

### NOTICE OF PRIVACY PRACTICES TRANSAMERICA COMPANIES

This Notice is provided to you by the Transamerica companies listed at the end of this Notice. We value our customers and your trust in us, especially when you share your personal information with us. We understand that the privacy and security of that personal information is important to you. We call this information “data”. This Notice describes the data we collect and how we use, share and protect such data. The types of data we collect and share depend on the type of product or service you have with us. Also, Transamerica websites’ and applications’ Terms of Use and Privacy Statements provide additional detail on the treatment and handling of data when interacting with these sites or applications. If your relationship with us ends, we will continue to handle your data in accordance with this Notice.

**Data That We Collect:** We collect the following types of data:

Data	Typical Data Sources
Name, email and physical address, age, social security and driver’s license numbers, employment, financial and health data and history.	<ul style="list-style-type: none"> <li>• You directly, when you submit applications and forms and engage in communications with us</li> <li>• Employers, healthcare providers, other insurance companies and other authorized entities</li> </ul>
Data about your transactions with us. Data about your transactions with unaffiliated third parties (“Third Parties”) that is shared with Transamerica. Transactional data collected as part of your interaction with Transamerica or provided by Third Parties can include , but is not limited to, account balances, accrued benefits, coverages, premiums, payment and claims history, financial transactions, and medical or health data.	<ul style="list-style-type: none"> <li>• Our affiliates (companies under common ownership)</li> <li>• Third Parties</li> <li>• Transamerica’s websites, digital platforms, and applications</li> <li>• Assistive technologies, mobile or wearable devices, or other similar technology</li> </ul>
Credit history, employment information and other information about your creditworthiness, medical care and health.	<ul style="list-style-type: none"> <li>• Consumer reporting agencies and other service providers we use</li> <li>• Your employers, healthcare providers, other insurance companies and other authorized entities</li> </ul>
Data about products and services you obtain or in which you might be interested.	<ul style="list-style-type: none"> <li>• You</li> <li>• Third Parties with whom we have joint marketing arrangements</li> <li>• Other Third Parties as allowed</li> </ul>
Data you provide to Third Parties when you have authorized the Third Party to share such data with other parties. This includes data collected through Third Party applications, websites, or other digital interfaces, data you share with us, data you have authorized us to receive, or data you have authorized Third Parties to share with us.	<ul style="list-style-type: none"> <li>• Third Party applications, websites, or other digital interfaces where you have agreed to share your data</li> <li>• Assistive technologies, mobile or wearable devices, or other similar technology</li> </ul>

**How We Use Your Data:** We use data for purposes allowed by law, this includes use authorized by you. For example, we may use your data to:

- Process claims and transactions,
- Research, develop, provide and market products and services,
- Prevent and prosecute fraud or criminal activities,
- Support online customer experiences, digital platforms, and/or applications you elect to participate in
- Maintain your accounts,
- Comply with applicable laws,
- Maintain, operate, and market our business, or

**Sharing Data:** We may share your data with Third Parties and affiliates as permitted or required by law, or when you authorize us to do so. In certain situations, our ability to share information is limited by other restrictions, such as certain contractual agreements with plan sponsors or similar arrangements. **We will honor those restrictions to the extent they conflict with the terms of this Notice.**

We may also share your data with Third Parties in certain circumstances, such as:

- Those who provide services to support our business, including processing claims, account maintenance, and marketing and sales,
- Credit bureaus,
- Insurance regulators, law enforcement, governmental authorities and other Third Parties in response to legal process or as required by law,
- Health care professionals, including to verify coverage or to provide information relating to a medical condition,
- Governmental agencies so they can decide if you are eligible for public benefits,
- Other financial companies in connection with joint marketing efforts,
- Other insurance companies (including successor insurers), agents and insurance support organizations to

- coordinate your benefits or in connection with insurance transactions involving you,
- Group policyholders, for example, regarding claims experience or to support service audits,
- Certificate or policyholders regarding the status of an insurance transaction,
- Those who have a legal or beneficial interest in your assets (such as creditors with a lien on your account),
- Your employer or plan sponsor as needed to support the administration of employee accounts (but only as permitted by law and only if you have established an account in connection with your employer),
- Your representatives and lawyers,
- To prevent and prosecute fraud or criminal activities,
- To conduct actuarial or research studies, and
- In connection with the sale or merger of all or part of our business

Our affiliates include a broad range of companies who provide financial services. These include insurance companies and agencies, and investment advisors. They also include agencies and broker/dealers who may not be included in the scope of this Notice. If we serve you through one of these professionals not covered under the Notice, you may contact them directly for information regarding their privacy practices. Specific contact information for these professionals can be found on your statements and other correspondence from them. We do not share information about your creditworthiness among our affiliates. The Transamerica affiliated companies with whom we may share your other information may include our companies with a Transamerica or Stonebridge name.

For example, we may share your data with our affiliates:

- For their everyday business purposes;
- So they can tell you about products and services they offer;
- So they can determine which of their products and services may be of interest to you;
- So they can provide various services to us to support our business, such as claims processing, maintaining your account, and marketing products and services to you; or
- So they can audit themselves or their agents

**Your Choice to Limit Marketing by Transamerica Affiliates:** You may limit our affiliates' use of certain types of data to market their own products and services to you ("Opt Out"). To do this, choose one of the Opt Out methods set forth below. This data relates to your transactions and experiences with us. For example, this may include the products you own and your account history. Your choice to limit marketing offers from our affiliates will apply for at least 5 years from when you Opt Out. Once that period expires, we will send you a renewal Notice. That renewal Notice will allow you to continue to limit marketing offers from our affiliates for at least another 5 years. If you have already Opted Out of marketing offers from our affiliates, you do not need to Opt Out again until you receive a renewal Notice. If you hold a policy or account jointly with someone else, your Opt Out elections will apply to everyone on the account. When you are no longer our customer, we will continue to share your data as described in this Notice (including your Opt Out, if applicable). However, you may contact us at any time to elect to Opt Out.

**To Opt Out:** To limit our sharing of data with affiliates for marketing by affiliates as described above, you may:

- Call us at **877-257-4690** and our menu will prompt you through your choice(s), or
- Visit us online at [www.transamerica.com/optout](http://www.transamerica.com/optout)

**Your Right of Access and Correction:** You have a right of access and correction with respect to data we collect except data that relates to and is collected in connection with a claim or criminal or civil lawsuit involving you. You must make your request to us in writing listing the account or policy numbers with the data you are requesting to access. If you tell us of an error in the data, we will review it and if we agree, we will correct our records. If we don't agree, you may dispute our findings in writing and send your statement to us. We will include your statement whenever we provide your disputed information to anyone outside Transamerica. This is a summary of your rights. For a copy of our more detailed Notice of Insurance Information Practices as applicable to your product or service, please send a written request to 6400 C St. SW Cedar Rapids, IA 52499-0001.

**Protecting Your Data:** We maintain appropriate controls to limit access to data to persons who need access to it in order to do their jobs or to provide products and services to you. We train our workforce in the proper handling of data. In addition, we maintain other physical, technical, and administrative or procedural safeguards to protect your data.

**Other Privacy Protections for Vermont Residents only.** We will not share data we collect about you with Third Parties, except as permitted by Vermont law or authorized by you. We may still share data about our transactions or experiences with you with our affiliates. **For California Residents only.** If you are a California resident, you will receive a separate notice with additional choices.

We may revise this Notice. If we make material changes, we will notify you as required by law. This Notice is provided by the following Transamerica companies and any separate accounts established for products they offer:

**Transamerica Advisors Life Insurance Company**  
**Transamerica Casualty Insurance Company**  
**Transamerica Investors Securities Corporation**  
**Transamerica Premier Life Insurance Company**  
**Transamerica Retirement Solutions, LLC**

**Transamerica Capital, Inc**  
**Transamerica Financial Life Insurance Company**  
**Transamerica Life Insurance Company**  
**Transamerica Retirement Advisors, LLC**  
**Stonebridge Benefit Services, Inc**

**NOTICE CONCERNING COVERAGE  
LIMITATIONS AND EXCLUSIONS UNDER THE NORTH CAROLINA  
LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION ACT**

Residents of this state who purchase life insurance, annuities or health insurance should know that the insurance companies and Health Maintenance Organizations (HMOs) licensed in this state to write these types of insurance are members of the North Carolina Life and Health Insurance Guaranty Association. The purpose of this association is to assure that policyholders will be protected, within limits, in the unlikely event that a member insurer or HMO becomes financially unable to meet its obligations. If this should happen, the guaranty association will assess its other member companies for the money to pay the claims of the insured persons who live in this state and, in some cases, to keep coverage in force. The valuable extra protection provided by these insurers through the guaranty association is not unlimited, however. And, as noted *in the box* below, this protection is not a substitute for consumers' care in selecting companies that are well-managed and financially stable.

The North Carolina Life and Health Insurance Guaranty Association may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions, and require continued residency in North Carolina. You should not rely on coverage by the North Carolina Life and Health Insurance Guaranty Association in selecting an insurance company or in selecting an insurance policy.

Coverage is NOT provided for your policy or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as a variable contract sold by prospectus.

Insurance companies or their agents are required by law to give or send you this notice. However, insurance companies and their agents are prohibited by law from using the existence of the guaranty association to induce you to purchase any kind of insurance policy.

The North Carolina Life and Health Insurance Guaranty Association  
4441 SIX FORKS RD STE 106-153  
RALEIGH, NORTH CAROLINA 27609-5729  
<https://www.nclifega.org/>

North Carolina Department of Insurance, Consumer Services Division  
1201 Mail Service Center  
Raleigh, North Carolina 27699-1201

The state law that provides for this safety-net coverage is called the North Carolina Life and Health Insurance Guaranty Association Act. *On the back of this page* is a brief summary of this law's coverages, exclusions and limits. This summary does not cover all provisions of the law; nor does it in any way change anyone's rights or obligations under the act or the rights or obligations of the guaranty association.

## **COVERAGE**

Generally, individuals will be protected by the life and health guaranty association if they live in this state and hold a life or health insurance contract, or an annuity, or if they are insured under a group insurance contract, issued by a member insurer or HMO. The beneficiaries, payees or assignees of insured persons are protected as well, even if they live in another state.

## **EXCLUSIONS FROM COVERAGE**

However, persons holding such policies are not protected by this association if:

- They are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state);
- The insurer was not authorized to do business in this state;
- Their policy was issued by a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policyholder is subject to future assessments, or by an insurance exchange.
- They acquired rights to receive payments through a structured settlement factoring transaction.

The association also does not provide coverage for:

- Any policy or portion of a policy which is not guaranteed by the insurer or for which the individual has assumed the risk, such as a variable contract sold by prospectus;
- Any policy of reinsurance (unless an assumption certificate was issued);
- Interest rate yields that exceed the average rate specified in the law;
- Dividends;
- Experience or other credits given in connection with the administration of a policy by a group contractholder;
- Employers' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);
- Unallocated annuity contracts (which give rights to group contractholders, not individuals), unless they fund a government lottery or a benefit plan of an employer, association or union, except that unallocated annuities issued to employee benefit plans protected by the Federal Pension Benefit Guaranty Corporation are not covered.
- A policy or contract commonly known as Medicare Part C, Medicare Part D, Medicaid or any regulations issued pursuant thereto.

## **LIMITS ON AMOUNT OF COVERAGE**

The act also limits the amount the association is obligated to pay out as follows:

- The guaranty association cannot pay out more than the insurance company would owe under the policy or contract.
- Except as provided in (3) (4) and (5) below, the guaranty association will pay a maximum of \$300,000 per individual, per insolvency, no matter how many policies or types of policies issued by the insolvent company.
- The guaranty association will pay a maximum of \$500,000 with respect to health benefit plan.
- The guaranty association will pay a maximum of \$1,000,000 with respect to the payee of a structured settlement annuity.
- The guaranty association will pay a maximum of \$5,000,000 to any one unallocated annuity

contract holder.

# Life Insurance Buyer's Guide

*Multi-State Edition*

This guide can help you when you shop for life insurance. It discusses how to:

- \* Find a policy that meets your needs and fits your budget.
- \* Decide how much insurance you need.
- \* Make informed decisions when you buy a policy.

Prepared by the National Association of Insurance Commissioners (NAIC). The NAIC is an association of state insurance regulatory officials. This association helps the various Insurance Department to coordinate insurance laws for the benefits of all consumers.

**This guide does not endorse any company or policy.**

## IMPORTANT THINGS TO CONSIDER

- \* Review your own insurance needs and circumstances. Choose the kind of policy that has benefits that most closely fit your needs. Ask an agent or company to help you.
- \* Be sure that you can handle premium payments. Can you afford the initial premium? If the premium increases later and you still need insurance, can you still afford it?
- \* Don't sign an insurance application until you review it carefully to be sure all the answers are complete and accurate.
- \* Don't buy life insurance unless you intend to stick with your plan. It may be very costly if you quit during the early years of the policy.
- \* Don't drop one policy and buy another without a thorough study of the new policy and the one you have now. Replacing your insurance **may be costly**.
- \* Read your policy carefully. Ask your agent or company about anything that is not clear to you.
- \* Review your life insurance program with your agent or company every few years to keep up with changes in your income and your needs.

## BUYING LIFE INSURANCE

When you buy life insurance, you want coverage that fits your needs.

**First**, decide how much you need - and for how long - and what you can afford to pay. Keep in mind the major reason you buy life insurance is to cover the financial effects of unexpected or untimely death. Life insurance can also be one of many ways you plan for your future.

**Next**, learn what kinds of policies will meet your needs and pick the one that best suits you.

**Then**, choose the combination of policy premium and benefits that emphasizes protection in case of early death, or benefits in case of long life, or a combination of both.

It makes good sense to ask a life insurance agent or company to help you. An agent can help you review your insurance needs and give you information about the available policies. If one kind of policy doesn't seem to fit your needs, ask about others.

**This guide provides only basic information. You can get more facts from a life insurance agent or company or from your public library.**

## WHAT ABOUT A POLICY YOU HAVE

If you are thinking about dropping a life insurance policy, here are some things you should consider:

- \* If you decide to replace your policy, don't cancel your old policy until you have received the new one. You then have a minimum period to review your new policy and decide if it is what you wanted.
- \* It may be costly to replace a policy. Much of what you paid in the early years of the policy (you have now) helped pay for the company's cost of selling and issuing the policy. You may pay this type of cost again if you buy a new policy.
- \* Ask your tax advisor if dropping your policy could affect your income taxes.
- \* If you are older and your health has changed, premiums for the new policy will often be higher. You will not be able to buy a new policy if you are not insurable.
- \* You may have valuable rights and benefits in the policy you now have that are not in the new one.
- \* If the policy you have now no longer meets your needs, you may not have to replace it. You might be able to change your policy or add to it to get the coverage or benefits you now want.
- \* At least in the beginning, a policy may not pay benefits for some cause of death covered in the policy you have now.

In all cases, if you are thinking of buying a new policy, check with the agent or company that issued you the one you have now. When you bought your old policy, you may have seen an illustration of the benefits of your policy. Before replacing your policy, ask your agent or company for an updated illustration. Check to see how the policy has performed and what you might expect in the future, based on the amounts the company is paying now.

## HOW MUCH DO YOU NEED

Here are some questions to ask yourself:

- \* How much of the family income do I provide? If I were to die early, how would my survivors, especially my children, get by? Does anyone else depend on me financially, such as a parent, grandparent, brother or sister?
- \* Do I have children for whom I'd like to set aside money to finish their education in the event of my death?
- \* How will my family pay final expenses and repay debts after my death?
- \* Do I have family members or organizations to whom I would like to leave money?
- \* Will there be estate taxes to pay after my death?
- \* How will inflation affect future needs?

As you figure out what you have to meet these needs, count the life insurance you have now, including any Group Insurance where your work or Veteran's Insurance. Don't forget Social Security and pension plan survivor's benefits. Add other assets you have: savings, investments, real estate and personal property. Which assets would your family sell or cash in to pay expenses after your death?

## WHAT IS THE RIGHT KIND OF LIFE INSURANCE

All policies are not the same. Some give coverage for your lifetime and others cover you for a specific number of years. Some build up cash values and others do not. Some policies combine different kinds of insurance, and others let you change from one kind of insurance to another. Some policies may offer other benefits while you are still living. Your choice should be based on your needs and what you can afford.

There are two basic types of life insurance: **Term Insurance** and **Cash Value Insurance**. Term Insurance generally has lower premiums in the early years, but does not build up cash values that you can use in the future. You may combine Cash Value Life Insurance with Term Insurance for the period of your greatest need for life insurance to replace income.

**Term Insurance** covers you for a term of one or more years. It pays a death benefit only if you die in that term. Term Insurance generally offers the largest insurance protection for your premium dollar. It generally does not build up cash value. You can renew most Term Insurance policies for one or more terms even if your health has changed. Each time you renew the policy for a new term, premiums may be higher. Ask what the premiums will be if you continue to renew the policy. Also ask if you will lose the right to renew the policy at some age. For a higher premium, some companies will give you the right to keep the policy in force for a guaranteed period at the same price each year. At the end of that time you may need to pass a physical examination to continue coverage, and premiums may increase. You may be able to trade many Term Insurance policies for a Cash Value Policy during a conversion period - even if you are not in good health. Premiums for the new policy will be higher than you have been paying for the Term Insurance.

**Cash Value Life Insurance** is a type of insurance where the premium charges are higher at the beginning than they would be for the same amount of Term Insurance. The part of the premium that is not used for the cost of insurance is invested by the company and builds up a cash value that may be used in a variety of ways. You may borrow against a policy's cash value by taking a policy loan. If you don't pay back the loan and interest on it, the amount you owe will be subtracted from the benefits payable when you die, or from the cash value if you stop paying premiums and take out the remaining cash value. You can also use your cash value to keep insurance protection for a limited time or to buy a reduced amount without having to pay more premiums. You can also use the cash value to increase your income in retirement or to help pay for needs such as a child's tuition without canceling the policy.

However, to build up this cash value, you must pay higher premiums in the earlier years of the policy. Cash Value Life Insurance may be one of several types: Whole Life, Universal Life and Variable Life are all types of Cash Value Insurance.

**Whole Life Insurance** covers you for as long as you live if your premiums are paid. You generally pay the same amount in premiums for as long as you live. When you first take out the policy, premiums can be several times higher than you would pay initially for the same amount of Term Insurance. But they are smaller than the premium you would eventually pay if you were to keep renewing a Term Policy until your later years. Some Whole Life policies let you pay premiums for a shorter period such as 20 years, or until age 65. Premiums for these policies are higher since the premium payments are made during a shorter period.

**Universal Life Insurance** is a kind of flexible policy that lets you vary your premium payments. You can also adjust the face amount of your coverage. Increases may require proof that you qualify for the new death benefit. The premiums you pay (less expense charges) go into a policy account that earns interest. Charges are deducted from the account. If your yearly premium payment plus the interest your account earns is less than the charges, your account value will become lower. If it keeps dropping, eventually your coverage will end. To prevent that, you may need to start making premium payments, or increase your premium payments, or lower your death benefits. Even if there is enough in your account to pay the premiums, continuing to pay premiums yourself means that you build up more cash value.

**Variable Life Insurance** is a kind of insurance where the death benefits and cash values depend on the investment performance of one or more separate accounts, which may be invested in mutual funds or other investments allowed under the policy. Be sure to get the prospectus from the company when buying this kind of policy and **study it carefully**. You will have higher death benefits and cash value if the underlying investments do well. Your benefits and cash value will be lower or may disappear if the investments you chose didn't do as well as you expected. You may pay an extra premium for a guaranteed death benefit.

## LIFE INSURANCE ILLUSTRATIONS

You may be thinking of buying a policy where cash values, death benefits, dividends or premiums may vary based on events or situations the company does not guarantee (such as interest rates). If so, you may get an illustration from the agent or company that helps explain how the policy works. The illustration will show how the benefits that are not guaranteed will change as interest rates and other factors change. The illustration will show you what the company guarantees. It will also show you what could happen in the future. Remember that nobody knows what will happen in the future. You should be ready to adjust your financial plans if the cash value doesn't increase as quickly as shown in the illustration. You will be asked to sign a statement that says you understand that some of the numbers in the illustration are not guaranteed.

## FINDING A GOOD VALUE IN LIFE INSURANCE

After you have decided which kind of life insurance is best for you, compare similar policies from different companies to find which one is likely to give you the best value for your money. A simple comparison of the premiums is not enough. There are other things to consider. **For example:**

- \* Do premiums or benefits vary from year to year?
- \* How much cash value builds up under the policy?
- \* What part of the premiums or benefits is not guaranteed?
- \* What is the effect of interest on money paid and received at different times on the policy?

Once you have decided which type of policy to buy, you can use a cost comparison index to help you compare similar policies. Life insurance agent or companies can give you information about several different kinds of indexes that each work a little differently. One type helps you compare the costs between two policies if you give up the policy and take out the cash value. Another helps you compare your costs if you don't give up your policy before its coverage ends. Some help you decide what kinds of questions to ask the agent about the number used in an illustration. Each index is useful in some ways, but they all have shortcomings. Ask your agent which will be most helpful to you. Regardless of which index you use, compare index numbers only for similar policies - those that offer basically the same benefits, with premiums payable for the same length of time.

Remember that no one company offers the lowest cost at all ages for all kinds and amounts of insurance. You should also consider other factors:

- \* How quickly does the cash value grow? Some policies have low cash values in the early years that build quickly later on. Other policies have a more level cash value build-up. A year-by-year display of values and benefits can be very helpful. (The agent or company will give you a policy summary or an illustration that will show benefits and premiums for selected years.)
- \* Are there special policy features that particularly suit your needs?
- \* How are non-guaranteed values calculated? For example, interest rates are important in determining policy returns. In some companies, increases reflect the average interest earnings on all of the company's policies regardless of when issued. In others, the return for policies issued in a recent year, or group of years, reflects the interest earnings on that group of policies; in this case, amounts paid are likely to change more rapidly when interest rates change.

**Information is provided by the National Association of Insurance Commissioners.**

Distributed by:

Transamerica Occidental Life Insurance Company  
Home Office: Cedar Rapids, IA

Transamerica Life Insurance Company  
Home Office: Cedar Rapids, IA





Transamerica Life Insurance Company  
Home Office: Cedar Rapids, IA  
Administrative Office P.O. Box 869094  
Plano, TX 75086-9817

**Beneficiary Information Form**

Please complete the form below and send it to us in the enclosed business reply envelope. The information in the form is being requested to assist in identifying and paying claims benefits to the proper beneficiaries, should it become necessary, per your instructions.

PRIMARY INSURED					
1. Last Name			First Name		M.I.
2. Address			Apt#	City	
State	Zip Code	3. Home Phone ( )	4. Date of Birth		5. Social Security Number

SPOUSE (If applying)					
1. Last Name			First Name		M.I.
2. Address			Apt#	City	
State	Zip Code	3. Home Phone ( )	4. Date of Birth		5. Social Security Number

PRIMARY BENEFICIARY					
Name/Address	DOB	Percent	Relationship	Phone #	SSN / Tax ID#
<b>Total 100%</b>					

CONTINGENT BENEFICIARY					
<b>Total 100%</b>					

SPOUSE'S BENEFICIARY (complete only if spouse coverage was requested)					
Name/Address	DOB	Percent	Relationship	Phone #	SSN / Tax ID#
<b>Total 100%</b>					

SPOUSE'S CONTINGENT BENEFICIARY (complete only if spouse coverage was requested)					
<b>Total 100%</b>					

I understand that the company has requested the information on this form be provided to assist in identifying and paying benefits to the proper beneficiaries. After review, I have elected not to provide any information that I did not supply on this form.

\_\_\_\_\_  
Owner/Primary Insured Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse's Signature (if applying)

\_\_\_\_\_  
Date

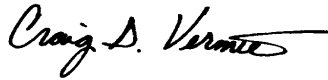
# TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: [4333 Edgewood Road NE, Cedar Rapids, IA 52499]

A Stock Company

Subject to the provisions of this Certificate and receipt of due proof of the Insured's death, Transamerica Life Insurance Company ("the Company," "we," "us," and "our") will pay the Life Insurance Proceeds ("Proceeds") in a lump sum to the Beneficiary if the Insured dies prior to the Maturity Date. If the Insured is living on the Maturity Date, and this Certificate remains in force, we will pay the Cash Surrender Value, if any, to the Owner ("you," "your," and "yours").

This Certificate is signed for the Company at our Home Office to take effect on its Effective Date.

[  ]

[General Counsel and Secretary]

[  ]

[President]

**YOU HAVE PURCHASED LIFE INSURANCE AS DESCRIBED IN THIS CERTIFICATE. PLEASE REVIEW IT CAREFULLY FOR LIMITATIONS.**

THIS CERTIFICATE MAY BE RETURNED WITHIN 30 DAYS FROM THE DATE YOU RECEIVED IT FOR A FULL REFUND OF PREMIUMS PAID, EITHER BY RETURNING THE CERTIFICATE TO THE AGENT OR TO US. AFTER 30 DAYS, CANCELLATION MAY RESULT IN A SUBSTANTIAL PENALTY KNOWN AS A SURRENDER CHARGE. **YOU WILL INCUR SURRENDER CHARGES IF COVERAGE IS TERMINATED WITHIN THE SURRENDER CHARGE PERIOD.** THE TABLE OF SURRENDER CHARGES CAN BE FOUND IN THE TABLES SECTION OF THE CONTRACT DATA PAGES.

THE EFFECTIVE DATE CAN BE FOUND ON THE CONTRACT DATA PAGES.

## Group Certificate for Interest Sensitive Whole Life Insurance

**Fixed Premiums Payable During the Life of the Insured to the Maturity Date  
Life Insurance Proceeds Payable at Death of Insured Prior to the Maturity Date  
Life Insurance Proceeds and Accumulation Value May Vary  
Cash Surrender Value, if any, Payable at the Maturity Date  
Nonparticipating - No Annual Dividends**

Administrative Office:  
[1400 Centerview Drive, PO Box 8063  
Little Rock, AR 72203-8063]

For Customer Service: [1-888-763-7474]

**CERTIFICATE SUMMARY**  
**PLEASE READ YOUR CERTIFICATE CAREFULLY.**

This Certificate summarizes the insurance coverage provided under the Group Master Policy that we issued to the Group Master Policyholder. We have issued this Certificate based on information that enabled us to determine that the Insured met all of the eligibility requirements set forth in the Group Master Policy. A copy of the Group Master Policy is on file with the Group Master Policyholder and may be examined at any reasonable time during normal business hours.

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## CONTRACT DATA PAGES

INSURED	[JOHN DOE]	CONTRACT NUMBER	[99999999]
FACE AMOUNT	[\$50,000]	PREMIUM PAYMENT	[\$131.98 MONTHLY]
INSURED ISSUE AGE	[35]	PAYABLE TO	[AGE 100]
EFFECTIVE DATE	[JAN 01, 2009]	OWNER	[THE INSURED]
CLASS OF RISK	[TOBACCO]	MATURITY DATE	[JAN 01, 2074]

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PLEASE NOTE THAT COVERAGE MAY EXPIRE BEFORE THE MATURITY DATE IF PREMIUMS ARE NOT PAID WHEN DUE.

THE MONTHLY PREMIUM INCLUDES THE PREMIUMS FOR ANY RIDERS.

GUARANTEED MAXIMUM MONTHLY ADMINISTRATIVE FEE: \$[0.77] PER \$1,000 OF FACE AMOUNT (YEARS [1-65])

GUARANTEED MINIMUM INTEREST RATE FOR ACCUMULATION VALUE: [4]% FOR ANY ONE YEAR

PLEASE REFER TO THE COST OF INSURANCE (COI) PROVISION FOR A DESCRIPTION OF HOW THE COI IS CALCULATED. THE TABLE OF GUARANTEED MONTHLY COST OF INSURANCE RATES IS LOCATED IN THE TABLES SECTION OF THE CONTRACT DATA PAGES. GUARANTEED COST OF INSURANCE RATES ARE BASED ON THE 2001 CSO GENDER BLENDED (80% MALE), AGE LAST BIRTHDAY, ULTIMATE, [SMOKER] MORTALITY TABLES.

REINSTATEMENT PREMIUM: ALL PAST DUE PREMIUMS PLUS INTEREST OF [6]% PER CONTRACT YEAR, COMPOUNDED ANNUALLY

ACCUMULATION VALUE UPON REINSTATEMENT: [4]% CURRENT INTEREST CREDITING RATE

INTEREST RATE ON ACCUMULATION VALUE SECURING LOANS: [5.5]% EFFECTIVE ANNUAL INTEREST RATE

LOAN INTEREST RATE: [8% (7.40% IN ADVANCE)]

**CONTRACT DATA PAGES (Continued)**  
**SCHEDULE OF ADDITIONAL BENEFIT RIDERS**

THE GUARANTEED MONTHLY CHARGE FROM THE ACCUMULATION VALUE 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 BENEFIT RIDERS	MONTHLY CHARGE
[CRADD200]	ACCIDENTAL DEATH BENEFIT RIDER ACCIDENTAL DEATH AMOUNT: [\$50,000] SEATBELT BENEFIT: [10]% OF ACCIDENTAL DEATH AMOUNT AIR BAG BENEFIT: [5]% OF ACCIDENTAL DEATH AMOUNT COMMON CARRIER BENEFIT: [100]% OF ACCIDENTAL DEATH AMOUNT]	\$[ 3.00]
[CRISLT00]	LEVEL TERM INSURANCE RIDER INSURED: [JOHN DOE] TERM INSURANCE AMOUNT: [\$25,000] TERM PERIOD: [10] YEARS	\$[ 9.21]
[CRISLT00]	SPOUSE: [JANE DOE] TERM INSURANCE AMOUNT: [\$20,000] TERM PERIOD: [20] YEARS	\$[ 9.45]
[CRCHIL00]	CHILD LEVEL TERM INSURANCE RIDER EACH CHILD: [\$10,000]	\$[ 2.50]
[CRWP0100]	WAIVER OF PREMIUM BENEFIT RIDER WAIVER AMOUNT: [\$44.50]	\$[ 7.70]
[CRWPL100]	WAIVER OF PREMIUM DUE TO LAYOFF RIDER	\$[ 0.04]
[CRABLT00]	ACCELERATED DEATH BENEFIT FOR LONG TERM CARE RIDER FACE AMOUNT: [\$50,000] GUARANTEED MONTHLY COST OF INSURANCE RATE PER \$1,000 FOR ALL YEARS: [0.0975] MONTHLY ACCELERATED DEATH BENEFIT FOR CONFINEMENT PERCENTAGE: [4]% MONTHLY ACCELERATED DEATH BENEFIT FOR HOME CARE OR ADULT DAY CARE: [2]% ELIMINATION PERIOD: [90] DAYS]	\$[ 3.83]
[CREXTB00]	EXTENSION OF BENEFIT RIDER GUARANTEED MONTHLY COST OF INSURANCE RATE PER \$1,000 FOR ALL YEARS: [0.0700]	\$[ 2.00]
[CRABTI00]	ACCELERATED DEATH BENEFIT FOR TERMINAL ILLNESS RIDER FACE AMOUNT: [\$50,000] MAXIMUM PERCENTAGE OF DEATH BENEFIT: [50%]	\$[ 0.00]
[CRABCC00]	ACCELERATED DEATH BENEFIT FOR CRITICAL CARE CONDITION RIDER FACE AMOUNT: [\$50,000] GUARANTEED MONTHLY COST OF INSURANCE RATE PER \$1,000 FOR ALL YEARS: [0.72167] PLEASE NOTE THAT THE MAXIMUM CRITICAL CARE PERCENTAGE IS [100%]. THE CRITICAL CARE PERCENTAGE MAY BE LESS THAN [100%] IF THIS CERTIFICATE FACE AMOUNT IS INCREASED WITHOUT A PROPORTIONAL INCREASE IN THE CRITICAL CARE RIDER FACE AMOUNT. THE CRITICAL CARE RIDER FACE AMOUNT WILL NOT EXCEED \$[100,000.00.]	\$[ 27.83]

## **CONTRACT DATA PAGES (Continued)**

CURRENT COI RATES, ADMINISTRATIVE FEES, RIDER CHARGES AND INTEREST RATES ARE IN EFFECT. THEY ARE NOT GUARANTEED, NOR ARE THEY ESTIMATES OR PROMISES FOR THE FUTURE. ADMINISTRATIVE FEES MAY BE LESS THAN THE MAXIMUM GUARANTEED AMOUNT, BUT WILL NEVER BE MORE THAN THE MAXIMUM GUARANTEED AMOUNT SHOWN ON THE CONTRACT DATA PAGES.

PLEASE REFER TO OPTION 1 IN THE NONFORFEITURE OPTIONS FOR A DESCRIPTION OF HOW THE SURRENDER CHARGE IS CALCULATED. SURRENDER CHARGES ARE COMPUTED SEPARATELY FOR THE ORIGINAL FACE AMOUNT AND EACH INCREASE IN FACE AMOUNT AND THEN COMBINED. THE TABLE OF SURRENDER CHARGE FACTORS IS LOCATED IN THE TABLES SECTION OF THE CONTRACT DATA PAGES. PLEASE USE THE SURRENDER CHARGE BASE FOR THE CLASS OF RISK AND ISSUE AGE OF THE INSURED ON THE EFFECTIVE DATE OF COVERAGE, AND THE CONTRACT YEAR PERCENTAGE FROM THE EFFECTIVE DATE OF COVERAGE FROM THE TABLE OF SURRENDER CHARGE FACTORS TO DETERMINE THE APPLICABLE SURRENDER CHARGE IN ANY GIVEN YEAR.

THE INTEREST RATE APPLICABLE TO THE ACCUMULATION VALUE SECURING ANY LOAN(S) MAY DIFFER FROM THE INTEREST RATE APPLICABLE TO THE ACCUMULATION VALUE NOT SECURING THE LOAN(S).

THE FOLLOWING TABLES ARE INCLUDED IN THE TABLES SECTION OF THE CONTRACT DATA PAGES:

- TABLE OF GUARANTEED CONTRACT VALUES
- TABLE OF SURRENDER CHARGE BASE FACTORS PER \$1,000 OF FACE AMOUNT
- TABLE OF SURRENDER CHARGE FACTORS
- TABLE OF GUARANTEED MONTHLY COST OF INSURANCE RATES PER \$1,000
- TABLE OF DEATH BENEFIT FACTORS
- TABLE OF MAXIMUM NET SINGLE PREMIUMS (NSP) FOR PAID UP LIFE INSURANCE

**CONTRACT DATA PAGES (Continued)**

**TABLE OF GUARANTEED CONTRACT VALUES**

END OF CONTRACT YEAR	AGE OF INSURED	GUARANTEED CASH VALUE	EXTENDED TERM INSURANCE		PAID-UP INSURANCE
			YEARS	DAYS	
1	[36	[\$0.00	[0	[0	[\$0.00
2	37	0.00	0	0	0.00
3	38	294.00	1	115	1,441.00
4	39	815.00	4	131	3,835.00
5	40	1,354.00	6	235	6,125.00
6	41	1,912.00	8	197	8,312.00
7	42	2,488.00	10	61	10,397.00
8	43	3,080.00	11	161	12,380.00
9	44	3,687.00	12	154	14,263.00
10	45	4,308.00	13	79	16,049.00
11	46	4,944.00	13	327	17,746.00
12	47	5,597.00	14	162	19,362.00
13	48	6,269.00	14	317	20,908.00
14	49	6,964.00	15	64	22,396.00
15	50	7,681.00	15	147	23,821.00
16	51	8,814.00	15	211	25,185.00
17	52	9,171.00	15	261	26,483.00
18	53	9,937.00	15	301	27,714.00
19	54	10,714.00	15	333	28,880.00
20	55]	11,498.00	15	356	29,978.00
	@55	11,498.00	15	356	29,978.00
	@60	15,554.00	15	302	34,681.00
	@65	19,753.00]	15]	40]	38,302.00]

THESE VALUES ARE AS OF THE END OF THE CONTRACT YEAR SHOWN. THEY ASSUME THAT ALL PREMIUMS DUE HAVE BEEN PAID TO THE END OF THE CONTRACT YEAR SHOWN AND THERE IS NO LOAN BALANCE OUTSTANDING.

GUARANTEED CASH VALUES, PAID UP LIFE INSURANCE BENEFITS AND EXTENDED TERM INSURANCE BENEFITS ARE BASED ON THE 2001 CSO GENDER BLENDED (80% MALE), AGE LAST BIRTHDAY, ULTIMATE, [SMOKER] MORTALITY TABLES AND 5% ANNUAL INTEREST.

**CONTRACT DATA PAGES (Continued)**

**TABLE OF SURRENDER CHARGE BASE FACTORS  
SURRENDER CHARGE (SC) BASE PER \$1,000 FACE AMOUNT  
NONTOBACCO, TOBACCO, AND COMPOSITE**

NONTOBACCO				TOBACCO				COMPOSITE	
ISSUE AGE	SC BASE	ISSUE AGE	SC BASE	ISSUE AGE	SC BASE	ISSUE AGE	SC BASE	ISSUE AGE	SC BASE
0	N/A	36	19.11	0	N/A	36	22.57	0	11.26
1	N/A	37	19.62	1	N/A	37	23.26	1	11.32
2	N/A	38	20.16	2	N/A	38	23.98	2	11.41
3	N/A	39	20.73	3	N/A	39	24.74	3	11.50
4	N/A	40	21.33	4	N/A	40	25.55	4	11.61
5	N/A	41	21.97	5	N/A	41	26.41	5	11.72
6	N/A	42	22.64	6	N/A	42	27.32	6	11.84
7	N/A	43	23.36	7	N/A	43	28.27	7	11.97
8	N/A	44	24.11	8	N/A	44	29.28	8	12.10
9	N/A	45	24.91	9	N/A	45	30.33	9	12.24
10	N/A	46	25.75	10	N/A	46	31.44	10	12.39
11	N/A	47	26.64	11	N/A	47	32.61	11	12.54
12	N/A	48	27.59	12	N/A	48	33.85	12	12.70
13	N/A	49	28.59	13	N/A	49	35.17	13	12.87
14	N/A	50	29.66	14	N/A	50	36.57	14	13.04
15	N/A	51	30.81	15	N/A	51	38.07	15	13.22
16	13.22	52	32.02	16	14.60	52	39.66	16	13.40
17	13.39	53	33.31	17	14.85	53	41.34	17	13.59
18	13.57	54	34.69	18	15.10	54	43.12	18	13.77
19	13.76	55	36.14	19	15.36	55	44.98	19	13.97
20	13.95	56	37.67	20	15.64	56	46.94	20	14.17
21	14.16	57	39.30	21	15.92	57	47.89	21	14.39
22	14.37	58	41.03	22	16.22	58	47.88	22	14.61
23	14.60	59	42.87	23	16.53	59	47.87	23	14.85
24	14.84	60	44.84	24	16.86	60	47.86	24	15.11
25	15.10	61	46.95	25	17.21	61	47.86	25	15.37
26	15.37	62	47.85	26	17.57	62	47.86		
27	15.65	63	47.85	27	17.95	63	47.86		
28	15.95	64	47.84	28	18.34	64	47.86		
29	16.27	65	47.82	29	18.77	65	47.85		
30	16.60	66	47.80	30	19.22	66	47.83		
31	16.96	67	47.77	31	19.69	67	47.80		
32	17.34	68	47.73	32	20.20	68	47.76		
33	17.75	69	47.69	33	20.75	69	47.71		
34	18.18	70	47.64	34	21.32	70	47.66		
35	18.63			35	21.93				

N/A = NOT APPLICABLE. SEE THE COMPOSITE COLUMNS FOR ISSUE AGES 0 -15.



**CONTRACT DATA PAGES (Continued)**

**TABLE OF SURRENDER CHARGE FACTORS  
CONTRACT YEAR PERCENTAGES  
NONTOBACCO, TOBACCO, AND COMPOSITE**

<b>CONTRACT YEAR</b>	<b>PERCENTAGE</b>
1	100%
2	95%
3	90%
4	85%
5	80%
6	75%
7	70%
8	65%
9	60%
10	55%
11	50%
12	45%
13	40%
14	35%
15	30%
16	25%
17	20%
18	15%
19	5%
20+	0

**CONTRACT DATA PAGES (Continued)**

**TABLE OF GUARANTEED MONTHLY COST OF INSURANCE RATES  
PER \$1,000\*  
NONTOBACCO**

<b>INSURED'S ATTAINED AGE</b>	<b>MONTHLY COST OF INSURANCE</b>	<b>INSURED'S ATTAINED AGE</b>	<b>MONTHLY COST OF INSURANCE</b>	<b>INSURED'S ATTAINED AGE</b>	<b>MONTHLY COST OF INSURANCE</b>
0	N/A	40	0.12167	80	5.45333
1	N/A	41	0.13167	81	6.06500
2	N/A	42	0.14417	82	6.70917
3	N/A	43	0.15833	83	7.40500
4	N/A	44	0.17500	84	8.17333
5	N/A	45	0.19250	85	9.00750
6	N/A	46	0.21083	86	9.92833
7	N/A	47	0.22667	87	10.94333
8	N/A	48	0.24083	88	12.00917
9	N/A	49	0.25833	89	13.09917
10	N/A	50	0.28000	90	14.08750
11	N/A	51	0.30667	91	15.01750
12	N/A	52	0.33833	92	16.09167
13	N/A	53	0.37500	93	17.32750
14	N/A	54	0.42000	94	18.74167
15	N/A	55	0.47000	95	20.22750
16	0.05833	56	0.52250	96	21.70667
17	0.06500	57	0.57417	97	22.94333
18	0.06833	58	0.62583	98	23.92167
19	0.07000	59	0.68500	99	25.23750
20	0.07083	60	0.75583		
21	0.07083	61	0.84083		
22	0.07167	62	0.93917		
23	0.07250	63	1.04500		
24	0.07333	64	1.15667		
25	0.07500	65	1.27250		
26	0.07833	66	1.39167		
27	0.08083	67	1.51750		
28	0.08000	68	1.65083		
29	0.07917	69	1.79917		
30	0.07833	70	1.97167		
31	0.07833	71	2.18000		
32	0.08000	72	2.42083		
33	0.08250	73	2.67583		
34	0.08583	74	2.94917		
35	0.09000	75	3.24667		
36	0.09500	76	3.58083		
37	0.10083	77	3.96583		
38	0.10667	78	4.40750		
39	0.11333	79	4.89917		

N/A = NOT APPLICABLE.

\* TO DETERMINE THE AMOUNT OF THE MONTHLY COST OF INSURANCE DURING EACH CONTRACT YEAR, SEE THE COST OF INSURANCE (COI) PROVISION.

**CONTRACT DATA PAGES (Continued)**

**TABLE OF GUARANTEED MONTHLY COST OF INSURANCE RATES  
PER \$1,000\*  
TOBACCO**

<b>INSURED'S ATTAINED AGE</b>	<b>MONTHLY COST OF INSURANCE</b>	<b>INSURED'S ATTAINED AGE</b>	<b>MONTHLY COST OF INSURANCE</b>	<b>INSURED'S ATTAINED AGE</b>	<b>MONTHLY COST OF INSURANCE</b>
0	N/A	40	0.23000	80	7.38750
1	N/A	41	0.25083	81	8.09500
2	N/A	42	0.27583	82	8.82000
3	N/A	43	0.30583	83	9.58417
4	N/A	44	0.33917	84	10.43083
5	N/A	45	0.37333	85	11.35000
6	N/A	46	0.40833	86	12.34833
7	N/A	47	0.44000	87	13.43417
8	N/A	48	0.46667	88	14.54500
9	N/A	49	0.50083	89	15.64083
10	N/A	50	0.54167	90	16.56917
11	N/A	51	0.59333	91	17.38500
12	N/A	52	0.65500	92	18.32667
13	N/A	53	0.72667	93	19.39167
14	N/A	54	0.81083	94	20.68000
15	N/A	55	0.90000	95	22.11500
16	0.06500	56	0.99417	96	23.50500
17	0.07667	57	1.08167	97	24.60333
18	0.08500	58	1.16667	98	25.38333
19	0.09083	59	1.26500	99	26.51000
20	0.09667	60	1.38167		
21	0.10167	61	1.52250		
22	0.10583	62	1.68250		
23	0.11167	63	1.85250		
24	0.11833	64	2.02417		
25	0.12417	65	2.19333		
26	0.13083	66	2.36083		
27	0.13583	67	2.53333		
28	0.13667	68	2.71083		
29	0.13750	69	2.90583		
30	0.13833	70	3.12917		
31	0.14000	71	3.40000		
32	0.14333	72	3.70917		
33	0.14917	73	4.02500		
34	0.15583	74	4.36583		
35	0.16333	75	4.74000		
36	0.17333	76	5.15250		
37	0.18500	77	5.62333		
38	0.19833	78	6.15583		
39	0.21250	79	6.73833		

N/A = NOT APPLICABLE.

\* TO DETERMINE THE AMOUNT OF THE MONTHLY COI DURING EACH CONTRACT YEAR, SEE THE COST OF INSURANCE (COI) PROVISION.

**CONTRACT DATA PAGES (Continued)**

**TABLE OF GUARANTEED MONTHLY COST OF INSURANCE RATES  
PER \$1,000\*  
COMPOSITE**

<b>INSURED'S ATTAINED AGE</b>	<b>MONTHLY COST OF INSURANCE</b>	<b>INSURED'S ATTAINED AGE</b>	<b>MONTHLY COST OF INSURANCE</b>	<b>INSURED'S ATTAINED AGE</b>	<b>MONTHLY COST OF INSURANCE</b>
0	0.05500	40	0.13667	80	5.62167
1	0.03583	41	0.14833	81	6.23750
2	0.02583	42	0.16250	82	6.88333
3	0.02000	43	0.17917	83	7.57833
4	0.01750	44	0.19750	84	8.34750
5	0.01667	45	0.21750	85	9.18167
6	0.01750	46	0.23833	86	10.10167
7	0.01833	47	0.25583	87	11.11250
8	0.01833	48	0.27167	88	12.17417
9	0.01917	49	0.29083	89	13.25417
10	0.01917	50	0.31417	90	14.22583
11	0.02250	51	0.34417	91	15.13667
12	0.02750	52	0.37917	92	16.19250
13	0.03167	53	0.42083	93	17.40750
14	0.04083	54	0.47000	94	18.80750
15	0.05000	55	0.52417	95	20.28583
16	0.05917	56	0.58250	96	21.75667
17	0.06667	57	0.63833	97	22.97583
18	0.07083	58	0.69333	98	23.92917
19	0.07333	59	0.75667	99	25.23750
20	0.07417	60	0.83167		
21	0.07583	61	0.92250		
22	0.07667	62	1.02667		
23	0.07750	63	1.13917		
24	0.07917	64	1.25750		
25	0.08167	65	1.38000		
26	0.08583	66	1.50417		
27	0.08833	67	1.63500		
28	0.08833	68	1.77250		
29	0.08750	69	1.92500		
30	0.08750	70	2.10000		
31	0.08750	71	2.31167		
32	0.08917	72	2.55583		
33	0.09167	73	2.81250		
34	0.09500	74	3.08917		
35	0.09917	75	3.39250		
36	0.10500	76	3.73083		
37	0.11167	77	4.12083		
38	0.11917	78	4.56750		
39	0.12750	79	5.06333		

\* TO DETERMINE THE AMOUNT OF THE MONTHLY COST OF INSURANCE DURING EACH CONTRACT YEAR, SEE THE COST OF INSURANCE (COI) PROVISION.

**CONTRACT DATA PAGES (Continued)**

**TABLE OF DEATH BENEFIT FACTORS  
NONTOBACCO**

<b>INSURED'S ATTAINED AGE</b>	<b>FACTOR</b>	<b>INSURED'S ATTAINED AGE</b>	<b>FACTOR</b>	<b>INSURED'S ATTAINED AGE</b>	<b>FACTOR</b>
0	N/A	34	7.41	68	2.01
1	N/A	35	7.10	69	1.95
2	N/A	36	6.80	70	1.89
3	N/A	37	6.52	71	1.84
4	N/A	38	6.25	72	1.79
5	N/A	39	5.99	73	1.74
6	N/A	40	5.74	74	1.69
7	N/A	41	5.51	75	1.65
8	N/A	42	5.28	76	1.61
9	N/A	43	5.06	77	1.57
10	N/A	44	4.86	78	1.53
11	N/A	45	4.66	79	1.50
12	N/A	46	4.48	80	1.46
13	N/A	47	4.30	81	1.43
14	N/A	48	4.13	82	1.41
15	N/A	49	3.97	83	1.38
16	15.31	50	3.81	84	1.35
17	14.72	51	3.66	85	1.33
18	14.16	52	3.52	86	1.31
19	13.63	53	3.38	87	1.29
20	13.11	54	3.26	88	1.27
21	12.61	55	3.13	89	1.26
22	12.12	56	3.02	90	1.24
23	11.65	57	2.91	91	1.22
24	11.19	58	2.81	92	1.21
25	10.75	59	2.71	93	1.19
26	10.33	60	2.61	94	1.18
27	9.92	61	2.52	95	1.16
28	9.52	62	2.44	96	1.14
29	9.14	63	2.36	97	1.12
30	8.77	64	2.28	98	1.09
31	8.41	65	2.21	99	1.05
32	8.06	66	2.14	100+	1.00
33	7.73	67	2.07		

N/A = NOT APPLICABLE.

**CONTRACT DATA PAGES (Continued)**

**TABLE OF DEATH BENEFIT FACTORS  
TOBACCO**

<b>INSURED'S ATTAINED AGE</b>	<b>FACTOR</b>	<b>INSURED'S ATTAINED AGE</b>	<b>FACTOR</b>	<b>INSURED'S ATTAINED AGE</b>	<b>FACTOR</b>
0	N/A	34	5.76	68	1.80
1	N/A	35	5.53	69	1.76
2	N/A	36	5.31	70	1.72
3	N/A	37	5.10	71	1.68
4	N/A	38	4.90	72	1.64
5	N/A	39	4.71	73	1.60
6	N/A	40	4.53	74	1.57
7	N/A	41	4.35	75	1.53
8	N/A	42	4.18	76	1.50
9	N/A	43	4.02	77	1.47
10	N/A	44	3.87	78	1.44
11	N/A	45	3.73	79	1.42
12	N/A	46	3.59	80	1.39
13	N/A	47	3.46	81	1.37
14	N/A	48	3.34	82	1.35
15	N/A	49	3.22	83	1.33
16	11.68	50	3.11	84	1.31
17	11.21	51	3.00	85	1.29
18	10.77	52	2.89	86	1.27
19	10.36	53	2.79	87	1.26
20	9.96	54	2.70	88	1.24
21	9.58	55	2.61	89	1.23
22	9.22	56	2.53	90	1.22
23	8.87	57	2.45	91	1.21
24	8.53	58	2.38	92	1.19
25	8.21	59	2.30	93	1.18
26	7.90	60	2.23	94	1.17
27	7.60	61	2.17	95	1.15
28	7.31	62	2.11	96	1.14
29	7.03	63	2.05	97	1.12
30	6.76	64	2.00	98	1.09
31	6.50	65	1.94	99	1.05
32	6.24	66	1.89	100+	1.00
33	6.00	67	1.85		

N/A = NOT APPLICABLE.

**CONTRACT DATA PAGES (Continued)**

**TABLE OF DEATH BENEFIT FACTORS  
COMPOSITE**

<b>INSURED'S ATTAINED AGE</b>	<b>FACTOR</b>	<b>INSURED'S ATTAINED AGE</b>	<b>FACTOR</b>	<b>INSURED'S ATTAINED AGE</b>	<b>FACTOR</b>
0	28.93	34	7.14	68	1.99
1	28.04	35	6.84	69	1.93
2	27.01	36	6.56	70	1.87
3	25.92	37	6.29	71	1.82
4	24.83	38	6.03	72	1.77
5	23.76	39	5.78	73	1.73
6	22.73	40	5.55	74	1.68
7	21.74	41	5.32	75	1.64
8	20.79	42	5.10	76	1.60
9	19.89	43	4.90	77	1.56
10	19.02	44	4.70	78	1.52
11	18.18	45	4.52	79	1.49
12	17.39	46	4.34	80	1.46
13	16.65	47	4.17	81	1.43
14	15.95	48	4.01	82	1.40
15	15.30	49	3.85	83	1.38
16	14.69	50	3.70	84	1.35
17	14.12	51	3.56	85	1.33
18	13.58	52	3.43	86	1.31
19	13.07	53	3.30	87	1.29
20	12.57	54	3.17	88	1.27
21	12.09	55	3.06	89	1.25
22	11.63	56	2.95	90	1.24
23	11.18	57	2.84	91	1.22
24	10.74	58	2.75	92	1.21
25	10.32	59	2.65	93	1.19
26	9.92	60	2.56	94	1.18
27	9.53	61	2.47	95	1.16
28	9.15	62	2.39	96	1.14
29	8.79	63	2.32	97	1.12
30	8.44	64	2.24	98	1.09
31	8.09	65	2.17	99	1.05
32	7.76	66	2.11	100+	1.00
33	7.44	67	2.05		

**CONTRACT DATA PAGES (Continued)**

**TABLE OF MAXIMUM NET SINGLE PREMIUMS (NSP) FOR PAID UP LIFE INSURANCE  
PER \$1,000 FACE AMOUNT  
NONTOBACCO**

<b>INSURED'S ATTAINED AGE</b>	<b>NSP PER \$1,000</b>	<b>INSURED'S ATTAINED AGE</b>	<b>NSP PER \$1,000</b>	<b>INSURED'S ATTAINED AGE</b>	<b>NSP PER \$1,000</b>
0	N/A	40	174.29	80	685.04
1	N/A	41	181.81	81	699.64
2	N/A	42	189.62	82	713.79
3	N/A	43	197.71	83	727.54
4	N/A	44	206.09	84	740.90
5	N/A	45	214.75	85	753.80
6	N/A	46	223.69	86	766.22
7	N/A	47	232.94	87	778.09
8	N/A	48	242.52	88	789.33
9	N/A	49	252.49	89	799.97
10	N/A	50	262.83	90	810.12
11	N/A	51	273.53	91	820.24
12	N/A	52	284.57	92	830.76
13	N/A	53	295.94	93	841.74
14	N/A	54	307.62	94	853.33
15	N/A	55	319.58	95	865.82
16	65.35	56	331.79	96	879.97
17	67.97	57	344.27	97	897.20
18	70.64	58	357.05	98	920.04
19	73.42	59	370.17	99	952.38
20	76.31	60	383.61	100	1000.00
21	79.34	61	397.33		
22	82.53	62	411.26		
23	85.87	63	425.34		
24	89.37	64	439.58		
25	93.04	65	453.98		
26	96.88	66	468.57		
27	100.88	67	483.37		
28	105.06	68	498.40		
29	109.46	69	513.69		
30	114.09	70	529.21		
31	118.97	71	544.90		
32	124.09	72	560.66		
33	129.46	73	576.38		
34	135.08	74	592.10		
35	140.95	75	607.83		
36	147.07	76	623.56		
37	153.46	77	639.23		
38	160.12	78	654.77		
39	167.06	79	670.05		

N/A = NOT APPLICABLE.



**CONTRACT DATA PAGES (Continued)**

**TABLE OF MAXIMUM NET SINGLE PREMIUMS (NSP) FOR PAID UP LIFE INSURANCE  
PER \$1,000 FACE AMOUNT  
TOBACCO**

<b>INSURED'S ATTAINED AGE</b>	<b>NSP PER \$1,000</b>	<b>INSURED'S ATTAINED AGE</b>	<b>NSP PER \$1,000</b>	<b>INSURED'S ATTAINED AGE</b>	<b>NSP PER \$1,000</b>
0	N/A	40	221.14	80	721.19
1	N/A	41	230.08	81	733.63
2	N/A	42	239.29	82	745.60
3	N/A	43	248.77	83	757.19
4	N/A	44	258.48	84	768.41
5	N/A	45	268.43	85	779.19
6	N/A	46	278.62	86	789.48
7	N/A	47	289.07	87	799.20
8	N/A	48	299.83	88	808.25
9	N/A	49	310.96	89	816.67
10	N/A	50	322.44	90	824.58
11	N/A	51	334.23	91	832.50
12	N/A	52	346.29	92	840.95
13	N/A	53	358.56	93	850.01
14	N/A	54	371.00	94	859.91
15	N/A	55	383.56	95	870.86
16	85.66	56	396.21	96	883.49
17	89.24	57	408.97	97	899.25
18	92.87	58	421.92	98	920.84
19	96.59	59	435.11	99	952.38
20	100.44	60	448.49	100	1000.00
21	104.42	61	462.00		
22	108.55	62	475.51		
23	112.86	63	488.97		
24	117.32	64	502.36		
25	121.93	65	515.71		
26	126.73	66	529.11		
27	131.70	67	542.60		
28	136.88	68	556.24		
29	142.32	69	570.07		
30	148.03	70	584.07		
31	154.03	71	598.19		
32	160.32	72	612.28		
33	166.90	73	626.26		
34	173.77	74	640.19		
35	180.93	75	654.08		
36	188.38	76	667.89		
37	196.13	77	681.60		
38	204.17	78	695.11		
39	212.50	79	708.32		

N/A = NOT APPLICABLE.

**CONTRACT DATA PAGES (Continued)**

**TABLE OF MAXIMUM NET SINGLE PREMIUMS (NSP) FOR PAID UP LIFE INSURANCE  
PER \$1,000 FACE AMOUNT  
COMPOSITE**

<b>INSURED'S ATTAINED AGE</b>	<b>NSP PER \$1,000</b>	<b>INSURED'S ATTAINED AGE</b>	<b>NSP PER \$1,000</b>	<b>INSURED'S ATTAINED AGE</b>	<b>NSP PER \$1,000</b>
0	34.57	40	180.44	80	688.09
1	35.66	41	188.13	81	702.42
2	37.03	42	196.11	82	716.30
3	38.58	43	204.36	83	729.80
4	40.28	44	212.89	84	742.91
5	42.09	45	221.69	85	755.58
6	44.01	46	230.76	86	767.77
7	46.01	47	240.13	87	779.42
8	48.10	48	249.83	88	790.45
9	50.29	49	259.91	89	800.88
10	52.59	50	270.36	90	810.84
11	55.00	51	281.17	91	820.79
12	57.50	52	292.31	92	831.16
13	60.07	53	303.75	93	842.02
14	62.71	54	315.49	94	853.53
15	65.39	55	327.47	95	865.95
16	68.10	56	339.69	96	880.06
17	70.85	57	352.14	97	897.23
18	73.65	58	364.89	98	920.05
19	76.55	59	377.95	99	952.38
20	79.56	60	391.33	100	1000.00
21	82.73	61	404.95		
22	86.03	62	418.77		
23	89.49	63	432.72		
24	93.13	64	446.79		
25	96.92	65	461.00		
26	100.89	66	475.36		
27	105.01	67	489.92		
28	109.32	68	504.70		
29	113.85	69	519.72		
30	118.61	70	534.96		
31	123.62	71	550.38		
32	128.89	72	565.86		
33	134.41	73	581.31		
34	140.18	74	596.77		
35	146.22	75	612.23		
36	152.52	76	627.69		
37	159.09	77	643.09		
38	165.93	78	658.35		
39	173.04	79	673.37		

## DEFINITIONS

The defined terms below are subject to the provisions of the Group Master Policy and of this Certificate.

**Accumulation Value** – On the Effective Date, it is the initial premium amount received by us, minus the Monthly Deduction. See the Accumulation Value provision under the Contract Values section to determine the Accumulation Value calculation on each Monthly Date after the Effective Date.

**Administrative Fee** – The fee is based on the Issue Age and Class of Risk of the Insured. This fee is described in the Contract Values section. The duration and the amount of the Guaranteed Maximum Monthly Administrative Fee per \$1,000 of Face Amount are shown on the Contract Data Pages.

**Age or Attained Age** - The Insured's Age as of the last Anniversary Date. Attained Age will increase by one year on each Anniversary Date. **Issue Age** is the Attained Age of the Insured as of the Effective Date. The Issue Age is shown on the Contract Data Pages.

**Amendment, Endorsement, or Rider** - Any form issued by us which adds, modifies, changes, or deletes any Policy or Certificate provisions or benefits.

**Anniversary Date** – The month and date of each calendar year that is the same month and date as the Effective Date. When any date is referred to, the Effective Date will be at 12:01 AM at the Owner's address.

**Application** - The form completed and signed by the Owner to apply for this life insurance coverage.

**Beneficiary** - The recipient of the Proceeds of this Certificate in the event of the Insured's death.

**Cash Surrender Value** – The Cash Value of this Certificate, less any Loans.

**Cash Value** - The amount described in the Cash Value provision under the Contract Values section.

**Certificate** – This document that describes your insurance coverage.

**Contract Year** – The 12-month period that starts from the Effective Date constitutes the first Contract Year. A new Contract Year begins on each Anniversary Date.

**Cost of Insurance (COI)** – The COI is described in the Contract Values section. The Table of Guaranteed Monthly Cost of Insurance Rates appears in the Tables Section of the Contract Data Pages.

**Death Benefit** – The amount of insurance prior to distribution as Life Insurance Proceeds.

**Effective Date** - The date when this Certificate takes effect. It is shown on the Contract Data Pages. This Effective Date will be used to determine Monthly Dates, Anniversary Dates, and Contract Years.

**Extended Term Insurance Option** – This is a Nonforfeiture Option that may be selected if this Certificate Lapses or is surrendered by the Owner. If no Option is selected and this Certificate Lapses, the Paid Up Life Insurance - Extended Term Life Insurance Option will automatically be selected by default. Details are described in the Nonforfeiture Options section.

**Face Amount** - The initial Face Amount is the amount of life insurance coverage you applied for and for which you were approved as shown on the Contract Data Pages. After the first Contract Year, you may change the Face Amount subject to the terms of this Certificate.

**Grace Period** – The Grace Period is a 31-day period after a premium payment is due. See the Grace Period provision in the General Provisions section for details.

**Group Master Policy or Policy** – The document that is issued to the Policyholder.

**Group Master Policyholder or Policyholder** – The group entity named on the Cover Page of the Policy.

**Insured** - The person covered under this Certificate and named on the Contract Data Pages.

**Lapse** - The termination of this Certificate for the nonpayment of premium or insufficient payment of the premium due.

**Life Insurance Proceeds** or **Proceeds** – The amount payable upon the Insured's death, subject to any adjustments as described in the Amount of Proceeds provision in the Payment of Life Insurance Proceeds section.

**Loan** – The amount of money, including accrued interest, the Owner borrowed from us. This indebtedness is secured by the Cash Value of this Certificate.

**Loan Value** – The maximum amount which the Owner may borrow as described in the Loans section.

**Maturity Date** – The date we pay the Cash Surrender Value, if any, to you if the Insured is living on the date shown on the Contract Data Pages and if this Certificate is in force.

**Monthly Date** – The date of each month that is the same date as the Effective Date shown on the Contract Data Pages.

**Monthly Deduction** – A monthly charge withdrawn from the Accumulation Value on each Monthly Date that is described in more detail in the Contract Values section.

**Nonforfeiture Options** – Options for receiving the Cash Surrender Value if this Certificate Lapses or is surrendered by the Owner.

**Owner, you, your, or yours** - The person named on the Contract Data Pages.

**Paid Up Life Insurance Option**– This is a Nonforfeiture Option that may be selected if this Certificate Lapses or is surrendered by the Owner. Details are described in the Nonforfeiture Options section.

**Reinstate, Reinstated, or Reinstatement** - To restore coverage if this Certificate has Lapsed, subject to the Conditions for Reinstatement provision.

**Surrender Charge** – A charge for a surrender of this Certificate made during a Surrender Charge Period.

**Surrender Charge Period** – The period of time from the Effective Date in which a Surrender Charge will be incurred if this Certificate is surrendered within that period of time. Any approved Face Amount increase will have its own Surrender Charge Period beginning on the Effective Date of the increase.

**Transamerica Life Insurance Company, the Company, we, us, or our** – The Insurer that underwrites this life insurance coverage and pays the benefits upon a claim.

## OWNERSHIP

You have certain rights while the Insured is living and this Certificate is in force. Your rights include, but are not limited to, those listed below:

1. Changing the Beneficiary, subject to any irrevocable Beneficiary that may have been named (an irrevocable Beneficiary cannot be changed without the written consent of that irrevocable Beneficiary);
2. Increasing the Face Amount, subject to the Increase in the Face Amount provision;
3. Requesting a Loan;
4. Assigning any right or benefit under this Certificate;
5. Reinstating coverage that has Lapsed, subject to the Reinstatement provision;
6. Exercising a Nonforfeiture Option;
7. Exercising an option under any Rider attached to this Certificate; and
8. Transferring ownership. Any requested change of ownership must be in writing on our form and approved by us. Your requested change will be effective on the date that you signed it, subject to any actions taken prior to receipt of such change.

If you, as the Owner, are not the Insured, and you die before the Insured, the executor or administrator of your estate will have these rights.

## BENEFICIARY

**Payment of the Life Insurance Proceeds** - If the Insured dies while this Certificate is in force, we will pay the Proceeds to the Beneficiary, subject to the provisions of this Certificate. The Beneficiary will be as designated on the Application for this insurance coverage, unless later changed as provided under the How to Change the Beneficiary provision.

**If a Beneficiary is Not Named in the Application or the Stated Beneficiary Dies** - The rights of any Beneficiary to receive Proceeds will end if the Beneficiary dies prior to the death of the Insured. Except to the degree that benefits have already been paid, and unless otherwise provided, the rights of any Beneficiary who dies at the time of, or within 30 days after, the Insured's death will end at their death. If the rights of all named Beneficiaries have ended, or if a Beneficiary was not named in the original Application, benefits will be payable to the Insured's survivors in the following order of preference:

1. Legal spouse;
2. Children, including legally adopted children;
3. Parents;
4. Brothers and sisters;
5. The Owner; or
6. The executor or administrator of the Owner's estate.

If the benefits are to be paid to children, the total benefit amount will be divided equally among all the Insured's eligible children. The existence of multiple Beneficiaries will not increase the benefit payable.

**Protection of the Death Benefit** - To the extent permitted by law, the Death Benefit will not be subject to the claims of the Beneficiary's creditors or to any legal process against the Beneficiary.

**How to Change the Beneficiary** - You may change the Beneficiary at any time while the Insured is living. Please request a Change of Beneficiary form from us. To be effective, the change must be in writing and signed by both you and a disinterested witness. The change will be effective on the date it is recorded. However, any benefits paid before we receive the notice of a change in Beneficiary will not be subject to such change. If the Insured dies after you changed the Beneficiary, but before the date it is recorded, the change will be effective on the date you signed the change request.

## PAYMENT OF LIFE INSURANCE PROCEEDS

**Amount of Proceeds** – The Proceeds will be the greater of:

1. The Face Amount on the date the Insured dies; or
2. The Death Benefit Factor multiplied by the greater of the Accumulation Value or the Guaranteed Cash Value on the date of the Insured's death.

**Adjustments to the Proceeds** - The Proceeds will be reduced by:

1. The amount of any outstanding Loans on the date the Insured dies, and
2. Any due and unpaid premiums.

The Proceeds may also be affected by the election of a Nonforfeiture Option or Misstatement of Age as explained in other provisions of this Certificate. Additional benefit amounts may be payable under any Riders attached to this Certificate. Any portion of a premium paid beyond the end of the month in which the Insured's death occurs will be added to the Proceeds payable. No part of any premium waived under any Rider will be refunded.

**Increase in the Face Amount** – The Face Amount is the initial amount of insurance applied for as shown on the Contract Data Pages. After the first Contract Year, you may, upon written request, increase the Face Amount. Any increase will be subject to our underwriting requirements, as well as the Right to Contest and Suicide Exclusion provisions in the General Provisions section of this Certificate. Only one change to the Face Amount will be allowed per Contract Year.

If we approve the request, the effective date of the increase will be the Monthly Date that coincides with or next follows the date of our approval. The increase will have its own Surrender Charge Period and Guaranteed Cash Values, beginning on the effective date of the increase. The Surrender Charges and the Guaranteed Cash Values for each Face Amount increase will be based on the Insured's Age and Class of Risk on the effective date of the increase.

**Tax Qualification** – This Certificate is intended to qualify under Section 7702 of the Internal Revenue Code as life insurance for federal tax purposes. The Proceeds are intended to qualify for the federal income tax exclusion. The provisions of this Certificate (and any attached Amendments, Endorsements, or Riders) will be interpreted to ensure tax qualification, regardless of any language to the contrary. The Proceeds will never be less than the amount necessary to ensure tax qualification. If the Death Benefit is increased, we will make appropriate adjustments in the premiums, Monthly Deductions, and/or supplemental benefits as of that time, retroactively or otherwise, that are consistent with the increase. Such adjustments may be made by right of offset against the Proceeds.

## EFFECTIVE DATE

The insurance under this Certificate will start on the Effective Date if:

1. Your Application has been approved by us on or before the Effective Date;
2. The Insured is living; and
3. The initial premium payment has been received by us.

## TERMINATION

The insurance under this Certificate will stop on the earliest one of these occurrences:

1. The Monthly Date that coincides with or next follows the date we receive your written request to terminate coverage;
2. The Maturity Date;
3. The date the Insured dies;
4. The date this Certificate Lapses or is surrendered under one of the Nonforfeiture Options, subject to the Grace Period; or
5. The date the Policy terminates, subject to the Portability Option provision.

If insurance stops because the Insured is alive on the Maturity Date, we will pay the Cash Surrender Value, if any, to the Owner. This Certificate will cease on the Maturity Date.

## PREMIUMS

**Premium Payments** – The premium payable for this Certificate is shown on the Contract Data Pages. The first premium must be paid on or before the Effective Date. Premiums are payable in advance of the period to which they apply. All premiums are payable to our Administrative Office or to an agent authorized by us to collect premiums.

**Automatic Premium Loan** –You may elect this provision in writing at any time while this Certificate is in force and provided that no premium is in default beyond the Grace Period. The Automatic Premium Loan provision will continue in effect until canceled by written request satisfactory to us.

While effective, any unpaid premium falling due one year or more from the Effective Date will be paid at the end of the Grace Period by an Automatic Premium Loan provided the premium does not exceed the Certificate's available Loan Value.

If the available Loan Value is less than the premium due, we will not be able to make a Loan to pay a partial premium.

Any Loan charged under this provision will be subject to all of the terms of this Certificate relating to Loans. The Loan will bear interest payable by you from the premium due date.

This provision may be canceled or Reinstated by written notice. Any such change will take effect on the date signed, subject to any actions taken prior to receipt of such notice at our Administrative Office.

## REINSTATEMENT

**Conditions for Reinstatement** – If this Certificate Lapses, it may be Reinstated during the lifetime of the Insured, provided it was not surrendered. To Reinstatement this Certificate, we will require:

1. Your written request for Reinstatement within five years after the date of Lapse or after a change to Paid Up Life Insurance or Extended Term Life Insurance before the Maturity Date;
2. The Insured's written consent for Reinstatement;
3. Evidence of insurability, including good health, satisfactory to us;
4. Repayment of any Loans that existed at the time the Certificate Lapsed or changed to Paid Up Life Insurance or Extended Term Insurance; and
5. Payment of the Reinstatement Premium.

**Reinstatement Premium** – The Reinstatement Premium consists of all past due premiums with annual compound interest at the rate shown on the Contract Data Pages per Contract Year calculated from each premium due date.

The Accumulation Value upon Reinstatement will be determined in accordance with the Contract Value provision, but with a current interest crediting rate shown on the Contract Data Pages.

The date of Reinstatement will be the Monthly Date on or following the date the Application for Reinstatement is approved by us, so long as the Insured is still living. With respect to any Reinstated coverage, Incontestability will be based only on statements made in any Reinstatement application.

If the Certificate is Reinstated within a Surrender Charge Period, the Surrender Charges in effect for the Reinstated Certificate, and any increases in Face Amount, will be based on the duration from the effective date of coverage to the Reinstatement date.

## CONTRACT VALUES

**Accumulation Value** – The Accumulation Value on the Effective Date is equal to the initial premium received minus the Monthly Deduction. Thereafter, the Accumulation Value will be determined on each Monthly Date after the Effective Date as follows:

1. The Accumulation Value as of the last Monthly Date; plus
2. The interest accrued from the last Monthly Date; plus
3. The sum of all premiums, less any refunds, received since the last Monthly Date; less
4. The Monthly Deduction for the current month.

On any day between Monthly Dates, the Accumulation Value will be determined as follows:

1. The interest accrued from the last Monthly Date; plus
2. The Accumulation Value as of the last Monthly Date; plus
3. All premiums received since the prior Monthly Date.

**Administrative Fee** - The Administrative Fee is calculated by multiplying the Administrative Fee per \$1,000 by the Face Amount, divided by 1,000.

The guaranteed maximum monthly Administrative Fee per \$1,000 is shown on the Contract Data Pages. We may use an Administrative Fee per \$1,000 lower than the guaranteed maximum monthly Administrative Fee per \$1,000, but will never charge in excess of the guaranteed maximum monthly Administrative Fee per \$1,000.

**Cost of Insurance (COI)** – The COI is equal to the Death Benefit at the beginning of the Certificate month divided by 1.00327374, minus the Accumulation Value at the beginning of the Certificate month, multiplied by the COI rate, divided by 1,000.

The COI rates are based on the Insured's Age and Class of Risk on the Effective Date. A Table of Guaranteed Cost of Insurance Rates is shown in the Tables Section of the Contract Data Pages. We may use lower COI rates, but will never exceed the guaranteed COI rates.

If you request an increase in the Face Amount, the COI rates for each Face Amount increase will be based on the Insured's Age and Class of Risk on the effective date of the increase.

**Interest Rate** – The guaranteed minimum interest rate for all Contract Years is shown on the Contract Data Pages. We may use current interest rates greater than the guaranteed interest rate to calculate the Accumulation Value. These interest rates will be declared by us. We may apply different interest rates to separate portions of the Accumulation Value, including the amount of the Accumulation Value equal to any outstanding Loan. However, no rate will be less than the guaranteed minimum interest rate. Interest will be credited on the Monthly Date.

We will apply an initial interest rate to each premium payment. We will declare, at our discretion, an interest rate periodically. Subsequent interest rates apply to each premium payment. Subsequent interest rates may be higher or lower than the initial interest rate, but will never be less than the guaranteed minimum interest rate.

**Monthly Deduction** – The Monthly Deduction is the monthly charge to cover the Cost of Insurance on the Certificate and any Riders. On the Effective Date and each Monthly Date thereafter, a Monthly Deduction will be withdrawn from the Accumulation Value. The Monthly Deduction is calculated as follows:

1. The Monthly Deduction is equal to the Cost of Insurance; plus
2. The Administrative Fee; plus
3. Any charges for additional benefits provided by Riders.

**Cash Surrender Value** - The Cash Surrender Value may be borrowed against, applied under continuation of insurance, if applicable, or taken in cash upon a full surrender of this Certificate. The Cash Value will always equal or exceed the amount required by the law of the state where the Policy is delivered.

**Cash Value** – The Cash Value will equal the greater of the Guaranteed Cash Value or the Accumulation Value, less any applicable Surrender Charge.

**Guaranteed Cash Value** – The Guaranteed Cash Values are shown in the Tables Section of the Contract Data Pages.

The Guaranteed Cash Value as of any date other than an Anniversary will be calculated on a basis which accounts for the passage of time and the payment of premiums beyond the Anniversary Date.

## LOANS

**Interest Rate on Accumulation Value Securing Loans** - The interest rate for any portion of the Accumulation Value equal to the amount of any Loan will be at the effective annual interest rate shown on the Contract Data Pages.

**Loans** – Upon written request, you may borrow any amount up to the available Loan Value of your Certificate. Loans will be secured by the most recent addition to the Accumulation Value. Our interest in Loans on the Accumulation Value has priority over the claims of any assignee or other person. Your Certificate is the sole security for all Loans.

**Loan Value** – A Loan may be made in an amount which, together with interest as shown on the Contract Data Pages, will not exceed the Cash Value of this Certificate at the date to which premiums have been paid (but not later than the next Anniversary Date).

**Loan Interest** – The Loan interest rate is shown on the Contract Data Pages. On each Anniversary, Loan interest for the next year is due in advance. Interest not paid when due will be added to the Loan.



**Loan Repayment** – You may repay any part of a Loan at any time while this Certificate is in force. Each payment must be at least \$25, unless the Loan amount is less than \$25, in which case full payment is required. All funds received will be credited to this Certificate as a premium payment, unless clearly marked as a Loan repayment. On the date received, Loan repayments will be applied to the portion of the Accumulation Value which is securing a Loan.

Failure to repay the Loan will not terminate this Certificate unless the Loan exceeds the Cash Value. If this happens, the Certificate will terminate and have no further value 31 days after notice has been mailed by us to your last known address and to any assignee of record.

If this Certificate is in force under one of the Nonforfeiture Options, the amount of Loan deducted in determining the Cash Surrender Value may be repaid only if this Certificate is Reinstated.

## **NONFORFEITURE OPTIONS**

**Lapse** – If the premium is not paid when due or before the end of the Grace Period, the Certificate will Lapse as of the due date of the unpaid premium. The Cash Surrender Value as of the date of Lapse will be applied under one of the following Options. The Owner may elect an Option, by written notice, within 60 days after the date to which premiums have been paid. If no election is made, we will continue the basic life benefit under the Extended Term Insurance Option. This Option will not include additional benefits provided under any Rider attached to this Certificate, unless specifically provided in such Rider.

This Certificate may be continued or surrendered under one of the following Nonforfeiture Options:

**Option 1. Surrender Option** – This Certificate may be surrendered for its Cash Surrender Value as of the date your written surrender request is received at our Administrative Office. Upon surrender, all insurance provided by the Certificate and any Riders, unless the Riders provide otherwise, will terminate. If this Certificate is surrendered within 60 days after an Anniversary Date, the Cash Surrender Value on the surrender date will not be less than it was on that Anniversary Date.

**Surrender Charge** – The Surrender Charge is calculated as follows:

1. The Surrender Charge Base for the Insured's Issue Age and Class of Risk; multiplied by
2. The applicable Contract Year percentage; multiplied by
3. The Face Amount; divided by
4. 1,000.

The Surrender Charge Base and the Contract Year percentages appear in the Table of Surrender Charge Factors found on the Contract Data Pages.

If an increase in the Face Amount is requested and approved, additional Surrender Charges will apply. The Surrender Charge for any Face Amount increase is calculated as follows:

1. The amount of increase; divided by
2. 1,000; multiplied by
3. The product of the Surrender Charge Base and the Contract Year percentage based on:
  - a. The Insured's Age and Class of Risk on the date of the increase; and
  - b. The number of years the increase was effective.

**Option 2. Paid Up Life Insurance Option** – Under this option, you may choose between Reduced Paid Up Life Insurance or Extended Term Insurance.

**A. Reduced Paid Up Life Insurance** – The Cash Surrender Value is used to buy a level amount of whole life insurance; no further premiums will be due.

The Owner may change this Certificate to nonparticipating Paid Up Life Insurance, subject to the following conditions:

1. This Certificate must be in force on the requested date.
2. The Owner must make a written request for a change to Paid Up Life Insurance.
3. We will add an endorsement to change this Certificate to Paid Up Life Insurance. The amount of Paid Up Life Insurance will be shown on the endorsement. That amount will be the Proceeds under this Certificate.
4. The amount of Paid Up Life Insurance is calculated by using the Cash Surrender Value divided by the net single premium for the Insured's Age and Class of Risk. The net single premiums are shown in the Tables Section of the Contract Data Pages.
5. The change to Paid Up Life Insurance will be effective on the Monthly Date following the date we receive the Owner's written request for Paid Up Life Insurance.
6. The Paid Up Life Insurance will contain no additional benefits, unless otherwise provided under the terms of an attached Rider.

When this option is elected, the following two provisions will not apply to the Paid Up Life Insurance: Administrative Fee and Increase in Face Amount. The minimum Life Insurance Proceeds for this insurance will be the Cash Surrender Value divided by the Net Single Premium.

**Cash Values** - The Paid Up Life Insurance will have Cash Values. The Guaranteed Cash Value will be calculated as follows:

1. The amount of Paid Up Life Insurance; divided by
2. 1,000; multiplied by
3. The net single premium.

On Anniversaries, the net single premium will be the value for the Insured's Age and Class of Risk as shown in the Table of Maximum Net Single Premiums for Paid Up Life Insurance. Between Anniversaries, the net single premium will be the value as of the previous Monthly Date. The net single premium as of the previous Monthly Date will be based on the values on the last and next Anniversaries and the number of months elapsed since the last Anniversary. The Cash Surrender Value of the Paid Up Life Insurance will be the Cash Value less any Loans. The Loan Value of the Paid Up Life Insurance will be the Cash Surrender Value of the Paid Up Life Insurance.

**When We Will Require Evidence of Insurability** - When the Owner requests the Paid Up Life Insurance Option, we will calculate the difference between the amount of Paid Up Life Insurance and the Cash Surrender Value. We will then compare that amount to the difference between the Death Benefit and the greater of the Guaranteed Cash Value and the Accumulation Value under this Certificate on the date the Owner elects this Option. If the difference between the amount of Paid Up Life Insurance and the Cash Surrender Value is greater than the difference between the Death Benefit and the greater of the Guaranteed Cash Value and the Accumulation Value, the Insured must give us satisfactory evidence of insurability.

If we do not receive satisfactory evidence of insurability, we will reduce the amount of Paid Up Life Insurance to the amount available without evidence of insurability. If there is any Cash Surrender Value left over after the change to Paid Up Life Insurance, we will refund it to the Owner.

**B. Extended Term Insurance** - This Certificate may be continued as Extended Term Insurance for which no further premiums will be payable. The amount of Extended Term Insurance will be:

1. The Face Amount; less
2. Any Certificate Loan and Loan interest.

Unless you choose otherwise, Extended Term Insurance will be your automatic surrender option. The change to Extended Term Insurance will be shown on the next Monthly Date following the date we receive the Owner's written request for this Option, or following the Monthly Date this Certificate Lapses and this Option is elected by default.

The length of time the Extended Term Insurance continues will be calculated using the Cash Surrender Value of this Certificate as a net single premium as of the due date of the first unpaid premium at the Attained Age and Class of Risk of the Insured.

The Certificate can be surrendered at any time for its Cash Value, but it will have no Loan Value if continued as Extended Term Insurance. Also, no insurance or benefits from Riders will be provided under Extended Term Insurance, unless otherwise provided under the terms of an attached Rider.

## **PAYMENT OF CASH VALUE AND LOANS**

After we receive the written request for a surrender or Loan, we may defer the payment of surrender values and the making of a Loan for a period of not more than six months. We will not delay any Loan made to pay a premium due us.

## **CERTIFICATE STATEMENTS AND ILLUSTRATIONS**

We will send you an annual statement showing the Face Amount, Accumulation Value, Cash Surrender Value, Loans, premiums paid, and any other charges as of the statement date. We will send you an illustration of this Certificate's benefits and values upon receipt of your written request. We will provide one illustration each Contract Year without charge.

## **PORTABILITY OPTION**

If you lose eligibility for this insurance for any reason other than nonpayment of premiums, you will have the option to continue this Certificate (including any riders) by paying the premiums directly to us at our Administrative Office. We will bill you for these premiums. If you stop paying the premiums under this option, this Certificate (and any Riders) will continue subject to the terms of the Grace Period.

## **BASIS OF COMPUTATION**

Cash Values, Paid Up Life Insurance, and Extended Term Insurance benefits are based on the Insured's Age and Class of Risk at the interest rates and mortality table shown in the Contract Data Pages. Contract Values for fractions of a year will be calculated with an allowance for the premiums paid and the time elapsed in the Contract Year.

Guaranteed Cash Values of Paid Up Life Insurance and Extended Term Insurance are equal to the present value of future benefits provided.

Reserves are not less than the required minimum reserves and will never be less than the Cash Value. Cash Values, Paid Up Life Insurance and Extended Term Insurance benefits are not less than the minimum values and benefits required by any statute of the state in which the Certificate is delivered. If required, we have filed a detailed statement about this with the insurance department in the state in which the Policy is delivered.

## **GENERAL PROVISIONS**

**Assignment** –If you file an assignment with us and it is recorded at our Administrative Office, your rights and the rights of the Beneficiary will be subject to that assignment.

**Changes to this Certificate** - Only our President, Vice President, Secretary, or an Assistant Secretary may make any changes to this Certificate and then only in writing. No agent or Policyholder has authority to change the Policy, this Certificate, or to waive any of its provisions. Any changes are subject to the laws of the governing jurisdiction.

**Claims Procedure** - Due proof of the Insured's death must be submitted to us at our Administrative Office. The Beneficiary or a personal representative can get a claim form by calling our toll-free telephone number listed on the Cover Page.

**Dividends** - This is nonparticipating insurance. It does not participate in our profits or surplus, and no dividends will be paid.

**Entire Contract** - The Entire Contract consists of the Policy, this Certificate, any attached Amendments, Endorsements, or Riders, the Policyholder's Application, and your Application.

**Grace Period** – If we do not receive a premium payment when it is due, a Grace Period of 31 days will be provided. Written notice will be sent to your last known address on record at least 31 days prior to termination. If a premium payment is not paid by the end of the Grace Period, this Certificate will terminate. If the Insured dies during the Grace Period, we will pay the Death Benefit, less any indebtedness and any unpaid Monthly Deduction.

**Misstatement of Age or Tobacco Use Status** - If the Insured's Age or tobacco use status was misstated on the Application for this insurance coverage, we will adjust the Death Benefit to the amount that the most recent Monthly Deduction would buy at the Insured's correct Age or tobacco use status.

**Right to Contest** - We will not use any statement, except fraudulent statements, to void or reduce benefits under this Certificate after it has been in force during the Insured's lifetime for two years from the date coverage is issued. Any such statement would have to be in a signed form. This also applies to all Riders. For any increase in the Face Amount, our two year right to contest starts anew, but will only apply to the amount of the increase.

All statements made are considered representations and not warranties. No such statement will be used in any contest, unless a copy of such statement has been furnished to you.

**Suicide Exclusion** - We will not pay the Proceeds if the Insured dies by suicide, while sane or insane, within two years from the date coverage is issued. Instead, we will refund the premiums paid for this insurance minus any outstanding Loans. Any increase in the Face Amount will start this Suicide Exclusion provision anew, but will apply only to the amount of the increase.

**When Notice is to be Given by Us** - Any notice to be given by us will be sent to the Owner at the Owner's last known address and any assignee of record at the assignee's last known address.

# TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: [4333 Edgewood Road NE, Cedar Rapids, IA 52499]  
Administrative Office: [1400 Centerview Drive, PO Box 8063, Little Rock, AR 72203-8063]  
(Hereinafter called "the Company," "we," "us," or "our")

## NORTH CAROLINA AMENDMENT

This Amendment is part of the contract to which it is attached. The contract is amended as follows for the contracts issued in the state of North Carolina.

The following statement is added to the Face Page of the Certificate:

**About Your Insurance** – This Certificate explains the plan of Group Whole Life Insurance which is underwritten by Transamerica Life Insurance Company. **This is a legal contract between the Certificate's owner and the Insurer. READ YOUR CERTIFICATE CAREFULLY** to become familiar with your coverage.

Any reference to **fraudulent statement** in the Right to Contest provision is hereby deleted.

The first paragraph of the **Right to Contest** provision now reads:

**Right to Contest** - We will not use any statement to void or reduce benefits under this Certificate after it has been in force during the Insured's lifetime for two years from the date coverage is issued. Any such statement would have to be in a signed form. This also applies to all Riders. For any increase in the Face Amount, our two year right to contest starts anew, but will only apply to the amount of the increase.

Any reference to Tobacco Use Status is hereby deleted in the **Misstatement of Age or Tobacco Use Status** provision. The provision now reads as follows:

**Misstatement of Age** - If the Insured's Age was misstated on the Application for this insurance coverage, we will adjust the Death Benefit to the amount that the most recent Monthly Deduction would buy at the Insured's correct Age.

The **Portability Option** section of the Certificate is replaced by the following:

### PORTABILITY/CONVERSION OPTION

Under the conditions listed below, the Owner will have the option to continue coverage by paying the required premiums directly to us at our Administrative Office. At the time this option is selected, this Certificate converts to and becomes an individual permanent life insurance policy, with the identical Face Amount and Riders (if any) as in the Certificate.

This Portability/Conversion Option will be provided if:

1. The Insured is no longer eligible for this insurance as described in the Eligibility Requirements of the Group Master Policy; or
2. The Group Master Policy is terminated.

Written notice will be given to you at your last known address of this option for Portability/Conversion. If the Owner of this Certificate decides to exercise this option, the Owner must remit the required premium to our Administrative Office within 31 days of receiving the notice. We will charge the maximum Certificate fee when we direct bill for the premium. If premiums are not paid according to the Premium and Grace Period provisions, the coverage will Lapse or change to paid-up life insurance.

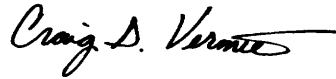
If the Insured dies within the 31-day period allowed for the election of this option, we will pay the Death Benefit whether or not the notice of the election for this option for Portability/Conversion or the payment of the first premium has been made. However, we will reduce the Death Benefit by the amount of premium necessary to provide insurance to the date of death.

A **Proof of Loss** provision is added to the **General Provisions** section of the Certificate, to read:

**PROOF OF LOSS:** Written proof of loss must be furnished to Us at our Administrative Office in the case of a claim for loss for which this Certificate provides any periodic payment contingent upon continuing loss within 180 days after the termination of the period for which we are liable and in case of a claim for any other loss within 180 days after the date of such loss. Failure to furnish such proof within the time required will not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity of the insured, later than one year from the time proof is otherwise required.

This Amendment does not waive, alter, or extend any conditions or provisions of the contract except to the extent shown. It is subject to all the terms and limitations of the contract. This Amendment takes effect and expires concurrently with the contract to which it is attached.

This Amendment is signed for the Company at our Home Office to take effect on the contract's Effective Date.

  
[General Counsel and Secretary]

# TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: Cedar Rapids, Iowa  
Administrative Office: PO Box 219, Cedar Rapids, IA 52406-0219  
(Hereinafter called "the Company," "We," "Us," or "Our")

## WAIVER OF PREMIUM DUE TO LAYOFF RIDER

This Rider is attached to and made part of the contract as of the Rider's Effective Date. It is issued in consideration of the Application and payment of any required initial premium. Except as shown in this Rider, the provisions of the contract will prevail. This Rider has no cash value.

### DEFINITIONS

In addition to the definitions contained in the contract, the following definition applies to this Rider.

**Layoff** - The Owner has been:

1. Employed on a full-time basis at the time of the Layoff; and
2. Involuntarily terminated by his or her employer due to:
  - a. A reduction in work force as the result of economic conditions;
  - b. The employer's decrease in production; or
  - c. The employer's reorganization causing the discontinuation of the Owner's job or resulting in a change of aptitude or skill requirements of his or her job.

### BENEFITS

We will waive the monthly premiums on the contract if the Owner is placed on Layoff status by his or her employer. The first premium for coverage under the contract must be paid before we will waive any monthly premiums. After this requirement has been met, we will waive the monthly premiums beginning the first day of the first month after the Owner is placed on Layoff status by his or her employer.

We limit the number of Layoffs in any one year to three. The total number of monthly premiums we will waive in any one year is limited to six.

### CONSIDERATION

The monthly charge for this Rider is shown on the Contract Data Pages.

### EFFECTIVE DATE

This Rider becomes effective on the same date as the Contract Date, unless we inform the Owner in writing of a different date.

### TERMINATION

This Rider will terminate on the earliest of:

1. The date the contract terminates;
2. The date the Rider or contract Lapses for failure to pay premiums, subject to the Grace Period provision of the contract;
3. The date the Owner terminates this Rider;
4. The date of the Insured's death;
5. The date a Nonforfeiture Option under the contract, if any, becomes effective;
6. The anniversary on or following the Insured's 60<sup>th</sup> birthday, unless the Owner is totally disabled at the time; or
7. The date the Owner assigns the contract to another individual.

This Rider is signed for the Company at our Home Office to take effect on the Rider's Effective Date.



General Counsel and Secretary



President

# TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: Cedar Rapids, Iowa 52499  
Administrative Office: PO Box 219, Cedar Rapids, IA 52406-0219  
(Hereinafter called "the Company," "We," "Us," or "Our")

## ACCELERATED DEATH BENEFIT FOR TERMINAL ILLNESS RIDER

(Death Benefits, Cash Values and Loan Values will be reduced if an Accelerated Death Benefit is paid)

### SPECIAL NOTICE

The acceleration of life insurance benefits offered under this Rider may or may not qualify for favorable tax treatment under Sections 7702B and 101g of the Internal Revenue Code of 1986. Whether any tax liability may be incurred when benefits are paid under this Rider could depend on whether You are also the Insured and how the Internal Revenue Service interprets applicable provisions of the Internal Revenue Code. As with any tax matter, You and any other recipient of this benefit should each consult his or her own tax advisor to evaluate any tax impact of this benefit.

Receipt of an accelerated Death Benefit MAY AFFECT MEDICAID and SUPPLEMENTAL SECURITY INCOME ("SSI") eligibility. Without exercising this option, the mere fact that the Accelerated Death Benefit for Terminal Illness Rider is part of Your Contract will not in and of itself affect the eligibility for these government programs. However, exercising this option before You apply for these programs, or while You are receiving government benefits, may affect Your continued eligibility. Contact the Medicaid Unit of the local Department of Public Welfare and Social Security Administration Office for more information.

This Rider is attached to and made part of the Contract, as defined below, as of the Rider Effective Date. It is issued in consideration of the Application and payment of any required initial premium. Except as shown in this Rider, the provisions of the Contract will prevail. This Rider has no cash value.

### WHAT YOU GET

This Rider provides that an Owner may elect to receive a portion of the Contract's Death Benefit while the Insured is alive, and while this Rider is in force, subject to the What We Will Not Pay and When This Rider Ends provisions. This option may be exercised only if the Insured is diagnosed with a Terminal Illness for the first time, on or after the effective date of this Rider.

### DEFINITIONS

In addition to the definitions contained in the Contract, the following definitions apply to this Rider:

**Contract** - The policy or any certificate, if applicable, to which this Rider is attached.

**Immediate Family Member** - The Owner or the Insured (if they are not one and the same) and his or her spouse as well as their child, brother, sister, mother or father or the spouse of one of these individuals.

**Insured** - The person who is covered under the Contract to which this Rider is attached.

**Owner** - As it pertains to this Rider, the employee or member paying any required premium for coverage under the Contract.

**Physician** - A duly licensed or certified practitioner of medicine, other than an Immediate Family Member, who is legally licensed to diagnose and treat any sickness or injury within the scope of his or her license.

**Terminal Illness** - Is an illness that, in the best medical judgment of a Physician, will result in death within 12 months.

**You, Your, Yours** - The Owner of the Contract to which this Rider is attached.

### WHAT WE WILL PAY

If an Insured is diagnosed with a Terminal Illness for the first time, on or after the effective date of coverage of this Rider, We will accelerate the lesser of: (1) up to 50% of his or her Death Benefit; or (2) \$100,000. Under this Rider We will pay an Accelerated Death Benefit only once.



## WHAT WE WILL NOT PAY

We will not pay an Accelerated Death Benefit under this Rider for any Terminal Illness that is diagnosed for the *first* time, prior to the Rider effective date. We will pay an Accelerated Death Benefit only once. If You request less than the maximum amount available when a claim is submitted, You cannot ask Us at a later time to give You the difference between what was requested and what could have been requested. We will not pay an Accelerated Death Benefit on any Riders attached to the Contract.

## HOW EXERCISING THIS OPTION WILL AFFECT INSURED'S DEATH BENEFIT

If the Owner elects to exercise this option, We will deduct the amount We accelerate from the Death Benefit. The Beneficiary will receive any remaining amount of the Death Benefit after the Insured dies, provided the Contract has not stopped. After payment of an Accelerated Death Benefit, We will send the Owner a benefit report that will show the proportionate reduction in the premiums under the Contract, if any.

An Accelerated Death Benefit payment will reduce the following Contract values: Face Amount; Accumulation Value; Surrender Charge; and outstanding Loan balance if any, as explained below.

The Death Benefit will be reduced by the Accelerated Death Benefit amount paid.

The Accumulation Value will be reduced by an amount equal to the reduction in Death Benefit multiplied by the ratio of the Accumulation Value to the Death Benefit in effect immediately before the Rider benefit is paid.

The Surrender Charge will be reduced by an amount equal to the reduction in Death Benefit multiplied by the ratio of the Surrender Charge to the Death Benefit in effect immediately before the Rider benefit is paid.

The outstanding Loan balance, if any, will be proportionally repaid by an amount equal to the reduction in Death Benefit multiplied by the ratio of the outstanding Loan balance to the Death Benefit in effect immediately before the Rider benefit is paid.

**Death Benefit** - If the Insured dies while the Contract is in force and after benefits under this Rider have been paid, any remaining Death Benefit proceeds will be paid to the Beneficiary.

However, if the entire Death Benefit proceeds are paid under the terms of this Rider prior to the Insured's death, the Contract will terminate and there will be no Death Benefit payable upon the Insured's death.

**[Change in Death Benefit** - If an increase [or decrease] in the Face Amount occurs as allowed under the Contract or any attached Rider, this Rider benefit will [not][also] increase [or decrease by the same amount], [subject to the maximum Accelerated Death Benefit Amount]. Any decrease in the Face Amount caused by an automatic reduction in the Face Amount as defined in the Contract will [not] cause this Rider benefit to decrease. Any changes to the Rider benefit amount will be reflected in the cost of insurance charge for this Rider.]

## CLAIMS

The following Claims Procedures apply to this Rider.

**Notice of Claim** - We must be notified of a claim for benefits under this Rider, in writing, within 30 days of the initial date that the Insured is first diagnosed with a Terminal Illness. The written notice must be sent to Our agent or Us. The notice must include sufficient information to identify the claimant. If notice cannot reasonably be given within 30 days of a loss, notice must be sent as soon as reasonably possible.

**Claim Forms** - After We receive notice of claim, We will send You the claim forms within 15 days. If the forms have not been received within 15 days, You may send us written proof of loss describing the nature and extent of the claim. The written proof of loss must be sent to Us within the time limit stated in the following paragraph.

**Written Proof of Loss** - We will pay benefits under this Rider after We receive written proof of loss satisfactory to Us. We must receive such proof within 90 days after the Insured is diagnosed with a Critical Care Condition. If it is not reasonably possible to provide this information within such time, written proof of loss must be submitted as soon as reasonably possible but no later than one year from the time specified.

Written proof of loss means a written statement signed by a Physician certifying that the Insured has been diagnosed with a Critical Care Condition for the *first* time. Such certification must also show the date of the original diagnosis and the specific diagnosed condition.

**Physical Examination** - At Our expense, We reserve the right to have a Physician of Our choosing examine the Insured while a claim is pending to determine eligibility for benefits. In the event that the Physician We choose provides a different diagnosis of the condition, We reserve the right to rely on the certification from the Physician of Our choosing for claim purposes. If you disagree with our decision, you have a right to appeal to us in writing within 180 days after the date of our decision. We will review and respond to your appeal, without regard to whether all of the information necessary to make a determination on review was filed with the appeal, within 60 days with a report of our findings.

**Time of Payment of Claims** - All benefits described in this Rider will be paid as soon as We have received written proof of loss satisfactory to Us.

**Payment of Claims** - We will pay the Accelerated Death Benefit under this Rider to the Owner, unless a different payee is designated.

**Legal Actions** - No legal action may be brought to recover under the Contract within 60 days after written proof of loss has been provided to Us as required nor more than 3 years from the time written proof of loss is required to be furnished.

### **GENERAL RIDER PROVISIONS**

The following provisions apply to this Rider:

**Consent For Benefit Payment** – If there is an assignment of this Contract on record, We must obtain the consent of any assignee before any Rider benefit is paid.

**Contestability** - This Rider will be contestable on the same basis as the Contract, during the lifetime of the Insured, for two years from the Rider Effective Date.

### **WHAT THIS RIDER COSTS**

There is no cost for this Rider, unless You decide to exercise this option. If You decide to exercise this option, You will have to pay: (1) an administrative fee of \$100; and (2) 12 months' interest, in advance, on the amount that We accelerate (at an interest rate of not more than 7.4%).

### **WHEN THIS RIDER STARTS**

This Rider becomes effective on the same date as the Contract Date, unless We inform the Owner in writing of a different date.

### **WHEN THIS RIDER ENDS**

This Rider will terminate on the earlier of the following dates or events:

1. The date We have paid an Accelerated Death Benefit for all persons insured under the Contract; or
2. The date the Contract stops.

Signed for the Company at Our Home Office to take effect on the Rider Effective Date.



General Counsel and Secretary



President

# TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: Cedar Rapids, Iowa 52499  
Administrative Office: PO Box 219, Cedar Rapids, IA 52406-0219  
(Hereinafter called "the Company," "We," "Us," or "Our")

## DISCLOSURE UPON THE PURCHASE OF THE ACCELERATED DEATH BENEFIT FOR TERMINAL ILLNESS RIDER

### SPECIAL NOTICE

The acceleration of life insurance benefits offered under this Rider may or may not qualify for favorable tax treatment under Sections 7702B and 101g of the Internal Revenue Code of 1986. Whether any tax liability may be incurred when benefits are paid under this Rider could depend on whether You are also the Insured and how the Internal Revenue Service interprets applicable provisions of the Internal Revenue Code. As with any tax matter, You and any other recipient of this benefit should each consult his or her own tax advisor to evaluate any tax impact of this benefit.

Receipt of an accelerated Death Benefit MAY AFFECT MEDICAID and SUPPLEMENTAL SECURITY INCOME ("SSI") eligibility. Without exercising this option, the mere fact that the Accelerated Death Benefit for Terminal Illness Rider is part of Your Contract will not in and of itself affect the eligibility for these government programs. However, exercising this option before You apply for these programs, or while You are receiving government benefits, may affect Your continued eligibility. Contact the Medicaid Unit of the local Department of Public Welfare and Social Security Administration Office for more information.

This disclosure is designed to provide You with a summary of the Rider coverage. The Rider form and the life Contract set forth in detail the terms, conditions, limitations and exclusions of Your coverage. Therefore, if You purchase this coverage, it is important that You **READ YOUR LIFE INSURANCE CONTRACT AND ALL RIDERS CAREFULLY.**

If You have any questions or concerns about any benefits or provision of Your Accelerated Death Benefit For Terminal Illness Rider, please contact Your agent or Us directly at [1-888-763-7474].

- Description of Benefit** - Upon receipt of written proof acceptable to Us that the Insured has 12 months or less to live because of a Terminal Illness, the Owner may choose to receive a portion of the Death Benefit while the Insured is still alive and while the Rider is in force.
- Terminal Illness** - Is an illness that in the best medical judgment of a Physician will result in death within 12 months.
- Terminal Illness Accelerated Death Benefit Amount** - The Terminal Illness Accelerated Death Benefit amount will be equal to the lesser of: (1) up to 50% of the Death Benefit; or (2) \$100,000.
- Premiums** - There is no cost for this Rider, unless the Owner exercises this option. If the Owner exercises this option, an administrative fee of \$100 will be assessed. In addition, We will deduct 12 month's interest in advance on the amount. We will accelerate at an interest rate not higher than 7.4%.
- Impact on Death Benefit** - An Accelerated Death Benefit payment will reduce the face amount, Accumulation Value, Surrender Charge and outstanding loan balance, if any. The Death Benefit will be reduced by the Accelerated Death Benefit amount paid. The Accumulation Value will be reduced by an amount equal to the reduction in Death Benefit, multiplied by the ratio of the Accumulation Value to the Death Benefit in effect immediately before the Rider benefit is paid. The Surrender Charge will be reduced by an amount equal to the reduction in Death Benefit multiplied by the ratio of the Surrender Charge to the Death Benefit in effect immediately before the Rider benefit is paid. The outstanding loan balance, if any, will be proportionally repaid by an amount equal to the reduction in the Death Benefit multiplied by the ratio of the outstanding loan balance to the Death Benefit in effect immediately before the Rider benefit is paid. Here is an illustration of the effect of exercising the 50% Accelerated Death Benefit for terminal illness.

**Illustrative Example** of the effect of exercising the Accelerated Death Benefit option based on acceleration of 50% of the Death Benefit:

	Death Benefit	Accelerated Death Benefit Amount	Accumulation Value	Cash Value
Before payment of Accelerated Benefit	\$50,000	\$0	\$8,768	\$8,768
After payment of Accelerated Benefit	\$25,000	\$25,000*	\$4,384	\$4,384

\* The Accelerated Death Benefit amount elected will be reduced by an administrative fee of \$[100] and interest of 12 months.

- [6. **Change in Death Benefit** - If an increase [or decrease] in the Face Amount occurs as allowed under the Contract or any attached Rider, this Rider benefit will [not][also] increase [or decrease by the same amount], [subject to the maximum Accelerated Death Benefit Amount]. Any decrease in the Face Amount caused by an automatic deduction in the Face Amount as defined in the Contract will [not] cause this Rider benefit to decrease. Any changes to the Rider benefit amount will be reflected in the cost of insurance charge for this Rider.
7. **Limitations** - The option to accelerate the Death Benefit under this Rider may be exercised only once.

**ACKNOWLEDGMENT**

I acknowledge that I have read this disclosure and understand that if I exercise the Accelerated Death Benefit option, any Beneficiary I designate may receive a reduced Death Benefit.

Date	Owner's Signature

Please return a signed copy to Us at Our Administrative Office address shown at the top of this form