

State: Arkansas Filing Company: Transamerica Life Insurance Company
TOI/Sub-TOI: A02.11 Individual Annuities- Deferred Non-Variable and Variable/A02.11.002 Flexible Premium
Product Name: CMFG-APP 09/12 (NIC)
Project Name/Number: Variable Annuity Application/CMFG-APP 09/12 (NIC)

Filing at a Glance

Company: Transamerica Life Insurance Company
Product Name: CMFG-APP 09/12 (NIC)
State: Arkansas
TOI: A02.11 Individual Annuities- Deferred Non-Variable and Variable
Sub-TOI: A02.11.002 Flexible Premium
Filing Type: Form
Date Submitted: 07/17/2012
SERFF Tr Num: AEGA-128578052
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num: CMFG-APP 09/12 (NIC)
Implementation: On Approval
Date Requested:
Author(s): Laurie Bascom
Reviewer(s): Linda Bird (primary)
Disposition Date: 07/20/2012
Disposition Status: Approved-Closed
Implementation Date:
State Filing Description:

State: Arkansas Filing Company: Transamerica Life Insurance Company

TOI/Sub-TOI: A02.11 Individual Annuities- Deferred Non-Variable and Variable/A02.11.002 Flexible Premium

Product Name: CMFG-APP 09/12 (NIC)

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General Information

Project Name: Variable Annuity Application
Project Number: CMFG-APP 09/12 (NIC)
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:

Status of Filing in Domicile: Not Filed
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Individual
Individual Market Type:
Filing Status Changed: 07/20/2012
State Status Changed: 07/20/2012
Created By: Laurie Bascom
Corresponding Filing Tracking Number:

Deemer Date:
Submitted By: Laurie Bascom

Filing Description:
Life and Health Division
Arkansas Insurance Department
1200 West Third Street
Little Rock, AR 72201

Re: Transamerica Life Insurance Company
NAIC # 468 - 86231
SERFF Tracking #: AEGA- 128578052
CMFG-APP 09/12 (NIC) - Variable Annuity Application

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 the Variable Annuity products approved by your Department and shown on the attached list. It will be printed and be made part of any policy with which it is used.

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

We have enclosed a Statement of Variability that outlines the items that are bracketed. Please note that due to the variability of the language on this application the pagination may vary based on what is included in this application. You have our assurances the form will contain the same language as approved by your Department.

This application is being sold through CMFG Life Insurance Company (CMFG), a marketing unit for Transamerica Life Insurance Company (TLIC) and its affiliates. CMFG offers private labeled (MEMBERS®) TLIC variable annuity products for distribution through CMFG's broker dealer and to select third party broker dealers.

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

Sincerely,

Transamerica Life Insurance Company

SERFF Tracking #: AEGA-128578052 State Tracking #: Company Tracking #: CMFG-APP 09/12 (NIC)

State: Arkansas Filing Company: Transamerica Life Insurance Company

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

Company and Contact

Filing Contact Information

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

Filing Company Information

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

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	07/17/2012	60943041

SERFF Tracking #:	AEGA-128578052	State Tracking #:		Company Tracking #:	CMFG-APP 09/12 (NIC)
State:	Arkansas	Filing Company:	Transamerica Life Insurance Company		
TOI/Sub-TOI:	A02.11 Individual Annuities- Deferred Non-Variable and Variable/A02.11.002 Flexible Premium				
Product Name:	CMFG-APP 09/12 (NIC)				
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	07/20/2012	07/20/2012

SERFF Tracking #:	AEGA-128578052	State Tracking #:		Company Tracking #:	CMFG-APP 09/12 (NIC)
State:	Arkansas	Filing Company:	Transamerica Life Insurance Company		
TOI/Sub-TOI:	A02.11 Individual Annuities- Deferred Non-Variable and Variable/A02.11.002 Flexible Premium				
Product Name:	CMFG-APP 09/12 (NIC)				
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Disposition

Disposition Date: 07/20/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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

SERFF Tracking #:	AEGA-128578052	State Tracking #:		Company Tracking #:	CMFG-APP 09/12 (NIC)
State:	Arkansas	Filing Company:	Transamerica Life Insurance Company		
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Form Schedule

Lead Form Number:							
Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1		CMFG-APP 09/12 (NIC)	AEF	Variable Annuity Application	Initial:		CMFG-APP 0912 (NIC) - Brackets.pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages



Individual Variable Deferred Annuity Application

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

Transamerica Life Insurance Company
4333 Edgewood Road NE, Cedar Rapids, IA 52499
www.transamericaannuities.com

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

1. PRODUCT INFORMATION

Product (select only one option):
MEMBERS@ Extra SM (Bonus) MEMBERS@ Freedom SM (C-Share)
MEMBERS@ Landmark SM (B-Share) MEMBERS@ Liberty SM (L-Share)

2. PRIMARY OWNER INFORMATION

Type of Owner:

- Individual (1) Trust (Trust Certification Form is Required) Guardianship / Conservatorship
Corporate Company Qualified Plan (Profit Sharing Plan, Pension Plan, 401(k)) UGMA / UTMA

Complete Legal Name:

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

Mailing Address: City, State, Zip:

SSN/TIN: (3) 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: (1)

Complete Legal Name:

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

Mailing Address: City, State, Zip:

SSN/TIN: (3) 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: _____ Telephone: _____

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: _____ Telephone: _____

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: _____ Telephone: _____

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 or with all products. Issue ages may differ between states and products.

- Return of Premium Death Benefit
- Annual Step-Up Death Benefit

7B. ELECTIONS - ADDITIONAL DEATH BENEFIT RIDER(S)

You can select only one Additional Death Benefit.

Elections below may not be available in all states or with all products. Issue ages may differ between states and products.

- Additional Death Distribution + SM (Plus)
- Additional Death Distribution SM

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

You can select only one Living/Withdrawal Benefit.

Elections below may not be available in all states or with all products. Issue ages may differ between states and products.

- ◆ **Retirement Income Choice® (RIC) Rider** - Investment Allocation in Section 8C must be within Designated Groups A, B or C investment options only.

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.

RIC Rider Options - More than one option may be selected.

- Income Enhancement SM (Not available in CA)
- Death Benefit

-
- ◆ **Retirement Income Max SM Rider** - Investment Allocation in Section 8C must be within Designated Group C or indicated Designated Group B investment options only.

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.

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

You can select only one Living/Withdrawal Benefit.

Elections below may not be available in all states or with all products. Issue ages may differ between states and products.

- ◆ **Income Link® Rider** - Investment Allocation in Section 8C must be Designated Group C investment options only.

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.

- ◆ **Guaranteed Principal SolutionSM (GPS) Rider** - Investment Allocation in Section 8C can be allocated among any investment options.

GPSSM Rider

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

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

Transfer from:

DCA Fixed Account (state maximum caps may apply)

TA AEGON Money Market

TA AEGON U.S. Government Securities

Frequency and Number of Transfers:

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

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

Quarterly: 4 8

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

For Washington applicants ONLY - If the TA AEGON Money Market or the TA AEGON U.S. Government Securities is selected, the DCA frequency cannot exceed twelve (12) months or four (4) quarters. If the DCA Fixed Account is selected, six (6) monthly transfers must be chosen. If the Retirement Income Choice® Rider, the Retirement Income MaxSM Rider or the Income Link® Rider in Section 7C is selected, the DCA Fixed Account is not available.

8B. INVESTMENT SELECTION - ASSET REBALANCING PROGRAM

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

I elect Asset Rebalancing: 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.

	Initial % (Required)	DCA % (Optional)		Initial % (Required)	DCA % (Optional)
Initial Investment for DCA	_____	.0%			

Designated Group A - Allocations within this group are NOT permitted if the Retirement Income MaxSM Rider or the Income Link® Rider is elected in Section 7C.

TA AEGON Tactical Vanguard ETF - Growth (782)	_____	.0%	TA Janus Balanced (773)	_____	.0%
TA Legg Mason Dynamic Allocation - Growth (767)	_____	.0%	TA PIMCO Tactical - Growth (775)	_____	.0%
TA Vanguard ETF Index - Growth (857)	_____	.0%			

Designated Group B - Allocations within this group are NOT permitted if the Income Link® Rider is elected in Section 7C. If you elected the Retirement Income MaxSM Rider in Section 7C, you may ONLY select subaccount(s) marked with an asterisk (*).

TA AEGON Tactical Vanguard ETF - Balanced (783)*	_____	.0%	TA BlackRock Tactical Allocation (799)	_____	.0%
TA Legg Mason Dynamic Allocation - Balanced (766)*	_____	.0%	TA Madison Balanced Allocation (788)*	_____	.0%
TA Madison Diversified Income (789)*	_____	.0%	TA PIMCO Tactical - Balanced (777)*	_____	.0%
TA Vanguard ETF Index - Balanced (856)*	_____	.0%			

Designated Group C - If you elected the Retirement Income MaxSM Rider in Section 7C, you may NOT select subaccount(s) marked with an asterisk (*).

1 Year Fixed Guaranteed Period ⁽¹⁾ (101)	_____	.0%	3 Year Fixed Guaranteed Period ⁽¹⁾ (103)	_____	.0%
5 Year Fixed Guaranteed Period ⁽¹⁾ (105)	_____	.0%	7 Year Fixed Guaranteed Period ⁽¹⁾ (107)	_____	.0%
American Funds - Bond Fund ⁽²⁾ (904)	_____	.0%	TA AEGON Money Market (829)	_____	.0%
TA AEGON Tactical Vanguard ETF - Conservative (784)	_____	.0%	TA AEGON U.S. Government Securities (828)	_____	.0%
TA AllianceBernstein Dynamic Allocation (825)*	_____	.0%	TA Madison Conservative Allocation (790)	_____	.0%
TA PIMCO Real Return TIPS (785)	_____	.0%	TA PIMCO Tactical - Conservative (776)	_____	.0%
TA PIMCO Total Return (823)	_____	.0%	TA Vanguard ETF Index - Conservative (779)	_____	.0%

Additional investment allocations are continued on the next page.

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

⁽²⁾ Allocations are not available in Oregon.

8C. INVESTMENT SELECTION - INVESTMENT ALLOCATIONS (continued)

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

**Initial % DCA %
(Required) (Optional)**

**Initial % DCA %
(Required) (Optional)**

Open (Non-Designated) - Allocations within this group are NOT permitted if either the Retirement Income Choice® Rider, the Retirement Income MaxSM Rider or the Income Link® Rider is elected in Section 7C.

AllianceBernstein Balanced Wealth Strategy Portfolio (901)	_____0%	_____0%	American Funds - Asset Allocation Fund (903)	_____0%	_____0%
American Funds - Growth Fund ⁽¹⁾ (905)	_____0%	_____0%	American Funds - Growth - Income Fund ⁽¹⁾ (906)	_____0%	_____0%
Fidelity VIP Balanced Portfolio (858)	_____0%	_____0%	TA AEGON High Yield Bond (820)	_____0%	_____0%
TA BlackRock Global Allocation ⁽¹⁾ (902)	_____0%	_____0%	TA BlackRock Large Cap Value (822)	_____0%	_____0%
TA Clarion Global Real Estate Securities (812)	_____0%	_____0%	TA MFS International Equity (806)	_____0%	_____0%
TA Morgan Stanley Active International Allocation (833)	_____0%	_____0%	TA Morgan Stanley Mid-Cap Growth (835)	_____0%	_____0%
TA T. Rowe Price Small Cap (832)	_____0%	_____0%	TA Vanguard ETF Index - Aggressive Growth (780)	_____0%	_____0%

⁽¹⁾ Allocations are not available in Oregon.

9A. OWNER ACKNOWLEDGEMENTS - DISCLOSURES

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

9B. OWNER ACKNOWLEDGEMENTS - 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 - NORTH CAROLINA APPLICANTS ONLY

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

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

9E. OWNER ACKNOWLEDGEMENTS - TELEPHONE/ELECTRONIC AUTHORIZATION

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

- Yes By checking "Yes," I am authorizing and directing Transamerica Life Insurance Company to act on telephone or electronic instructions from my insurance producer of record, 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 AR - 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 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 OR - Any person who knowingly presents a material false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

For Applicants in 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

REMINDER - Please verify a product has been selected in Section 1.

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.

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): _____

Commission Split: ⁽¹⁾ _____ %

Signature: X _____

For Representative/Insurance Producer Use Only - Contact your home office for program information.

Commission options below are based on the product and rider(s) selected and may not be available in all states.

- Option A Option B Option C Option D

(Once selected, program cannot be changed)

Additional Registered Representative(s)/Licensed Insurance Producer(s)

The following Servicing Registered Representative(s)/Insurance Producer(s) must also meet all licensing, appointment and training required to solicit this policy. As a Servicing Registered Representative/Insurance Producer the individual(s) listed below will have the same independent rights to access policy information and submit instructions as are granted to the Primary Registered Representative/Licensed Insurance Producer of Record.

Print Full Name: _____

Representative/Insurance Producer ID Number: _____ Commission Split: ⁽¹⁾ _____ %

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

Print Full Name: _____

Representative/Insurance Producer ID Number: _____ Commission Split: ⁽¹⁾ _____ %

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

Print Full Name: _____

Representative/Insurance Producer ID Number: _____ Commission Split: ⁽¹⁾ _____ %

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

⁽¹⁾ **Must be in whole percentages. Total Commission Split in Section 13 must equal 100 %.**

SERFF Tracking #:	AEGA-128578052	State Tracking #:		Company Tracking #:	CMFG-APP 09/12 (NIC)
State:	Arkansas	Filing Company:	Transamerica Life Insurance Company		
TOI/Sub-TOI:	A02.11 Individual Annuities- Deferred Non-Variable and Variable/A02.11.002 Flexible Premium				
Product Name:	CMFG-APP 09/12 (NIC)				
Project Name/Number:	Variable Annuity Application/CMFG-APP 09/12 (NIC)				

Supporting Document Schedules

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

		Item Status:	Status Date:
Satisfied - Item:	Policy List		
Comments:			
Attachment(s):			
AR Policy List - TLIC.pdf			

Annuity Application Statement of Variability

CMFG-APP 09/12 (NIC)

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

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

Section 1. PRODUCT INFORMATION

Product Name (Marketing Name): To allow for future changes in the marketing name for the annuity.

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 7B. ELECTIONS – ADDITIONAL DEATH BENEFIT RIDER(S)

The ability to change and/or make available different types of Additional Death Benefit riders. The current options may be removed and added, but newly approved options will never be added.

Section 7C. ELECTIONS – LIVING/WITHDRAWAL BENEFIT RIDER(S)

The ability to change and/or make available different types of Living/Withdrawal Benefit riders. 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. We would also like the ability to revise the sentence at the bottom of this section if the Retirement Income Choice[®], Retirement Income MaxSM or the Income Link[®] Riders are no longer being offered.

Section 8C. INVESTMENT SELECTION – INVESTMENT ALLOCATIONS

To allow for flexibility to make changes to the Investment Allocations being offered. The Investment Allocations will vary dependent on the riders being offered in Section 7.C. Elections - Living/Withdrawal Benefit Rider(s). We would also like the ability to revise the sentence at the top of each Investment Group if the Retirement Income Choice[®], Retirement Income MaxSM or the Income Link[®] Riders are no longer 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 11. FRAUD AND DISCLOSURE STATEMENTS

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

Section 13. REPRESENTATIVE/INSURANCE PRODUCER ACKNOWLEDGEMENTS AND SIGNATURES

The ability to add or change commission options.

Transamerica Life Insurance Company

List of forms that may be used with CMFG-APP 09/12 (NIC)

Policy Forms

Approval Date

AV1224 101 165 103

10/17/2005

AV920 101 168 603

07/11/2003

AV950 101 175 603

07/11/2003

AV1140 101 192 604

06/25/2004