payout Form is received.

<sup>(4)</sup> Submit the Entity Certification or Trustee Certification Form if an Entity or Trust is named as Beneficiary.

**5. BENEFICIARY DESIGNATION (continued)**

Primary  Contingent Allocation Percentage: \_\_\_\_\_%

Is this an Irrevocable Beneficiary? \_\_\_\_\_ Is this a Restricted Beneficiary?<sup>(1)</sup> \_\_\_\_\_

Complete Legal Name: \_\_\_\_\_

Relationship to Annuitant: \_\_\_\_\_ Gender:<sup>(2)</sup> \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

SSN/TIN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Citizenship:  U.S. Citizen

Non-U.S.Citizen (Country of Citizenship: \_\_\_\_\_)  Resident Alien  Non-Resident Alien

**6. PURCHASE PAYMENT INFORMATION**

Type of Annuity Applying for:<sup>(3)(4)</sup> \_\_\_\_\_

Funding Option(s): \_\_\_\_\_

**Source of Funds:**

New Money / Contribution Money \$ \_\_\_\_\_ if Qualified Plan - Tax Year: \_\_\_\_\_

Non-qualified 1035 Exchange - Anticipated Premium Amount \$ \_\_\_\_\_

If Transamerica Life Insurance Company is to request funds, the IRC Section 1035 Exchange Form is **required**. Submit the appropriate state replacement form(s) if the Applicant has existing life insurance policies or annuity contracts.

CD/Mutual Fund Redemption - Anticipated Premium Amount \$ \_\_\_\_\_

If Transamerica Life Insurance Company is to request funds, the Mutual Fund/CD Redemption Form is **required**. Submit the appropriate state replacement form(s) if the Applicant has existing life insurance policies or annuity contracts.

Direct Transfer - Anticipated Premium Amount \$ \_\_\_\_\_

If Transamerica Life Insurance Company is to request funds, the Qualified Funds Direct Rollover or Transfer Request Form is **required**. Submit the appropriate state replacement form(s) if the Applicant has existing life insurance policies or annuity contracts.

Rollover - Anticipated Premium Amount \$ \_\_\_\_\_

If Transamerica Life Insurance Company is to request funds, the Qualified Funds Direct Rollover or Transfer Request Form is **required**.

<sup>(1)</sup> **The Beneficiary will not be restricted until the Beneficiary Designation with Restricted Payout Form is received.**

<sup>(2)</sup> **Submit the Entity Certification or Trustee Certification Form if an Entity or Trust is named as Beneficiary.**

<sup>(3)</sup> **Include the deceased information in the Owner Information section.**

<sup>(4)</sup> **The Qualified Plan Purchase Certification and Acknowledgement and Plan Investment and Services Agreement is required if applying for a Qualified Plan.**

**7A. ELECTIONS - GUARANTEED MINIMUM DEATH BENEFITS**

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

Elections below may not be available in all states. Issue ages may differ between states.

- Policy Value Death Benefit
- Return of Premium Death Benefit

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

Elections below may not be available in all states. Issue ages may differ between states.

- ◆ **Retirement Income Max<sup>SM</sup> Rider** - Investment Allocations in Section 8C must be within indicated investment options.

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

- Single
- Joint - Joint Owner in Section 3 or Sole Primary Beneficiary in Section 5 must be the Owner's spouse, civil union or domestic partner.

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

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

**Transfer from:**

- DCA Fixed Account (state maximum caps may apply)
- TA AEGON Money Market
- TA AEGON U.S. Government Securities

**Frequency and Number of Transfers:**

**There is a minimum of \$500 for each DCA Transfer.**

Monthly:  6  10  12  24  Other: \_\_\_\_\_ (minimum 6 months/maximum 24 months)

Quarterly:  4  8

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

For Washington applicants ONLY - If the TA AEGON Money Market or the TA AEGON U.S. Government Securities is selected, the DCA frequency cannot exceed twelve (12) months or four (4) quarters. If the DCA Fixed Account is selected, six (6) monthly transfers must be chosen. If the Retirement Income Max<sup>SM</sup> in Section 7B is selected, the DCA Fixed Account is not available.

**8B. INVESTMENT SELECTION - ASSET REBALANCING PROGRAM**

Rebalancing will not begin until completion of DCA Program, if applicable. Money invested in the Fixed Account is not included. More than one investment option must be allocated to participate in this program. If you would like to rebalance to a mix other than indicated in Section 8C, please complete the Optional Services Form.

I elect Asset Rebalancing: \_\_\_\_\_

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

\_\_\_\_\_

## 8C. INVESTMENT SELECTION - INVESTMENT ALLOCATIONS

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

	Initial % (Required)	DCA % (Optional)		Initial % (Required)	DCA % (Optional)
Initial Investment for DCA	____.0%				
<hr/>					
1 Year Fixed Guaranteed Period <sup>(1)</sup> <sup>(2)</sup> (101)	____.0%	____.0%	3 Year Fixed Guaranteed Period <sup>(1)</sup> <sup>(2)</sup> (103)	____.0%	____.0%
5 Year Fixed Guaranteed Period <sup>(1)</sup> <sup>(2)</sup> (105)	____.0%	____.0%			
TA AEGON Money Market <sup>(2)</sup> (829)	____.0%	____.0%	TA AEGON Tactical Vanguard ETF - Balanced <sup>(2)</sup> (783)	____.0%	____.0%
TA AEGON Tactical Vanguard ETF - Conservative <sup>(2)</sup> (784)	____.0%	____.0%	TA AEGON U.S. Government Securities <sup>(2)</sup> (828)	____.0%	____.0%
TA Asset Allocation - Conservative <sup>(2)</sup> (801)	____.0%	____.0%	TA Asset Allocation - Moderate <sup>(2)</sup> (802)	____.0%	____.0%
TA JPMorgan Core Bond <sup>(2)</sup> (839)	____.0%	____.0%	TA JPMorgan Tactical Allocation <sup>(2)</sup> (840)	____.0%	____.0%
TA PIMCO Real Return TIPS <sup>(2)</sup> (785)	____.0%	____.0%	TA PIMCO Total Return <sup>(2)</sup> (823)	____.0%	____.0%
TA Vanguard ETF Index - Balanced <sup>(2)</sup> (856)	____.0%	____.0%	TA Vanguard ETF Index - Conservative <sup>(2)</sup> (779)	____.0%	____.0%
TA AEGON High Yield Bond (139)	____.0%	____.0%	TA AEGON Tactical Vanguard ETF - Growth (782)	____.0%	____.0%
TA AllianceBernstein Dynamic Allocation (825)	____.0%	____.0%	TA Asset Allocation - Growth (800)	____.0%	____.0%
TA Asset Allocation - Moderate Growth (803)	____.0%	____.0%	TA BlackRock Global Allocation (798)	____.0%	____.0%
TA BlackRock Large Cap Value (235)	____.0%	____.0%	TA BlackRock Tactical Allocation (799)	____.0%	____.0%
TA Clarion Global Real Estate Securities (537)	____.0%	____.0%	TA Efficient Markets (Investing in Vanguard ® ETFs and Dimensional Fund Advisors Mutual Funds) (861)	____.0%	____.0%
TA Hanlon Balanced (777)	____.0%	____.0%	TA Hanlon Growth (775)	____.0%	____.0%

**Additional investment allocations are continued on the next page.**

<sup>(1)</sup> The Guaranteed Period Options may not be available in all states. Premium limits may apply.

<sup>(2)</sup> If the Retirement Income Max<sup>SM</sup> Rider is selected in Section 7B, allocations are only allowed among these options.

**8C. INVESTMENT SELECTION - INVESTMENT ALLOCATIONS (continued)**

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

	<b>Initial % (Required)</b>	<b>DCA % (Optional)</b>		<b>Initial % (Required)</b>	<b>DCA % (Optional)</b>
TA Hanlon Growth and Income (776)	____.0%	____.0%	TA Hanlon Income (778)	____.0%	____.0%
TA International Moderate Growth (855)	____.0%	____.0%	TA Janus Balanced (773)	____.0%	____.0%
TA JPMorgan Enhanced Index (063)	____.0%	____.0%	TA JPMorgan Mid Cap Value (781)	____.0%	____.0%
TA Jennison Growth (062)	____.0%	____.0%	TA MFS International Equity (758)	____.0%	____.0%
TA Morgan Stanley Active International Allocation (055)	____.0%	____.0%	TA Morgan Stanley Mid-Cap Growth (482)	____.0%	____.0%
TA Multi-Managed Balanced (816)	____.0%	____.0%	TA Multi Managed Large Cap Core (054)	____.0%	____.0%
TA Systematic Small/Mid Cap Value (058)	____.0%	____.0%	TA T. Rowe Price Small Cap (238)	____.0%	____.0%
TA Third Avenue Value (076)	____.0%	____.0%	TA Vanguard ETF Index - Aggressive Growth (780)	____.0%	____.0%
TA Vanguard ETF Index - Growth (857)	____.0%	____.0%	TA WMC Diversified Growth (241)	____.0%	____.0%

#### 9A. OWNER ACKNOWLEDGEMENTS - DISCLOSURES

- Unless I have notified Transamerica Life Insurance Company of a community or marital property interest in this contract, Transamerica Life Insurance Company will rely on good faith belief that no such interest exists and will assume no responsibility for inquiry.
- To the best of my knowledge and belief, all of my statements and answers on this application are correct and true.
- This application is subject to acceptance by Transamerica Life Insurance Company. If this application is rejected for any reason, Transamerica Life Insurance Company will be liable only for return of purchase payment paid.
- I understand that federal law requires all financial institutions to obtain customer information, including the name, residential address, date of birth, Social Security Number or Tax Identification Number and any other information necessary to sufficiently identify each customer.
- When funds are allocated to the Fixed Account(s) in Section 8, policy values may increase or decrease in accordance with an Excess Interest Adjustment prior to the end of the Guaranteed Period.
- All statements in this application made by or under the authority of the applicant are representations and not warranties.

#### 9B. OWNER ACKNOWLEDGEMENTS - CALIFORNIA APPLICANTS AGE 60 OR OLDER ONLY

Under California law, there is a 30 Day Right to Review your contract. The amount that will be returned to you if you cancel your contract during this 30 day period will depend on the election below which designates where your payments will be allocated during the Right to Review period. Please check one of the following boxes. **If you do not check one of these boxes, we will allocate your payment to the Money Market portfolio for a period of 35 calendar days.**

- I/We wish to immediately invest in the variable investment options selected in Section 8. If my/our contract is canceled within 30 days, the contract value will be returned to me/us.
- I/We authorize the company to allocate the payment to the Money Market portfolio for a period of 35 calendar days. On the 35th day (or next business day) transfer the contract value to the investment options selected in Section 8. If I/we cancel the contract within 30 days, any payments will be returned.

#### 9C. OWNER ACKNOWLEDGEMENTS - CONNECTICUT APPLICANTS ONLY

An illustration has been provided showing the minimum interest rate percentage applicable to the Fixed Account and I have reviewed it.

**The fixed account of this policy guarantees a minimum interest percentage of 1.50. This rate may be lower than the required interest rate for calculating minimum surrender values. Read your contract carefully.**

#### 9D. OWNER ACKNOWLEDGEMENTS - NORTH CAROLINA APPLICANTS ONLY

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

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

**9E. OWNER ACKNOWLEDGEMENTS - TELEPHONE/ELECTRONIC AUTHORIZATION**

As the Owner, you will receive this privilege automatically. If a policy has Joint Owners, each Owner may individually make telephone and/or electronic requests. If no option is selected, the authorization will default to Owner only.

- Yes By checking "Yes," I am authorizing and directing Transamerica Life Insurance Company to act on telephone or electronic instructions from my insurance producer of record or their support staff. This may include fund transfers, allocation changes and any other changes approved by Transamerica Life Insurance Company. Transamerica Life Insurance Company will use reasonable procedures to confirm that these instructions are authorized and genuine. As long as these procedures are followed, Transamerica Life Insurance Company and its affiliates and their directors, officers, employees, representatives and/or insurance producers will be held harmless for any claim, liability, loss or cost.
- No By checking "No", I am not authorizing and directing Transamerica Life Insurance Company to act on telephone or electronic instructions from my insurance producer of record or their support staff.

**10. OWNER & REPRESENTATIVE/INSURANCE PRODUCER - REPLACEMENT INFORMATION**

**Both the Owner Response and the Representative/Insurance Producer Response columns must be completed.**

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

**11. FRAUD & DISCLOSURE STATEMENTS**

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

**For Applicants in DC - WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

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

**11. FRAUD & DISCLOSURE STATEMENTS (continued)**

**For Applicants in LA, ME, NM, OK, RI, TN, WV** - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**For Applicants in MD** - Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**For Applicants in NJ** - Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

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

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

**For Applicants in WA** - It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

Under the Washington Uniform Transfers to Minors Act, extending custodianship to age twenty-five may cause you to lose your annual exclusion from Federal Gift Tax. We recommend you seek the advice of your tax counsel prior to making this election.

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

**12. OWNER & ANNUITANT SIGNATURES**

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

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

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

Owner(s) Signature: X

Joint Owner(s) Signature: X

Annuitant Signature (if not Owner): X

**13. REPRESENTATIVE/INSURANCE PRODUCER ACKNOWLEDGEMENTS & SIGNATURES**

I certify that I have truly and accurately recorded on the application the information that was provided to me by the applicant.

If this is a replacement transaction, I confirm that I have reviewed Transamerica Life Insurance Company's written standard regarding the acceptability of replacements and that it meets the Company's standard.

**For Connecticut Representatives Only** - I have provided an illustration showing the minimum interest rate percentage applicable to the Fixed Account and reviewed it with the Applicant.

**#1: Primary Registered Representative/Licensed Insurance Producer**

Print Full Name: \_\_\_\_\_

Representative/Insurance Producer ID Number: \_\_\_\_\_

Email Address (Optional): \_\_\_\_\_ Phone Number: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Firm Address: \_\_\_\_\_

Florida Agent License Number (Applicable only on policies sold in Florida): \_\_\_\_\_

☞ Signature: X \_\_\_\_\_

---

**#2: Registered Representative/Licensed Insurance Producer**

Print Full Name: \_\_\_\_\_

Representative/Insurance Producer ID Number: \_\_\_\_\_

Email Address (Optional): \_\_\_\_\_ Phone Number: \_\_\_\_\_

Florida Agent License Number (Applicable only on policies sold in Florida): \_\_\_\_\_

☞ Signature: X \_\_\_\_\_

SERFF Tracking Number: AEGA-128307585 State: Arkansas  
 Filing Company: Transamerica Life Insurance Company State Tracking Number:  
 Company Tracking Number: VA-APP 05/12 (IE-B)  
 TOI: A02.II Individual Annuities- Deferred Non- Sub-TOI: A02.II.002 Flexible Premium  
 Variable and Variable  
 Product Name: VA-APP 05/12 (IE-B)  
 Project Name/Number: Variable Annuity Application/VA-APP 05/12 (IE-B)

## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<p><b>Satisfied - Item:</b> Flesch Certification  <b>Comments:</b>            This application is used with variable annuities which are SEC registered products. Therefore, a Flesch Readability Certification has not been enclosed as a flesch reading ease score is not required.  <b>Attachment:</b>            Arkansas Reg 19 cert of comp.pdf</p>		
<p><b>Bypassed - Item:</b> Application  <b>Bypass Reason:</b> The application being submitted for review &amp; approval is attached to the Forms Schedule tab  <b>Comments:</b></p>		
<p><b>Bypassed - Item:</b> Life &amp; Annuity - Acturial Memo  <b>Bypass Reason:</b> n/a  <b>Comments:</b></p>		
<p><b>Satisfied - Item:</b> Statement of Variability  <b>Comments:</b>  <b>Attachment:</b>            Statement of Variability.pdf</p>		

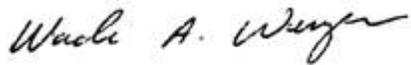
CERTIFICATION OF COMPLIANCE

Company Name: Transamerica Life Insurance Company

Form Title(s): Variable Annuity Application

Form Number(s): VA-APP 05/12 (IE-B)

I hereby certify that to the best of my knowledge and belief, the above form(s) and submission complies with Reg.19 s 10B, as well as the other laws and regulations of the State of Arkansas.



---

Wade A. Wenger  
Assistant Vice President – Compliance Officer

04/26/2012

---

Date

## **Annuity Application Statement of Variability**

### **VA-APP 05/12 (IE-B)**

We have bracketed or determined that the following information will be variable. Any changes will be for future use only, and on a non-discriminatory basis. These changes include any changes to ensure this form remains compliant with state and federal laws, regulations and requirements as well as the items specifically detailed below. We have bracketed the sections for the following reasons:

**Address/Telephone/Website:** To allow for administrative flexibility. Should the location, telephone number, website or other annuity contact information change, this information will be updated accordingly.

#### **Section 7A. ELECTIONS – GUARANTEED MINIMUM DEATH BENEFITS**

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

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

To allow for flexibility to make changes to the DCA accounts.

#### **Section 8C. INVESTMENT SELECTION – INVESTMENT ALLOCATIONS**

To allow for flexibility to make changes to the Investment Allocations being offered.

#### **Section 9C. OWNER ACKNOWLEDGEMENTS – CONNECTICUT APPLICANTS ONLY**

The ability to change the Guaranteed Minimum Interest Rate percentage as approved as a variable item in the base policy to which this application is attached. This rate was approved with a minimum of 1.00% and a maximum of 3.00%.

#### **Section 11. FRAUD AND DISCLOSURE STATEMENTS**

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