Filing at a Glance

Company: Transamerica Life Insurance Company

Product Name: TL19 AR	SERFF Tr Num: AEGB-128138520	State: Arkansas
TOI: L04I Individual Life - Term	SERFF Status: Closed-Approved-Closed	State Tr Num:
Sub-TOI: L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life	Co Tr Num: TL19 AR	State Status: Approved-Closed
Filing Type: Form		Reviewer(s): Linda Bird
	Author: Suzanne Voight	Disposition Date: 05/08/2012
	Date Submitted: 04/27/2012	Disposition Status: Approved-Closed
Implementation Date Requested: On Approval		Implementation Date:
State Filing Description:		

General Information

Project Name: Trendsetter LB
Project Number: L041-1
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:

Deemer Date:
Submitted By: Suzanne Voight

Status of Filing in Domicile: Pending
Date Approved in Domicile: 04/24/2012
Domicile Status Comments:
Market Type: Individual
Individual Market Type:
Filing Status Changed: 05/08/2012
State Status Changed: 05/08/2012
Created By: Suzanne Voight
Corresponding Filing Tracking Number: 3Y001008

Filing Description:
Department of Insurance
1200 W. Third Street
Little Rock, Arkansas 72201-1904

Attn.: Policy Examination Division (Individual Life)

RE: TRANSAMERICA LIFE INSURANCE COMPANY NAIC# 468-86231
Form Number: TL19 AR – Term Life Insurance Policy with Accelerated Death Benefit Options

Dear Sir/Madam:

Please find attached copy of the above referenced form. This is a new form and is not intended to replace any form previously approved by your Department. This form has been submitted in final printed form in which it will be distributed to Insureds. This form is subject to only minor modifications in paper size and stock, ink, border, Company logo, Company address, adaptation to computer printing, and Officers' signatures.

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

Term Insurance Policy with Accelerated Death Benefit Options – This policy contains a level death benefit. Guaranteed premiums remain level for an initial period selected of 10, 15, 20, 25 or 30 years, thereafter increasing annually up to age 105. Coverage will expire at the end of the benefit period.

The following Accelerated Death Benefit Options are included in the policy:

Terminal Illness Accelerated Death Benefit Option – If the owner elects this option, we will pay an Accelerated Death Benefit upon the Insured's diagnosis of a terminal condition as defined by the policy.

Critical Illness Accelerated Death Benefit Option – If the owner elects this option, we will pay an Accelerated Death Benefit upon the Insured's diagnosis of a critical condition as defined by the policy.

Chronic Illness Accelerated Death Benefit Option – If the owner elects this option, we will pay an Accelerated Death Benefit upon the Insured's diagnosis of a chronic condition as defined by the policy.

There is no additional cost for the Accelerated Death Benefit options prior to the election of Accelerated Death Benefits.

This policy is for general use and will be sold on an individual basis by licensed agents.

This policy form will not be illustrated.

An Actuarial Data Letter regarding Nonforfeiture and an Actuarial Data Letter regarding Valuation are attached.

We intend to use application APA401008T, approved by your Department on 6-23-2008, in conjunction with this policy.

We would appreciate your review and approval of this form. Please contact me if you have any questions or need any additional information.

Sincerely,

TRANSAMERICA LIFE INSURANCE COMPANY

Suzanne K. Voight
Policy Analyst
Contract Development
(319) 355-7860 (collect)
Fax #: (319) 355-2501
Suzanne.Voight@transamerica.com

State Narrative:

Company and Contact

Filing Contact Information

Suzanne Voight, Policy Analyst	svoight@aegonusa.com
4333 Edgewood Road NE	319-355-7860 [Phone]
Cedar Rapids, IA 52449	319-355-2501 [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) 355-7888 ext. [Phone]	FEIN Number: 39-0989781	

Filing Fees

Fee Required?	Yes
Fee Amount:	$50.00
Retaliatory?	No
Fee Explanation:	$50.00 per form in filing
Per Company:	No

SERFF Tracking Number:	*AEGB-128138520*	*State:*	*Arkansas*
Filing Company:	*Transamerica Life Insurance Company*	*State Tracking Number:*	
Company Tracking Number:	*TL19 AR*		
TOI:	*L04I Individual Life - Term*	*Sub-TOI:*	*L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life*
Product Name:	*TL19 AR*		
Project Name/Number:	*Trendsetter LB/L041-1*		

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Transamerica Life Insurance Company	$50.00	04/27/2012	58692799

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	05/08/2012	05/08/2012

Disposition

Disposition Date: 05/08/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	*AEGB-128138520*	*State:*	*Arkansas*
Filing Company:	*Transamerica Life Insurance Company*	*State Tracking Number:*	
Company Tracking Number:	*TL19 AR*		
TOI:	*L04I Individual Life - Term*	*Sub-TOI:*	*L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life*
Product Name:	*TL19 AR*		
Project Name/Number:	*Trendsetter LB/L041-1*		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Accelerated Death Benefit Disclosure		Yes
Supporting Document	TL19 Policy Summary		Yes
Supporting Document	TL19 AR Data Pages - WHEN Federal Allotment		Yes
Form	Term Life Insurance Policy with Accelerated Death Benefit Options		Yes

Form Schedule

Lead Form Number: TL19 AR

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	TL19 AR	Policy/Contract/Fraternal Certificate	Term Life Insurance Policy with Accelerated Death Benefit Options	Initial		50.000	TL19 AR.pdf

TRANSAMERICA
® LIFE INSURANCE COMPANY

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

TSLB[xx]

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

Policy Number: [SPECIMEN]

Face Amount: $[100,000]

Policy Date: [JUN 01, 2012]

Insured: [John Doe]

Owner: [John Doe]
[Jane Doe]

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

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

[ ] [Secretary]

[ ] [President]

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

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

Term Insurance
with Accelerated Death Benefit Options
Premiums Payable until the Insured's Age 105
Death Benefit Payable at Death of the Insured

Premiums are Subject to Change as Stated in Schedules of Premiums Provision,
But Will Not Exceed Specified Guaranteed Premiums
See Schedule of Guaranteed Premiums shown in Policy Data

Benefits advanced under the Accelerated Death Benefit options may be taxable. As with all tax matters, the owner should consult a personal tax advisor to assess the impact of this benefit on the owner and the policy.

The Face Amount of the policy will be reduced if an Accelerated Death Benefit is paid. Payment of an Accelerated Death Benefit may affect eligibility for Medicaid or other government benefits and entitlements.

Nonparticipating – No Dividends

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

READ YOUR POLICY CAREFULLY

GUIDE TO POLICY PROVISIONS

Accelerated Death Benefit Claim Provisions 14
Accelerated Death Benefit Options 9
Assignment of the Policy 6
Beneficiary's Rights 7
Change of Beneficiary 7
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Grace Period for Paying Premiums 8
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Interest from Date of Death 8
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Misstatement of Age or Sex 15
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Policy Contract 15
Policy Data 2
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Premiums 8
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Reinstatement 9
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Tax Qualification 10
Terminal Illness Accelerated Death Benefit 10
Termination of Insurance 15
Your Rights 16

P O L I C Y D A T A

		[JUN 01 2012]	POLICY DATE
EXPIRY DATE	[JUN 01 2082]	[35]	AGE OF INSURED
INSURED	[JOHN DOE]	[SPECIMEN]	POLICY NUMBER
FACE AMOUNT	$[100,000]	[JUN 01 2012]	DATE OF ISSUE
SEX OF INSURED	[MALE]	[JUN 01 2032]	LAST DATE TO CONVERT
OWNER	[THE INSURED]	[PREFERRED CHOICE NONSMOKER]	CLASS OF RISK
FIRST PREMIUM INCREASE DATE	[JUN 01 2032]		

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

RIDER NUMBER	SCHEDULE OF ADDITIONAL BENEFITS	ANNUAL PREMIUM*
	NONE	

TOTAL ANNUAL PREMIUM ON POLICY DATE $[199.00]*

*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.

INITIAL PREMIUM AMOUNT AND MODE	$[199.00]	[ANNUALLY]	[DIRECT]
TOTAL PAYMENTS PER YEAR			$[199.00]

SCHEDULE OF PREMIUMS

TOTAL FIRST YEAR PREMIUMS (SEE FOLLOWING PAGES FOR PREMIUMS FOR LATER YEARS):

POLICY YEAR	ANNUALLY	SEMI-ANNUALLY	QUARTERLY	MONTHLY
[YEARS 1 - 20]	$[199.00]	$[101.49]	$[51.74]	$[17.41]
TOTAL PAYMENTS PER YEAR	$[199.00]	$[202.98]	$[206.96]	$[208.92]

THE SCHEDULE OF PREMIUMS ABOVE IS FOR [DIRECT] BILLING ONLY. A SCHEDULE OF PREMIUMS FOR OTHER PAYMENT MODES WILL BE PROVIDED ON REQUEST.

CONTINUED ON THE FOLLOWING PAGE

P O L I C Y D A T A (C O N T I N U E D)

SCHEDULE OF NON-GUARANTEED PREMIUMS
- ANNUAL PREMIUMS -

POLICY YEAR BEGINNING	POLICY EXCLUDING RIDERS	POLICY YEAR BEGINNING	POLICY EXCLUDING RIDERS
[JUN 01 2013]	$ [199.00]	[JUN 01 2048]	$ [4,351.00]
[JUN 01 2014]	[199.00]	[JUN 01 2049]	[4,954.00]
[JUN 01 2015]	[199.00]	[JUN 01 2050]	[5,790.00]
[JUN 01 2016]	[199.00]	[JUN 01 2051]	[6,600.00]
[JUN 01 2017]	[199.00]	[JUN 01 2052]	[7,459.00]
[JUN 01 2018]	[199.00]	[JUN 01 2053]	[8,273.00]
[JUN 01 2019]	[199.00]	[JUN 01 2054]	[9,074.00]
[JUN 01 2020]	[199.00]	[JUN 01 2055]	[9,839.00]
[JUN 01 2021]	[199.00]	[JUN 01 2056]	[10,657.00]
[JUN 01 2022]	[199.00]	[JUN 01 2057]	[11,962.00]
[JUN 01 2023]	[199.00]	[JUN 01 2058]	[13,663.00]
[JUN 01 2024]	[199.00]	[JUN 01 2059]	[15,256.00]
[JUN 01 2025]	[199.00]	[JUN 01 2060]	[17,000.00]
[JUN 01 2026]	[199.00]	[JUN 01 2061]	[18,960.00]
[JUN 01 2027]	[199.00]	[JUN 01 2062]	[20,795.00]
[JUN 01 2028]	[199.00]	[JUN 01 2063]	[22,757.00]
[JUN 01 2029]	[199.00]	[JUN 01 2064]	[25,526.00]
[JUN 01 2030]	[199.00]	[JUN 01 2065]	[27,339.00]
[JUN 01 2031]	[199.00]	[JUN 01 2066]	[29,909.00]
[JUN 01 2032]	[962.00]	[JUN 01 2067]	[31,787.00]
[JUN 01 2033]	[1,054.00]	[JUN 01 2068]	[35,086.00]
[JUN 01 2034]	[1,154.00]	[JUN 01 2069]	[35,603.00]
[JUN 01 2035]	[1,262.00]	[JUN 01 2070]	[37,568.00]
[JUN 01 2036]	[1,378.00]	[JUN 01 2071]	[39,571.00]
[JUN 01 2037]	[1,501.00]	[JUN 01 2072]	[43,336.00]
[JUN 01 2038]	[1,632.00]	[JUN 01 2073]	[46,925.00]
[JUN 01 2039]	[1,809.00]	[JUN 01 2074]	[50,786.00]
[JUN 01 2040]	[1,940.00]	[JUN 01 2075]	[54,941.00]
[JUN 01 2041]	[2,170.00]	[JUN 01 2076]	[59,410.00]
[JUN 01 2042]	[2,366.00]	[JUN 01 2077]	[64,215.00]
[JUN 01 2043]	[2,579.00]	[JUN 01 2078]	[69,311.00]
[JUN 01 2044]	[2,821.00]	[JUN 01 2079]	[74,785.00]
[JUN 01 2045]	[3,098.00]	[JUN 01 2080]	[80,658.00]
[JUN 01 2046]	[3,437.00]	[JUN 01 2081]	[86,962.00]
[JUN 01 2047]	[3,766.00]		

THE “SCHEDULE OF NON-GUARANTEED PREMIUMS” ON THIS PAGE SHOWS THE AMOUNT YOU 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.

INCLUDES ANNUAL POLICY FEE OF $[30.00]. POLICY FEE MAY BE HIGHER IF YOU PAY PURSUANT TO ANY PAYMENT MODE OTHER THAN ANNUAL.

CONTINUED ON THE FOLLOWING PAGE

SCHEDULE OF GUARANTEED PREMIUMS
- ANNUAL PREMIUMS -

POLICY YEAR BEGINNING	POLICY EXCLUDING RIDERS	POLICY YEAR BEGINNING	POLICY EXCLUDING RIDERS
[JUN 01 2013]	$ [199.00]	[JUN 01 2048]	$ [5,628.00]
[JUN 01 2014]	[199.00]	[JUN 01 2049]	[6,264.00]
[JUN 01 2015]	[199.00]	[JUN 01 2050]	[6,934.00]
[JUN 01 2016]	[199.00]	[JUN 01 2051]	[7,654.00]
[JUN 01 2017]	[199.00]	[JUN 01 2052]	[8,438.00]
[JUN 01 2018]	[199.00]	[JUN 01 2053]	[9,322.00]
[JUN 01 2019]	[199.00]	[JUN 01 2054]	[10,350.00]
[JUN 01 2020]	[199.00]	[JUN 01 2055]	[11,544.00]
[JUN 01 2021]	[199.00]	[JUN 01 2056]	[12,882.00]
[JUN 01 2022]	[199.00]	[JUN 01 2057]	[14,374.00]
[JUN 01 2023]	[199.00]	[JUN 01 2058]	[15,996.00]
[JUN 01 2024]	[199.00]	[JUN 01 2059]	[17,714.00]
[JUN 01 2025]	[199.00]	[JUN 01 2060]	[19,590.00]
[JUN 01 2026]	[199.00]	[JUN 01 2061]	[21,676.00]
[JUN 01 2027]	[199.00]	[JUN 01 2062]	[23,996.00]
[JUN 01 2028]	[199.00]	[JUN 01 2063]	[49,751.00]
[JUN 01 2029]	[199.00]	[JUN 01 2064]	[54,923.00]
[JUN 01 2030]	[199.00]	[JUN 01 2065]	[60,420.00]
[JUN 01 2031]	[199.00]	[JUN 01 2066]	[66,188.00]
[JUN 01 2032]	[1,194.00]	[JUN 01 2067]	[71,933.00]
[JUN 01 2033]	[1,326.00]	[JUN 01 2068]	[77,588.00]
[JUN 01 2034]	[1,454.00]	[JUN 01 2069]	[83,513.00]
[JUN 01 2035]	[1,582.00]	[JUN 01 2070]	[89,760.00]
[JUN 01 2036]	[1,732.00]	[JUN 01 2071]	[96,030.00]
[JUN 01 2037]	[1,914.00]	[JUN 01 2072]	[96,030.00]
[JUN 01 2038]	[2,136.00]	[JUN 01 2073]	[96,030.00]
[JUN 01 2039]	[2,394.00]	[JUN 01 2074]	[96,030.00]
[JUN 01 2040]	[2,676.00]	[JUN 01 2075]	[96,030.00]
[JUN 01 2041]	[2,970.00]	[JUN 01 2076]	[96,030.00]
[JUN 01 2042]	[3,276.00]	[JUN 01 2077]	[96,030.00]
[JUN 01 2043]	[3,586.00]	[JUN 01 2078]	[96,030.00]
[JUN 01 2044]	[3,910.00]	[JUN 01 2079]	[96,030.00]
[JUN 01 2045]	[4,252.00]	[JUN 01 2080]	[96,030.00]
[JUN 01 2046]	[4,636.00]	[JUN 01 2081]	[96,030.00]
[JUN 01 2047]	[5,084.00]		

THE “SCHEDULE OF GUARANTEED PREMIUMS” ON THIS PAGE SHOWS THE AMOUNT YOU 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.

INCLUDES ANNUAL POLICY FEE OF $[30.00]. POLICY FEE MAY BE HIGHER IF YOU PAY PURSUANT TO ANY PAYMENT MODE OTHER THAN ANNUAL.

DEFINITIONS

Accelerated Death Benefit

A portion of the death benefit that is paid prior to the death of the Insured. Accelerated Death Benefits may be paid due to the Insured's Terminal Illness, Chronic Illness or Critical Illness as described in this policy. Accelerated Death Benefits paid reduce the Face Amount of this policy and the death benefit payable to the Beneficiary(ies) upon death.

Activities of Daily Living (ADLs)

Bathing, Continence, Dressing, Eating, Toileting and Transferring.

I. Bathing means the ability to wash oneself by sponge bath; or in either a tub or shower, including the task of getting into and out of the tub or shower.

II. Continence means the ability to maintain control of bowel and bladder function; or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for catheter or colostomy bag).

III. Dressing means the ability to put on and take off all items of clothing and any necessary braces, fasteners or artificial limbs.

IV. Eating means the ability to feed oneself by getting food into the body from a receptacle (such as a plate, cup or table) or by a feeding tube or intravenously.

V. Toileting means the ability to get to and from the toilet, get on and off the toilet and perform associated personal hygiene.

VI. Transferring means the ability to move into or out of a bed, chair or wheelchair.

Age

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.

Beneficiary

A person designated to receive all or a portion of the death benefit on the death of the Insured. You may name both a Primary and Contingent Beneficiary. A Primary or Contingent Beneficiary named on the application may be changed as provided in this policy.

Chronically Ill

Chronically Ill means that the Insured:

1. is unable to perform, without substantial assistance from another person for a period of at least 90 days, at least two out of the six Activities of Daily Living; or

2. requires substantial supervision by another person, for a period of at least 90 consecutive days, to protect the Insured from threats to health and safety due to Severe Cognitive Impairment.

Critically Ill

Critically Ill means that the Insured has been diagnosed with one or more of the following health conditions:

i. Heart attack (myocardial infarction) – the death of a portion of the heart muscle resulting from inadequate blood supply to the relevant area. The heart attack must have been severe enough to require an inpatient hospital stay and any impairment sustained as a result of the heart attack must be evident for at least 30 days after hospital discharge. Heart attack does not

include angina or the chance finding of electrocardiographic (EKG) changes indicative of a previous heart attack. The diagnosis of heart attack must be based on the presence of all of the following:

1. Chest pain;
2. Associated new EKG changes which support the diagnosis; and
3. Elevation of cardiac enzymes above standard laboratory levels.

ii. Stroke – a cerebrovascular accident (CVA) or infarction of brain tissue caused by hemorrhage, embolism, or thrombosis lasting more than 24 hours and producing measurable neurological deficit which persists for at least 30 consecutive days following the occurrence of the stroke. Stroke does not include transient ischemic attacks.

iii. Cancer – a disease manifested by the presence of one or more malignant tumors and characterized by the uncontrolled growth and spread of malignant cells and the invasion of normal tissue. Cancer does not include:

1. Any skin cancer, except invasive malignant melanoma into the dermis or deeper;
2. Pre-malignant lesions, benign tumors, or polyps; or
3. Carcinoma in-situ.

iv. End stage renal failure – chronic irreversible and total failure of both kidneys which requires the Insured to undergo renal transplantation or regular renal dialysis. The permanent renal failure must persist for a period of at least 90 days.

v. Major organ transplant – the receipt by transplant of any of the following organs or tissues: heart, lungs, liver, kidney, pancreas, or bone marrow. Transplantation means the replacement of the recipient's malfunctioning organ(s) or tissue, with the organ(s) or tissue from a donor suitable under generally acceptable medical procedures.

vi. Amyotrophic Lateral Sclerosis (ALS).

vii. Blindness – permanent and uncorrectable loss of sight in both eyes resulting from diabetic retinopathy. The Blindness must be confirmed by a Physician who is an Ophthalmologist. The corrected visual acuity must be worse than 20/200 in both eyes, and the field of vision must be less than 20 degrees in both eyes.

viii. Paralysis – complete and permanent loss of use of two or more limbs through neurological injury producing paralysis resulting from trauma, CVA, polio, ALS, multiple sclerosis or Guillain-Barre syndrome. The Paralysis must be confirmed to have been present by a Physician for a continuous period of at least 180 days from the time the paralysis begins.

Date of Issue 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.

Expiry Date The date on which coverage under this policy expires. The Expiry Date is the Policy Anniversary at the Insured's Age 105 and is shown in the Policy Data.

Face Amount The amount upon which the death benefit is determined. The initial Face Amount is shown in the Policy Data. The actual amount we pay on the death of the Insured may be adjusted as described in this policy.

Immediate Family Member One of the following members of the Insured's or owner's family: spouse (including common law spouse) or civil union partner and anyone who is related to the individual or his or her spouse or civil union partner (including adopted, in-law and step-relatives). This includes a parent, grandparent, child, grandchild, brother, sister, aunt, uncle, first cousin, nephew or niece.

In Force Insurance coverage is in effect and has not terminated.

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

Lapse Termination of this 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.

Licensed Health Care Practitioner A Physician, a registered professional nurse, or a licensed social worker. Licensed Health Care Practitioner does not include:

1. You, the Insured, or an Immediate Family Member; or
2. A person who lives with you, the Insured, or an Immediate Family Member; or
3. A person in the same medical practice as you, the Insured, or an Immediate Family Member; or
4. A business partner of you, the Insured, or an Immediate Family Member.

Monthly Policy Date 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 Policy Date for that month will be the first day of the following month.

Physician Any person bearing the designation of Medical Doctor (M.D.) or Doctor of Osteopathy licensed within the United States and practicing within the scope of his or her license issued by the jurisdiction in which such person's services are rendered. Physician does not include:

1. You, the Insured, or an Immediate Family Member; or
2. A person who lives with you, the Insured, or an Immediate Family Member; or
3. A person in the same medical practice as you, the Insured, or an Immediate Family Member; or
4. A business partner of you, the Insured, or an Immediate Family Member.

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

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

Policy Year The 12 month period directly preceding a Policy Anniversary.

Reinstate To restore coverage after this policy has Lapsed, in accordance with the Reinstatement provision.

Rider An attachment to this policy that provides an additional benefit.

Severe Cognitive Impairment A severe loss or deterioration in a person's short- or long-term memory; orientation as to person, place and time; deductive or abstract reasoning; or judgment as it relates to safety awareness. Severe Cognitive Impairment is established by clinical evidence and standardized tests that reliably measure the loss. Severe Cognitive Impairment resulting from Alzheimer's disease and similar forms of senility, senile dementia and irreversible dementia are covered under this policy.

Terminally Ill Terminally Ill means that the Insured has a medical condition, resulting from bodily injury or disease, or both, which is expected to result in the death of the Insured within 12 months of diagnosis.

The condition:

a) must be first diagnosed by a Physician on or after the later of the Date of Issue or the Policy Date; and,

b) must be demonstrated by clinical, radiological, laboratory or other evidence of the medical condition which is satisfactory to us; and,

c) must not be curable by any means available to the medical profession.

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

You and your The owner of this policy. The owner as of the Date of Issue is shown in the Policy Data. Ownership may be transferred as provided in this policy. Following a transfer of ownership, you and your will refer to the new owner.

OWNERSHIP

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 ownership is shared by more than one person, all such persons must act together to exercise a right. Unless otherwise specified, if a co-owner dies during the Insured's lifetime, the co-owner's interest in this policy will pass to the remaining co-owners. If the owner or all co-owners die during the Insured's lifetime, ownership will pass to the contingent owner, if one has been named; otherwise, ownership will pass to the owner's estate. 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 on the date the assignment is signed by you, subject to any payments made or actions taken by us prior to our recording of the assignment. We assume no responsibility for the validity or effect of any assignment of this policy or of any interest in it. Any death benefit which becomes payable to an assignee will be payable in a single sum and will be subject to proof of the assignee's interest and the extent of the assignment.

THE BENEFICIARY

Who Receives the Death Benefit

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

Unless you specify otherwise, the following will apply:

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

How to Change a Beneficiary

You may name or change a Primary or Contingent Beneficiary while the Insured is living by sending us a Written Request. The change will not be effective until we record it in our records. Even if the Insured is not living when we record the change, the change will take effect as of the date it was signed. 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 is 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 (excluding any premiums waived under any Rider attached to this policy),

minus (d) the amount of any portion of a premium due under the Grace Period provision.

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

Interest from Date of Death

We will pay interest on the death benefit under this policy after we receive due proof of the Insured's death. 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 death to the date of payment. The annual 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.

If we pay an Accelerated Death Benefit based on an acceleration of less than the full Face Amount, the premium payable after the Accelerated Death Benefit is paid will also be reduced. The reduced premium will equal the appropriate premium rate applied to the reduced Face Amount plus any applicable policy fee.

Schedules of Premiums

Premiums for this policy (excluding premiums for certain Riders) will remain level until the First Premium Increase Date shown in the Policy Data. Beginning on the First Premium Increase Date, premiums will increase annually.

The Policy Data includes two schedules of annual premiums. For any Policy Year after the First Premium Increase Date, we may charge a lower premium than the guaranteed annual premium, but we will not charge a higher annual premium. Any lower annual premium will be in effect for one year and will apply to all policies having the same plan, issue year, class of risk, face amount, sex, and premium schedule as this policy.

The Schedule of Non-Guaranteed Premiums shown in the Policy Data is based on our current premium scale, but is not guaranteed. Any change in the non-guaranteed premium rates will be prospective and will be subject to our expectation as to future cost factors. Such cost factors may include, but are not limited to: mortality; expenses; interest; persistency; regulatory changes; and any applicable federal, state and local taxes.

The semi-annual, quarterly and monthly premiums for each Policy Year will be determined on the same basis used to determine the initial semi-annual, quarterly and monthly premiums.

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. If you do not pay the premium due before the end of the grace period, this policy will Lapse and all coverage will terminate. 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 benefit payable under this policy.

Reinstatement

If this policy Lapses, you may Reinstate it as provided in this section. Any Reinstatement must be made during the lifetime of the Insured and within three years from the end of the grace period. Before we Reinstate your policy, we will require:

1. Your Written Request to Reinstate this policy,
2. The Insured's written consent to Reinstatement,
3. Evidence of insurability satisfactory to us that the Insured is insurable at the same class of risk/substandard rating/flat extra as applied to this policy immediately prior to Lapse, and
4. Payment of all overdue premiums with interest from the due date of each premium. The interest rate is 6% per annum, compounded annually.

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

If this policy is Reinstated, we will not pay any Accelerated Death Benefit for a Terminal Illness, Chronic Illness or Critical Illness that is first diagnosed or certified, as applicable, by a Physician or Licensed Health Care Practitioner, as applicable, prior to the Reinstatement date.

ACCELERATED DEATH BENEFIT OPTIONS

Accelerated Death Benefit Options

If the Insured becomes Terminally Ill, Critically Ill or Chronically Ill while this policy is In Force, you may elect to receive an Accelerated Death Benefit payment subject to the provisions of this policy and the following conditions:

1. You must provide us with the required certification applicable to the requested form of Accelerated Death Benefit; and

2. This policy must be In Force at the time of your Accelerated Death Benefit request; and

3. The Face Amount of this policy at the time the Accelerated Death Benefit request is received must be at least $25,000; and

4. Any applicable waiting period must have expired; and

5. At the time you request to exercise the Accelerated Death Benefit option; there must be at least two years remaining before the Expiry Date; and

6. We must receive the consent of all irrevocable Beneficiaries (if any) and all assignees (if any) in a form acceptable to us.

If we approve your acceleration request, we will make the payment on the next Monthly Policy Date.

Amount of Accelerated Death Benefit

The Accelerated Death Benefit payment we make to you will be less than the amount of the death benefit which you request to accelerate. For each form of Accelerated Death Benefit, the Accelerated Death Benefit payment for the amount of the death benefit which you request to accelerate will be calculated as A – B – C – D where A, B, C, and D are determined as follows:

A. The present value of the amount of the death benefit which you request to accelerate, which will be calculated as described below.

B. Any due or unpaid premium if we make payment during the grace period.

C. The actuarial present value of future premiums, excluding rider premiums that would otherwise be payable to keep this policy In Force during the period of the Insured's remaining lifetime at time of the acceleration, using the applicable rated age, mortality table, and interest rate. For the Terminal Illness Accelerated Death Benefit, the future premiums are assumed to be zero.

D. An administrative charge for each Accelerated Death Benefit request. The administrative charge for each Accelerated Death Benefit request as of January 1, 2012 is $350, but will be subject to future increases based on cumulative annual cost-of-living increases as measured by the Consumer Price Index for All Urban Consumers (CPI) since January 1, 2012. Cumulative annual cost of living increases will not exceed 5% per calendar year. In the event that the CPI is no longer published, a substantially similar index will be used.

If we approve your request for a Chronic Illness Accelerated Death Benefit or Critical Illness Accelerated Death Benefit, the amount that may be payable will be based in part on the nature and severity of the Insured's health condition and the Insured's remaining life expectancy at the time of the acceleration. The longer the Insured's remaining life expectancy, the lower the payment amount will be. The shorter the Insured's remaining life expectancy, the higher the payment amount will be.

No Additional Cost Prior to Election

There is no additional cost for the Accelerated Death Benefit options prior to the election of Accelerated Death Benefits.

Tax Qualification

We intend that payments we make under the Accelerated Death Benefit options will be federal income tax-free. To that end, the Accelerated Death Benefit options provisions are to be interpreted to ensure or maintain such tax qualification, notwithstanding any other provisions to the contrary. We reserve the right to amend this policy to reflect any clarifications that may be needed or are appropriate to maintain such qualification, or to conform this policy to any applicable changes in the tax qualification requirements. You will be sent a copy of any such amendment. You should consult with your tax advisor regarding the tax treatment of receiving an Accelerated Death Benefit.

TERMINAL ILLNESS ACCELERATED DEATH BENEFIT

Accelerated Death Benefit Amount

If the Insured is Terminally Ill, you may request acceleration of any amount between $5,000 and the maximum Accelerated Death Benefit as outlined below. If we approve a request for an Accelerated Death Benefit that is less than the maximum Accelerated Death Benefit we allow, any future death benefit accelerated will not exceed the remaining balance of the maximum Accelerated Death Benefit.

Required Certification

You must submit a written certification by a Physician that confirms that the Insured is Terminally Ill with your Accelerated Death Benefit request. The certification must be made within 30 days of the Accelerated Death Benefit request.

Waiting Period

There is no waiting period for the Terminal Illness Accelerated Death Benefit.

Present Value of Accelerated Death Benefit

The present value of the Terminal Illness Accelerated Death Benefit payment we make to you will be based on a discount which reflects the early payment of the Accelerated Death Benefit amount. We assume a 12-month period for this purpose. The annual interest rate we use will be a discount rate that is the greater of:

a) The current yield on 90-day U.S. Treasury bills; or

b) The Moody's Corporate Bond Yield Average-Monthly Average Corporates as of the date of your request as published by Moody's Investors Service, Inc., or any successor thereto. In the event that the Moody's Corporate Bond Yield Average-Monthly Average Corporates is no longer published, a substantially similar average, established by regulation issued by the state insurance commissioner will be used.

However, any such discount rate will never exceed 8%.

Maximum Accelerated Death Benefit

The maximum death benefit you may accelerate because the Insured is Terminally Ill is equal to the lesser of:

1. 100% of the Face Amount of this policy; or

2. $500,000, including all other Accelerated Death Benefits previously elected or currently under review under all policies, endorsements or riders issued by us or our affiliates on the life of the Insured.

CHRONIC ILLNESS ACCELERATED DEATH BENEFIT

Accelerated Death Benefit Amount

If the Insured is Chronically Ill, you may request acceleration of any amount between $1,000 and the maximum Accelerated Death Benefit as outlined below. If we approve a request for an Accelerated Death Benefit that is less than the maximum Accelerated Death Benefit we allow, any future death benefit accelerated will not exceed the remaining balance of the maximum Accelerated Death Benefit. If we approve a request to accelerate the maximum Accelerated Death Benefit because the Insured is Chronically Ill, the amount of the Accelerated Death Benefit payment will be no less than $300.

Required Certification

We must receive written proof of the Insured's Chronic Illness satisfactory to us. Such proof must include the certification of a Licensed Healthcare Practitioner that the Insured is Chronically Ill.

Waiting Period

There is a two year waiting period before you can claim benefits under the Chronic Illness Accelerated Death Benefit option. No Accelerated Death Benefit will be paid under this policy on account of Chronic Illness during the first two years this policy is In Force.

Present Value of Accelerated Death Benefit

The present value of the Chronic Illness Accelerated Death Benefit payment we make to you will be calculated using the following factors:

i) The applicable mortality rates, using the sex distinct, smoker distinct, ultimate, age last birthday 2001 Valuation Basic Tables.
ii) A rated age, determined using the tables in i) equal to the highest age that has a life expectancy greater than or equal to the remaining life expectancy of the Insured as determined by our physician's assessment.
iii) Annual interest at a discount rate that is the greater of:

1) The current yield on 90-day U.S. Treasury bills; or
2) The Moody's Corporate Bond Yield Average-Monthly Average Corporates as of the date of your request as published by Moody's Investors Service, Inc., or any successor thereto. In the event that the Moody's Corporate Bond Yield Average-Monthly Average Corporates is no longer published, a substantially similar average, established by regulation issued by the state insurance commissioner will be used.

However, any such discount rate will never exceed 8%.

Maximum Accelerated Death Benefit

The maximum death benefit you may accelerate because the Insured is Chronically Ill in any 12 month period is 24% of the Face Amount of this policy at the time of the initial acceleration for Chronic Illness.

If the Insured continues to be Chronically Ill, you may request additional accelerations each year up to the maximum stated in this section, provided that a Licensed Health Care Practitioner annually recertifies the Insured as being a Chronically Ill individual. If additional Accelerated Death Benefits are paid pursuant to annual recertifications, an administrative fee of $100 will apply to those additional payments.

The maximum Death Benefit you may accelerate because the Insured is Chronically Ill over the lifetime of the Insured is equal to the lesser of:

1. 90% of the Face Amount of this policy; or

2. $500,000, including all other Accelerated Death Benefits previously elected or currently under review under all policies, endorsements or riders issued by us or our affiliates on the life of the Insured.

CRITICAL ILLNESS ACCELERATED DEATH BENEFIT

Accelerated Death Benefit Amount

If the Insured is Critically Ill, you may request acceleration of any amount between $2,500 and the maximum Accelerated Death Benefit as outlined below. If we approve a request for an Accelerated Death Benefit that is less than the maximum Accelerated Death Benefit we allow, you may exercise this option up to two additional times after which this option will terminate even if less than the maximum Accelerated Death Benefit amount was previously accelerated. The total of all death benefits accelerated may not exceed the maximum Accelerated Death Benefit described below. If we approve a request to accelerate the maximum Accelerated Death Benefit because the Insured is Critically Ill, the amount of the Accelerated Death Benefit payment will be no less than $1,000.

Required Certification

We must receive written proof of the Insured's Critical Illness satisfactory to us. Such proof must include the certification of a Physician that the Insured is Critically Ill. The Insured must be first diagnosed as Critically Ill on or after the later of the Date of Issue or the Policy Date.

Waiting Period

There is a 30 day waiting period before you can claim benefits under the Critical Illness Accelerated Death Benefit option for Critical Illnesses due to sickness. No Accelerated Death Benefit will be paid under this policy for Critical Illness arising during the first 30 days this policy is In Force unless the Critical Illness results from accidental injury.

Present Value of Accelerated Death Benefit

The present value of the Critical Illness Accelerated Death Benefit payment we make to you which will be calculated using the following factors:

i) The applicable mortality rates, using the sex distinct, smoker distinct, ultimate, age last birthday 2001 Valuation Basic Tables.
ii) A rated age, determined using the tables in i), equal to the highest age that has a life expectancy greater than or equal to the remaining life expectancy of the Insured as determined by our physician's assessment.
iii) Annual interest at a discount rate that is the greater of:

1) The current yield on 90-day U.S. Treasury bills; or
2) The Moody's Corporate Bond Yield Average-Monthly Average Corporates as of the date of your request as published by Moody's Investors Service, Inc., or any successor thereto. In the event that the Moody's Corporate Bond Yield Average-Monthly Average Corporates is no longer published, a substantially similar average, established by regulation issued by the state insurance commissioner will be used.

However, any such discount rate will never exceed 8%.

Maximum Accelerated Benefit Amount

The maximum death benefit you may accelerate because the Insured is Critically Ill is equal to the lesser of:

1. 90% of the Face Amount of this policy; or

2. $500,000, including all other Accelerated Death Benefits previously elected or currently under review under all policies, endorsements or riders issued by us or our affiliates on the life of the Insured.

LIMITATIONS ON PAYMENTS OF ACCELERATED DEATH BENEFITS

Limitations

1. In no event will the total of all of the death benefits accelerated under this policy exceed 100% of the Face Amount of this policy.

2. The sum of all death benefits accelerated on account of Chronic Illness and Critical Illness may not exceed 90% of the Face Amount of the policy.

3. We will not pay any Accelerated Death Benefit under this policy for a Terminal Illness, Chronic Illness or Critical Illness that is caused by or contributed to by, or results directly or indirectly from, a suicide attempt or intentionally self-inflicted injury while sane or insane.

4. You may not request a Terminal Illness, Chronic Illness, or Critical Illness Accelerated Death Benefit if you are:

   a) required by law to use the Accelerated Death Benefit to meet the claims of creditors, whether in bankruptcy or otherwise; or

   b) required by a government agency to use the Accelerated Death Benefit in order to apply for, obtain, or otherwise keep a government benefit or entitlement.

EFFECT OF ACCELERATED DEATH BENEFIT PAYMENT ON THE POLICY

Effect of the Accelerated Death Benefit Payment on the Policy

The Face Amount will be reduced upon payment of an Accelerated Death Benefit by the amount of the death benefit accelerated.

If acceleration of less than the full Face Amount is requested, the premium payable after the Accelerated Death Benefit is paid will also be reduced. The reduced premium will equal the appropriate premium rate applied to the reduced Face Amount plus any applicable policy fee.

We will provide you with information showing the reduced Face Amount and new premium resulting from the Accelerated Death Benefit payment.

COORDINATION BETWEEN TERMINAL, CHRONIC AND CRITICAL ILLNESS ACCELERATED DEATH BENEFIT OPTIONS

Coordination between Accelerated Death Benefit Options

If the Insured qualifies for an Accelerated Death Benefit under more than one option and makes claim for benefits under two or more Accelerated Death Benefit options at the same time, benefits will first be payable under the Terminal Illness Accelerated Death Benefit option, if applicable. Any subsequent Accelerated Death Benefit payable will be payable on the next Monthly Policy Date.

ACCELERATED DEATH BENEFIT CLAIM PROVISIONS

Notice of Claim

We must receive a written Accelerated Death Benefit request at our Administrative Office within 60 days after the required diagnosis of the Insured's Terminal Illness, or certification of the Insured's Chronic Illness or Critical Illness, as applicable, or as soon as reasonably possible. The request should include the name of the Insured, the policy number, and must be signed and dated by you.

Claim Forms

We will send you claim forms within 15 days of the date we receive written notice of claim.

Proof of Loss

We must receive written proof of the Insured's Terminal Illness, Chronic Illness or Critical Illness, as applicable, before we make an Accelerated Death Benefit payment. This proof must consist of a Physician's or Licensed Health Care Practitioner's, certification, as applicable, acceptable to us. We may request additional medical information from the Physician or Licensed Health Care Practitioner submitting the certification or from any Physician or Licensed Health Care Practitioner, as applicable, we consider qualified.

Physician Examination

While an acceleration request is pending, we reserve the right to obtain a second medical opinion and to have the Insured examined at our expense. In the event that the second medical opinion differs from the diagnosis indicated by the Insured's own Physician or Licensed Health Care Practitioner, as applicable, a third mutually acceptable Physician or Licensed Health Care Practitioner may be consulted at our expense. The benefit will be payable according to the opinion of the third Physician or Licensed Health Care Practitioner.

Payment of Accelerated Death Benefits

After we have received proof of loss satisfactory to us, we will determine the Accelerated Death Benefit payment amount that is payable under the applicable Accelerated Death Benefit option. We will send you a statement that informs you of the amount of the payment available. The payment amount will be less than the amount of the death benefit you request to accelerate. For the Chronic Illness Accelerated Death Benefit and Critical Illness Accelerated Death Benefit, the size of the payment will depend, among other factors, on our sole determination of the Insured's remaining life expectancy at the time of the acceleration. If you agree to the payment amount, we will pay you the amount of the Accelerated Death Benefit. If the Insured dies before any Accelerated Death Benefit payment is made, we will instead pay the entire death benefit of this policy in accordance with the policy provisions.

Legal Actions

No legal action may be brought to recover any Accelerated Death Benefit payments requested under this policy within 60 days after written proof of the Terminal Illness, Chronic Illness, or Critical Illness, as applicable, has been given to us. No such action may be brought after three years from the time such written proof of the Insured's health condition has been given to us.

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 this policy attached to it contain the entire contract between you and us. Any statements made in such application(s), questionnaires or any amendments either by you or by the Insured will, in the absence of fraud, be considered representations and not warranties. Also, any written statement made 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.

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

Incontestability

We cannot contest this policy, except for fraud (when such a defense is permitted by the applicable law in the state where this 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, the original contestability period will continue to apply. In addition, a new two year contestability period will apply from the date of Reinstatement with respect to statements made in the application for Reinstatement.

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.

Riders

Riders, if any, are listed in the Policy Data. Any Rider will become 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.

Who Can Make Changes in the Policy

No change or waiver of any of the provisions of this policy will be valid unless made in writing by us and signed by an officer of the Company. Any change or waiver must be signed by our President or a Vice President together with our Secretary. No agent or other person has the authority to change or waive any provision of this policy.

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 Expiry Date; or
2. The date this policy Lapses; or

3. The date we receive your Written Request to terminate; or
4. The date this policy is converted pursuant to a Conversion Option Endorsement; or
5. The date 100% of this policy's Face Amount has been accelerated under one or more Accelerated Death Benefit options.
6. The date of the Insured's death.

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 nonparticipating insurance. It does not participate in our profits or surplus. We do not distribute past surplus or recover past losses by changing the premium rates.

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.

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

SETTLEMENT PROVISIONS

Lump Sum Payment

When the death benefit is payable, we will pay it in a lump sum, unless a settlement option is elected.

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 a guaranteed period, or for life with or without a guaranteed period as long as we agree to it. The annuity payment will not be less than what our newly issued immediate annuity contracts with the same features are then paying.

Benefit Deposited with Interest

We will hold the benefit on deposit with us and it will earn interest. Such interest will be at a rate declared by us from time to time, but not less than an annual interest rate of 1%, and may differ from the rate we pay under other options. We will pay the earned interest monthly, quarterly, semi-annually or annually, as requested. The payee may withdraw part or all of the benefit and earned interest at any time.

Conditions

Settlements 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 child 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]
[(319) 355-8511]

Term Insurance
with Accelerated Death Benefit Options
Premiums Payable until the Insured's Age 105
Death Benefit Payable at Death of the Insured

Premiums are Subject to Change as Stated in Schedules of Premiums Provision,
But Will Not Exceed Specified Guaranteed Premiums
See Schedule of Guaranteed Premiums shown in Policy Data

Benefits advanced under the Accelerated Death Benefit options may be taxable. As with all tax matters, the owner should consult a personal tax advisor to assess the impact of this benefit on the owner and the policy.

The Face Amount of the policy will be reduced if an Accelerated Death Benefit is paid. Payment of an Accelerated Death Benefit may affect eligibility for Medicaid or other government benefits and entitlements.

Nonparticipating – No Dividends

Supporting Document Schedules

Item Status: **Status Date:**

Satisfied - Item: Flesch Certification

Comments:

Attachments:

AR - Cert of Regulation 49.pdf
AR - Rule and Regulation 19.pdf
TL19 Flesch Score.pdf

Item Status: **Status Date:**

Satisfied - Item: Application

Comments:

The APA401008T application was approved under SERFF tracking number CMPL-125670265 on 6-23-2008.

Item Status: **Status Date:**

Satisfied - Item: Life & Annuity - Acturial Memo

Comments:

Attachments:

TL19 Actuarial Data Letter NF.pdf
TL19 Actuarial Valuation Data.pdf

Item Status: **Status Date:**

Satisfied - Item: Accelerated Death Benefit Disclosure

Comments:

See attached.

Attachment:

ACC-DISC TL19.pdf

Item Status: **Status Date:**

Satisfied - Item: TL19 Policy Summary

Comments:

Attachment:

TL19 Policy Summary.pdf

Item Status: **Status Date:**

Satisfied - Item: TL19 AR Data Pages - WHEN Federal Allotment

Comments:

Attachment:

TL19 AR Data Pages - WHEN Federal Allotment.pdf

TRANSAMERICA LIFE INSURANCE COMPANY

CERTIFICATION OF REGULATION 49
STATE OF ARKANSAS

Form Number: TL19 AR

Date: 4-27-2012

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

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

Cheryl Bock

Cheryl Bock, Assist. Vice President Contract Development

TRANSAMERICA LIFE INSURANCE COMPANY

RULE AND REGULATION 19
STATE OF ARKANSAS

Form Number: TL19 AR

Date: 4-27-2012

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

FLESCH READABILITY CERTIFICATION

Transamerica Life Insurance Company

Form Number (may vary by state)	**Flesch Score**
TL19	50.0

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

Cheryl Bock

Cheryl Bock
Assistant Vice President

4-16-2012
Date

Transamerica Life Insurance Company
Home Office: Cedar Rapids, IA 52499
Administrative Office:
4333 Edgewood Rd NE
Cedar Rapids, IA 52499

Terminal Illness, Chronic Illness and Critical Illness Accelerated Death Benefit Options Disclosure

This disclosure form provides a brief description of the accelerated death benefit options available under your policy. For details regarding your rights and obligations under the policy, please read your policy carefully. Accelerated benefits are payments made to you during the lifetime of the Insured in lieu of payment of the full death benefit of the policy.

Terminally Ill means the Insured has a medical condition, resulting from bodily injury or disease, or both, which is expected to result in the death of the Insured within 12 months of diagnosis.

Chronically Ill means the Insured:

(a) Is unable to perform without substantial assistance from another person for a period of at least 90 days, at least two out of six Activities of Daily Living (Bathing, Continence, Dressing, Eating, Toileting and Transferring); or

(b) Requires substantial supervision by another person, for a period of at least 90 consecutive days, to protect the Insured from threats to health and safety due to Severe Cognitive Impairment.

Critically Ill means the Insured has been diagnosed with one or more of the following health conditions:

(a) Heart Attack

(b) Stroke

(c) Cancer

(d) End Stage Renal Failure

(e) Major Organ Transplant

(f) Amyotrophic Lateral Sclerosis (ALS)

(g) Blindness

(h) Paralysis

Conditions Under which Accelerated Benefits May be Elected: If the Insured becomes Terminally Ill, Critically Ill or Chronically Ill while this policy is In Force, you may elect to receive an Accelerated Death Benefit payment subject to the provisions of the policy and the following conditions:

1. You must provide us with the required certification applicable to the requested form of Accelerated Death Benefit.
2. This policy must be In Force at the time of your Accelerated Death Benefit request; and
3. The Face Amount of this policy at the time the Accelerated Death Benefit request is received must be at least $25,000; and
4. You must have completed any applicable waiting period (30 calendar days for Critical Illness due to sickness; and 2 policy years for Chronic Illness).
5. At the time you request to exercise the Accelerated Death Benefit option, there must be at least two (2) years remaining before the Expiry Date of the policy; and
6. We must receive the consent of all irrevocable beneficiaries (if any) and all assignees (if any) in a form acceptable to us.

If we approve your acceleration request, we will make the payment on the next Monthly Policy Date.

Amount of Benefit: The Accelerated Death Benefit payment we make to you will be less than the amount of the death benefit which you request to accelerate. For each form of Accelerated Death Benefit, the Accelerated Death Benefit payment for the amount of the death benefit which you request to accelerate will be calculated as A - B - C - D where A, B, C, and D are determined as follows:

A. The present value of the amount of the death benefit which you request to accelerate, which will be calculated using specific factors and an annual discount interest rate as described in your policy form.

B. Any due or unpaid premium if we make payment during the grace period.

C. The actuarial present value of future premiums, excluding rider premiums that would otherwise be payable to keep this policy In Force during the period of the Insured's remaining lifetime at time of the acceleration, using the applicable rated age, mortality table, and interest rate. For the Terminal Illness Accelerated Death Benefit, the future premiums are assumed to be zero.

D. An administrative charge for each Accelerated Death Benefit request. The administrative charge for each Accelerated Death Benefit request as of January 1, 2012 is $350, but will be subject to future increases based on cumulative annual cost-of-living increases as measured by the Consumer Price Index for All Urban Consumers (CPI) since January 1, 2012. Cumulative annual cost of living increases will not exceed 5% per calendar year. In the event that the CPI is no longer published, a substantially similar index will be used.

If we approve your request for a Chronic Illness Accelerated Death Benefit or Critical Illness Accelerated Death Benefit, the amount that may be payable will be based in part on the nature and severity of the Insured's health condition and the Insured's remaining life expectancy at the time of the acceleration. The longer the Insured's remaining life expectancy, the lower the payment amount will be. The shorter the Insured's remaining life expectancy, the higher the payment amount will be.

Maximum Benefit: The maximum death benefit you may accelerate over the lifetime of the Insured is equal to the lesser of:

1. 90% of the Face Amount of this policy for Critical Illness and Chronic Illness; 100% of the Face Amount of this policy for Terminal Illness; or
2. $500,000, including all other Accelerated Death Benefits previously elected or currently under review under all policies, endorsements or riders issued by us or our affiliates on the life of the Insured.

The maximum death benefit you may accelerate in any 12 month period because the Insured is Chronically Ill is 24% of the Face Amount of the policy at the time the option is exercised.

Effect of Benefit on Policy: The policy's Face Amount will be reduced by the amount of the death benefit accelerated. If less than the full Face Amount is accelerated, the premium payable after the Accelerated Death Benefit is paid will also be reduced. The reduced premium will equal the appropriate premium rate applied to the reduced face amount plus any applicable policy fee. We will provide you with information showing the reduced face amount resulting from the accelerated death benefit payment.

Payment of Accelerated Benefits will reduce the death benefit otherwise payable under the policy. Receipt of Accelerated Benefits may be a taxable event. Please consult your personal tax advisor to determine the tax status of any benefits paid under these options.

By signing below, you agree that you have read the above and received a copy of this disclosure form.

_____ Date

_____ Owner's (Applicant's) Signature

_____ Agent's Signature

IMPORTANT: The signed original must be submitted with the application for life insurance. The copy is to be left with the applicant.

TRANSAMERICA LIFE INSURANCE COMPANY

HOME OFFICE: CEDAR RAPIDS, IA 52499
MARKETING OFFICE: LOS ANGELES, CA 90051

ADMINISTRATIVE OFFICE MAILING ADDRESS:
4333 EDGEWOOD RD NE, CEDAR RAPIDS, IA 52499

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STATEMENT OF POLICY COST AND BENEFIT INFORMATION

PROPOSED INSURED JOHN D TRANSAMERICA MALE AGE 35

POLICY NUMBER SPECIMEN POLICY FORM TL19

- - - -

STATEMENT OF POLICY COST AND BENEFIT INFORMATION

PROPOSED INSURED JOHN D TRANSAMERICA MALE AGE 35

POLICY NUMBER SPECIMEN POLICY FORM TL19

- - - -

P O L I C Y D A T A

		[JUN 01 2012]	POLICY DATE
EXPIRY DATE	[JUN 01 2082]	[35]	AGE OF INSURED
INSURED	[JOHN DOE]	[SPECIMEN]	POLICY NUMBER
FACE AMOUNT	$[100,000]	[JUN 01 2012]	DATE OF ISSUE
SEX OF INSURED	[MALE]	[JUN 01 2032]	LAST DATE TO CONVERT
OWNER	[THE INSURED]	[PREFERRED CHOICE NONSMOKER]	CLASS OF RISK
FIRST PREMIUM INCREASE DATE	[JUN 01 2032]		

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

RIDER NUMBER	SCHEDULE OF ADDITIONAL BENEFITS	ANNUAL PREMIUM*
	[NONE]	

TOTAL ANNUAL PREMIUM ON POLICY DATE $[199.00]*

*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.

INITIAL PREMIUM AMOUNT AND MODE $[8.04] [BI-WEEKLY] [SALARY DEDUCTION]
TOTAL PAYMENTS PER YEAR $[209.04]

SCHEDULE OF PREMIUMS

TOTAL FIRST YEAR PREMIUMS (SEE FOLLOWING PAGES FOR PREMIUMS FOR LATER YEARS):

POLICY YEAR	ANNUALLY	[BI-WEEKLY]
[YEARS 1 - 20]	$[199.00]	$[8.04]
TOTAL PAYMENTS PER YEAR	$[199.00]	$[209.04]

THE SCHEDULE OF PREMIUMS ABOVE IS FOR [SALARY DEDUCTION] BILLING ONLY. A SCHEDULE OF PREMIUMS FOR OTHER PAYMENT MODES WILL BE PROVIDED ON REQUEST.

CONTINUED ON THE FOLLOWING PAGE

P O L I C Y D A T A (C O N T I N U E D)

SCHEDULE OF NON-GUARANTEED PREMIUMS
- ANNUAL PREMIUMS -

POLICY YEAR BEGINNING	POLICY EXCLUDING RIDERS	POLICY YEAR BEGINNING	POLICY EXCLUDING RIDERS
[JUN 01 2013]	$ [199.00]	[JUN 01 2048]	$ [4,351.00]
[JUN 01 2014]	[199.00]	[JUN 01 2049]	[4,954.00]
[JUN 01 2015]	[199.00]	[JUN 01 2050]	[5,790.00]
[JUN 01 2016]	[199.00]	[JUN 01 2051]	[6,600.00]
[JUN 01 2017]	[199.00]	[JUN 01 2052]	[7,459.00]
[JUN 01 2018]	[199.00]	[JUN 01 2053]	[8,273.00]
[JUN 01 2019]	[199.00]	[JUN 01 2054]	[9,074.00]
[JUN 01 2020]	[199.00]	[JUN 01 2055]	[9,839.00]
[JUN 01 2021]	[199.00]	[JUN 01 2056]	[10,657.00]
[JUN 01 2022]	[199.00]	[JUN 01 2057]	[11,962.00]
[JUN 01 2023]	[199.00]	[JUN 01 2058]	[13,663.00]
[JUN 01 2024]	[199.00]	[JUN 01 2059]	[15,256.00]
[JUN 01 2025]	[199.00]	[JUN 01 2060]	[17,000.00]
[JUN 01 2026]	[199.00]	[JUN 01 2061]	[18,960.00]
[JUN 01 2027]	[199.00]	[JUN 01 2062]	[20,795.00]
[JUN 01 2028]	[199.00]	[JUN 01 2063]	[22,757.00]
[JUN 01 2029]	[199.00]	[JUN 01 2064]	[25,526.00]
[JUN 01 2030]	[199.00]	[JUN 01 2065]	[27,339.00]
[JUN 01 2031]	[199.00]	[JUN 01 2066]	[29,909.00]
[JUN 01 2032]	[962.00]	[JUN 01 2067]	[31,787.00]
[JUN 01 2033]	[1,054.00]	[JUN 01 2068]	[35,086.00]
[JUN 01 2034]	[1,154.00]	[JUN 01 2069]	[35,603.00]
[JUN 01 2035]	[1,262.00]	[JUN 01 2070]	[37,568.00]
[JUN 01 2036]	[1,378.00]	[JUN 01 2071]	[39,571.00]
[JUN 01 2037]	[1,501.00]	[JUN 01 2072]	[43,336.00]
[JUN 01 2038]	[1,632.00]	[JUN 01 2073]	[46,925.00]
[JUN 01 2039]	[1,809.00]	[JUN 01 2074]	[50,786.00]
[JUN 01 2040]	[1,940.00]	[JUN 01 2075]	[54,941.00]
[JUN 01 2041]	[2,170.00]	[JUN 01 2076]	[59,410.00]
[JUN 01 2042]	[2,366.00]	[JUN 01 2077]	[64,215.00]
[JUN 01 2043]	[2,579.00]	[JUN 01 2078]	[69,311.00]
[JUN 01 2044]	[2,821.00]	[JUN 01 2079]	[74,785.00]
[JUN 01 2045]	[3,098.00]	[JUN 01 2080]	[80,658.00]
[JUN 01 2046]	[3,437.00]	[JUN 01 2081]	[86,962.00]
[JUN 01 2047]	[3,766.00]		

THE “SCHEDULE OF NON-GUARANTEED PREMIUMS” ON THIS PAGE SHOWS THE AMOUNT YOU 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.

INCLUDES ANNUAL POLICY FEE OF $[30.00]. POLICY FEE MAY BE HIGHER IF YOU PAY PURSUANT TO ANY PAYMENT MODE OTHER THAN ANNUAL.

CONTINUED ON THE FOLLOWING PAGE

P O L I C Y D A T A (C O N T I N U E D)

SCHEDULE OF GUARANTEED PREMIUMS
- ANNUAL PREMIUMS -

POLICY YEAR BEGINNING	POLICY EXCLUDING RIDERS	POLICY YEAR BEGINNING	POLICY EXCLUDING RIDERS
[JUN 01 2013]	$ [199.00]	[JUN 01 2048]	$ [5,628.00]
[JUN 01 2014]	[199.00]	[JUN 01 2049]	[6,264.00]
[JUN 01 2015]	[199.00]	[JUN 01 2050]	[6,934.00]
[JUN 01 2016]	[199.00]	[JUN 01 2051]	[7,654.00]
[JUN 01 2017]	[199.00]	[JUN 01 2052]	[8,438.00]
[JUN 01 2018]	[199.00]	[JUN 01 2053]	[9,322.00]
[JUN 01 2019]	[199.00]	[JUN 01 2054]	[10,350.00]
[JUN 01 2020]	[199.00]	[JUN 01 2055]	[11,544.00]
[JUN 01 2021]	[199.00]	[JUN 01 2056]	[12,882.00]
[JUN 01 2022]	[199.00]	[JUN 01 2057]	[14,374.00]
[JUN 01 2023]	[199.00]	[JUN 01 2058]	[15,996.00]
[JUN 01 2024]	[199.00]	[JUN 01 2059]	[17,714.00]
[JUN 01 2025]	[199.00]	[JUN 01 2060]	[19,590.00]
[JUN 01 2026]	[199.00]	[JUN 01 2061]	[21,676.00]
[JUN 01 2027]	[199.00]	[JUN 01 2062]	[23,996.00]
[JUN 01 2028]	[199.00]	[JUN 01 2063]	[49,751.00]
[JUN 01 2029]	[199.00]	[JUN 01 2064]	[54,923.00]
[JUN 01 2030]	[199.00]	[JUN 01 2065]	[60,420.00]
[JUN 01 2031]	[199.00]	[JUN 01 2066]	[66,188.00]
[JUN 01 2032]	[1,194.00]	[JUN 01 2067]	[71,933.00]
[JUN 01 2033]	[1,326.00]	[JUN 01 2068]	[77,588.00]
[JUN 01 2034]	[1,454.00]	[JUN 01 2069]	[83,513.00]
[JUN 01 2035]	[1,582.00]	[JUN 01 2070]	[89,760.00]
[JUN 01 2036]	[1,732.00]	[JUN 01 2071]	[96,030.00]
[JUN 01 2037]	[1,914.00]	[JUN 01 2072]	[96,030.00]
[JUN 01 2038]	[2,136.00]	[JUN 01 2073]	[96,030.00]
[JUN 01 2039]	[2,394.00]	[JUN 01 2074]	[96,030.00]
[JUN 01 2040]	[2,676.00]	[JUN 01 2075]	[96,030.00]
[JUN 01 2041]	[2,970.00]	[JUN 01 2076]	[96,030.00]
[JUN 01 2042]	[3,276.00]	[JUN 01 2077]	[96,030.00]
[JUN 01 2043]	[3,586.00]	[JUN 01 2078]	[96,030.00]
[JUN 01 2044]	[3,910.00]	[JUN 01 2079]	[96,030.00]
[JUN 01 2045]	[4,252.00]	[JUN 01 2080]	[96,030.00]
[JUN 01 2046]	[4,636.00]	[JUN 01 2081]	[96,030.00]
[JUN 01 2047]	[5,084.00]		

THE “SCHEDULE OF GUARANTEED PREMIUMS” ON THIS PAGE SHOWS THE AMOUNT YOU 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.

INCLUDES ANNUAL POLICY FEE OF $[30.00]. POLICY FEE MAY BE HIGHER IF YOU PAY PURSUANT TO ANY PAYMENT MODE OTHER THAN ANNUAL.