

Policy Number: 6601506876

Plan Name: Financial Foundation IUL - 2017 CSO - LTC - Guideline

Process Date: February 17, 2023

Application State: Maryland

SEPEDEL

Transamerica Financial Foundation IUL®

Offered by Transamerica Life Insurance Company, Cedar Rapids, IA ("the Company")

Statement of Understanding and Acknowledgment

Applicant's Name: IDRIS O SOMOYE

I am applying for an Index Universal Life Insurance Policy to be issued by the Company. In connection with my application I understand that:

THE POLICY

This policy is intended for people whose primary purpose in buying life insurance is for the death benefit.

Since a portion of the interest credited to the Index Account(s) is calculated in part by reference to outside indexes, there is the potential for greater volatility in the amount of Excess Index Interest credited than of interest credited to the Basic Interest Account. This policy works best for those individuals who can tolerate fluctuations in interest crediting and is not recommended for policyowners who do not intend to allocate a significant portion of their net premiums to the Index Account(s).

This policy is not an investment in the stock markets or the indexes and does not participate in any stock or investments.

PREMIUMS

I must pay premiums on a regular basis to keep the policy in effect. The policy may lapse if I do not have sufficient Cash Surrender Value (Policy Value less the Surrender Charge and less any Loan Balance) in the policy to pay the next Monthly Deduction and Index Account Monthly Charge and have not paid enough premiums to meet the Minimum No Lapse Premium requirement. In that event, I would be required to pay additional premiums to keep the policy in force.

ACCOUNT OPTIONS

The policy I am applying for allows me to allocate my net premium payments to more than one Account Option: the Basic Interest Account and the Index Accounts. Interest will be credited differently to the different Account Options.

INTEREST

Net premiums allocated to the Basic Interest Account will earn interest at the Current Interest Rate declared by the Company. This rate is guaranteed never to be less than 2% per year. Net Premiums received after a Monthly Policy Date that are to be allocated to the Basic Interest Account will earn interest at the Current Interest Rate until the next Monthly Policy Date, when they will be placed into the next Basic Interest Account Segment.

Net Premiums allocated to the Index Accounts will earn interest at a guaranteed minimum annual interest rate of 0.75%. Net Premiums received after a Monthly Policy Date that are to be allocated to an Index Account will earn interest at the guaranteed rate until the next Monthly Policy Date, when they will be placed into the next Index Account Segment. Additional interest ("Excess Index Interest") may be credited at the end of each one-year Segment Period.

EXCESS INDEX INTEREST

Excess Index Interest on the Index Accounts is determined using a formula based on changes in the index(es), excluding dividend income, and cannot exceed the Cap established by the Company. The Company may determine a different Cap for each Segment and can increase or decrease the Cap at its discretion at the Segment Anniversary. Current Caps will be shown in Policy Statements and may be obtained from the Company's Administrative Office.

Excess Index Interest, if any, is credited to a segment at the end of each one year Segment Period. Any Policy Values, Death Benefit or Cash Surrender Value determined during a Segment Period will be based only on guaranteed minimum interest that has already been credited during the Segment Period. A Policy Statement reflecting Policy Values and the interest credited for a policy year will be provided annually.

EXCESS INDEX INTEREST (CONTINUED)

Monthly Deductions, Index Account Monthly Charges, and certain policyowner transactions, such as transfers, loans and withdrawals, occurring during a Segment Period will reduce the value used in determining Excess Index Interest. This will result in the reduction of any Excess Index Interest that might otherwise have been credited at the end of the Segment Period. Upon surrender of the policy, no Excess Index Interest will be credited for partial years on any Index Account Segment.

TRANSFERS

Transfers from an Index Account Segment will only be processed at the end of the Segment Period. For purposes of dollar cost averaging, transfers to an Index Account are processed on the monthly policy date following receipt of the request. Transfers from the Basic Interest Account will only be processed on the monthly date following receipt of the request.

LOANS AND WITHDRAWALS

Loans and withdrawals may be taken from the Basic Interest Account and the Index Accounts(s). Loans and withdrawals are Subject to certain fees and charges and to the conditions and limitations specified in the policy.

SURRENDERS

If the policy is surrendered, the Cash Surrender Value of the policy will be equal to the Policy Value less any applicable surrender charges and any Loan Balance. Surrender charges apply for the first fifteen policy years and for fifteen years from the date of any Face Amount increase. The surrender charge will vary based on the Face Amount and duration of the Policy and the issue age, gender and class of risk of the insured on the policy date and at the time of any increase in the Face Amount.

CONSUMER BROCHURE

I have received a copy of the Consumer Brochure containing information regarding the policy. I understand that I have a certain period of time after receipt of the policy issued to me to review and return it for a refund of premium as described in the policy.

I have read and understand the above disclosures of certain limitations and restrictions regarding the policy and the Index Account(s).

The guaranteed minimum interest rates for the Basic Interest Account and Index Accounts are shown on the previous page. Non-guaranteed rates and other elements appearing on illustrations or other related materials are hypothetical and actual results may be less favorable than those shown on such documents. I understand I may select the assumed rates and elements used in illustrations or other related materials.

Date: 1/13/2023

Applicant Name (print): IDRIS O SOMOYE

DocuSigned by:



Signature of Applicant: 2944595A95E5474..

INDEX UNIVERSAL LIFE INSURANCE IS NOT A SECURITY and index universal life insurance policies are not an investment in the stock market or in the indexes. Index Account Interest is based, in part, on index performance.

Past performance of an index is not an indication of future index performance. There is no guarantee that any Excess Index Interest will be credited above the guaranteed minimum interest rate for the Index Account(s). Additionally, there is no guarantee that the company will declare an interest rate greater than the guaranteed minimum interest rate for the Basic Interest Account.



Index Universal Life Insurance offered by:
Transamerica Life Insurance Company, Cedar Rapids, IA • Home Office: Cedar Rapids, IA

FL061120317

Policy Form Numbers IUL09 and ICC16 IUL09

Page 2 of 2

NF

HIPAA NOTICE OF HEALTH INFORMATION PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW PROTECTED HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice of Privacy Practices ("Notice") covers an Affiliated Covered Entity ("ACE"). When this Notice refers to the Transamerica ACE or "we", "our" or "us", it is referring to the health care components of the following affiliated entities; Transamerica Financial Life Insurance Company, and Transamerica Life Insurance Company. Each of the companies listed above is a hybrid covered entity under the Health Insurance Portability and Accountability Act of 1996 and the regulations promulgated thereunder (collectively, "HIPAA"). The combined companies listed are designated as a single covered entity for purposes of compliance with HIPAA and certain covered health care components of such companies. The single covered entity shall be known as the Transamerica Affiliated Covered Entity or the "Transamerica ACE." This designation may be amended from time-to-time to add new covered entities that are under common control and ownership to the Transamerica ACE.

The Transamerica ACE is required under HIPAA to protect the privacy of your protected health information ("PHI"), provide you with notice of our legal duties and privacy practices with respect to PHI and abide by the terms of the Notice currently in effect for the Transamerica ACE. This Notice describes how the Transamerica ACE may use and disclose your PHI and your rights to access and amend your PHI.

This notice is effective September 23, 2013 as revised per the date set forth in the footer below, and provided to you in connection with your health plan from the Transamerica ACE. In some cases, this may include product riders purchased with a product that is not considered a health plan subject to HIPAA. Health plans include, but are not limited to: Dental, Long Term Care, Medicare Supplement, Prescription Drug Coverage, Supplemental Medical Expense, Medical Expense, and TRICARE.

Our Commitment to Your Privacy

We are committed to maintaining the privacy of your PHI. This notice will tell you about the ways in which we may use and disclose your PHI for payment, health care operations, and other circumstances as either required or permitted by law. Permitted uses and disclosures may include use and disclosure between the affiliates within the Transamerica ACE. **Except as outlined below, we will not use or disclose your PHI**

without your written authorization, which you may revoke as described in the "Your Privacy Rights" section below. For example, use or disclosure of your PHI for marketing, certain uses or disclosures of psychotherapy notes, or any disclosure that would constitute a sale of your PHI, would require your authorization.

We are required by law to: safeguard your PHI; give you this Notice of our duties and privacy practices; notify you in the event of a breach of your unsecured PHI; and abide by the terms of the Notice of Privacy Practices currently in effect. **The laws of your state may provide additional privacy rights.**

We reserve the right to change any of our privacy practices and the terms of this Notice, and to make the new notice effective for all PHI maintained by us. In the event of a material change, a revised notice will be sent to all of our policyholders who are enrolled in a health plan subject to HIPAA.

USES AND DISCLOSURES OF YOUR PHI

- 1. Treatment.** We do not make treatment decisions, but we may disclose your information to those who do. For example, we may disclose information regarding your benefits to doctors, hospitals, long term care facilities, and other health care providers involved in your care.
- 2. Payment.** We may use and disclose your PHI as necessary for benefit verification and claims processing purposes. For instance, we may use information regarding health care services you receive from service providers such as physicians, hospitals, pharmacies, nursing homes, assisted living facilities, and home health care agencies to process and pay claims, to determine whether services are medically necessary or to otherwise pre-authorize or certify services as covered under your health plan. We may also forward such information to another health plan, which may also have an obligation to process and pay claims on your behalf. Examples of our payment related purposes also include our collection of premiums, coordinating reinsurance, and care coordination activities.
- 3. Health Care Operations.** We will use and disclose your PHI as necessary, and as permitted by law to operate our business including performing quality improvement and assurance, conducting cost-management and business planning, enrollment,

underwriting, reinsurance, compliance, auditing, rating, customer service, fraud prevention and reporting, payment of agent commissions, and other functions related to your health plan. With the exception of certain long-term care insurance, we are prohibited from using or disclosing your protected health information that is genetic information for underwriting purposes. If our long-term care insurance underwriting uses genetic information, it will only be used in a manner allowed by law.

- 4. Family and Friends Involved in Your Care.** We may disclose your PHI to certain family, friends, and others who are involved in your care or in the payment for your care based on your authorization or if we inform you and you do not object. We may also share your PHI to individuals or others based on your authorization. If you are unavailable, incapacitated, or facing an emergency medical situation, or if we have determined, based on our professional judgment and review of the circumstances, that you would not object and that a limited disclosure may be in your best interest, we may share limited PHI without your approval. If you have designated a person to help prevent the unintentional lapse of your coverage, we will inform that person prior to terminating the policy for nonpayment of premium. We may also disclose limited PHI to a public or private entity that is authorized to assist in disaster relief efforts in order for that entity to locate a family member or other persons that may be involved in some aspect of caring for you. You have the right to stop or limit these disclosures by contacting us at the address shown at the end of this notice.
- 5. Business Associates.** Certain services are performed through contracts with outside persons or organizations, such as auditing, accreditation, actuarial services, legal services, claims investigation and adjudication, underwriting support services, care coordination services, etc. We may disclose your PHI to one or more of these outside persons or organizations that assist us with our operations. We obligate business associates to appropriately safeguard the privacy of your PHI.
- 6. Collection of Information.** To properly underwrite, rate, and administer your health plan, we may collect health and non-health personal information such as your age, occupation, physical condition,

and health history, including drug and alcohol usage. You are our most important source of information; however, with your authorization, we may also collect or verify information by contacting information sources such as: insurance support organizations (like Medical Information Bureau, Inc.); insurance companies to which you have applied for coverage; and medical professionals and facilities which have provided services to you.

- 7. Agents.** Your agent is our business associate. For customer service purposes, your agent may be notified of certain coverage-related matters and information necessary to assist in servicing your coverage. For example, your agent may be notified if we: decline your application, offer you coverage at a higher than standard rate, or offer to accept the application with modifications to the benefits you requested. We may also notify your agent when there is a change in premium paying status, when we receive notice of a claim, or notice of the cancellation or replacement of your policy. Your agent may be notified on their commission statement that your policy remains in force for as long as you continue to pay your premium.
- 8. Plan Sponsors.** We may also use or disclose PHI to the plan sponsor of a group health plan, if applicable, provided that any such plan sponsor certifies that the information provided will be maintained in a confidential manner and not used for employment related decisions or for other employee benefit determinations or in any other manner not permitted by law.
- 9. Health-Related Products, Benefits and Services.** We or our business associates may contact you regarding health-related benefits, products and services that may be of interest to you.
- 10. Mergers and Acquisitions.** Your PHI may also be disclosed as a part of a potential sale, merger or acquisition involving our business.

USE AND DISCLOSURE OF YOUR PHI IN CERTAIN SPECIAL CIRCUMSTANCES

1. Your PHI may be used or disclosed as applicable without your authorization in the following circumstances:
 - for any purpose when required by law;
 - for public health and/or law enforcement activities consistent with law, including if we suspect child abuse, elder abuse, or neglect or believe you to be

- a victim of abuse, neglect, domestic violence, or other crimes;
- as required by law for a governmental oversight agency conducting audits, investigations (such as investigations in to consumer complaints), or civil or criminal proceedings;
- in a judicial or administrative proceeding, as required by a court or an administrative ordered subpoena, or in response to a subpoena or discovery request;
- as required by law for certain law enforcement purposes; about deceased persons to coroners, medical examiners, and funeral directors consistent with law;
- if necessary for organ and tissue donation or transplant;
- for research purposes as permitted by law;
- upon reasonable belief to avert a serious threat to health or safety;
- for specialized government functions (such as military personnel and inmates in correctional facilities);
- for national security or intelligence activities;
- to workers' compensation agencies as permitted or required by law;
- to Non-affiliated organizations or persons as permitted by HIPAA, such as other insurance institutions, agents, insurance support organizations (such as Medical Information Bureau, Inc.), or law enforcement and governmental authority as necessary to prevent or investigate criminal activity, fraud, material misrepresentation or material non-disclosure in connection with your coverage or application for coverage;
- to our parent company and affiliates in conjunction with health care operation purposes;
- to the Department of Health and Human Services for HIPAA compliance purposes.

Your Privacy Rights

Your rights are explained below. ***Any written requests to exercise those rights should be directed to the address provided at the end of this notice.***

1. **Restrictions.** You have the right to request restrictions on certain of our uses and disclosures of your PHI for treatment, payment, or health care operations, or with certain persons involved in your care, by notifying us in writing. Your request must describe in detail the restriction you are

requesting. We will evaluate all requests; however, consistent with HIPAA we are not required to agree to the restriction, unless it is a restriction to a health plan for a specific treatment or service that you, or someone on your behalf, has paid for in full, out of pocket, the disclosure is for payment or health operations purposes, and the disclosure is not otherwise required by law.

We retain the right to terminate an agreed upon restriction, other than a specific restriction as to payment or health care operations mentioned above, if we believe such termination is appropriate. In the event of a termination by us, it will only apply to health information created or received after you have been notified of the termination. You also have the right to terminate a restriction, in writing. You may obtain a Request for Restriction form (or terminate a restriction) by contacting us at the phone number or address listed at the end of this notice.

2. **Confidential Communications.** You may request that we send communications of health information to you by alternative means or to alternative locations. For example, you may ask that we contact you at work, rather than at home. We will try to accommodate reasonable requests. We must accommodate a reasonable request if you inform us that disclosure of some or all of your health information could endanger you. You may obtain a Request for Confidential Communication form by contacting us at the phone number or address listed at the end of this notice.
3. **Access.** You have a right to access certain PHI that we retain on your behalf. This means you may submit a written request, signed by you or your representative, to inspect or obtain a copy of your complete health record, or to direct us to disclose your PHI to a third party. If your health record is maintained electronically, you also have the right to request a copy in electronic format. We may charge a reasonable fee for copies, postage, labor and supplies. In certain cases, we may deny your request and you may have the right to appeal that decision. If we approve your request, we are required to provide you with access to your records within 30 days of your written request unless an extension is necessary. In such cases, we will notify you of the reason for the delay and the expected date when the request will be fulfilled. You may obtain a Request for Access form by contacting us at the phone number or address listed at the end of this notice.

4. **Amendment.** You have the right to request that PHI we maintain about you be amended or corrected. We will give each request consideration; however we are not obligated to make requested amendments. All amendment requests must be in writing, signed by you or your representative and state the reason(s) for the request. If an amendment or correction is made by us, we will notify you and we will also notify others who work with us and have copies of the uncorrected record if we believe that such notification is necessary or as identified by you. You may obtain a Request for Amendment form by contacting us at the phone number or address listed at the end of this notice.
5. **Accounting.** You have the right to receive an accounting of certain disclosures made by us of your PHI within the six (6) calendar years immediately preceding such a request. Requests must be made in writing and signed by you or your representative. The first accounting in any 12-month period is free; but we may charge you for additional accountings within the same 12-month period. You will be notified in advance of any fee. You may obtain a Request for Accounting of Disclosure form by contacting us at the phone number or address listed at the end of this notice.
6. **Revocation of Authorization.** If you have signed an authorization for uses and disclosures of health information, you have the right to revoke that authorization in writing at any time, except to the extent that we have taken action in reliance on such authorization or the authorization was obtained as a condition of obtaining insurance coverage, or if other law provides us with the right to contest a claim under the policy or the policy itself. Note: your revocation will not prevent us from using collected information in conjunction with our fraud prevention program.
7. **Paper Copy of this Notice.** You have the right to a paper copy of this Notice. You may ask us to give you a copy of this notice at any time by contacting us at the phone number or address listed below. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy upon request.

NOTE: The rights granted to you do not extend to information about you relating to or in anticipation of a claim or civil or criminal proceeding.

Complaints

If you believe your privacy rights have been violated, you can file a complaint with us by sending your written complaint to our Consumer Affairs Department at the address given below. You may also file a written complaint with the Secretary of the U.S. Department of Health and Human Services in Washington D.C. within 180 days of a violation of your rights. We will not retaliate against you for filing a complaint.

Contacting Us

To file a complaint or to make a request as described in the section entitled "Your Privacy Rights," please send your written request to the company at: 6400 C St SW, Cedar Rapids, IA 52499. Requests should be directed to our Customer Service Department and Complaints should be sent to the attention of our Consumer Affairs Department. Please be sure to include the following information:

- Your full name
- Address
- Date of Birth
- Last four digits of your Social Security Number
- Policy number
- The nature of your request or complaint

FOR FURTHER INFORMATION regarding our HIPAA Notice of Health Information Privacy Practices or our general privacy practices, please write to us at the address shown above or call 1-866-512-7495.

THIS NOTICE IS REQUIRED BY FEDERAL LAW. WE MAKE IT AVAILABLE TO THE GENERAL PUBLIC, APPLICANTS AND POLICYHOLDERS. YOUR RECEIPT OF THIS NOTICE IS NOT EVIDENCE OF COVERAGE.

NOTICE OF PROTECTION PROVIDED BY MARYLAND LIFE AND HEALTH INSURANCE GUARANTY CORPORATION

This notice provides a brief summary of the Maryland Life and Health Insurance Guaranty Corporation (the Corporation) and the protection it provides for policyholders. This safety net was created under Maryland law, which determines who and what is covered and the amount of coverage.

The Corporation is not a department or unit of the State of Maryland and the liabilities or debts of the Life and Health Insurance Guaranty Corporation are not liabilities or debts of the State of Maryland.

The Corporation was established to provide protection in the unlikely event that your life, annuity, or health insurance company becomes financially unable to meet its obligations and is taken over by its Insurance Department. If this should happen, the Corporation will typically arrange to continue coverage and pay claims, in accordance with Maryland law, with funding from assessments paid by other insurance companies.

The basic protections provided by the Corporation are:

Life Insurance

- \$300,000 in death benefits
- \$100,000 in cash surrender or withdrawal values

Health Insurance

- \$500,000 for health benefit plans
- \$300,000 for disability insurance
- \$300,000 for long-term care insurance
- \$100,000 for a type of health insurance not listed above, including any net cash surrender and net cash withdrawal values under the types of health insurance listed above

Annuities

- \$250,000 in the present value of annuity benefits, including net cash withdrawal values and net cash surrender values
- With respect to each payee under a structured settlement annuity, or beneficiary of the payee, \$250,000 in present value annuity benefits, in the aggregate, including any net cash surrender and net cash withdrawal values

The maximum amount of protection for each individual, regardless of the number of policies or contracts, is:

- \$300,000 in aggregate for all types of coverage listed above, with the exception of health benefit plans
- \$500,000 in aggregate for health benefit plans.

NOTE: Certain policies and contracts may not be covered or fully covered. For example, coverage does not extend to any portion(s) of a policy or contract that the insurer does not guarantee, such as certain investment additions to the account value of a variable life insurance policy or a variable annuity contract. There are also various residency requirements and other limitations under Maryland law.

To learn more about the above protections, please visit the Corporation's website at www.mdlifega.org, or contact:

Maryland Life and Health
Insurance Guaranty Corporation
6210 Guardian Gateway, Ste 195APG
Aberdeen, Maryland 21005
410-248-0407

Maryland Insurance Administration
200 St. Paul Place, Suite 2700
Baltimore, Maryland 21202
1-800-492-6116, ext. 2170

Insurance companies, health maintenance organizations, and insurance producers are not allowed by Maryland law to use the existence of the Corporation or its coverage to encourage you to purchase any form of insurance or a health benefit plan. When selecting an insurance company or health maintenance organization, you should not rely on Corporation coverage. If there is any inconsistency between this notice and Maryland law, then Maryland law will control.



Revised April 30, 2022

NOTICE OF PRIVACY PRACTICES

This Notice is provided to you by the Transamerica companies listed at the end of this Notice. It is important to us that you understand how we use and share your personal information. This Notice describes the data we collect and how we use, share and protect it. The types of data we collect and share depend on the type of product or service you have with us. We also provide notices and terms on our websites and applications. Those notices and terms provide further detail regarding data use on our websites or applications. If your relationship with us ends, we will continue to use your data as set forth in this Notice.

Data That We Collect: We collect the following types of data from the following sources:

Data	Typical Data Sources
Contact information (e.g., name, phone number, email and physical addresses, etc.), date of birth, social security and driver's license numbers, security credentials (e.g., password, voiceprint, etc.), employment, financial and health data and history	<ul style="list-style-type: none"> • You directly, when you submit applications and forms and engage in communications with us • Our affiliates (companies under common ownership) • Employers, healthcare providers, other insurance companies and other authorized entities
Data about your transactions with us and/or Third Parties. ("Third Parties" are unaffiliated third parties. This includes agents, other financial organizations, and service providers.) Such transactional data can include, but is not limited to, account balances, accrued benefits, coverages, premiums, payment and claims history, financial transactions, and medical or health data	<ul style="list-style-type: none"> • Our affiliates • Third Parties • Transamerica's websites, digital platforms, and applications • Assistive technologies, mobile or wearable devices, or other similar technology
Credit history, employment information and other information about your creditworthiness, and medical or health data	<ul style="list-style-type: none"> • Consumer reporting agencies and other service providers we use such as third party data suppliers • Your employers, healthcare providers, insurance support organization (including reports prepared from such organizations which may retain and disclose such information), credit bureaus, other insurance companies and other authorized entities
Data about products and services you obtain or in which you might be interested	<ul style="list-style-type: none"> • You • Third Parties with whom we have joint marketing arrangements • Other Third Parties as allowed
Third party data, including data you provide to Third Parties when you have authorized the Third Party to share such data with other parties, such as data collected through Third Party applications, websites, or other digital interfaces, data you have authorized us to receive, or data you have authorized Third Parties to share with us	<ul style="list-style-type: none"> • Third Party applications, websites, or other digital interfaces where you have agreed to share your data • Assistive technologies, mobile or wearable devices, or other similar technology

How We Use Your Data: We use data to provide our services and as allowed by law. This includes use authorized by you. For example, we may use your data to:

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

Sharing Data: We may share your data with Third Parties and affiliates as permitted or required by law, or when you authorize us to do so. We may share your data with:

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

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

You do not have the right to opt out of our sharing data with Third Parties for these legally permitted purposes.

Our affiliates include a broad range of companies who provide financial services. These include insurance companies and agencies, investment advisors, and broker/dealers, some of whom may not be included in the scope of this Notice. You may have additional privacy notices from these professionals. We do not share information about your creditworthiness among our affiliates. However, we may share information about our transactions and experiences with you among affiliates for their everyday business purposes. For example, we may share your data with our affiliates:

- So they can tell you about products and services they offer,
- So they can determine which of their products and services may be of interest to you,
- So they can provide various services to us to support our business, such as claims processing, applying for insurance, opening and maintaining your account, or marketing products and services to you,
- So they can audit themselves or their agents, or
- So you can communicate with us or Transamerica affiliated companies about your accounts.

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

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

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

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

Protecting Your Data: We maintain appropriate controls to limit access to data to persons who need access to it. These persons access your data so that they can do their jobs or provide products and services to you. We train our workforce to properly handle data. In addition, we maintain other physical, technical, and administrative or procedural safeguards to protect your data.

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

We may revise this Notice. If we make material changes, we will notify you as required by law. This Notice is provided by the Transamerica companies below. Transamerica companies that are not covered by this notice may make available other applicable notices.

Transamerica Capital, Inc
Transamerica Financial Life Insurance Company

Transamerica Casualty Insurance Company
Transamerica Life Insurance Company

Life Insurance Buyer's Guide

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

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

Prepared by the National Association of Insurance Commissioners

The NAIC is an association of state insurance regulatory officials. This association helps the various Insurance Department to coordinate insurance laws for the benefits of all consumers.

This guide does not endorse any company or policy.

Reprinted by:

**Transamerica Financial Life Insurance Company
Transamerica Life Insurance Company**

IMPORTANT THINGS TO CONSIDER

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

BUYING LIFE INSURANCE

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

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

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

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

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

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

WHAT ABOUT A POLICY YOU HAVE

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

- If you decide to replace your policy, don't cancel your old policy until you have received the new one. You then have a minimum period to review your new policy and decide if it is what you wanted.

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

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

HOW MUCH DO YOU NEED

Here are some questions to ask yourself:

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

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

WHAT IS THE RIGHT KIND OF LIFE INSURANCE

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

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

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

conversion period – even if you are not in good health. Premiums for the new policy will be higher than you have been paying for the Term Insurance.

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

You can also use the cash value to increase your income in retirement or to help pay for needs such as a child's tuition without canceling the policy. However, to build up this cash value, you must pay higher premiums in the earlier years of the policy. Cash Value Life Insurance may be one of several types: Whole Life, Universal Life and Variable Life are all types of Cash Value Insurance.

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

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

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

LIFE INSURANCE ILLUSTRATIONS

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

FINDING A GOOD VALUE IN LIFE INSURANCE

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

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

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

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

Information About Who Helps Us Take Care Of Your Policy

Transamerica has partnered with TCS E-serve International Limited (TEIL), a licensed Third Party Administrator, to provide administrative and claims processing services (1) for life and health insurance ("insurance" meaning you're insured against covered losses compensated by an insurance company) and annuity policies. This partnership doesn't affect your policy benefits, how you contact us, or your financial professional. All terms, provisions, and conditions of your policies are backed by the claim paying ability of the carrier.

1 For Michigan residents: TEIL merely processes claims and doesn't insure any medical expenses of individuals covered by the plan. Complete and proper claims for benefits made by individuals for medical expenses covered by a plan will be promptly processed, but in the event there are delays in processing claims, individuals covered by the plan shall have no greater rights to interest or other remedies against the Administrator than as otherwise afforded them by law.



Transamerica Life Insurance Company
Home Office: Cedar Rapids, IA
Administrative Office:
6400 C Street SW
Cedar Rapids, IA 52499
(800) 851-9777

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

Policy Number: 6601506876

Initial Face Amount: \$ 1,000,000

Policy Date: FEBRUARY 21, 2023

Insured: Idris O Somoye

Owner: Idris O Somoye

We will pay the death benefit to the Beneficiary if the Insured dies while this policy is In Force. All payments are subject to the provisions of this policy. Signed for the Company at Cedar Rapids, Iowa on the Date of Issue.

Handwritten signature of Karyn S. W. Polak.

Karyn S. W. Polak, Secretary

Handwritten signature of Blake Bostwick.

Blake Bostwick, President

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

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

Flexible Premium Adjustable Life Insurance
With Index Account Options
Flexible Premiums Payable Until the Insured's Age 121
Death Benefit Payable at Death of Insured
Nonparticipating - No Dividends

Benefits and values are indeterminate and may vary according to the provisions of the policy. Interest rates are not guaranteed except as set forth in this policy.

WHILE POLICY VALUES MAY BE AFFECTED BY AN EXTERNAL INDEX OR INDEXES, THIS POLICY DOES NOT DIRECTLY PARTICIPATE IN ANY STOCK OR EQUITY INVESTMENT.

THIS POLICY PROVIDES INSURANCE BEYOND AGE 100. THE INTERNAL REVENUE SERVICE HAS NOT ISSUED ANY OFFICIAL GUIDELINES REGARDING QUALIFICATION AS LIFE INSURANCE BEYOND AGE 100. THIS POLICY MAY NOT QUALIFY AS LIFE INSURANCE BEYOND AGE 100 AND MAY BE SUBJECT TO ADVERSE TAX CONSEQUENCES. CONSULT YOUR TAX ADVISOR REGARDING ANY POSSIBLE TAX CONSEQUENCES.

If you have a complaint, you can contact your State Insurance Department at:
(410)468-2090 MD

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

READ YOUR POLICY CAREFULLY

GUIDE TO POLICY PROVISIONS

Account Option Provisions	15-16
Allocation of Premium Payments.....	15
Assignment of the Policy	7
Beneficiary Provisions	8
Calculating the Index Change	17-18
Charges	18-20
Conformity with Interstate Insurance Product Regulation Standards	23
Death Benefit	8-10
Definitions.....	5-7
General Provisions	23-24
Grace Period.....	12
Incontestability	23
Index License Disclosures.....	4
Interest.....	16-17
Lapse and Reinstatement	12-14
Misstatement of Age or Sex in the Application	24
No Lapse Guarantee	12-13
Nonforfeiture Options	22
Ownership Provisions	7-8
Policy Data.....	3
Policy Loans	21
Policy Values.....	14-15
Premiums.....	11-12
Settlement Provisions	24-25
Suicide	23
Tax Qualification.....	10
Termination of Insurance.....	24
Transfers	16
Withdrawals	22

POLICY NUMBER:	6601506876	POLICY DATE:	FEBRUARY 21, 2023
INITIAL FACE AMOUNT:	\$ 1,000,000	DATE OF ISSUE:	FEBRUARY 21, 2023
MINIMUM FACE AMOUNT:	\$ 100,000	AGE OF INSURED:	30
DEATH BENEFIT OPTION:	INCREASING	SEX OF INSURED:	MALE
INSURED:	IDRIS O SOMOYE		
CLASS OF RISK:	PREFERRED		
OWNER:	IDRIS O SOMOYE		

MONTHLY DEDUCTION AND RIDER INFORMATION

TYPE OF COVERAGE	AMOUNT	PAYABLE	*FIRST MONTHLY DEDUCTION/ CHARGE
BASIC POLICY	\$ 1,000,000.00 TO AGE 121		\$ 191.81
OVERLOAN PROTECTION RIDER	SEE RIDER		
CRITICAL ILLNESS ACCELERATED DEATH BENEFIT RIDER	SEE RIDER		
LONG TERM CARE RIDER CLASS OF RISK PREFERRED	\$ 1,000,000.00 TO AGE 121		\$ 19.16
TERMINAL ILLNESS ACCELERATED DEATH BENEFIT RIDER	SEE RIDER		

SEE FOOTNOTES ON NEXT PAGE.

POLICY DATA

POLICY NUMBER: 6601506876 **INSURED:** IDRIS O SOMOYE

MONTHLY DEDUCTION AND RIDER INFORMATION CONTINUED

TYPE OF COVERAGE	AMOUNT	PAYABLE	*FIRST MONTHLY DEDUCTION/CHARGE
-------------------------	---------------	----------------	--

END OF MONTHLY DEDUCTION AND RIDER INFORMATION**NOTES AND FOOTNOTES**

PREMIUMS MAY BE PAID UNTIL AGE 121. IT IS POSSIBLE THAT COVERAGE WILL TERMINATE WHERE EITHER NO PREMIUMS ARE PAID FOLLOWING PAYMENT OF THE INITIAL PREMIUM OR SUBSEQUENT PREMIUMS ARE INSUFFICIENT TO CONTINUE COVERAGE. CHANGES IN THE INTEREST CREDITED TO THIS POLICY OR CHANGES IN THE POLICY CHARGES COULD ALSO AFFECT YOUR COVERAGE.

THE TAX STATUS OF THIS POLICY MAY CHANGE. WE URGE YOU TO CONSULT YOUR PERSONAL TAX ADVISOR EACH YEAR REGARDING MATTERS OF POSSIBLE TAXATION.

*THE CHARGES IN THE FIRST MONTHLY DEDUCTION/CHARGE COLUMN ARE ONLY APPLICABLE FOR THE FIRST MONTHLY DEDUCTION TAKEN ON THE POLICY DATE. FOR MONTHLY DEDUCTIONS TAKEN AFTER THE POLICY DATE, PLEASE REFER TO THE POLICY AND RIDER FORMS.

POLICY DATA

**POLICY
NUMBER:** 6601506876

INSURED: IDRIS O SOMOYE

PREMIUMS

TABLE OF MINIMUM MONTHLY NO LAPSE PREMIUMS

POLICY YEAR	MINIMUM MONTHLY NO LAPSE PREMIUMS	END OF POLICY YEAR SUM OF ALL MINIMUM MONTHLY NO LAPSE PREMIUMS
1	\$ 320.83	\$ 3,849.96
2	320.83	7,699.92
3	320.83	11,549.88
4	320.83	15,399.84
5	320.83	19,249.80
6	320.83	23,099.76
7	320.83	26,949.72
8	320.83	30,799.68
9	320.83	34,649.64
10	320.83	38,499.60
11	320.83	42,349.56
12	320.83	46,199.52
13	320.83	50,049.48
14	320.83	53,899.44
15	320.83	57,749.40
16	320.83	61,599.36
17	320.83	65,449.32
18	320.83	69,299.28
19	320.83	73,149.24
20	320.83	76,999.20

POLICY DATA

POLICY NUMBER: 6601506876 **INSURED:** IDRIS O SOMOYE

CHARGES

PREMIUM EXPENSE CHARGE RATE

GUARANTEED MAXIMUM: 6.00 %

MONTHLY POLICY FEE

GUARANTEED MAXIMUM: \$ 12.00 PER MONTH

PER UNIT CHARGE RATE

GUARANTEED MAXIMUM: \$ 0.34 PER MONTH (POLICY YEARS 1-91)

INDEX ACCOUNT MONTHLY CHARGE RATES

GUARANTEED MAXIMUM FOR:

GLOBAL INDEX ACCOUNT 0.06 % PER MONTH

S&P 500® INDEX ACCOUNT 0.06 % PER MONTH

**SURRENDER CHARGES PER \$1,000
OF INITIAL FACE AMOUNT LAYER
SURRENDER CHARGE PERIOD: 15 YEARS**

POLICY YEAR	SURRENDER CHARGE PER \$1,000	POLICY YEAR	SURRENDER CHARGE PER \$1,000
1	21.1800	9	21.1800
2	21.1800	10	21.1800
3	21.1800	11	17.5794
4	21.1800	12	14.1906
5	21.1800	13	10.5900
6	21.1800	14	6.9894
7	21.1800	15	3.6006
8	21.1800	16+	0.0000

POLICY LOANS

LOAN RESERVE INTEREST RATE CREDITED: 2.00 %

LOAN INTEREST RATES CHARGED

STANDARD GUARANTEED MAXIMUM: 3.00 %

PREFERRED GUARANTEED MAXIMUM: 2.25 %

WITHDRAWALS

WITHDRAWAL PROCESSING FEE: \$ 25.00

POLICY DATA

**POLICY
NUMBER:** 6601506876**INSURED:** IDRIS O SOMOYE***ACCOUNT OPTIONS**

*****GUARANTEED MINIMUM INTEREST RATE**

BASIC INTEREST ACCOUNT:	2.00 %
INDEX ACCOUNT:	0.75 %

NAME OF ACCOUNT	SEGMENT PERIOD	INDEX
BASIC INTEREST ACCOUNT	12 MONTHS	
S&P 500® INDEX ACCOUNT	12 MONTHS	**S&P 500®

GLOBAL INDEX ACCOUNT	12 MONTHS	**S&P 500®
		**EURO STOXX 50®

		**HANG SENG INDEX
--	--	-------------------

* THE COMPANY MAY DISCONTINUE, CHANGE, SUBSTITUTE AND ADD ACCOUNT OPTIONS IN THE FUTURE.

** FOR EACH INDEX, WE USE PUBLISHED VALUES THAT ARE BASED ON PRICE CHANGES OF THE UNDERLYING SECURITIES WHICH EXCLUDE DIVIDENDS AND RETURNS GENERATED BY REINVESTMENT OF DIVIDENDS.

*** THE GUARANTEED MINIMUM INTEREST RATE IS DETERMINED IRRESPECTIVE OF ALL CHARGES. THE INDEX ACCOUNT MONTHLY CHARGE WILL BE APPLIED SEPARATELY, AS ARE OTHER CHARGES, AND IS NOT EMBEDDED OR DETERMINED IN THE CALCULATION OF THE GUARANTEED MINIMUM ACCOUNT INTEREST RATE.

ELEMENTS USED IN DETERMINING THE EXCESS INDEX INTEREST RATE THAT ARE NOT GUARANTEED MAY BE CHANGED BY US SUBJECT TO GUARANTEES IN THE POLICY. ANY SUCH CHANGES MAY AFFECT THE AMOUNT OF EXCESS INDEX INTEREST CREDITED TO THE POLICY VALUE. PLEASE SEE THE PROVISION "CALCULATING THE INDEX CHANGE" FOR A DESCRIPTION OF HOW THE CREDITING OF EXCESS INTEREST IS LIMITED BY THE CAP.

POLICY DATA**POLICY NUMBER:** 6601506876**INSURED:** IDRIS O SOMOYE**DEATH BENEFIT FACTORS**

The **Death Benefit Factor** is a factor based on the Insured's Age at the beginning of the Policy Year and is used in calculating the death benefit as shown in the Life Insurance Compliance Test section of the Death Benefit Provisions. The **Death Benefit Factor** for ages 100 and higher is 1.01.

LIFE INSURANCE COMPLIANCE TEST: GUIDELINE PREMIUM TEST

AGE	DEATH BENEFIT FACTORS	AGE	DEATH BENEFIT FACTORS
0 - 40	2.50	61	1.28
41	2.43	62	1.26
42	2.36	63	1.24
43	2.29	64	1.22
44	2.22	65	1.20
45	2.15	66	1.19
46	2.09	67	1.18
47	2.03	68	1.17
48	1.97	69	1.16
49	1.91	70	1.15
50	1.85	71	1.13
51	1.78	72	1.11
52	1.71	73	1.09
53	1.64	74	1.07
54	1.57	75 - 90	1.05
55	1.50	91	1.04
56	1.46	92	1.03
57	1.42	93	1.02
58	1.38	94	1.01
59	1.34	95 - 99	1.00
60	1.30	100+	1.01

POLICY DATA

**TABLE OF GUARANTEED MAXIMUM MONTHLY COST OF INSURANCE RATES PER \$1,000
MALE AND FEMALE NON SMOKER**

**Guaranteed Rate Basis for Initial Face Amount on Basic Policy
Commissioners 2017 Standard Ordinary Non Smoker Mortality Table (Age Last)**

INSURED'S <u>AGE</u>	MALE	FEMALE	INSURED'S <u>AGE</u>	MALE	FEMALE
18	0.06667	0.02750	70	1.16667	0.78917
19	0.06917	0.02750	71	1.31167	0.88000
20	0.07083	0.02667	72	1.48250	0.98667
21	0.07083	0.02667	73	1.67917	1.11083
22	0.06917	0.02667	74	1.90167	1.25500
23	0.06833	0.02667	75	2.14667	1.42083
24	0.06833	0.02667	76	2.41583	1.61083
25	0.06583	0.02667	77	2.71333	1.83167
26	0.05667	0.02667	78	3.04750	2.09250
27	0.05167	0.02833	79	3.43083	2.40667
28	0.05000	0.03083	80	3.87583	2.77750
29	0.04667	0.03250	81	4.38417	3.17333
30	0.04500	0.03417	82	4.96583	3.58333
31	0.04833	0.03583	83	5.64000	4.05417
32	0.05167	0.04000	84	6.42333	4.70333
33	0.05667	0.04667	85	7.33083	5.44917
34	0.06583	0.05417	86	8.37667	6.18917
35	0.07667	0.06167	87	9.56833	7.03833
36	0.08833	0.07000	88	10.88750	8.00667
37	0.10000	0.07667	89	12.30583	9.07417
38	0.10917	0.08250	90	13.79083	10.22833
39	0.11583	0.08500	91	15.29667	11.46917
40	0.12167	0.08583	92	16.79500	12.81167
41	0.12917	0.08667	93	18.24417	14.21417
42	0.13750	0.08667	94	19.57583	15.67083
43	0.14583	0.08667	95	20.96667	17.34583
44	0.15083	0.08750	96	22.58583	19.29667
45	0.15583	0.08917	97	24.32417	21.42917
46	0.16167	0.09250	98	26.18833	23.73167
47	0.16750	0.09750	99	28.14000	26.17250
48	0.17500	0.10333	100	30.07417	28.51500
49	0.18333	0.11083	101	31.92167	30.60500
50	0.19417	0.12083	102	33.75167	32.65917
51	0.21000	0.13333	103	35.53083	34.64333
52	0.23000	0.14833	104	37.22750	36.52417
53	0.25083	0.16667	105	38.80833	38.27000
54	0.27250	0.18667	106	40.52583	40.09083
55	0.29333	0.20583	107	42.69833	42.27250
56	0.31250	0.22500	108	44.98417	44.57083
57	0.33250	0.24333	109	47.38917	46.99083
58	0.35417	0.26333	110	49.91917	49.53917
59	0.38083	0.28417	111	52.58000	52.22083
60	0.41417	0.30833	112	55.37750	55.04250
61	0.45833	0.33750	113	58.31750	58.01000
62	0.50917	0.37000	114	61.40583	61.12917
63	0.56750	0.40750	115	64.64833	64.40667
64	0.63083	0.44750	116	68.05000	67.84833
65	0.69917	0.49167	117	71.61667	71.45833
66	0.77167	0.53917	118	75.35083	75.24083
67	0.85167	0.59000	119	79.25667	79.19917
68	0.94083	0.64667	120	83.33333	83.33333
69	1.04417	0.71250	121 +	0.00000	0.00000

POLICY DATA

**TABLE OF GUARANTEED MAXIMUM MONTHLY COST OF INSURANCE RATES PER \$1,000
MALE AND FEMALE SMOKER**

**Guaranteed Rate Basis for Initial Face Amount on Basic Policy
Commissioners 2017 Standard Ordinary Smoker Mortality Table (Age Last)**

INSURED'S AGE	MALE	FEMALE	INSURED'S AGE	MALE	FEMALE
18	0.06667	0.02750	70	2.79000	2.17500
19	0.07000	0.02750	71	3.07833	2.36583
20	0.07250	0.02667	72	3.39667	2.56333
21	0.07500	0.02667	73	3.73917	2.77833
22	0.07750	0.02750	74	4.09417	3.01500
23	0.08000	0.03000	75	4.45083	3.27667
24	0.08333	0.03333	76	4.80250	3.56750
25	0.08417	0.03333	77	5.15250	3.88917
26	0.08417	0.03417	78	5.51000	4.24417
27	0.08333	0.03417	79	5.88917	4.67667
28	0.08167	0.03583	80	6.30167	5.22083
29	0.08167	0.03833	81	6.74000	5.85417
30	0.08333	0.04083	82	7.29917	6.56833
31	0.08750	0.04417	83	8.02750	7.33167
32	0.09417	0.04750	84	8.85333	8.06667
33	0.10083	0.05667	85	9.79083	8.95333
34	0.10833	0.06833	86	10.84333	9.99250
35	0.11750	0.07917	87	12.00750	11.01083
36	0.12833	0.09333	88	13.25500	12.10750
37	0.14083	0.10833	89	14.55083	13.26333
38	0.15583	0.12250	90	15.86417	14.44667
39	0.17667	0.13333	91	17.15333	15.64917
40	0.19833	0.14333	92	18.40000	16.88250
41	0.22083	0.15167	93	19.57583	18.08500
42	0.24167	0.16083	94	20.62583	19.24250
43	0.26000	0.17000	95	21.74417	20.54250
44	0.27333	0.17917	96	23.12417	22.03833
45	0.28833	0.19333	97	24.65250	23.59417
46	0.30667	0.21167	98	26.34917	25.17833
47	0.32667	0.23250	99	28.18667	26.74583
48	0.34917	0.25500	100	30.07417	28.51500
49	0.37417	0.28000	101	31.92167	30.60500
50	0.40333	0.30750	102	33.75167	32.65917
51	0.43583	0.33917	103	35.53083	34.64333
52	0.47333	0.37250	104	37.22750	36.52417
53	0.51417	0.41083	105	38.80833	38.27000
54	0.56083	0.45250	106	40.52583	40.09083
55	0.61417	0.49917	107	42.69833	42.27250
56	0.67417	0.55250	108	44.98417	44.57083
57	0.74250	0.61250	109	47.38917	46.99083
58	0.82000	0.67917	110	49.91917	49.53917
59	0.90917	0.75250	111	52.58000	52.22083
60	1.01083	0.83500	112	55.37750	55.04250
61	1.12750	0.92667	113	58.31750	58.01000
62	1.25833	1.02667	114	61.40583	61.12917
63	1.40167	1.13667	115	64.64833	64.40667
64	1.56000	1.25583	116	68.05000	67.84833
65	1.73250	1.38500	117	71.61667	71.45833
66	1.91500	1.52333	118	75.35083	75.24083
67	2.10583	1.67083	119	79.25667	79.19917
68	2.31083	1.82500	120	83.33333	83.33333
69	2.53583	1.99083	121 +	0.00000	0.00000

POLICY DATA

**TABLE OF GUARANTEED MAXIMUM MONTHLY COST OF INSURANCE RATES PER \$1,000
MALE AND FEMALE JUVENILE**

Guaranteed Rate Basis for Initial Face Amount on Basic Policy Commissioners 2017 Standard Ordinary Composite Mortality Table (Age Last)					
<u>INSURED'S AGE</u>	MALE	FEMALE	<u>INSURED'S AGE</u>	MALE	FEMALE
0	0.02000	0.02167	61	0.61667	0.47917
1	0.01250	0.01167	62	0.68500	0.53250
2	0.01083	0.00750	63	0.76167	0.59167
3	0.01000	0.00667	64	0.84417	0.65750
4	0.00917	0.00667	65	0.93167	0.73083
5	0.00833	0.00750	66	1.02500	0.81250
6	0.00833	0.00750	67	1.12500	0.90333
7	0.00750	0.00667	68	1.23500	1.00250
8	0.00750	0.00667	69	1.36167	1.11250
9	0.00750	0.00667	70	1.50917	1.23167
10	0.00833	0.00750	71	1.68333	1.36250
11	0.00917	0.00750	72	1.88583	1.50500
12	0.01167	0.00667	73	2.11500	1.66417
13	0.01667	0.00750	74	2.37000	1.84167
14	0.02417	0.01250	75	2.64667	2.04250
15	0.03500	0.01917	76	2.94417	2.27083
16	0.04917	0.02500	77	3.26583	2.52833
17	0.06500	0.02750	78	3.62167	2.81750
18	0.06667	0.02750	79	4.02333	3.14500
19	0.07000	0.02750	80	4.48250	3.52667
20	0.07250	0.02667	81	4.99833	3.97250
21	0.07500	0.02667	82	5.60250	4.47750
22	0.07750	0.02750	83	6.32000	5.05500
23	0.08000	0.03000	84	7.14417	5.71583
24	0.08333	0.03333	85	8.09000	6.47167
25	0.08417	0.03333	86	9.16500	7.31250
26	0.08417	0.03417	87	10.37000	8.23000
27	0.08333	0.03417	88	11.68167	9.23667
28	0.08167	0.03583	89	13.07000	10.33083
29	0.08167	0.03833	90	14.50417	11.49333
30	0.08333	0.04083	91	15.94000	12.72250
31	0.08750	0.04417	92	17.35417	14.03250
32	0.09417	0.04750	93	18.70917	15.37417
33	0.10083	0.05167	94	19.94333	16.74083
34	0.10833	0.05750	95	21.23833	18.30333
35	0.11750	0.06417	96	22.77417	20.11750
36	0.12833	0.07167	97	24.43917	22.07750
37	0.14083	0.07917	98	26.24500	24.16417
38	0.15250	0.08667	99	28.15667	26.34333
39	0.16500	0.09250	100	30.07417	28.51500
40	0.17750	0.09750	101	31.92167	30.60500
41	0.18917	0.10167	102	33.75167	32.65917
42	0.19917	0.10500	103	35.53083	34.64333
43	0.20333	0.10917	104	37.22750	36.52417
44	0.20917	0.11333	105	38.80833	38.27000
45	0.21417	0.12000	106	40.52583	40.09083
46	0.22000	0.12917	107	42.69833	42.27250
47	0.22583	0.13917	108	44.98417	44.57083
48	0.23083	0.15000	109	47.38917	46.99083
49	0.23917	0.16167	110	49.91917	49.53917
50	0.25083	0.17583	111	52.58000	52.22083
51	0.26583	0.19000	112	55.37750	55.04250
52	0.28250	0.20667	113	58.31750	58.01000
53	0.30250	0.22583	114	61.40583	61.12917
54	0.32500	0.24583	115	64.64833	64.40667
55	0.35167	0.26833	116	68.05000	67.84833
56	0.38167	0.29417	117	71.61667	71.45833
57	0.41667	0.32250	118	75.35083	75.24083
58	0.45667	0.35500	119	79.25667	79.19917
59	0.50333	0.39083	120	83.33333	83.33333
60	0.55583	0.43250	121 +	0.00000	0.00000

THIS PAGE INTENTIONALLY LEFT BLANK

POLICY DATA**POLICY NUMBER:** 6601506876**INSURED:** IDRIS O SOMOYE

**TABLE OF LONG TERM CARE RIDER GUARANTEED
MAXIMUM MONTHLY CHARGE RATES PER \$1,000**

AGE	RIDER MONTHLY CHARGE RATE	AGE	RIDER MONTHLY CHARGE RATE	AGE	RIDER MONTHLY CHARGE RATE
30	\$ 0.03833	61	\$ 0.08167	92	\$ 2.62500
31	0.03833	62	0.09167	93	2.96333
32	0.03833	63	0.10333	94	3.32167
33	0.03833	64	0.12333	95	3.68500
34	0.03833	65	0.14500	96	4.03333
35	0.03833	66	0.16167	97	4.33167
36	0.04000	67	0.18000	98	4.57667
37	0.04000	68	0.19833	99	4.82333
38	0.04000	69	0.21833	100	5.07667
39	0.04000	70	0.25167	101	5.33667
40	0.04000	71	0.29500	102	5.71333
41	0.04000	72	0.34167	103	6.20667
42	0.04167	73	0.39667	104	6.57500
43	0.04167	74	0.47333	105	6.82167
44	0.04167	75	0.56500	106	7.06667
45	0.04167	76	0.65333	107	7.31333
46	0.04333	77	0.74000	108	7.55833
47	0.04333	78	0.82833	109	7.80500
48	0.04333	79	0.92333	110	8.05167
49	0.04333	80	1.03167	111	8.29667
50	0.04500	81	1.15167	112	8.54333
51	0.04500	82	1.27500	113	8.78833
52	0.04500	83	1.40667	114	8.91167
53	0.04500	84	1.57667	115	8.91167
54	0.04667	85	1.76667	116	8.91167
55	0.04833	86	1.94333	117	8.91167
56	0.05167	87	2.03500	118	8.91167
57	0.05500	88	2.08667	119	8.91167
58	0.06000	89	2.18167	120	8.91167
59	0.06667	90	2.28667	121	0.00000
60	0.07333	91	2.39833		

THIS PAGE IS INTENTIONALLY LEFT BLANK

INDEX LICENSE DISCLOSURES

This policy contains two Index Accounts - the S&P 500® Index Account, and the Global Index Account. The S&P 500® Index Account is based on the S&P 500® Index. The Global Index Account is based on a combination of three indexes: the S&P 500® Index, EURO STOXX 50®, and the Hang Seng Index. The licensing disclosures below are provided by the publisher of each index. The features of the Index Accounts are described in the policy.

1. The S&P 500 Index is a product of S&P Dow Jones Indices LLC ("SPDJI"), and has been licensed for use by the Company for this policy. Standard & Poor's®, S&P®, and S&P 500® are registered trademarks of Standard & Poor's Financial Services LLC ("S&P"); Dow Jones® is a registered trademark of Dow Jones Trademark Holdings LLC ("Dow Jones"); and these trademarks have been licensed for use by SPDJI and sublicensed for certain purposes by the Company. This policy is not sponsored, endorsed, sold or promoted by SPDJI, Dow Jones, S&P, any of their respective affiliates (collectively, "S&P Dow Jones Indices"). S&P Dow Jones Indices makes no representation or warranty, express or implied, to the owners of this policy or any member of the public regarding the advisability of investing in securities generally or purchasing this policy particularly or the ability of the S&P 500 Index to track general market performance. S&P Dow Jones Indices only relationship to the Company with respect to the S&P 500 Index is the licensing of the Index and certain trademarks, service marks and/or trade names of S&P Dow Jones Indices or its licensors. The S&P 500 Index is determined, composed and calculated by S&P Dow Jones Indices without regard to the Company or this policy. S&P Dow Jones Indices have no obligation to take the needs of the Company or the owners of this policy into consideration in determining, composing or calculating the S&P 500 Index. S&P Dow Jones Indices is not responsible for and has not participated in the determination of the prices of this policy or the timing of the issuance or sale of this policy or in the determination or calculation of the equation by which this policy is to be converted into cash, surrendered or redeemed, as the case may be. S&P Dow Jones Indices has no obligation or liability in connection with the administration, marketing or trading of this policy. There is no assurance that the policies that are based partly on the S&P 500 Index will accurately track index performance or provide positive returns. S&P Dow Jones Indices LLC is not an investment advisor. Inclusion of a security within an index is not a recommendation by S&P Dow Jones Indices to buy, sell, or hold such security, nor is it considered to be investment advice. Notwithstanding the foregoing, CME Group Inc. and its affiliates may independently issue and/or sponsor financial products unrelated to this policy currently being issued by the Company, but which may be similar to and competitive with this policy. In addition, CME Group Inc. and its affiliates may trade financial products which are linked to the performance of the S&P 500 Index

S&P DOW JONES INDICES DOES NOT GUARANTEE THE ADEQUACY, ACCURACY, TIMELINESS AND/OR THE COMPLETENESS OF THE S&P 500 INDEX OR ANY DATA RELATED THERETO OR ANY COMMUNICATION, INCLUDING BUT NOT LIMITED TO, ORAL OR WRITTEN COMMUNICATION (INCLUDING ELECTRONIC COMMUNICATIONS) WITH RESPECT THERETO. S&P DOW JONES INDICES SHALL NOT BE SUBJECT TO ANY DAMAGES OR LIABILITY FOR ANY ERRORS, OMISSIONS, OR DELAYS THEREIN. S&P DOW JONES INDICES MAKES NO EXPRESS OR IMPLIED WARRANTIES, AND EXPRESSLY DISCLAIMS ALL WARRANTIES, OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE OR USE OR AS TO RESULTS TO BE OBTAINED BY THE COMPANY, OWNERS OF THIS POLICY, OR ANY OTHER PERSON OR ENTITY FROM THE USE OF THE S&P 500 INDEX OR WITH RESPECT TO ANY DATA RELATED THERETO. WITHOUT LIMITING ANY OF THE FOREGOING, IN NO EVENT WHATSOEVER SHALL S&P DOW JONES INDICES BE LIABLE FOR ANY INDIRECT, SPECIAL, INCIDENTAL, PUNITIVE, OR CONSEQUENTIAL DAMAGES INCLUDING BUT NOT LIMITED TO, LOSS OF PROFITS, TRADING LOSSES, LOST TIME OR GOODWILL, EVEN IF THEY HAVE BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES, WHETHER IN CONTRACT, TORT, STRICT LIABILITY, OR OTHERWISE. THERE ARE NO THIRD PARTY BENEFICIARIES OF ANY AGREEMENTS OR ARRANGEMENTS BETWEEN S&P DOW JONES INDICES AND THE COMPANY, OTHER THAN THE LICENSORS OF S&P DOW JONES INDICES.

2. STOXX Limited, Deutsche Börse Group and their licensors, research partners or data providers have no relationship to the Company, other than the licensing of the EURO STOXX 50® (Index Trademark) is a registered trademark of STOXX Ltd. and the related trademarks for use in connection with the fixed indexed life product ("Licensed Product").

STOXX, Deutsche Börse Group and their licensors, research partners or data providers do not:

- » sponsor, endorse, sell or promote the Licensed Product.
- » recommend that any person invest in the Licensed Product or any other securities.
- » have any responsibility or liability for or make any decisions about the timing, amount or pricing of the Licensed Product.
- » have any responsibility or liability for the administration, management or marketing of the Licensed Product.
- » consider the needs of the Licensed Product or the owners of the Licensed Product in determining composing or calculating the EURO STOXX 50® or have any obligation to do so.

STOXX, Deutsche Börse Group and their licensors, research partners or data providers give no warranty, and exclude any liability (whether in negligence or otherwise), in connection with the Licensed Product or their performance.

STOXX does not assume any contractual relationship with the purchasers of the Licensed Product or any other third parties.

Specifically,

- » STOXX, Deutsche Börse Group and their licensors, research partners or data providers do not give any warranty, express or implied, and exclude any liability about:
 - The results to be obtained by the Licensed Product, the owner of the Licensed Product or any other person in connection with the use of the EURO STOXX 50®;
 - The accuracy, timeliness, and completeness of the EURO STOXX 50® and its data;
 - The merchantability and the fitness for a particular purpose or use of the EURO STOXX 50® and its data;
 - The performance of the Licensed Product generally.
- » STOXX, Deutsche Börse Group and their licensors, research partners or data providers give no warranty and exclude any liability, for any errors, omissions or interruptions in the EURO STOXX 50® or its data;
- » Under no circumstances will STOXX, Deutsche Börse Group or their licensors, research partners or data providers be liable (whether in negligence or otherwise) for any lost profits or indirect, punitive, special or consequential damages or losses, arising as a result of such errors, omissions or interruptions in the EURO STOXX 50® or its data or generally in relation to the Licensed Product, even in circumstances where STOXX, Deutsche Börse Group or their licensors, research partners or data providers are aware that such loss or damage may occur.

The licensing Agreement between the Company and STOXX is solely for their benefit and not for the benefit of the owners of the Licensed Product or any other third parties.

3. **The Hang Seng Index** is published and compiled by Hang Seng Indexes Company Limited pursuant to a license from Hang Seng Data Services Limited. The mark and name Hang Seng Index is proprietary to Hang Seng Data Services Limited. Hang Seng Indexes Company Limited and Hang Seng Data Services Limited have agreed to the use of, and reference to, "Hang Seng Index" by the Company in connection with the plan of insurance offered by the Product. BUT NEITHER HANG SENG INDEXES COMPANY LIMITED NOR HANG SENG DATA SERVICES LIMITED WARRANTS OR REPRESENTS OR GUARANTEES TO ANY BROKER OR HOLDER OF THE PRODUCT OR ANY OTHER PERSON: (i) THE ACCURACY OR COMPLETENESS OF SUCH INDEX AND ITS COMPUTATION OR ANY INFORMATION RELATED THERETO; OR (ii) THE FITNESS OR SUITABILITY FOR ANY PURPOSE OF SUCH INDEX OR ANY COMPONENT OR DATA COMPRISED IN IT; OR (iii) THE RESULTS WHICH MAY BE OBTAINED BY ANY PERSON FROM THE USE OF SUCH INDEX OR ANY COMPONENT OR DATA COMPRISED IN IT FOR ANY PURPOSE, AND NO WARRANTY OR REPRESENTATION OR GUARANTEE OF ANY KIND WHATSOEVER RELATING TO SUCH INDEX IS GIVEN OR MAY BE IMPLIED. The process and basis of computation and compilation of such Index and any of the related formula or formulae, constituent stocks and factors may at any time be changed or altered by Hang Seng Indexes Company Limited without notice. TO THE EXTENT PERMITTED BY APPLICABLE LAW, NO RESPONSIBILITY OR LIABILITY IS ACCEPTED BY HANG SENG INDEXES COMPANY LIMITED OR HANG SENG DATA SERVICES LIMITED: (i) IN RESPECT OF THE USE OF AND/OR REFERENCE TO SUCH INDEX BY THE

COMPANY IN CONNECTION WITH THE PRODUCT; OR (ii) FOR ANY INACCURACIES, OMISSIONS, MISTAKES OR ERRORS OF HANG SENG INDEXES COMPANY LIMITED IN THE COMPUTATION OF SUCH INDEX; OR (iii) FOR ANY INACCURACIES, OMISSIONS, MISTAKES, ERRORS OR INCOMPLETENESS OF ANY INFORMATION USED IN CONNECTION WITH THE COMPUTATION OF SUCH INDEX WHICH IS SUPPLIED BY ANY OTHER PERSON; OR (iv) FOR ANY ECONOMIC OR OTHER LOSS WHICH MAY BE DIRECTLY OR INDIRECTLY SUSTAINED BY ANY BROKER OR HOLDER OF THE PRODUCT OR ANY OTHER PERSON DEALING WITH THE PRODUCT AS A RESULT OF ANY OF THE AFORESAID, AND NO CLAIMS, ACTIONS OR LEGAL PROCEEDINGS MAY BE BROUGHT AGAINST HANG SENG INDEXES COMPANY LIMITED AND/OR HANG SENG DATA SERVICES LIMITED in connection with the Product in any manner whatsoever by any broker, holder or other person dealing with the Product. Any broker, holder or other person dealing with the Product does so therefore in full knowledge of this disclaimer and can place no reliance whatsoever on Hang Seng Indexes Company Limited and Hang Seng Data Services Limited. For the avoidance of doubt, this disclaimer does not create any contractual or quasi-contractual relationship between any broker, holder or other person and Hang Seng Indexes Company Limited and/or Hang Seng Data Services Limited and must not be construed to have created such relationship.

DEFINITIONS

Account Option	An account to which you may allocate Net Premiums and/or Transfers. The Account Options are the Basic Interest Account and the Index Accounts.
Age	A person's age in years on his or her last birthday, unless otherwise specified. For purposes of this policy, the Insured's Age changes on each Policy Anniversary.
Basic Interest Account	An Account Option for which the interest will be based on rates declared by us. The Basic Interest Account is comprised of Basic Interest Account Segments. The value of the Basic Interest Account is the sum of the values of those Segments plus any amount(s) pending application to a Basic Interest Account Segment.
Beginning Date	The first Monthly Policy Date for a Segment. The Beginning Date is reset on the Segment's Ending Date.
Beneficiary	A person designated to receive all or a portion of the death benefit on the death of the Insured. You may name both a Primary and Contingent Beneficiary. A Primary or Contingent Beneficiary named on the application may be changed as provided in this policy.
Cap	The maximum Index Change that can be used to determine the Excess Index Interest credited to an Index Account Segment. Each Index Account Segment may have a different Cap. Caps are declared by us at our discretion.
Cash Surrender Value	The amount available upon surrender of this policy. The Cash Surrender Value equals the Policy Value less any surrender charge and less any Loan Balance.
Current Interest Rate	The rate at which interest will be credited to a Basic Interest Account Segment. Current Interest Rates are declared by us at our discretion. Different Current Interest Rates may apply to different Basic Interest Account Segments.
Date of Issue	The date this policy is prepared in our office. The Date of Issue is shown in the Policy Data. The Date of Issue may or may not be the same as the Policy Date.
Ending Date	The date used to determine the ending value of a Segment. The Ending Date for a Segment is the last Monthly Policy Date in its Segment Period and is the same date as the next Beginning Date. The Ending Date is reset at that time for the next Segment.
Excess Index Interest	Any interest credited to an Index Account Segment in excess of interest credited at the Index Account Guaranteed Minimum Interest Rate. Any Excess Index Interest for a Segment will only be credited as of that Segment's Ending Date.
Face Amount	An amount used in determining the amount of this policy's death benefit. The initial Face Amount is shown in the Policy Data. The actual amount we pay on the death of the Insured may be affected by tax law requirements and may be adjusted as described in this policy.
Index	A securities index used in an Index Account. The current value of each Index is available by contacting us at our Administrative Office.
Index Account	An Account Option for which any interest in excess of the Guaranteed Minimum Interest Rate shown in the Policy Data will be based in part on changes in the values of published Indexes. A list of all of the Index Accounts in this policy on the Policy Date is shown in the Policy Data. We may discontinue, change, substitute and add Index Accounts in the future.
Index Account Monthly Charge	A charge we deduct from the Policy Value on each Monthly Policy Date up to the Insured's Age 121. The charge is based on the value of each Index Account. The Index Account Monthly Charge Rates may vary by Index Account and are shown in the Policy Data.

Index Change	The percentage change in the applicable Index Values from an Index Account Segment's Beginning Date to its Ending Date, adjusted as set forth in the Calculating the Index Change provision. The Index Change will be used to determine the Excess Index Interest, if any. The Index Change may be determined differently for different Index Accounts.
Index Value	The value of an Index as stated by its publisher.
In Force	Insurance coverage is in effect and has not terminated.
Insured	The person whose life is insured under this policy. The Insured is identified in the Policy Data.
Lapse	Termination of this policy at the end of a grace period due to insufficient Cash Surrender Value.
Loan Balance	The sum of any unpaid policy loans and loan interest. We will deduct any Loan Balance from any amounts payable by us under this policy.
Loan Reserve	The portion of the Policy Value transferred from the Account Options when you take a loan from this policy. The Loan Reserve is credited with interest separately from the Account Options.
Minimum Monthly No Lapse Premium	The amounts you must pay to keep the No Lapse Guarantee in effect. These amounts are shown in the Table of Minimum Monthly No Lapse Premiums in the Policy Data. The Minimum Monthly No Lapse Premiums may be changed as provided in this policy.
Monthly Deduction	A charge we deduct from the Policy Value on each Monthly Policy Date up to the Insured's Age 121.
Monthly Policy Date	The day of each month coinciding with the Policy Date. If there is no day in a calendar month that coincides with the Policy Date, the Monthly Policy Date for that month will be the first day of the following month.
Net Premium	Any premium you pay minus the Premium Expense Charge.
Policy Anniversary	The same day and month as the Policy Date for each year this policy remains In Force.
Policy Date	The date coverage is effective under this policy. We will use the Policy Date to determine the Monthly Policy Dates, Policy Months, Policy Years and Policy Anniversaries. The Policy Date is shown in the Policy Data.
Policy Month	The one-month period beginning on each Monthly Policy Date.
Policy Value	The sum of the values of the Account Options, plus the amount of the Loan Reserve, if any.
Policy Year	The 12-month period directly preceding a Policy Anniversary.
Qualified Additional Benefits	Specific benefits defined as such in Section 7702 of the Internal Revenue Code.
Reinstate	To restore coverage after this policy has Lapsed, in accordance with the Reinstatement provision.

Rider

An attachment to this policy that provides an additional benefit.

Segment	A component of the Basic Interest Account or of an Index Account. Net Premiums and Transfers are applied to Segments. Each Segment is assigned a number corresponding to the Policy Month in which it is created.
Segment Period	The number of Policy Months from a Segment's Beginning Date to its Ending Date. The Segment Period may be different for each Account Option. The listing of Account Options in the Policy Data shows the length of their respective Segment Periods.
Surrender Charge Period	The number of Policy Years during which we will deduct surrender charges. The initial Surrender Charge Period is shown in the Policy Data. Increases to the Face Amount will have their own Surrender Charge Period.
Transfer	Movement of part or all of the value of a Segment to or from another Account Option.
Written Request	A signed request in a form satisfactory to us that is received at our Administrative Office.
You and your	The owner of this policy. The owner as of the Date of Issue is shown in the Policy Data. Ownership may be transferred as provided in this policy. Following a transfer of ownership, you and your will refer to the new owner.

OWNERSHIP

Owner of the Policy	The owner may exercise all rights under this policy during the Insured's lifetime, including the right to transfer ownership subject to applicable law and regulation. If ownership is shared by more than one person, all such persons must act together to exercise a right. Unless otherwise specified, if a co-owner dies during the Insured's lifetime, the co-owner's interest in this policy will pass to the remaining co-owners. If the owner or all co-owners die during the Insured's lifetime, ownership will pass to the contingent owner, if one has been named; otherwise, ownership will pass to the owner's estate. You may change the owner by filing a Written Request with us. We will not be bound by any change of ownership until we record it in our records. Unless otherwise specified by you, the change will then take effect as of the date the change is signed by you, subject to any payments made or actions taken by us prior to our recording of the change.
Assignment of the Policy	You may assign this policy by filing a Written Request with us. We will not be bound by any assignment until we record it in our records. Unless otherwise specified by you, the assignment will then take effect on the date the assignment is signed by you, subject to any payments made or actions taken by us prior to our recording of the assignment. We assume no responsibility for the validity or effect of any assignment of this policy or of any interest in it. Any death benefit which becomes payable to an assignee will be payable in a single sum and will be subject to proof of the assignee's interest and the extent of the assignment.
Policy Statements	We will send you a statement at least once a year without charge showing the following information about this policy:

1. The beginning and ending dates of the current statement period.
2. The Policy Value, if any, at the beginning of the current statement period and at the end of the current statement period.
3. The amounts that have been credited or debited to the Policy Value during the current statement period, including the type for each.
4. The death benefit at the end of the current statement period.
5. The policy's Cash Surrender Value, if any, at the end of the current statement period.
6. The amount of any Loan Balance at the end of the current statement

period.

7. The Monthly Deduction and Index Account Monthly Charge as of the statement date.
8. The Current Interest Rate for each Basic Interest Account Segment.
9. The Current Caps for each Index Account Segment.
10. If applicable, a notice that, assuming guaranteed interest and guaranteed charges, the policy's Cash Surrender Value will not maintain insurance In Force until the end of the next statement period unless further premium payments are made.

Illustrations

Upon Written Request at any time after the first Policy Year, we will send you an illustration of this policy's benefits and values. There will be no charge for the first such illustration in a Policy Year. We reserve the right to charge a \$25 fee for any illustration after the first in any Policy Year.

THE BENEFICIARY

Who Receives the Death Benefit

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

Unless you specify otherwise, the following will apply:

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

How to Change a Beneficiary

You may name or change a Primary or Contingent Beneficiary while the Insured is living by sending us a Written Request. The change will not be effective until we record it in our records. Even if the Insured is not living when we record the change, the change will take effect as of the date it was signed, unless otherwise specified by you. However, any benefits we pay before we record the change will not be subject to the change.

A Beneficiary designated irrevocably may not be changed without the written consent of that Beneficiary.

THE DEATH BENEFIT

Amount of the Death Benefit

The amount of the death benefit is determined in part by which Death Benefit Option is in effect. The Policy Data shows which Death Benefit Option (Level, Increasing or Graded) is in effect as of the Policy Date.

Level Option

If the Level option is in effect, the death benefit is the Face Amount.

Increasing Option

If the Increasing option is in effect, the death benefit is the Face Amount plus the Policy Value.

Graded Option

If the Graded option is in effect, the death benefit is the greater of:

- 1) The Face Amount
Or
- 2) The Face Amount multiplied by the applicable grading factor below, plus the Policy Value:

<u>Insured's Age</u>	<u>Grading Factor</u>
0 to 70	1.00
71 to 94	$0.04 \times (95 - \text{Insured's Age})$
95 +	zero

Life Insurance Compliance Test

The death benefit determined above will be increased if necessary to comply with the minimum death benefit requirements of the applicable Life Insurance Compliance Test. The Life Insurance Compliance Test applicable to this policy is shown in the Policy Data along with the Death Benefit Factors.

The minimum death benefit required by the Guideline Premium Test is the Death Benefit Factor for the Insured's Age multiplied by the Policy Value.

The minimum death benefit required by the Cash Value Accumulation Test is equal to A times B where:

A is the Death Benefit Factor for the Insured's Age; and

B is the Policy Value, minus any applicable Net Single Premium for Riders (which are Qualified Additional Benefits) shown in the Policy Data.

Internal Revenue Code Requirements

The death benefit will also be increased if necessary to maintain the policy's status as a life insurance contract under Section 7702 of the Internal Revenue Code.

Other Adjustments

Subject to the other provisions of this policy, the death benefit after the Insured's Age 121 will be at least the Policy Value. The amount of the death benefit may be affected by the Misstatement of Age or Sex provision of this policy.

Change of Death Benefit Option

After the 3rd Policy Anniversary and before the Insured's Age 95, you may request a change of the Death Benefit Option. You may change the Death Benefit Option no more than once during any Policy Year. The change will go into effect on the Monthly Policy Date on or following the date we approve the request.

We will adjust the Face Amount so that the death benefit under the new Death Benefit Option is the same as it was under the prior Death Benefit Option. However, no change will be allowed if the resulting Face Amount would be less than the Minimum Face Amount shown in the Policy Data.

Change in Face Amount

The Initial Face Amount for this policy is shown in the Policy Data. You may request an increase or decrease in the Face Amount by sending a Written Request to our Administrative Office. However, you may not change the Face Amount more than once during any Policy Year. Any change in the Face Amount due to a request or a Death Benefit Option change will take effect on the first Monthly Policy Date on or following the date we approval of your request. Any change in the Face Amount due to a withdrawal will take effect on the withdrawal date as outlined in the Withdrawals provision. If you request a change in the Face Amount and if the change is approved by us, we will notify you when the change has been made.

Increasing the Face Amount

You may request an increase in the Face Amount after the 1st Policy Anniversary. A new application will be required. The minimum increase is \$25,000. Any increase will be subject to our underwriting requirements as well as to this policy's Incontestability and Suicide provisions.

The Face Amount increase will have its own Monthly Cost of Insurance Rates, Per Unit Charge rates, and surrender charge rates and surrender charge period. We will notify you of the new rates and surrender charge periods at the time of the increase in the Face Amount.

After the increase, the Monthly Cost of Insurance and Per Unit Charge Rate for the Initial Face Amount layer may change. These rates and the rates for the increase layer may be higher than the rates at which this policy was originally issued.

Decreasing the Face Amount

You may request a decrease in the Face Amount after the 3rd Policy Anniversary. You may not decrease the Face Amount below the Minimum Face Amount shown in the Policy Data. We may require a Face Amount decrease to be at least \$25,000. Until the later of the end of the Surrender Charge Period or the Policy Anniversary at the Insured's Age 65, we may limit decreases to no more than 20% of the Face Amount prior to the decrease. Decreases in the Face Amount will be applied to layers in the following order:

1. To the most recent increase layer in the Face Amount.
2. To the next most recent increase layer and then to each preceding increase layer in the Face Amount.
3. To the Initial Face Amount layer.

No surrender charge is taken when a Face Amount decrease occurs, and the full surrender charge remains in effect until surrender of this policy.

After the decrease, the Monthly Cost of Insurance Rates and Per Unit Charge Rates will be based on the new Face Amount of this policy. These rates may be higher than the rates at which this policy was originally issued.

After the decrease, the Monthly Cost of Insurance Rates and Per Unit Charge Rates for the Initial Face Amount layer may change. These rates may be higher than the rates at which this policy was originally issued.

Tax Qualification

This policy is intended to qualify under Section 7702 of the Internal Revenue Code as a life insurance contract for federal tax purposes. The death benefit under this policy is intended to qualify for the federal income tax exclusion. The provisions of this policy (including any Rider or endorsement) will be interpreted to ensure tax qualification, regardless of any language in this policy to the contrary.

To the extent that the death benefit is increased to maintain this policy's qualification as a life insurance contract, appropriate adjustments will be made in any Monthly Deductions and Policy Value as of that time, retroactively or otherwise, that are consistent with such an increase. Retroactive adjustments to the Monthly Deduction may be made by deducting them from any death benefit payable. Prospective adjustments will be reflected in the Monthly Deduction.

PAYMENT OF THE DEATH BENEFIT

Proof of Death

We will pay any benefit payable because of death when we receive due proof that the Insured's death occurred while this policy was In Force. The proof must be sent to us at our Administrative Office. We will send appropriate forms to the Beneficiary upon request. Any of our agents will help the Beneficiary fill out the forms without charge.

Adjustments to the Death Benefit

Before paying the death benefit, we will reduce the amount of the payment by any Loan Balance and by any amount necessary to provide insurance to the date of the Insured's death occurring during a grace period. If the Policy Value is negative, we will also deduct the lesser of the amount necessary to raise the Policy Value to zero or the amount necessary to ensure the No Lapse Guarantee remains in effect. We will adjust the amount of the payment in accordance with any attached Rider, subject to its terms.

We will refund any premiums we receive after the Insured's death. However, except as outlined in the Premium Limitations provision, we will not refund any premiums we receive prior to the Insured's death regardless of timing or amount of the premiums.

**Interest from
Date of Death**

We will pay interest on the death benefit under this policy after we receive due proof of the Insured's death. We will pay interest on the death benefit from the date of death to the date of payment. The annual interest rate will be at least 1%.

We will pay additional interest at a rate of 10% annually, beginning with the date that is 31 calendar days from the latest of items 1, 2 and 3 below to the date payment is made:

1. The date we receive due proof of the Insured's death.
2. The date we receive sufficient information to determine our liability, the extent of our liability and the appropriate payee legally entitled to the death benefit.
3. The date that legal impediments to payment of the death benefit that depend on the action of parties other than us are resolved and sufficient evidence is provided to us. Legal impediments include, but are not limited to:
 - a) The establishment of guardianships and conservatorships;
 - b) The appointment and qualification of trustees, executors and administrators; and
 - c) The submission of information required to satisfy state and federal reporting requirements.

If the death benefit includes a refund of premiums received by us after the Insured's death and we do not refund those premiums within 30 days after we receive due proof of the Insured's death, we will pay interest on such refund from the date of death to the date of payment. The interest rate will be determined by us, but will never be less than 1% annually.

PREMIUMS

Premiums

Premiums for this policy are flexible. Subject to the requirements below, you may pay any amount at any time. If you do not pay sufficient premiums, this policy will Lapse.

The Initial Premium shown in the Policy Data is payable on or before the Policy Date. Subsequent premiums should be sent to our Administrative Office or as otherwise instructed by us. We will give you a receipt if you ask for one.

You may pay premiums at any time while the Insured is living and prior to the Insured's Age 121. Each premium must be at least \$25 and may not exceed the limits described in the Premium Limitations provision below.

No further premium payments will be accepted after the Insured's Age 121, except for amounts paid within a grace period that are required to keep this policy In Force.

Planned Premiums

The amount and frequency of the Planned Premiums are shown in the Policy Data.

Premium Limitations

We reserve the right to refund any premium payment in excess of the Planned Premiums shown in the Policy Data if the total premium paid during that policy year:

1. Increases the difference between the death benefit and the Policy Value; or
2. Is more than \$20 per \$1,000 of Face Amount and more than three times the total of the Monthly Deductions for the last Policy Year.

We also reserve the right to refund any premiums that exceed the Planned Premiums shown in the Policy Data by more than \$25,000 in any 12-month period.

We will not refund any amount if doing so would cause the Cash Surrender Value to become negative before the next Policy Anniversary.

Excess Premiums

If the premiums paid during a Policy Year exceed the limit on premiums allowed into the policy under Section 7702 of the Internal Revenue Code, and regulations thereunder, for this policy to qualify as a life insurance contract for federal income tax purposes, we will withdraw from the policy the excess amount of premiums paid into the policy (together with earnings credited to such excess by us). We will withdraw and refund to you this excess premium (and earnings) within 60 days after the end of that Policy Year. The excess premiums and earnings will not be refunded to the extent:

1. They are necessary to continue the policy through the end of that Policy Year; and
2. The Cash Surrender Value at the end of that Policy Year did not exceed zero.

A premium refund (but not including any earnings thereon) may also be required as a result of a decrease in the Face Amount or other change in the benefits or terms of the policy which may lower the limit on premium amount allowable into this policy for federal income tax purposes.

We will apply any premium refund amount to any Loan Balance before refunding any excess to you.

LAPSE AND REINSTATEMENT

Continuation of Insurance

If you stop paying premiums, we will continue this policy at the same Face Amount and with any additional benefits provided by Rider, subject to the Grace Period and No Lapse Guarantee provisions.

Grace Period

On each Monthly Policy Date, we will determine whether the Cash Surrender Value is sufficient to prevent this policy from Lapsing.

1. Prior to the Insured's Age 121, the Cash Surrender Value is sufficient if it is more than the total Monthly Deduction and Index Account Monthly Charge due.
2. Beginning at the Insured's Age 121, the Cash Surrender Value is sufficient if it is greater than zero.

If the Cash Surrender Value is insufficient, we will allow a 61 day grace period in which you may pay an amount required to prevent this policy from Lapsing. The required payment will equal the amount needed to maintain the policy In Force for the entire grace period plus one Monthly Deduction due in advance. We will mail a grace period notice to your last known address and to any assignee as shown in our records at least 30 days prior to termination of coverage. The grace period notice will show the payment required to prevent the policy from Lapsing as described above. You will have the entire grace period within which to remit payment. Any payments sent by U.S. mail must be postmarked within the grace period. If the Insured dies during the grace period before you have paid the required amount, we will deduct the amount required to provide insurance to the date of the Insured's death from the death benefit payable under this policy.

This policy will remain In Force during the grace period. If the minimum amount due is not postmarked within the grace period, this policy will Lapse at the end of the 61 days and all coverage under this policy and any Riders will terminate. If there is any Cash Surrender Value remaining at the end of the grace period, we will refund it to you.

During the grace period, we will not charge interest on the amount due.

No Lapse Guarantee

This policy has a No Lapse Guarantee. If certain conditions are met, the No Lapse Guarantee will be in effect and this policy will not enter a grace period even if the Cash Surrender Value is insufficient. The conditions are:

1. The sum of the premiums that we have accepted (less any Loan Balance

- and withdrawals) must be greater than or equal to the sum of all Minimum Monthly No Lapse Premiums to that date; and
2. The No Lapse Ending Date must not have passed.

The Minimum Monthly No Lapse Premiums in effect on the Policy Date are shown in the Policy Data, but they may be increased or decreased as explained below.

Whether or not the No Lapse Guarantee is in effect, this policy will not enter a grace period if the Cash Surrender Value is sufficient to pay Monthly Deductions and Index Account Monthly Charges as they come due.

While the No Lapse Guarantee is in effect and preventing this policy from entering a grace period, we will continue to deduct Monthly Deductions and Index Account Monthly Charges as they come due, and loan interest will continue to accrue.

Negative Policy Values

As a result of Monthly Deductions and Index Account Monthly Charges, the Policy Value may become negative during a grace period or prior to the No Lapse Ending Date while the No Lapse Guarantee is in effect. No interest will be credited while the Policy Value is negative. Any negative values must be repaid by you on the No Lapse Ending Date or this policy will enter the grace period and may Lapse.

Changes to the Minimum Monthly No Lapse Premium

The Minimum Monthly No Lapse Premium will increase beginning on a Monthly Policy Date on which an increase in the Face Amount takes effect, or when a Rider is added or a Rider amount is increased. They will decrease beginning on the Monthly Policy Date on or following the date on which a decrease in the Face Amount takes effect or when a Rider is decreased or discontinued. They will also change beginning on a Monthly Policy Date on which a Death Benefit Option change takes effect. We will notify you of the new Minimum Monthly No Lapse Premiums in effect following a change in Face Amount or Death Benefit Option. The No Lapse Ending Date will not be extended for any change to this policy.

Reinstatement

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

1. Your Written Request to Reinstate this policy.
2. The Insured's written consent to Reinstatement.
3. Evidence of insurability satisfactory to us that the Insured continues to qualify for the same Class of Risk and any substandard rating upon which we based the issuance of this policy.
4. Payment of the following:
 - a) Prior to the No Lapse Ending Date, the lesser of: (i) the total Minimum Monthly No Lapse Premiums from the Policy Date through the Policy Month of Lapse; plus three Policy Months of Minimum Monthly No Lapse Premiums; minus any premiums already paid net of any withdrawals and Loan Balance; or (ii) an amount sufficient to provide a Net Premium equal to any Monthly Deductions and Index Account Monthly Charges due at the time of termination; plus three Monthly Deductions and three months of Index Account Monthly Charges due in advance at the time of Reinstatement; plus an amount sufficient to increase the Policy Value above the surrender charge.
 - b) After the No Lapse Ending Date: an amount sufficient to provide a Net Premium equal to any Monthly Deductions and Index Account Monthly Charges due at the time of termination; plus three Monthly Deductions and three months of Index Account Monthly Charges due in advance at the time of Reinstatement; plus an amount sufficient to increase the Policy Value above the surrender charge.

The date of Reinstatement will be the Monthly Policy Date on or following the date the application for Reinstatement is approved by us, so long as the Insured is still living. If all the conditions for Reinstatement are satisfied, this policy will be placed In Force again on the following basis:

1. The Policy Value of the Reinstated policy will be equal to the Policy Value at the time of Lapse; minus any outstanding Loan Balance as of that date;

- plus the Net Premium you pay at Reinstatement; minus any Monthly Deductions and Index Account Monthly Charges due at the time of Lapse; minus one Monthly Deduction and one month of Index Account Monthly Charge as of the date of Reinstatement.
2. The surrender charge applicable at Reinstatement will be equal to what it was at Lapse, and the Surrender Charge Periods will be extended by the length of time between Lapse and Reinstatement.
 3. The cost of insurance rates will be based on the Insured's Age at Reinstatement, determined as of the last Policy Anniversary.
 4. The duration of the Per Unit Charge will be extended by the length of time between Lapse and Reinstatement.
 5. Any Loan Balance as of the date of Lapse must be paid prior to Reinstatement.
 6. Amounts paid at the time of Reinstatement will be applied as new premiums in accordance with your most recent premium allocation instructions.
 7. The No Lapse Guarantee will be available if this policy is reinstated before the No Lapse Ending Date. The No Lapse Ending Date will not change.
 8. Any Riders and/or endorsements may be reinstated subject to their terms.

You may not reinstate this policy if it has been surrendered for its Cash Surrender Value.

POLICY VALUES

Policy Value

The Policy Value is the sum of the values of the Account Option plus the amount of the Loan Reserve, if any. On the Policy Date, each Account Option's value is equal to the portion of the Net Premium allocated to that Account Option minus the portion of the first Monthly Deduction and any Index Account Monthly Charge removed from that Account Option. Thereafter, each Account Option's value will be determined as described below.

Value of the Basic Interest Account

The Basic Interest Account's value is equal to the sum of the values of the Basic Interest Account Segments, plus any amounts pending application to one of those Segments.

Net Premiums and loan repayments allocated to the Basic Interest Account after a Monthly Policy Date are credited with interest at the applicable Current Interest Rate until the next Monthly Policy Date. At that time, they are placed in a Basic Interest Account Segment corresponding to that Monthly Policy Date, along with any Transfers made to the Basic Interest Account.

We calculate the value of each Basic Interest Account Segment as follows as of each Monthly Policy Date:

1. The value, if any, of the Segment as of the preceding Monthly Policy Date; plus
2. Interest earned on the Segment since the preceding Monthly Policy Date at the Current Interest Rate; plus
3. Any portion of a Net Premium or loan repayment that was received since the preceding Monthly Policy Date and is being applied to the Segment as of the current Monthly Policy Date, together with any interest earned thereon; plus
4. Any Transfers being made to that Basic Interest Account Segment as of the current Monthly Policy Date; minus
5. Any Transfers from the Segment occurring as of the current Monthly Policy Date; minus
6. Any portion(s) of withdrawals, withdrawal processing fee or loans taken from the Segment since the preceding Monthly Policy Date including any interest thereon; minus

7. The portion of any Monthly Deductions taken from the Segment for the current Monthly Policy Date.

Values of the Index Accounts

An Index Account's value is equal to the sum of the values of the Index Account's Segments plus any amounts pending application to one of those Segments.

Net Premiums and loan repayments allocated to an Index Account after a Monthly Policy Date are credited with interest at the Index Account Guaranteed Minimum Interest Rate shown in the Policy Data until the next Monthly Policy Date. At that time, they are placed in an Index Account Segment corresponding to that Monthly Policy Date, along with any Transfers made to that Index Account.

We calculate the value of each Index Account Segment as follows as of each Monthly Policy Date:

1. The value, if any, of the Segment as of the preceding Monthly Policy Date; plus
2. Interest earned on the Segment since the preceding Monthly Policy Date at the Index Account Guaranteed Minimum Interest Rate; plus
3. Any portion of a Net Premium or loan repayment that was received since the preceding Monthly Policy Date and is being applied to the Segment as of the current Monthly Policy Date, together with any interest earned thereon; plus
4. Any Transfers being made to that Index Account Segment as of the current Monthly Policy Date; plus
5. Excess Index Interest, if any, credited to the Segment as of the Monthly Policy Date if it is the Segment's Ending Date; minus
6. Any Transfers from the Segment occurring as of the current Monthly Policy Date; minus
7. Any portion(s) of withdrawals, withdrawal processing fees or loans taken from the Segment since the preceding Monthly Policy Date including any interest thereon; minus
8. The portion of any Monthly Deductions and Index Account Monthly Charges taken from the Segment for the current Monthly Policy Date.

ACCOUNT OPTION PROVISIONS

Allocation of Premium Payments

A Net Premium will be allocated to the Basic Interest Account and/or the Index Accounts on the day the premium is received at our Administrative Office. We will allocate Net Premiums to the Account Options specified by you. Allocations of Net Premiums must total 100% and no fractional percentages will be permitted. Prior to the end of any Policy Month, you may elect to change the allocation of Net Premiums for the following Policy Months. Your request for change must be received in our Administrative Office prior to the first day of the Policy Month for which the change is to become effective. Changes may not be made more than once per Policy Month.

Net Premium allocations are only applied to Account Option Segments on Monthly Policy Dates. Allocations of Net Premiums received on other dates will be credited with interest until the next Monthly Policy Date as set forth in the Policy Values section of this policy.

End of Segment Period – Basic Interest Account

When a Basic Interest Account Segment reaches its Ending Date, we will renew it unless otherwise requested by you prior to the Ending Date. You may elect instead to transfer any or all of the value of the Segment to another Account Option.

If a Segment is renewed, a new Ending Date will be set and the Segment will retain its original number.

End of Segment Period – Index Accounts

When an Index Account Segment reaches its Ending Date, we will renew it if the same Index Account and Segment Period are then available, unless otherwise requested by you prior to the Ending Date. You may elect instead to transfer any or all of the value of the Segment to another Account Option by sending us a request in a form satisfactory to us that we receive before the Ending Date.

If a Segment is renewed, a new Ending Date will be set and the Segment will retain its original number.

If the same Index Account and Segment Period are not available on the Ending Date and you have not given us valid instructions to transfer the value to another Account, we will transfer the value of the Segment that is ending to the Basic Interest Account.

Changes to Index Accounts or Segment Periods The Index Accounts and Segment Periods available as of the Policy Date are shown in the Policy Data. We may discontinue, change, substitute and add or delete Index Accounts or Segment Periods, and will notify you if that occurs.

Discontinuance of or Substantial Change to an Index If an Index is discontinued or if the calculation of an Index is changed substantially, we may substitute a comparable Index subject to approval by the Interstate Insurance Product Regulation Commission. Before the use of any substitute Index is used, we will notify you and any assignee of the substitution.

Transfers You may transfer amounts between Account Options by sending us a request in a form satisfactory to us. There is no charge to process Transfers. You may not request more than one Transfer from the same Account Option in a Policy Month. Transfers may not be made between Segments of the same Account Option.

Transfers from the Basic Interest Account will be processed on the Monthly Policy Date following receipt of your request at our Administrative Office. Transfers from an Index Account Segment will be processed on that Segment's Ending Date. A Transfer will be made to the Segment that begins on the date for the chosen Account Option.

INTEREST

Interest Credited to the Basic Interest Account Each Basic Interest Account Segment will accumulate interest from its Beginning Date to its Ending Date at the Current Interest Rate in effect on the date the Segment is created or renewed. Interest is credited using the effective annual interest rate method. We set Current Interest Rates from time to time at our discretion and different rates may apply to different Segments. Each Basic Interest Account Segment will have its interest calculated separately from other Basic Interest Account Segments. The Current Interest Rate is declared by us at our discretion and is not based on any Index. The Current Interest Rate will never be less than the Basic Interest Account Guaranteed Minimum Interest Rate shown in the Policy Data. You will only be informed in writing of the Current Interest Rate for each Basic Interest Account Segment when you receive a policy statement. At any other time, you may contact our Administrative Office to obtain information on the Current Interest Rates in effect for this policy.

Interest Credited to the Index Accounts Each Index Account Segment will accumulate interest from its Beginning Date to its Ending Date at the Index Account Guaranteed Minimum Interest Rate shown in the Policy Data. Interest is credited using the effective annual interest rate method.

A Segment may also be credited with Excess Index Interest as of its Ending Date.

Excess Index Interest for an Index Account Segment as of its Ending Date is calculated as follows:

(A multiplied by B) minus C where:

A is the Index Change

B is the Segment's adjusted beginning value

C is any interest previously credited to the Segment during the Segment Period at the Index Account Guaranteed Minimum Interest Rate

We determine the Segment's adjusted beginning value by starting with any value

renewing from a prior Segment Period, after we have applied any Excess Index Interest for that period and deducted any Transfers from the Segment occurring at that time. Then we add any Net Premiums, loan repayments and Transfers applied to the Segment on its Beginning Date. Finally, we subtract the following activity occurring in the Segment during the Segment Period:

1. Any amounts deducted on account of withdrawals;
2. Any amounts transferred on account of policy loans;
3. One half of the amounts taken for Monthly Deductions; and
4. One half of the amounts taken for Index Account Monthly Charges.

The Excess Index Interest credited to an Index Account Segment will never be less than zero.

For the purpose of calculating a death benefit, surrender, loan, or withdrawal as of a date before the Segment's Ending Date, the Segment's value will only include interest at the Index Account Guaranteed Minimum Interest Rate.

CALCULATING THE INDEX CHANGE

Global Index Account The Index Change for a Segment of the Global Index Account is calculated using the changes in the Index Values of the Standard & Poor's 500® Composite Stock Price Index ("S&P 500®"), the EURO STOXX 50® and the Hang Seng Index. For each Index, we use published values that are based on price changes of the underlying securities, excluding the effect of dividends.

For each Segment, we determine the Index Values for each of these Indexes as of the Beginning and Ending Dates. If the S&P 500® is published for the applicable date, we use the value for that date. Otherwise, we use the next published value. For each of the EURO STOXX 50® and the Hang Seng Index, we use the value that is published on the next day after the applicable date on which both that Index and the S&P 500® are published.

The values we use are based on the following currencies:

S&P 500®: United States Dollars

EURO STOXX 50®: Euros

Hang Seng Index: Hong Kong Dollars

The Index Change for a Segment is calculated as follows:

50% of A plus 30% of B plus 20% of C

Where:

A is the percentage change in value of the S&P 500® or EURO STOXX 50®, whichever is more favorable to you.

B is the percentage change in value of the S&P 500® or EURO STOXX 50®, whichever is less favorable to you.

C is the percentage change in value of the Hang Seng Index.

The A, B and C components may be positive or negative, but the Index Change for a Global Index Account Segment is adjusted so that it will neither exceed the Cap nor be less than 0%.

S&P 500® Index Account The Index Change for a Segment of the S&P 500® Index Account is calculated using the changes in the Index Values of the Standard & Poor's 500® Composite Stock Price Index ("S&P 500®"). We use published values that are based on price changes of the underlying securities, excluding the effect of dividends.

For each Segment, we determine the Index Values as of the Beginning and Ending Dates. If the S&P 500® is published for the applicable date, we use the value for

that date. Otherwise, we use the next published value.

The Index Change for a Segment is the percentage change in value of S&P 500® from the Beginning Date to the Ending Date. This change may be positive or negative, but it will be adjusted so that it will neither exceed the Cap nor be less than 0%.

Cap

A Cap will be declared for each Index Account Segment on or before its Beginning Date and each renewal thereof. The Cap will never be less than the Basic Interest Account Current Interest Rate as of the Beginning Date and as of each renewal. The Cap may change upon the renewal of a Segment and may differ between Index Accounts and between Segments of each Index Account. Once a Cap is declared for an Index Account Segment, it applies until the Segment's next Ending Date. We set each Cap at our discretion and you will only be informed in writing of the current Caps when you receive your annual policy statement. At any other time, you may contact our Administrative Office to obtain information on the Caps in effect for this policy.

CHARGES

Monthly Deduction

As of the Policy Date and each Monthly Policy Date thereafter, a Monthly Deduction will be deducted from the Policy Value.

The Monthly Deduction will be taken on a pro-rata basis from the Account Options, based on the unloaned value of each as of that Monthly Policy Date. Under each Account Option, the amount will be deducted on a pro-rata basis according to the unloaned value in each Segment. Each Monthly Deduction consists of:

1. The Monthly Cost of Insurance; plus
2. The Monthly Policy Fee; plus
3. Any charge for additional benefits provided by any Riders; plus
4. Per Unit Charge.

There will be no Monthly Deductions beginning at the Insured's Age 121.

Monthly Cost of Insurance

To determine the Monthly Cost of Insurance we first determine the amount at risk under each layer of Face Amount.

When the Death Benefit Option is Level, or is Graded and the death benefit is equal to the Face Amount, we first allocate the Policy Value to each layer of Face Amount up to the amount of the layer in the following order:

- a. To the initial Face Amount layer;
- b. If any Policy Value remains, to any Face Amount increase layers in the order of their occurrence;
- c. If any Policy Value remains, to the most recent Face Amount layer, even though the total Policy Value allocated to this layer will exceed the amount of the layer.

When the Death Benefit Option is Graded and the death benefit is greater than the Face Amount, we first allocate the quantity of $(1 - \text{grading factor})$ times the Face Amount to each layer of Face Amount up to the amount of the layer in the following order:

- i. To the initial Face Amount layer;
- ii. If any quantity remains, to any Face Amount increase layers in the order of their occurrence.

If the Death Benefit Option is Level, or is Graded and the death benefit is equal to the Face Amount, determine the amount at risk for each layer of Face Amount by subtracting the Policy Value allocated to that layer from the Face Amount of that layer.

If the Death Benefit Option is Graded and the death benefit is greater than the Face Amount, determine the amount at risk for each layer of Face Amount by subtracting the quantity allocated to that layer from the Face Amount of that layer.

If the Death Benefit Option is Increasing, the amount at risk for each layer of Face Amount is equal to the Face Amount of that layer.

For all Death Benefit Options, increase the amount at risk for the most recent layer of Face Amount by any extra death benefit caused by the application of the Death Benefit Factor. The amount at risk will never be greater than the death benefit.

Once the amounts at risk have been determined as of each Monthly Policy Date, the Monthly Cost of Insurance is calculated as follows:

1. Divide each amount at risk by 1,000.
2. Multiply each result by the Monthly Cost of Insurance Rate associated with each amount at risk.
3. Sum the values to reach the Monthly Cost of Insurance.

To determine the appropriate Monthly Cost of Insurance Rates, we will use our current Monthly Cost of Insurance Rate tables in effect for this policy using the Face Amount and the Insured's Age, sex, Class of Risk, and any substandard rating (as shown in the Policy Data) and the length of time since the Policy Date or the date of any increase in Face Amount. Current Monthly Cost of Insurance Rates are determined by us using cost factors which include, but are not limited to: mortality, expenses, interest, persistency, reinsurance costs, and any applicable federal, state and local taxes. Different Monthly Cost of Insurance Rates may apply to increases in the Face Amount following the Policy Date and any additional death benefit caused by the application of the Death Benefit Factor. Monthly Cost of Insurance Rates may be changed by us from time to time. A change in the Monthly Cost of Insurance Rates will apply to all persons of the same Face Amount, Age, sex, Class of Risk and any substandard rating whose policies or increases in the Face Amount have been in effect for the same length of time. The rates will not exceed those shown in the Table of Guaranteed Maximum Monthly Cost of Insurance Rates using the Insured's Age, sex and Class of Risk, adjusted for any rating.

If an Insured is age 0-17 on the Policy Date, the Class of Risk will be "Juvenile" and the Guaranteed Maximum Cost of Insurance Rates will be the composite rates in the 2017 Commissioners Standard Ordinary Mortality Table. We will notify you 60 days prior to the Insured's attained Age 18 that the Insured is eligible for reclassification to an adult Non-Tobacco Class of Risk upon proper evidence of insurability. If you do not respond to our notification, or if the Insured does not qualify for reclassification as a Non-Tobacco user, the Guaranteed Maximum Cost of Insurance Rates will continue to be the composite rates in the 2017 Commissioners Standard Ordinary Mortality Table Juvenile rates shown in the Policy Data.

Monthly Policy Fee

The Monthly Policy Fee is determined by us. We may increase or decrease the Monthly Policy Fee from time to time, but we will never charge in excess of the Guaranteed Maximum Monthly Policy Fee shown in the Policy Data. Any change in the Monthly Policy Fee will be applied uniformly to all policies with the same Face Amount, Age, sex and Class of Risk that have been in effect for the same length of time.

Per Unit Charge

The Per Unit Charge for each layer of Face Amount is equal to the layer of Face Amount divided by 1,000, then multiplied by the applicable Per Unit Charge Rate. The Per Unit Charge is this sum of the calculations for each layer.

We determine the Per Unit Charge Rate and may change it from time to time, but, the Per Unit Rate will never be in excess of the applicable Guaranteed Maximum Per Unit Charge Rate shown in the Policy Data. The Per Unit Charge Rate applicable to an increase in the Face Amount may be different from the Per Unit Charge Rate on the initial Face Amount. The Guaranteed Maximum Per Unit Charge Rate in effect on the Policy Date is shown in the Policy Data. Any change in the Per Unit Charge will

be applied uniformly to all policies or Face Amount increases with the same Face Amount, Age, sex and Class of Risk that have been in effect for the same length of time.

Index Account Monthly Charge

On each Monthly Policy Date, we deduct an Index Account Monthly Charge from the Policy Value for each Index Account. An Index Account Monthly Charge is equal to the Index Account's value multiplied by the Index Account Monthly Charge Rate for that Index Account. The Index Account Monthly Charge may be different for different Index Accounts. We determine the Index Account Monthly Charge Rate for each Index Account and may change it from time to time, but we will never charge more than the applicable Guaranteed Maximum Index Account Monthly Charge Rate. The Guaranteed Maximum Index Account Monthly Charge Rates for the Index Accounts that are available on the Policy Date are shown in the Policy Data.

The Index Account Monthly Charge for each Index Account will first be deducted on a pro-rata basis according to the unloaned value in each Segment within that Index Account. If the Index Account Monthly Charge exceeds the unloaned Policy Value in that Index Account, the remainder of the Index Account Monthly Charge will be deducted on a pro-rata basis according to the unloaned value in each remaining Account Option. Under each Account Option, the amount will be deducted on a pro-rata basis according to the unloaned value in each Segment.

The Index Account Monthly Charges are not considered part of the Monthly Deductions. If a Waiver of Monthly Deductions rider is in effect, the Index Account Monthly Charges will not be waived. There will be no Index Account Monthly Charge beginning at the Insured's Age 121.

Premium Expense Charge

When a premium payment is received, we deduct a Premium Expense Charge from the amount of the premium prior to applying the Net Premium to the Account Options. The Premium Expense Charge is equal to the premium payment multiplied by the Premium Expense Charge Rate shown in the Policy Data. We may increase or decrease the Premium Expense Charge Rate, but we will never be more than the Guaranteed Maximum Premium Expense Charge Rate shown in the Policy Data. Any change in the Premium Expense Charge Rate will be applied uniformly to all policies with the same Face Amount, Age, sex and Class of Risk that have been in effect for the same length of time.

Surrender Charge

We will deduct a surrender charge if the policy is surrendered during a Surrender Charge Period. The surrender charge will be equal to A times B, divided by C, where:

A is the Surrender Charge Per \$1,000 shown in the Policy Data for the Policy Year in which the surrender occurs;

B is the Face Amount; and

C is 1,000.

If an increase in the Face Amount is requested and approved, additional surrender charges will apply to the Face Amount increase.

Withdrawal Processing Fee

When a withdrawal is made, we will deduct a withdrawal processing fee from the Policy Value. We determine the withdrawal processing fee and may change it from time to time but we will never charge in excess of the Guaranteed Maximum Withdrawal Processing Fee shown in the Policy Data. A withdrawal processing fee will be withdrawn on a pro-rata basis according to the unloaned Policy Value in each Account Option. Under each Account Option, the amount will be withdrawn on a pro-rata basis according to the unloaned Policy Value in each Segment.

Changes in Rates or Charges

Any changes to the rates and the charges will be based on our expectations as to future cost factors. Such cost factors may include, but are not limited to: mortality, expenses, interest, persistency, reinsurance costs, and any applicable federal, state and local taxes. We will not change these rates or charges to recoup any prior losses.

POLICY LOANS

Policy Loans	You may request a policy loan. The loan date will be the date we process the loan request. The loan will be secured by that portion of the Policy Value equal to the amount of the loan. Any Loan Balance will be deducted from certain amounts payable by us under this policy.
	When a loan is made, an amount equal to the loan will be transferred from the Account Options to the Loan Reserve. The amount of the loan will first be transferred from the Basic Interest Account to the extent of its value and then transferred on a pro-rata basis according to the Policy Value from each Index Account. Under each Account Option, the amount will be transferred pro-rata across Segments. We will credit the amount in the Loan Reserve with interest at an effective annual interest rate equal to the Loan Reserve Interest Rate Credited shown in the Policy Data.
Preferred Loans	After the 10th Policy Anniversary, certain loans will be classified as preferred loans. The interest rate that we charge on preferred loans may vary from the interest rate charged on other loans as outlined in the Interest on Loans provision below.
	The amount eligible for a preferred loan is:
	<ol style="list-style-type: none"> 1. The Policy Value; minus 2. Total premiums paid; plus 3. Withdrawals; minus 4. The Loan Balance.
	After the Policy Anniversary at the Insured's Age 121, all loans will be considered preferred loans.
Minimum Policy Loan	The minimum policy loan amount is the lesser of \$500 or the maximum policy loan.
Maximum Policy Loan	The maximum amount you may borrow is the Policy Value as of the date of the loan request, minus:
	<ol style="list-style-type: none"> 1. Any existing Loan Balance; 2. Interest on the Loan Balance, including the new loan, to the end of the Policy Year; and 3. The amount of the surrender charge that would apply on a surrender of the policy or two Monthly Deductions, whichever is greater.
Repayment of Loans	You may repay any part of any Loan Balance at any time while this policy is In Force. If you wish to make a loan repayment, you must tell us that the payment you send us is for that purpose. Unless your payment is clearly marked as a loan repayment, we will assume it is a premium payment unless it is received after the Insured's Age 121.
	Loan repayments will reduce the Loan Reserve and will be applied to the Account Options in accordance with your current premium allocation instructions.
Interest on Loans	We will charge you interest on each loan at a rate declared by us from time to time. This rate may vary. Rates charged on loans will never be more than the Standard Guaranteed Maximum Loan Interest Rate Charged shown in the Policy Data. Rates charged on preferred loans will never be more than the Preferred Guaranteed Maximum Loan Interest Rate Charged shown in the Policy Data.
	Interest is due on each loan each year on the Policy Anniversary. If you do not pay the interest when it is due, the interest on the Loan Balance will be treated as an additional loan at the applicable interest rate.

WITHDRAWALS

Withdrawals Beginning on the 1st Policy Anniversary, you may withdraw a portion of the Policy Value during the lifetime of the Insured, including after the Insured's Age 121, by making a Written Request. The withdrawal date will be the date we process the withdrawal request. We will charge a withdrawal processing fee for each withdrawal as described in the Withdrawal Processing Fee provision. The Policy Value will be reduced by the withdrawal amount and the withdrawal processing fee on the withdrawal date. The withdrawal amount will be withdrawn on a pro-rata basis according to the unloaned Policy Value in each Account Option. Under each Account Option, the amount will be withdrawn on a pro-rata basis according to the unloaned Policy Value in each Segment.

Minimum Withdrawal The minimum withdrawal amount is \$500.

Maximum Withdrawal The maximum withdrawal amount is the Cash Surrender Value minus \$500.

Face Amount Reduction If the Death Benefit Option is Level or if the Death Benefit Option is Graded and the Insured's Age is 71 or greater, the Face Amount will be reduced by the amount of the withdrawal requested. However, no withdrawal will be allowed if the resulting Face Amount would be less than the Minimum Face Amount shown in the Policy Data. The Face Amount decrease will take effect on the withdrawal date. The Face Amount decrease will be applied to layers in the following order:

1. To the most recent increase layer of the Face Amount.
2. To the next most recent increase layer and then to each preceding increase layer of the Face Amount.
3. To the Initial Face Amount layer.

NONFORFEITURE OPTIONS

Cash Surrender You may surrender this policy for its Cash Surrender Value at any time upon Written Request. The surrender will take effect on the date we receive the Written Request. If you exercise this option, this policy and all attached Riders will terminate. We will charge a surrender charge as described in the Surrender Charge provision if the policy is surrendered during a Surrender Charge Period.

If you request a surrender under this provision within 30 days after a Policy Anniversary, the Cash Surrender Value will not be less than the Cash Surrender Value on that anniversary, less any loans and withdrawals (including withdrawal processing fees) made after the Policy Anniversary. The Cash Surrender Value shall be calculated with allowance for lapse of time since the last preceding Policy Anniversary

Basis Used For Calculation The values and benefits of this policy are not less than the minimum values and benefits required by or pursuant to the NAIC Universal Life Insurance Regulation, Model #585.

Calculation of minimum cash values and nonforfeiture benefits are based on the 2017 CSO Ultimate Mortality Table, composite all duration for Issue Ages 0-17 and non-smoker/smoker distinct for Issue ages 18-85, sex distinct, age last birthday. Deaths are assumed to occur at the end of the Policy Year.

As required, we have filed the method we used to compute minimum cash values and nonforfeiture benefits with the Interstate Insurance Product Regulation Commission.

GENERAL PROVISIONS

This Policy is Our Contract with You	<p>This policy is issued in consideration of the application and the payment of premiums as provided in this policy.</p> <p>This policy, any amendment(s) or endorsement(s), and a copy of the application(s) and any questionnaires for issuance or Reinstatement of the policy attached to it contain the entire contract between you and us. Any statements made in such application(s), questionnaires or any amendments either by you or by the Insured will, in the absence of fraud, be considered representations and not warranties. Also, any written statement made either by you or by the Insured will not be used to void this policy nor defend against a claim under this policy unless the statement is contained in the application(s), questionnaires or any amendments thereto.</p>
	<p>We reserve the right to add future Riders or endorsements to this policy, except where prohibited by law.</p>
Conformity with Interstate Insurance Product Regulation Standards	<p>This policy was approved under the authority of the Interstate Insurance Product Regulation Commission and issued under the Commission standards. Any provision of this policy that is in conflict with these standards on the Policy Date is amended to conform to these standards on the Policy Date.</p>
Incontestability	<p>We cannot contest this policy, except for fraud (when such a defense is permitted by the applicable law in the state where the policy will be delivered or issued for delivery) or non-payment of premium, after it has been In Force during the lifetime of the Insured for two years after the later of:</p> <ol style="list-style-type: none"> 1. The Date of Issue; and 2. The effective date of Reinstatement of this policy. <p>If this policy is Reinstated, the original contestability period will continue to apply. In addition, a new two year contestability period will apply from the date of Reinstatement with respect to statements made in the application for Reinstatement.</p> <p>If the Face Amount of this policy is increased, a new two year contestability period will apply from the date of each increase with respect to statements made in the application for that increase, but only for the amount of the increase.</p> <p>The Insured, the owner and the Beneficiary are obligated to cooperate in any contestability investigation that we may conduct, including supplying us with necessary authorizations for medical and other information.</p>
Riders	<p>Riders, if any, are listed in the Policy Data. Any Rider will become a part of this policy and will be subject to all of the terms and conditions of this policy, unless we state otherwise in the Rider. In a Rider:</p> <ol style="list-style-type: none"> 1. References to Policy Specifications mean the Policy Data; 2. References to this policy's Specified Amount mean the Face Amount; 3. References to this policy's Cash Value mean the Policy Value.
Amount Payable Is Limited in the Event of Suicide	<p>If the Insured, whether sane or insane, dies by suicide within two years from the Date of Issue, our liability will be limited to an amount equal to the premiums paid for this policy, less any Loan Balance and any withdrawals during such period.</p> <p>If the Insured, whether sane or insane, dies by suicide within two years from the effective date of any increase in the Face Amount, our liability for the amount of increase will be limited to the Monthly Deductions for the increase.</p> <p>If this policy is Reinstated, a new two year period will apply beginning on the date of Reinstatement. If the Insured, whether sane or insane, dies by suicide within two years from the Reinstatement date, our liability will be limited to an amount equal to the premiums paid from the date of Reinstatement, less any Loan Balance and any withdrawals during such period.</p>

Misstatement of Age or Sex in the Application

If the date of birth and/or sex of the Insured has been misstated, and we discover this while the Insured is still living, we may recalculate and revise the Policy Value to the amount it would have been at the Insured's correct Age and/or sex. If we discover a misstatement of the Insured's date of birth and/or sex after the Insured's death or if the revised Policy Value would result in the termination of this policy, we will adjust the death benefit instead. The adjusted death benefit will be the amount which would have been purchased at the Insured's correct Age and/or sex by the most recent Monthly Deduction using the correct Monthly Cost of Insurance Rates and Per Unit Charge. If the misstatement is discovered while the Insured is still living, future Monthly Deductions and Minimum Monthly No Lapse Premiums will be adjusted for the Insured's correct Age and/or sex.

Payment of Cash Values and Loans

We may delay paying you the Cash Surrender Value of this policy or any requested withdrawal for up to six months after we receive your request. We may delay making a loan to you for up to six months after we receive your request. We will not delay any loan made to pay premiums due us on any policy.

Who Can Make Changes in the Policy

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

Termination of Insurance

This policy will terminate and all benefits under it will cease on the earliest of the following:

1. The date this policy Lapses;
2. The date we receive your Written Request to surrender or terminate; or
3. The date of the Insured's death.

Our acceptance of a premium for any period after the date of termination of this policy will create no liability by us with respect to this policy, nor will it constitute a waiver of the termination. Any premium paid for this policy following its termination will be refunded.

No Dividends are Payable

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

Your Rights

During the Insured's lifetime and unless otherwise provided in this policy, you have the exclusive right to assign this policy and to exercise every right, privilege and option this policy grants or that we allow.

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

SETTLEMENT PROVISIONS

Lump Sum Payment

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

Settlement Options

During the Insured's lifetime, you may request that we pay the death benefit under one of the following settlement options. We will also use any other method of payment that is agreeable to you and us. After the Insured's death, a Beneficiary may elect to receive such Beneficiary's share of the death benefit under a settlement option. However, you may provide that the Beneficiary will not be permitted to change the settlement option you have selected. If a settlement option is requested, we will send you a written notice which will state the terms and conditions under which the payments will be made. The notice will include a statement regarding the value of the proceeds and to whom any remaining proceeds will be paid following the death of the person receiving the payments.

Annuity

We will use the benefit as a single premium to buy an annuity. The annuity may be payable to one or two payees. It may be payable for a guaranteed period, or for life with or without a guaranteed period as long as we agree to it. The annuity payment will not be less than what our newly issued immediate annuity contracts with the same features are then paying.

Benefit Deposited With Interest

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

Conditions

Settlements of less than \$10,000 will be paid in a lump sum and may not be applied under any settlement option. We may change the payment frequency if payments under an option become less than \$100.

A corporation may receive payments under a life income option only if the payments are based on the life of the surviving spouse or dependent of the Insured.

Payments Exempt from the Claims of Creditors

To the extent permitted by law:

1. No payment of the death benefit or interest we make will be subject to the claims of any creditor; and
2. If you provide that the option selected cannot be changed after the Insured's death, the payments will not be subject to the debts or contracts of the person receiving the payments.



Transamerica Life Insurance Company
Home Office: Cedar Rapids, IA
Administrative Office:
6400 C Street SW
Cedar Rapids, IA 52499
(800) 851-9777

**Flexible Premium Adjustable Life Insurance
With an Index Account Option
Flexible Premiums Payable Until the Insured's Age 121
Death Benefit Payable at Death of Insured
Nonparticipating - No Dividends**

WHILE POLICY VALUES MAY BE AFFECTED BY AN EXTERNAL INDEX OR INDEXES, THIS POLICY DOES NOT DIRECTLY PARTICIPATE IN ANY STOCK OR EQUITY INVESTMENT.



Transamerica Life Insurance Company
Home Office: Cedar Rapids, IA
Administrative Office:
6400 C Street SW
Cedar Rapids, IA 52499
(800) 851-9777

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

We have issued this rider as a part of the policy to which it is attached. Except as otherwise specifically set forth below, it is subject to all of the terms of the policy.

Neither the IRS nor the courts have ruled on the tax consequences of exercising the Overloan Protection Rider. It is possible that the IRS or a court could assert that the policy has been effectively terminated and that the outstanding loan balance should be treated as a distribution, all or a portion of which could be taxable when the rider is exercised. In addition, this Overloan Protection Rider may not be appropriate for your particular circumstances. Consult with a tax advisor regarding the risks associated with exercising this rider.

Rider Benefit You may use this rider to prevent the policy from Lapsing in the event the policy meets the conditions below. If you exercise this benefit, the policy will become a paid-up policy as set forth below and will not Lapse. Benefits of this rider are subject to the provisions of the policy and this rider.

Definitions **Age** has the meaning described in the policy.

Insured means the Insured under the policy to which this rider is attached. It does not include any other individuals covered under other riders.

Exercising the Rider Benefit If you are eligible to elect paid-up insurance under the conditions of this rider, you may exercise the Rider Benefit by sending a Written Request to our Administrative Office. If the policy has entered a grace period, and you are eligible, we will mail you a notice of eligibility and the following will apply:

1. We will mail the notice at least 31 days prior to the end of the grace period. Your Written Request to exercise the Rider benefit must be postmarked by the end of the grace period and while the Insured is alive.
2. If our notice is sent less than 31 days prior to the end of the grace period, your Written Request must be postmarked within 30 days of the date of your receipt of the notice and while the Insured is alive.

Conditions The following conditions must be met at the time we receive your Written Request to exercise the Rider Benefit:

1. The policy must have been In Force for at least 15 Policy Years.
2. The Insured must be at least Age 75, but not older than Age 120.
3. The sum of all withdrawals taken and long term care rider benefits paid from the policy must not be less than the total premiums paid.
4. The sum of the Loan Balance and any long term care benefits paid must exceed the Face Amount of the policy.
5. There must be sufficient Policy Value to cover the charge for this rider. The Loan Balance must not exceed 99.9% of the Policy Value after deduction of the charge for this rider.
6. Exercising the Rider Benefit must not cause the policy to violate the Guideline Premium Test under Section 7702 of the Internal Revenue

Code, as amended, at any duration and must not cause the policy to become a Modified Endowment Contract under Section 7702A of the Internal Revenue Code, as amended.

7. The sum of the guideline level premiums, as defined for purposes of Section 7702 of the Internal Revenue Code, as amended, cannot become negative at any time.
8. The Death Benefit Option must be Level. If it is not, we will treat your Written Request as a request to change the Death Benefit Option to Level.
9. You must not be receiving benefits under a long term care rider.

Charge for this Rider There is no charge for this rider unless you choose to exercise the Rider Benefit.

If the Rider Benefit is exercised, we will assess a one-time charge. The one-time charge will be a percentage of the Policy Value as shown below, based on the Insured's Age as of the date the Rider Benefit is exercised.

Age	Percentage
75 - 90	5%
91	4%
92	3%
93	2%
94 - 120	1%

Effect of Exercising the Rider Benefit Once the Rider Benefit has been exercised and the policy has become a paid-up policy, the following will apply:

1. All loans become preferred conventional loans and any loaned Policy Value will be allocated to the Loan Reserve.
2. Any remaining Policy Value, excluding the Loan Reserve, that is not in the Basic Interest Account will be allocated to the Basic Interest Account.
3. Any amount by which the Cumulative Guaranteed Value (if available under the policy) exceeds the Policy Value will be credited to the Basic Interest Account.
4. The Face Amount of the paid-up policy will be the remaining Policy Value multiplied by the applicable Death Benefit Factor shown in the Policy Data for the Age of the Insured as of the date the Rider Benefit is exercised.
5. If your policy Death Benefit Option is not Level when we receive your Written Request to exercise the Rider Benefit, we will change the Death Benefit Option to Level when the Rider Benefit is exercised, and we will change the Face Amount to the amount stated above.
6. All other riders attached to the policy will terminate.
7. Monthly Deductions and Index Account Monthly Charges will cease immediately upon our completion of the exercise of the Rider Benefit.
8. No further premium payments, withdrawals, surrenders, transfers, changes to the Death Benefit Option, or increases or decreases to the Face Amount, will be allowed.
9. Further loans will be allowed up to the Policy Value minus any Loan Balance and minus any long term care benefits previously paid. Loan interest will continue to accrue and you may continue to repay any interest or principal.
10. If the Loan Balance exceeds the Cash Surrender Value, the Loan Interest Rate Charged will be equal to the Loan Reserve Interest Rate Credited. The policy will not lapse if the Loan Balance exceeds the Cash Surrender Value.

We will reduce the death benefit by any Loan Balance and by any amount of long term care benefits already paid.

Your election to exercise the Rider Benefit is irrevocable. When the Rider Benefit is exercised we will mail you a notice which outlines the effect on the policy.

Non-Convertible This rider is not convertible.

Reinstatement If the policy is reinstated, this rider may be reinstated at the same time.

Consideration We have issued this rider in consideration of the application and payment of the premiums for the policy.

No Dividends Are Payable This rider does not participate in our profits or surplus.

Nonforfeiture Value This rider does not have cash values or loan values.

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

1. The date the policy terminates;
2. The next Monthly Policy Date following the date you request termination of this rider;
3. The death of the Insured;
4. The date the policy is surrendered or continued under any nonforfeiture option;
5. The Policy Anniversary at the Insured's Age 121;
6. The date of the policy becomes a Modified Endowment Contract under Section 7702A of the Internal Revenue Code, as amended.

Rider Date The Rider Date of this rider will be the Policy Date, unless we inform you in writing of a different date.

Signed for us at our Administrative Office and effective on the Policy Date of the policy to which this rider is attached.



Secretary



President



Transamerica Life Insurance Company
Home Office: Cedar Rapids, IA
Administrative Office:
6400 C Street SW
Cedar Rapids, IA 52499
(800) 851-9777

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

CRITICAL ILLNESS ACCELERATED DEATH BENEFIT RIDER

We have issued this rider as a part of the policy to which it is attached. Except as otherwise specifically set forth below, it is subject to all of the terms of the policy.

NOTICE: Benefits advanced under this rider may be taxable in certain circumstances. As with all tax matters, you should consult with your tax advisor regarding the tax treatment of receiving an Accelerated Death Benefit.

The policy's benefits and values, as well as any benefits and values provided by affected riders, will be reduced if an Accelerated Death Benefit is paid. Benefits and values (if applicable) include without limitation: face amounts of the policy, rider and endorsement benefits of any affected riders and endorsements, policy and rider values, cash surrender values, death benefit and premiums. Payment of an Accelerated Death Benefit may affect eligibility for Medicaid or other government benefits and entitlements.

Rider Benefit If the Insured becomes Critically Ill while the policy and rider are in effect, you may elect to receive an Accelerated Death Benefit payment subject to the provisions of the policy and this rider and the following conditions:

1. The Insured must be certified by a Physician as being a Critically Ill individual within 12 months of the Accelerated Death Benefit request; and
2. The policy and rider must be in effect at the time of your Accelerated Death Benefit request; and
3. The Face Amount of the policy at the time the Accelerated Death Benefit request is received must be at least \$25,000; and
4. We must receive the written consent of all irrevocable Beneficiaries (if any) and all assignees (if any) in a form acceptable to us.

Definitions **Accelerated Death Benefit** is a portion of the policy death benefit that is paid prior to the death of the Insured due to the Insured's Critical Illness. The payment of an Accelerated Death Benefit reduces the Face Amount and values of the policy and any affected riders and endorsements and the death benefit payable to the Beneficiary(ies) upon death.

Available Death Benefit means the amount payable under the policy upon the death of the Insured, plus one of the following, if applicable:

1. In the case of a single life policy, the rider death benefit payable under a Base Insured Rider, if any.
2. In the case of a joint last survivor policy, the benefit payable under a Joint Insured Term Rider, if any.

Available Death Benefit does not include amounts payable under any other riders not expressly named above.

Critically III means that the Insured has been diagnosed by a Physician with one or more of the following health conditions or underwent one or more of the following medical procedures:

1. Heart attack (myocardial infarction) – the death of a portion of the heart muscle resulting from inadequate blood supply to the relevant area. The heart attack must have been severe enough to require an inpatient hospital stay. Heart attack does not include angina or the chance finding of electrocardiographic (EKG) changes indicative of a previous heart attack. The diagnosis of heart attack must be based on the presence of any of the following:
 - a) Chest pain;
 - b) Associated new EKG changes which support the diagnosis; or
 - c) Elevation of cardiac enzymes above standard laboratory levels.
2. Stroke – a cerebrovascular accident (CVA) or infarction of brain tissue caused by hemorrhage, embolism, or thrombosis lasting more than 24 hours and producing measurable neurological deficit which persists for at least 30 consecutive days following the occurrence of the stroke. Stroke does not include ischemic events to the brain.
3. Cancer – a disease manifested by the presence of one or more malignant tumors and characterized by the uncontrolled growth and spread of malignant cells and the invasion of normal tissue. Cancer does not include:
 - a) Any skin cancer, except invasive malignant melanoma into the dermis or deeper;
 - b) Pre-malignant lesions, benign tumors, or polyps; or
 - c) Carcinoma in-situ.
4. End stage renal failure – chronic irreversible and total failure of both kidneys which requires the Insured to undergo renal transplantation or regular renal dialysis. The renal failure must persist for a period of at least 90 days.
5. Major organ transplant – the receipt by transplant of any of the following organs or tissues: heart, lungs, liver, kidney, pancreas, or bone marrow. Transplantation means the replacement of the recipient's malfunctioning organ(s) or tissue, with the organ(s) or tissue from a donor suitable under generally acceptable medical procedures.
6. Blindness – permanent and uncorrectable loss of sight in both eyes. The Blindness must be confirmed by a Physician who is an Ophthalmologist or Optometrist. The corrected visual acuity must be worse than 20/200 in both eyes, and the field of vision must be less than 20 degrees in both eyes.
7. Paralysis – complete and permanent loss of use of two or more limbs through neurological injury producing paralysis resulting from trauma, polio, multiple sclerosis or Guillain-Barre syndrome. The Paralysis must be confirmed to have been present by a Physician for a continuous period of at least 180 days from the time the paralysis begins.
8. AIDS (Acquired Immunodeficiency Syndrome) – is present when an individual infected with the Human Immunodeficiency Virus meets the

criteria for Acquired Immunodeficiency Syndrome as defined by the United States Center for Disease Control.

9. Aplastic Anemia – A definite diagnosis of a chronic persistent bone marrow failure, confirmed by biopsy, which results in anemia, neutropenia and thrombocytopenia requiring blood product transfusion, and treatment with at least one of the following: Marrow stimulating agents; Immunosuppressive agents, or Bone marrow transplantation. The diagnosis of Aplastic Anemia must be made by a hematologist. The Insured must survive for 30 days following the date of diagnosis.
10. First Coronary Angioplasty – The first ever balloon angioplasty or other forms of catheter based percutaneous transluminal coronary artery therapy to correct narrowing or blockage of one or more coronary arteries. The procedure must be performed by a Physician who is a board certified cardiologist.
11. First Coronary Artery Bypass – The use of a non-coronary blood vessel or blood vessels (either artery or vein) to surgically bypass obstructions in a native coronary artery or arteries. The procedure must be made by a Physician certified to practice cardiology based on angiographic evidence of the underlying disease. An illness that does not require surgery but requires a medical procedure such as balloon angioplasty (with or without stent(s)), thrombolytic therapy, laser relief of an obstruction, and/or other intra-arterial procedures is not considered a First Coronary Artery Bypass under this rider.
12. Motor Neuron Disease – A definite diagnosis of one of the following conditions only: a) Primary lateral sclerosis; or b) Progressive muscular atrophy; or c) Progressive bulbar palsy; or d) Pseudo bulbar palsy; or e) Amyotrophic lateral sclerosis (ALS); or f) Pseudobulbar palsy; or g) Spinal muscular atrophy; or h) Post-polio syndrome. There must be permanent clinical impairment. Permanent clinical impairment means the clinical specialist notes that the impairment caused by the condition is irreversible and hence permanent. The diagnosis of Motor Neuron Disease must be made by a Specialist. The Insured must survive for 30 days following the date of diagnosis.
13. Central Nervous Disease – Disease of the central nervous system, brain and/or spinal cord, as diagnosed by a Physician that is life threatening and significantly alters the Insured's life expectancy, as diagnosed by a Physician. Central Nervous System Disease includes progressive multiple sclerosis, Parkinson's Disease, Huntington's chorea, Alzheimer's Disease, meningitis, encephalitis, and polio which permanently alters a portion of the cerebrum.

Election Percentage means a percentage of the Available Death Benefit, selected by you, in accordance with the Maximum Accelerated Death Benefit provision.

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

Insured means only the Insured under the policy to which this rider is attached. It does not include any other individuals covered under other riders.

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

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

Amount of Accelerated Death Benefit

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

1. \$1,000, and
2. 90% of the difference between the Policy Value, if any, and any Loan Balance.

If we approve a request to accelerate less than the maximum Accelerated Death Benefit because the Insured is Critically Ill, the amount of the Accelerated Death Benefit payment may be less than that stated above.

The Accelerated Death Benefit payment we make to you will be less than the amount of the Available Death Benefit which you request to accelerate. The Accelerated Death Benefit payment will be calculated as A minus B minus C minus D minus E where A, B, C, D and E are determined as follows:

- A. The actuarial present value of the amount of the Available Death Benefit which you request to accelerate, which will be calculated as described below.
- B. Any amount necessary to provide insurance to the date of the Accelerated Death Benefit payment if we make the payment during a grace period or after the policy has lapsed.
- C. The Loan Balance, if any, at the time the Accelerated Death Benefit is paid, multiplied by the Election Percentage.
- D. The actuarial present value of future premiums, including premiums for any Base Insured Rider or Joint Insured Term Rider, but excluding other rider premiums, multiplied by the Election Percentage. The actuarial present value of future premiums is the amount as determined by us that would, prior to the acceleration, otherwise be payable to keep the policy In Force during the period of the Insured's remaining lifetime as determined by our physician's assessment, at time of the acceleration. This amount is determined by us using the applicable rated age, mortality tables, and interest rate described under 1), 2), and 3) of the Present Value of Accelerated Death Benefit provision below.

- E. An administrative charge for each Accelerated Death Benefit request. The administrative charge for each Accelerated Death Benefit request as of January 1, 2016 is \$350, but will be subject to future increases based on cumulative annual cost-of-living increases as measured by the Consumer Price Index for All Urban Consumers (CPI) since January 1, 2012. Cumulative annual cost of living increases will not exceed 5% per calendar year. In the event that the CPI is no longer published, a substantially similar index will be used, subject to the approval of the Interstate Insurance Product Regulation Commission. In no event will the administrative charge for each Accelerated Death Benefit request exceed \$1,000.

If we approve your request for an Accelerated Death Benefit, the amount that may be payable will be based in part on the Insured's remaining life expectancy as determined by us at the time of the acceleration. Generally, the longer the Insured's remaining life expectancy, the lower the payment amount will be. The shorter the Insured's remaining life expectancy, the higher the payment amount will be.

If the policy's Death Benefit Option is not Level (when applicable) when we approve your request for an Accelerated Death Benefit we will change the Death Benefit Option to Level, make any Face Amount changes in accordance with the policy, and adjust the Available Death Benefit accordingly. We will not automatically restore the original Death Benefit Option after we pay an Accelerated Death Benefit but you may request a change at that time in accordance with the policy's provisions.

Present Value of Accelerated Death Benefit

The actuarial present value of the amount of the Available Death Benefit which you request to accelerate will be calculated using the following factors:

1. The applicable mortality rates using mortality tables identified by us for use in the calculation. The mortality tables we use may include, but are not limited to, smoker distinct, ultimate, age last or age nearest birthday, or combined tables using such factors.
2. A rated age, determined by us using the tables in 1) equal to the highest age that has a life expectancy greater than or equal to the remaining life expectancy of the Insured as determined by our physician's assessment.
3. Annual interest at a discount rate that is the greater of:
 - 1) The current yield on 90-day U.S. Treasury bills; or
 - 2) The Moody's Corporate Bond Yield Average-Monthly Average Corporates as of the date of your request as published by Moody's Investors Service, Inc., or any successor thereto. In the event that the Moody's Corporate Bond Yield Average-Monthly Average Corporates is no longer published, a substantially similar average, established by regulation issued by the state insurance commissioner will be used.

Maximum Accelerated Death Benefit

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

1. 90% of the Available Death Benefit; or
2. A maximum Accelerated Death Benefit amount declared by us. This amount will never be less than \$500,000. You may contact our Administrative Office to obtain the current maximum Accelerated Death Benefit amount.

Coordination between Accelerated Death Benefit Options	If the Insured qualifies for an Accelerated Death Benefit under another rider to the policy and makes claim for benefits under two or more Accelerated Death Benefit riders at the same time, benefits will first be payable under the Terminal Illness Accelerated Death Benefit rider, if applicable, and next payable under the Long Term Care Rider if applicable.
Effect of the Accelerated Death Benefit Payment on the Policy	After an Accelerated Death Benefit is paid, the policy's benefits and values, as those amounts exist on the date the Accelerated Death Benefit is paid, will be reduced by the Election Percentage. This includes, but is not limited to, the following amounts: Face Amount of the policy, death benefit, rider and endorsement benefits for affected riders and endorsements, Policy Value, Cash Surrender Value and Loan Balance.
	The premium and/or charges and monthly deductions, as applicable, for the policy and any affected riders will also be adjusted after an Accelerated Death Benefit is paid. If the rider is attached to a fixed premium policy, the adjusted premium will equal the appropriate premium rate applied to the reduced Face Amount plus any applicable policy fee. If the rider is attached to a flexible premium policy, monthly deductions and affected fees and charges will be reduced in accordance with the reduced Face Amount. If the rider is attached to a flexible premium policy with a No Lapse Guarantee, any Minimum Monthly No Lapse Premium will be adjusted in accordance with the reduced Face Amount. Rider charges will be reduced in accordance with the reduced rider benefit.
	We will provide you with information showing the reduced Face Amount, benefits, values, charges and new premium resulting from the Accelerated Death Benefit payment.
Limitations	<ol style="list-style-type: none"> 1. In no event will the total of all of the death benefits accelerated under this and any other Accelerated Death Benefit Rider exceed 100% of the Available Death Benefit. 2. The sum of all death benefits accelerated under this and any Chronic Illness Rider may not exceed 90% of the Available Death Benefit. 3. We will not pay any Accelerated Death Benefit under this policy for a Critical Illness that is caused by or contributed to by, or results directly or indirectly from, a suicide attempt or intentionally self-inflicted injury while sane or insane. 4. You may not request an Accelerated Death Benefit: <ul style="list-style-type: none"> a) If required by law to use the Accelerated Death Benefit to meet the claims of creditors, whether in bankruptcy or otherwise; or b) If required by a government agency to use the Accelerated Death Benefit in order to apply for, obtain, or otherwise keep a government benefit or entitlement.
Notice of Claim	We must receive a written Accelerated Death Benefit request at our Administrative Office within 60 days after the certification of the Insured's Critical Illness, or as soon thereafter as is reasonably possible. The request should include the name of the Insured, the policy number, and must be signed and dated by you.
Claim Forms	We will send you claim forms for filing proof of loss within 15 days of the date we receive written notice of claim. If the forms are not furnished to you within 15 days after giving notice, you shall be deemed to have complied with the proof of loss requirements provided you submit to us within 90 days after the certification of the Insured's Chronic Illness written proof covering the character and the extent

of the occurrence or loss.

Proof of Loss	We must receive written proof of the Insured's Critical Illness before we make an Accelerated Death Benefit payment. This proof must include a properly completed claim form and a Physician's certification acceptable to us. We may request additional medical information from the Physician submitting the certification or from any Physician we consider qualified.
Physical Examination	While an acceleration request is pending, we reserve the right to obtain a second medical opinion and to have the Insured examined at our expense. In the event that the second medical opinion differs from the diagnosis indicated by the Insured's own Physician, a third mutually acceptable Physician may be consulted at our expense. The benefit will be payable according to the opinion of the third Physician.
Payment of Accelerated Death Benefits	<p>After we have received proof of loss satisfactory to us, we will determine the Accelerated Death Benefit payment amount. The payment amount will be less than the amount of the Available Death Benefit you request to accelerate. The size of the payment will depend, among other factors, on our sole determination of the Insured's remaining life expectancy at the time of the acceleration.</p> <p>If you agree to the payment amount, we will immediately pay you or the assignee, the amount of the Accelerated Death Benefit in a lump sum. If the Insured dies while the policy is In Force but before any Accelerated Death Benefit payment is made, we will instead pay the entire death benefit of the policy in accordance with the policy provisions.</p> <p>Upon receipt of proof of loss, and upon payment of the Accelerated Death Benefit, we will send you and any irrevocable beneficiary a statement that informs you of the amount of the payment available or elected and shows you any effect that the payment of the Accelerated Death Benefit would have on the policy's Face Amount, policy and rider values, death benefit, Loan Balance and premiums.</p>
Termination	<p>This rider will terminate on the earliest of the following dates or events:</p> <ol style="list-style-type: none"> 1. The date the maximum Accelerated Death Benefit has been accelerated; or 2. The date the policy lapses or otherwise terminates; or 3. The date the policy is surrendered or continued under any nonforfeiture option; or 4. The next Monthly Policy Date following the date you request termination of this rider; or 5. The date of the Insured's death. <p>Termination of this rider will not affect any claim for benefits for Critical Illness occurring while the rider was in effect.</p>
Reinstatement	If the policy is reinstated, this rider may be reinstated at the same time; however, we will not pay any benefit for a Critical Illness that is first diagnosed by a Physician prior to the reinstatement date.
Consideration	We have issued this rider in consideration of the application and payment of the premiums for the policy.
No Additional Cost Prior to Election	There is no additional cost for the Accelerated Death Benefit prior to election of the Accelerated Death Benefit.

Legal Actions	No legal action may be brought to recover any Accelerated Death Benefit payments requested under this rider within 60 days after written proof of the Critical Illness has been given to us (or such longer period as may be required by applicable law in the state where the policy is delivered or issued for delivery). No such action may be brought after three years from the time such written proof of the Insured's health condition has been given to us (or such longer period as may be required by applicable law in the state where the policy is delivered or issued for delivery). This legal actions provision shall be amended to comply with the laws of the state where the policy was delivered or issued for delivery.
Incontestability	The provisions of the policy relating to contestability apply to this rider.
No Dividends Are Payable	This rider does not participate in our profits or surplus.
Nonforfeiture Values	This rider does not have cash values or loan values.
Rider Date	The Rider Date of this rider will be the Policy Date, unless we inform you in writing of a different date.

Signed for us at our home office.

Karyn S. W. Polak, Secretary

Blake Bostwick, President



Transamerica Life Insurance Company
Home Office: Cedar Rapids, IA
Administrative Office:
6400 C Street SW
Cedar Rapids, IA 52499
(800) 851-9777

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

LONG TERM CARE RIDER

Attached to and made a part of the policy issued by
Transamerica Life Insurance Company
Cedar Rapids, Iowa

THIS IS A LONG TERM CARE INSURANCE RIDER THAT PROVIDES BENEFITS FOR LONG TERM CARE FACILITY CONFINEMENT, HOME HEALTH CARE SERVICES, HOME CARE SERVICES, ADULT DAY CARE IN AN ADULT DAY CARE CENTER, HOSPICE CARE BY A HOSPICE CARE PROVIDER, OR RESPITE CARE.

This rider is intended to be a federally tax-qualified long term care insurance contract under section 7702B(b) of the Internal Revenue Code of 1986, as amended. If a change to this rider is required in order to conform to changes in the requirements of the Internal Revenue Code, we will send you an amendment describing the change and you will be given a choice of accepting or rejecting the amendment. If you reject such an amendment, you must give us written notice, and your refusal may result in this rider no longer being tax-qualified or other adverse tax consequences. As with any tax matter, you should consult your tax advisor to evaluate any tax impact of rejecting any such amendment.

Guaranteed Renewable THIS RIDER IS GUARANTEED RENEWABLE. This means we may not, on our own, cancel or reduce the coverage it provides. This rider will remain in force subject to this rider's provisions, as long as the policy to which it is attached remains in force and the required charges for this rider are paid. Rider charges are subject to change as described in the Rider Charges provision of this rider.

30-Day Right To Review This Rider You have 30 days from the day you receive this rider to review it and return it to us if you decide not to keep it. You do not have to tell us why you are returning the rider. Within 30 days of when it is received, simply return it to us at our Administrative Office or to the agent/insurance producer through whom it was purchased. We will refund the full amount of any rider charge deducted from the Policy Value, within 30 days after our receipt of the returned rider. The rider will be void as if it had never been issued. If you wish to cancel the rider without canceling the policy, you must return the policy and this rider to us so that we can send you back the policy without this rider.

Important Caution About The Application We have issued this rider based on the answers to the questions on the application. A copy of the application is attached. If any answers are incorrect or untrue, we may have the right to deny benefits or rescind this rider. The best time to clear up any question is now, before a claim arises! If, for any reason, any of the answers are incorrect or untrue, contact us at our Administrative Office. Our address and the toll-free number are shown above.

Notice to Buyer This rider may not cover all of the costs associated with long term care incurred during the period of coverage. You are advised to review all rider limitations carefully.

If you have a complaint, you can contact your State Insurance Department at:
(410)468-2090 MD

THIS RIDER DOES NOT PROVIDE MEDICARE SUPPLEMENT COVERAGE.

If the Insured is eligible for Medicare, review the "Guide to Health Insurance for People with Medicare" available from us.

This rider uses terms that have specific meanings within this rider. Most of these terms are defined in the General Definitions section of this rider. Some of the definitions may be in the policy to which this rider is attached. Definitions related to eligibility for benefits are in the Eligibility for the Payment of Benefits section of this rider.

The charges for this rider may be distributions for income tax purposes. If you have any questions regarding the tax implications of this rider, please consult with your tax advisor.

We have issued this rider as a part of the policy to which it is attached. Except as otherwise specifically set forth below, it is subject to all of the terms of the policy.

No Cash Value

This rider has no cash value. You cannot borrow against this rider or pledge it as collateral for a loan.

Guide To Rider Provisions	Page
Rider Benefit	2
Eligibility for the Payment of Benefits	3
Limitations or Conditions on Eligibility for Benefits.....	4
Elimination Period.....	4
General Definitions	4
Benefits	9
Rider Charges.....	10
Grace Period	11
Interaction of Policy Provisions and this Rider	11
General Exclusions and Limitations.....	13
Claims Information	13
General Provisions.....	16

Rider Benefit

Subject to the provisions, exclusions and limitations of this rider and the policy to which it is attached, we will pay a Monthly Long Term Care Benefit when the Insured has incurred expenses for Qualified Long Term Care Services as set forth in this rider.

Benefits are payable if the Insured has incurred expenses for one or more of the following types of Qualified Long Term Care Services:

1. Long Term Care Facility confinement;
2. Home Health Care Services;
3. Home Care Services;
4. Adult Day Care in an Adult Day Care Center;
5. Hospice Care by a Hospice Care Provider; or
6. Respite Care.

The amount of the Monthly Long Term Care Benefit is described in the Benefits section of this rider.

In order to receive benefits under this rider, you must provide us with both a Plan of Care and Proof of Loss documentation. This documentation must show (1) that the Insured has received one or more of the Qualified Long Term Care Services described above and (2) that the Qualified Long Term Care Services received were

consistent with the requirements of the current Plan of Care, in terms of both type of services and frequency.

This rider provides coverage for mental and nervous conditions, including Alzheimer's disease, Parkinson's disease and senile dementia in accordance with the terms of this rider if the Insured is certified by a Licensed Health Care Practitioner as being a Chronically III Individual.

We will pay benefits under this rider for similar services obtained in a state other than the state of issue of this rider for those services that would have been paid in the state of issue. This is regardless of any facility licensing, certification or registration requirement (or similar requirements) differences between the states. All other requirements of this rider must be met.

Eligibility For the Payment of Benefits	Subject to all of the terms of this rider, you are eligible for benefits under this rider if the Insured is a Chronically III Individual.
--	---

Chronically III Individual means an individual who has been certified by a Licensed Health Care Practitioner as:

1. being unable to perform, without **Substantial Assistance** from another individual, at least two out of the six **Activities of Daily Living (ADLs)** for an expected period of at least 90 days due to a loss of functional capacity; or
2. requiring **Substantial Supervision** to protect the Insured from threats to health and safety due to **Severe Cognitive Impairment**.

Substantial Assistance means either Hands-On Assistance or Standby Assistance:

1. Hands-on Assistance means the physical assistance (minimal, moderate or maximal) of another person without which the Insured would be unable to perform the Activity of Daily Living.
2. Standby Assistance is the presence of another person within arm's reach that is necessary to prevent, by physical intervention, injury to the Insured while the Insured is performing the Activity of Daily Living.

Activities of Daily Living (ADLs). Each of the following six functional areas is considered an Activity of Daily Living (ADL):

1. Bathing: The ability to wash oneself by sponge bath; or in either a tub or shower, including the task of getting into and out of the tub or shower.
2. Continence: The ability to maintain control of bowel and bladder function; or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for a catheter or colostomy bag).
3. Dressing: The ability to put on and take off all items of clothing and any necessary braces, fasteners or artificial limbs.
4. Eating: The ability to feed oneself by getting food into the body from a receptacle (such as a plate, cup or table) or by a feeding tube or intravenously.
5. Toileting: The ability to get to and from the toilet, to get on and off the toilet, and to perform associated personal hygiene.
6. Transferring: The ability to move into and out of a bed, chair or wheelchair.

Substantial Supervision means continual supervision by another person that is necessary to protect the Insured as a Severely Cognitively Impaired person from threats to the Insured's health or safety (such as may result from wandering). This includes cuing by verbal prompting, gestures, or other demonstrations. Supervision

that is intermittent or periodic is not considered Substantial Supervision.

Severe Cognitive Impairment (including the term "Severely Cognitively Impaired") means a severe loss or deterioration in intellectual capacity that 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 people, places or time;
3. deductive or abstract reasoning; and
4. judgment as it relates to safety awareness.

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

Limitations or Conditions on Eligibility for Benefits

Conditions

In order for benefits to be payable under this rider:

1. The Insured must satisfy the requirements set forth in Eligibility for the Payment of Benefits section;
2. Qualified Long Term Care Services must begin while this rider is in force;
3. All charges must be incurred for services rendered or goods provided while this rider is in force;
4. The Insured must satisfy the Elimination Period;
5. All care and services must be in accordance with accepted medical and nursing standards of practice; and
6. All care and services must be consistent with the Insured's current Plan of Care. You must provide us with both a Plan of Care and Proof of Loss documentation.

Limitations

The following limitations apply to this rider:

1. All benefits are subject to the Rider Maximum Amount.
2. Benefits are payable as specified in the Benefits section of this rider.
3. We will not pay benefits during the Elimination Period.
4. Benefits are subject to the General Exclusions and Limitations of this rider.

Elimination Period

This rider has an Elimination Period of 90 days. This means that we will not pay benefits under this rider for any period before the Insured has incurred expenses, on each of 90 separate days during which this rider is in effect, for Qualified Long Term Care Services that would otherwise be covered under this rider. These days of care or services need not be continuous. The Elimination Period has to be satisfied only once while this rider is in effect. You must provide us with Proof of Loss in order to satisfy the Elimination Period.

We will give the Insured credit toward the Elimination Period for days of confinement, care or services covered under this rider, even if they are paid or payable by Medicare.

Care or services received during confinement in a hospital or rehabilitation hospital/facility cannot be used to satisfy the Elimination Period, even if they are paid or payable by Medicare.

General Definitions

Adult Day Care. A program of social and health-related services to support frail, impaired elderly or other disabled adults who can benefit from care in a group setting outside the home. The program must be provided for six or more individuals during the day in a community group setting.

Adult Day Care Center. A facility or organization that is licensed, registered or certified to provide Adult Day Care, if required by the state in which it is located.

If licensure, registration, or certification is not required by the state, it is that part (or separate center) of a facility that provides Adult Day Care and meets all of the following requirements:

1. it operates at least five days a week for a minimum of four hours a day and is not an overnight facility;
2. it maintains a daily written record for each client, which includes a Plan of Care and a record of all services provided;
3. it has established procedures for obtaining appropriate aid in the event of a medical emergency;
4. it has formal arrangements for providing for the services of: (a) a dietitian; (b) a licensed physical therapist; (c) a licensed speech therapist; and (d) a licensed occupational therapist; and
5. its staff includes all of the following: (a) a full-time director; (b) one or more nurses in attendance during operating hours; and (c) not less than three full-time staff members.

Calendar Month. A period beginning on the first day through and including the last day of any of the 12 months of a year. For example: January 1st through January 31st.

Home Care Agency. An entity that provides care and services in the Insured's home and meets all of the following criteria:

1. it is, where required, licensed, certified or accredited as a Home Health Care Agency, Home Care Agency, or Nurse Registry (in states where Nurse Registries exist);
2. it provides Home Health Care Services or Home Care Services;
3. it is, where required by its licensure, certification or accreditation, supervised by a Registered Nurse or a licensed social worker;
4. it keeps written Plan of Care records on all patients. This includes Physician's orders where appropriate; and
5. if providing Home Health Care Services, it also keeps daily written clinical records on all patients.

Placement agencies, employment agencies and similar entities do not qualify as Home Care Agencies.

Home Care Services. Services that are provided by skilled or unskilled persons who work under the supervision of a Home Care Agency. These services are provided in the Insured's home. Home Care Services include the following:

1. Personal Care Attendant Services;
2. reporting changes in the Insured's condition and needs, and completing appropriate records; and
3. Homemaker Services.

Home Health Care Services. A program of part-time or intermittent professional, para-professional or skilled care provided through a Home Care Agency to the Insured in the Insured's home. Home Health Care Services include nursing services provided by a: Nurse; physical therapist; respiratory therapist; speech therapist; occupational therapist; infusion therapist; or nutritional specialist.

Homemaker Services. Support services that are secondary to assistance with the Activities of Daily Living or because of a Severe Cognitive Impairment. These services must be included in the Insured's Plan of Care. They include one or more of the following, required so that the Insured can remain at home: meal preparation; laundry; and light housekeeping. Light housekeeping means: vacuuming; dusting; dry mopping; dishwashing; cleaning the kitchen and bathroom; and changing beds.

Hospice Care. A coordinated, interdisciplinary program for meeting the special needs of Terminally Ill individuals. This includes the physical, emotional, social and spiritual needs of such individuals. Hospice Care provides palliative and supportive services during the terminal illness to individuals who have no reasonable prospect of cure.

Hospice Care Facility. A facility that is licensed or certified by the state in which it is located to provide Hospice Care.

Hospice Care Provider. A Long Term Care Facility, Home Care Agency, Hospice Care Facility or other provider that is licensed to provide Hospice Care. It does not include a hospital.

Immediate Family. An individual's spouse (including common law spouse) or Partner and anyone who is related to the individual or his or her spouse or Partner (including adopted, in-law and step-relatives). This includes a parent, grandparent, child, grandchild, brother, sister, aunt, uncle, first cousin, nephew or niece.

Insured. The person who is the Insured under the policy to which this rider is attached.

Licensed Health Care Practitioner. A Physician, registered professional nurse (RN), licensed social worker, or other individual who meets such requirements as may be prescribed by the U.S. Secretary of the Treasury. A Licensed Health Care Practitioner does not include you or the Insured, and may not be a member of your Immediate Family or the Insured's Immediate Family.

Long Term Care Facility. A health care facility that is licensed, certified, or registered by the appropriate authority in the state in which it is located to provide inpatient care for persons who are in need of assistance with Activities of Daily Living or are Severely Cognitively Impaired. The facility must charge a fee for the inpatient care at the time the care is provided.

A Long Term Care Facility must:

1. provide personal care by on-site staff. It must also provide three meals a day, including special diets;
2. have procedures in place establishing appropriate protocol for medication management and the handling and administration of drugs and biologicals;
3. provide an emergency call system and on-site facility staff able to respond to and meet both scheduled and unpredictable needs of residents on a 24-hour-a-day basis. The staff's duties must include supervision of safety, security and awareness of the whereabouts of the residents at all times; and
4. have a Physician or Registered Nurse on site or on contract to provide nursing services specified in case of an emergency.

Regardless of name, any properly licensed, certified, or registered facility providing the services set forth above will qualify as a Long Term Care Facility. This includes,

for example: nursing homes; skilled nursing facilities; nursing care facilities; assisted living facilities; adult foster care facilities; congregate care facilities; basic care facilities; residential care facilities; family and group assisted living facilities; boarding care homes; domiciliary care homes; personal care homes; and hospice care facilities.

In those states where there is no facility that is licensed, certified or registered to provide inpatient care for persons who are in need of assistance with Activities of Daily Living or are Severely Cognitively Impaired, a facility must meet all of the requirements in items # 1-4 listed above. In addition, it must meet all of the following requirements in order to qualify as a Long Term Care Facility:

1. provides the following information in writing to each resident:
 - a. a tenant services contract or agreement in place for each resident; and
 - b. admission and transfer/discharge requirements;
2. provides a minimum of 10 beds; and
3. has staff on site 24-hours-a-day to provide personal care.

Long Term Care Facility does not mean a facility or part of a facility that is operated mainly for the treatment and care of: mental, nervous, psychotic or psychoneurotic deficiencies or disorders; tuberculosis; alcoholism, substance abuse, or drug addiction; or rehabilitation or occupational therapy. A Long Term Care Facility is not a rehabilitation hospital/facility.

Long Term Care Facility does not include a hospital, except for a separate and distinct wing or section of a hospital, if such wing or section, including the Insured's assigned bed, is appropriately licensed, certified, or registered to provide the level of care defined above. Also, Long Term Care Facility does not include: an independent living apartment or unit; hotel; motel; retirement home; or any dwelling similar to these.

Long Term Care Specified Amount. The Long Term Care Specified Amount is equal to the base policy's Face Amount. The Long Term Care Specified Amount may be reduced if the policy's Face Amount is reduced and increased if the policy's Face Amount is increased due to a death benefit option change. The Long Term Care Specified Amount as of the Policy Date is shown in the Policy Data. The total amount of benefits paid under this rider may not exceed the Long Term Care Specified Amount.

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

Nurse. A person who is duly licensed as either:

1. Registered Nurse (RN);
2. Licensed Practical Nurse (LPN); or
3. a Licensed Vocational Nurse (LVN).

The term Nurse does NOT include:

1. you or the Insured; or
2. a member of your Immediate Family or the Insured's Immediate Family.

Partner. This rider is subject to the laws of the state in which it was issued with regard to the following definition.

An adult who is not related to the Insured by blood or marriage under the laws of the state in which this rider was issued; who has resided with the Insured continuously for at least two years; and both the Insured and Partner hold themselves out to the public as life partners. Partner is used to describe these legally-sanctioned relationships, which may include domestic partners and/or civil union partners, depending on the state in which this rider was issued.

Partner does not include any person who is married to anyone else (whether by civil or religious ceremony or common-law marriage), nor any roommate or friend of the Insured who does not otherwise meet this definition.

Personal Care Attendant Services. Care or assistance that is necessary to protect the Insured's health and safety while allowing the Insured to remain at home. This includes services such as assistance with Activities of Daily Living, medication management, mobility, and personal hygiene. Personal Care Attendant Services are not services that are primarily for personal convenience or companionship, nor do they include transportation services.

Physician. 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.

The term Physician does not include:

1. you or the Insured;
2. a member of your Immediate Family or the Insured's Immediate Family; or
3. anyone who has a financial interest in, or is an employee of, a facility, agency, or center administering the Plan of Care.

Plan of Care. A written, systematic, standardized and comprehensive assessment of the Insured's physical and cognitive abilities by a Licensed Health Care Practitioner, based on a face-to-face evaluation of the Insured. The Plan of Care must specify the type, frequency and providers of all the services that the Insured requires. The services also must be consistent with the assessment done to develop the Plan of Care. The Plan of Care may include services not covered by this rider. No more than one Plan of Care may be in effect at a time.

The Plan of Care must include the date, if any, by which the Insured is expected to recover from his or her illness or injury. The Plan of Care must be prescribed, approved and signed by a Licensed Health Care Practitioner. It must be updated or confirmed in writing at least once every 12 months or more frequently as we may require. We will not require an update or written confirmation more frequently than once each 90 days. If we are paying benefits under this rider and a Licensed Health Care Practitioner has certified that the 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, we will not request an update or additional certifications until after the expiration of the 90-day period.

We reserve the right to discuss the Plan of Care with the Licensed Health Care Practitioner to verify that the Plan of Care is appropriate and consistent with generally accepted standards of care for a Chronically Ill Individual.

If possible, a copy of the Plan of Care should be sent to us before the care and services are received. Otherwise, it must be provided to us at the time the first claim under the Plan of Care is submitted. Unless otherwise stated in this rider, the Plan of Care must be submitted no later than 90 days after the care and services

begin. It must document by assessment that the Insured met the requirements set forth in the Eligibility for the Payment of Benefits section of this rider during that 90-day period.

A Plan of Care must be approved by a Licensed Health Care Practitioner who: (1) does not have a financial interest in; (2) is not on contract with; and (3) is not an employee of the facility, agency, center or provider administering all or any part of such Plan of Care.

Proof of Loss. Information or documents satisfactory to us to enable us to determine whether benefits are payable under your rider. We will pay benefits only after we have received all necessary Proofs of Loss. You must either provide us with this information or authorize its release to us.

Qualified Long Term Care Services. This means necessary diagnostic, preventive, therapeutic, curing, treating, mitigating, and rehabilitative services, and maintenance or personal care services, which:

1. are required by a Chronically Ill Individual; and
2. are provided pursuant to a Plan of Care prescribed by a Licensed Health Care Practitioner.

Qualified Long Term Care Services do not include any care, confinement or services set forth in the General Exclusions and Limitations section of this rider.

Only Qualified Long Term Care Services are covered under this rider.

Respite Care. Respite or relief for your Volunteer Caregiver. Respite Care is provided so that the Volunteer Caregiver who normally provides care for the Insured may take short-term leave or take a rest to provide him or her with temporary relief from the responsibilities of caregiving. Respite Care covers short-term care provided: in a Long Term Care Facility; in a community-based program such as Adult Day Care; or care received in the Insured's home.

Terminally Ill. A person who has been certified in writing by his or her Physician as having a life expectancy of six months or less.

Volunteer Caregiver. The unpaid person who has the primary responsibility of caring for the Insured in the Insured's home. A person who is paid to care for the Insured is not a Volunteer Caregiver.

Benefits

Payment of Benefits. Once the Elimination Period has been satisfied and the claim is approved by us, we will pay the Monthly Long Term Care Benefit. You must file additional Proofs of Loss for each subsequent Calendar Month for which you wish to receive benefits.

Before we make a payment, we will first apply any benefit amount to any unpaid Monthly Deductions, then to any interest due on any policy loans to the extent such interest due exceeds the policy's Cash Surrender Value. The remaining benefits will be paid to you. Benefits are payable in U.S. Dollars.

If there is an irrevocable beneficiary or an assignee on the policy, we will require consent from that party or parties before we begin paying benefits under this rider.

Monthly Long Term Care Benefit. The maximum Monthly Long Term Care Benefit payable for any Calendar Month will be equal to the lesser of A or B where:

- A. is 2% of Long Term Care Specified Amount, at commencement of benefits; and
- B. is the per diem amount allowed by the Health Insurance Portability and Accountability Act times the number of days in the Calendar Month.

You may request a Monthly Long Term Care Benefit amount less than the above maximum, but the monthly benefit must be at least \$500. Choosing a lesser amount could extend the period during which benefits may be payable. Once selected, the Monthly Long Term Care Benefit amount will remain in effect for the remainder of the current calendar year. You may change your election for subsequent calendar years by giving us written notice at least 30 days before the beginning of that calendar year.

If benefits are payable for only part of a Calendar Month, we will prorate the Monthly Long Term Care Benefit at the beginning of a period of care or at the end. Prorate means we will divide the monthly benefit by the actual number of days in the month, then multiply that number times the number of days during the month for which you are eligible to receive benefit payments.

Maximum Lifetime Rider Benefit. If the total of the benefits paid under this rider equals or exceeds the Rider Maximum Amount, benefit payments under this rider will cease. The Rider Maximum Amount is equal to the Long Term Care Specified Amount minus any outstanding policy loan.

Lapse Protection. While rider benefits are being paid, the policy will not Lapse due to the policy's Cash Surrender Value not being sufficient to pay the monthly charge due.

Extension of Benefits. If this rider terminates for any reason while you are receiving benefits under this rider and while the Insured is confined in a Long Term Care Facility, benefits will be continued until the earlier of the following: the date the Insured is discharged from the Long Term Care Facility; or the date when the benefits paid under this rider equal or exceed the Rider Maximum Amount.

Rider Charges

On each Monthly Policy Date while this rider is in effect, we will charge you a monthly charge for this rider. The monthly charge for this rider is equal to the product of A times B, divided by 1,000 where:

- A. is the policy's amount at risk as determined for purposes of the Monthly Cost of Insurance, but no more than the Long Term Care Specified Amount; and
- B. is the Long Term Care rider monthly charge per \$1,000 of the policy's amount at risk.

To determine the appropriate monthly charge, we will use our current monthly charge tables in effect for this rider using the Insured's Age, sex, class of risk, and any substandard rating (as shown in the Policy Data) and the length of time since the later of the Policy Date or the Rider Date. Monthly charge rates may be changed by us from time to time. A change in the monthly charge rate will apply to all persons of the same Long Term Care Specified Amount, Age, sex, class of risk and any substandard rating whose riders have been in effect for the same length of time. The rates will not exceed those shown in the Table of Long Term Care Rider Guaranteed Maximum Monthly Charge Rates per \$1000 using the Insured's Age, sex and class of risk, adjusted for any rating.

Waiver of Rider Monthly Charges. We will not charge monthly charges for this rider for any policy month while we are paying benefits under this rider. However, other policy and rider charges will continue to apply.

Grace Period

The Grace Period for this rider is 65 days. If any amount due is not paid within 30 days from the date that it was due, we will send a notice to you, the Insured and the person or persons designated by you to receive such notice at the addresses provided to us. Notice will be given by first class United States mail, postage prepaid. You will have an additional 35 days to pay the amounts due after we have mailed the Notice. During the Grace Period this rider will stay in effect.

You may have named a person or persons to receive notice of nonpayment of premium. The person or persons named are not responsible for paying the premium. You may change the person or persons named at any time while this rider is in effect. Please note that you must tell us if any of the addresses change. You must send the information in writing to our Administrative Office. We will provide you with a reminder of the right to change the person or persons named at least every two years.

Added Protection Against Termination; Reinstatement. If this rider Lapses while the Insured is Chronically Ill as set forth in the Eligibility for the Payment of Benefits section, this rider may be reinstated. To have this rider reinstated, the policy must be reinstated in accordance with its Reinstatement provisions with the exception of its insurability conditions, which shall be waived if all the following conditions are met:

1. We must receive a written request for reinstatement in our Administrative Office within 180 days after the date this rider Lapses; and
2. We must receive a Licensed Health Care Practitioner's written certification that, at the time this rider Lapsed, the Insured had been diagnosed, using generally accepted medical diagnostic methods and tests, as being a Chronically Ill Individual; and
3. We must receive all unpaid, overdue rider charges for this rider.

Any claim incurred during the 180-day period will be considered for benefits subject to all other rider provisions.

Reinstatement. In situations other than the Added Protection Against Termination; Reinstatement provision, we will consider this rider for reinstatement as described in the Reinstatement provision in the policy. Before we reinstate this rider, we may require evidence of insurability specific to the coverage provided by this rider.

Interaction of Policy Provisions and This Rider

Accelerated Death Benefit. Benefits paid under this rider are considered an acceleration of the death benefit.

Effect on Death Benefit. If the Insured dies, the amount of the benefits paid under this rider will be deducted from the policy's death benefit.

Death Benefit Option. If the policy's Death Benefit option is not Level when we approve a claim for benefits under this rider we will change the death benefit option to Level and adjust the Long Term Care Specified Amount accordingly. We will not automatically restore the original Death Benefit Option when we stop paying benefits, but you may request a change at that time in accordance with the policy's provisions.

Effect on Policy Value. The amount of the benefits paid under this rider will be deducted from the policy's Cash Surrender Value and will also reduce the amount available for any future policy loans or withdrawals under the policy. If your policy is a flexible premium variable adjustable life insurance policy, then when we approve a Long Term Care claim we will transfer all of the Policy Value in the Separate Account to the Basic Interest Account. Transfers will not be allowed while we are paying benefits under this rider.

Effect on Surrender Values when the Policy Includes an Endorsement Providing an Enhanced Surrender Value. If the policy is surrendered during the option periods provided in an endorsement enhancing its surrender value, any such enhanced surrender value will be reduced by the amount of the benefits paid under this rider.

Policy Face Amount Changes. While this rider is In Force you may not request an increase in the base policy's Face Amount. Transactions that increase or reduce the Face Amount of the policy will also result in a dollar-for-dollar change in the Long Term Care Specified Amount.

Loans and Withdrawals. Loans and withdrawals will not be permitted while benefits are being paid under this rider.

Effect of Reaching the Maximum Amount. After we have paid the Rider Maximum Amount:

1. We will not charge any further monthly charges for this rider.
2. All riders other than this rider will terminate.
3. If the policy includes a Children's Benefit Rider or Additional Insured Rider, coverage may be converted in accordance with that rider's provisions related to conversion upon the death of the Insured.
4. Interest will continue to be credited to the Policy Value if it is not less than zero.
5. Any negative Policy Value will be reset to zero.
6. You must pay interest on any policy Loans as it becomes due or the policy may terminate.

Effect of a Terminal Illness Accelerated Death Benefit Endorsement on this Rider. If your policy includes an endorsement providing an accelerated death benefit in the event of a terminal illness ("Terminal Illness ADB Endorsement"), the Insured may qualify for benefits under both the Terminal Illness ADB Endorsement and this rider. If the Insured qualifies for benefits under both the Terminal Illness ADB Endorsement and this rider and if a claim is made under both the Terminal Illness ADB Endorsement and this rider, a benefit will be paid under the Terminal Illness ADB Endorsement first. A payment under the Terminal Illness ADB Endorsement will reduce the policy's face amount and the Long Term Care Specified Amount will be reduced by the same amount. Once payment under the Terminal Illness ADB Endorsement is made, any payments under this rider will be made based on the newly reduced Long Term Care Specified Amount.

We will not pay benefits under both the Terminal Illness ADB Endorsement and this rider simultaneously. If a claim is made under the Terminal Illness ADB Endorsement while benefits are being paid under this rider, we will stop paying benefits under this rider when we pay benefits under the Terminal Illness ADB Endorsement. The maximum accelerated death benefit used to calculate the amount of the terminal illness accelerated death benefit will be reduced by the amount of the benefits paid under this rider. Once payment under the Terminal Illness ADB Endorsement is made, if the Insured still qualifies for benefits under this rider, any payments under this rider will be made based on the newly reduced Long Term Care Specified Amount.

End of Eligibility. If rider benefit payments cease because the Insured no longer qualifies for benefits under this rider, the following will apply:

1. If the policy's No Lapse Ending Date has not passed, the test to determine whether the No Lapse Guarantee is in effect will not require a Minimum No Lapse Premium for those months while we were paying benefits under this rider.

2. Any negative Policy Value will be reset to zero.
3. Policy transactions that were restricted while we were paying benefits under this rider will become unrestricted.

General Exclusions and Limitations

Exclusions. Qualified Long Term Care Services do not include care, confinement or services:

1. resulting from alcoholism, or drug addiction or chemical dependency unless as a result of medication used as prescribed by a Physician;
2. resulting from or arising out of attempted suicide or intentionally self-inflicted injury;
3. due to participation in a felony, riot or insurrection;
4. for which no charge is normally made in the absence of insurance; or
5. received outside the 50 United States and the District of Columbia, or Canada; or
6. performed by a member of your Immediate Family or the Insured's Immediate Family. A member of your Immediate Family or the Insured's Immediate Family can provide covered care or services if he or she is a regular employee of an organization that is engaged in providing the Qualified Long Term Care Services. The organization he or she works for must receive the payment for the care or service. Your Immediate Family or the Insured's Immediate Family member must receive no compensation other than the normal compensation for employees in his or her job category.

Non-Duplication of Benefits. Qualified Long Term Care Services do not include care, confinement or services:

1. provided in a government facility (unless otherwise required by law);
2. paid or payable under Medicare. This includes any amounts that would be covered under Medicare, except that they are subject to a Medicare deductible or coinsurance of some kind. This does not apply when expenses are reimbursable under Medicare solely as a secondary payer;
3. provided under any governmental programs (except Medicaid); or
4. paid or payable under any state or federal workers' compensation, employer's liability or occupational disease law, or any motor vehicle no-fault law;

unless the costs incurred and paid exceed the amount covered by one of these entities, policies or programs.

A government facility includes a facility administered, covered or reimbursed by the Veteran's Administration.

Qualified Long Term Care Services do not include care, confinement or services received by the Insured that are not included in the Insured's Plan of Care.

Claims Information

This section explains: when to notify us of a claim; what to send to us; where to send it; how we pay benefits; and other claims-related rights and obligations under this rider.

Notifying Us of a Claim.

Notice of Claim. Early notification to our Claims Department will help us make a timely review of a claim. You should let us know immediately or in advance whenever possible, when the Insured needs care or services that may be covered by this rider. You may reach us on the toll-free number on the first page of this rider, or you may choose to send us written notice instead.

Notice must be received by us at our Administrative Office within 60 days of the date the covered loss starts or as soon as is reasonably possible. The notice should include at least: your name, the name of the Insured, policy number, and the address to which the claim form should be sent.

How to File a Claim.

Claim Forms. When we receive notice of a claim, we will send you a claim form to be used to file Proof of Loss. We will send the claim form to you within 15 days of notice of a claim.

The claim form has instructions on how to fill it out and where to send it. Please read the form carefully. Answer all questions and send all required information to the address on the form. You may choose to have someone else complete the information for the Insured as the Insured's representative.

If you do not get the claim form within 15 days, Proof of Loss can be filed without it by sending us a letter. The letter needs to describe the occurrence, the nature, and the extent of the loss for which claim is being made. That letter must be sent to us within the time period stated in this rider's Proof of Loss provision. At a minimum, the description should tell us such things as:

1. the Insured's name, address, Social Security number, and policy number;
2. the type of benefits for which claim is being made;
3. the names and addresses of the medical professionals and care providers who are aware of the Insured's condition or have provided care covered by this rider;
4. the diagnosis; and
5. the time periods for which benefits are being claimed.

Assessment of the Insured's Condition. Before we approve a claim for benefits under this rider, an assessment may be performed by a Licensed Health Care Practitioner we select. This assessment may be performed in person. The Licensed Health Care Practitioner will assess the Insured's condition and prognosis for recovery.

To continue payments, we may require a Licensed Health Care Practitioner we select to reassess the Insured's condition and to update the prognosis for recovery. We will pay the costs of the initial assessment and all reassessments. We may require a reassessment at least once every 12 months while benefits are being paid. We may require a reassessment more often, but not more often than every 90 days.

When to File a Claim.

Proof of Loss. You must give us written Proof of Loss within 90 days after the end of the Elimination Period in order to satisfy the Elimination Period requirements. You must send the Proof of Loss to our Administrative Office. We will require a certification by a Licensed Health Care Practitioner that the Insured was a Chronically Ill Individual during the Elimination Period. It must include documentation that during the Elimination Period, the Insured received Qualified Long Term Care Services for which the Insured incurred a charge.

In order to help us determine the Insured's eligibility for the payment of benefits, we may require that you provide us with various documents, such as, but not limited to:

1. claim forms and authorizations to obtain Proof of Loss;

2. Physician's orders;
3. medical records;
4. copies of licensure of any facility, provider or for any bed to which the Insured is assigned;
5. itemized daily or monthly billing statements;
6. records of the care or services the Insured received;
7. Explanation of Benefits forms (EOBs) that the Insured has received from other sources for the same services. This includes: other health insurance or long term care insurance policies; the Veteran's Administration; and Medicare;
8. provider's Plan of Care or provider assessment/reassessment records or similar documents; and
9. provider's residence agreements, disclosures, life care contracts or similar documents.

In addition, we reserve the right to conduct an assessment of the Insured's condition as described above before we approve a claim for benefits under this rider.

We must receive written Proof of Loss within 90 days after the end of each month for which benefits may be paid. If it is not reasonably possible to give us written proof in the time required, we will not reduce or deny a claim for being late if the Proof of Loss is sent to us as soon as is reasonably possible. However, unless you are not legally capable, the required Proof of Loss must always be given to us no later than one year from the time specified.

How and When Claims are Paid.

Time of Payment of Claim. Benefits under this rider are payable after services have been rendered and charges have been incurred for such services. We will not pay benefits based on advance billing for services or care to be rendered in the future.

1. Within 30 business days after we receive notice of claim and Proof of Loss, we will either: pay the claim, if we have received all of the required information and determine that the claim is payable; or send you a written notice acknowledging the date of receipt of the claim. If we do not pay the claim, we will let you know: we are declining to pay all or part of the claim and the specific reason(s) for denial; or that additional information is necessary to determine if all or any part of the claim is payable and the specific additional information that is necessary.
2. Within 30 business days after we receive the requested additional information, we will either: pay the claim; or we will let you know that we are declining to pay all or part of the claim and the specific reason(s) for denial.

If we fail to follow the process outlined above, we will pay interest at the rate of 1% per month on the amount of the claim that should have been paid but that remains unpaid 45 business days after the later of:

1. our receipt of the claim with respect to subsection 1 above; or
2. our receipt of all requested additional information with respect to subsection 2 above.

The interest payable will be included in a late claim payment without the requirement to file an additional claim for such interest.

How to Appeal a Claim Determination. This section is subject to the regulations of the state in which this rider was issued, that were in effect at the time it was issued.

Claims Appeal Process. We evaluate a claim based on the provisions of this rider and the information we obtain or that is given to us. If you do not agree with a claim decision, you may ask for an appeal. Your request must be in writing to us. It needs to include all of the following information: the names, addresses and phone numbers of the providers who you think we should contact to learn more about the Insured's health and the care received; the Physicians and other health care professionals who treated the Insured; and the facilities that provided the care or services. No special form is needed. Your request must be sent to our Administrative Office within one year of the time of filing written Proof of Loss. You may authorize someone else to act for you under this appeal process. You or your authorized representative may submit additional information of any kind that you think will help with the appeal.

After we receive the appeal request and the necessary supporting documents, we will reexamine the information regarding the claim and any additional information provided to us. Within 30 days after we receive all of the necessary information, we will complete our review. We will send you and your authorized representative, if any, our decision in writing. If our decision is to pay the claim, we will pay it promptly. If the appeal is denied, we will clearly state our reasons and make information directly relating to the denial available to you.

Independent Review. An independent review may be granted after you have completed the Claims Appeal Process described above. You may send us additional information of any kind that you think will help with the review of the claim. Any new information submitted to us after completion of the Claims Appeal Process will reopen the Claims Appeal Process for our consideration of the new information.

You have the right to an independent review if we uphold a denial of the claim because the Insured does not qualify as a Chronically Ill Individual. We will send you information about your right to an independent review. We will send this information when we complete the Claims Appeal Process and notify you of our decision. An independent review is not available if our denial of the claim is for some reason other than because the Insured does not qualify as a Chronically Ill Individual.

Your request for an independent review must be submitted to us in writing. It must be made no later than 120 days after receipt of our notice informing you of our decision to uphold a denial of the claim. You may choose to name an authorized representative to act on your behalf in this process.

Right of Recovery. We have the right to recover any overpayment made because of an error in the processing of a claim. We may offset any amounts that have not been previously recovered from any future benefit payment.

General Provisions

Consideration. We have issued this rider in consideration of the application (including any supplemental application) and payment of the initial premium shown in the Policy Data. A copy of the application and any supplemental application is attached to the policy.

Effective Date. The effective date of coverage under this rider will be the Rider Date shown in the Policy Data.

Representations. All statements submitted in the application for this rider by or on behalf of the Insured will be considered representations and not warranties.

Incontestability. If a claim arises from a condition that manifests itself when coverage under this rider has been in force less than six months, we may rescind

the coverage or deny an otherwise valid claim upon a showing of misrepresentation that is material to our decision to issue you the coverage.

If a claim arises from a condition that manifests itself when coverage under this rider has been in force for at least six months but less than two years, we may rescind the rider or deny an otherwise valid claim upon a showing of misrepresentation that is both material to our decision to issue you the coverage and which pertains to the condition for which benefits are sought.

If a claim arises from a condition that manifests itself after coverage under this rider has been in force for two years or more, we may only rescind the rider upon a showing that you and/or the Insured knowingly and intentionally misrepresented relevant facts relating to the Insured's health.

If this rider is reinstated, the original contestability periods will continue to apply. In addition, new contestability periods will apply with respect to statements made in any application for reinstatement.

Conformity with the Interstate Insurance Product Regulation Commission (IIPRC) Standards. This rider was approved under the authority of the Interstate Insurance Product Regulation Commission and issued under the Commission standards. Any provision of this rider that is in conflict with these standards on the Rider Date is amended to conform to these standards on the Rider Date.

Legal Actions. You cannot bring suit against us until at least 60 days after written Proof of Loss has been given to us. You cannot bring suit against us after three years from the time written Proof of Loss is required to be given. In the event that any part of this provision is in conflict with the applicable law and/or regulation of the state where this rider is issued, this provision will be administered in accordance with such applicable state law or regulation.

Termination of this Rider. This rider will terminate on the earliest of the following:

1. on the Monthly Policy Date on or next following the date we receive your written request to terminate this rider;
2. upon termination (including any rescission) of the policy; or
3. when the Insured dies.

Signed for the Company at Cedar Rapids, Iowa, on the Rider Date, which is the Policy Date unless we inform you in writing of a different date.

Signed for us at our home office.



Secretary



President



Transamerica Life Insurance Company
Home Office: Cedar Rapids, IA
Administrative Office:
6400 C Street SW
Cedar Rapids, IA 52499
(800) 851-9777

Residual Death Benefit Endorsement

Transamerica Life Insurance Company has issued this Endorsement as a part of the policy to which it is attached. Except as otherwise specifically set forth below, it is subject to all of the terms of the policy and of the Long Term Care Rider attached to the policy.

Amount of the Residual Death Benefit

The **Residual Death Benefit** is equal to the lesser of:

1. 10% of the lowest Face Amount of the Base Policy from its inception, less any outstanding Policy Loans; or
2. \$10,000.

Payment of the Residual Death Benefit

Upon the death of the Insured while the policy is in force, we will pay the Residual Death Benefit instead of the death benefit that would otherwise be payable if it is more than such death benefit and:

1. The Insured dies during a Calendar Month for which a Monthly Long Term Care Benefit is due under the Long Term Care Rider; or
2. The Insured dies after we have paid the Rider Maximum Amount under the Long Term Care Rider.

Termination

This Endorsement will terminate on the earliest of the following:

1. The date the policy is surrendered;
2. The date the policy terminates for any reason;
3. The date you request termination of the Long Term Care Rider.

Signed for Transamerica Life Insurance Company at Cedar Rapids, Iowa, and effective on the Policy Date of the policy to which this endorsement is attached unless we advise you in writing of a different date.

Secretary

President

ICC12 RDB01

Name of Insured:	Idris O Somoye
Policy Number:	6601506876
Effective Date:	FEBRUARY 21, 2023

Transamerica Life Insurance Company

Long Term Care Rider Endorsement

We have issued this endorsement as part of the rider to which it is attached. Except as otherwise specifically set forth below, it is subject to all the terms of the rider and policy. If any provision in this endorsement is titled the same as a provision in the rider, the provision in this endorsement replaces the applicable rider provision. If this Endorsement is added after Your Policy was issued, then the Policy Number, Name of Insured and Effective Date are shown above.

RIDER BENEFIT

Subject to the provisions, exclusions and limitations of this rider and the policy to which it is attached, we will pay a Monthly Long Term Care Benefit when the Insured has incurred expenses for Qualified Long Term Care Services as set forth in this rider.

Benefits are payable if the Insured has been certified as a Chronically Ill Individual and has incurred expenses for one or more of the following types of services where they constitute Qualified Long Term Care Services:

1. Long Term Care Facility confinement;
2. Home Health Care Services;
3. Home Care Services;
4. Adult Day Care in an Adult Day Care Center;
5. Hospice Care by a Hospice Care Provider; or
6. Respite Care.

The amount of the Monthly Long Term Care Benefit is described in the Benefits section of this rider.

In order to receive benefits under this rider, you must provide us with both a Plan of Care acceptable to us and Proof of Loss documentation. This documentation must show (1) that the Insured has received one or more of the Qualified Long Term Care Services described above and (2) that the Qualified Long Term Care Services received were consistent with the requirements of the current Plan of Care, in terms of both type of services and frequency.

This rider provides coverage for mental and nervous conditions, including Alzheimer's disease, Parkinson's disease and senile dementia in accordance with the terms of this rider if the Insured is certified by a Licensed Health Care Practitioner as being a Chronically Ill Individual.

We will pay benefits under this rider for similar services obtained in a state other than the state of issue of this rider for those services that would have been paid in the state of issue. This is regardless of any facility licensing, certification or registration requirement (or similar requirements) differences between the states. All other requirements of this rider must be met.

INTERNATIONAL COVERAGE BENEFIT

Under the International Coverage Benefit, benefits are payable if the Insured has incurred expenses for International Long Term Care Facility confinement outside the 50 United States and the District of Columbia, or Canada.

All of the terms of the Policy and the Long Term Care Rider attached to the policy apply to this benefit except as specifically stated in this provision.

The International Coverage Benefit will pay benefits in lieu of all other benefits under this rider. Monthly charges for this rider will not be waived while you are receiving the International Coverage Benefit. In addition to a claim form and Proof of Loss, you must provide us with proof acceptable to us that you are outside of the 50 United States and the District of Columbia, or Canada. We may require updates to this proof to verify you are still outside the 50 United States and the District of Columbia, or Canada no more frequently than every 30 days. All documentation must be provided to us in English. The translation of any documents must be done by a professional translation service, at your own expense. A copy of any untranslated documentation must be provided as well.

Receiving benefits outside the United States may subject you to taxation in the United States, in your country of residence or both. Benefits may be subject to tax withholding. We may require additional information from you at the time of claim to determine our withholding and reporting obligations. As with any tax matter, you should consult your tax advisor to evaluate any tax impact.

ELIGIBILITY FOR THE PAYMENT OF BENEFITS

CHRONICALLY ILL INDIVIDUAL

Chronically Ill Individual means an individual who has been certified within the prior 12 months by a Licensed Health Care Practitioner as:

1. being unable to perform, without Substantial Assistance from another individual, at least two out of the six Activities of Daily Living (ADLs) for an expected period of at least 90 days due to a loss of functional capacity; or
2. requiring Substantial Supervision to protect the Insured from threats to health and safety due to Severe Cognitive Impairment.

SEVERE COGNITIVE IMPAIRMENT

Severe Cognitive Impairment (including the term "Severely Cognitively Impaired") means a severe loss or deterioration in intellectual capacity that (a) is comparable to (and includes) Alzheimer's disease and similar forms of irreversible dementia and (b) 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 people, places or time;
3. deductive or abstract reasoning; and
4. judgment as it relates to safety awareness.

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

GENERAL DEFINITIONS

HOME CARE SERVICES Qualified Long Term Care Services provided to an Insured by skilled or unskilled persons that are in addition to Substantial Supervision because of a Severe Cognitive Impairment or Substantial Assistance with Activities of Daily Living. These services are provided in the Insured's home. Home Care Services include the following:

1. Personal Care Attendant Services;
2. reporting changes in the Insured's condition and needs, and completing appropriate records; and
3. Homemaker Services.

INTERNATIONAL LONG TERM CARE FACILITY An International Long Term Care Facility is a health care facility that is located outside the 50 United States and the District of Columbia, or Canada and is licensed, certified, or registered by the appropriate authority in the country in which it is located to provide inpatient care for persons who are in need of assistance with Activities of Daily Living or are Severely Cognitively Impaired. The facility must charge a fee for the inpatient care at the time the care is provided.

An International Long Term Care Facility must:

1. provide personal care by on-site staff. It must also provide three meals a day, including special diets;
2. have procedures in place establishing appropriate protocol for medication management and the handling and administration of drugs and biologicals;
3. provide an emergency call system and on-site facility staff able to respond to and meet both scheduled and unpredictable needs of residents on a 24-hour-a-day basis. The staff's duties must include supervision of safety, security and awareness of the whereabouts of the residents at all times; and
4. have a medical doctor or medical nurse on site or on contract to provide nursing services specified in case of an emergency. A medical doctor must be licensed and legally authorized to practice medicine in the jurisdiction in which the services of a doctor are provided. A medical nurse must be (1) the functional equivalent of a Nurse (as defined in this rider) for the jurisdiction in which the nursing services are provided; and (2) be licensed or registered and legally authorized to provide skilled nursing services in the jurisdiction in which nursing services are provided.

Regardless of name, any properly licensed, certified, or registered facility providing the services set forth above will qualify as an International Long Term Care Facility. This includes, for example: nursing homes; skilled nursing facilities; nursing care facilities; assisted living facilities; adult foster care facilities; congregate care facilities; basic care facilities; residential care facilities; family and group assisted living facilities; boarding care homes; domiciliary care homes; personal care homes; and hospice care facilities.

In those countries where there is no facility that is licensed, certified or registered to provide inpatient care for persons who are in need of assistance with Activities of Daily Living or are Severely Cognitively Impaired, a facility must meet all of the requirements in items # 1-4 listed above. In addition, it must meet all of the following requirements in order to qualify as a Long Term Care Facility:

1. provides the following information in writing to each resident:
 - a. a tenant services contract or agreement in place for each resident; and
 - b. admission and transfer/discharge requirements;
2. provides a minimum of 10 beds; and
3. has staff on site 24-hours-a-day to provide personal care.

An International Long Term Care Facility does not mean a facility or part of a facility that is operated mainly for the treatment and care of: mental, nervous, psychotic or psychoneurotic deficiencies or disorders; tuberculosis; alcoholism, substance abuse, or drug addiction; or rehabilitation or occupational therapy. An International Long Term Care Facility is not a rehabilitation hospital/facility.

An International Long Term Care Facility does not include a hospital, except for a separate and distinct wing or section of a hospital, if such wing or section, including the Insured's assigned bed, is appropriately licensed, certified, or registered to provide the level of care defined above. Also, an International Long Term Care Facility does not include: an independent living apartment or unit; hotel; motel; retirement home; or any dwelling similar to these.

QUALIFIED LONG TERM CARE SERVICES This means necessary diagnostic, preventive, therapeutic, curing, treating, mitigating, and rehabilitative services, and maintenance or personal care services, which:

1. are required by a Chronically Ill Individual; and
2. are provided pursuant to a Plan of Care prescribed by a Licensed Health Care Practitioner.

For this purpose, maintenance or personal care services are any care the primary purpose of which is the provision of needed assistance with any of the disabilities as a result of which the insured is a Chronically Ill Individual (including the protection from threats to health and safety due to Severe Cognitive Impairment).

Qualified Long Term Care Services do not include any care, confinement or services set forth in the General Exclusions and Limitations section of this rider.

Only Qualified Long Term Care Services are covered under this rider.

BENEFITS

Monthly Long Term Care Benefit. The maximum Monthly Long Term Care Benefit payable for any Calendar Month will be equal to the lesser of A or B where:

- A. is 2% of Long Term Care Specified Amount, at commencement of benefits; and
- B. is the inflation-adjusted per diem dollar amount specified by section 7702B(d)(4) and (5) of the Internal Revenue Code of 1986, as amended (or applicable successor provision), times the number of days in the Calendar Month.

You may request a Monthly Long Term Care Benefit amount less than the above maximum, but the monthly benefit must be at least \$500. Choosing a lesser amount could extend the period during which benefits may be payable. Once selected, you may not change the Monthly Long Term Care Benefit amount for the remainder of the current calendar year. You may change your election for subsequent calendar years by giving us written notice at least 30 days before the beginning of that calendar year.

RIDER CHARGES

**WAIVER OF RIDER
MONTHLY CHARGES** We will not charge monthly charges for this rider for any policy month while we are paying benefits under this rider, other than the International Coverage Benefit. However, other policy and rider charges will continue to apply.

INTERACTION OF POLICY PROVISIONS AND THIS RIDER

- EFFECT OF REACHING
THE MAXIMUM AMOUNT.** After we have paid the Rider Maximum Amount:
1. We will not charge any further monthly charges for this rider.
 2. All riders, other than this rider and a Base Insured Rider, will terminate.
 3. If the policy includes a Children's Benefit Rider or Additional Insured Rider, coverage may be converted in accordance with that rider's provisions related to conversion upon the death of the Insured.
 4. Interest will continue to be credited to the Policy Value if it is not less than zero.
 5. Any negative Policy Value will be reset to zero.
 6. You must pay interest on any policy Loans as it becomes due or the policy may terminate.

GENERAL EXCLUSIONS AND LIMITATIONS

Exclusions. Qualified Long Term Care Services do not include care, confinement or services:

1. Resulting from alcoholism, or drug addiction or chemical dependency unless as a result of medication used as prescribed by a Physician;
2. resulting from or arising out of attempted suicide or intentionally self-inflicted injury;
3. due to participation in a felony, riot or insurrection;
4. for which no charge is normally made in the absence of insurance; or
5. received outside the 50 United States and the District of Columbia, or Canada, unless a claim is filed under the International Coverage Benefit.

CLAIMS INFORMATION

HOW TO FILE A CLAIM

Assessment of the Insured's Condition. Before we approve a claim for benefits under this rider, an assessment must be performed by a Licensed Health Care Practitioner. This assessment may be performed in person. The Licensed Health Care Practitioner will assess the Insured's condition and prognosis for recovery. For the International Coverage Benefit, we may elect to have the assessment performed remotely using a Licensed Health Care Practitioner.

To continue payments, we will require a Licensed Health Care Practitioner to reassess the Insured's condition and to update the prognosis for recovery. We will pay the costs of the initial assessment and all reassessments. We will require a reassessment at least once every 12 months while benefits are being paid. We may require a reassessment more often, but not more often than every 90 days.

HOW TO APPEAL A CLAIM DETERMINATION

Claims Appeal Process. This section is subject to the regulations of the state in which this Rider was issued, that were in effect at the time it was issued. We evaluate a claim based on the provisions of this rider and the information we obtain or that is given to us. If you do not agree with a claim decision, you may ask for an appeal. Your request must be in writing to us. It needs to include all of the following information: the names, addresses and phone numbers of the providers who you think we should contact to learn more about the Insured's health and the care received; the Physicians and other health care professionals who treated the Insured; and the facilities that provided the care or services. No special form is needed. Your request must be sent to our Administrative Office within one year of the time of filing written Proof of Loss. You may authorize someone else to act for you under this appeal process. You or your authorized representative may submit additional information of any kind that you think will help with the appeal.

After we receive the appeal request and the necessary supporting documents, we will reexamine the information regarding the claim and any additional information provided to us. If a claim is appealed, we may require an assessment of the Insured's condition and prognosis for recovery to be performed in person, in the United States, at the Insured's expense. Within 30 days after we receive all of the necessary information, we will complete our review. We will send you and your authorized representative, if any, our decision in writing. If our decision is to pay the claim, we will pay it promptly. If the appeal is denied, we will clearly state our reasons and make information directly relating to the denial available to you.

Signed for us by:



Blake Bostwick, President



Karyn S. W. Polak, Secretary



Transamerica Life Insurance Company
Home Office: Cedar Rapids, IA
Administrative Office:
6400 C Street SW
Cedar Rapids, IA 52499
1-800-TLC-HOST
www.transamerica.com

**LONG TERM CARE INSURANCE
OUTLINE OF COVERAGE
Rider Form ICC12 LTCR03**

Notice to buyer: The captioned Long Term Care rider may not cover all of the costs associated with long-term care incurred during the period of coverage. You are advised to review all rider terms, conditions and limitations carefully.

Caution: The issuance of the Long Term Care rider is based on our issuance of the policy to which the rider is attached; and on your responses to the questions on your application for the policy and the application supplement for the rider. Copies of the application for the policy and the application supplement are attached to the policy. If your answers to any of the questions on the application or application supplement are incorrect or untrue, the company has the right (in addition to any rescission rights described in the policy) to deny benefits or rescind the rider. The best time to clear up any questions is now, before a claim arises! If, for any reason, any of your answers are incorrect, contact us at the address shown above.

1. The Long Term Care rider is attached to an individual life insurance policy.
2. **PURPOSE OF OUTLINE OF COVERAGE.** This outline of coverage provides a very brief description of the important features of the rider. You should compare this outline of coverage to outlines of coverage for other long term care riders or policies available to you. This is not an insurance contract, but only a summary of coverage. Only the underlying life insurance policy and rider contain governing contractual provisions. This means that the life insurance policy and rider set forth in detail the rights and obligations of you, the Insured (if other than yourself) and the insurance company. Therefore, if you purchase this coverage, or any other coverage, it is important that you **READ YOUR POLICY AND RIDER CAREFULLY!**
3. **FEDERAL TAX CONSEQUENCES.** The rider is intended to be a federally tax-qualified long term care insurance contract under Section 7702B(b) of the Internal Revenue Code of 1986, as amended. If a change to the rider is required in order to conform to changes in the requirements of the Internal Revenue Code, we will send you an amendment describing the change and you will be given a choice of accepting or rejecting the amendment. If you reject such an amendment, you must give us written notice, and your refusal may result in the rider no longer being tax-qualified or other adverse tax consequences. As with any tax matter, you should consult your tax advisor to evaluate any tax impact of rejecting any such amendment.
4. **TERMS UNDER WHICH THE RIDER MAY BE CONTINUED IN FORCE OR DISCONTINUED.**
(a) **Renewability** – THE RIDER IS GUARANTEED RENEWABLE. This means we may not, on our own, cancel or reduce the coverage it provides. Subject to the rider's termination provision, this rider will remain in force for as long as the policy remains in force and the required charges for this rider are paid. Rider charges are subject to change, but we will not increase the rates above the maximum rates shown in the Policy Data. (b) **Waiver of Rider Charges** – While benefits under the rider, other than the International Coverage Benefit, are being paid, the Long Term Care rider charges will be waived. However, charges for the underlying policy and/or any other riders providing additional benefits will continue to be assessed.
5. **TERMS UNDER WHICH THE COMPANY MAY CHANGE RIDER CHARGES.** Rider charges are subject to change. They are based on the policy's amount at risk (as determined for purposes of the Monthly Cost of Insurance) and our table of Long Term Care rider rates then in effect. The table in effect at any time will generally contain rates that increase with the age of the Insured. We may change the table from time to time, but we cannot

increase the rates beyond the maximum rates shown in the policy. We can only change the rider rate table if we change it for everyone under this rider form who is in the same risk class. A risk class includes persons with the same benefits, issue age, and underwriting risk class at issue and whose Long Term Care riders have been in effect for the same length of time. We will give you at least 60 days advance written notice at your last address shown in our records before we change your rider rate table.

6. **TERMS UNDER WHICH THE RIDER MAY BE RETURNED.** You have 30 days from the day you receive the rider to review it and return it to us if you decide not to keep it. You do not have to tell us why you are returning the rider. Within 30 days of when it is received, simply return it to us at our Administrative Office or to the agent/insurance producer through whom it was purchased. We will refund the full amount of any rider charge deducted from the Policy Value, within 30 days after our receipt of the returned rider. The rider will be void as if it had never been issued. If you wish to cancel the rider without canceling the policy, you must return the policy and the rider to us so that we can send you back the policy without the rider.
7. **THIS IS NOT MEDICARE SUPPLEMENT COVERAGE.** If you are eligible for Medicare, review the Medicare Supplement Buyer's Guide available from the company. That booklet is called the "Guide to Health Insurance for People with Medicare." Neither Transamerica Life Insurance Company nor its agents/insurance producers represent Medicare, the federal government or any state government.
8. **LONG TERM CARE COVERAGE.** Contracts of this category are designed to provide coverage for one or more necessary diagnostic, preventive, therapeutic, rehabilitative, maintenance, or personal care services, provided in a setting other than an acute care unit of a hospital such as: (a) a Long Term Care Facility; (2) an Adult Day Care Center; (3) a Hospice Care Facility; or (4) the home.

The rider provides coverage in the form of a fixed indemnity benefit for long term care expenses, subject to the rider limitations and elimination period requirements.

9. **BENEFITS PROVIDED BY THE RIDER.**

Subject to the conditions, limitations and exclusions in the rider, the amount of the benefit payable for any Calendar Month is an amount equal to the lesser of A or B where:

- A is 2% of Long Term Care Specified Amount, at commencement of benefits; and
- B is the inflation-adjusted per diem dollar amount specified by section 7702B(d)(4) and (5) of the Internal Revenue Code of 1986, as amended (or applicable successor provision), times the number of days in the Calendar Month.

You may request a monthly benefit amount less than the above maximum. Choosing a lesser amount could extend the period during which benefits may be payable. You may change your election 30 days before the beginning of any calendar year.

Long Term Care rider benefits are an acceleration of the policy's death benefit and will reduce any proceeds payable at surrender of the policy or upon the Insured's death.

ELIGIBILITY FOR THE PAYMENT OF BENEFITS. Long Term Care benefits may be payable under the rider if the Insured is a Chronically Ill Individual and (1) has satisfied the 90-day Elimination Period; (2) has received Qualified Long Term Care Services covered under the rider and such services are specified in a Plan of Care; and (3) a current Plan of Care and written Proof of Loss have been approved by us.

Elimination Period. The rider has an Elimination Period of 90 days. This means that we will not pay benefits under the rider for any period before the Insured has incurred expenses, on each of 90 separate days during which the rider is in effect, for Qualified Long Term Care Services that would otherwise be covered under the rider. These days of care or services need not be continuous. The Elimination Period has to be satisfied only once while the rider is in effect. You must provide us with Proof of Loss in order to satisfy the Elimination Period.

We will give the Insured credit toward the Elimination Period for days of confinement, care or services covered under the rider, even if they are paid or payable by Medicare.

Care or services received during confinement in a hospital or rehabilitation hospital/facility cannot be used to satisfy the Elimination Period, even if they are paid or payable by Medicare.

Chronically Ill Individual means an individual who has been certified by a Licensed Health Care Practitioner as being unable to perform, without Substantial Assistance from another individual, at least two out of the six Activities of Daily Living (ADLs) for an expected period of at least 90 days due to a loss of functional capacity; or requiring Substantial Supervision to protect the Insured from threats to health and safety due to Severe Cognitive Impairment.

Severe Cognitive Impairment (including the term "Severely Cognitively Impaired") means a severe loss or deterioration in intellectual capacity that 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 people, places or time;
3. deductive or abstract reasoning; and
4. judgment as it relates to safety awareness.

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

Activities of Daily Living (ADLs) means the following activities: Bathing, Continence, Dressing, Eating, Toileting and Transferring.

10. GENERAL EXCLUSIONS AND LIMITATIONS. Qualified Long Term Care Services do not include care, confinement or services:

1. resulting from alcoholism, or drug addiction or chemical dependency unless as a result of medication used as prescribed by a Physician;
2. resulting from or arising out of attempted suicide or intentionally self-inflicted injury;
3. due to participation in a felony, riot or insurrection;
4. for which no charge is normally made in the absence of insurance; and
5. received outside the 50 United States and the District of Columbia, or Canada, unless a claim is filed under the International Coverage Benefit.

Non-Duplication of Benefits. Qualified Long Term Care Services do not include care, confinement or services:

1. provided in a government facility (unless otherwise required by law);
2. paid or payable under Medicare. This includes any amounts that would be covered under Medicare, except that they are subject to a Medicare deductible or coinsurance of some kind. This does not apply when expenses are reimbursable under Medicare solely as a secondary payer;
3. provided under any governmental programs (except Medicaid); or
4. paid or payable under any state or federal workers' compensation, employer's liability or occupational disease law, or any motor vehicle no-fault law; unless the costs incurred and paid exceed the amount covered by one of these entities, policies or programs.

A government facility includes a facility administered, covered or reimbursed by the Veteran's Administration.

We will not pay benefits under the rider if Qualifying Long Term Care Services received by the Insured are not included in the Insured's Plan of Care.

This policy may not cover all the expenses associated with your long-term care needs.

11. RELATIONSHIP OF COST OF CARE AND BENEFITS. Because the costs of Long Term Care services will likely increase over time, you should consider whether and how the benefits of the rider should be used. The rider does not include inflation protection coverage. Increases and decreases to the policy's death benefit resulting from the exercise of your rights under that policy, including your right to make policy loans and withdrawals, will cause a change in the maximum Monthly Long Term Care Rider Benefit Amount as well as the policy's death benefit.

12. ALZHEIMER'S DISEASE AND OTHER ORGANIC BRAIN DISORDERS. The rider provides coverage for mental and nervous conditions as long as the Insured is certified by a Licensed Health Care Practitioner as being a Chronically Ill Individual as defined in the rider. Covered illnesses include, but are not limited to, Alzheimer's Disease, Parkinson's Disease, senile dementia and related degenerative and dementia-based illnesses.

13. LONG TERM CARE RIDER CHARGE. The Guaranteed Maximum Monthly Charge Rates per \$1000 of amount at risk are shown in the Policy Data.

14. ADDITIONAL FEATURES. Interaction of policy provisions and the rider:

Medical Information. Issuance of the rider requires that we are provided with and evaluate medical information about the Insured. This is generally known as medical underwriting.

Policy Face Amount Changes. While this rider is In Force you may not request an increase in the policy's Face Amount. Transactions that increase or reduce the Face Amount of the policy will also result in a dollar-for-dollar change in the Long Term Care Specified Amount.

Loans and Withdrawals. Loans and withdrawals will not be permitted while benefits are being paid under the rider.

Long Term Care Rider's Effect on Surrender Values under any endorsement providing an enhanced surrender value. If the policy is surrendered during the option periods provided in such an endorsement, any enhanced surrender value will be reduced by the amount of the Long Term Care rider benefits paid.

Terminal Illness Accelerated Death Benefit Endorsement Effect on the Rider. If your policy includes an endorsement providing an accelerated death benefit in the event of a terminal illness ("Terminal Illness ADB Endorsement") the Insured may qualify for benefits under both the Terminal Illness ADB Endorsement and the Long Term Care rider. If the Insured qualifies for benefits under both the Terminal Illness ADB Endorsement and the Long Term Care rider and if a claim is made under both the Terminal Illness ADB Endorsement and the Long Term Care rider, a benefit will be paid under the Terminal Illness ADB Endorsement first. A payment under the Terminal Illness ADB Endorsement will reduce the policy face amount and the Long Term Care Specified Amount will be reduced by the same amount. Once payment under the Terminal Illness ADB Endorsement is made, any payments under the Long Term Care rider will be made based on the newly reduced Long Term Care Specified Amount.

We will not pay benefits under both the Terminal Illness ADB Endorsement and the Long Term Care rider simultaneously. If a claim is made under the Terminal Illness ADB Endorsement while benefits are being paid under the Long Term Care rider, we will stop paying benefits under the Long Term Care rider when we pay benefits under the Terminal Illness ADB Endorsement. The maximum accelerated death benefit used to calculate the amount of the Terminal Illness Accelerated Death Benefit will be reduced by any Long Term Care rider benefits paid out. Once payment under the Terminal Illness ADB Endorsement is made, and the Insured qualifies for benefits under the Long Term Care rider, any payments under the Long Term Care rider will be made based on the newly reduced Long Term Care Specified Amount.

End of Eligibility. If rider benefit payments cease because the Insured no longer qualifies for benefits under this rider, the following will apply:

1. If the policy's No Lapse Ending Date has not passed, the test to determine whether the No Lapse Guarantee is in effect will not require a Minimum No Lapse Premium for those months while we were paying benefits under this rider.

2. Any negative Policy Value will be reset to zero.
 3. Policy transactions that were restricted while we were paying benefits under this rider will become unrestricted.
- 15. CONTACT THE STATE AGENCY LISTED IN A *SHOPPER'S GUIDE TO LONG TERM CARE INSURANCE* IF YOU HAVE GENERAL QUESTIONS REGARDING LONG TERM CARE INSURANCE. CONTACT THE INSURANCE COMPANY IF YOU HAVE SPECIFIC QUESTIONS REGARDING YOUR LONG TERM CARE INSURANCE RIDER.**



Transamerica Life Insurance Company
Home Office: Cedar Rapids, IA
Administrative Office:
6400 C Street SW
Cedar Rapids, IA 52499
(800) 851-9777

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

TERMINAL ILLNESS ACCELERATED DEATH BENEFIT RIDER

We have issued this rider as a part of the policy to which it is attached. Except as otherwise specifically set forth below, it is subject to all of the terms of the policy.

NOTICE: Benefits advanced under this rider may be taxable in certain circumstances. As with all tax matters, you should consult with your tax advisor regarding the tax treatment of receiving an Accelerated Death Benefit.

The policy's benefits and values, as well as any benefits and values provided by affected riders, will be reduced if an Accelerated Death Benefit is paid. Benefits and values (if applicable) include without limitation: face amounts of the policy, rider and endorsement benefits of any affected riders and endorsements, policy and rider values, cash surrender values, death benefit and premiums. Payment of an Accelerated Death Benefit may affect eligibility for Medicaid or other government benefits and entitlements.

Rider Benefit If the Insured becomes Terminally Ill while the policy and rider are in effect, you may elect to receive an Accelerated Death Benefit payment subject to the provisions of the policy and this rider and the following conditions:

1. The Insured must be certified by a Physician as being a Terminally Ill individual within 30 days of the Accelerated Death Benefit request; and
2. The policy and rider must be in effect at the time of your Accelerated Death Benefit request; and
3. The Face Amount of the policy at the time the Accelerated Death Benefit request is received must be at least \$25,000; and
4. We must receive the written consent of all irrevocable Beneficiaries (if any) and all assignees (if any) in a form acceptable to us.

Definitions **Accelerated Death Benefit** is a portion of the policy death benefit that is paid prior to the death of the Insured due to the Insured's Terminal Illness. The payment of an Accelerated Death Benefit reduces the Face Amount and benefits and values of the policy and any affected riders and endorsements and the death benefit payable to the Beneficiary(ies) upon death.

Available Death Benefit means the amount payable under the policy upon the death of the Insured, plus one of the following, if applicable:

1. In the case of a single life policy, the rider death benefit payable under a Base Insured Rider, if any.
2. In the case of a joint last survivor policy, the benefit payable under a Joint Insured Term Rider, if any.

Available Death Benefit does not include amounts payable under any other riders not expressly named above.

Election Percentage means a percentage of the Available Death Benefit, selected by you, in accordance with the Maximum Accelerated Death Benefit provision.

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

Insured means only the Insured covered under the policy to which this rider is attached. It does not include any other individuals covered under other riders.

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

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

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

The condition:

1. must be demonstrated by clinical, radiological, laboratory or other evidence of the medical condition which is satisfactory to us; and
2. must not be curable by any means available to the medical profession.

Amount of Accelerated Death Benefit

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

The Accelerated Death Benefit payment we make to you will be less than the amount of the Available Death Benefit which you request to accelerate, but never less than the Election Percentage multiplied by the difference between the Policy Value, if any, and any Loan Balance. The Accelerated Death Benefit payment will be calculated as A minus B minus C minus D where A, B, C, and D are determined as follows:

- A. The actuarial present value of the amount of the Available Death Benefit which you request to accelerate, which will be calculated as described below.
- B. Any amount necessary to provide insurance to the date of the Accelerated Death Benefit payment if we make the payment during a grace period or after the policy has lapsed.
- C. The Loan Balance, if any, at the time the Accelerated Death Benefit is paid, multiplied by the Election Percentage.
- D. An administrative charge for each Accelerated Death Benefit request. The administrative charge for each Accelerated Death Benefit request as of January 1, 2016 is \$350, but will be subject to future increases based on cumulative annual cost-of-living increases as measured by the Consumer

	Price Index for All Urban Consumers (CPI) since January 1, 2012. Cumulative annual cost of living increases will not exceed 5% per calendar year. In the event that the CPI is no longer published, a substantially similar index will be used, subject to the approval of the Interstate Insurance Product Regulation Commission. In no event will the administrative charge for each Accelerated Death Benefit request exceed \$1,000.
Present Value of Accelerated Death Benefit	The actuarial present value of the amount of the Available Death Benefit which you request to accelerate will be based on a discount which reflects the early payment of the Accelerated Death Benefit amount. We assume a 12-month period for this purpose. The annual interest rate we use will be a discount rate that is the greater of:
	<ol style="list-style-type: none"> 1. The current yield on 90-day U.S. Treasury bills; or 2. The Moody's Corporate Bond Yield Average-Monthly Average Corporates as of the date of your request as published by Moody's Investors Service, Inc., or any successor thereto. In the event that the Moody's Corporate Bond Yield Average-Monthly Average Corporates is no longer published, a substantially similar average, established by regulation issued by the state insurance commissioner will be used.
Maximum Accelerated Death Benefit	The maximum death benefit you may accelerate because the Insured is Terminally Ill over the lifetime of the Insured is equal to the lesser of:
	<ol style="list-style-type: none"> 1. 100% of the Available Death Benefit; or 2. A maximum Accelerated Death Benefit amount declared by us. This amount will never be less than \$500,000. You may contact our Administrative Office to obtain the current maximum Accelerated Death Benefit amount.
Coordination between Accelerated Death Benefit Options	If the Insured qualifies for an Accelerated Death Benefit under another rider to the policy and makes claim for benefits under two or more Accelerated Death Benefit riders at the same time, benefits will first be payable under this rider.
Effect of the Accelerated Death Benefit Payment on the Policy	After an Accelerated Death Benefit is paid, the policy's benefits and values, as those amounts exist on the date the Accelerated Death Benefit is paid, will be reduced by the Election Percentage. This includes, but is not limited to, the following amounts: Face Amount of the policy, death benefit, rider and endorsement benefits for affected riders and endorsements, Policy Value, Cash Surrender Value and Loan Balance.
	The premium and/or charges and monthly deductions, as applicable, for the policy and any affected riders will also be adjusted after an Accelerated Death Benefit is paid. If the rider is attached to a fixed premium policy, the adjusted premium will equal the appropriate premium rate applied to the reduced Face Amount plus any applicable policy fee. If the rider is attached to a flexible premium policy, monthly deductions and affected fees and charges will be reduced in accordance with the reduced Face Amount. If the rider is attached to a flexible premium policy with a No Lapse Guarantee, any Minimum Monthly No Lapse Premium will be adjusted in accordance with the reduced Face Amount. Rider charges will be reduced in accordance with the reduced rider benefit.
	We will provide you with information showing the reduced Face Amount, benefits, values, charges and new premium resulting from the Accelerated Death Benefit payment.
Limitations	<ol style="list-style-type: none"> 1. In no event will the total of all of the death benefits accelerated under this and any other Accelerated Death Benefit Rider exceed 100% of the Available Death Benefit.

2. We will not pay any Accelerated Death Benefit under this policy for a Terminal Illness that is caused by or contributed to by, or results directly or indirectly from, a suicide attempt or intentionally self-inflicted injury while sane or insane.
3. You may not request an Accelerated Death Benefit:
 - a) If required by law to use the Accelerated Death Benefit to meet the claims of creditors, whether in bankruptcy or otherwise; or
 - b) If required by a government agency to use the Accelerated Death Benefit in order to apply for, obtain, or otherwise keep a government benefit or entitlement.

Notice of Claim

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

Claim Forms

We will send you claim forms for filing proof of loss within 15 days of the date we receive written notice of a claim. If the forms are not furnished to you within 15 days after giving notice, you shall be deemed to have complied with the proof of loss requirements provided you submit to us within 90 days after the certification of the Insured's Chronic Illness written proof covering the character and the extent of the occurrence or loss.

Proof of Loss

We must receive written proof of the Insured's Terminal Illness before we make an Accelerated Death Benefit payment. This proof must include a properly completed claim form and a Physician's certification acceptable to us. We may request additional medical information from the Physician submitting the certification or any Physician we consider qualified.

Physical Examination

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

Payment of Accelerated Death Benefit

After we have received proof of loss satisfactory to us, we will determine the Accelerated Death Benefit payment amount. The payment amount will be less than the amount of the Available Death Benefit you request to accelerate. If you agree to the payment amount, we will immediately pay you or the assignee, the amount of the Accelerated Death Benefit in a lump sum. If the Insured dies while the policy is In Force but before any Accelerated Death Benefit payment is made, we will instead pay the entire death benefit of this policy in accordance with the policy provisions.

Upon receipt of proof of loss, and upon payment of the Accelerated Death Benefit, we will send you and any irrevocable beneficiary a statement that informs you of the amount of the payment available or elected and shows you any effect that the payment of the Accelerated Death Benefit would have on the policy's Face Amount, policy and rider values, death benefit, Loan Balance and premiums.

Termination

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

1. The date the maximum Accelerated Death Benefit has been accelerated; or
2. The date the policy lapses or otherwise terminates; or
3. The date the policy is surrendered or continued under any nonforfeiture option; or
4. The next Monthly Policy Date following the date you request termination of this rider; or
5. The date of the Insured's death.

Termination of this rider will not affect any claim for benefits for Terminal Illness occurring while the rider was in effect.

Reinstatement	If the policy is reinstated, this rider may be reinstated at the same time; however, we will not pay any benefit for a Terminal Illness that is first diagnosed by a Physician prior to the reinstatement date.
Consideration	We have issued this rider in consideration of the application and payment of the premiums.
No Additional Cost Prior to Election	There is no additional cost for the Accelerated Death Benefit prior to election of the Accelerated Death Benefit.
Legal Actions	No legal action may be brought to recover any payment requested under this rider within 60 days after written proof of Terminal Illness has been given to us (or such longer period as may be required by applicable law in the state where the policy is delivered or issued for delivery). No such action may be brought after three years from the time written proof of the Insured's Terminal Illness has been given to us (or such longer period as may be required by applicable law in the state where the policy is delivered or issued for delivery). This legal actions provision shall be amended to comply with the laws of the state where the policy was delivered or issued for delivery.
Incontestability	The provisions of the policy relating to incontestability apply to this rider.
Tax Qualification	This rider is designed to provide a federal income tax-free Accelerated Death Benefit. To that end, the provisions of this rider and the policy to which it is attached are to be interpreted to ensure or maintain such tax qualification, notwithstanding any other provisions to the contrary. We reserve the right to amend this rider and the policy to which it is attached to reflect any clarifications that may be needed or are appropriate to maintain such qualifications, or to conform this rider and the policy to which it is attached to any applicable changes in the tax qualification requirements. You will be sent a copy of any such amendment.
No Dividends Are Payable	This rider does not participate in our profits or surplus.
Nonforfeiture Values	This rider does not have cash values or loan values.
Rider Date	The Rider Date of this rider will be the Policy Date, unless we inform you in writing of a different date.

Signed for us at our home office.

Karyn S. W. Polak, Secretary

Blake Bostwick, President



Transamerica Life Insurance Company
 HOME OFFICE: Cedar Rapids, Iowa
 Administrative Office:
 6400 C St SW
 Cedar Rapids, IA 52499
 (800) 851-9777
 tlic.transamerica.com

STATEMENT OF INSURABILITY

Proposed Insured: MR. IDRIS O SOMOYE
 Proposed Owner: MR. IDRIS O SOMOYE

Please complete the questions listed below and return to the Administrative Office.

To the best of your knowledge and belief, since the date of your application for this Policy for insurance with Transamerica Life Insurance Company : _____

- | | YES | NO |
|--|-------|-------|
| (1) Has there been any change in the health status of the Proposed Insured from that stated in the original application? | _____ | _____ |
| (2) Has the Proposed Insured made an application for insurance, been declined, postponed, or offered modified coverage? | _____ | _____ |
| (3) Has the Proposed Insured consulted or been examined by any physician or practitioner? | _____ | _____ |

Please supply details to any "yes" answers:

Dated at _____ day _____ month _____ year _____

 Proposed Owner

 Licensed Agent

 Proposed Insured if Other Than Proposed Owner
 Or Parent/Legal Guardian If Proposed Insured is a Minor

**PLEASE RETURN SIGNED COPY TO THE ADMINISTRATIVE OFFICE
 NEW BUSINESS DEPARTMENT**



Transamerica Life Insurance Company
HOME OFFICE: Cedar Rapids, Iowa
Administrative Office:
6400 C St SW
Cedar Rapids, IA 52499
(800) 851-9777
tlic.transamerica.com

Proposed Insured: MR. IDRIS O SOMOYE
Policy Number: **6601506876**

POLICY ACCEPTANCE FORM

Based on the application submitted for the above referenced policy, the following changes have been made:

MR. IDRIS O SOMOYE
This policy/certificate has been issued at:
PREFERRED RISK

Do you accept delivery of this policy with the changes outlined above? Yes _____
No _____

The undersigned represents that there has been no change in the Proposed Insured's occupation, residence, or family history, that the Proposed Insured has suffered no illness or injury or other change in health condition, or been cited, charged or convicted of any criminal violation, and that no company or association has taken adverse action with reference to the Proposed Insured's insurability since the date of the Proposed Insured's application to Transamerica.

Date _____

{Proposed Owner}

Licensed Agent _____

{Proposed Insured if Other Than Proposed Owner
Or Parent/Legal Guardian If Proposed Insured is a
Minor}

A handwritten signature in black ink, appearing to read "John Doe".

Secretary

A handwritten signature in black ink, appearing to read "Peter Smith".

President



Transamerica Life Insurance Company
 Home Office: Cedar Rapids, Iowa 52499
 Administrative Office: 6400 C Street SW
 Cedar Rapids, IA 52499

**Supplemental
 Application for
 Long Term Care Rider
 (LTCR)**

This is a supplement to the Application for Life Insurance for the proposed Insured. Please complete if LTC Rider is being elected.

New Application **Reinstatement** (Check the applicable box.)

Section 1 Proposed Insured and Owner Information

Proposed Insured:	First Name IDRIS O SOMOYE	M.I. 	Last Name 	Date of Birth (MM/DD/YYYY) 04/19/1992
Owner: (if other than the proposed Insured)				

Section 2 Protection Against Unintended Lapse

I, the Owner, understand that I have the right to designate at least one person, other than myself, to receive notice of lapse or termination of this long term care insurance rider for nonpayment of premium. I understand that notice will not be given until thirty (30) days after a premium is due and unpaid. (Check the applicable box.)

I designate the following person to receive notice prior to cancellation of my rider for nonpayment of premium (complete information below): I elect **NOT** to designate a person to receive this notice. I may change my election at a future date.

First Name 	M.I. 	Last Name 	
Address (Cannot be a P.O.Box)	City 	State 	Zip Code

Section 3 Health Questions - In this section, "You" means the proposed Insured.

- During the last 12 months, have you ever:
 - required assistance or supervision of any kind to perform any every day activity, such as mobility (including the use of pronged canes), taking medications, dressing, eating, walking, bathing, transferring or toileting? Yes No
 - used a catheter, chair lift, crutches, dialysis, motorized scooter, oxygen equipment, quad or three-pronged cane, respirator, walker or wheelchair? Yes No
 - been advised to enter or resided in a nursing home, assisted living facility, long term care facility, CCRC (Continuing Care Retirement Community), or rehabilitation facility, or attended an adult day care facility, or required home health care? Yes No
- During the last 3 years, have you ever used insulin to treat Diabetes, or have you ever been diagnosed or treated for Diabetes WITH COMPLICATIONS (such as Neuropathy, Retinopathy, Nephropathy, Heart Disease, Stroke or Peripheral Vascular Disease)? Yes No
- Have you EVER been diagnosed with, treated for, tested positive for, or received medical advice from a member of the medical profession for any of the following condition(s):

Alzheimer's disease or Dementia	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Amputation due to disease	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
ALS (Lou Gehrig's disease)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Arthritis with narcotic pain medication	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Multiple Strokes/CVA's/TIA's	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Organ Transplant (other than Corneal)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Multiple Sclerosis	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Huntington's Chorea	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Muscular Dystrophy	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Myasthenia Gravis	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Organic Brain Syndrome	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Osteoporosis with fractures	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Parkinson's disease	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Polymyositis	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Scleroderma	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Memory loss	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Unplanned weight loss greater than 15 pounds within the last 2 years	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
- Do you have a parent or sibling diagnosed or treated by a member of the medical profession for Huntington's Chorea or Polycystic Kidney Disease? Yes No

If Questions 1, 2, 3 or 4 were answered yes, the rider is not available for the proposed Insured and this application supplement should not be completed or submitted.

5. In the last 5 years, have you been diagnosed with, treated for, tested positive for, or received medical advice from a member of the medical profession for any of the following conditions:

Disorientation	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Used a Straight Cane	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Chest pain	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Transient Ischemic Attack (TIA)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Loss of Balance	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Loss of Strength	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Tremors	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Dizziness	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

6. Do you have a handicap sticker, handicap placard, or handicap license plate? (Give reason below.) Yes No

7. In the last 24 months, have you had to limit or been advised by a member of the medical profession to limit, reduce, discontinue or restrict any activities or hobbies? (Give reason below.) Yes No

Give details for all yes answers to questions 5, 6, & 7. For every medication there should be a condition and for most conditions there should be a medication or treatment.

Question #	Nature of Condition/Date of Diagnosis	Date Last Treated/Medication Taken	Name of Physician Seen/Physician's Address

8. Within the past 5 years, have you ever received any long term care benefits, disability income benefits or Social Security Disability benefits? If the answer is yes, provide details in Section 5, Remarks. Yes No

9. Within the past 5 years, have you ever been declined for long term care insurance including long term care insurance provided by rider to a life insurance or other policy? List company name, date and reason in Section 5, Remarks. Yes No

Section 4 Existing and Pending Coverage - In this section, "You" means the proposed Insured. (Provide details of yes answers below.)

- Are you covered by Medicaid? Yes No
- Are you covered under any other long term care insurance policy, contract or rider in force? Yes No
- Has any of your long term care insurance, including coverage by riders, lapsed, been surrendered or otherwise terminated in the past 24 months? Yes No
- Is the coverage applied for intended to replace any long term care, medical or health or disability insurance coverage ? Yes No
- Are there any other life insurance policies currently in force on your life which provide similar long term care or accelerated death benefit coverage? Yes No
- Do you currently have another long term care policy or certificate in force (including health care service contract, health maintenance organization contract)? If yes, please give details in Section 5, Remarks. Yes No
- Did you have a long term care insurance policy or certificate in force in the last 12 months? If yes, with which company? And if that policy lapsed, when did it lapse? Please provide details in Section 5, Remarks. Yes No
- Do you intend to replace any in force medical or health insurance coverage with this policy? If yes, please provide details in Section 5, Remarks and complete the required replacement form. Yes No

If yes to questions 5-8, please provide details. If more space is needed, please use the Supplemental Information form.

Name and Address of Insurance Company	Policy/Certificate Number	Type and Amount of Benefits	Lapse Date	Currently In Force?		Being Replaced?	
				Yes	No	Yes	No
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I, the proposed Insured, and I, the Owner if different, hereby represent that I/we have read this application and that all statements and answers given in this application supplement are true and complete to the best of my/our knowledge and belief. **I/we agree** that: (1) this application supplement, and the Application shall be the basis for any contract issued; (2) the coverage I/we are applying for provides benefits for the proposed Insured only; and (3) no waiver or modification shall be binding upon Transamerica Life Insurance Company ("the Company") unless in writing and signed by the President or a Vice President and the Secretary or an Assistant Secretary.

Caution: If your answers on this application supplement and/or on the Application for the life insurance policy to which the LTC Rider will be attached are incorrect or untrue, Transamerica Life Insurance Company may have the right to deny benefits or rescind coverage.

I understand that benefits under the Long Term Care Rider are provided through an accelerated death benefit option, and that if I exercise the accelerated death benefit option, any beneficiary I designate will receive a reduced death benefit.

I certify that I have received the Outline of Coverage, HIPAA Privacy Notice, the Disclosure Notices for the MIB and Fair Credit Reporting, and if eligible for Medicare, the "Guide to Health Insurance for People with Medicare."

Fraud Warning: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

DocuSigned by:

X
2944595A95E5474..

Signature of proposed Insured

1/13/2023

Date (MM/DD/YYYY)

X

Signature of Owner (if other than proposed Insured)

Date (MM/DD/YYYY)

DocuSigned by:

X BOMA ALAMINA
C248C114128E458...

Signature of Licensed Agent/Insurance Producer

1/13/2023

Date (MM/DD/YYYY)



Transamerica Life Insurance Company
 Home Office: Cedar Rapids, IA
 Mailing Address: 6400 C Street SW
 Cedar Rapids, IA 52499

Beneficiary/Additional Insured Information Form

PRIMARY INSURED

1. Last Name	First Name	2. SS# Last 4 Digits
SOMOYE	IDRIS	9380

OWNER - if other than Primary Insured

1. Last Name	First Name	2. TIN/SS# Last 4 Digits
--------------	------------	--------------------------

ADDITIONAL/OTHER PROPOSED INSURED - if applicable

1. Last Name	First Name	M.I.
--------------	------------	------

2. Address (Cannot be a P.O. Box)	City
-----------------------------------	------

State Zip Code	3. Home Phone	4. Social Security Number
----------------	---------------	---------------------------

**PRIMARY BENEFICIARY - please provide any information not provided in the base application.
 If more space is needed use an additional form. Must equal 100% or will be divided equally.**

Name / Address	DOB	Percent	Relationship	Phone # SSN / Tax ID#
SARIAT O IBRAHIM 8601 MANCHESTER RD APT 315 SILVER SPRING	01/08/1986	100%	Spouse	(443) 554-6876

**CONTINGENT BENEFICIARY - please provide any information not provided in the base application.
 If more space is needed use an additional form. Must equal 100% or will be divided equally.**

Name / Address	DOB	Percent	Relationship	Phone # SSN / Tax ID#

AGENT

I attest that, on behalf of the Company, I requested all information above and the applicant provided the information completed on the form. The applicant was unable/declined to provide any information missing from the form.

1/13/2023

DocuSigned by:

BOMA ALAMINA

Producer/Agent Signature

DocuSigned by:

Date 

204459EAE05E5474

Owner Signature

LIFE APPLICATION – Transamerica Life Insurance Company
 Mailing Address: 6400 C Street SW, Cedar Rapids, IA 52499
 Administrative Office: 6400 C Street SW, Cedar Rapids, IA 52499

**INDIVIDUAL LIFE
INSURANCE APPLICATION**

SECTION 1. PROPOSED PRIMARY INSURED/OWNER				Face Amount \$ <u>\$1,000,000</u>	
1. Last Name		First Name		M.I.	
SOMOYE		IDRIS		O	
2. Address (Cannot be a P.O. Box)		Apt#	City		
8601 MANCHESTER RD APT 315			SILVER SPRING		
State	Zip Code	3. Years at Address	4. Home Phone	5. Driver's License Number	
MD	20901-6160	1	(443) 469-0418	515689231	
6. Sex	<input checked="" type="checkbox"/> Male	7. Date of Birth	8. Age	9. Place of Birth – State/Country	
	<input type="checkbox"/> Female	04/19/1992	30	Nigeria	
11. Height	12. Weight	13. Marital Status	14. Employer	Years	
5	6	195	TWOSIX TECHNOLOGIES	1	
15. Employer's Address and Phone Number					
901 N. STUART ST, ARLINGTON, VA 22203					
16. Occupation & Duties					
Engineering and Architect					
COMPUTER ENGR					
17. Have you used TOBACCO or any other product containing NICOTINE in the last 5 years? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date last used _____					
18. Rate Class Quoted: <input checked="" type="checkbox"/> Preferred Elite <input type="checkbox"/> Preferred Plus <input type="checkbox"/> Preferred <input type="checkbox"/> Non-Tobacco <input type="checkbox"/> Preferred Tobacco <input type="checkbox"/> Tobacco <input type="checkbox"/> Juvenile					
SECTION 2. PROPOSED ADDITIONAL INSURED				Face Amount \$ _____	
If more than one Additional Insured, please use Additional Information Supplement.					
We will allow the AIR death benefit recipient to be a choice of: <input type="checkbox"/> Owner <input type="checkbox"/> Primary Insured <input type="checkbox"/> Same beneficiary as the base policy					
1. Last Name		First Name		M.I.	
2. Address (Cannot be a P.O. Box)		Apt#	City		
State	Zip Code	3. Years at Address	4. Home Phone	5. Driver's License Number	
6. Sex	<input type="checkbox"/> Male	7. Date of Birth	8. Age	9. Place of Birth – State/Country	
	<input type="checkbox"/> Female				
11. Height	12. Weight	13. Marital Status	14. Relationship to proposed primary Insured		
15. Employer's Name, Address and Phone Number					
16. Occupation & Duties # Years					
17. Have you used TOBACCO or any other product containing NICOTINE in the last 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No Date last used _____					
18. Rate Class Quoted: <input type="checkbox"/> Preferred Elite <input type="checkbox"/> Preferred Plus <input type="checkbox"/> Preferred <input type="checkbox"/> Non-Tobacco <input type="checkbox"/> Preferred Tobacco <input type="checkbox"/> Tobacco <input type="checkbox"/> Juvenile					
SECTION 3. APPLICANT/OWNER IF OTHER THAN THE PROPOSED PRIMARY INSURED If owner is a corporation, partnership or institutional body, please complete the Entity Certification of Authority form. If owner is a trust, please complete the Trustee Certification Trust form. Attach a copy of the first page and the signature page of the Trust.					
1. Last Name		First Name		M.I.	
2. Address (Cannot be a P.O. Box)		Apt#	City		
State	Zip Code	3. Home Phone	4. Social Security Number / Tax ID #		
5. Sex	<input type="checkbox"/> Male	6. Date of Birth/Trust Date	7. Relationship to the proposed primary Insured		
	<input type="checkbox"/> Female				
8. Are you a citizen of	<input type="checkbox"/> USA	<input type="checkbox"/> Other Country	Type of VISA _____		
SECTION 4. CHILDREN'S BENEFIT RIDER				Face Amount \$ _____	
Name		Relationship	Date of Birth	Height	Weight
Are all children listed?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are all children living with proposed primary Insured? <input type="checkbox"/> Yes <input type="checkbox"/> No *	
If not, explain why:					

SECTION 5. PRIMARY BENEFICIARY – If percentage shares are not listed below, they will be divided equally among the beneficiaries. If beneficiary is a corporation, partnership or institutional body, please complete the Entity Certification of Authority form. If beneficiary is a trust, please complete the Trustee Certification Trust form. Attach a copy of the first page and the signature page of the Trust.

Name	Percent	Relationship	Social Security Number/Tax ID#
SARIAT O IBRAHIM	100	Spouse	
	Total 1 0 0		

SECTION 6. CONTINGENT BENEFICIARY – If percentage shares are not listed below, they will be divided equally among the beneficiaries.

Name	Percent	Relationship	Social Security Number/Tax ID#
	Total 1 0 0		

SECTION 7. PROPOSED PLAN OF INSURANCE

- Transamerica Financial Foundation IUL®
 Transamerica Financial Choice IUL™

SECTION 8. DEATH BENEFIT OPTION (if applicable)

- Level Benefit Increasing Benefit

SECTION 9. LIFE INSURANCE COMPLIANCE TEST (if applicable)

- Guideline Premium Test Cash Value Accumulation Test (CVAT)

SECTION 10. ADDITIONAL BENEFITS–PRIMARY INSURED ONLY Not all applicable with all products.

- | | |
|---|---|
| <input type="checkbox"/> Base Insured Rider..... \$ _____ | <input type="checkbox"/> Disability Waiver of Monthly Deductions Rider |
| <input type="checkbox"/> Accidental Death Benefit Rider..... \$ _____ | <input checked="" type="checkbox"/> Long Term Care Rider (complete
Supplemental Application) |
| <input type="checkbox"/> Guaranteed Insurability Rider..... \$ _____ | <input checked="" type="checkbox"/> Other Terminal, Critical Illness Rider(s) _____ |
| <input type="checkbox"/> Disability Waiver of Premium Rider | |

SECTION 11. PREMIUMS PAYABLE

Initial Planned Premium..... \$1,000.00

- Single Premium Annually Semiannually Quarterly Monthly Other _____
 Electronic (bank draft) Eff _____ Draft Date (1st thru 28th) Direct Bill

A secondary addressee may be named who will receive copies of premium notices and letters regarding possible lapse in coverage.

Secondary Addressee _____

Street Address (Cannot be a PO Box) _____ City _____ State _____ Zip _____

SECTION 12. PREMIUM ALLOCATIONS (Only for IUL)

Indicate your premium allocation percentages below. Total must equal 100% and must be whole percents only. Index disclosures are provided on the Index Disclosure Information page accompanying this application. Available index options vary by product.

80 .0% Global Index Account	.0% S&P 500® Plus Index Account
.0% Global Plus Index Account	.0% Fidelity SMID Multifactor Index™ Account
.0% S&P 500® Index Account	.0% Basic Interest Account
100% Total	

SECTION 13. OTHER INSURANCE IN FORCE FOR ALL PROPOSED INSUREDS

Does the proposed Insured have existing life insurance, disability policies, critical illness or annuity contracts? Yes No

Proposed Insured Name	Company	Product Type	Amount of insurance	Year issued	Replacement?
IDRIS O SOMOYE	NORTWESTERN	Life - Term	\$1,000,000	2022	<input checked="" type="checkbox"/>

IS THIS INTENDED TO BE A 1035 EXCHANGE? Yes No

Anticipated Cash Value Transfer _____

A) Has any proposed Insured ever had life, disability or health insurance declined, rated, modified, issued with an exclusion rider, canceled, or not renewed? If yes, please explain. _____ Yes No

B) Will the insurance applied for on any proposed Insured discontinue, replace or change any existing life or annuity policy? If yes, complete replacement forms, if appropriate. Yes No

C) Is there an application for life, accident or sickness insurance now pending or contemplated on any proposed Insured in this or any other company? If yes, give details in Agent's Report. Yes No

SECTION 14. PERSONAL FINANCIAL STATEMENT FOR PROPOSED PRIMARY INSURED

All financial information on non-juvenile business must be that of the proposed primary Insured, not the Owner.

A) Gross Income Current Yr \$180,000

B) Gross Income Previous Yr \$175,000

C) Source of Funds Employment Retirement Inheritance 1035 Exchange Other _____

D) Current Net Worth \$300,000

NOTE: Complete a Confidential Financial Questionnaire for coverage over \$2,000,000 for ages 18 through 70 and \$1,000,000 for ages 71 and up.

SECTION 15. BUSINESS FINANCIAL STATEMENT FOR PROPOSED PRIMARY INSURED

A) Current Estimated Market Value _____

B) Assets Liquid _____

Nonliquid _____

C) Liabilities _____

D) Net Worth _____

SECTION 16. MEDICAL QUESTIONS – Each question must be individually asked and answered for each proposed Insured.

Give the details to "No" answer for medical question 16A and "Yes" answers to questions 16B-E in Section 17 below:

- A) For the last 180 days has the proposed primary Insured been actively at work, on a full time basis, at their usual place of business or employment? Yes No
- B) To the best of your knowledge and belief, has any proposed Insured within the last (10) years had known symptoms or been diagnosed by a member of the medical profession as having or been treated for:
- 1) Heart murmur, high blood pressure, chest pain, heart attack, stroke, or other disorder of the heart or circulatory system? Yes No
 - 2) Asthma, Emphysema, Chronic Bronchitis, Tuberculosis, or any other Respiratory disorder; colitis, ulcer or any other gastrointestinal disorder; jaundice, hepatitis, liver or kidney disorder? Yes No
 - 3) Cancer, tumor, polyp, breast, prostate or any other reproductive disorder; or any thyroid or endocrine disorder? Yes No
 - 4) Brain, seizure or mental disorder, anxiety, depression, suicide attempt or any paralysis? Yes No
 - 5) Diabetes, anemia, or any disorder of the blood; sugar, protein, or blood in the urine? Yes No
- C) To the best of your knowledge, has any proposed Insured within the last 10 years:
- 1) Used amphetamines, methamphetamines, heroin, opium, cocaine, marijuana, hallucinogens, depressants, barbiturates, benzodiazepine, phencyclidine or other illegal drugs, except as prescribed by a physician? Yes No
 - 2) Sought or been advised to seek treatment, limit or discontinue use of alcohol? Yes No
 - 3) Been on or are now on prescribed medication or prescribed diet? Yes No
 - 4) Had or been advised to have any hospitalization, surgery, or any diagnostic test including, but not limited to, electrocardiograms, blood studies, scans, MRI's or other test? Yes No
 - 5) Had an examination, treatment or consultation with a doctor or health care provider other than above? Yes No
- D) Within the last 10 years, has any proposed Insured been told by a member of the medical profession that he or she had a diagnosis of AIDS (Acquired Immune Deficiency Syndrome), ARC (AIDS Related Complex), or the HIV (Human Immunodeficiency Virus) infection? Yes No
- E) Has any proposed Insured had a parent, brother, or sister who had any occurrence of or death from coronary artery disease, cardiovascular disease, internal cancer or melanoma prior to age 60? Yes No

SECTION 17. DETAILS TO ANSWERS FOR MEDICAL QUESTIONS Identify question number; state diagnosis, dates, duration, treatment, results and medications of each illness or injury. List the name, full address, phone number, and dates of each health care provider consulted.

Question #	Proposed Insured's Name	Diagnosis, Dates, Durations, Treatments, Results and Medications	Name, Address and Phone # of Attending Doctor and Hospital
			*

SECTION 18. PERSONAL PHYSICIAN (if none, so state)

Proposed Insured's Name	Date Last Seen, Reason and Results	Name, Address and Phone # of Attending Doctor and Hospital
	None	

SECTION 19. RESIDENCY – Each question must be individually asked and answered for each proposed Insured.A) The proposed Insured is a citizen of USA Other Country _____ Type of VISA _____

B) How many years has the proposed Insured resided in the USA? _____

C) Does any proposed Insured plan on traveling outside the USA in the future? Yes NoIf yes, provide details: include name of proposed Insured, destination, number of trips, duration of each trip, purpose of trip, plans for the next year.

_____**SECTION 20. DRIVING AND PUBLIC RECORDS – Each question must be individually asked and answered for each proposed Insured.**A) Has any proposed Insured had their driver's license suspended, restricted, revoked, or been cited for a moving violation in the last 5 years? Yes No If yes, include name of proposed Insured and give reason:

_____B) Has any proposed Insured in the last ten years been convicted of a misdemeanor (other than a minor traffic violation) or felony? Yes No If yes, include name of proposed Insured and give reason:

_____**SECTION 21. SPECIAL ACTIVITIES – Each question must be individually asked and answered for each proposed Insured.**A) Except as a passenger on a regularly scheduled flight, has any proposed Insured flown within the past 2 years, or does any proposed Insured have plans to fly in the future? If yes, complete the Avocation and Aviation Questionnaire. Yes NoB) In the past 2 years has any proposed Insured participated in organized racing (automobile, motorcycle, or boat), underwater or sky diving, hang gliding, canyoneering, mountain or rock climbing? If yes, complete the Avocation and Aviation Questionnaire. Yes No**SECTION 22. OTHER INSURANCE–TO BE COMPLETED BY THE AGENT**A) Will the policy applied for discontinue, replace or change any existing life insurance policy or annuity? Yes NoB) If mandated by your state, did you present, read and leave a copy of the Replacement Notice with the Applicant/Owner at time of application? Yes No

(In some states the Replacement Notice must be completed and sent in with the application whether or not the Applicant/Owner intends to replace existing coverage.)

C) Did you present and leave the Applicant/Owner approved sales material? Yes No

SECTION 23. ILLUSTRATION CERTIFICATION The box below MUST be checked if a signed illustration of the policy applied for is NOT enclosed with this application.

- The Applicant/Owner and the Licensed Agent certify that they have each read and agree with their respective statements below regarding the policy applied for:

Applicant's/Owner's statement: By signing this application, I, the Applicant/Owner acknowledge that I have NOT received an illustration of the policy applied for and understand that an illustration of the policy as issued will be provided no later than the policy delivery date. **Licensed Agent's statement:** By signing this application, I, the Licensed Agent certify that I have NOT provided an illustration of the policy as applied for. However, I will provide an illustration conforming to the policy as issued upon or prior to delivery of the policy.

SECTION 24. AUTHORIZATION TO OBTAIN AND DISCLOSE INFORMATION

Each of the undersigned hereby certifies and represents as follows: The statements and answers given on this application are true and correct to the best of my knowledge and belief. I acknowledge and agree (A) that this application and any amendments shall be the basis for any insurance issued; (B) that the agent does not have the authority to waive any question on this application, to decide if insurance will be issued, or to modify any term or provision of any insurance which may be issued based on this application, only a writing signed by an officer of the Company can change the terms of this application or the terms of any insurance issued by the Company; (C) except as provided in the Conditional Receipt, if issued with the same proposed Insured(s) as on this application, no policy applied for shall take effect until after all of the following conditions have been met: 1) the minimum initial premium must be received by the Company; 2) the Applicant/Owner has personally received and accepted the policy during the lifetime of and while each proposed Insured is in the same health as stated on this application, and 3) on the date of the later of either 1) or 2) above, all of the statements and answers given in this application must be true and complete to the best of my knowledge and belief and the insurance will not take effect if the facts have changed. Any change in death benefit amount, classification or reclassification, policy rights, or policy benefits requires a written acceptance by the applicant and / or insured in order to become effective. All statements made in this application shall, in the absence of fraud, be deemed representations and not warranties. Unless otherwise stated the undersigned applicant is the premium payor and Owner of the policy applied for.

I hereby authorize any licensed physician, medical practitioner, hospital, clinic or other medical or medically related facility, insurance company, MIB, LLC. ("MIB"), or other organization, institution or person, that has any records or knowledge of me or my health, to give to Transamerica Life Insurance Company, or its reinsurers, any such information. I authorize Transamerica Life Insurance Company, or its reinsurers, to make a brief report of my personal health information to MIB. A photographic copy of this authorization shall be as valid as the original.

This authorization will be valid for 30 months, but I understand that I may revoke it at any time by giving written notice to the Company at the above address. I understand that there are limitations on my right to revoke this authorization. Any action taken in reliance on this authorization will be valid if such action has been taken prior to receipt of notice of revocation. If this authorization is used to collect information in connection with a claim for benefits, it will be valid for the duration of the claim. If the law of my state so provides, my authorization may not be revoked during a contestable investigation. I also understand that my revocation of this authorization will not result in the deletion of codes in the MIB database if such codes are reported by the Company (or the Company becomes obligated to report such codes to MIB) while this authorization is in force. The Company shall have sixty days from the date hereof within which to consider and act on this application and if within such period a policy has not been received by the applicant or if notice of approval or rejection has not been given, then this application shall be deemed to have been declined by the Company.

I acknowledge receipt of the (1) Notice to Persons Applying for Insurance Regarding Investigative Report, (2) MIB Pre-Notification, and (3) Notice of Insurance Information Practices.

I understand that any omissions or misstatements in this application could cause an otherwise valid claim to be denied under any insurance issued from this application.

I also understand that I will not receive any insurance coverage for any money paid with this application unless a policy is issued except in accordance with the terms of the Conditional Receipt.

TAXPAYER IDENTIFICATION CERTIFICATION

Under current federal tax laws, the Company is required to obtain your Taxpayer Identification Number (e.g., a social security or employer identification number, or "TIN") and certification that you are not subject to backup withholding. Please review the following certification and sign accordingly.

Under penalties of perjury, I certify that (1) the TIN listed in this application is my correct TIN; (2) I have not been notified that I am subject to backup withholding or I am not subject to backup withholding because I am an exempt recipient; and (3) I am a U.S. Person (U.S. citizen/legal resident). If not a U.S. Person, I have completed the appropriate Form W-8BEN. The IRS does not require your consent to any provision of this form other than this certification.

Fraud Warning: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Signed at Silver Spring

(city)

Signature of proposed primary Insured/Owner
(Child age 16 and over must sign)

Signature of parent or legal guardian for Insured(s) 15 and under

Signature of proposed Additional Insured

Signature of Applicant/Owner if other than the proposed primary Insured (If business insurance, show title of officer and name of firm. If trust, show trustee's name)

MD _____ on 1/13/2023
(state) _____ (date)

Print Agent Name

44RHX

Agent # COLUMBIA

MD

Docusigned by:

BOMA ALAMINA

C245C114128E458...

Signature of Agent/Licensed Rep. *

Signature of Split Agent/Licensed Rep.

Transamerica Life Insurance Company

Administrative Office, 6400 C Street SW, Cedar Rapids, IA 52499

Supplemental Information to the Application for Life Insurance

Proposed Primary Insured Name: IDRIS O SOMOYE

Social Security Number: 643-88-9380

ADDITIONAL INFORMATION

Question Number	Name of Proposed Insured	Details to General and Medical Questions (Diagnosis, Dates, Durations, and Medications, Dosages, Frequency) Medical Facilities & Physicians Names, Addresses, Phone Numbers
<p>Proposed Insured 1: IDRIS O SOMOYE Email: IDRIS.SOMOYE@GMAIL.COM</p> <p>Beneficiaries Class: Primary Name: SARIAT O IBRAHIM Address: 8601 MANCHESTER RD APT 315, SILVER SPRING, MD 20901-6160 Phone: (443) 554-6876 Email address: SOIBRAHIM11@YAHOO.COM</p> <p>Existing Insurance (cont'd) 13: IDRIS O SOMOYE Policy No: 24180636</p> <p>Bank Verification History: : Payment Bank Verification History Attempt 1: "AcctHolderName":"IDRIS O SOMOYE", "AccountNumber":"1681120002", "RoutingNum":"307083911", "ConsentDate":"01/13/2023", "ConsentTime":"16:35:32 -05:00", "BankVerifyDate":"01/13/2023", "BankVerifyTime":"16:35:51 -05:00", "GVerify":"ND00", "GReferenceID":"10696949771"</p>		

ADDITIONAL INFORMATION

Dated at Silver Spring

MD

this 1/13/2023

day of _____, _____

Month

Year

DocuSigned by:



2944595A95E5474

Signature of Proposed Insured

Signature of Proposed Owner (if other than Proposed Insured)

DocuSigned by:
Signature of Parent or Legal Guardian (if Proposed Insured is Under 18 years of age)
BOMA ALAMINA

Signature of Additional Insured

C248C114128E458...
Signature of Agent

DELIVERY CERTIFICATE

POLICY/CERTIFICATE: 6601506876

INSURED: IDRIS O SOMOYE

My policy/certificate has been delivered to me and the benefits have been fully explained. I understand this policy/certificate represents an important part of my financial security.

I acknowledge receipt of the above policy with full understanding that this coverage is issued in the state of MD and application for this coverage was taken in the state of MD. Delivery of the policy occurred in the state of MD.

3/1/2023

DocuSigned by:

A39EE136507B44C

OWNER SIGNATURE: IDRIS O SOMOYE

DATE

Electronically delivered through DocFast

SALES REPRESENTATIVE

IMPORTANT NOTICE: Delivery Deadline - MARCH 14, 2023

PLEASE RETURN THIS SIGNED FORM TO: TRANSAMERICA LIFE INS. CO.
6400 C STREET SW, CEDAR RAPIDS, IOWA 52499
(One signed copy is to remain with the client)

* * * * *

DELIVERY INFORMATION

This policy/certificate has been approved, placed inforce, and has been set up on a Monthly check-o-matic basis.

The premium received with the application will be applied to pay the February premium. Each premium due hereafter will be drafted on the 21st through the check-o-matic for \$ 1,000.00 .



Transamerica Life Insurance Company
 HOME OFFICE: Cedar Rapids, Iowa
 Administrative Office:
 6400 C St SW
 Cedar Rapids, IA 52499
 (800) 851-9777
 tlic.transamerica.com

STATEMENT OF INSURABILITY

Proposed Insured: MR. IDRIS O SOMOYE
 Proposed Owner: MR. IDRIS O SOMOYE

Please complete the questions listed below and return to the Administrative Office.

To the best of your knowledge and belief, since the date of your application for this Policy for insurance with Transamerica Life Insurance Company : _____

- | | YES | NO |
|--|-------------------------------------|--------------------------|
| (1) Has there been any change in the health status of the Proposed Insured from that stated in the original application? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (2) Has the Proposed Insured made an application for insurance, been declined, postponed, or offered modified coverage? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (3) Has the Proposed Insured consulted or been examined by any physician or practitioner? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Please supply details to any "yes" answers:

Dated at 3/1/2023 Maryland day month 3/1/2023 year



Electronically delivered through DocFast
 Licensed Agent

Proposed Insured if Other Than Proposed Owner
 Or Parent/Legal Guardian If Proposed Insured is a Minor

**PLEASE RETURN SIGNED COPY TO THE ADMINISTRATIVE OFFICE
 NEW BUSINESS DEPARTMENT**



Transamerica Life Insurance Company
HOME OFFICE: Cedar Rapids, Iowa
Administrative Office:
6400 C St SW
Cedar Rapids, IA 52499
(800) 851-9777
tlic.transamerica.com

Proposed Insured: MR. IDRIS O SOMOYE
Policy Number: **6601506876**

POLICY ACCEPTANCE FORM

Based on the application submitted for the above referenced policy, the following changes have been made:

MR. IDRIS O SOMOYE
This policy/certificate has been issued at:
PREFERRED RISK

Do you accept delivery of this policy with the changes outlined above? Yes No

The undersigned represents that there has been no change in the Proposed Insured's occupation, residence, or family history, that the Proposed Insured has suffered no illness or injury or other change in health condition, or been cited, charged or convicted of any criminal violation, and that no company or association has taken adverse action with reference to the Proposed Insured's insurability since the date of the Proposed Insured's application to Transamerica.

3/1/2023

Date

DocuSigned by:

{Proposed Owner}
ABPE19007B44C0

Electronically Delivered through DocFast
Licensed Agent

{Proposed Insured if Other Than Proposed Owner
Or Parent/Legal Guardian If Proposed Insured is a
Minor}



Secretary



President



TRANSAMERICA®

Home Office: Cedar Rapids, IA
Administrative Office: 6400 C Street SW,
Cedar Rapids, IA 52499

**Transamerica Financial Foundation IUL®
Flexible Premium Adjustable Life Insurance with Index Account Options**

Policy Form ICC16 IUL09

Designed For

Idris Somoye

Policy # 6601506876

Agent/Representative

BOMA ALAMINA

6851 OAK HALL LANE SUITE 100
COLUMBIA, MARYLAND 21045

414-202-6609

FOR INFORMATION ABOUT YOUR PRIVACY RIGHTS UNDER APPLICABLE LAW, PLEASE VISIT
WWW.TRANSAMERICA.COM.

- THIS IS AN ILLUSTRATION ONLY. AN ILLUSTRATION IS NOT INTENDED TO PREDICT ACTUAL PERFORMANCE OF THE POLICY. INTEREST RATES AND VALUES THAT ARE SHOWN IN THE ILLUSTRATION ARE NOT GUARANTEED, EXCEPT FOR THOSE ITEMS CLEARLY LABELED AS GUARANTEED.
- INDEX UNIVERSAL LIFE INSURANCE IS NOT A SECURITY and index universal life insurance policies are not an investment in the stock market or in the indexes. Index Account Interest is based, in part, on index performance.
- Past performance of an index is not an indication of future index performance. There is no guarantee that any Excess Index Interest will be credited above the guaranteed minimum interest rate for the Index Account(s). Additionally, there is no guarantee that the company will declare an interest rate greater than the guaranteed minimum interest rate for the Basic Interest Account.
- The policy is subject to the insurance laws and regulations of each state or jurisdiction in which it is available for distribution. All state specific policy features will be described in your policy.

This is an illustration only, not an offer, contract, or promise of future policy performance. Non-guaranteed rates and values are based on the company's current scale of non-guaranteed elements and are subject to change by the company. Actual results may be more or less favorable. Coverage is subject to the terms and conditions of the policy.

This illustration is not valid without all 29 pages.

Transamerica Life Insurance Company

Transamerica Financial Foundation IUL®**Flexible Premium Adjustable Life Insurance with Index Account Options****Narrative Summary**

Idris Somoye

Initial Monthly Premium: \$1,000.00

Male Age 30 Preferred Nonsmoker

Initial Face Amount: \$1,000,000

Riders: LTC, TI, CRT

Death Benefit Option Type: Guideline/Increasing DB

Basic Life Insurance Illustration

**Transamerica
Financial
Foundation IUL
Form #
ICC16 IUL09**
(May vary by state)

This illustration is provided to help you understand the product illustrated on the following pages. This illustration is based on information that you provided and on certain assumptions, some of which are not guaranteed. This illustration assumes that the currently illustrated non-guaranteed elements will continue unchanged for all years shown. This is **not** likely to occur, and actual results may be more or less favorable than those shown.

The Transamerica Financial Foundation IUL is a flexible premium adjustable life insurance with two index account options. This type of policy is a universal life insurance policy that may earn additional interest based in part on changes to outside indexes. This individual life insurance policy will provide a death benefit if the insured dies while the policy is in force. The actual amount payable in the event of death will be decreased by any Loan Balance. Premium payments are flexible and the owner may change the amount and frequency of premium payments.

This illustration, or any other illustration, is not considered a proper written request for policy changes, termination of benefit, or election of options to purchase additional insurance.

Death Benefit Option

Either an Increasing, Level or Graded death benefit is available. Changes to the death benefit option are allowed once per year after the third policy year.

Increasing	The death benefit is the greater of the Face Amount plus the Policy Value or the minimum death benefit under the applicable life insurance compliance test.
------------	---

Level	The death benefit is the greater of the Face Amount or the minimum death benefit under the applicable life insurance compliance test.
-------	---

Graded	The death benefit is the greater of the Level death benefit, the Face Amount multiplied by a graded factor determined by attained age, plus the policy value, or the minimum death benefit under the applicable life insurance compliance test.
--------	---

Death Benefit

This life insurance policy provides an Increasing death benefit as described in the policy. The initial death benefit provided is assumed to be \$1,000,000. The actual amount payable at death may be decreased by policy withdrawals or any Loan Balance, or increased by additional insurance benefits you purchase. The Death Benefit column shows the value, if paid upon death, at the end of the policy year.

Face Amount

An amount used to determine the death benefit. The policy owner may increase the Face Amount after the first policy anniversary. Decreases are available only after the third policy anniversary.

Premium Outlay

The premium outlay is the amount of premium which is planned to be paid during the lifetime of this policy. The first year Premium Outlay is \$12,000. The amount of premium that may be paid is subject to any applicable limits set by Section 7702 of the Internal Revenue Code.

This is an illustration only, not an offer, contract, or promise of future policy performance. Non-guaranteed rates and values are based on the company's current scale of non-guaranteed elements and are subject to change by the company. Actual results may be more or less favorable. Coverage is subject to the terms and conditions of the policy.

This illustration is not valid without all 29 pages.

Transamerica Life Insurance Company

Transamerica Financial Foundation IUL®**Flexible Premium Adjustable Life Insurance with Index Account Options****Narrative Summary**

Idris Somoye

Initial Monthly Premium: \$1,000.00

Male Age 30 Preferred Nonsmoker

Initial Face Amount: \$1,000,000

Riders: LTC, TI, CRT

Death Benefit Option Type: Guideline/Increasing DB

This illustration describes values and benefits if premiums are paid on the dates and in the amounts shown on the following pages assuming application of indicated interest rates, insurance costs, expense charges and Index Change Percentages. If actual premium payments, interest rates, or Index Change percentages are different than indicated on the following pages, or if payment dates are not consistent with the assumptions in the illustration, then the Policy Values will be different from those in the illustration. This is not a paid-up policy. If premium payments stop, the monthly deductions and Index Account Monthly Charge will continue to be applied against the Policy Value. Additional premiums may be required to keep the policy in force. The illustration assumes that all premiums are made as planned and are received and credited at the beginning of each modal period on the monthly policy date. The monthly policy date assumes the policy date is the date this illustration was generated.

Different levels of premium payments will result in different levels and periods of benefits. The annual premium that will guarantee coverage through age 121 exceeds the maximum allowable Guideline Annual Premium of \$38,695.44.

Minimum Monthly No Lapse Premium

("MNLNP") Your current Minimum Monthly No Lapse Premium is \$320.83. The Minimum Monthly No Lapse Premium is the minimum premium necessary to avoid lapse of the policy during the No Lapse Period regardless of the Policy Value. The premium will be calculated for each policy issued. Policy and rider changes will alter the Minimum Monthly No Lapse Premium. Under certain circumstances, extra premiums may be required to prevent lapse.

No Lapse Period

Issue Ages 0-60: lesser of 20 years or until age 65
Issue Ages 61-85: 5 years

During the No Lapse Period, the policy will not lapse even if the Cash Surrender Value on any Monthly Policy Date is insufficient to pay the monthly deduction due, as long as the premiums paid (net of outstanding loans and/or withdrawals) meet or exceed the cumulative Minimum Monthly No Lapse Premium requirements to date.

If you take a withdrawal or a loan, if you increase or decrease your Face Amount, if you change the death benefit option, or if you add, increase or decrease a rider, you may need to pay additional premiums in order to keep the No Lapse Guarantee in effect. If the requirements of the No Lapse Guarantee are not met and the Cash Surrender Value is not enough to meet the monthly deductions and the Index Account Monthly Charge, a grace period will begin and the policy will lapse unless sufficient payment is made. Allowing the policy to lapse and terminate may result in adverse tax consequences.

After the No Lapse Period or if the cumulative Minimum Monthly No Lapse Premium requirements are not met, then fluctuations in interest rates and/or policy charges may require the payment of additional premiums to keep the policy in force.

No Lapse Guarantee

Payment of the Minimum Monthly No Lapse Premium assures that the policy will remain in force during the No Lapse Period. The Face Amount will be guaranteed regardless of Policy Value during the No Lapse Period, provided that the cumulative Minimum Monthly No Lapse Premium requirements are met.

Account Options

The Account Options currently available in the policy are the Basic Interest Account, the S&P 500® Index Account and the Global Index Account. You may select the percentage of net premium to be allocated to each of the three accounts. The Policy Values in this illustration are based on the illustrated premium allocations indicated below. If net premiums are allocated differently than indicated or if transfers are made, then the Policy Values will be different than those shown in this illustration.

This is an illustration only, not an offer, contract, or promise of future policy performance. Non-guaranteed rates and values are based on the company's current scale of non-guaranteed elements and are subject to change by the company. Actual results may be more or less favorable. Coverage is subject to the terms and conditions of the policy.

This illustration is not valid without all 29 pages.

Transamerica Life Insurance Company

Transamerica Financial Foundation IUL®**Flexible Premium Adjustable Life Insurance with Index Account Options****Narrative Summary**

Idris Somoye

Initial Monthly Premium: \$1,000.00

Male Age 30 Preferred Nonsmoker

Initial Face Amount: \$1,000,000

Riders: LTC, TI, CRT

Death Benefit Option Type: Guideline/Increasing DB

Illustrated Premium Allocations	Basic Interest Account 20% of premium S&P 500® Index Account 0% of premium Global Index Account 80% of premium
--	--

Participation Rate	The percentage of the increase in the index used to calculate the Excess Index Interest. S&P 500® Index Account: The guaranteed minimum participation rate is 100%. The current participation rate is 100%. Global Index Account: The guaranteed minimum participation rate is 100%. The current participation rate is 100%.
---------------------------	--

Basic Interest Account	This portion of the Policy Value earns interest at current interest rates declared by the company. The Basic Interest Account consists of 12 Basic Interest Account Segments. Each segment may have a different current interest crediting rate. Once an interest rate is declared for a segment, the rate applies until the next segment anniversary. The guaranteed minimum interest rate for the Basic Interest Account is 2.00%. Current interest rates for the Basic Interest Account may be more than 2.00%. Interest is credited monthly to the Basic Interest Account and each of its segments may be credited with interest at a different current interest rate.
-------------------------------	---

Index Accounts	This portion of the Policy Value is credited with interest at a rate which is determined, based, in part, on changes in Indexes. The S&P 500® Index Account is based, in part, on changes in the S&P 500®, excluding dividends. The Global Index Account is based, in part, on changes in the Hang Seng Index, the S&P 500® and the EURO STOXX 50® Indexes, excluding dividends. Each net premium payment or transfer into each account will be credited to a segment associated with the policy month in which it is received. The company will declare Caps for each Index and each segment. Each segment may have a different Cap. The Cap is the maximum Index Change that will be used to determine the Excess Index Interest credited to that segment. Excess Index Interest, if any, will only be credited on the segment ending date. On each segment ending date the Cap may increase or decrease for the next segment Period. Amounts removed from a segment due to loans and withdrawals will not be credited with any Excess Index Interest that might otherwise be due on a segment ending date.
-----------------------	--

Monthly Deduction	Each monthly deduction consists of the Monthly Cost of Insurance, the Monthly Policy Fee, the Per Unit Charge, any charges for additional benefits provided by riders and any charges for substandard premium class rating.
--------------------------	---

Index Account Monthly Charge	("IAMC") - A charge we deduct from each Index Account on each Monthly Policy Date up to the Insured's age 121.
-------------------------------------	--

Surrender Charges	Surrender charges will be applied upon full surrender within the first fifteen policy years and for fifteen years from the date of any Face Amount increase.
--------------------------	--

Policy Value	The policy value is the starting point for calculating important values under the policy, such as the Cash Surrender Value and death benefit. The Policy Value equals the sum of the Basic Interest Account value, the S&P 500® Index Account value and the Global Index Account value, plus the Loan Reserve, if any. Policy Value is shown on a guaranteed basis and on a non-guaranteed basis.
---------------------	---

This is an illustration only, not an offer, contract, or promise of future policy performance. Non-guaranteed rates and values are based on the company's current scale of non-guaranteed elements and are subject to change by the company. Actual results may be more or less favorable. Coverage is subject to the terms and conditions of the policy.

This illustration is not valid without all 29 pages.

Transamerica Life Insurance Company

Transamerica Financial Foundation IUL®**Flexible Premium Adjustable Life Insurance with Index Account Options****Narrative Summary**

Idris Somoye

Initial Monthly Premium: \$1,000.00

Male Age 30 Preferred Nonsmoker

Initial Face Amount: \$1,000,000

Riders: LTC, TI, CRT

Death Benefit Option Type: Guideline/Increasing DB

Cash Surrender Value	The amount available to the owner upon surrender of the policy provided the policy is in force and the insured is living. The Cash Surrender Value equals the Policy Value less any surrender charges less any Loan Balance. Excess Index Interest is not credited for partial years upon surrender of the policy.
Loan Balance	Equals all outstanding policy loans, if any, and accrued loan interest. The Loan Balance decreases the death benefit and the Cash Surrender Value. The amount of the loan will first be transferred from the Basic Interest Account to the extent of its value and then transferred on a pro-rata basis according to the Policy Value from each Index Account. Under each Account Option, the amount will be transferred pro-rata across Segments. The amount of Policy Value equal to the Loan Balance will be credited with interest at an annual rate of 2.00%.
Withdrawals	The policy owner may make withdrawals after the first policy year up to the available withdrawal amount. There is a no withdrawal fee. The minimum withdrawal is \$500.00.

Rider Description(s)

Maximum Accelerated Death Benefit	The Maximum Accelerated Death Benefit Amount you may accelerate for Terminal Illness or Chronic Illness is \$1,500,000. The Maximum Accelerated Death Benefit Amount you may accelerate for Critical Illness is \$500,000.
--	--

The benefits below are automatically included as part of your policy at no additional *monthly* charge.

Terminal Illness Accelerated Death Benefit Rider (TI)	Allows the policy owner to accelerate a portion of the death benefit if the insured becomes terminally ill. Eligibility for acceleration is determined by a condition resulting from bodily injury or disease, or both, which is expected to result in the death of the Insured within 12 months of diagnosis. The Policy's benefits and values will be reduced proportionally in accordance with the benefits advanced under this option. Benefits advanced for terminal illness may be subject to taxation.
Overloan Protection Rider	The Overloan Protection Rider is designed primarily for policy owners who plan to maximize distributions from their policy. This rider may be used to prevent the policy from lapsing in the event the policy meets the conditions below. If the policy owner exercises this benefit, the policy will become a paid-up policy as set forth in the rider and will not lapse. This rider is automatically included on this policy. If the rider is exercised by the Owner, a one-time charge will be assessed. The following conditions must be met to exercise this rider:

This is an illustration only, not an offer, contract, or promise of future policy performance. Non-guaranteed rates and values are based on the company's current scale of non-guaranteed elements and are subject to change by the company. Actual results may be more or less favorable. Coverage is subject to the terms and conditions of the policy.

This illustration is not valid without all 29 pages.

Transamerica Life Insurance Company

Transamerica Financial Foundation IUL®**Flexible Premium Adjustable Life Insurance with Index Account Options****Narrative Summary**

Idris Somoye

Initial Monthly Premium: \$1,000.00

Male Age 30 Preferred Nonsmoker

Initial Face Amount: \$1,000,000

Riders: LTC, TI, CRT

Death Benefit Option Type: Guideline/Increasing DB

1. The policy must have been In Force for at least 15 Policy Years.
2. The Insured must be at least Age 75, but not older than Age 120.
3. The sum of all withdrawals, including long term care rider benefits paid, taken from the policy must not be less than the total premiums paid.
4. The sum of the Loan Balance and any long term care benefits paid must exceed the Face Amount of the policy.
5. There must be sufficient Policy Value to cover the charge for this rider. The Loan Balance must not exceed 99.9% of the Policy Value after deduction of the charge for this rider.
6. Exercising the Rider Benefit must not cause the policy to violate the Guideline Premium Test under Section 7702 of the Internal Revenue Code, as amended, at any duration and must not cause the policy to become a Modified Endowment Contract under Section 7702A of the Internal Revenue Code, as amended.
7. The sum of the guideline level premiums, as defined for purposes of Section 7702 of the Internal Revenue Code, as amended, cannot become negative at any time.
8. The Death Benefit Option must be Level. If it is not, we will treat the owner's Written Request as a request to change the Death Benefit Option to Level.
9. You must not be receiving benefits under a long term care rider.

Because the Overloan Protection Rider has not been selected, the benefit of this feature has been suppressed within this illustration.

The benefit below can be added to your policy at no additional *monthly* charge.

Critical Illness Accelerated Death Benefit Rider (CRT)

Allows the policy owner to accelerate a portion of the death benefit if the insured becomes critically ill. A critical illness is having been diagnosed by a Physician with one or more of the following health conditions or underwent one or more of the following medical procedures: heart attack, stroke, cancer, kidney failure, major organ transplant, blindness and paralysis (loss of use of two or more limbs). Please see the policy for complete definitions of qualifying conditions. The Policy's benefits and values will be reduced proportionally in accordance with the benefits advanced under this option. Benefits advanced for critical illness may be subject to taxation. Critical Illness Rider is underwritten independently from the base policy.

Riders provide additional benefits and increase the monthly deduction. Additional deductions will decrease the Policy Value unless higher premiums are paid. Periodically, you should review any riders to see if they continue to meet your needs. The following riders are included in this illustration.

This is an illustration only, not an offer, contract, or promise of future policy performance. Non-guaranteed rates and values are based on the company's current scale of non-guaranteed elements and are subject to change by the company. Actual results may be more or less favorable. Coverage is subject to the terms and conditions of the policy.

This illustration is not valid without all 29 pages.

Transamerica Life Insurance Company

Transamerica Financial Foundation IUL®**Flexible Premium Adjustable Life Insurance with Index Account Options****Narrative Summary**

Idris Somoye

Initial Monthly Premium: \$1,000.00

Male Age 30 Preferred Nonsmoker

Initial Face Amount: \$1,000,000

Riders: LTC, TI, CRT

Death Benefit Option Type: Guideline/Increasing DB

Long Term Care Rider (LTC) **Long Term Care Rider:** Subject to the Rider's terms, conditions and limitations on eligibility for the payment of benefits, this Rider provides monthly benefits if the Insured has incurred expenses for Qualified Long Term Care Services. The amount of Monthly Long Term Care Benefit payable in any calendar month will be equal to the lesser of A or B, where

Guaranteed Charges: **\$459.96/Year 1** A is 2% of the Long Term Care Specified Amount, at commencement of benefits and; **Current Charges: \$230.04/Year 1** B is the per diem amount allowed by the Health Insurance Portability and Accountability Act times the number of days in the Calendar Month.

The benefits paid under this Rider constitute an acceleration of the Policy's death benefit and will reduce any proceeds payable at surrender of the Policy or upon the Insured's death. Rider monthly deductions will be taken from the Policy Value until the Policy Anniversary at the insured's age 121.

Long Term Care Rider Risk Class: Preferred - The Long Term Care Rider Risk Class is underwritten independently from the base policy and may change based on Underwriting decision.

Long Term Care Rider Specified Amount: \$1,000,000

Definitions of Key Terms and Column Headings

"Age" The issue age plus the number of years the policy is assumed to have been in force. This is the age at the end of the policy year.

"Alternate Assumptions" Illustrate the values that would result assuming current Basic Interest Account interest rates, non-guaranteed expense charges, non-guaranteed Index Account Monthly charge and non-guaranteed Monthly Cost of Insurance rates.

"Class" The class of risk of the proposed insured used in preparing this illustration. The actual class will be determined when the application is underwritten and may vary from the illustrated class. If so, a revised illustration will be delivered with the policy.

"Cost of Insurance" ("COI") The amount the company charges for providing life insurance coverage under the base policy. The cost of insurance rates may be changed by the company. Any change in the cost of insurance rates will be on a uniform basis for insureds of the same class.

"Cumulative Premium" Represents the sum of the premiums paid to date.

"Guaranteed Assumptions" Illustrate the values that would result assuming guaranteed interest rates, guaranteed expense charges, guaranteed Index Account Monthly Charge and guaranteed Monthly Cost of Insurance rates.

"Guaranteed Elements" Values shown under the Guaranteed Assumptions Values are calculated using the guaranteed maximum monthly deductions, guaranteed maximum Index Account Monthly Charge and the guaranteed minimum interest rate of 0.75% for the duration of the policy. Refer to the table below for Element details.

This is an illustration only, not an offer, contract, or promise of future policy performance. Non-guaranteed rates and values are based on the company's current scale of non-guaranteed elements and are subject to change by the company. Actual results may be more or less favorable. Coverage is subject to the terms and conditions of the policy.

This illustration is not valid without all 29 pages.

Transamerica Life Insurance Company

Transamerica Financial Foundation IUL®**Flexible Premium Adjustable Life Insurance with Index Account Options****Narrative Summary**

Idris Somoye

Initial Monthly Premium: \$1,000.00

Male Age 30 Preferred Nonsmoker

Initial Face Amount: \$1,000,000

Riders: LTC, TI, CRT

Death Benefit Option Type: Guideline/Increasing DB

"Per Unit Charge" ("PUC") Equal to the Face Amount divided by 1,000 then multiplied by the applicable Per Unit Charge Per Thousand.

"Monthly Policy Fee" An expense charge that will be deducted from the policy value each month.

"Non-Guaranteed Assumptions" Illustrate the values that would result assuming non-guaranteed interest rates, expense charges, Caps, assumed Index Change rates, Index Account Monthly Charge and Monthly Cost of Insurance rates. These assumptions are not guaranteed.

"Non-Guaranteed Elements" The premiums, benefits, values, credits or charges under the policy that are not guaranteed or cannot be determined at issue are based on the company's current scale of non-guaranteed elements and are subject to change by the company. This illustration assumes that the currently illustrated non-guaranteed elements will continue unchanged for all years shown. This is not likely to occur, and actual results may be more or less favorable than those shown. Refer to the following table for Element details.

This is an illustration only, not an offer, contract, or promise of future policy performance. Non-guaranteed rates and values are based on the company's current scale of non-guaranteed elements and are subject to change by the company. Actual results may be more or less favorable. Coverage is subject to the terms and conditions of the policy.

This illustration is not valid without all 29 pages.

Transamerica Life Insurance Company

Transamerica Financial Foundation IUL®

Flexible Premium Adjustable Life Insurance with Index Account Options

Narrative Summary

Idris Somoye

Initial Monthly Premium: \$1,000.00

Male Age 30 Preferred Nonsmoker

Initial Face Amount: \$1,000,000

Riders: LTC, TI, CRT

Death Benefit Option Type: Guideline/Increasing DB

Listed here are the Elements in this Product which have a Non-Guaranteed component. The Guaranteed component is also shown.

Element	Non-Guaranteed	Guaranteed
Base Policy - Interest Rate Credited	Basic Interest Account Non-Guaranteed Rate: 3.50% S&P 500 Index Account Cap: 12.00% Global Index Account Cap: 13.00% S&P 500 Index Account Maximum Illustrated Rate: 7.00% Global Index Account Maximum Illustrated Rate: 7.00%	Basic Interest Account Guaranteed Minimum: 2.00% Index Account Guaranteed Minimum (ie: Floor): 0.75%
Base Policy - Cost of Insurance Rates	(see the Detailed Report of Annual Policy Expenses – Non Guaranteed Charges)	(see the Detailed Report of Annual Policy Expenses – Guaranteed Charges)
Base Policy - Per Unit Charge Rate	(see the Detailed Report of Annual Policy Expenses – Non Guaranteed Charges)	(see the Detailed Report of Annual Policy Expenses – Guaranteed Charges)
Base Policy – Policy Fee	\$10.00 monthly	\$12.00 monthly
Base Policy – Premium Expense Charge	4.0% in all years	6.0% in all years
Base Policy - Loan Interest Rates	Loan Interest Rate Charged: 2.75% (yrs 1-10), 2.00% (yrs 11+) Loan Interest Rate Credited: 2.00%	Loan Interest Rate Charged: 3.00% (yrs 1-10), 2.25% (yrs 11+) Loan Interest Rate Credited: 2.00%
Accelerated Death Benefit for Long Term Care Rider – Cost of Insurance Rates	(see the Detailed Report of Annual Policy Expenses – Non Guaranteed Rider Charges)	(see the Detailed Report of Annual Policy Expenses – Guaranteed Rider Charges)
Terminal Illness Accelerated Death Benefit Rider	Administrative Charge: \$375	Administrative Charge: \$1,000 <i>Minimum</i> Accelerated Death Benefit: \$5,000 <i>Maximum</i> Accelerated Death Benefit: lesser of 100% of the Available DB or \$1,500,000
Critical Illness Accelerated Death Benefit Rider	Administrative Charge: \$375	Administrative Charge: \$1,000 <i>Minimum</i> Accelerated Death Benefit: \$2,500 <i>Maximum</i> Accelerated Death Benefit: lesser of 90% of the Available DB or \$500,000

"Premium Expense Charge" A percentage of each premium payment that is deducted from the paid premium prior to allocation to the Account Options.

This is an illustration only, not an offer, contract, or promise of future policy performance. Non-guaranteed rates and values are based on the company's current scale of non-guaranteed elements and are subject to change by the company. Actual results may be more or less favorable. Coverage is subject to the terms and conditions of the policy.

This illustration is not valid without all 29 pages.

Transamerica Life Insurance Company

Transamerica Financial Foundation IUL®**Flexible Premium Adjustable Life Insurance with Index Account Options****Narrative Summary**

Idris Somoye

Initial Monthly Premium: \$1,000.00

Male Age 30 Preferred Nonsmoker

Initial Face Amount: \$1,000,000

Riders: LTC, TI, CRT

Death Benefit Option Type: Guideline/Increasing DB

Definitions of Key Terms for Account Options

Basic Interest Account Segment	A component of the Basic Interest Account. Each premium payment or transfer to the Basic Interest Account is credited to a segment associated with the policy month in which it is received. Each Basic Interest Account segment may have a different interest rate and will have its current interest calculated separately from other Basic Interest Account segments.
Beginning Date	The first Monthly Policy Date for a segment. The beginning date is reset on each segment ending date.
Cap	The maximum Index Change that can be used to determine the Excess Index interest credited to an Index Account segment. Each Index Account segment may have a different Cap. The Cap assumed in determining the S&P 500® Index Account Change used in the non-guaranteed projections in this illustration is 12.00% and is subject to change. The Cap assumed in determining the Global Index Account Change used in the non-guaranteed projections in this illustration is 13.00% and is subject to change.
Changes in Cap	A Cap will be declared for each Index Account segment. The Cap may increase or decrease on each segment beginning date and may differ between Index Account segments. Once a Cap is declared for an Index Account segment it applies until the segment ending date. Each subsequent Cap will be determined as of each Index Account segment's beginning date.
Ending Date	The date used to determine the ending value of a segment. The ending date for a segment is the last Monthly Policy Date in its segment period and is the same date as the next beginning date. The ending date is reset at that time for the next segment.

This is an illustration only, not an offer, contract, or promise of future policy performance. Non-guaranteed rates and values are based on the company's current scale of non-guaranteed elements and are subject to change by the company. Actual results may be more or less favorable. Coverage is subject to the terms and conditions of the policy.

This illustration is not valid without all 29 pages.

Transamerica Life Insurance Company

Transamerica Financial Foundation IUL®**Flexible Premium Adjustable Life Insurance with Index Account Options****Narrative Summary**

Idris Somoye

Initial Monthly Premium: \$1,000.00

Male Age 30 Preferred Nonsmoker

Initial Face Amount: \$1,000,000

Riders: LTC, TI, CRT

Death Benefit Option Type: Guideline/Increasing DB

Index Account

The S&P 500® Index Account is based on the S&P 500® Index.

The Global Index Account is based on 3 indexes: the S&P 500® Index, the EURO STOXX 50® Index and the Hang Seng Index.

We use values published in the following currencies:

S&P 500®: United States Dollars

EURO STOXX 50®: Euros

Hang Seng Index: Hong Kong Dollars

The S&P 500 Index is a product of S&P Dow Jones Indices LLC ("SPDJI"), and has been licensed for use by the Company. Standard & Poor's®, S&P® and S&P 500® are registered trademarks of Standard & Poor's Financial Services LLC ("S&P"); Dow Jones® is a registered trademark of Dow Jones Trademark Holdings LLC ("Dow Jones"); and these trademarks have been licensed for use by SPDJI and sublicensed for certain purposes by the Company. This policy is not sponsored, endorsed, sold or promoted by SPDJI, Dow Jones, S&P, their respective affiliates, and none of such parties make any representation regarding the advisability of purchasing such policy nor do they have any liability for any errors, omissions, or interruptions of the S&P 500 Index.

The EURO STOXX 50® (Index Trademark) is the intellectual property (including registered trademarks) of STOXX Limited, Zurich, Switzerland ("STOXX"), Deutsche Börse Group or their licensors, which is used under license. This fixed indexed life product ("Licensed Product") is neither sponsored nor promoted, distributed or in any other manner supported by STOXX, Deutsche Börse Group or their licensors, research partners or data providers and STOXX, Deutsche Börse Group and their licensors, research partners or data providers do not give any warranty, and exclude any liability (whether in negligence or otherwise) with respect thereto generally or specifically in relation to any errors, omissions or interruptions in the EURO STOXX 50® or its data.

Please read the full disclaimer in the Transamerica Financial Foundation IUL® policy regarding the Hang Seng Index in relation to the policy.

Index Account Segment

A component of an Index Account. Each net premium payment or transfer to an Index Account is credited to a segment associated with the policy month in which it is received. Each Index Account segment may have a different Cap and will have its Index Interest calculated separately from other Index Account segments. Excess Index Interest is only credited to Excess Index Account segments on the ending date of the segment.

This is an illustration only, not an offer, contract, or promise of future policy performance. Non-guaranteed rates and values are based on the company's current scale of non-guaranteed elements and are subject to change by the company. Actual results may be more or less favorable. Coverage is subject to the terms and conditions of the policy.

This illustration is not valid without all 29 pages.

Transamerica Life Insurance Company

Transamerica Financial Foundation IUL®**Flexible Premium Adjustable Life Insurance with Index Account Options****Narrative Summary**

Idris Somoye

Initial Monthly Premium: \$1,000.00

Male Age 30 Preferred Nonsmoker

Initial Face Amount: \$1,000,000

Riders: LTC, TI, CRT

Death Benefit Option Type: Guideline/Increasing DB

Excess Index Interest

Any interest credited to an Index Account segment in excess of interest credited at the Index Account Guaranteed Minimum Interest Rate. Any Excess Index Interest for a segment will only be credited as of that segment's ending date. Excess Index Interest for an Index Account segment as of its ending date is calculated as follows:

(a multiplied by b) minus c where:

a is the Index Change.

b is the segment's adjusted beginning value.

c is any interest previously credited to the segment during the segment period at the Index Account Guaranteed Minimum Interest Rate.

We determine the segment's adjusted beginning value by starting with any value renewing from a prior segment period, after we have applied any Excess Index Interest for that period and deducted any transfers from the segment occurring at that time. Then we add any net premiums, loan repayments and transfers applied to the segment on its beginning date. Finally, we subtract the following activity occurring in the segment during the segment period:

1. Any amounts deducted on account of withdrawals;
2. Any amounts transferred on account of policy loans;
3. One half of the amounts taken for Monthly Deductions; and
4. One half of the amounts taken for Index Account Monthly Charges.

The Excess Index Interest credited to an Index Account segment will never be less than zero.

Index Value

The value of an Index as stated by its publisher.

Index Change

The percentage change in the applicable Index Values from an Index Account segment's beginning date to its ending date. The Index Change will be used to determine the Excess Index Interest, if any.

The Index Change for a Segment of the S&P 500® Index Account is calculated using the changes in the Index Values of the S&P 500®.

The Index Change for a Segment of the Global Index Account is calculated using the changes in the Index Values of the S&P 500®, the EURO STOXX 50® and the Hang Seng Index.

For each Index, we use published values that are based on price changes of the underlying securities, excluding the effect of dividends.

For each segment, we determine the Index Values for each of these Indexes as of the beginning and ending dates. If the S&P 500® is published for the applicable date, we use the value for that date. Otherwise, we use the next published value.

This is an illustration only, not an offer, contract, or promise of future policy performance. Non-guaranteed rates and values are based on the company's current scale of non-guaranteed elements and are subject to change by the company. Actual results may be more or less favorable. Coverage is subject to the terms and conditions of the policy.

This illustration is not valid without all 29 pages.

Transamerica Life Insurance Company

Transamerica Financial Foundation IUL®**Flexible Premium Adjustable Life Insurance with Index Account Options****Narrative Summary**

Idris Somoye

Initial Monthly Premium: \$1,000.00

Male Age 30 Preferred Nonsmoker

Initial Face Amount: \$1,000,000

Riders: LTC, TI, CRT

Death Benefit Option Type: Guideline/Increasing DB

For each of the EURO STOXX 50® and the Hang Seng Index, we use the value that is published on the next day after the applicable date on which both that Index and the S&P 500® are published.

The Index Change for a segment of the S&P 500® Index Account is the percentage change in value of the S&P 500® from the beginning date to the ending date. This change may be positive or negative, but it will be adjusted so that it will neither exceed the Cap nor be less than 0%.

The Index Change for a segment in the Global Index Account is calculated as 50% of A plus 30% of B plus 20% of C where:

(A) is the percentage change in value of the S&P 500® or the EURO STOXX 50®, whichever is more favorable to you.

(B) is the percentage change in value of the S&P 500® or the EURO STOXX 50®, whichever is less favorable to you.

(C) is the percentage change in value of the Hang Seng Index.

The (A), (B) and (C) components may be positive or negative, but the Index Change for a Global Index Account segment is adjusted so that it will neither exceed the Cap nor be less than 0%.

The Index Change is not in addition to the guaranteed minimum interest rate of 0.75%.

The non-guaranteed interest rates used in this illustration are only example rates and are not a prediction of actual performance.

Minimum and Maximum of the 25 Year Compounded Average Annual Rates

Index Account	MIN	MAX	Floor	Cap
Benchmark	3.60%	7.18%	0%	8.95%
S&P 500®	4.67%	8.95%	0.75%	12.00%
Global	7.20%	9.70%	0.75%	13.00%

The Benchmark Index Account is a hypothetical index account defined in the NAIC Actuarial Guideline 49 which governs many aspects of Indexed Universal Life illustrations. This product has index accounts which differ from this Benchmark Index Account. The minimum and maximum 25 year compounded average annual rates are shown for the Benchmark Index Account and the index accounts offered in this product.

The rates shown above are determined by, first, calculating the 12 month point to point returns applying a specified cap and floor to each return. This is done for each 12 month segment in a 25 year duration. Then 25 year compounded average annual rates are calculated. This step is repeated for each 25 year duration over the 65 year period ending 12/31/2021. These rates are not intended as an indication of future performance and are not guaranteed. Actual credited rates may be higher or lower.

Illustrated Index Change

The Illustrated Index Change Rate of 7.00% for the S&P 500® Index Account and 7.00% for the Global Index Account used in this illustration are not guaranteed. They are only hypothetical examples and are not a prediction of actual performance.

This is an illustration only, not an offer, contract, or promise of future policy performance. Non-guaranteed rates and values are based on the company's current scale of non-guaranteed elements and are subject to change by the company. Actual results may be more or less favorable. Coverage is subject to the terms and conditions of the policy.

This illustration is not valid without all 29 pages.

Transamerica Life Insurance Company

Transamerica Financial Foundation IUL®

Flexible Premium Adjustable Life Insurance with Index Account Options

Narrative Summary

Idris Somoye

Initial Monthly Premium: \$1,000.00

Male Age 30 Preferred Nonsmoker

Initial Face Amount: \$1,000,000

Riders: LTC, TI, CRT

Death Benefit Option Type: Guideline/Increasing DB

S&P 500® INDEX ACCOUNT

The S&P 500® Index Account will never be credited less than the guaranteed minimum interest rate or "floor" and has the potential to be credited with Excess Index Interest up to the current Cap.

GUARANTEED MINIMUM INTEREST RATE: 0.75%

CURRENT CAP: 12.00%

HISTORICAL INDEX LOOK-BACK PERIODS:

The look-back periods are for illustrative purposes only. The IUL policy was not available during all of the time periods shown. The Caps are subject to change at the discretion of the Company and will be different over different time periods. A lower or higher Cap would produce different hypothetical results. Further, index changes measured on different dates would produce different hypothetical results. The "Average Index Change" shows the geometric averages of one-year historical index changes (excluding dividends) ending December 31st for each year during the time period shown.

"Average Index Change Using Cap & Floor" shows the averages that would have resulted from applying the policy's current Cap and floor to the index changes for the same time periods. Monthly deductions and other policy fees and charges are not taken into consideration. Past index performance is not an indication of future index performance.

LOOK-BACK PERIOD	25-YEAR 1996-2021	20-YEAR 2001-2021	15-YEAR 2006-2021	10-YEAR 2011-2021	5-YEAR 2016-2021	1-YEAR 2020-2021
AVERAGE INDEX CHANGE	7.73%	7.38%	8.42%	14.08%	16.12%	26.89%
AVERAGE INDEX CHANGE USING CAP & FLOOR	7.91%	8.05%	8.22%	9.41%	9.65%	12.00%

20 YEAR LOOK-BACK OVERVIEW

CALENDAR YEAR	S&P 500® INDEX CHANGE	S&P 500® INDEX CHANGE USING THE FLOOR & CURRENT 12.00% CAP
2002	-23.37%	0.75%
2003	26.38%	12.00%
2004	8.99%	8.99%
2005	4.69%	4.69%
2006	11.65%	11.65%
2007	3.65%	3.65%
2008	-38.49%	0.75%
2009	23.45%	12.00%
2010	12.78%	12.00%
2011	1.54%	1.54%
2012	11.68%	11.68%
2013	29.60%	12.00%
2014	11.39%	11.39%
2015	-0.73%	0.75%
2016	10.46%	10.46%
2017	19.40%	12.00%
2018	-7.01%	0.75%
2019	28.88%	12.00%
2020	16.26%	12.00%
2021	26.89%	12.00%
20-Year Average	7.38%	8.05%

This is an illustration only, not an offer, contract, or promise of future policy performance. Non-guaranteed rates and values are based on the company's current scale of non-guaranteed elements and are subject to change by the company. Actual results may be more or less favorable. Coverage is subject to the terms and conditions of the policy.

This illustration is not valid without all 29 pages.

Transamerica Life Insurance Company

Transamerica Financial Foundation IUL®

Flexible Premium Adjustable Life Insurance with Index Account Options

Narrative Summary

Idris Somoye

Initial Monthly Premium: \$1,000.00

Male Age 30 Preferred Nonsmoker

Initial Face Amount: \$1,000,000

Riders: LTC, TI, CRT

Death Benefit Option Type: Guideline/Increasing DB

GLOBAL INDEX ACCOUNT

The Global Index Account will never be credited less than the guaranteed minimum interest rate or "floor" and has the potential to be credited with Excess Index Interest up to the current Cap.

GUARANTEED MINIMUM INTEREST RATE: 0.75%

CURRENT CAP: 13.00%

HISTORICAL INDEX LOOK-BACK PERIODS:

The look-back periods are for illustrative purposes only. The IUL policy was not available during all of the time periods shown. The Caps are subject to change at the discretion of the Company and will be different over different time periods. A lower or higher Cap would produce different hypothetical results. Further, index changes measured on different dates would produce different hypothetical results. The "Average Index Change" shows the geometric averages of one-year historical index changes (excluding dividends) ending December 31st for each year during the time period shown.

"Average Index Change Using Cap & Floor" shows the averages that would have resulted from applying the policy's current Cap and floor to the index changes for the same time periods. Monthly deductions and other policy fees and charges are not taken into consideration. Past index performance is not an indication of future index performance.

LOOK-BACK PERIOD	25-YEAR 1996-2021	20-YEAR 2001-2021	15-YEAR 2006-2021	10-YEAR 2011-2021	5-YEAR 2016-2021	1-YEAR 2020-2021
AVERAGE WEIGHTED INDEX CHANGE	6.32%	5.14%	4.77%	9.59%	10.23%	16.85%
AVERAGE WEIGHTED INDEX CHANGE USING CAP & FLOOR	8.10%	8.15%	7.68%	8.54%	8.97%	13.00%
20 YEAR LOOK-BACK OVERVIEW						
CALENDAR YEAR	S&P 500® INDEX CHANGE	EURO STOXX 50® INDEX CHANGE	HANG SENG INDEX CHANGE	WEIGHTED INDEX CHANGE	WEIGHTED INDEX CHANGE USING THE FLOOR & CURRENT 13.00% CAP	
2002	-23.37%	-32.84%	-17.49%	-25.03%	0.75%	
2003	26.38%	10.92%	36.69%	23.80%	13.00%	
2004	8.99%	6.16%	11.22%	8.59%	8.59%	
2005	4.69%	21.69%	4.97%	13.25%	13.00%	
2006	11.65%	15.88%	36.59%	18.75%	13.00%	
2007	3.65%	3.61%	35.01%	9.91%	9.91%	
2008	-38.49%	-41.55%	-45.42%	-40.79%	0.75%	
2009	23.45%	18.98%	45.07%	26.43%	13.00%	
2010	12.78%	-5.91%	7.39%	6.10%	6.10%	
2011	1.54%	-15.83%	-19.45%	-7.87%	0.75%	
2012	11.68%	13.45%	23.49%	14.92%	13.00%	
2013	29.60%	12.86%	0.12%	18.68%	13.00%	
2014	11.39%	2.60%	1.63%	6.80%	6.80%	
2015	-0.73%	0.81%	-10.09%	-1.83%	0.75%	
2016	10.46%	4.75%	3.86%	7.43%	7.43%	
2017	19.40%	5.28%	37.76%	18.84%	13.00%	
2018	-7.01%	-14.24%	-17.65%	-11.31%	0.75%	
2019	28.88%	26.07%	13.58%	24.98%	13.00%	
2020	16.26%	-5.54%	-3.75%	5.72%	5.72%	
2021	26.89%	21.53%	-15.28%	16.85%	13.00%	
20-Year Average	7.38%	0.72%	3.66%	5.14%	8.15%	

This is an illustration only, not an offer, contract, or promise of future policy performance. Non-guaranteed rates and values are based on the company's current scale of non-guaranteed elements and are subject to change by the company. Actual results may be more or less favorable. Coverage is subject to the terms and conditions of the policy.

This illustration is not valid without all 29 pages.

Transamerica Life Insurance Company

Transamerica Financial Foundation IUL®

Flexible Premium Adjustable Life Insurance with Index Account Options

Numeric Summary

Idris Somoye

Initial Monthly Premium: \$1,000.00

Male Age 30 Preferred Nonsmoker

Initial Face Amount: \$1,000,000

Riders: LTC, TI, CRT

Death Benefit Option Type: Guideline/Increasing DB

Year	Age	Premium Outlay	Guaranteed Assumptions		Non-Guaranteed Assumptions		Midpoint Assumptions		Non-Guaranteed Assumptions	
			Cash Surrender Value	Death Benefit	Cash Surrender Value	Death Benefit	Cash Surrender Value	Death Benefit	Cash Surrender Value	Death Benefit
5	35	12,000	8,879	1,030,059	18,365	1,039,545	28,772	1,049,952		
10	40	12,000	40,429	1,058,008	66,004	1,083,583	97,400	1,114,979		
20	50	12,000	108,914	1,108,914	199,425	1,199,425	336,140	1,336,140		
40	70	12,000	123,795	1,123,795	472,474	1,472,474	1,327,422	2,327,422		

Based on guaranteed assumptions, coverage terminates in year 47.

Based on non-guaranteed midpoint assumptions, coverage terminates in year 58.

Based on non-guaranteed assumptions, coverage terminates in year 80.

If the planned premium payment is insufficient to provide the coverage desired, this illustration will show the death benefit to be expired (as indicated by "0"). This means that the policy and any riders will lapse unless a higher premium is paid, a higher interest rate has been credited, benefits are reduced, or current charges are more favorable than those used in this illustration. In the case of nonpayment of premium or insufficient premium amounts, the monthly deductions will continue to be applied against the Policy Value and additional premiums may be required to keep the Policy in force.

The Minimum Monthly No Lapse Premium of \$320.83 is the minimum premium necessary to avoid lapse of the policy during your 20 year No Lapse Period. During the No Lapse Period, the policy will not lapse as long as the sum of the premiums paid (net of outstanding loans and/or withdrawals) meet or exceed the sum of the Minimum Monthly No Lapse Premium requirements to date. After the No Lapse Period expires, you may be required to pay additional premiums in order to avoid lapse of the policy.

All values and benefits above reflect allocation of 20% to the Basic Interest Account, 0% to the S&P 500® Index Account, and 80% of the net premiums to the Global Index Account, and use a one year crediting method.

The guaranteed values and benefits are based on guaranteed minimum interest rates of 2.00% for the Basic Interest Account, 0.75% for the S&P 500® Index Account and 0.75% for the Global Index Account. Charges and cost of insurance rates are the guaranteed charges.

The non-guaranteed midpoint values and benefits are based on an assumed interest rate of 2.75% for the Basic Interest Account, an assumed annual Index Change rate of 3.875% for the S&P 500® Index Account and 3.875% for the Global Index Account. Insurer's illustrated scale used but with the non-guaranteed elements reduced as follows:

- (i) Non-guaranteed credited interest at rates that are the average of the guaranteed rates and the rates contained in the illustrated scale used.
- (ii) All non-guaranteed charges, at rates that are the average of the guaranteed rates and the rates contained in the illustrated scale used.

The non-guaranteed values and benefits are based on an assumed interest rate of 3.50% for the Basic Interest Account, an assumed annual Index Change rate of 7.00% for the S&P 500® Index Account and 7.00% for the Global Index Account. The

This is an illustration only, not an offer, contract, or promise of future policy performance. Non-guaranteed rates and values are based on the company's current scale of non-guaranteed elements and are subject to change by the company. Actual results may be more or less favorable. Coverage is subject to the terms and conditions of the policy.

This illustration is not valid without all 29 pages.

Transamerica Life Insurance Company

Transamerica Financial Foundation IUL®**Flexible Premium Adjustable Life Insurance with Index Account Options****Numeric Summary**

Idris Somoye

Initial Monthly Premium: \$1,000.00

Male Age 30 Preferred Nonsmoker

Initial Face Amount: \$1,000,000

Riders: LTC, TI, CRT

Death Benefit Option Type: Guideline/Increasing DB

assumed annual Index Change rate is based on a weighted average Index Change as more fully explained in the Index Change section of the narrative summary. The Index Change rate is hypothetical and not expected to be applied to an actual policy. Charges and cost of insurance rates are the non-guaranteed charges. This is known as the illustrated scale.

The non-guaranteed values and benefits assume non-guaranteed elements will continue unchanged for all years shown. This is not likely to occur, and actual results may be more or less favorable than those shown. The non-guaranteed elements are not guaranteed and are subject to change by the company. Any changes to the non-guaranteed elements by the company will depend on future costs and other factors. Such factors may include, but are not limited to, mortality, interest, option costs, persistency, expenses, reinsurance costs and state and federal taxes.

I have received a copy of this illustration, and understand that any non-guaranteed elements illustrated are subject to change and could be either higher or lower. **The Agent has explained that this is a hypothetical illustration containing non-guaranteed elements and it is not intended to predict actual performance of the policy.**

DocuSigned by:



A39FE136507B44C...

3/1/2023

Date

I certify that this illustration has been presented to the applicant and that I have explained that any non-guaranteed elements are subject to change. I have made no statements that are inconsistent with the illustration.

Electronically Delivered through DocFast

3/1/2023

Authorized Company Representative

Date

INDEX UNIVERSAL LIFE INSURANCE IS NOT A SECURITY and index universal life insurance policies are not an investment in the stock market or in the indexes. Index Account Interest is based, in part, on index performance.

Past performance of an index is not an indication of future index performance. There is no guarantee that any Excess Index Interest will be credited above the guaranteed minimum interest rate for the Index Account(s). Additionally, there is no guarantee that the company will declare an interest rate greater than the guaranteed minimum interest rate for the Basic Interest Account.

This is an illustration only, not an offer, contract, or promise of future policy performance. Non-guaranteed rates and values are based on the company's current scale of non-guaranteed elements and are subject to change by the company. Actual results may be more or less favorable. Coverage is subject to the terms and conditions of the policy.

This illustration is not valid without all 29 pages.

Transamerica Life Insurance Company

Transamerica Financial Foundation IUL®

Flexible Premium Adjustable Life Insurance with Index Account Options

Tabular Detail

Idris Somoye	Initial Monthly Premium: \$1,000.00
Male Age 30 Preferred Nonsmoker	Initial Face Amount: \$1,000,000
Riders: LTC, TI, CRT	Death Benefit Option Type: Guideline/Increasing DB

	PREMIUM ALLOCATION	GUARANTEED ILLUSTRATED RATE
BASIC INTEREST ACCOUNT	20%	2.00%
GLOBAL INDEX ACCOUNT	80%	0.75%
S&P 500® INDEX ACCOUNT	0%	0.75%

Guaranteed Assumptions
End of Year

Age	Year	Premium Outlay	Cumulative Premium	Policy Value	Cash Surrender Value	Death Benefit
31	1	12,000	12,000	6,062	0	1,006,062
32	2	12,000	24,000	12,110	0	1,012,110
33	3	12,000	36,000	18,144	0	1,018,144
34	4	12,000	48,000	24,143	2,963	1,024,143
35	5	12,000	60,000	30,059	8,879	1,030,059
36	6	12,000	72,000	35,870	14,690	1,035,870
37	7	12,000	84,000	41,547	20,367	1,041,547
38	8	12,000	96,000	47,109	25,929	1,047,109
39	9	12,000	108,000	52,586	31,406	1,052,586
40	10	12,000	120,000	58,008	40,429	1,058,008
41	11	12,000	132,000	63,385	49,195	1,063,385
42	12	12,000	144,000	68,697	58,107	1,068,697
43	13	12,000	156,000	73,914	66,925	1,073,914
44	14	12,000	168,000	79,056	75,455	1,079,056
45	15	12,000	180,000	84,162	84,162	1,084,162
46	16	12,000	192,000	89,233	89,233	1,089,233
47	17	12,000	204,000	94,239	94,239	1,094,239
48	18	12,000	216,000	99,200	99,200	1,099,200
49	19	12,000	228,000	104,095	104,095	1,104,095

This is an illustration only, not an offer, contract, or promise of future policy performance. Non-guaranteed rates and values are based on the company's current scale of non-guaranteed elements and are subject to change by the company. Actual results may be more or less favorable. Coverage is subject to the terms and conditions of the policy.

This illustration is not valid without all 29 pages.

Transamerica Life Insurance Company

Transamerica Financial Foundation IUL®

Flexible Premium Adjustable Life Insurance with Index Account Options

Tabular Detail

Idris Somoye	Initial Monthly Premium: \$1,000.00
Male Age 30 Preferred Nonsmoker	Initial Face Amount: \$1,000,000
Riders: LTC, TI, CRT	Death Benefit Option Type: Guideline/Increasing DB

Age	Year	Guaranteed Assumptions				
		Premium Outlay	Cumulative Premium	Policy Value	Cash Surrender Value	Death Benefit
50	20	12,000	240,000	108,914	108,914	1,108,914
51	21	12,000	252,000	113,608	113,608	1,113,608
52	22	12,000	264,000	118,136	118,136	1,118,136
53	23	12,000	276,000	122,447	122,447	1,122,447
54	24	12,000	288,000	126,530	126,530	1,126,530
55	25	12,000	300,000	130,354	130,354	1,130,354
56	26	12,000	312,000	133,929	133,929	1,133,929
57	27	12,000	324,000	137,253	137,253	1,137,253
58	28	12,000	336,000	140,314	140,314	1,140,314
59	29	12,000	348,000	143,073	143,073	1,143,073
60	30	12,000	360,000	145,446	145,446	1,145,446
61	31	12,000	372,000	147,353	147,353	1,147,353
62	32	12,000	384,000	148,640	148,640	1,148,640
63	33	12,000	396,000	149,205	149,205	1,149,205
64	34	12,000	408,000	148,933	148,933	1,148,933
65	35	12,000	420,000	147,660	147,660	1,147,660
66	36	12,000	432,000	145,300	145,300	1,145,300
67	37	12,000	444,000	141,857	141,857	1,141,857
68	38	12,000	456,000	137,217	137,217	1,137,217
69	39	12,000	468,000	131,262	131,262	1,131,262
70	40	12,000	480,000	123,795	123,795	1,123,795
71	41	12,000	492,000	114,416	114,416	1,114,416
72	42	12,000	504,000	102,725	102,725	1,102,725
73	43	12,000	516,000	88,360	88,360	1,088,360
74	44	12,000	528,000	70,894	70,894	1,070,894
75	45	12,000	540,000	49,743	49,743	1,049,743

This is an illustration only, not an offer, contract, or promise of future policy performance. Non-guaranteed rates and values are based on the company's current scale of non-guaranteed elements and are subject to change by the company. Actual results may be more or less favorable. Coverage is subject to the terms and conditions of the policy.

This illustration is not valid without all 29 pages.

Transamerica Life Insurance Company

Transamerica Financial Foundation IUL®

Flexible Premium Adjustable Life Insurance with Index Account Options

Tabular Detail

Idris Somoye	Initial Monthly Premium: \$1,000.00
Male Age 30 Preferred Nonsmoker	Initial Face Amount: \$1,000,000
Riders: LTC, TI, CRT	Death Benefit Option Type: Guideline/Increasing DB

Guaranteed Assumptions

End of Year

Age	Year	Premium Outlay	Cumulative Premium	Policy Value	Cash Surrender Value	Death Benefit
76	46	12,000	552,000	24,436	24,436	1,024,436
77	47	0	0	0	0	0

This is an illustration only, not an offer, contract, or promise of future policy performance. Non-guaranteed rates and values are based on the company's current scale of non-guaranteed elements and are subject to change by the company. Actual results may be more or less favorable. Coverage is subject to the terms and conditions of the policy.

This illustration is not valid without all 29 pages.

Transamerica Life Insurance Company

Transamerica Financial Foundation IUL®

Flexible Premium Adjustable Life Insurance with Index Account Options

Tabular Detail

Idris Somoye	Initial Monthly Premium: \$1,000.00
Male Age 30 Preferred Nonsmoker	Initial Face Amount: \$1,000,000
Riders: LTC, TI, CRT	Death Benefit Option Type: Guideline/Increasing DB

	PREMIUM ALLOCATION	NON-GUARANTEED ALTERNATE ILLUSTRATED RATE
BASIC INTEREST ACCOUNT	20%	3.50%
GLOBAL INDEX ACCOUNT	80%	3.50%
S&P 500® INDEX ACCOUNT	0%	3.50%

Non-Guaranteed Alternate Assumptions

End of Year

Age	Year	Premium Outlay	Cumulative Premium	Policy Value	Cash Surrender Value	Death Benefit
31	1	12,000	12,000	9,029	0	1,009,029
32	2	12,000	24,000	18,286	0	1,018,286
33	3	12,000	36,000	27,646	6,466	1,027,646
34	4	12,000	48,000	37,218	16,038	1,037,218
35	5	12,000	60,000	47,068	25,888	1,047,068
36	6	12,000	72,000	57,206	36,026	1,057,206
37	7	12,000	84,000	67,618	46,438	1,067,618
38	8	12,000	96,000	78,304	57,124	1,078,304
39	9	12,000	108,000	89,261	68,081	1,089,261
40	10	12,000	120,000	100,483	82,903	1,100,483
41	11	12,000	132,000	114,038	99,848	1,114,038
42	12	12,000	144,000	127,899	117,309	1,127,899
43	13	12,000	156,000	142,085	135,095	1,142,085
44	14	12,000	168,000	156,617	153,016	1,156,617

The Non-Guaranteed rates and values shown are hypothetical, not guaranteed, based on the company's current scale of non-guaranteed elements, and subject to change by the company. In the case of nonpayment of premium or insufficient premium amounts the monthly deductions will continue to be applied against the Policy Value and additional premiums may be required to keep the Policy in force. Actual results may be more or less favorable. Please also see the values under the Guaranteed Assumptions and the description of Guaranteed Elements in the Narrative Summary.

This is an illustration only, not an offer, contract, or promise of future policy performance. Non-guaranteed rates and values are based on the company's current scale of non-guaranteed elements and are subject to change by the company. Actual results may be more or less favorable. Coverage is subject to the terms and conditions of the policy.

This illustration is not valid without all 29 pages.

Transamerica Life Insurance Company

Transamerica Financial Foundation IUL®

Flexible Premium Adjustable Life Insurance with Index Account Options

Tabular Detail

Idris Somoye
 Male Age 30 Preferred Nonsmoker
 Riders: LTC, TI, CRT

Initial Monthly Premium: \$1,000.00
 Initial Face Amount: \$1,000,000
 Death Benefit Option Type: Guideline/Increasing DB

Non-Guaranteed Alternate Assumptions
End of Year

Age	Year	Premium Outlay	Cumulative Premium	Policy Value	Cash Surrender Value	Death Benefit
45	15	12,000	180,000	171,508	171,508	1,171,508
46	16	12,000	192,000	186,761	186,761	1,186,761
47	17	12,000	204,000	202,360	202,360	1,202,360
48	18	12,000	216,000	218,302	218,302	1,218,302
49	19	12,000	228,000	234,596	234,596	1,234,596
50	20	12,000	240,000	251,239	251,239	1,251,239
51	21	12,000	252,000	268,220	268,220	1,268,220
52	22	12,000	264,000	285,550	285,550	1,285,550
53	23	12,000	276,000	303,216	303,216	1,303,216
54	24	12,000	288,000	321,197	321,197	1,321,197
55	25	12,000	300,000	339,504	339,504	1,339,504
56	26	12,000	312,000	358,066	358,066	1,358,066
57	27	12,000	324,000	377,049	377,049	1,377,049
58	28	12,000	336,000	396,450	396,450	1,396,450
59	29	12,000	348,000	416,268	416,268	1,416,268
60	30	12,000	360,000	436,378	436,378	1,436,378
61	31	12,000	372,000	456,753	456,753	1,456,753
62	32	12,000	384,000	477,332	477,332	1,477,332
63	33	12,000	396,000	498,067	498,067	1,498,067
64	34	12,000	408,000	518,904	518,904	1,518,904
65	35	12,000	420,000	539,735	539,735	1,539,735
66	36	12,000	432,000	560,482	560,482	1,560,482
67	37	12,000	444,000	581,080	581,080	1,581,080

The Non-Guaranteed rates and values shown are hypothetical, not guaranteed, based on the company's current scale of non-guaranteed elements, and subject to change by the company. In the case of nonpayment of premium or insufficient premium amounts the monthly deductions will continue to be applied against the Policy Value and additional premiums may be required to keep the Policy in force. Actual results may be more or less favorable. Please also see the values under the Guaranteed Assumptions and the description of Guaranteed Elements in the Narrative Summary.

This is an illustration only, not an offer, contract, or promise of future policy performance. Non-guaranteed rates and values are based on the company's current scale of non-guaranteed elements and are subject to change by the company. Actual results may be more or less favorable. Coverage is subject to the terms and conditions of the policy.

This illustration is not valid without all 29 pages.

Transamerica Life Insurance Company

Transamerica Financial Foundation IUL®

Flexible Premium Adjustable Life Insurance with Index Account Options

Tabular Detail

Idris Somoye
 Male Age 30 Preferred Nonsmoker
 Riders: LTC, TI, CRT

Initial Monthly Premium: \$1,000.00
 Initial Face Amount: \$1,000,000
 Death Benefit Option Type: Guideline/Increasing DB

Non-Guaranteed Alternate Assumptions
End of Year

Age	Year	Premium Outlay	Cumulative Premium	Policy Value	Cash Surrender Value	Death Benefit
68	38	12,000	456,000	601,421	601,421	1,601,421
69	39	12,000	468,000	621,402	621,402	1,621,402
70	40	12,000	480,000	640,896	640,896	1,640,895
71	41	12,000	492,000	659,675	659,675	1,659,675
72	42	12,000	504,000	677,519	677,519	1,677,519
73	43	12,000	516,000	694,232	694,232	1,694,232
74	44	12,000	528,000	709,554	709,554	1,709,554
75	45	12,000	540,000	723,133	723,133	1,723,133
76	46	12,000	552,000	734,625	734,625	1,734,625
77	47	12,000	564,000	743,653	743,653	1,743,653
78	48	12,000	576,000	749,889	749,889	1,749,889
79	49	12,000	588,000	752,946	752,946	1,752,946
80	50	12,000	600,000	752,372	752,372	1,752,372
81	51	12,000	612,000	747,558	747,558	1,747,558
82	52	12,000	624,000	737,837	737,837	1,737,837
83	53	12,000	636,000	722,586	722,586	1,722,586
84	54	12,000	648,000	700,863	700,863	1,700,863
85	55	12,000	660,000	671,278	671,278	1,671,278
86	56	12,000	672,000	632,450	632,450	1,632,450
87	57	12,000	684,000	583,040	583,040	1,583,040
88	58	12,000	696,000	522,081	522,081	1,522,081
89	59	12,000	708,000	447,585	447,585	1,447,585
90	60	12,000	720,000	357,366	357,366	1,357,366

The Non-Guaranteed rates and values shown are hypothetical, not guaranteed, based on the company's current scale of non-guaranteed elements, and subject to change by the company. In the case of nonpayment of premium or insufficient premium amounts the monthly deductions will continue to be applied against the Policy Value and additional premiums may be required to keep the Policy in force. Actual results may be more or less favorable. Please also see the values under the Guaranteed Assumptions and the description of Guaranteed Elements in the Narrative Summary.

This is an illustration only, not an offer, contract, or promise of future policy performance. Non-guaranteed rates and values are based on the company's current scale of non-guaranteed elements and are subject to change by the company. Actual results may be more or less favorable. Coverage is subject to the terms and conditions of the policy.

This illustration is not valid without all 29 pages.

Transamerica Life Insurance Company

Transamerica Financial Foundation IUL®

Flexible Premium Adjustable Life Insurance with Index Account Options

Tabular Detail

Idris Somoye	Initial Monthly Premium: \$1,000.00
Male Age 30 Preferred Nonsmoker	Initial Face Amount: \$1,000,000
Riders: LTC, TI, CRT	Death Benefit Option Type: Guideline/Increasing DB

Non-Guaranteed Alternate Assumptions						
End of Year						
Age	Year	Premium Outlay	Cumulative Premium	Policy Value	Cash Surrender Value	Death Benefit
91	61	12,000	732,000	249,223	249,223	1,249,223
92	62	12,000	744,000	120,382	120,382	1,120,382
93	63	0	0	0	0	0

Age	Year	Premium Outlay	Cumulative Premium	Policy Value	Cash Surrender Value	Death Benefit
91	61	12,000	732,000	249,223	249,223	1,249,223
92	62	12,000	744,000	120,382	120,382	1,120,382
93	63	0	0	0	0	0

The Non-Guaranteed rates and values shown are hypothetical, not guaranteed, based on the company's current scale of non-guaranteed elements, and subject to change by the company. In the case of nonpayment of premium or insufficient premium amounts the monthly deductions will continue to be applied against the Policy Value and additional premiums may be required to keep the Policy in force. Actual results may be more or less favorable. Please also see the values under the Guaranteed Assumptions and the description of Guaranteed Elements in the Narrative Summary.

This is an illustration only, not an offer, contract, or promise of future policy performance. Non-guaranteed rates and values are based on the company's current scale of non-guaranteed elements and are subject to change by the company. Actual results may be more or less favorable. Coverage is subject to the terms and conditions of the policy.

This illustration is not valid without all 29 pages.

Transamerica Life Insurance Company

Transamerica Financial Foundation IUL®

Flexible Premium Adjustable Life Insurance with Index Account Options

Tabular Detail

Idris Somoye	Initial Monthly Premium: \$1,000.00
Male Age 30 Preferred Nonsmoker	Initial Face Amount: \$1,000,000
Riders: LTC, TI, CRT	Death Benefit Option Type: Guideline/Increasing DB

	PREMIUM ALLOCATION	NON-GUARANTEED ILLUSTRATED RATE
BASIC INTEREST ACCOUNT	20%	3.50%
GLOBAL INDEX ACCOUNT	80%	7.00%
S&P 500® INDEX ACCOUNT	0%	7.00%

Non-Guaranteed Assumptions
End of Year

Age	Year	Premium Outlay	Cumulative Premium	Policy Value	Cash Surrender Value	Death Benefit
31	1	12,000	12,000	9,048	0	1,009,048
32	2	12,000	24,000	18,596	0	1,018,596
33	3	12,000	36,000	28,513	7,333	1,028,513
34	4	12,000	48,000	38,935	17,755	1,038,935
35	5	12,000	60,000	49,952	28,772	1,049,952
36	6	12,000	72,000	61,603	40,423	1,061,603
37	7	12,000	84,000	73,901	52,721	1,073,901
38	8	12,000	96,000	86,876	65,696	1,086,876
39	9	12,000	108,000	100,560	79,380	1,100,560
40	10	12,000	120,000	114,979	97,400	1,114,979
41	11	12,000	132,000	132,254	118,063	1,132,254
42	12	12,000	144,000	150,423	139,833	1,150,423
43	13	12,000	156,000	169,567	162,577	1,169,567
44	14	12,000	168,000	189,755	186,154	1,189,755
45	15	12,000	180,000	211,051	211,051	1,211,051

The Non-Guaranteed rates and values shown are hypothetical, not guaranteed, based on the company's current scale of non-guaranteed elements, and subject to change by the company. In the case of nonpayment of premium or insufficient premium amounts the monthly deductions will continue to be applied against the Policy Value and additional premiums may be required to keep the Policy in force. Actual results may be more or less favorable. Please also see the values under the Guaranteed Assumptions and the description of Guaranteed Elements in the Narrative Summary.

This is an illustration only, not an offer, contract, or promise of future policy performance. Non-guaranteed rates and values are based on the company's current scale of non-guaranteed elements and are subject to change by the company. Actual results may be more or less favorable. Coverage is subject to the terms and conditions of the policy.

This illustration is not valid without all 29 pages.

Transamerica Life Insurance Company

Transamerica Financial Foundation IUL®

Flexible Premium Adjustable Life Insurance with Index Account Options

Tabular Detail

Idris Somoye	Initial Monthly Premium: \$1,000.00
Male Age 30 Preferred Nonsmoker	Initial Face Amount: \$1,000,000
Riders: LTC, TI, CRT	Death Benefit Option Type: Guideline/Increasing DB

Non-Guaranteed Assumptions	
End of Year	

Age	Year	Premium Outlay	Cumulative Premium	Policy Value	Cash Surrender Value	Death Benefit
46	16	12,000	192,000	233,516	233,516	1,233,516
47	17	12,000	204,000	257,192	257,192	1,257,192
48	18	12,000	216,000	282,139	282,139	1,282,139
49	19	12,000	228,000	308,433	308,433	1,308,433
50	20	12,000	240,000	336,140	336,140	1,336,140
51	21	12,000	252,000	365,326	365,326	1,365,326
52	22	12,000	264,000	396,080	396,080	1,396,080
53	23	12,000	276,000	428,474	428,474	1,428,474
54	24	12,000	288,000	462,576	462,576	1,462,576
55	25	12,000	300,000	498,491	498,491	1,498,491
56	26	12,000	312,000	536,248	536,248	1,536,248
57	27	12,000	324,000	576,119	576,119	1,576,119
58	28	12,000	336,000	618,216	618,216	1,618,216
59	29	12,000	348,000	662,661	662,661	1,662,661
60	30	12,000	360,000	709,456	709,456	1,709,456
61	31	12,000	372,000	758,712	758,712	1,758,712
62	32	12,000	384,000	810,507	810,507	1,810,507
63	33	12,000	396,000	864,944	864,944	1,864,944
64	34	12,000	408,000	922,125	922,125	1,922,125
65	35	12,000	420,000	982,106	982,106	1,982,106
66	36	12,000	432,000	1,044,982	1,044,982	2,044,982
67	37	12,000	444,000	1,110,866	1,110,866	2,110,866
68	38	12,000	456,000	1,179,841	1,179,841	2,179,841

The Non-Guaranteed rates and values shown are hypothetical, not guaranteed, based on the company's current scale of non-guaranteed elements, and subject to change by the company. In the case of nonpayment of premium or insufficient premium amounts the monthly deductions will continue to be applied against the Policy Value and additional premiums may be required to keep the Policy in force. Actual results may be more or less favorable. Please also see the values under the Guaranteed Assumptions and the description of Guaranteed Elements in the Narrative Summary.

This is an illustration only, not an offer, contract, or promise of future policy performance. Non-guaranteed rates and values are based on the company's current scale of non-guaranteed elements and are subject to change by the company. Actual results may be more or less favorable. Coverage is subject to the terms and conditions of the policy.

This illustration is not valid without all 29 pages.

Transamerica Life Insurance Company

Transamerica Financial Foundation IUL®

Flexible Premium Adjustable Life Insurance with Index Account Options

Tabular Detail

Idris Somoye	Initial Monthly Premium: \$1,000.00
Male Age 30 Preferred Nonsmoker	Initial Face Amount: \$1,000,000
Riders: LTC, TI, CRT	Death Benefit Option Type: Guideline/Increasing DB

Non-Guaranteed Assumptions	
End of Year	

Age	Year	Premium Outlay	Cumulative Premium	Policy Value	Cash Surrender Value	Death Benefit
69	39	12,000	468,000	1,252,000	1,252,000	2,252,000
70	40	12,000	480,000	1,327,422	1,327,422	2,327,422
71	41	12,000	492,000	1,406,095	1,406,095	2,406,095
72	42	12,000	504,000	1,488,020	1,488,020	2,488,020
73	43	12,000	516,000	1,573,229	1,573,229	2,573,229
74	44	12,000	528,000	1,661,701	1,661,701	2,661,701
75	45	12,000	540,000	1,753,325	1,753,325	2,753,325
76	46	12,000	552,000	1,848,005	1,848,005	2,848,005
77	47	12,000	564,000	1,945,618	1,945,618	2,945,618
78	48	12,000	576,000	2,046,093	2,046,093	3,046,093
79	49	12,000	588,000	2,149,303	2,149,303	3,149,303
80	50	12,000	600,000	2,255,065	2,255,065	3,255,065
81	51	12,000	612,000	2,363,037	2,363,037	3,363,037
82	52	12,000	624,000	2,472,820	2,472,820	3,472,820
83	53	12,000	636,000	2,584,054	2,584,054	3,584,054
84	54	12,000	648,000	2,696,054	2,696,054	3,696,054
85	55	12,000	660,000	2,807,675	2,807,675	3,807,675
86	56	12,000	672,000	2,917,758	2,917,758	3,917,758
87	57	12,000	684,000	3,025,151	3,025,151	4,025,151
88	58	12,000	696,000	3,129,053	3,129,053	4,129,053
89	59	12,000	708,000	3,227,608	3,227,608	4,227,608
90	60	12,000	720,000	3,318,713	3,318,713	4,318,713
91	61	12,000	732,000	3,400,191	3,400,191	4,400,191

The Non-Guaranteed rates and values shown are hypothetical, not guaranteed, based on the company's current scale of non-guaranteed elements, and subject to change by the company. In the case of nonpayment of premium or insufficient premium amounts the monthly deductions will continue to be applied against the Policy Value and additional premiums may be required to keep the Policy in force. Actual results may be more or less favorable. Please also see the values under the Guaranteed Assumptions and the description of Guaranteed Elements in the Narrative Summary.

This is an illustration only, not an offer, contract, or promise of future policy performance. Non-guaranteed rates and values are based on the company's current scale of non-guaranteed elements and are subject to change by the company. Actual results may be more or less favorable. Coverage is subject to the terms and conditions of the policy.

This illustration is not valid without all 29 pages.

Transamerica Life Insurance Company

Transamerica Financial Foundation IUL®

Flexible Premium Adjustable Life Insurance with Index Account Options

Tabular Detail

Idris Somoye	Initial Monthly Premium: \$1,000.00
Male Age 30 Preferred Nonsmoker	Initial Face Amount: \$1,000,000
Riders: LTC, TI, CRT	Death Benefit Option Type: Guideline/Increasing DB

Non-Guaranteed Assumptions	
End of Year	

Age	Year	Premium Outlay	Cumulative Premium	Policy Value	Cash Surrender Value	Death Benefit
92	62	12,000	744,000	3,469,214	3,469,214	4,469,214
93	63	12,000	756,000	3,522,772	3,522,772	4,522,772
94	64	12,000	768,000	3,556,950	3,556,950	4,556,950
95	65	12,000	780,000	3,570,337	3,570,337	4,570,337
96	66	12,000	792,000	3,561,280	3,561,280	4,561,280
97	67	12,000	804,000	3,527,474	3,527,474	4,527,474
98	68	12,000	816,000	3,465,296	3,465,296	4,465,296
99	69	12,000	828,000	3,367,573	3,367,573	4,367,573
100	70	12,000	840,000	3,227,937	3,227,937	4,227,937
101	71	12,000	852,000	3,049,484	3,049,484	4,049,484
102	72	12,000	864,000	2,837,052	2,837,052	3,837,052
103	73	12,000	876,000	2,587,958	2,587,958	3,587,958
104	74	12,000	888,000	2,299,858	2,299,858	3,299,858
105	75	12,000	900,000	1,972,111	1,972,111	2,972,111
106	76	12,000	912,000	1,604,388	1,604,388	2,604,388
107	77	12,000	924,000	1,192,579	1,192,579	2,192,579
108	78	12,000	936,000	728,552	728,552	1,728,552
109	79	12,000	948,000	207,868	207,868	1,207,868
110	80	0	0	0	0	0

The Non-Guaranteed rates and values shown are hypothetical, not guaranteed, based on the company's current scale of non-guaranteed elements, and subject to change by the company. In the case of nonpayment of premium or insufficient premium amounts the monthly deductions will continue to be applied against the Policy Value and additional premiums may be required to keep the Policy in force. Actual results may be more or less favorable. Please also see the values under the Guaranteed Assumptions and the description of Guaranteed Elements in the Narrative Summary.

This is an illustration only, not an offer, contract, or promise of future policy performance. Non-guaranteed rates and values are based on the company's current scale of non-guaranteed elements and are subject to change by the company. Actual results may be more or less favorable. Coverage is subject to the terms and conditions of the policy.

This illustration is not valid without all 29 pages.

Transamerica Life Insurance Company

Transamerica Financial Foundation IUL®**Flexible Premium Adjustable Life Insurance with Index Account Options****Supplemental Footnotes and Additional Information**

Idris Somoye

Initial Monthly Premium: \$1,000.00

Male Age 30 Preferred Nonsmoker

Initial Face Amount: \$1,000,000

Riders: LTC, TI, CRT

Death Benefit Option Type: Guideline/Increasing DB

Information regarding a Modified Endowment Contract

Amounts withdrawn or borrowed from a Modified Endowment Contract ("MEC"), or the pledge of a MEC, prior to the death of the Insured will be taxable to the extent of any gain in the contract. In addition, if the owner is not yet 59 1/2 or if the owner is not an individual (such as a trust, for example), the taxable amounts may be subject to a 10% penalty tax. Under the Federal Income Tax Law, a life insurance contract becomes a MEC when actual premiums paid exceed a specified 7-Pay premium limit applicable initially for the first seven policy years and may also become a MEC when there are certain reductions in policy benefits. New 7-Pay premium limits for succeeding seven-year periods may be established for the policy as a result of certain changes in policy terms or benefits. All MECs issued by Transamerica Life Insurance Company and its affiliates to the same owner during any calendar year will be treated as one MEC. If there is an IRC Section 1035 Exchange of a life insurance contract that is not a MEC for another life insurance contract, the cash value in the existing contract will be reflected in the 7-pay premium limit calculation for the new contract following the exchange. If the original policy was a MEC, the new policy received in exchange will also be a MEC. You should consult with and rely on your qualified tax advisor as to the implications of any withdrawal, loan, surrender, pledge, exchange or collateral assignment of a life insurance policy.

Based on the premium payments and activities illustrated, this policy will not become a Modified Endowment Contract ("MEC").

Guideline Premium Test

The tax code defines a life insurance contract for federal income tax purposes. The illustrated policy satisfies the definition of life insurance for federal income tax purposes using the Guideline Premium Test (GPT). The GPT requires that the premiums paid on a life insurance policy must not exceed the maximum guideline premium limitation, calculated as set forth in IRC Section 7702. The limitation is equal to the greater of (a) the Guideline Single Premium or (b) the cumulative sum of the Guideline Annual Premiums. Additionally the GPT requires that a certain minimum margin be maintained between the death benefit and the Policy Value.

To ensure compliance with federal income tax law, Transamerica Life Insurance Company will monitor the level of death benefit and premiums, and reserves the right to adjust the death benefit and limit or refund any amount of premium, to preserve the qualification of the policy as a life insurance contract. As provided in the policy, Transamerica Life Insurance Company will automatically adjust the death benefit to maintain the required minimum margin between the Policy Value and the death benefit in order to preserve the qualification of the policy as a life insurance contract. Please note that the death benefit may increase and then decrease to maintain the minimum margin. Increasing the death benefit may increase the cost of insurance charges for the policy. Changes or transactions that reduce benefits may require a distribution of cash from the policy to you in order to maintain the status of the policy as a life insurance contract. If your policy is not a Modified Endowment Contract (MEC), some or all of a distribution that is required due to a benefit reduction in the first fifteen policy years may be taxable as ordinary income, while such distributions in later years will be non-taxable to the extent of your basis in the policy. If your policy is a MEC, a distribution in any year will be taxable as ordinary income to the extent of gain in the contract.

Under the GPT, distributions required as a result of a requested change or transaction may be required in the year of the change and in future years thereafter.

Transamerica Life Insurance Company and its agents cannot give tax, legal, or accounting advice. Please consult your personal tax advisor, attorney or accountant.

Target:	\$7,461.00	Guideline Single Premium:	\$173,986.62
7-Pay:	\$55,528.63	Guideline Annual Premium:	\$38,695.44
Initial Minimum No Lapse Premium:	\$3,850.00		

This is an illustration only, not an offer, contract, or promise of future policy performance. Non-guaranteed rates and values are based on the company's current scale of non-guaranteed elements and are subject to change by the company. Actual results may be more or less favorable. Coverage is subject to the terms and conditions of the policy.

This illustration is not valid without all 29 pages.



TRANSAMERICA®

Transamerica Life Insurance Company
Home Office: Cedar Rapids, IA
Administrative Office:
6400 C Street SW
Cedar Rapids, IA 52499
1-800-TLC-HOST
www.transamerica.com

**LONG TERM CARE INSURANCE
OUTLINE OF COVERAGE**
Rider Form ICC12 LTCR03

Notice to buyer: The captioned Long Term Care rider may not cover all of the costs associated with long-term care incurred during the period of coverage. You are advised to review all rider terms, conditions and limitations carefully.

Caution: The issuance of the Long Term Care Rider is based on our issuance of the policy to which the rider is attached; and on your responses to the questions on your application for the policy and the application supplement for the rider. Copies of the application for the policy and the application supplement are attached to the policy. If your answers to any of the questions on the application or application supplement are incorrect or untrue, the company has the right (in addition to any rescission rights described in the policy) to deny benefits or rescind the rider. The best time to clear up any questions is now, before a claim arises! If, for any reason, any of your answers are incorrect, contact us at the address shown above.

1. The Long Term Care rider is attached to an individual life insurance policy.
2. **PURPOSE OF OUTLINE OF COVERAGE.** This outline of coverage provides a very brief description of the important features of the rider. You should compare this outline of coverage to outlines of coverage for other long term care riders or policies available to you. This is not an insurance contract, but only a summary of coverage. Only the underlying life insurance policy and rider contain governing contractual provisions. This means that the life insurance policy and rider set forth in detail the rights and obligations of you, the Insured (if other than yourself) and the insurance company. Therefore, if you purchase this coverage, or any other coverage, it is important that you **READ YOUR POLICY AND RIDER CAREFULLY!**
3. **FEDERAL TAX CONSEQUENCES.** The rider is intended to be a federally tax-qualified long term care insurance contract under Section 7702B(b) of the Internal Revenue Code of 1986, as amended. If a change to the rider is required in order to conform to changes in the requirements of the Internal Revenue Code, we will send you an amendment describing the change and you will be given a choice of accepting or rejecting the amendment. If you reject such an amendment, you must give us written notice, and your refusal may result in the rider no longer being tax-qualified or other adverse tax consequences. As with any tax matter, you should consult your tax advisor to evaluate any tax impact of rejecting any such amendment.
4. **TERMS UNDER WHICH THE RIDER MAY BE CONTINUED IN FORCE OR DISCONTINUED.** (a) **Renewability - THE RIDER IS GUARANTEED RENEWABLE.** This means we may not, on our own, cancel or reduce the coverage it provides. Subject to the rider's termination provision, the rider will remain in force as long as the policy remains in force and the required charges for the rider are paid. Rider charges are subject to change, but we will not increase the rates above the maximum rates shown in the Policy Data. (b) **Waiver of Rider Charges** – While benefits under the rider other than the International Coverage Benefit, are being paid, the Long Term Care rider charges will be waived. However, charges for the underlying policy and/or any other riders providing additional benefits will continue to be assessed.
5. **TERMS UNDER WHICH THE COMPANY MAY CHANGE RIDER CHARGES.** Rider charges are subject to change. They are based on the policy's amount at risk (as determined for purposes of the Monthly Cost of Insurance) and our table of Long Term Care rider rates then in effect. The table in effect at any time will generally contain rates that increase with the age of the Insured. We may change the table from time to time, but we cannot increase the rates beyond the maximum rates shown in the policy. We can only change the rider rate table if we change it for everyone under this rider form who is in the same risk class. A risk class includes persons with the same benefits, issue age, and underwriting risk class at issue and whose Long Term Care riders have been in effect for the same length of time. We will give you at least 60 days advance written notice at your last address shown in our records before we change your rider rate table.

6. **TERMS UNDER WHICH THE RIDER MAY BE RETURNED.** You have 30 days from the day you receive the rider to review it and return it to us if you decide not to keep it. You do not have to tell us why you are returning the rider. Within 30 days of when it is received, simply return it to us at our Administrative Office or to the agent/insurance producer through whom it was purchased. We will refund the full amount of any rider charge deducted from the Policy Value, within 30 days after our receipt of the returned rider. The rider will be void as if it had never been issued. If you wish to cancel the rider without canceling the policy, you must return the policy and the rider to us so that we can send you back the policy without the rider.
7. **THIS IS NOT MEDICARE SUPPLEMENT COVERAGE.** If you are eligible for Medicare, review the Medicare Supplement Buyer's Guide available from the company. That booklet is called the "Guide to Health Insurance for People with Medicare." Neither the company nor its agents/insurance producers represent Medicare, the federal government or any state government.
8. **LONG TERM CARE COVERAGE.** Contracts of this category are designed to provide coverage for one or more necessary diagnostic, preventive, therapeutic, rehabilitative, maintenance, or personal care services, provided in a setting other than an acute care unit of a hospital such as: (a) a Long Term Care Facility; (b) an Adult Day Care Center; (c) a Hospice Care Facility; or (d) the home.

The rider provides coverage in the form of a fixed indemnity benefit for long term care expenses, subject to the rider limitations and elimination period requirements.

9. **BENEFITS PROVIDED BY THE RIDER.**

Subject to the conditions, limitations and exclusions in the rider, the amount of the benefit payable for any Calendar Month is an amount equal to the lesser of A or B where:

- A is 2% of Long Term Care Specified Amount, at commencement of benefits; and
- B is the inflation-adjusted per diem dollar amount specified by section 7702B(d)(4) and (5) of the Internal Revenue Code of 1986, as amended (or applicable successor provision), times the number of days in the Calendar Month.

You may request a monthly benefit amount less than the above maximum. Choosing a lesser amount could extend the period during which benefits may be payable. You may change your election 30 days before the beginning of any calendar year.

Long Term Care rider benefits are an acceleration of the policy's death benefit and will reduce any proceeds payable at surrender of the policy or upon the Insured's death.

ELIGIBILITY FOR THE PAYMENT OF BENEFITS. Long Term Care benefits may be payable under the rider if the Insured is a Chronically Ill Individual and (1) has satisfied the 90-day Elimination Period; (2) has received Qualified Long Term Care Services covered under the rider and such services are specified in a Plan of Care; and (3) a current Plan of Care and written Proof of Loss have been approved by us.

Elimination Period. The rider has an Elimination Period of 90 days. This means that we will not pay benefits under the rider for any period before the Insured has incurred expenses, on each of 90 separate days during which the rider is in effect, for Qualified Long Term Care Services that would otherwise be covered under the rider. These days of care or services need not be continuous. The Elimination Period has to be satisfied only once while the rider is in effect. You must provide us with Proof of Loss in order to satisfy the Elimination Period.

We will give the Insured credit toward the Elimination Period for days of confinement, care or services covered under the rider, even if they are paid or payable by Medicare.

Care or services received during confinement in a hospital or rehabilitation hospital/facility cannot be used to satisfy the Elimination Period, even if they are paid or payable by Medicare.

Chronically Ill Individual means an individual who has been certified by a Licensed Health Care Practitioner as being unable to perform, without Substantial Assistance from another individual, at least two out of the six Activities of Daily Living (ADLs) for an expected period of at least 90 days due to a loss of functional capacity; or requiring Substantial Supervision to protect the Insured from threats to health and safety due to Severe Cognitive Impairment.

Severe Cognitive Impairment (including the term "Severely Cognitively Impaired") means a severe loss or deterioration in intellectual capacity that 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 people, places or time;
- (3) deductive or abstract reasoning; and
- (4) judgment as it relates to safety awareness.

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

Activities of Daily Living (ADLs) mean the following activities: Bathing, Continence, Dressing, Eating, Toileting and Transferring.

10. GENERAL EXCLUSIONS AND LIMITATIONS. THIS RIDER MAY NOT COVER ALL THE EXPENSES ASSOCIATED WITH YOUR LONG-TERM CARE NEEDS. Qualified Long Term Care Services do not include care, confinement or services:

1. resulting from alcoholism, or drug addiction or chemical dependency unless as a result of medication used as prescribed by a Physician;
2. resulting from or arising out of attempted suicide or intentionally self-inflicted injury;
3. due to participation in a felony, riot or insurrection;
4. for which no charge is normally made in the absence of insurance; and
5. received outside the 50 United States and the District of Columbia, or Canada, unless a claim is filed under the International Coverage Benefit.

Non-Duplication of Benefits. Qualified Long Term Care Services do not include care, confinement or services:

1. provided in a government facility (unless otherwise required by law);
2. paid or payable under Medicare. This includes any amounts that would be covered under Medicare, except that they are subject to a Medicare deductible or coinsurance of some kind. This does not apply when expenses are reimbursable under Medicare solely as a secondary payer;
3. provided under any governmental programs (except Medicaid); or
4. paid or payable under any state or federal workers' compensation, employer's liability or occupational disease law, or any motor vehicle no-fault law; unless the costs incurred and paid exceed the amount covered by one of these entities, policies or programs.

A government facility includes a facility administered, covered or reimbursed by the Veteran's Administration.

We will not pay benefits under the rider if Qualifying Long Term Care Services received by the Insured are not included in the Insured's Plan of Care.

This policy may not cover all the expenses associated with your long-term care needs.

11. RELATIONSHIP OF COST OF CARE AND BENEFITS. Because the costs of Long Term Care services will likely increase over time, you should consider whether and how the benefits of the rider should be used. The rider does not include inflation protection coverage. Increases and decreases to the policy's death benefit resulting from the exercise of your rights under that policy, including your right to make policy loans and withdrawals, will cause a change in the maximum Monthly Long Term Care Rider Benefit Amount as well as the policy's death benefit.

12. **ALZHEIMER'S DISEASE AND OTHER ORGANIC BRAIN DISORDERS.** The rider provides coverage for mental and nervous conditions as long as the Insured is certified by a Licensed Health Care Practitioner as being a Chronically III Individual as defined in the rider. Covered illnesses include, but are not limited to, Alzheimer's Disease, Parkinson's Disease, senile dementia and related degenerative and dementia-based illnesses.

13. **LONG TERM CARE RIDER CHARGE.** The Guaranteed Maximum Monthly Charge Rates per \$1000 of amount at risk are as shown in the Policy Data.

14. **ADDITIONAL FEATURES.** Interaction of policy provisions and the rider:

Medical Information. Issuance of the rider requires that we are provided with and evaluate medical information about the Insured. This is generally known as medical underwriting.

Policy Face Amount Changes. While this rider is In Force you may not request an increase in the policy's Face Amount. Transactions that increase or reduce the Face Amount of the policy will also result in a dollar-for-dollar change in the Long Term Care Specified Amount.

Loans and Withdrawals. Loans and withdrawals will not be permitted while benefits are being paid under the rider.

Long Term Care Rider's Effect on Surrender Values under any endorsement providing an enhanced surrender value. If the policy is surrendered during the option periods provided in such an endorsement, any enhanced surrender value will be reduced by the amount of the Long Term Care rider benefits paid.

Terminal Illness Accelerated Death Benefit Endorsement Effect on the Rider. If your policy includes an endorsement providing an accelerated death benefit in the event of a terminal illness ("Terminal Illness ADB Endorsement") the Insured may qualify for benefits under both the Terminal Illness ADB Endorsement and the Long Term Care rider. If the Insured qualifies for benefits under both the Terminal Illness ADB Endorsement and the Long Term Care rider and if a claim is made under both the Terminal Illness ADB Endorsement and the Long Term Care rider, a benefit will be paid under the Terminal Illness ADB Endorsement first. A payment under the Terminal Illness ADB Endorsement will reduce the policy face amount and the Long Term Care Specified Amount will be reduced by the same amount. Once payment under the Terminal Illness ADB Endorsement is made, any payments under the Long Term Care rider will be made based on the newly reduced Long Term Care Specified Amount.

We will not pay benefits under both the Terminal Illness ADB Endorsement and the Long Term Care rider simultaneously. If a claim is made under the Terminal Illness ADB Endorsement while benefits are being paid under the Long Term Care rider, we will stop paying benefits under the Long Term Care rider when we pay benefits under the Terminal Illness ADB Endorsement. The maximum accelerated death benefit used to calculate the amount of the Terminal Illness Accelerated Death Benefit will be reduced by any Long Term Care rider benefits paid out. Once payment under the Terminal Illness ADB Endorsement is made, and the Insured qualifies for benefits under the Long Term Care rider, any payments under the Long Term Care rider will be made based on the newly reduced Long Term Care Specified Amount.

End of Eligibility. If rider benefit payments cease because the Insured no longer qualifies for benefits under this rider, the following will apply:

1. If the policy's No Lapse Ending Date has not passed, the test to determine whether the No Lapse Guarantee is in effect will not require a Minimum No Lapse Premium for those months while we were paying benefits under this rider.
2. Any negative Policy Value will be reset to zero.
3. Policy transactions that were restricted while we were paying benefits under this rider will become unrestricted.

15. **CONTACT THE STATE AGENCY LISTED IN A SHOPPER'S GUIDE TO LONG-TERM CARE INSURANCE IF YOU HAVE GENERAL QUESTIONS REGARDING LONG-TERM CARE INSURANCE. CONTACT THE INSURANCE COMPANY IF YOU HAVE SPECIFIC QUESTIONS REGARDING YOUR LONG-TERM CARE INSURANCE RIDER.**

Transamerica Life Insurance Company

Transamerica Financial Foundation IUL®**Flexible Premium Adjustable Life Insurance with Index Account Options****Supplemental Illustration - Summary of Accelerated Death Benefits**

Idris Somoye

Initial Monthly Premium: \$1,000.00

Male Age 30 Preferred Nonsmoker

Initial Face Amount: \$1,000,000

Riders: LTC, TI, CRT

Death Benefit Option Type: Guideline/Increasing DB

Life InsuranceFor the beneficiary

Initial Face Amount

- \$1,000,000

Living BenefitsFor the insured person

See the following pages for more details on the living benefits that are available with your policy:

- Terminal Illness Accelerated Death Benefit Rider
- Critical Illness Accelerated Death Benefit Rider

An Accelerated Payout results in a reduction in the Death Benefit. The Death Benefit will be reduced by an amount greater than the Accelerated Payout. The reduction in the policy's Death Benefit will reduce the amounts payable to the Beneficiary(ies) upon death.

Please review Rider(s) for all terms, conditions, and exclusions of each benefit listed.

- This supplemental illustration shows non-guaranteed elements. Actual results may be more favorable or less favorable than shown. This supplemental illustration must be accompanied by a complete basic policy illustration, so please refer to the basic policy illustration for your life insurance policy's guaranteed elements and other important policy and rider information.
- Any benefits provided by the policy will be reduced if an accelerated death benefit is paid. Benefits accelerated may be taxable and affect eligibility to public assistance in some jurisdictions.
- Neither Transamerica nor its agents or representatives may provide tax or legal advice. Anyone to whom this material is promoted, marketed, or recommended should consult with and rely on their own independent tax and legal professionals regarding their particular situation and the concepts presented herein.
- If the policy's Death Benefit Option is not Level (when applicable) when we approve your request for an Accelerated Death Benefit we will change the Death Benefit Option to Level, make any Face Amount changes in accordance with the policy, and adjust the Available Death Benefit accordingly.

This is a supplemental illustration, not an offer, contract or promise of future policy performance, and must be accompanied by the basic illustration. Non-guaranteed rates and values are shown and may not apply to an actual policy. Non-guaranteed elements are not guaranteed. PLEASE SEE THE BASIC ILLUSTRATION FOR GUARANTEED ELEMENTS AND OTHER IMPORTANT INFORMATION. The illustration assumes that the currently illustrated non-guaranteed elements will continue unchanged for all years shown. This is not likely to occur and actual policy results may be more or less favorable than shown. Currently illustrated non-guaranteed elements are subject to change by the company. Coverage is subject to the terms and conditions of the policy.

THIS SUPPLEMENTAL ILLUSTRATION IS NOT VALID WITHOUT ALL FOUR PAGES.

LBR ILL 0121

Agent: BOMA ALAMINA

Ver: 8.2.2023.644

February 21, 2023 2:31 pm ICC16 IUL09

274229

Page 1 of 4

State: MD

Electronic Delivery

E-Signature Required

Transamerica Life Insurance Company

Transamerica Financial Foundation IUL®**Flexible Premium Adjustable Life Insurance with Index Account Options****Supplemental Illustration - Summary of Accelerated Death Benefits**

Idris Somoye

Initial Monthly Premium: \$1,000.00

Male Age 30 Preferred Nonsmoker

Initial Face Amount: \$1,000,000

Riders: LTC, TI, CRT

Death Benefit Option Type: Guideline/Increasing DB

Please review Rider(s) for all terms, conditions, and exclusions of each benefit listed.

These benefits are offered as riders with your policy. These benefits give you the choice to accelerate a portion of the death benefit if the insured has a qualifying condition. If you choose to elect less than the amount shown below, the accelerated payment will be lower but remaining death benefit amount will be higher. These benefits may provide flexibility and protection at times when you may need it most.

Terminal Illness Accelerated Death Benefit Rider

The Maximum Accelerated Death Benefit is 100% of the Available Death Benefit, or \$1,500,000, whichever is less.

If 100% of the Maximum Accelerated Death Benefit has been accelerated, rider coverage terminates at the time of the Accelerated Payout.

At the time of claim, there will be an Administrative Charge for each Accelerated Death Benefit claim processed. Currently the Administrative Charge is \$375. This charge may be adjusted in the future as a result of cost of living increases. Administrative Charge and cost of living increases may vary by jurisdiction.

Age at Claim	Non-Guaranteed Examples of Terminal Illness Accelerated Payout
32	\$942,574
61	\$1,387,889
90	\$1,387,889

This is a supplemental illustration, not an offer, contract or promise of future policy performance, and must be accompanied by the basic illustration. Non-guaranteed rates and values are shown and may not apply to an actual policy. Non-guaranteed elements are not guaranteed. PLEASE SEE THE BASIC ILLUSTRATION FOR GUARANTEED ELEMENTS AND OTHER IMPORTANT INFORMATION. The illustration assumes that the currently illustrated non-guaranteed elements will continue unchanged for all years shown. This is not likely to occur and actual policy results may be more or less favorable than shown. Currently illustrated non-guaranteed elements are subject to change by the company. Coverage is subject to the terms and conditions of the policy.

THIS SUPPLEMENTAL ILLUSTRATION IS NOT VALID WITHOUT ALL FOUR PAGES.

LBR ILL 0121

Agent: BOMA ALAMINA

Ver: 8.2.2023.644

February 21, 2023 2:31 pm ICC16 IUL09

Page 2 of 4

274229

State: MD
Electronic Delivery
E-Signature Required

Transamerica Life Insurance Company

Transamerica Financial Foundation IUL®**Flexible Premium Adjustable Life Insurance with Index Account Options****Supplemental Illustration - Summary of Accelerated Death Benefits**

Idris Somoye

Initial Monthly Premium: \$1,000.00

Male Age 30 Preferred Nonsmoker

Initial Face Amount: \$1,000,000

Riders: LTC, TI, CRT

Death Benefit Option Type: Guideline/Increasing DB

Critical Illness Accelerated Death Benefit Rider

The Accelerated Payout amounts shown below assume the maximum annual acceleration of the Available Death Benefit. The Available Death Benefit is not guaranteed and may be less than what is used in this illustration. The maximum benefit over the lifetime of the insured is 90% of the Available Death Benefit, or \$500,000, whichever is less. The Accelerated Payout depends upon the insured's remaining life expectancy at the time of acceleration. An Accelerated Payout results in a reduction in the Death Benefit. The Death Benefit will be reduced by an amount greater than the Accelerated Payout. The reduction in the policy's Death Benefit will reduce the amounts payable to the Beneficiary(ies) upon death. Benefits may vary by jurisdiction.

Non-Guaranteed Examples of Critical Illness Accelerated Payout

Age at Claim	Reduction in Life Expectancy			
	5%	20%	50%	80%
32	\$1,000	\$10,415	\$62,794	\$219,403
61	\$215,702	\$215,702	\$215,702	\$333,353
90	\$384,241	\$384,241	\$420,267	\$441,511

If your initial claim is at age 61, and your reduction in life expectancy is 50%, your Accelerated Payout would be \$215,702. The policy's Base Face Amount will be reduced by \$900,000. Note how the Total Face Amount reduces by more than the Accelerated Payout. Other policy values will also be reduced by the same proportion.

This is a supplemental illustration, not an offer, contract or promise of future policy performance, and must be accompanied by the basic illustration. Non-guaranteed rates and values are shown and may not apply to an actual policy. Non-guaranteed elements are not guaranteed. PLEASE SEE THE BASIC ILLUSTRATION FOR GUARANTEED ELEMENTS AND OTHER IMPORTANT INFORMATION. The illustration assumes that the currently illustrated non-guaranteed elements will continue unchanged for all years shown. This is not likely to occur and actual policy results may be more or less favorable than shown. Currently illustrated non-guaranteed elements are subject to change by the company. Coverage is subject to the terms and conditions of the policy.

THIS SUPPLEMENTAL ILLUSTRATION IS NOT VALID WITHOUT ALL FOUR PAGES.

LBR ILL 0121

Agent: BOMA ALAMINA

Ver: 8.2.2023.644

February 21, 2023 2:31 pm ICC16 IUL09

274229

Page 3 of 4

State: MD

Electronic Delivery

E-Signature Required

Transamerica Life Insurance Company

Transamerica Financial Foundation IUL®**Flexible Premium Adjustable Life Insurance with Index Account Options****Supplemental Illustration - Summary of Accelerated Death Benefits**

Idris Somoye

Initial Monthly Premium: \$1,000.00

Male Age 30 Preferred Nonsmoker

Initial Face Amount: \$1,000,000

Riders: LTC, TI, CRT

Death Benefit Option Type: Guideline/Increasing DB

The Accelerated Payout depends upon the insured's life expectancy as determined by the company physician's assessment at claim time. The payouts shown above are examples based on 4 different levels of life expectancy reduction. The 5% reduction might represent a very minor reduction in life expectancy. The 20% reduction might be representative of a minor reduction in life expectancy. The 50% reduction might be representative of a moderate life expectancy reduction. The 80% reduction might be an example of a more severe life expectancy reduction. As set forth in the above table, in general, the greater the reduction in your life expectancy, the larger the Accelerated Payout, the less the reduction in your life expectancy, the smaller the Accelerated Payout. The life expectancy reductions shown above are only examples of the life expectancy reduction rates, other reduction rates may apply.

The Accelerated Payout amounts are calculated as the actuarial present value of future benefits minus the actuarial present value of future premiums. Actuarial present values account for interest, the probability of death and an administrative charge. The present value calculations assume a 5% discount rate which is not guaranteed. The larger the discount rate, generally the smaller the accelerated payout amount will be. Probability of death is based on a mortality table determined by the company.

Please be advised that in certain situations, particularly when there is little to no reduction in life expectancy, the Accelerated Payout may be minimal. However, the Accelerated Payout is subject to a minimum net payment of \$1,000 assuming acceleration of the yearly maximum benefit. In the case of an acceleration of less than the yearly maximum benefit, the minimum payout amount will be reduced proportionately. For example, if 60% of the yearly maximum benefit is accelerated, the Accelerated Payout is subject to a net minimum payment of \$600 (60% of \$1,000).

Premiums will be reduced proportionately and will continue to be payable on the reduced face amount remaining.

At the time of claim, there will be an Administrative Charge for each Accelerated Death Benefit claim processed. Currently the Administrative Charge is \$375. This charge may be adjusted in the future as a result of cost of living increases. Administrative Charge and cost of living increases may vary by jurisdiction.

This material was prepared for general distribution. It is being provided for informational purposes only and should not be viewed as an investment recommendation. If you need advice regarding your particular investment needs, contact a financial professional.

This is a supplemental illustration, not an offer, contract or promise of future policy performance, and must be accompanied by the basic illustration. Non-guaranteed rates and values are shown and may not apply to an actual policy. Non-guaranteed elements are not guaranteed. PLEASE SEE THE BASIC ILLUSTRATION FOR GUARANTEED ELEMENTS AND OTHER IMPORTANT INFORMATION. The illustration assumes that the currently illustrated non-guaranteed elements will continue unchanged for all years shown. This is not likely to occur and actual policy results may be more or less favorable than shown. Currently illustrated non-guaranteed elements are subject to change by the company. Coverage is subject to the terms and conditions of the policy.

THIS SUPPLEMENTAL ILLUSTRATION IS NOT VALID WITHOUT ALL FOUR PAGES.

LBR ILL 0121

Agent: BOMA ALAMINA

Ver: 8.2.2023.644

February 21, 2023 2:31 pm ICC16 IUL09

274229

Page 4 of 4

State: MD

Electronic Delivery
E-Signature Required

Certificate Of Completion

Envelope Id: 1B808DDD18A14ACC9BCE974A931255BF

Status: Completed

Subject: Documents requiring e-Signature - 2/22/2023 4:44 AM

SUBCOMPANY: 3020

ENVIRONMENT: PROD

Source Envelope:

Document Pages: 152

Signatures: 4

Envelope Originator:

Certificate Pages: 2

Initials: 0

PolicyEX System

AutoNav: Enabled

222 Valley Creek Blvd

EnvelopeD Stamping: Enabled

Suite 300

Time Zone: (UTC-08:00) Pacific Time (US & Canada)

Exton, PA 19341

policyex.prod-admin@ipipeline.com

IP Address: 216.203.2.228

Record Tracking

Status: Original

Holder: PolicyEX System

Location: DocuSign

2/21/2023 8:44:28 PM

policyex.prod-admin@ipipeline.com

Signer Events**Signature****Timestamp**

BOMA ALAMINA

Completed

Sent: 2/21/2023 8:44:31 PM

bmalamina@gmail.com

Viewed: 2/22/2023 4:57:06 PM

Security Level:

Signed: 2/22/2023 4:57:48 PM

dsx.test.Password

Using IP Address: 76.100.110.246

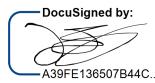
ID: 638127106162611023

2/22/2023 8:56:56 AM

Electronic Record and Signature Disclosure:

Not Offered via DocuSign

Idris Somoye



Sent: 2/21/2023 8:44:31 PM

IDRIS.SOMOYE@GMAIL.COM

Viewed: 3/1/2023 12:27:54 PM

Security Level:

Signed: 3/1/2023 12:29:22 PM

dsx.test.Password

Signature Adoption: Drawn on Device

ID: 638132992581379066

Using IP Address: 172.58.190.212

3/1/2023 4:27:38 AM

Signed using mobile

Electronic Record and Signature Disclosure:

Not Offered via DocuSign

In Person Signer Events**Signature****Timestamp****Editor Delivery Events****Status****Timestamp****Agent Delivery Events****Status****Timestamp****Intermediary Delivery Events****Status****Timestamp****Certified Delivery Events****Status****Timestamp****Carbon Copy Events****Status****Timestamp****Witness Events****Signature****Timestamp****Notary Events****Signature****Timestamp****Envelope Summary Events****Status****Timestamps**

Envelope Sent

Hashed/Encrypted

2/21/2023 8:44:31 PM

Certified Delivered

Security Checked

3/1/2023 12:27:54 PM

Envelope Summary Events	Status	Timestamps
Signing Complete	Security Checked	3/1/2023 12:29:22 PM
Completed	Security Checked	3/1/2023 12:29:22 PM
Payment Events	Status	Timestamps