

SERFF Tracking Number: AEGA-128346219 State: Arkansas
Filing Company: Transamerica Life Insurance Company State Tracking Number:
Company Tracking Number: DWS-APP 07/12
TOI: A02.11 Individual Annuities- Deferred Non- Sub-TOI: A02.11.002 Flexible Premium
Variable and Variable
Product Name: DWS-APP 07/12
Project Name/Number: Variable Annuity Application/DWS-APP 07/12

Filing at a Glance

Company: Transamerica Life Insurance Company

Product Name: DWS-APP 07/12 SERFF Tr Num: AEGA-128346219 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: DWS-APP 07/12 State Status: Approved-Closed
Filing Type: Form Reviewer(s): Linda Bird
Author: Laurie Bascom Disposition Date: 05/11/2012
Date Submitted: 05/09/2012 Disposition Status: Approved-
Closed
Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: Variable Annuity Application
Project Number: DWS-APP 07/12
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: 05/11/2012
State Status Changed: 05/11/2012
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 #:

DWS-APP 07/12 – Variable Annuity Application

SERFF Tracking Number: AEGA-128346219 State: Arkansas
Filing Company: Transamerica Life Insurance Company State Tracking Number:
Company Tracking Number: DWS-APP 07/12
TOI: A02.II Individual Annuities- Deferred Non- Sub-TOI: A02.II.002 Flexible Premium
Variable and Variable
Product Name: DWS-APP 07/12
Project Name/Number: Variable Annuity Application/DWS-APP 07/12

Dear Sir or Madam:

Please find attached 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 policy form number AV1114 101 185 104, approved by your Department on 02/05/2004.

We have attached 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 attached as a flesch reading ease score is not required.

This application is being sold through DWS Investments (DWS), under a product sales agreement with Transamerica Life Insurance Company (TLIC) and its affiliates. DWS offers private labeled TLIC variable annuity products for distribution through DWS's broker dealer.

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:

Company and Contact

SERFF Tracking Number: AEGA-128346219 State: Arkansas
 Filing Company: Transamerica Life Insurance Company State Tracking Number:
 Company Tracking Number: DWS-APP 07/12
 TOI: A02.II Individual Annuities- Deferred Non- Sub-TOI: A02.II.002 Flexible Premium
 Variable and Variable
 Product Name: DWS-APP 07/12
 Project Name/Number: Variable Annuity Application/DWS-APP 07/12

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	05/09/2012	59050385

SERFF Tracking Number: AEGA-128346219 *State:* Arkansas
Filing Company: Transamerica Life Insurance Company *State Tracking Number:*
Company Tracking Number: DWS-APP 07/12
TOI: A02.11 Individual Annuities- Deferred Non- *Sub-TOI:* A02.11.002 Flexible Premium
Variable and Variable
Product Name: DWS-APP 07/12
Project Name/Number: Variable Annuity Application/DWS-APP 07/12

Disposition

Disposition Date: 05/11/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AEGA-128346219 State: Arkansas
 Filing Company: Transamerica Life Insurance Company State Tracking Number:
 Company Tracking Number: DWS-APP 07/12
 TOI: A02.11 Individual Annuities- Deferred Non- Sub-TOI: A02.11.002 Flexible Premium
 Variable and Variable
 Product Name: DWS-APP 07/12
 Project Name/Number: Variable Annuity Application/DWS-APP 07/12

Form Schedule

Lead Form Number:

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	DWS-APP 07/12	Application/Variable Annuity Enrollment Application Form	Initial			DWS-APP 0712 - Brackets.pdf



Individual Variable Deferred Annuity Application

Home Office: Cedar Rapids, IA
Telephone: (800) 525-6205

Mailing Address: Transamerica Life Insurance Company
4333 Edgewood Road NE, Cedar Rapids, IA 52499

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: DWS Personal Pension Variable Annuity

2. PRIMARY OWNER INFORMATION

Type of Owner:

- Individual, Trust, Guardianship, Corporate, Company Qualified Plan, UGMA / UTMA

Complete Legal Name:

Residential Address: City, State, Zip:

Mailing Address: City, State, Zip:

SSN/TIN: Date of Birth: Telephone:

Gender: Male Female

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:

Complete Legal Name:

Residential Address: City, State, Zip:

Mailing Address: City, State, Zip:

SSN/TIN: Date of Birth: Telephone:

Gender: Male Female

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: ⁽¹⁾ _____

Complete Legal Name: _____

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

Mailing Address: _____ City, State, Zip: _____

SSN/TIN: _____ Date of Birth: _____ Telephone: _____

Gender: Male Female

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? Yes No

Is this a Restricted Beneficiary? Yes⁽³⁾ No

Complete Legal Name: _____

Relationship to Annuitant: _____ Gender: Male Female Entity or Trust⁽⁴⁾

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? Yes No

Is this a Restricted Beneficiary? Yes⁽³⁾ No

Complete Legal Name: _____

Relationship to Annuitant: _____ Gender: Male Female Entity or Trust⁽⁴⁾

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

⁽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⁾ The Beneficiary will not be restricted until the Beneficiary Designation with Restricted Payout Form is received.

⁽⁴⁾ 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? Yes No

Is this a Restricted Beneficiary? Yes⁽¹⁾ No

Complete Legal Name: _____

Relationship to Annuitant: _____ Gender: Male Female Entity or Trust⁽²⁾

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 (select only one):

- Non-Qualified Traditional IRA Roth IRA SEP IRA Simple IRA BENE IRA⁽³⁾
- Non-Qualified Stretch⁽³⁾ Profit Sharing Plan⁽⁴⁾ Pension Plan⁽⁴⁾ 401(k)⁽⁴⁾ Other:⁽⁴⁾ _____

Funding Options:

- Check/Wire Enclosed Transamerica Life Insurance Company to request release of funds Insurance Producer/Client to request release of funds

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**.

⁽¹⁾ The Beneficiary will not be restricted until the Beneficiary Designation with Restricted Payout Form is received.

⁽²⁾ Submit the Entity Certification or Trustee Certification Form if an Entity or Trust is named as Beneficiary.

⁽³⁾ Include the deceased information in the Owner Information section.

⁽⁴⁾ 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

You must select only one Guaranteed Minimum Death Benefit. 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
- Annual Step-Up Death Benefit

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

You can select only one Living/Withdrawal Benefit.

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

- ◆ **Retirement Income Choice® 1.5 (RIC) Rider** - Investment Allocation in Section 8C must be one of the Designated Allocation Model 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)
- DWS Money Market VIP

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 DWS Money Market VIP 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 Choice® 1.5 Rider 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 8, please complete the Optional Services Form.

I elect Asset Rebalancing: No Yes

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

- Monthly
- Quarterly
- Semi-Annually
- Annually

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.

Designated Allocation Models

100% Initial

Moderate Growth (Allocation Model A)	<input type="checkbox"/>
Moderate (Allocation Model B)	<input type="checkbox"/>
Conservative (Allocation Model C)	<input type="checkbox"/>

Non-Designated (Open) - Allocations within this group are NOT permitted if the Retirement Income Choice®1.5 Rider is elected in Section 7B. For all options listed in this Section, the Initial Allocation Percentage column and DCA (if applicable) Allocation Percentage column 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%			
1 Year Fixed Guaranteed Period ⁽¹⁾ (101)	_____	.0%	3 Year Fixed Guaranteed Period ⁽¹⁾ (103)	_____	.0%
5 Year Fixed Guaranteed Period ⁽¹⁾ (105)	_____	.0%	DWS Alternative Asset Allocation VIP (922)	_____	.0%
DWS Capital Growth VIP (920)	_____	.0%	DWS Dreman Small Mid Cap Value VIP (923)	_____	.0%
DWS Global Small Cap Growth VIP (921)	_____	.0%	DWS Government & Agency Securities VIP (924)	_____	.0%
DWS High Income VIP (925)	_____	.0%	DWS Large Cap Value VIP (926)	_____	.0%
DWS Money Market VIP (927)	_____	.0%	DWS Small Mid Cap Growth VIP (928)	_____	.0%
DWS Unconstrained Income VIP (929)	_____	.0%	TA Clarion Global Real Estate Securities ⁽⁵³⁷⁾	_____	.0%
TA JPMorgan Core Bond (531)	_____	.0%	TA MFS International Equity (758)	_____	.0%
TA Multi Managed Large Cap Core (054)	_____	.0%	TA PIMCO Total Return (545)	_____	.0%

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

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 Accounts 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 - ELECTRONIC DOCUMENT DELIVERY

Skip to Section 9C if you are not initiating the process of Electronic Document Delivery.

By providing an email address in this section, I consent to initiate the process of receiving electronic documents and notices applicable to the Eligible Policy/Policies accessed through the Company website. These include, but are not limited to, prospectuses, prospectus supplements, annual and semiannual reports, quarterly statements and immediate confirmations, privacy notices and other notices and documentation in electronic format when available instead of receiving paper copies of these documents by U.S. mail. I consent to receive in electronic format any documents added in the future.

Please call (800) 525-6205 or visit the Company website if you would like to revoke your consent, wish to receive a paper copy of the information above, or need to update your email address.

Email Address: _____

Electronic Delivery Document notifications will be provided to only one email address. Any email provided above will override any existing email address, if applicable.

9C. 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.

9D. OWNER ACKNOWLEDGEMENTS - CALIFORNIA APPLICANTS AGE 60 OR OLDER 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.

9E. 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?

9F. 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, servicing representative(s) 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, servicing representative(s) 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?	Not Applicable	<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.

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 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 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

Please 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: _____ Linking Number: _____

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/Insurance Producers 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-128346219 State: Arkansas
 Filing Company: Transamerica Life Insurance Company State Tracking Number:
 Company Tracking Number: DWS-APP 07/12
 TOI: A02.11 Individual Annuities- Deferred Non- Sub-TOI: A02.11.002 Flexible Premium
 Variable and Variable
 Product Name: DWS-APP 07/12
 Project Name/Number: Variable Annuity Application/DWS-APP 07/12

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification		
Comments: This application is used with variable annuities which are SEC registered products. Therefore, a Flesch Readability Certification has not been attached as a flesch reading ease score is not required		
Attachment: Arkansas Reg 19 cert of comp.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application		
Bypass Reason: The application being submitted for approval is attached to the form schedule tab		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Life & Annuity - Acturial Memo		
Bypass Reason: n/a		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: Statement of Variability		
Comments:		
Attachment: Statement of Variability.pdf		

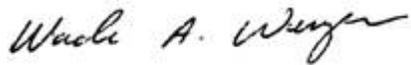
CERTIFICATION OF COMPLIANCE

Company Name: Transamerica Life Insurance Company

Form Title(s): Variable Annuity Application

Form Number(s): DWS-APP 07/12

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

May 9, 2012

Date

Annuity Application Statement of Variability

DWS-APP 07/12

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. Transamerica Life Insurance Company reserves the right to correct, at any time, any and all typographical errors that do not impact benefits or intent of language. We have bracketed the sections for the following reasons:

Address/Telephone: To allow for administrative flexibility. Should the location, telephone number 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 or Designated Allocation Models being offered.

Section 9B. OWNER ACKNOWLEDGEMENTS – ELECTRONIC DOCUMENT DELIVERY

To allow for administrative flexibility. Should the telephone number information change, this information will be updated accordingly.

Section 9D. 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.