

## CONTRACT DATA PAGES (WHO PAYS WHAT)

POLICYHOLDER: NC ADMINISTRATIVE OFFICE OF THE COURTS

GOVERNING JURISDICTION: NC

INSURED: XXXXXXXXXXXXXXXXXXXXXXXXXXXX

CERTIFICATE NUMBER: XXXXXXXXX

FACE AMOUNT: \$XXX,XXX

PREMIUM PAYMENT: \$XXX.XX Monthly

INSURED ISSUE AGE: XX

PAYABLE TO: AGE 120

CERTIFICATE EFFECTIVE DATE: XXXXXXXXXXXX

OWNER: XXXXXXXXXX

CLASS OF RISK: XXXXXXXXXXXX

MATURITY DATE: XXXXXXXXXX

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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 CERTIFICATE FEE: \$5.00 Per Month

GUARANTEED MAXIMUM MONTHLY ADMINISTRATIVE FEE: \$X.XX Per \$1,000 of Face Amount  
(Years 1-5) and \$X.XXX (Years 6+)

GUARANTEED MINIMUM INTEREST RATE FOR ACCUMULATION VALUE: 3.75% 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.

REINSTATEMENT PREMIUM: 6.00% All Past Due Premiums Plus Interest of  
Per Contract Year, Compounded Annually

ACCUMULATION VALUE UPON REINSTATEMENT: 3.75% Current Interest Crediting Rate

INTEREST RATE ON ACCUMULATION VALUE  
SECURING LOANS: 3.75% Effective Annual Interest Rate

MINIMUM LOAN AMOUNT\*: \$250  
*\*not applicable in IN, NJ & TN*

LOAN INTEREST RATE: 6.25% (5.88% 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.

<u>SCHEDULE OF ADDITIONAL RIDERS AND BENEFITS</u>	<u>MONTHLY CHARGE</u>
CHILD LEVEL TERM INSURANCE RIDER Rider Death Benefit (each child): \$XX,XXX	\$ X.XX
WAIVER OF PREMIUM FOR TOTAL DISABILITY RIDER Waiver Amount: \$XX.XX	\$ X.XX
WAIVER OF PREMIUM FOR LAYOFF OR STRIKE RIDER Waiver Amount: \$XX.XX	\$ X.XX
ACCELERATED DEATH BENEFIT FOR CHRONIC CONDITION RIDER Percentage of Death Benefit Amount for Monthly Benefit: 4% Percentage of Death Benefit Amount for One-Time Lump Sum Benefit: 20% Elimination Period: 90 days Guaranteed Monthly Charge per \$1,000: \$X.XXXX	\$ X.XX
ACCELERATED DEATH BENEFIT FOR TERMINAL CONDITION RIDER Maximum Benefit: lesser of (a) \$150,000 or (b) 75% of the applicable Death Benefit. Administrative Expense Charge: \$100	\$ X.XX

## CONTRACT DATA PAGES (Continued)

Current cost of insurance rates, Certificate Fees, administrative fees, expense charges, rider charges and interest rates are not guaranteed, nor are they estimates or promises for the future.

**Maryland residents:** Current charges will never exceed the Guaranteed Charges.

Please refer to 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
- Table of Surrender Charge Factors
- Table of Guaranteed Monthly Cost of Insurance Rates
- 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	XX	\$XXX,XXX.XX	XX	XX	\$XXX,XXX.XX
2	XX	\$XXX,XXX.XX	XX	XX	\$XXX,XXX.XX
3	XX	\$XXX,XXX.XX	XX	XX	\$XXX,XXX.XX
4	XX	\$XXX,XXX.XX	XX	XX	\$XXX,XXX.XX
5	XX	\$XXX,XXX.XX	XX	XX	\$XXX,XXX.XX
6	XX	\$XXX,XXX.XX	XX	XX	\$XXX,XXX.XX
7	XX	\$XXX,XXX.XX	XX	XX	\$XXX,XXX.XX
8	XX	\$XXX,XXX.XX	XX	XX	\$XXX,XXX.XX
9	XX	\$XXX,XXX.XX	XX	XX	\$XXX,XXX.XX
10	XX	\$XXX,XXX.XX	XX	XX	\$XXX,XXX.XX
11	XX	\$XXX,XXX.XX	XX	XX	\$XXX,XXX.XX
12	XX	\$XXX,XXX.XX	XX	XX	\$XXX,XXX.XX
13	XX	\$XXX,XXX.XX	XX	XX	\$XXX,XXX.XX
14	XX	\$XXX,XXX.XX	XX	XX	\$XXX,XXX.XX
15	XX	\$XXX,XXX.XX	XX	XX	\$XXX,XXX.XX
16	XX	\$XXX,XXX.XX	XX	XX	\$XXX,XXX.XX
17	XX	\$XXX,XXX.XX	XX	XX	\$XXX,XXX.XX
18	XX	\$XXX,XXX.XX	XX	XX	\$XXX,XXX.XX
19	XX	\$XXX,XXX.XX	XX	XX	\$XXX,XXX.XX
20	XX	\$XXX,XXX.XX	XX	XX	\$XXX,XXX.XX
	@55	\$XXX,XXX.XX	XX	XX	\$XXX,XXX.XX
	@60	\$XXX,XXX.XX	XX	XX	\$XXX,XXX.XX
	@65	\$XXX,XXX.XX	XX	XX	\$XXX,XXX.XX

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 2017 CSO gender blended (100% male), age last birthday, ultimate, XXXXXXXX mortality tables and **3.75%** annual interest.

## CONTRACT DATA PAGES (Continued)

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

XXXXXXXXXX			
ISSUE AGE	SC BASE	ISSUE AGE	SC BASE
0	XX.XX	36	XX.XX
1	XX.XX	37	XX.XX
2	XX.XX	38	XX.XX
3	XX.XX	39	XX.XX
4	XX.XX	40	XX.XX
5	XX.XX	41	XX.XX
6	XX.XX	42	XX.XX
7	XX.XX	43	XX.XX
8	XX.XX	44	XX.XX
9	XX.XX	45	XX.XX
10	XX.XX	46	XX.XX
11	XX.XX	47	XX.XX
12	XX.XX	48	XX.XX
13	XX.XX	49	XX.XX
14	XX.XX	50	XX.XX
15	XX.XX	51	XX.XX
16	XX.XX	52	XX.XX
17	XX.XX	53	XX.XX
18	XX.XX	54	XX.XX
19	XX.XX	55	XX.XX
20	XX.XX	56	XX.XX
21	XX.XX	57	XX.XX
22	XX.XX	58	XX.XX
23	XX.XX	59	XX.XX
24	XX.XX	60	XX.XX
25	XX.XX	61	XX.XX
26	XX.XX	62	XX.XX
27	XX.XX	63	XX.XX
28	XX.XX	64	XX.XX
29	XX.XX	65	XX.XX
30	XX.XX	66	XX.XX
31	XX.XX	67	XX.XX
32	XX.XX	68	XX.XX
33	XX.XX	69	XX.XX
34	XX.XX	70	XX.XX
35	XX.XX		

N/A = NOT APPLICABLE.

## CONTRACT DATA PAGES (Continued)

**TABLE OF SURRENDER CHARGE FACTORS**  
**CONTRACT YEAR PERCENTAGES**

<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	10%
20+	0%

## CONTRACT DATA PAGES (Continued)

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

INSURED'S ATTAINED AGE	MONTHLY COST OF INSURANCE	INSURED'S ATTAINED AGE	MONTHLY COST OF INSURANCE	INSURED'S ATTAINED AGE	MONTHLY COST OF INSURANCE
0	XX.XXXXX	41	XX.XXXXX	82	XX.XXXXX
1	XX.XXXXX	42	XX.XXXXX	83	XX.XXXXX
2	XX.XXXXX	43	XX.XXXXX	84	XX.XXXXX
3	XX.XXXXX	44	XX.XXXXX	85	XX.XXXXX
4	XX.XXXXX	45	XX.XXXXX	86	XX.XXXXX
5	XX.XXXXX	46	XX.XXXXX	87	XX.XXXXX
6	XX.XXXXX	47	XX.XXXXX	88	XX.XXXXX
7	XX.XXXXX	48	XX.XXXXX	89	XX.XXXXX
8	XX.XXXXX	49	XX.XXXXX	90	XX.XXXXX
9	XX.XXXXX	50	XX.XXXXX	91	XX.XXXXX
10	XX.XXXXX	51	XX.XXXXX	92	XX.XXXXX
11	XX.XXXXX	52	XX.XXXXX	93	XX.XXXXX
12	XX.XXXXX	53	XX.XXXXX	94	XX.XXXXX
13	XX.XXXXX	54	XX.XXXXX	95	XX.XXXXX
14	XX.XXXXX	55	XX.XXXXX	96	XX.XXXXX
15	XX.XXXXX	56	XX.XXXXX	97	XX.XXXXX
16	XX.XXXXX	57	XX.XXXXX	98	XX.XXXXX
17	XX.XXXXX	58	XX.XXXXX	99	XX.XXXXX
18	XX.XXXXX	59	XX.XXXXX	100	XX.XXXXX
19	XX.XXXXX	60	XX.XXXXX	101	XX.XXXXX
20	XX.XXXXX	61	XX.XXXXX	102	XX.XXXXX
21	XX.XXXXX	62	XX.XXXXX	103	XX.XXXXX
22	XX.XXXXX	63	XX.XXXXX	104	XX.XXXXX
23	XX.XXXXX	64	XX.XXXXX	105	XX.XXXXX
24	XX.XXXXX	65	XX.XXXXX	106	XX.XXXXX
25	XX.XXXXX	66	XX.XXXXX	107	XX.XXXXX
26	XX.XXXXX	67	XX.XXXXX	108	XX.XXXXX
27	XX.XXXXX	68	XX.XXXXX	109	XX.XXXXX
28	XX.XXXXX	69	XX.XXXXX	110	XX.XXXXX
29	XX.XXXXX	70	XX.XXXXX	111	XX.XXXXX
30	XX.XXXXX	71	XX.XXXXX	112	XX.XXXXX
31	XX.XXXXX	72	XX.XXXXX	113	XX.XXXXX
32	XX.XXXXX	73	XX.XXXXX	114	XX.XXXXX
33	XX.XXXXX	74	XX.XXXXX	115	XX.XXXXX
34	XX.XXXXX	75	XX.XXXXX	116	XX.XXXXX
35	XX.XXXXX	76	XX.XXXXX	117	XX.XXXXX
36	XX.XXXXX	77	XX.XXXXX	118	XX.XXXXX
37	XX.XXXXX	78	XX.XXXXX	119	XX.XXXXX
38	XX.XXXXX	79	XX.XXXXX	120	XX.XXXXX
39	XX.XXXXX	80	XX.XXXXX		
40	XX.XXXXX	81	XX.XXXXX		

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 DEATH BENEFIT FACTORS XXXXXXXXXXXXX

INSURED'S ATTAINED AGE	FACTOR	INSURED'S ATTAINED AGE	FACTOR	INSURED'S ATTAINED AGE	FACTOR
0	X.XX	41	X.XX	82	X.XX
1	X.XX	42	X.XX	83	X.XX
2	X.XX	43	X.XX	84	X.XX
3	X.XX	44	X.XX	85	X.XX
4	X.XX	45	X.XX	86	X.XX
5	X.XX	46	X.XX	87	X.XX
6	X.XX	47	X.XX	88	X.XX
7	X.XX	48	X.XX	89	X.XX
8	X.XX	49	X.XX	90	X.XX
9	X.XX	50	X.XX	91	X.XX
10	X.XX	51	X.XX	92	X.XX
11	X.XX	52	X.XX	93	X.XX
12	X.XX	53	X.XX	94	X.XX
13	X.XX	54	X.XX	95	X.XX
14	X.XX	55	X.XX	96	X.XX
15	X.XX	56	X.XX	97	X.XX
16	X.XX	57	X.XX	98	X.XX
17	X.XX	58	X.XX	99	X.XX
18	X.XX	59	X.XX	100	X.XX
19	X.XX	60	X.XX	101	X.XX
20	X.XX	61	X.XX	102	X.XX
21	X.XX	62	X.XX	103	X.XX
22	X.XX	63	X.XX	104	X.XX
23	X.XX	64	X.XX	105	X.XX
24	X.XX	65	X.XX	106	X.XX
25	X.XX	66	X.XX	107	X.XX
26	X.XX	67	X.XX	108	X.XX
27	X.XX	68	X.XX	109	X.XX
28	X.XX	69	X.XX	110	X.XX
29	X.XX	70	X.XX	111	X.XX
30	X.XX	71	X.XX	112	X.XX
31	X.XX	72	X.XX	113	X.XX
32	X.XX	73	X.XX	114	X.XX
33	X.XX	74	X.XX	115	X.XX
34	X.XX	75	X.XX	116	X.XX
35	X.XX	76	X.XX	117	X.XX
36	X.XX	77	X.XX	118	X.XX
37	X.XX	78	X.XX	119	X.XX
38	X.XX	79	X.XX	120	X.XX
39	X.XX	80	X.XX		
40	X.XX	81	X.XX		

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  
XXXXXXXXXXXXX**

INSURED'S ATTAINED AGE	NSP PER \$1,000	INSURED'S ATTAINED AGE	NSP PER \$1,000	INSURED'S ATTAINED AGE	NSP PER \$1,000
0	X,XXX.XX	41	X,XXX.XX	82	X,XXX.XX
1	X,XXX.XX	42	X,XXX.XX	83	X,XXX.XX
2	X,XXX.XX	43	X,XXX.XX	84	X,XXX.XX
3	X,XXX.XX	44	X,XXX.XX	85	X,XXX.XX
4	X,XXX.XX	45	X,XXX.XX	86	X,XXX.XX
5	X,XXX.XX	46	X,XXX.XX	87	X,XXX.XX
6	X,XXX.XX	47	X,XXX.XX	88	X,XXX.XX
7	X,XXX.XX	48	X,XXX.XX	89	X,XXX.XX
8	X,XXX.XX	49	X,XXX.XX	90	X,XXX.XX
9	X,XXX.XX	50	X,XXX.XX	91	X,XXX.XX
10	X,XXX.XX	51	X,XXX.XX	92	X,XXX.XX
11	X,XXX.XX	52	X,XXX.XX	93	X,XXX.XX
12	X,XXX.XX	53	X,XXX.XX	94	X,XXX.XX
13	X,XXX.XX	54	X,XXX.XX	95	X,XXX.XX
14	X,XXX.XX	55	X,XXX.XX	96	X,XXX.XX
15	X,XXX.XX	56	X,XXX.XX	97	X,XXX.XX
16	X,XXX.XX	57	X,XXX.XX	98	X,XXX.XX
17	X,XXX.XX	58	X,XXX.XX	99	X,XXX.XX
18	X,XXX.XX	59	X,XXX.XX	100	X,XXX.XX
19	X,XXX.XX	60	X,XXX.XX	101	X,XXX.XX
20	X,XXX.XX	61	X,XXX.XX	102	X,XXX.XX
21	X,XXX.XX	62	X,XXX.XX	103	X,XXX.XX
22	X,XXX.XX	63	X,XXX.XX	104	X,XXX.XX
23	X,XXX.XX	64	X,XXX.XX	105	X,XXX.XX
24	X,XXX.XX	65	X,XXX.XX	106	X,XXX.XX
25	X,XXX.XX	66	X,XXX.XX	107	X,XXX.XX
26	X,XXX.XX	67	X,XXX.XX	108	X,XXX.XX
27	X,XXX.XX	68	X,XXX.XX	109	X,XXX.XX
28	X,XXX.XX	69	X,XXX.XX	110	X,XXX.XX
29	X,XXX.XX	70	X,XXX.XX	111	X,XXX.XX
30	X,XXX.XX	71	X,XXX.XX	112	X,XXX.XX
31	X,XXX.XX	72	X,XXX.XX	113	X,XXX.XX
32	X,XXX.XX	73	X,XXX.XX	114	X,XXX.XX
33	X,XXX.XX	74	X,XXX.XX	115	X,XXX.XX
34	X,XXX.XX	75	X,XXX.XX	116	X,XXX.XX
35	X,XXX.XX	76	X,XXX.XX	117	X,XXX.XX
36	X,XXX.XX	77	X,XXX.XX	118	X,XXX.XX
37	X,XXX.XX	78	X,XXX.XX	119	X,XXX.XX
38	X,XXX.XX	79	X,XXX.XX	120	X,XXX.XX
39	X,XXX.XX	80	X,XXX.XX		
40	X,XXX.XX	81	X,XXX.XX		

N/A = NOT APPLICABLE.

# TRANSAMERICA LIFE INSURANCE COMPANY

Cedar Rapids, IA  
PO Box 219, Cedar Rapids, IA 52406-0219  
Telephone: 1-888-763-7474  
www.transamerica.com

## TITLE PAGE (CERTIFICATE COVER PAGE)

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").

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

### **NOTICE OF 30-DAY RIGHT TO EXAMINE CERTIFICATE**

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 (INSURANCE PRODUCER in MT) OR TO US. WE WILL REFUND TO YOU ANY PREMIUMS PAID.

### **SURRENDER CHARGES**

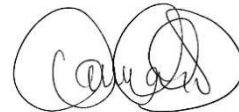
IF YOU CANCEL THIS CERTIFICATE AFTER THE 30-DAY RIGHT TO EXAMINE PERIOD, CANCELLATION MAY RESULT IN A SUBSTANTIAL PENALTY KNOWN AS A SURRENDER CHARGE. **YOU WILL INCUR SURRENDER CHARGES IF COVERAGE IS TERMINATED WITHIN THE SURRENDER CHARGE PERIOD.** SURRENDER CHARGES ARE NOT IMPOSED DURING THE 30-DAY RIGHT TO EXAMINE PERIOD. THE TABLE OF SURRENDER CHARGES CAN BE FOUND IN THE TABLES SECTION OF THE CONTRACT DATA PAGES STARTING ON PAGE 5.

**YOU CAN FIND THE CERTIFICATE EFFECTIVE DATE ON PAGE 1.**

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



Blake Bostwick  
President



Karyn S.W. Polak  
Secretary

## **Group Certificate for Interest Sensitive Whole Life Insurance**

Fixed Premiums Payable During the Life of the Insured to the Maturity Date (Age 120)  
Life Insurance Proceeds Payable at Death of Insured Prior to the Maturity Date (Age 120)  
Life Insurance Proceeds and Accumulation Value May Vary  
Cash Surrender Value, if any, Payable at the Maturity Date (Age 120)  
Nonparticipating - No Annual Dividends

**COVERAGE INCLUDES ACCELERATED DEATH BENEFIT OPTIONS**

### **CERTIFICATE SUMMARY**

**PLEASE READ YOUR CERTIFICATE CAREFULLY.**

This Certificate summarizes the insurance coverage provided under the Group Master Policy ("Policy") that we issued to the 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 Policy. A copy of the Policy is on file with the Policyholder and may be examined at any reasonable time during normal business hours.

**See next page for important state notices.**

## **TITLE PAGE (CERTIFICATE COVER PAGE) - Continued**

**Alaska residents:** If the Master Policy is issued in a state other than Alaska, Alaska law prevails over conflicting provisions between the out of state policy and the Alaska certificate.

**Arizona residents:** If the Policy is issued to a jurisdiction other than Arizona, this Certificate of Insurance may not provide all benefits and protections provided by law in Arizona. Please read this Certificate carefully.

**Florida residents: QUESTIONS OR COMPLAINTS TELEPHONE NUMBER:** If an Insured has any questions concerning the benefits available under this Certificate or needs to express a complaint, they may contact us at our toll-free Customer Service telephone number, 1-888-763-7474.

If the Policy is issued to a jurisdiction other than Florida, the benefits of the policy providing your coverage are governed primarily by the law of a state other than Florida.

**Minnesota residents:** Refund of the premium will be made within 10 days after we receive notice of cancellation and the returned Certificate. The Certificate will be considered void from the beginning.

**Montana residents:** If the Master Policy is issued in a state other than, Montana, Montana law prevails over conflicting provisions between the out of state policy and the Montana certificate.

**New Jersey residents:** This Certificate details the insurance coverage provided under the Group Master Policy ("Policy") that we issued to the 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 Policy. A copy of the Policy is on file with the Policyholder and may be examined at any reasonable time during normal business hours.

**North Carolina residents: 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.

If the Master Policy is issued in a state other than North Carolina, This Certificate of Insurance provides all of the benefits mandated by the North Carolina Insurance Code but is issued under a group master policy located in another state and may be governed by that state's laws.

**Oklahoma residents: WARNING:** Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, makes any claim for the Proceeds of any insurance contract containing any false incomplete or misleading information is guilty of a felony.

**NOTICE:** If the Master Policy is issued in a state other than Oklahoma, then the Certificates delivered in Oklahoma in conjunction with such Policy are subject to the terms and conditions of the Certificates and not the Policy.

**Pennsylvania residents:** This Certificate provides life insurance payable to the Beneficiary in the event of the Insured's death prior to the Maturity Date. If the Insured is alive on the Maturity Date and the Certificate remains in force, the Cash Surrender Value, if any, will be paid to you. Additional benefits are provided by Rider. Any modifications to the Certificate are made by Endorsement.

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

### **RIGHT TO EXAMINE CERTIFICATE**

IF YOU ARE NOT SATISFIED WITH THIS CERTIFICATE FOR ANY REASON, YOU MAY RETURN IT WITHIN 30 DAYS FROM THE DATE IT IS DELIVERED TO THE OWNER. IF THIS CERTIFICATE IS INTENDED TO REPLACE OTHER COVERAGE ISSUED BY US, YOU WILL HAVE 45 DAYS IN WHICH TO EXAMINE THIS CERTIFICATE AND RETURN IT IF YOU ARE NOT SATISFIED WITH IT FOR ANY REASON. YOU MAY RETURN IT TO EITHER THE AGENT

OR TO US. WE WILL REFUND TO YOU ANY PREMIUMS PAID, LESS ANY PARTIAL SURRENDERS.

**SURRENDER CHARGES**

IF YOU CANCEL THIS CERTIFICATE AFTER THE TIME LIMITS SHOWN IN THE ABOVE PARAGRAPH, 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.** SURRENDER CHARGES ARE NOT IMPOSED DURING THE 30-DAY RIGHT TO EXAMINE PERIOD. THE TABLE OF SURRENDER CHARGES CAN BE FOUND IN THE TABLES SECTION OF THE CONTRACT DATA PAGES STARTING ON PAGE 5.

**YOU CAN FIND THE CERTIFICATE EFFECTIVE DATE ON PAGE 1.**

**Vermont residents: IN THE EVENT OF A CONFLICT BETWEEN THE LAWS OF THE STATE WHERE THE POLICY IS ISSUED AND THE LAWS OF VERMONT, THE LAWS OF VERMONT WILL CONTROL.**

## CONTACT US

If you have any questions concerning the benefits available under this Certificate or need to express a complaint, you may:

Write us at our Administrative Office: PO Box 219, Cedar Rapids, IA 52406-0219

Call our toll-free telephone number at: 1-888-763-7474

Write us at our E-Mail Address: [TEBcustresp@Transamerica.com](mailto:TEBcustresp@Transamerica.com)

Visit our website: [www.transamerica.com](http://www.transamerica.com)

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## ELIGIBILITY

**Employee or Member Eligibility** – To be eligible for coverage under the Policy, an employee or member must:

1. Be at least 18 years old and under the age of 70;
2. Meet the eligibility requirements listed on the Policyholder Application;
3. Be in Active Service; and
4. Provide satisfactory evidence of insurability to us, if required.

**Dependent Eligibility** – To be eligible under the Policy, a Dependent must:

1. Meet the definition of a Spouse or Other Adult Dependent or Child;
2. Not be: (a) hospitalized; (b) confined at home under a physician's care; or (c) receiving or applying to receive disability benefits from any source;
3. Not be eligible as an employee or member under the Policy; and
4. Provide satisfactory evidence of insurability to us, if required.

If an Insured and his or her Spouse or Other Adult Dependent are both eligible as an employee or member, the Children may be insured as a Child of either Insured, but not both.

**Evidence of Insurability** – We may ask for evidence of insurability when:

1. Applying for coverage more than 31 days after becoming eligible for coverage;
2. Applying for an amount of life insurance that exceeds the guaranteed issue limit, if applicable;
3. Applying for an increase in coverage; or
4. Applying for reinstatement of coverage after such coverage has terminated.

## 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  
**Pennsylvania residents:** 2. The Insured is living at time of Application; and
3. The initial premium payment has been received by us.

## 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 ("insurance producer" in **MT**) authorized by us to collect Premiums.

**New Jersey residents:** All Premiums will be remitted by the Policyholder 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.

## 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.

**Florida residents:** An assignment, whenever made, is valid for vesting in the assignee all incidents of ownership so assigned, including, but not limited to, the rights of the Conversion Option or Portability Option section of this Certificate and the right to name a Beneficiary. Any payment we may have made or individual policy we may have issued prior to our receipt of notice of assignment is not subject to such assignment.

**Oregon residents:** The assignment takes effect on the date it is signed by you unless otherwise specified. The Company is not liable for the validity of the 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 (insurance producer in **MT**) 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.

**Louisiana residents:** If we do not pay the Proceeds within 20 days of the date we receive due proof of the Insured's death, the Proceeds will earn interest at the annual interest rate we are paying as of the date of death on Proceeds left on deposit. If Proceeds are not received within 60 days after our receipt of due proof of death, we will pay interest at the rate of 8% per annum from date of receipt of due proof of death until paid.

**Minnesota residents:** Life Insurance Proceeds are paid in a lump sum to the designated Beneficiary. If the Proceeds are \$15,000 or more, the Beneficiary may request an alternative method of payment. Alternate methods of payment include but are not limited to: (1) a life income option; (2) an income option for fixed amounts or fixed time periods; (3) an interest-bearing account with us, including an option to change to another method of payment at a later date; and (4) any other alternative method of payment that we offer at that time.

**New Jersey residents:** When benefits under this Certificate become payable by reason of the Insured's death, settlement will be made within 60 days after our receipt of due proof of death, proof of the interest of the claimant or any other document or information requested by us under the terms of this Certificate.

If a claim or any portion of a claim for benefits under this Certificate requires additional investigation or is denied, we will notify the claimant, in writing, no later than the 45<sup>th</sup> calendar day following our receipt of due proof of death, that the claim is being investigated or denied and the reason the claim is being investigated or denied. Any uncontested portion of a claim will be paid no later than the 60<sup>th</sup> calendar day following receipt of due proof of death, proof of the interest of the claimant, or any other document or information requested by us under the terms of this Certificate.

Upon Our receipt of any document or information requested relating to a claim or portion of a claim under investigation, we will pay the benefits for which the claim is made or deny the claim no later than the 90<sup>th</sup> calendar day following the receipt of the document or information.

Payment of a claim or portion of a claim that is not under investigation by us will be overdue if we do not remit payment to the claimant on or before the 60<sup>th</sup> calendar day following our receipt of due proof of death, proof of interest of the claimant or any other document or information requested by us under the terms of the Certificate. Payment of a claim that is under investigation or denied that becomes eligible for payment will not be overdue if we remit to the claimant on or before the 90<sup>th</sup> calendar day following our receipt of due proof of death, proof of the interest of the claimant, or any other document or information requested by us.

Overdue payments will bear an annual rate of interest equal to the average rate of return of the State of New Jersey Cash Management Fund for the preceding fiscal year, rounded to the nearest ½ %.

**Michigan and Ohio residents:** We will pay any Proceeds due upon our receipt of due proof of the Insured's death or not later than two months after our receipt of such proof.

**Oregon residents:** We will advise the claimant of the acceptance or denial of a claim within 30 days of our receipt of the properly executed proofs of loss. If our decision is delayed longer than 30 days, payment will include interest from the date of death at the current Loan interest rate for life policies issued by us.

**Utah Residents:** We will send such form within 15 days after we receive the notice of the Insured's death.

**New Mexico residents:**

**Proof of Death** – We will pay any benefit payable because of death when we receive due proof of the Insured's death while the Policy is in force. Payment will include interest (at the rate applicable when Proceeds are left on deposit with us) beginning 30 days after the death of the Insured, but such interest will not be payable until we receive due proof of death. The proof must be sent to us at our Administrative Office. We will send appropriate forms to the Beneficiary upon request. Any of our agents will help the Beneficiary fill out the forms without charge. We will send all payments from our Administrative Office.

**North Carolina residents:**

**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.

**Montana residents: Claim Settlement and Conformity with Montana Statutes**

**Claim Settlement** - When a claim is made upon the death of the Insured, settlement must be made upon receipt of proof of death and at the Insured's option, surrender of this Certificate or proof of interest of the claimant, or both. Settlement must be made within 60 days of receipt of proof of death. If settlement is made after the first 30 days, the settlement must include interest from the 30th day until settlement. Interest must be paid at the monthly average discount rate on 90-day AA asset-backed commercial paper in effect at the federal reserve bank in the ninth federal reserve district at the time of proof of death or at the rate stated in this Policy, whichever is greater.

**Conformity With State and Federal Laws** – Any provision of the Policy or the Certificate that conflicts with the requirements of any state or federal law of the governing jurisdiction is hereby changed to meet the minimum standards of such laws.

**Alaska residents:** Any provision of the Policy or Certificate that conflict with Alaska laws is hereby automatically changed to meet the minimum standards of such laws.

**Montana Policyholders:**

**Conformity With Montana Laws** – The provisions of the Policy or Certificate that conform to the minimum requirements of Montana law and control over any conflicting statutes of any state in which the Covered Person resides on or after the Effective Date.

**Missouri, Nebraska, and Vermont Policyholders:** Any provision of the Policy or Certificate that conflicts with the law of the state in which the Covered Person resides is hereby automatically changed to meet the minimum standards of such laws.

**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.

**Louisiana residents:** A copy of your Application will be attached to the Certificate when issued. All statements made by you will be deemed representations and not warranties. No written statement made by you or any



person insured will be used in any contest unless a copy of the statement has been furnished to you, your Beneficiary, or your personal representative.

**New Jersey residents:** Your contract consists of your Certificate, any attached Amendments, Endorsements or Riders, and a copy of your Application. All statements contained in your Application will be deemed representations and not warranties. Any Applications for modifications in the Certificate, which are based on additional evidence of insurability, will be attached to the Certificate in order to become part of the contract between the parties; otherwise, we will be deemed to have waived any right to contest any modification made to this Certificate.

**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 and will include the amount of Premium required to prevent Lapse. If a premium payment is not paid by the end of the Grace Period, this Certificate will terminate at the end of the Grace Period. If the Insured dies during the Grace Period, we will pay the Death Benefit, less any indebtedness and any unpaid Monthly Premium.

**Tennessee residents:** If we do not receive a premium payment when it is due, a Grace Period of 60 days will be provided. Written notice will be sent to your last known address on record at least 60 days prior to termination. We will also send the notice to any assignee of record. 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 Premium.

**Incontestability or 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.

**Arizona, Colorado, Louisiana, New Hampshire, New Mexico, Oklahoma, Rhode Island, South Carolina, Utah residents:** 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.

**District of Columbia, Florida, Georgia, Maine, North Carolina, Oregon residents:** 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.

**Idaho residents:** Except for nonpayment of premium, 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.

**Minnesota residents:** This Certificate is incontestable after it has been in force during the lifetime of the Insured for two years from its Effective Date, except for nonpayment of Premiums. This also applies to 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.

**Montana residents:**

**Incontestability** - The validity of the Policy may not be contested, except for nonpayment of Premium, after it has been in force for two years from the Effective Date. Any statement made by the Insured relating to insurability may not be used in contesting the validity of the Policy if the statement was made after the Policy has been in force for a period of two years during the Insured's lifetime or unless it is contained in a written statement signed by the Insured.

If the Policy has been Reinstated, our right to contest on account of fraud or misrepresentation of facts material to the Reinstatement only, will be in force during the Insured's lifetime for two years from the date coverage was Reinstated.

**Pennsylvania residents:** Except for nonpayment of premium, 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.

This provision does not apply to any rider providing benefits specifically for disability or death by accident.

**Tennessee residents:** We will not contest the validity of this Certificate, except for nonpayment of Premiums, after it has been in force for two years from its date of issue. No statement made by any Insured relating to his or her insurability will be used to contest the validity of his or her insurance after such insurance has been in force for a period of two years during the Insured's lifetime. Any such statement must be contained in a written instrument signed by the Insured. This also applies to Riders.

All statements made are considered representations and not warranties. No such statement will be used in any contest, unless it is in writing and a copy of such statement has been furnished to the Owner or Insured, or in the event of death or incapacity, to the Beneficiary or personal representative acting on behalf of the Owner or Insured.

**Arizona and Colorado residents:** 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.

**Minnesota residents:** All statements made, except fraudulent statements, are considered representations and not warranties. No such statement will be used in any contest unless it is contained in a written Application and a copy of the Application is endorsed upon or attached to the Certificate when issued.

**Florida residents:**

**Legal Actions** – You cannot bring a lawsuit to recover on this Certificate before the expiration of 60 days, nor more than five years, after the date you submitted to us written proof of death in accordance with the terms of this Certificate.

**Michigan residents:**

**Legal Actions** - You cannot bring a lawsuit to recover on this Certificate before the expiration of 60 days, nor more than six years, after the date you submitted to us written proof of death in accordance with the terms of this Certificate.

**Utah residents:**

**Legal Actions** - You cannot bring a lawsuit to recover on this Certificate before the expiration of 60 days after you have submitted to us written proof of death in accordance with the terms of this Certificate. You cannot bring a lawsuit to recover on this Certificate any later than three years after you submit to us written proof of death in accordance with the terms of this Certificate.

**Ohio residents:**

**Interest on Death Benefit** – The Death Benefit for those who were residents of the State of Ohio on the date of their death will earn interest from the date of death to the date of payment. The interest payable will be at whichever of the following rates is greater:

1. The annual short-term applicable federal rate for purposes of section 1274(d) of the Internal Revenue Code in effect for the month in which the Insured dies; or
2. The current rate of interest on Proceeds left on deposit with us under any interest settlement option contained in the Policy.

**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 Premium would buy at the Insured's correct Age or Tobacco/Nicotine use status.

**Alabama, Colorado, Georgia, Michigan, Missouri, New Hampshire, North Carolina, South Carolina, South Dakota, Utah, Wisconsin residents:**

**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 Premium would buy at the Insured's correct Age.

**Florida residents:**

**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 Premium would buy at the Insured's correct Age. This change is made by adjusting the excess of the Death Benefit over the Accumulation Value by the ratio of the incorrect COI to the correct COI.

**New Jersey residents:**

**Misstatement of Age** - If the Age of the Insured has been misstated, the adjusted Death Benefit will be that amount which would have been purchased at the correct Age in consideration of the Premium paid, in which instance we will not make any retrospective recalculations to the Accumulation Value. We may adjust future months' Monthly Premiums so as to reflect the corrected Age.

**Pennsylvania residents:** Misstatement of Age and Misstatement of Tobacco Use

**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 Cost of Insurance charge would have purchased at the Insured's correct Age. The Accumulation Value will not be adjusted.

**Misstatement of Tobacco Use** – During the first two Policy years, if We learn that the tobacco use status used in determining the Cost of Insurance rates was misstated on the Application for this insurance coverage, we will adjust the Death Benefit to the amount that the most recent Cost of Insurance charge would have purchased at the Insured's correct tobacco use status. The Accumulation Value will not be adjusted.

**New Jersey residents: Non-Guaranteed Elements** - We do not distribute past surplus or recover past losses by changing the Cost of Insurance rates, administrative fees or charges for additional benefits provided by Riders or declared interest rates. These items will only change based on future expectations as to experience factors. These experience factors are mortality, morbidity, expenses, taxes, interest, and persistency.

**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.

**Colorado and Missouri residents:** We will not pay the Proceeds if the Insured dies by suicide, while sane or insane, within one year 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.

**Nevada residents:** We will not pay the Death Benefit 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 with interest, minus any outstanding Loans and partial surrenders. Any interest due will be paid at a rate equal to the prime rate at the largest bank in Nevada, as ascertained by the Commissioner of Financial Institutions, on January 1 or July 1, as the case may be, immediately preceding the date of the transaction, plus 2%, upon all money from the time it becomes due. Any increase in the Face Amount will start this suicide exclusion provision anew, but will apply only to the amount of the increase.

**New Jersey residents:** We will not pay the Proceeds if the Insured dies by suicide, while sane or insane, within two years from the Effective Date. 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.

**North Dakota residents:** We will not pay the Proceeds if the Insured dies by suicide within one year 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.

## 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 Conversion Option or Portability Option provision.

**New Jersey residents:**

6. If the outstanding Loan exceeds the Cash Value, the Certificate will terminate and have no further value 31 days after notice has been mailed by us to the last known address that has been furnished to us by the Policyholder or mailed by the Policyholder to your last known address and to any assignee of record.

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.

## REINSTATEMENT

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

**Pennsylvania and New Jersey residents:** If a Loan existed when the Certificate Lapsed, We will not consider the Certificate to have been 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;

**Montana residents:** Evidence of insurability, 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

**New Jersey and Tennessee residents:** Repayment or Reinstatement of any Loans that existed at the time the Certificate Lapsed or changed to Paid Up Life Insurance or Extended Term Insurance; and

**Pennsylvania residents:** Repayment of any Loans that existed at the time the Certificate Lapsed; 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.

**Pennsylvania residents:** 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.

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.

**Pennsylvania and New Jersey residents:** The Certificate can only be contested for two years after Reinstatement based on information in any Reinstatement Application attached to the Certificate.

## 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;
8. Continuing coverage under the Conversion Option or Portability Option provisions; and
9. 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.

**Minnesota and North Dakota residents: 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 Proceeds will be paid within two months of our receiving proof of the Insured's death at our Administrative Office. 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.

**Oregon residents: 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, and receipt of due proof of death. Due proof of death will be a certified death certificate, a finding from a court of competent jurisdiction, or other proof satisfactory to us. 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.

**Michigan residents:**

**Interest on Life Insurance Proceeds** - If benefits are not paid on a timely basis, the benefits paid shall bear simple interest from a date 60 days after satisfactory proof of loss was received by the insurer at the rate

of 12% per annum, if the claimant is the insured or an individual or entity directly entitled to benefits under the insured's contract of insurance.

**New Hampshire residents:**

**Interest on Death Benefit** – If we do not pay the Death Benefit within 30 days of the date we receive due proof of the Insured's death, the Death Benefit will earn interest from the date of death to the date of payment. We will pay the interest at the annual interest rate we are paying as of the date of death on Proceeds left on deposit.

**Wyoming residents:**

**Interest on Life Insurance Proceeds** – The Proceeds will earn interest from the date of death to the date of payment. We will pay the interest at the annual interest rate we are paying as of the date of death on Proceeds left on deposit.

**If No Beneficiary is Named or the Designated Beneficiary Dies** - The rights of any Beneficiary to receive Proceeds will end if the Beneficiary dies prior to, at the time of, or within 30 days after, the death of the Insured, except to the extent that benefits have already been paid. If the rights of all designated Beneficiaries have ended, or if the Insured did not designate a Beneficiary, benefits will be payable to the Insured's estate.

Payment in good faith by us will fully discharge our obligations with respect to the amount(s) paid.

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.

**Facility of Payment** - We may pay all or part of the Death Benefit to any person who paid any expense in connection with the Insured's last illness or death. That person must give us a copy of the receipt describing the expense and the amount paid for such expense. Reimbursement will not exceed \$500 (\$250 for LA and NC) (\$2,000 for NJ). The Death Benefit will be reduced by any payment made under this provision.

**Pennsylvania residents: Facility of Payment** – If there is no designated Beneficiary living at the Insured's death, we may make a payment, not to exceed \$250.00 to any person who, in our opinion, may be entitled to payment for reason of having incurred funeral or other expenses incident to the illness or death of the Insured. That person must give us a copy of the receipt describing the expense and the amount paid for such expense. The Death Benefit will be reduced by any payment made under this provision.

**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.

**Oregon residents:** 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 you signed the notice, subject to any payments made or actions taken by the Company prior to receipt of such notice. However, any benefits paid before we receive the notice of a change in Beneficiary will not be subject to such change.

## **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 Incontestability or Right to Contest provision and Suicide Exclusion provision 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.

**Louisiana residents:**

**Interest on Death Benefit** – If we do not pay the Proceeds within 20 days of the date we receive due proof of the Insured's death, the Proceeds will earn interest at the annual interest rate we are paying as of the date of death on Proceeds left on deposit. If Proceeds are not received within 60 days after our receipt of due proof of death, we will pay interest at the rate of 8% per annum from date of receipt of due proof of death until paid.

**Montana Residents:**

**Interest on Life Insurance Proceeds** - We must pay Proceeds within 60 days of the date we receive due proof of the Insured's death and if we do not pay Proceeds after the first 30 days, the Proceeds will include interest from the 30th day until date of payment. Interest will be paid at the monthly average discount rate on 90-day AA asset-backed commercial paper in effect at the federal reserve bank in the ninth federal reserve district at the time of proof of death or at the rate stated in the policy, whichever is greater.

**Maryland and North Dakota residents:**

**Interest on Life Insurance Proceeds** – After we receive due proof of the Insured's death, the Proceeds will earn interest from the date of death to the date of payment, provided the claim is filed within 180 days of the date of death. The interest will be at the annual interest rate we are paying as of the date of death. We will not pay less than the annual interest rate as required by the governing jurisdiction.

**Nevada residents:**

**Interest on Life Insurance Proceeds** – If we do not pay an Insured's Death Benefit within 30 days of the date that we receive due proof of the Insured's death, his or her Death Benefit will earn interest from the date of death to the date of payment. The interest will be at the annual interest rate that we are paying as of the date of death. We will not pay less than the annual interest rate as required by the governing jurisdiction.

**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.

## 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 1.00307254, 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 equal to:

1. The Cost of Insurance; plus
2. The Administrative Fee; plus
3. The Certificate Fee; plus
4. 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 (**6.25% (5.88% in advance)**) 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. **Indiana and Pennsylvania residents only:** And subtract the sum of all partial Surrender Charges paid to date.

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.

**Pennsylvania residents:** Surrender Charges are reduced by the sum of all partial Surrender Charges paid to the date of surrender.

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.

**Utah residents:** 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 20 days of receipt of such request. We will not delay any Loan made to pay a Premium due us.

**West Virginia residents:** After we receive the written request for a surrender or Loan, we may defer the payment of partial or full surrender values and the making of a Loan for a period of not more than 30 days. 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. You may request additional copies of statements at any time; however, there may be a nominal charge for the additional copies or statements.

## CONVERSION OPTION

If coverage terminates, you will have the option to convert this coverage to an individual permanent life insurance policy. You will receive notification of this Conversion Option from the Policyholder at the time your insurance terminates. To convert your coverage, you must submit your completed application and the first premium payment to us within 31 days of your termination date.

**Alaska residents:** The individual policy will, at the option of the Insured, be on any one of the forms, except term insurance, then customarily issued by the insurer at the age and for the amount applied for.

**Louisiana residents:** The individual policy will, at the option of the Insured, be on any one of the forms then customarily issued by the insurer at the age and for the amount applied for.

**Maryland residents:** Any Cash Value accumulated under this Certificate will be paid to you and will not be transferred to the Individual permanent life policy.

**New Jersey residents:** The individual policy will be issued without evidence of insurability.

The amount of insurance under the individual policy will not exceed the amount of life insurance that ceases because of such termination. However, any amount of life insurance that matures on or before the date of termination as an endowment to the Insured, whether in one sum, installments, or in the form of an annuity, will not be included in the amount that is considered to cease because of termination.

The premium on the individual coverage is set at our then customary rate applicable to the individual coverage and amount of such coverage, the individual's class of risk, and the individual's age as of the effective date of the individual coverage.

This Conversion Option will be available if:

1. All or any part of the insurance on an Insured ceases because of termination of employment or of membership in the class or classes eligible for insurance;
2. The Owner's payroll deduction is suspended or terminated for any reason including a labor dispute; or
3. The Policy is amended so as to terminate the insurance of any class eligible for insurance.

**Alaska and Louisiana residents:** This Conversion Option will be available if either of the following events occur:

**Conversion on termination of eligibility:** If your coverage, or any portion of it, ceases because of termination of employment or of membership in a class eligible for coverage under the Policy, you can convert this coverage, without evidence of insurability, to an individual policy of life insurance.

**Conversion on termination of Policy:** If the Policy terminates or is amended so as to terminate the insurance on any class of insured individuals, every Insured at the date of termination whose insurance terminates can convert this coverage, without evidence of insurability, to an individual policy of life insurance.

If we have not given you notice of the Conversion Option at least 15 days prior to the expiration of the 31 day conversion period shown in the first paragraph, then you will have an additional period to exercise this option. This additional period will extend for 15 days after you are given notice of your right to exercise this option, but in no event will the period extend beyond 60 days after the expiration date of the time given in paragraph 1 of this provision. Written notice provided to you or mailed by the Policyholder to the last known address of the Insured or mailed by us to the last known address for the Insured that has been furnished to us by the Policyholder, constitutes notice for purposes of this provision.

If the Insured dies within the 31 day period allowed for the election of this option (Conversion Period) and before the individual coverage is issued, we will pay the amount of life insurance for which the Insured would have been eligible under the individual coverage. This amount is payable whether or not we have received the notice that you intend to exercise the Conversion option or the payment of the first premium for the converted coverage. However, we will reduce the benefit payable by the amount of premium necessary to provide insurance to the date of death.

This Conversion Option is also available to Dependents if his or her coverage terminates due to:

1. The Owner's death; or
2. Ceasing to be a qualified family member.

**New Hampshire residents:**

3. Ceasing to be incapable of self-sustaining employment by reason of intellectual disability or physical handicap and chiefly dependent upon the Insured for support and maintenance.

**New Hampshire residents:** The Suicide Exclusion and Contestability period of the conversion policy will no longer apply after the second anniversary of the Effective Date of this group life insurance Certificate from which the conversion was made.

## **PORTABILITY OPTION**

**The Portability Option is not available to residents of Alaska or New Hampshire.**

If you lose eligibility for this insurance for any reason other than nonpayment of Premium, you will have the option to continue this group coverage through the Transamerica Portability Trust ("Trust"). You will receive notification of this option from the Policyholder or from us at the time your insurance terminates.

You must submit a written request to exercise this option no later than 31 days after the date of your termination under the Policy. Upon our acceptance of your written request, we will move this Certificate (including any Riders, if applicable) under the Trust and bill you for the first Premium. The Premiums you pay directly to us may exceed the Premiums that were paid through the Policyholder due to increased administrative costs for direct billing. If you stop paying Premiums directly to us, this coverage will cease, subject to the terms of the Grace Period.

**Florida residents:**

### **CONTINUATION OF COVERAGE DURING TOTAL DISABILITY OPTION**

If you become totally disabled while you are insured, you will have the option to continue this insurance by paying the Premiums directly to the Policyholder. This option is available for up to six months from the date your total disability begins. However, if the Policy stops while you are totally disabled, you will have the option to continue this insurance for up to 12 months from the date your total disability begins. Total disability means that, due to sickness or accidental injury, you are not able to perform the material and substantial duties of any occupation for which you are qualified by education, training or experience. Total loss of sight of both eyes or hearing in both ears, or of use of both hands or both feet, or of one hand and one foot will be considered a total disability.

**Minnesota residents:**

### **CONTINUATION OF COVERAGE**

If the Insured loses 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. We may charge the guaranteed Certificate fee when we direct bill for the premium. If you stop paying the premiums under this option, this Certificate (and any riders) will continue subject to the terms of the Grace Period.

**Notice and Application Required** – Upon termination of or layoff from employment, the employer is required to inform you:

1. You have 60 days to elect to continue this life coverage at your expense;
2. The amount of the monthly premium;
3. The manner in which and the office to which the payment must be made; and
4. The time by which the payments must be received to retain coverage.

The 60-day period shall begin on the date coverage would otherwise terminate, or on the date upon which notice of the right to coverage is received, whichever is later. If you die during the 60-day election period and before you make an election to continue or reject continuation, you will be considered to have elected continuation of coverage. The beneficiary previously selected by you would then be entitled to a death benefit equal to the amount of insurance that could have been continued less any unpaid premium due as of the date of death.

If the employer fails to notify you of the above options, or if after timely receipt of your monthly premium, the

employer fails to make the payment to us and your coverage is cancelled; the employer is still liable for your coverage to the same extent as we would be if the coverage were still in effect.

**Indiana, Maine, Oregon, New Jersey, and Utah residents:**

### **CONTINUATION OF COVERAGE DURING TOTAL DISABILITY OPTION**

If you become Totally Disabled while this Certificate is in force, you will have the option to continue this insurance by timely paying that portion, if any, of the Premium that you would have been required to pay had Total Disability not occurred. This Premium must be paid directly to the Policyholder. The continuation of coverage under this provision will be on a Premium paying basis for a period of six months from the date on which the Total Disability started, but not beyond the earlier of Our:

1. Approval of the continuation of coverage under any disability waiver rider which this Policy may contain; or
2. Discontinuance of the Policy.

For the purposes of this provision, Total Disability will have the following meaning: Total Disability or Totally Disabled means your inability, because of a bodily injury or disease, to perform the material and substantial duties of your regular occupation.

## **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.

**Indiana residents:** All values are based on the Commissioners 2017 Standard Ordinary Nonsmoker Mortality Table, age last birthday for Nontobacco and the Commissioners 2017 Standard Ordinary Smoker Mortality Table, age last birthday for Tobacco/Nicotine.

**New Jersey residents:** We have filed a detailed statement about this with the insurance department in the state in which the Policy is delivered.

**Utah residents:** All of the values are equal to or greater than the minimums set by the State of Utah.

## **DEFINITIONS**

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

**Accumulation Value** means the amount described in the Accumulation Value provision under the Contract Values section.

**Active Service** means performing in the usual manner all the regular duties of your occupation on a scheduled workday at the normal place of business or other location as directed by your employer.

If you are not working on a day your insurance would otherwise take effect, you will be considered to be in Active Service on that day only if: (a) you are capable of performing in the usual manner all the regular duties of your occupation, and (b) you were in Active Service on the last preceding regular workday.

Active Service does not apply if employment is not an eligibility requirement.

**Age or Attained Age** means 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** means any form issued by us which adds, modifies, changes, or deletes any Policy or Certificate provision or benefit.

**Anniversary Date** means 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 Policyholder's main place of business.

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

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

**Cash Surrender Value** means the Cash Value of this Certificate, less any Loans.

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

**Certificate Fee** means the guaranteed Certificate Fee shown on the Contract Data Pages. We may use a Certificate Fee lower than the guaranteed Certificate Fee but will never charge in excess of the guaranteed Certificate Fee.

**Child** means a Child of the Insured who is at least 15 days old and under the age of 26 and is:

1. A natural Child;
2. A legally adopted Child or a Child who has been placed for adoption with the Insured;
3. A stepchild;
4. A Child for whom the Insured has been appointed legal guardian;
5. A grandchild who lives with and is financially dependent on the Insured for support.

**Kansas residents: Child** – A child of the Insured who is at least 15 days old and under the age of 26 and is:

1. A natural Child;
2. A legally adopted Child;
3. A stepchild;
4. A grandchild who lives with and is financially dependent on the Insured for support.

If applicable, Child will also include children of the Insured's Other Adult Dependent in the same manner as a stepchild.

Child also includes a Child who is over the age of 26 who is incapable of self-sustaining employment by reason of intellectual disability or physical handicap and is chiefly dependent upon the Insured for support and maintenance.

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

**Death Benefit** means the amount of insurance prior to distribution as Life Insurance Proceeds.

**Effective Date** means 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** 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** means the amount upon which Death Benefits are determined. The initial Face Amount is shown on the Contract Data Pages.

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

**Lapse** means the termination of this Certificate for the nonpayment or insufficient payment of the Premium due, subject to the terms of the Grace Period provision.

**Pennsylvania residents: Lapse** means the termination of this insufficient payment Cash Surrender Value to pay the next monthly deduction, subject to the terms of the Grace Period provision.

**Life Insurance Proceeds or Proceeds** means 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** means 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** means the maximum amount which the Owner may borrow as described in the Loans section.

**Maturity Date** means 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** means the date of each month that is the same date as the Effective Date shown on the Contract Data Pages.

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

**Monthly Premium** means the monthly payment for insurance coverage including any Riders.

**Owner, you, your, or yours** means the person or entity named on the Contract Data Pages who has certain rights under this Certificate, as listed in the Ownership section.

**Other Adult Dependent** means the Insured's common law marriage partner, domestic partner, or civil union partner, if legally recognized in the governing jurisdiction or as otherwise agreed upon between the Policyholder and us, who is at least 16 years old and under the age of 65.

**Hawaii residents:** Other Adult Dependent includes a Reciprocal Beneficiary, which is an individual who has a significant personal, emotional, and economic relationship with the Insured, but is legally prohibited from marrying the Insured.

**Kansas residents:** Other Adult Dependents are not eligible for coverage under this Policy. This definition and all references to Other Adult Dependents is hereby removed when this Policy is issued in Kansas.

**Kentucky residents: Other Adult Dependent** means the Insured's common law marriage partner who is at least 16 years old and under the age of 65.

**Policy or Group Master Policy** means the insuring contract that is issued to the Policyholder.

**Policyholder** means the entity named on the Contract Data Pages to whom the Policy is issued.

**Policyholder Application** means the form completed and signed by the Policyholder to apply for this insurance coverage.

**Premium** means the payment for insurance coverage as shown on the Contract Data Pages.



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

**Spouse** means the Insured's legally married Spouse who is at least 18 years old and under the age of 65.

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

**Surrender Charge Period** means 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** means the Insurer that underwrites this life insurance coverage and pays the benefits upon a claim.

# **TRANSAMERICA LIFE INSURANCE COMPANY**

Cedar Rapids, IA  
PO Box 219, Cedar Rapids, IA 52406-0219  
Telephone: 1-888-763-7474  
[www.transamerica.com](http://www.transamerica.com)

**TELEPHONE NUMBER FOR POLICYHOLDER INQUIRIES** – Our Customer Service toll-free telephone number is shown on Page 11 of this Certificate. This toll-free number is provided to assist you in making inquiries or obtaining information regarding your coverage under this Certificate or to assist in resolving complaints.

## **Group Certificate for Interest Sensitive Whole Life Insurance**

Fixed Premiums Payable During the Life of the Insured to the Maturity Date (Age 120)  
Life Insurance Proceeds Payable at Death of Insured Prior to the Maturity Date (Age 120)  
Life Insurance Proceeds and Accumulation Value May Vary  
Cash Surrender Value, if any, Payable at the Maturity Date (Age 120)  
Nonparticipating - No Annual Dividends

**COVERAGE INCLUDES ACCELERATED DEATH BENEFIT OPTIONS**

# 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")

## CHILD TERM INSURANCE RIDER

This Rider is attached to and made part of the contract as of the Rider Effective Date. It is issued in consideration of the Application and payment of any required initial premium. All provisions of the contract not in conflict with the provisions of this Rider will apply to this Rider. This Rider has no cash value.

## DEFINITIONS

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

**Insured Child** - A Child of the Insured who is at least 15 days old and under the age of 26 and is:

1. A natural child;
2. A legally adopted child, or a child who has been placed for adoption with the employee or member;
3. A stepchild; or
4. A child for whom the employee or member has been appointed legal guardian.

To become an Insured Child after the date of the Application, a child must meet the above definition and the Insured must complete an Application to add the new child as an Insured Child.

## BENEFIT

We will pay the Rider Death Benefit shown on the Contract Data Pages to the Owner when we receive due proof that an Insured Child died while covered under this Rider.

## GENERAL RIDER PROVISIONS

**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.

**Suicide** – The Suicide provision in the Contract does not apply to this Rider.

## RIDER COST

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

## RIDER EFFECTIVE DATE

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

## TERMINATION

The term insurance on an Insured Child will terminate on the earliest of the following dates:

1. The date the contract terminates, subject to the Conversion Options of this Rider;
2. The date the contract Lapses, subject to the Grace Period.
3. The date the Owner requests termination.
4. The Certificate Anniversary following the date the Insured Child is no longer eligible as a dependent child.
5. The Certificate Anniversary after the last Insured Child has reached his or her 26<sup>th</sup> birthday; or
6. The date a Nonforfeiture Option under the Contract, if any, becomes effective.

Our deduction of a monthly charge for any period after the date of termination of this Rider will not create a liability for us nor will it constitute a waiver of the termination. Any such monthly charge will be returned.

## CONVERSION OPTIONS

**Conversion and Transfer of Ownership due to Death of Owner** - If the Owner dies while this Rider is in force, the premium and charge will be waived and coverage on any Insured Child will automatically be changed to paid-up insurance. This paid-up insurance will have no cash or loan values and will automatically terminate on each Insured Child's 26<sup>th</sup> birthday. The Owner of the paid-up insurance will be the Insured Child unless such Insured Child is a minor, in which case Ownership will pass to the executor or administrator of the Insured Child's estate for disposition.

**Conversion to Individual Policy** - When the coverage of an Insured Child terminates for any reason other than the non-payment of premium, the Insured Child may convert this Rider to permanent life insurance on a policy form that we then issue, without any riders, for the then current rates and limits, without further evidence of insurability. The following conditions must be met in order for conversion to occur:

1. We must receive the conversion Application and any required premium at our Administrative Office within 31 days of the termination of coverage under this Rider.
2. Coverage under the new policy will become effective on the date such Application is made and the premium is paid.
3. The amount of insurance under the new policy may be increased to the lesser of:
  - a. Five times the Rider Death Benefit at the termination date; or
  - b. \$50,000.

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



Blake Bostwick  
President



Karyn S.W. Polak  
Secretary

# TRANSAMERICA LIFE INSURANCE COMPANY

## WAIVER OF PREMIUM FOR LAYOFF OR STRIKE RIDER

This Rider is attached to and made part of the contract as of the Rider Effective Date. It is issued in consideration of the Application and payment of any required initial premium. All provisions of the contract not in conflict with the provisions of this Rider will apply to this Rider. This Rider has no cash value.

### DEFINITIONS

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

**Layoff** means the Owner is employed on a full-time basis at the time of the Layoff and is involuntarily terminated by his or her employer due to one of the following reasons:

1. A reduction in work force as the result of economic conditions;
2. The employer's decrease in production; or
3. 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.

**Strike** means a work stoppage at the Owner's place of employment that is supported and/or sponsored by the state or national union headquarters.

### BENEFITS

We will waive the monthly premium on the contract if the Owner is placed on Layoff status or is on Strike.

The first premium for coverage under the contract must be paid before we will waive any monthly premium. After this requirement has been met, we will waive the monthly premium beginning the first day of the month following the date of Layoff or Strike.

### LIMITATIONS AND EXCLUSIONS

We will waive the monthly premium for up to 3 Layoffs or Strikes in any one 12-month period.

We will waive the monthly premium for up to 6 months in any one 12-month period.

**Texas residents:** Benefits will end when either limitation has been reached or on the date the Owner returns to work.

A 12-month period will be measured from the date the first monthly premium is waived.

If the Conversion Option or Portability Option provision of the contract has been exercised, the Owner will need to provide proof of being employed (other than self-employment) for the 6 months prior to the Layoff or Strike.

**Rhode Island residents:** This requirement does not apply.

This Rider is not available for self-employed individuals.

### CLAIMS

**Notice and Proof of Loss** - Before we waive any monthly premium, we must receive written notice and proof of Layoff or Strike. Proof of Layoff is a statement from the Owner's employer verifying the initiation of the Layoff status and the reason for the Layoff. Proof of Strike is a statement from the Owner's union representative which confirms the Strike.

The Owner must provide Proof of Loss monthly to our agent or to us for each month the monthly premium is to be waived.

Waiver of Monthly Premium will cease when the Owner returns to full-time employment. (See the Limitations and Exclusions section above for the number of Layoffs or Strikes which are covered in any one 12-month period.)

## RIDER COST

The monthly charge for this Rider is shown on the Contract Data Pages, subject to any increase in Face Amount.

**Oregon residents:** There is no monthly charge for this Rider.

**Pennsylvania residents:** This monthly charge will remain level until the sooner of Rider termination, any increase in the Contract Face Amount, or any decrease in the Contract Face Amount.

## RIDER EFFECTIVE DATE

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

## TERMINATION

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

1. The date the contract terminates;
2. The date the contract Lapses, subject to the Grace Period;
3. The date the Owner requests termination;
4. The date the Owner dies;
5. The Certificate Anniversary that coincides with or next follows the Insured's 60<sup>th</sup> birthday;
6. The date the Owner assigns the contract to another individual;
7. The date a Nonforfeiture Option under the contract, if any, becomes effective; or
8. The date the Conversion Option under the contract is exercised.

Our acceptance of a premium payment for any period after the date of termination of this Rider will not create a liability for us nor will it constitute a waiver of the termination. Any such premium will be returned.

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



Blake Bostwick  
President



Karyn S.W. Polak  
Secretary

**Florida residents: QUESTIONS OR COMPLAINTS TELEPHONE NUMBER:** If an Insured has any questions concerning the benefits available under this Certificate or needs to express a complaint, they may contact us at our toll-free Customer Service telephone number, 1-888-763-7474.

# 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 CONDITION RIDER

(Death Benefit, Face Amount, Cash Values and Loan Values, if any, will be reduced if an Accelerated Death Benefit is paid.)

### SPECIAL NOTICE

Benefits received under this Rider may be taxable as income. Whether any tax liability is incurred when benefits are paid under this Rider could depend on whether your employer has paid the premium, 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 an independent tax advisor to evaluate any tax impact of this benefit.

Receipt of an Accelerated Death Benefit may adversely affect eligibility for Medicaid or other government benefits or entitlements. Without exercising this option, the mere fact that this 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/or the Social Security Administration Office for more information.

This Rider is attached to and made part of the contract as of the Rider Effective Date. It is issued in consideration of the Application and payment of any required initial premium. All provisions of the contract not in conflict with the provisions of this Rider will apply to this Rider. This Rider has no cash value.

### DEFINITIONS

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

**Immediate Family Member** – Anyone related to an Insured in the following manner: spouse, daughter, son, stepchild, father, mother, stepparent, sister, brother, stepsister, stepbrother, grandchild, grandparent, father-in-law, mother-in-law, or the spouse of any of these. The term "spouse" includes a common law marriage partner, domestic partner, or civil union partner, if legally recognized in the governing jurisdiction.

**Physician** - A licensed medical practitioner of the healing arts who:

1. Performs only those services permitted within the scope of his or her license; and
2. Is not an Immediate Family Member.

**Terminal Condition** – An illness or accidental injury that, in the best medical judgment of a Physician, will result in death within 12 months.

### BENEFIT

We will pay the Accelerated Death Benefit for Terminal Condition benefit amount shown in the Contract Data Pages when an Insured is diagnosed with a Terminal Condition for the first time after the Rider Effective Date. This benefit is payable only once and in one lump sum. We will deduct the administrative expense charge and the proportional repayment of any outstanding contract Loan from the benefit. See the Rider Cost provision.

Payment of an Accelerated Death Benefit under this Rider will not reduce any Accidental Death benefit available under the contract or any Rider attached to the contract.

We will not pay an Accelerated Death Benefit under this Rider for any Terminal Condition that is diagnosed, for the first time, prior to the Rider Effective Date. 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.

## EFFECT ON 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. However, if the entire Death Benefit is 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. 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 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.

## CLAIMS

The following Claims Procedures apply to this Rider.

**Notice of Claim** – Written notice of claim must be given to us at our Administrative Office, or to our agent. Such notice should be made within 30 days after the date the Insured is first diagnosed with a Terminal Condition. If it is not reasonably possible to give notice within that time, the claim may not be denied or reduced due to the delay, so long as notice is given as soon as reasonably possible.

**Claim Forms** – Claim forms should be used for filing proof of loss. We will send such form to the claimant within 15 days of receipt of notice of claim. If we fail to supply the proper claim forms within 15 days, you can give proof in writing, setting forth the nature and extent of the loss within the time stated in the proof of loss provision. You or a personal representative may obtain a claim form by calling our toll-free telephone number listed on the cover page.

**Proof of Loss** – Due written proof of loss must be given to us at our Administrative Office. We must receive such proof within 180 days after the date the Insured is diagnosed with a Terminal Condition.

Failure to furnish such proof within such time will not invalidate nor reduce any claim if it was not reasonably possible to furnish such proof and it was furnished as soon as reasonably possible. In any event, the proof required must be given no later than one year from the time proof is otherwise required, unless the claimant was legally incapacitated.

**Physical Examinations And Autopsy** - We have the right to have an Insured examined by a Physician of our choice as often as reasonably necessary while a claim is pending. In case of death, we may request an autopsy where it is not forbidden by law. We will pay for such examination or autopsy.

**Time of Payment of Claims** – Benefits for a covered loss will be paid as soon as we receive due written Proof of Loss.

**Payment of Claims** – Benefits are payable to the Owner or a payee designated by the Owner.

**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 three years from the time written proof of loss is required to be furnished.



## GENERAL RIDER PROVISIONS

**Consent For Benefit Payment** – If there is an assignment of this contract on record or an irrevocable Beneficiary on record, we must obtain the consent of any assignee or irrevocable Beneficiary 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.

**Suicide** - If the Insured dies by suicide, while sane or insane, within two years from the Rider Effective Date, any premiums refunded under the Suicide Exclusion provision of the contract will be reduced by the amount of accelerated benefits paid, if any, under this Rider.

## RIDER COST

There is no cost for this Rider. When a claim is filed under this Rider, we will deduct the following charges from the Accelerated Death Benefit payment:

1. The administrative expense charge shown in the Contract Data Pages; and
2. 12 months interest, in advance, on the amount that we accelerate (at an interest rate of not more than 7.4%).

## RIDER EFFECTIVE DATE

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

## RIDER TERMINATION DATE

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

1. The date the contract terminates;
2. The date the contract Lapses, subject to the Grace Period;
3. The date the Owner requests termination;
4. The date the Insured dies;
5. The date a Nonforfeiture Option under the contract, if any, becomes effective; or
6. The date an Accelerated Death Benefit is paid under this Rider.

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



Blake Bostwick  
President



Karyn S.W. Polak  
Secretary

# 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 CONDITION RIDER

### SPECIAL NOTICE

Benefits received under this Rider may be taxable as income. Whether any tax liability is incurred when benefits are paid under this Rider could depend on whether your employer has paid the premium, 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 an independent tax advisor to evaluate any tax impact of this benefit.

Receipt of an Accelerated Death Benefit may affect eligibility for Medicaid or other government benefits or entitlements. Unless you exercise this option, the mere fact that this 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 Condition Rider, please contact your agent or us directly at 1-888-763-7474.

1. **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 Condition, 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.

We will pay an accelerated death benefit under this Rider if the Insured is diagnosed with a Terminal Condition for the *first* time, *on or after* the Rider Effective Date. The Terminal Condition Accelerated Death Benefit amount will be equal to the lesser of: (1) up to 75% of the Death Benefit; or (2) \$150,000. 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.

A **Terminal Condition** is an illness that in the best medical judgment of a Physician will result in death within 12 months.

2. **Premiums** - There is no cost for this Rider unless the Owner exercises this option. If the Owner exercises this option, an administrative expense charge 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%.
3. **Effect on Death Benefit** - If you exercise this option, we will deduct the amount we accelerate from the Insured's Death Benefit. The Death Benefit, the Accumulation Value, the Surrender Charge, and the Loan balance, if any, will be reduced if this option is exercised. The Insured's Beneficiary will receive the 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 you a benefit report that will show the proportionate reduction in the premiums under the contract, if any.
4. **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.

# TRANSAMERICA LIFE INSURANCE COMPANY

## ACCELERATED DEATH BENEFIT FOR CHRONIC CONDITION RIDER

(A Living Benefit Rider)

Minnesota residents: **ACCELERATED DEATH BENEFIT RIDER**

(Upon diagnosis of a Chronic Condition)

Michigan residents: **ACCELERATED DEATH BENEFIT FOR CHRONIC ILLNESS RIDER**

(A Living Benefit Rider)

(Death Benefit, Face Amount, Cash Values and Loan Values, if any, will be reduced if an Accelerated Death Benefit is paid.)

### SPECIAL NOTICE

Benefits received under this Rider may be taxable as income. Whether any tax liability is incurred when benefits are paid under this Rider could depend on whether your employer has paid the premium, 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 an independent tax advisor to evaluate any tax impact of this benefit.

Receipt of an Accelerated Death Benefit may adversely affect eligibility for Medicaid or other government benefits or entitlements. Without exercising this option, the mere fact that this 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/or the Social Security Administration Office for more information.

This Rider is attached to and made part of the contract as of the Rider Effective Date. It is issued in consideration of the Application and payment of any required initial premium. All provisions of the contract not in conflict with the provisions of this Rider will apply to this Rider. This Rider has no Cash Value.

### NOTICE TO YOU, THE OWNER

This Rider is not long term care insurance and does not provide long term care insurance, nor is it intended to replace long term care insurance coverage. We advise you to review carefully all limitations of this Rider, as well as those of the contract to which it is attached.

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#### North Carolina residents:

PLEASE READ THIS RIDER CAREFULLY. THE WAITING PERIODS IN THE SUICIDE AND/OR INCONTESTABILITY PROVISIONS ARE DIFFERENT FROM THOSE IN THE POLICY AND BEGIN ON THE EFFECTIVE DATE OF THE RIDER.

## DEFINITIONS

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

**Activities of Daily Living** – For the purposes of this Rider, each of the following activities is considered an Activity of Daily Living:

**Bathing** - The Insured's ability to wash himself or herself by sponge bath; or in a tub or shower, including the task of getting into and out of the tub or shower.

**Continence** - The Insured's ability to maintain control of bowel and bladder function; or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for catheter or colostomy bag).

**Dressing** - The Insured's ability to put on and take off all items of clothing and any necessary braces, fasteners or artificial limbs.

**Eating** - The Insured's ability to feed himself or herself by getting food into his or her body from a receptacle (such as a plate, cup or table) or by a feeding tube or intravenously.

**Toileting** - The Insured's ability to get to and from the toilet, to get on and off the toilet, and to perform associated personal hygiene.

**Transferring** - The Insured's ability to move into or out of a bed, chair or wheelchair.

**Hawaii and Michigan residents:** The **Activities of Daily Living** definition does not apply.

### **Chronic Condition** –

1. The inability to perform, without Substantial Human Assistance, at least two Activities of Daily Living for a period of at least 90 days (due to loss of functional capacity in **Montana** and **New Jersey**); or
2. Severe Cognitive Impairment that requires Substantial Supervision for a period of at least 90 days to protect the Insured from threats to his or her health and safety.

**Hawaii residents: Chronic Condition** - A condition which would require institutional confinement.

**Michigan residents: Chronic Condition** - A medical condition that results in an individual being unable to attend to basic physical activities such as eating, toileting, bathing, grooming, dressing, or ambulating for a period of at least 90 days. "Chronic Condition" also includes a Severe Cognitive Impairment or a similar form of dementia.

**Death Benefit Amount** – The amount of the Death Benefit in effect on the date immediately following the date the Insured first satisfies the Eligibility for Benefits provision.

**Ohio residents: Death Benefit Amount** – The amount of the Death Benefit in effect.

**Immediate Family Member** – Anyone related to an Insured in the following manner: spouse, daughter, son, stepchild, father, mother, stepparent, sister, brother, stepsister, stepbrother, grandchild, grandparent, father-in-law, mother-in-law, or the spouse of any of these. The term "spouse" includes a common law marriage partner, domestic partner, or civil union partner, if legally recognized in the governing jurisdiction. **District of Columbia and Idaho residents:** Immediate Family Member includes other adult dependent.

**District of Columbia residents:** Whenever the term spouse appears in the Policy, this provision includes the DEFINITION of civil union and domestic partner into the Policy.

**New Hampshire residents:** The term "spouse" does not include civil union partner.

**New Jersey residents:** The term "spouse" includes a person who is legally married to the Insured; the Insured's New Jersey civil union partner; or the Insured's civil union partner relationship entered into outside of New Jersey which provides substantially all of the rights and benefits of marriage and is valid under the laws of the jurisdiction in which the civil union relationship was entered.

**Medicare** – The Health Insurance for the Aged Act, Title XVIII of the Social Security Amendments of 1965 as then constituted or later amended.

**Maryland residents:** The **Medicare** definition does not apply.

### **Physician –**

1. A doctor of medicine or osteopathy as set forth in Section 1861(r)(1) of the Social Security Act, as amended, who is legally authorized to practice medicine and surgery within the United States by the jurisdiction in which he or she performs such function or action (is acting within the scope of their license in **Montana**); and
2. Is not an Immediate Family Member (, unless he/she is the only Physician in the area in **South Dakota**).

**Severe Cognitive Impairment** – A severe loss or deterioration in intellectual capacity that is comparable to and includes advanced Alzheimer’s disease and is measured by clinical evidence and standardized tests as part of an evaluation that reliably measures impairment in the Insured’s:

1. short-term or long-term memory;
2. orientation as to person, place and time;
3. deductive or abstract reasoning; or
4. judgment as it relates to safety awareness.

The evaluation shall include utilizing cognitive tests with resulting scores consistent with a diagnosis of Severe Cognitive Impairment.

**Hawaii residents:** The Severe Cognitive Impairment definition does not apply.

**Substantial Human Assistance** – Physical assistance (minimal, moderate or maximal) without which the individual would not be able to perform the Activity of Daily Living.

**Substantial Supervision** – Continuous supervision, including but not limited to verbal cueing, by another individual to protect the Insured from harming himself, herself or others, or from threats to the Insured’s health and safety.

**Hawaii residents:** The **Substantial Supervision** definition does not apply.

## **BENEFITS**

**Eligibility for Benefits** – We will pay an Accelerated Death Benefit under this Rider if the contract to which this Rider is attached is in force and after we receive written proof of loss that a Physician has certified that the Insured has a Chronic Condition (Chronic Illness in **Michigan**).

### **Accelerated Death Benefit Options**

You may choose one of the following options for submitting a claim for an Accelerated Death Benefit under this Rider:

**Option 1 – Monthly Accelerated Death Benefit** – You may request a monthly Accelerated Death Benefit equal to the applicable percentage of the Death Benefit Amount shown on the Contract Data Pages. This benefit is payable for each month the Insured satisfies the Eligibility for Benefits provision while this Rider is in force. After submitting satisfactory proof of loss, in order to continue receiving the monthly benefit you must provide, at reasonable intervals (not more than quarterly), a written certification by a Physician that the Insured continues to have a Chronic Condition (Chronic Illness in **Michigan**).

**Montana residents:** However, when a Physician has certified that an Insured is unable to perform Activities of Daily Living for an expected period of at least 90 days due to a loss of functional capacity, and the Insured is in a claim status; the certification may not be rescinded and additional certifications may not be performed until after the expiration for the 90-day period.

**New Jersey residents: Option 1 – Monthly Accelerated Death Benefit** – You may request a monthly Accelerated Death Benefit equal to the applicable percentage of the Death Benefit Amount shown on the Contract Data Pages. This benefit is payable for each month the Insured satisfies the Eligibility for Benefits provision while this Rider is in force. This benefit will not be less than the acceleration percentage times the current Cash Value less debt. If the Insured dies before or at any time while monthly benefits are being paid, any remaining monthly benefit payments will be cancelled and the remaining Proceeds will be paid pursuant to the Certificate.

**Ohio residents: Option 1 – Monthly Accelerated Death Benefit** – You may request a monthly Accelerated Death

Benefit equal to 2% of the Death Benefit Amount shown on the Contract Data Pages. This monthly Accelerated Death Benefit is payable while this Rider is in force up to 15 months. Periodic recertification is not required.

**Option 2 - One-Time Lump Sum Accelerated Death Benefit** – In lieu of the monthly Accelerated Death Benefit, you may request a one-time lump sum Accelerated Death Benefit payment equal to the applicable percentage shown on the Contract Data Pages of the Death Benefit Amount. Upon payment of this lump sum benefit, your rights under this Rider will end and this Rider will terminate.

**Florida residents:** We will not accelerate an additional amount even if any portion of the death benefit remains.

**New Jersey residents:** Payment of an Accelerated Death Benefit under this Rider will not reduce any Accidental Death benefit available under the contract or any Rider attached to the contract, unless no death benefit remains after the payment of the Accelerated Death Benefit. If the Insured elects to receive accelerated death benefits but dies before any such benefits are received, the election will be cancelled and the Proceeds will be paid pursuant to the Certificate.

**Waiver of Monthly Premiums** – We will waive the monthly premiums for each contract month or partial contract month that you receive benefits under this Rider. If you elect the one-time lump sum Accelerated Death Benefit option, this waiver provision will not apply.

**New Jersey residents:** The contract will continue on a premium-paying basis.

### **Concurrent and/or Subsequent Chronic Conditions (Chronic Illness in Michigan) -**

If the Insured suffers from more than one Chronic Condition (Chronic Illness in **Michigan**), we will pay an Accelerated Death Benefit under this Rider for only one of the conditions.

A separate claim must be submitted for consideration under any other Accelerated Death Benefit Rider attached to the contract.

Payment of an Accelerated Death Benefit under this Rider will not reduce any Accidental Death Benefit Rider available under the contract provided the certificate is still in force.

## **EFFECT ON INSURED'S DEATH BENEFIT**

If the Owner receives Accelerated Death Benefit payments in accordance with this Rider, we will deduct any amounts paid under this Rider from the Death Benefit. The Beneficiary will receive any remaining amount of the Death Benefit after the Insured dies, provided the contract has not terminated. 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.

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

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

The Face Amount will be reduced by an amount equal to the reduction in Death Benefit multiplied by the ratio of the Face Amount to the Death Benefit in effect immediately before the Accelerated Death Benefit payment is made.

**Maryland residents:** We will provide the Owner a written notice to reflect any new, reduced in-force face amount of the contract.

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 Accelerated Death Benefit payment is made.

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 Accelerated Death Benefit payment is made.

The Guaranteed Cash Value, if applicable, will be reduced by an amount equal to the reduction in Death Benefit multiplied

by the ratio of the Guaranteed Cash Value to the Death Benefit in effect immediately before the Accelerated Death Benefit payment is made.

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 Accelerated Death Benefit payment is made. The amount of this Loan balance repayment will be deducted from the Accelerated Death Benefit payable to you.

If you elect monthly Accelerated Death Benefit payments under this Rider, the following conditions will apply during the period that such payments are being made.

1. You cannot change the Face Amount or the Death Benefit option of the Contract or add any riders.
2. We will not accept any premium payments.

While the monthly Accelerated Death Benefit payments are made, we will provide a monthly report that shows the effect each benefit payment has on the contract values.

**Maryland residents:** When the One-Time Lump Sum Accelerated Death Benefit is paid, we will provide written notice to you that shows the new, reduced Face Amount and the effect the lump-sum benefit has on the contract values.

**New Jersey residents:** If the Insured is the Owner of any Dependent coverage and accelerates 100% of his or her Death Benefit, Dependent coverage will continue, subject to the Termination provision and any Conversion, Continuation, or Portability provision in the Dependent's Certificate.

## EXCLUSIONS AND LIMITATIONS

**Kentucky, Louisiana, Michigan, New Jersey, Ohio, and Oregon residents:** The Exclusions and Limitations section does not apply.

We will **not** pay Rider benefits if the Insured meets the requirements of the Eligibility for Benefits provision as a result of:

1. An intentionally self-inflicted injury or attempted suicide.
    - Mississippi residents:** 1. An intentionally self-inflicted injury while sane or attempted suicide while sane.
    - Missouri residents:** 1. An intentionally self-inflicted injury while sane or an attempted suicide within one year from the Rider Effective Date.
  2. The Insured's alcohol, drug or other chemical dependence, except if the drug dependency is for a drug prescribed by a Physician in the course of treatment for an injury or sickness.
    - District of Columbia residents:** 2. The Insured's voluntary use of illegal drugs; the intentional taking of over the counter medication not in accordance with recommended dosage and warning instructions and intentional misuse of prescription drugs.
    - Minnesota residents:** 2. The Insured's use of any narcotic, unless administered in accordance with a Physician's advice and written instruction.
    - Nevada and South Dakota residents:** This exclusion does not apply.
    - South Carolina residents:** 2. The Insured's alcohol or narcotic dependence, except if the dependency is for a narcotic prescribed by a Physician in the course of treatment for an injury or sickness.
  3. The Insured's commission of, or attempt to commit, a felony; or an injury that occurs because of the Insured's involvement in an illegal activity (illegal occupation in **Nebraska**) (**Montana residents:** when found guilty in a court of law).
    - New Hampshire residents:** 3. The Insured's participation in a felony; or the Insured's engagement in an illegal occupation.
    - South Dakota residents:** 3. The Insured's commission of a felony, or an injury that occurs because of the Insured's involvement in an illegal activity.
- Minnesota residents:**
4. The Insured's involvement in an accident that occurs while he or she was driving a motor vehicle while intoxicated as determined by a blood alcohol level exceeding the legal limit according to the laws of the jurisdiction in which the accident occurs.

## CLAIMS

The following Claims Procedures apply to this Rider.

**Notice of Claim** – Written notice of claim must be given to us at our Administrative Office or to our agent. Such notice of claim should be made within 30 days (6 months in **Montana**) after a Physician determines (certifies in **Ohio**) the Insured has a Chronic Condition (Chronic Illness in **Michigan**). If it is not reasonably possible to give notice of claim within that time, the claim may not be denied or reduced due to the delay, so long as notice of claim is given as soon as reasonably possible.

**Oregon residents: Notice of Claim** – Written notice of claim must be given to us at our Administrative Office or to our agent.

**Claim Forms** – Claim forms should be used for filing proof of loss. We will send such form to the claimant within 15 days of receipt of notice of claim. If we fail to supply the proper claim forms within 15 days, you can give proof of loss in writing, setting forth the nature and extent of the loss within the time stated in the proof of loss provision. You or a personal representative may obtain a claim form by calling our toll-free telephone number listed on the cover page of the contract. Such initial notice of claim and ongoing written proof of loss must be sent within the time limit stated in the following paragraph. **Oregon Residents:** Information regarding Claim Forms can be found in the Notice of Claim provision.

**Proof of Loss** – Due written proof of loss must be given to us at our Administrative Office. We must receive the initial proof of loss within 90 days (as soon as reasonably possible in **Ohio**) after the Physician certifies that the Insured has a Chronic Condition (Chronic Illness in **Michigan**).

**Montana residents:** However, when a Physician has certified that an Insured is unable to perform Activities of Daily Living for an expected period of at least 90 days due to a loss of functional capacity, and the Insured is in a claim status; the certification may not be rescinded and additional certifications may not be performed until after the expiration for the 90-day period.

**New Jersey residents: Claim Procedures** – Due proof of the Insured's diagnosis of a Chronic Condition must be submitted to us at our Administrative Office as soon as reasonably possible. The claimant can get a claim form by calling our toll-free telephone number listed on the cover page.

Benefits for a covered loss will be paid as soon as we receive due written proof of loss certified by a licensed medical practitioner and satisfactory completion of a medical examination by a Physician of the Insured's choice. Benefits are payable to the Owner or a payee designated by the Owner. If the Insured dies after the Owner has elected to receive benefits under this Rider but before such benefits are received, the election will be cancelled and the Death Benefit will be paid pursuant to the contract.

**Oregon residents: Proof of Loss** – Due written proof of loss must be given to us at our Administrative Office.

**Wisconsin residents: Proof of Loss** – Provided proof of loss is furnished as soon as reasonably possible and within one year after the time it was required, failure to furnish such proof within the time required does not invalidate or reduce a claim unless we are prejudiced by such late notice and it was reasonably possible for the time limit to have been met.

It is sufficient notice of proof of loss if a 1<sup>st</sup> class postage prepaid envelope addressed to us containing the proper proof is deposited in any United States Post Office within the time stated above. Our acknowledgment of the receipt of notice of claim, the furnishing of forms for filing proof of loss, the acceptance of such proofs, or the investigation of any claim are not sufficient to waive any of our rights in defense of any claim arising under the insurance contract.

Failure to furnish such proof of loss within such time will not invalidate nor reduce any claim if it was not reasonably possible to furnish such proof of loss and it was furnished as soon as reasonably possible. In any event, the proof of loss required must be given no later than one year from the time proof of loss is otherwise required, unless the claimant was legally incapacitated (this sentence does not apply in **New Hampshire**).

**Oregon and Wisconsin residents:** This paragraph does not apply.



**Ohio residents:** Failure to furnish such proof of loss as soon as reasonably possible will not invalidate nor reduce any claim.

If you submit a claim under the Monthly Accelerated Death Benefit option, we will require periodic certifications (not more than quarterly) by a Physician that the Insured continues to have a Chronic Condition (Chronic Illness in **Michigan**).

**Ohio residents:** This paragraph does not apply.

**Nebraska residents:** After the Insured has been receiving benefits for two years, the Company will only require proof of loss once per year.

**Physical Examinations** – We have the right to have an Insured examined by a Physician of our choice as often as reasonably necessary while a claim is pending. We will pay for such examination.

**Alaska residents: Physical Examinations** – At our expense, We have the right to have an Insured examined by a Physician of our choice as often as reasonably necessary 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 obtain a third opinion at our expense. We will pay for such examination.

**New Jersey residents: Physical Examinations** – We have the right to have an Insured examined by a Physician of our choice when a claim is first submitted. We will pay for such examination. In the event that the Physician we choose provides a different diagnosis of the condition, the determination will rest with a third, mutually acceptable Physician.

**Oregon residents:** In the event that the Physician we choose provides a different diagnosis of the condition, the determination will rest with a third, mutually acceptable Physician.

**Time of Payment of Claims** – Benefits for a covered loss will be paid as soon as we receive due written proof of loss.

**Ohio residents: Time of Payment of Claims** – Benefits for a covered loss will be paid immediately when we receive due written proof of loss.

**Payment of Claims** – Benefits are payable to the Owner or a payee designated by the Owner.

**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 three years (five years in **FL ND and TN**; six years in **AL, MI, SC and WI**) from the time written proof of loss is required to be furnished. (This provision does not apply in **New Jersey**.)

## GENERAL RIDER PROVISIONS

**District of Columbia residents:**

**Conformity to Law** – Any provision of the contract that is in conflict with the requirements of any state or federal law that apply to this coverage are automatically changed to satisfy the minimum requirements of such laws.

**Consent For Benefit Payment** – If there is an assignment of this contract on record or an irrevocable Beneficiary on record, we must obtain the consent of any assignee or irrevocable Beneficiary before any Rider benefit is paid.

**Maryland residents:** If there is an assignment of this contract on record or an irrevocable Beneficiary on record, we must obtain the written consent of any assignee or irrevocable Beneficiary 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.

**Louisiana, Missouri and Mississippi residents:** The **Contestability** provision does not apply.

**Reinstatement** – The Owner has the right to reinstate this Rider when the contract is reinstated.

**Suicide** – If the Insured dies by suicide, while sane or insane, within two years (while sane, within one year in **Colorado**;

within one year in **North Dakota**) from the Rider Effective Date, any premiums refunded under the Suicide Exclusion provision of the contract will be reduced by the amount of Accelerated Death Benefits paid, if any, under this Rider.

**Missouri and Mississippi residents:** The **Suicide** provision does not apply.

## RIDER COST

The initial monthly charge and the guaranteed monthly charge for this Rider are shown in the Contract Data Pages. We may use monthly charges lower than the guaranteed monthly charge but will not use charges higher than the guaranteed amount.

## RIDER EFFECTIVE DATE

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

## TERMINATION

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

1. The date the contract terminates;
2. The date the contract Lapses, subject to the Grace Period;
3. The date the Owner requests termination;
4. The date the Insured dies;
5. The date on which cumulative monthly Accelerated Death Benefit payments equal 100% (30% in **Ohio**) of the Death Benefit Amount, subject to any rights under an optional Extension of Benefits Rider;  
**New Jersey residents:** The optional Extension of Benefits Rider is not available in New Jersey.
6. The date on which we pay a one-time lump sum Accelerated Death Benefit payment in lieu of any monthly Accelerated Death Benefit; or
7. The date a Nonforfeiture Option under the contract, if any, becomes effective.

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



Blake Bostwick  
President



Karyn S.W. Polak  
Secretary

**QUESTIONS OR COMPLAINTS TELEPHONE NUMBER:** If an Insured has any questions concerning the benefits available under this Certificate or needs to express a complaint, they may contact us at our toll-free Customer Service telephone number, 1-888-763-7474.

# TRANSAMERICA LIFE INSURANCE COMPANY

## DISCLOSURE UPON THE PURCHASE OF THE ACCELERATED DEATH BENEFIT FOR CHRONIC CONDITION RIDER

(A Living Benefit Rider)

Michigan residents:

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

(A Living Benefit Rider)

Minnesota residents:

## DISCLOSURE UPON THE PURCHASE OF THE ACCELERATED DEATH BENEFIT RIDER

(Upon diagnosis of a Chronic Condition)

### SPECIAL NOTICE

Benefits received under this Rider may be taxable as income. Whether any tax liability is incurred when benefits are paid under this Rider could depend on whether your employer has paid the premium, 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 an independent tax advisor to evaluate any tax impact of this benefit.

Receipt of an Accelerated Death Benefit may affect eligibility for Medicaid or other government benefits or entitlements. Unless you exercise this option, the mere fact that this 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 coverage, please contact your agent or us directly at 1-888-763-7474.

1. **Benefits** - After our receipt of written proof that an Insured has met the Eligibility for Benefits provision, 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, until the entire Death Benefit has been paid out.

**Eligibility for Benefits** - We will pay an Accelerated Death Benefit under this Rider if the contract to which this Rider is attached is in force and after we receive written proof of loss that a Physician has certified that the Insured has a Chronic Condition (Chronic Illness in **Michigan**).

**Accelerated Death Benefit Options** - You may choose one of the following options for submitting a claim for an Accelerated Death Benefit under this Rider:

**Option 1 - Monthly Accelerated Death Benefit** - You may request a monthly Accelerated Death Benefit equal to the applicable percentage of the Death Benefit Amount shown on the Contract Data Pages. This benefit is payable for each month the Insured satisfies the Eligibility for Benefits provision while this Rider is in force. After submitting satisfactory proof of loss, in order to continue receiving the monthly benefit you must provide at reasonable intervals (not more than quarterly), a written certification by a Physician that the Insured continues to have a Chronic Condition (Chronic Illness in **Michigan**).

**Montana residents:** However, when a Physician has certified that an Insured is unable to perform Activities of Daily Living for an expected period of at least 90 days due to a loss of functional capacity, and the Insured is in a claim status; the certification may not be rescinded and additional certifications may not be performed until after the

expiration for the 90-day period.

**New Jersey residents:** This benefit will not be less than the acceleration percentage times the current Cash Value less debt.

**Ohio residents: Option 1 – Monthly Accelerated Death Benefit** – You may request a monthly Accelerated Death Benefit equal to 2% of the Death Benefit Amount shown on the Contract Data Pages. This monthly Accelerated Death Benefit is payable while this Rider is in force up to 15 months. Periodic recertification is not required.

**Option 2 - One-Time Lump Sum Accelerated Death Benefit** – In lieu of the monthly Accelerated Death Benefit, you may request a one-time lump sum Accelerated Death Benefit payment equal to the applicable percentage shown on the Contract Data Pages of the Death Benefit Amount. Upon payment of this lump sum benefit, your rights under this Rider will end and this Rider will terminate.

**Florida residents:** We will not accelerate an additional amount even if any portion of the death benefit remains.

**New Jersey residents:** Payment of an Accelerated Death Benefit under this Rider will not reduce any Accidental Death benefit available under the contract or any Rider attached to the contract, unless no death benefit remains after the payment of the Accelerated Death Benefit.

### **Concurrent and/or Subsequent Chronic Conditions (Chronic Illness in Michigan) -**

If the Insured suffers from more than one Chronic Condition (Chronic Illness in **Michigan**), we will pay an Accelerated Death Benefit under this Rider for only one of the conditions.

A separate claim must be submitted for consideration under any other Accelerated Death Benefit Rider attached to the contract.

Payment of an Accelerated Death Benefit under this Rider will not reduce any Accidental Death Benefit Rider available under the contract provided the certificate is still in force.

## **2. Definitions** - These are some of the important definitions that will help you understand the Benefits provision.

**Activities of Daily Living** – For the purposes of this Rider, each of the following activities is considered an Activity of Daily Living:

**Bathing** - The Insured's ability to wash himself or herself by sponge bath; or in a tub or shower, including the task of getting into and out of the tub or shower.

**Continence** - The Insured's ability to maintain control of bowel and bladder function; or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for catheter or colostomy bag).

**Dressing** - The Insured's ability to put on and take off all items of clothing and any necessary braces, fasteners or artificial limbs.

**Eating** - The Insured's ability to feed himself or herself by getting food into his or her body from a receptacle (such as a plate, cup or table) or by a feeding tube or intravenously.

**Toileting** - The Insured's ability to get to and from the toilet, to get on and off the toilet, and to perform associated personal hygiene.

**Transferring** - The Insured's ability to move into or out of a bed, chair or wheelchair.

**Hawaii and Michigan residents:** The Activities of Daily Living definition does not apply.

### **Chronic Condition (Chronic Illness in Michigan)–**

- The inability to perform, without Substantial Human Assistance, at least two Activities of Daily Living for a period of at least 90 days (due to loss of functional capacity in **Montana** and **New Jersey**); or
- Severe Cognitive Impairment that requires Substantial Supervision for a period of at least 90 days to protect the Insured from threats to his or her health and safety.

**Hawaii residents: Chronic Condition** - A condition which would require institutional confinement.

**Michigan residents: Chronic Condition** – A medical condition that results in an individual being unable to attend to basic physical activities such as eating, toileting, bathing, grooming, dressing, or ambulating for a period of at least 90 days. "Chronic Condition" also includes a Severe Cognitive Impairment or a similar form of dementia.

**Severe Cognitive Impairment** – A severe loss or deterioration in intellectual capacity that is comparable to and includes advanced Alzheimer’s disease and is measured by clinical evidence and standardized tests as part of an evaluation that reliably measures impairment in the Insured’s:

1. short-term or long-term memory;
2. orientation as to person, place and time;
3. deductive or abstract reasoning; or
4. judgment as it relates to safety awareness.

**Hawaii residents:** The **Severe Cognitive Impairment** definition does not apply.

3. **Premiums** – The initial monthly charge and the guaranteed monthly charge for this Rider are shown in the Contract Data Pages. We may use monthly charges lower than the guaranteed monthly charge but will not use charges higher than the guaranteed amount.
4. **Waiver of Monthly Premiums** – For each month or partial month that benefits are paid under this Rider, we will waive the monthly premiums for the contract. If you elect the one-time lump sum Accelerated Death Benefit option, this waiver provision will not apply.

**New Jersey residents:** The contract will continue on a premium-paying basis.

5. **Exclusions and Limitations** –

**Kentucky, Louisiana, Michigan, New Jersey, Ohio, Oregon, and Vermont residents:** The Exclusions and Limitations section does not apply.

We will **not** pay Rider benefits if the Insured meets the requirements of the Eligibility for Benefits provision as a result of:

- a. An intentionally self-inflicted injury or attempted suicide.

**Missouri and Mississippi residents:** a. An intentionally self-inflicted injury while sane or attempted suicide while sane.

- b. The Insured’s alcohol, drug or other chemical dependence, except if the drug dependency is for a drug prescribed by a Physician in the course of treatment for an injury or sickness.

**District of Columbia residents:** b. The Insured’s voluntary use of illegal drugs; the intentional taking of over the counter medication not in accordance with recommended dosage and warning instructions and intentional misuse of prescription drugs.

**Minnesota residents:** b. The Insured’s use of any narcotic, unless administered in accordance with a Physician’s advice and written instruction.

**Nevada and South Dakota residents:** This exclusion is does not apply.

**South Carolina residents:** b. The Insured’s alcohol or narcotic dependence, except if the dependency is for a narcotic prescribed by a Physician in the course of treatment for an injury or sickness.

- c. The Insured’s commission of, or attempt to commit, a felony; or an injury that occurs because of the Insured’s involvement in an illegal activity (illegal occupation in **Nebraska**).

**New Hampshire residents:** c. The Insured’s commission of, or attempt to commit, a felony; or the Insured’s engagement in an illegal occupation.

**South Dakota residents:** c. The Insured’s commission of a felony, or an injury that occurs because of the Insured’s involvement in an illegal activity.

**Minnesota residents:**

- d. The Insured’s involvement in an accident that occurs while he or she was driving a motor vehicle while intoxicated as determine by a blood alcohol level exceeding the legal limit according to the laws of the jurisdiction in which the accident occurs.

6. **Impact on Death Benefit** – We will deduct any amounts paid under this Rider from the Insured’s Death Benefit and send the Owner a monthly report showing the effect of each payment on the contract values. Each payment will reduce the following contract values proportionally to the reduction in the Death Benefit: The Face Amount, Accumulation Value, Surrender Charge, Guaranteed Cash Value, if applicable, and any outstanding Loan balance, if any. The Insured’s beneficiary will receive any remaining Death Benefit after the Insured dies, provided the contract has not stopped. However, if the entire Death Benefit has been accelerated prior to the Insured’s death, the contract will terminate and there will be no Death Benefit payable upon the Insured’s death.

Once Rider benefit payments begin, you cannot change the Face Amount or the Death Benefit option of the contract or add any Riders, and we will not accept any premium payments.

**Illustrative Example** of the effect of exercising the Accelerated Death Benefit option based on monthly benefit acceleration of 4% of the Death Benefit:

	Death Benefit	Accelerated Death Benefit Amount	Accumulation Value	Surrender Charge
Before payment of Accelerated Benefit	\$50,000		\$5,000	\$500
After one month's payment of Accelerated Death Benefit:	\$48,000	\$2,000	\$4,800	\$480

# TRANSAMERICA LIFE INSURANCE COMPANY

## WAIVER OF PREMIUM BENEFIT RIDER

This Rider is attached to and made part of the contract as of the Rider Effective Date. It is issued in consideration of the Application and payment of any required initial premium. All provisions of the contract not in conflict with the provisions of this Rider will apply to this Rider. This Rider has no cash value.

## DEFINITIONS

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

**Immediate Family Member** means anyone related to an Insured in the following manner: spouse, daughter, son, stepchild, father, mother, stepparent, sister, brother, stepsister, stepbrother, grandchild, grandparent, father-in-law, mother-in-law, or the spouse of any of these. The term "spouse" includes a common law marriage partner, domestic partner, or civil union partner, if legally recognized in the governing jurisdiction.

**District of Columbia residents: Immediate Family Member** means anyone related to an Insured in the following manner: spouse, Civil Union partner, daughter, son, stepchild, Civil Union child, father, mother, stepparent, sister, brother, stepsister, stepbrother, grandchild, grandparent, father-in-law, mother-in-law, or the spouse of any of these. **Civil Union Partner** means a partner defined as a same-sex relationship similar like marriage that is recognized by law.

**Idaho residents: Immediate Family Member** means anyone related to an Insured in the following manner: spouse, other adult dependent, daughter, son, stepchild, father, mother, stepparent, sister, brother, stepsister, stepbrother, grandchild, grandparent, father-in-law, mother-in-law, or the spouse of anyone related to the Insured. Other adult dependent includes a common law marriage partner, domestic partner, or civil union partner, if legally recognized in the governing jurisdiction.

**New Jersey residents: Immediate Family Member** means anyone related to an Insured and his or her spouse or civil union partner as well as their child, brother, sister, mother or father or the spouse or civil union partner of one of these individuals.

**Physician** means a person who is providing services within the scope of his or her license, and is either:

1. Licensed to practice medicine and prescribe and administer drugs or to perform surgery; or
2. Legally qualified and licensed as a medical practitioner and is required to be recognized, according to the insurance statutes or the insurance regulations of the governing jurisdiction.

Such person must not be an Immediate Family Member of the Insured. Practitioners of homeopathic, naturopathic and related medicines are not considered eligible Physicians under the Policy.

**Total Disability or Totally Disabled** means the Owner's complete inability, because of a bodily injury or disease, to perform the material and substantial duties of any occupation for which he or she is qualified by education, training or experience. A bodily injury must occur or disease must manifest itself after the Rider Effective Date.

**Georgia residents: Total Disability or Totally Disabled** means, during the first 24 months of disability, the Owner's complete inability because of a bodily injury or disease, to perform the material and substantial duties of his or her job for which he or she is qualified by education, training or experience. After the first 24 months of disability, the inability to perform the material and substantial duties of any occupation for which he or she is qualified by education, training or experience. A bodily injury must occur or disease must manifest itself after the Rider Effective Date.

**Missouri residents: Total Disability or Totally Disabled** means, during the first 12 months of disability, the Owner's inability, because of a bodily injury or disease, to perform the material and substantial duties of his or her job for which he or she is qualified by education, training or experience. After the first 12 months of disability, the inability to perform the material and substantial duties of any occupation for which he or she is qualified by education, training or experience. A bodily injury must occur or disease must manifest itself after the Rider Effective Date.

**Montana residents: Total Disability or Totally Disabled** means the Owner's complete inability, because of a bodily injury or disease, to perform the material and substantial duties of any occupation for which he or she is qualified by education, training or experience. A bodily injury or disease must begin after the Rider Effective Date.

**New Jersey residents:** Any preexisting condition disclosed in the Application will be excluded from coverage under this Rider. If a preexisting condition was not disclosed in the Application because the Application did not include such a question, we will exclude such preexisting condition during the first two years from the Rider Effective Date. If the Insured recovers from such disability and becomes disabled again from the same preexisting condition after two years from the Rider Effective Date, it will be considered an accepted preexisting condition.

Total Disability will be presumed to be total, for the purpose of determining the beginning of liability under this Rider, when it is present and has existed continuously for not less than 6 consecutive months (180 consecutive days in **MO**). We will also recognize as Total Disability the Owner's complete and irrecoverable loss of any one of the following:

1. Sight of both eyes;
2. Use of both hands or both feet;
3. Use of one hand and one foot;
4. Hearing in both ears.

**Waiting Period** means the consecutive six-month period (180 days) that starts on the date the Owner's Total Disability begins.

## BENEFITS

We will waive the monthly premium on the contract when the Owner has been Totally Disabled for six consecutive months (180 consecutive days). We will apply the waiver retroactively to the commencement of Total Disability after the six-month (180-day) waiting period has been met.

Benefits under this Rider begin on the first Monthly Date after the waiting period for Total Disability ends. The period of Total Disability must begin on or after the Insured's 18<sup>th</sup> birthday and before his or her 60<sup>th</sup> birthday.

No benefit will be provided that falls due:

1. More than one year prior to our receipt of a written notice of claim;
2. After the Owner's recovery from Total Disability; or
3. After the termination date of this Rider.

No monthly premiums will be waived after the Owner ceases to be Totally Disabled.

**Maryland residents:** Continuous care of a Physician will not be required if such care would be of no benefit to the Owner. No monthly premiums will be waived after the Owner ceases to be Totally Disabled.

## LIMITATIONS AND EXCLUSIONS

We will not waive monthly premiums if the Owner's Total Disability results from:

1. The Owner's attempted suicide or intentionally self-inflicted injury while sane or insane.

**Colorado or Missouri residents:** The Owner's attempted suicide or intentionally self-inflicted injury while sane.

**South Dakota residents:** The Owner's attempted suicide or intentionally self-inflicted injury while sane within two years from the Rider Effective Date.

2. The Owner's commission of or attempting to commit a felony or engaging in an illegal occupation.

**Massachusetts residents:** The Owner's commission of or attempting to commit an assault or a felony.

**South Dakota residents:** The Owner's commission of or attempting to commit a felony.

3. The Owner's participation in a riot or insurrection.

**Oregon residents:** The Owner's willful participation in a riot or insurrection.

4. The Owner's voluntary use of alcohol or any drug, whether legal or illegal, unless administered in accordance with a Physician's advice and written instruction.

**Alabama, Missouri, or Oregon residents:** The Owner's voluntary use of any drug, whether legal or illegal, unless administered in accordance with a Physician's advice and written instruction.

**Minnesota residents:** The Owner's voluntary use of any narcotic, whether legal or illegal, unless administered in accordance with a Physician's advice and written instruction.



**Nebraska residents:** The Owner's being intoxicated or under the influence of any narcotic unless administered on the advice of a Physician.

5. The Owner's voluntarily taking, absorbing or inhaling a poison, gas or fumes.

**Missouri residents:** The Owner's voluntarily taking, absorbing or inhaling a poison, gas or fumes, while sane.

**South Dakota residents:** This exclusion does not apply.

6. An accident that occurs while the Owner was driving a motor vehicle while intoxicated or under the influence according to the laws of the jurisdiction in which the accident occurs.

**Minnesota residents:** An accident that occurs while the Owner was driving a motor vehicle while intoxicated as determined by a blood alcohol level exceeding the legal limit according to the laws of the jurisdiction in which the accident occurs.

**New Hampshire residents:** An accident that occurs while the Owner was driving a motor vehicle while intoxicated according to the laws of the jurisdiction in which the accident occurs.

**New Jersey residents:** An accident that occurs while the Owner was driving a motor vehicle while intoxicated according to the laws of the jurisdiction in which the accident occurs. (Intoxicated or "being under the influence" means according to the laws of the jurisdiction in which the accident occurs.)

**South Carolina residents:** An accident that occurs while the Owner was driving a motor vehicle while under the influence of a narcotic (unless administered by a physician or taken according to the Physician's instructions) or while intoxicated according to the laws of the jurisdiction in which the accident occurs.

**South Dakota residents:** This exclusion does not apply.

7. The Owner's travel in or descent from any vehicle or device for aerial navigation, except as a fare paying passenger in an aircraft operated by a commercial airline (other than a charter airline) on a regularly scheduled passenger trip.

**Minnesota residents:** The Owner's travel in or descent from any aircraft or device for aerial navigation, except as a fare paying passenger in an aircraft operated by a commercial airline flying between established airports on: (a) a scheduled route, or (b) a charter flight.

**Texas residents:** The Owner's travel in any vehicle or device for aerial navigation, except as a fare paying passenger in an aircraft operated by a commercial airline (other than a charter airline) on a regularly scheduled passenger trip.

8. War or any act of war, whether declared or undeclared.

**Massachusetts residents:** War or any act of war, whether declared or undeclared, if the cause of Total Disability occurs while the Insured is serving in the military, or within six months after termination of service in the military forces.

**Oklahoma residents:** War or any act of war, whether declared or undeclared, if the cause of Total Disability occurs while the Insured is serving in the military, or within six months after termination of service in the military forces when serving in the military or an auxiliary unit thereto.

**Texas residents:** This exclusion does not apply.

9. The Owner's service in the military or any auxiliary unit attached thereto.

**Oklahoma residents:** This exclusion does not apply.

If any Conversion Option or Portability Option provision of the contract has been exercised, the Owner will need to provide proof of being employed (other than self-employment) for the 6 months prior to the Total Disability.

This Rider is not available for self-employed individuals.

## CLAIMS

**Notice and Proof of Loss** - Before we waive any monthly premium, we must receive written notice and due proof of Total Disability. The written notice and proof must be sent to our agent or to us and must reach us:

1. While the Insured is living;
2. While the Owner is Totally Disabled; and
3. Not later than one year after the due date of any monthly premium that is to be waived. Unless the Owner has been legally incapable of filing proof of Total Disability, we will not accept notice and proof of loss filed after 12 months from the date it should have been filed.

**New Hampshire residents:** 3. As soon as reasonably possible after the due date of any monthly premium that is to be waived.

At reasonable intervals (ordinarily not more than twice a year in **MT**; or more often than every three months in **TX**), we can require due proof that the Total Disability is continuing. If we do not receive this continuing proof of loss, we will stop waiving the monthly premiums. After the first two years of Total Disability, we will not ordinarily require proof more often than once a year. As part of due proof, we can require, at our expense, that the Owner be examined by a Physician of our choice. The Owner has the obligation to inform us immediately if he or she is no longer Totally Disabled or returns to work.

**Texas residents:** If, after returning to work, the Owner becomes Totally Disabled again, then all of the eligibility requirements outlined in the Benefits section must again be met.

**Hawaii residents: Notice and Proof of Loss** - Before we waive any monthly premium, we must receive written notice and due proof of Total Disability. Proof of Total Disability will include a certificate from a Physician attesting to the Owner's medical condition and the period that the condition is expected to last. If the period that the condition will last cannot be established with reasonable medical certainty, the Physician shall state an opinion of the period during which the condition is likely to persist. If we do not agree with the Owner's Physician's diagnosis or estimate of the period that the condition will last, the Owner will be examined by a second Physician selected by us and at our expense. We will accept the second Physician's diagnosis and estimate of the period that the condition will last in order to determine Total Disability and waiver of monthly premiums to be provided. The Owner will be furnished with copies of all Physicians' reports.

We will furnish the Owner with an explanation of our decision regarding the Total Disability under the terms of the contract and expected period it will last. If the Owner does not agree with our decision, the Owner may appeal to the insurance commissioner within 30 days following receipt of the written notice of our decision.

Once we determine there is Total Disability and the probable period that it will last, we will require further certification during the stated period of disability or probable disability only at our expense and not more often than once in any three calendar years, unless there is evidence of a change of circumstances that indicate a change in the Owner's medical condition.

The written notice and proof must be sent to our agent or to us not later than 12 months after the due date of any monthly premium that is to be waived. However, even if the claim is filed late, we will refund monthly premium paid after the date the waiver would have been effective under the following conditions:

1. The qualifying disability has been proved;
2. The Owner has demonstrated good faith and honest error justifying the late filing for waiver; and
3. The claim had been filed as soon as reasonably possible and in no event, except the absence of legal capacity, later than 15 months from the time proof is otherwise required.

## GENERAL RIDER PROVISIONS

**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. The Rider contestable period will be extended for any period of Total Disability for which a claim is submitted if such period commences during the first two years following the Rider Effective Date.

**Maryland, Montana and Tennessee residents:** 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.

### Additional GENERAL RIDER PROVISIONS required by the following states:

**District of Columbia residents:**

**Conformity to Law** - Any provision of the contract that is in conflict with the requirements of any state or federal law that apply to this coverage are automatically changed to satisfy the minimum requirements of such laws.

**Texas residents:**

**Adjustments in the Event of Error in Age or Tobacco Use** - If the Age or Tobacco Use status of the Insured is misstated on the Application, we will adjust the Death Benefit to reflect the amount that the most recent monthly premium would buy at the Insured's correct Age or Tobacco Use status.

**Suicide** - If the Insured dies by suicide, while sane or insane, within two years from the Rider Effective Date, we will refund premiums paid for this Rider.

## RIDER COST

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

**Pennsylvania residents:** This monthly charge will remain level until the sooner of Rider termination, any increase in the Contract Face Amount, or any decrease in the Contract Face Amount.

## RIDER EFFECTIVE DATE

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

## TERMINATION

**Benefit Payments** - The benefits provided by this Rider stop on the earliest of the following dates:

1. The date the Owner's Total Disability ends;
2. The date the Owner dies;
3. The date the Owner refuses to give us proof of his or her continuing Total Disability if we have asked for it;
4. The date the Owner refuses to be examined by a Physician of our choice if asked to do so;
5. The Certificate Anniversary that coincides with or next follows the Owner's 70<sup>th</sup> birthday; or
6. The date the contract or this Rider ends.

**Rider Termination** - This Rider will terminate on the earliest of:

1. The date the contract terminates;
2. The date the contract Lapses, subject to the Grace Period;
3. The date the Owner requests termination;
4. The date the Owner dies;
5. The Certificate Anniversary that coincides with or next follows the Owner's 60<sup>th</sup> birthday;  
**New Jersey residents:** Termination on this date will be without prejudice to any claim which began prior to this birthday;
6. The date the Owner assigns the contract to another individual; or
7. The date a Nonforfeiture Option under the contract, if any, becomes effective.

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



Blake Bostwick  
President



Karyn S.W. Polak  
Secretary

**Florida residents: QUESTIONS OR COMPLAINTS TELEPHONE NUMBER:** If an Insured has any questions concerning the benefits available under this Certificate or needs to express a complaint, they may contact us at our toll-free Customer Service telephone number, 1-888-763-7474.