

**State:** Arkansas **Filing Company:** Transamerica Life Insurance Company  
**TOI/Sub-TOI:** L08 Life - Other/L08.000 Life - Other  
**Product Name:** RW01 0612  
**Project Name/Number:** RW01 0612/L072-A2

## Filing at a Glance

Company: Transamerica Life Insurance Company  
Product Name: RW01 0612  
State: Arkansas  
TOI: L08 Life - Other  
Sub-TOI: L08.000 Life - Other  
Filing Type: Form  
Date Submitted: 09/17/2012  
SERFF Tr Num: AEGB-128688558  
SERFF Status: Closed-Approved-Closed  
State Tr Num:  
State Status: Approved-Closed  
Co Tr Num: RW01 0612  
  
Implementation: On Approval  
Date Requested:  
Author(s): Paige Johnson  
Reviewer(s): Linda Bird (primary)  
Disposition Date: 09/20/2012  
Disposition Status: Approved-Closed  
Implementation Date:  
  
State Filing Description:

State: Arkansas  
TOI/Sub-TOI: L08 Life - Other/L08.000 Life - Other  
Product Name: RW01 0612  
Project Name/Number: RW01 0612/L072-A2

Filing Company: Transamerica Life Insurance Company

**General Information**

Project Name: RW01 0612  
Project Number: L072-A2  
Requested Filing Mode: Review & Approval  
Explanation for Combination/Other:  
Submission Type: New Submission  
Overall Rate Impact:

Status of Filing in Domicile: Pending  
Date Approved in Domicile:  
Domicile Status Comments: Filed concurrently.  
Market Type: Individual  
Individual Market Type:  
Filing Status Changed: 09/20/2012  
State Status Changed: 09/20/2012  
Created By: Paige Johnson  
Corresponding Filing Tracking Number: 3Y001008

Deemer Date:  
Submitted By: Paige Johnson

Filing Description:  
August 16, 2012

Commissioner of Insurance  
Arkansas Department of Insurance  
Compliance - Life/Health  
1200 West Third Street  
Little Rock, AR 72201-1904

Attn.: Policy Examination Division (Individual Life)

RE: TRANSAMERICA LIFE INSURANCE COMPANY NAIC #468-86231  
Form number: RW01 0612 – Individual Life Application

Dear Sir/Madam:

Please find attached a copy of the above referenced form. This is a new form which 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 the applicant. This form is subject to only minor modifications in paper size and stock, ink, border, Company logo, Company address, adaptation to computer printing, and Officer's signatures. These forms are concurrently being filed under our sister companies of Monumental Life Insurance Company, Stonebridge Life Insurance Company, Transamerica Financial Life Insurance Company and Western Reserve Life Assurance Co. of Ohio.

Application form RW01 0612 is an Individual Life Application that will be used with our non-variable life portfolio.

Licensed agents will use this if a change to a policy is requested within the delivery period for a policy that has been issued. Most of the time, it will be for situations when upon delivery of a policy originally agreed upon and the client decides he/she wants something different. This form will be used to clearly document the changes the client is requesting and get the client's signature. If approved, New Business will then reissue the policy with the changes. Since the client has signed this form, no additional amendment will be needed unless the company counters with something different from what the client requests in this form.

This application will be used via paper by licensed agents. We intend to use this form in a traditional manner whereby the Owner/applicant signs the application in ink and submits the application to the Company.

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We would appreciate your review and approval of this form. Should you have any questions or need any additional information, please do not hesitate to contact me.

Sincerely,

TRANSAMERICA LIFE INSURANCE COMPANY

Paige Johnson  
 Forms Management Coordinator  
 (319) 355-6869 (collect)  
 Fax #: (319) 355-2501  
 Paige.johnson@Transamerica.com

## Company and Contact

### Filing Contact Information

Paige Johnson, Forms Management Coordinator  
 Paige.Johnson@Transamerica.com  
 4333 Edgewood Road NE  
 Cedar Rapids, IA 52499  
 319-355-6869 [Phone]

### 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? No  
 Retaliatory? No  
 Fee Explanation:  
 Per Company: No

Company	Amount	Date Processed	Transaction #
Transamerica Life Insurance Company	\$50.00	09/17/2012	62741460

SERFF Tracking #:

AEGB-128688558

State Tracking #:

Company Tracking #:

RW01 0612

State:

Arkansas

Filing Company:

Transamerica Life Insurance Company

TOI/Sub-TOI:

L08 Life - Other/L08.000 Life - Other

Product Name:

RW01 0612

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RW01 0612/L072-A2

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	09/20/2012	09/20/2012

SERFF Tracking #:

AEGB-128688558

State Tracking #:

Company Tracking #:

RW01 0612

State:

Arkansas

Filing Company:

Transamerica Life Insurance Company

TOI/Sub-TOI:

L08 Life - Other/L08.000 Life - Other

Product Name:

RW01 0612

Project Name/Number:

RW01 0612/L072-A2

## Disposition

Disposition Date: 09/20/2012

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
Form	New Business Application Change Supplement		Yes

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**Filing Company:** Transamerica Life Insurance Company

## Form Schedule

Lead Form Number: RW01 0612

Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/Action Specific Data	Readability Score	Attachments
1		RW01 0612	AEF	New Business Application Change Supplement	Initial:	50.400	RW01 0612 STD.pdf

### Form Type Legend:

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

- Transamerica Life Insurance Company  
 Stonebridge Life Insurance Company

- Western Reserve Life Assurance Co. of Ohio  
 Monumental Life Insurance Company

Administrative Office: 4333 Edgewood Road NE, Cedar Rapids, IA 52499-0001

(Check appropriate "Company")

**INSTRUCTIONS FOR USE:** This form may be used to request changes to an application for a policy if that policy has not been delivered and prior to the delivery deadline.

Requests are subject to approval of the Company.

## New Business Application Change Supplement

**Policy/certificate ("policy") number:** \_\_\_\_\_

**Proposed Insured:** \_\_\_\_\_ **Owner:** \_\_\_\_\_

**Additional Proposed Insured (if any):** \_\_\_\_\_

I hereby request the following changes to the application for my policy.

**Section 1. Change to Face Amount or Premium Amount**

Face Amount:  Increase  Decrease New Face Amount \$ \_\_\_\_\_

New Premium Amount \$ \_\_\_\_\_ Mode: \_\_\_\_\_ RAP: \_\_\_\_\_

Initial Lump Sum Amount: \$ \_\_\_\_\_

**Note:** Any increase in face amount may require additional underwriting. The terms, conditions and limits of the conditional receipt, if any, continue to apply. **No additional conditional coverage is provided for this requested increase.** Do not submit money with this Application Supplement.

**Section 2. Plan change**

New Plan Name: \_\_\_\_\_ New Premium Amount \$ \_\_\_\_\_

Kind Code (if applicable): \_\_\_\_\_ Mode: \_\_\_\_\_

If term, specify level premium period: \_\_\_\_\_ UL, specify Death Benefit Option in Section 3 below.

**Note:** Plan changes and death benefit option changes may require additional underwriting.

**Section 3. Change UL death benefit option to the following general definition:**

The death benefit is the face amount. (Level)

The death benefit is the face amount plus the policy value. (Increasing)

The death benefit is the face amount plus the return of premium. (Plus Premium or ROP)

**Section 4. Riders (There is no conditional coverage for riders.)**

Add  Delete

Rider Description: \_\_\_\_\_

Face amount or number of units (if applicable): \_\_\_\_\_

**Section 5. Beneficiary Change**

<u>Name</u>	<u>Relationship to Proposed Insured</u>
Primary : _____	_____
Address: _____	_____
Contingent: _____	_____
Address _____	_____

**Section 6. Change of Risk Classification or Nicotine Classification**

Change Risk Classification to: \_\_\_\_\_ . Extra Rating of: \_\_\_\_\_

Change Nicotine Classification to (check one):  Nicotine  Non-Nicotine



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## Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:			
Attachment(s):			
Flesch Score.pdf			
AR - Rule and Regulation 19T.pdf			

## FLESCH READABILITY CERTIFICATION

**Form Number (may vary by state)**

**Flesch Score**

RW01 0612

50.4

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

*Cheryl Bock*

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Cheryl Bock, Assistant Vice President of Contract Development

**Transamerica Life Insurance Company  
Home Office: Cedar Rapids, Iowa**

**COMPLIANCE CERTIFICATION  
RULE AND REGULATION 19  
STATE OF ARKANSAS**

Form Number: RW01 0612

Date: September 17, 2012

We certify that, to the best of our knowledge and belief, this submission meets the provisions of Rule and Regulation 19 as well as all applicable requirements of the Insurance Division of the State of Arkansas.

*Cheryl Bock*

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Cheryl Bock, Assistant Vice President, Contract Development