

# TRANSAMERICA LIFE INSURANCE COMPANY

Cedar Rapids, Iowa

Contact us at: PO Box 219, Cedar Rapids, IA 52406-0219

Telephone: 1-888-763-7474

Email Address: TEBcustresp@Transamerica.com

www.transamerica.com

## TITLE PAGE (CERTIFICATE COVER PAGE)

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

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

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

THIS CERTIFICATE MAY BE RETURNED WITHIN 30 DAYS FROM THE DATE YOU RECEIVED IT FOR A FULL REFUND, EITHER BY RETURNING THE CERTIFICATE TO THE AGENT OR TO US. WE WILL REFUND TO YOU ANY PREMIUMS PAID, LESS ANY PARTIAL SURRENDERS.

### SURRENDER CHARGES

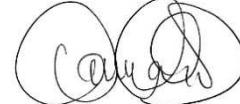
IF YOU CANCEL THIS CERTIFICATE AFTER THE 30-DAY RIGHT TO EXAMINE PERIOD, CANCELLATION MAY RESULT IN A SUBSTANTIAL PENALTY KNOWN AS A SURRENDER CHARGE. **YOU WILL INCUR SURRENDER CHARGES IF COVERAGE IS TERMINATED WITHIN THE SURRENDER CHARGE PERIOD.** THE TABLE OF SURRENDER CHARGES CAN BE FOUND IN THE TABLES SECTION OF THE CONTRACT DATA PAGES STARTING ON PAGE 4.

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

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



Blake Bostwick  
President



Karyn S.W. Polak  
Secretary

## Group Certificate for Flexible Premium Adjustable Life Insurance (Universal Life Insurance)

### Flexible Premium Adjustable Life Insurance

Flexible Premiums Payable During the Life of the Insured to the Maturity Date (Age 120)

Life Insurance Proceeds Payable at Death of Insured Prior to the Maturity Date (Age 120)

Cash Surrender Value, if any, Payable at the Maturity Date (Age 120)

Nonparticipating - No Annual Dividends

**COVERAGE INCLUDES ACCELERATED DEATH BENEFIT OPTIONS**

## CERTIFICATE SUMMARY PLEASE READ YOUR CERTIFICATE CAREFULLY.

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

The policy may not qualify as life insurance after the maturity date. The policy may be subject to tax consequences; and a tax advisor should be consulted prior to making such election.

## CONTACT US

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

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

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

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

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

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

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## ELIGIBILITY

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

1. Be at least 18 years old and under the age of 80;
2. Meet the eligibility requirements listed on the Policyholder Application;
3. Be in Active Service; and
4. Provide satisfactory evidence of insurability to us, if required.

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

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

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

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

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

## EFFECTIVE DATE

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

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

## PREMIUMS

**Initial Premium** – The initial premium is the amount due on or before the Certificate Date shown on the Contract Data Pages and is payable in advance. All Premiums are payable to our Administrative Office or to an agent authorized by us to collect Premiums.

**Planned Premium Payments** - The amount and frequency of the premium is shown on the Contract Data Pages. However, premium payments are flexible and the Owner may change the amount and frequency of payments. Interruption of planned premium payments or reduction of such payments may cause your coverage to enter the Grace Period.

**Minimum Monthly Premium** - The minimum monthly premium requirements are described in the Grace Period provision in the General Provisions section.

**Premium Limitation** - We reserve the right to limit the amount of unplanned premiums paid if we determine that:

1. Payment of a greater amount may cause the Death Benefit to lose its tax status as life insurance under the Internal Revenue Code, any such excess premium payments will be refunded;
2. Payment of a greater amount would increase the difference between the Death Benefit and the Accumulation Value unless we are provided evidence of insurability satisfactory to us; or
3. Payment of a greater amount would exceed the Maximum Unplanned Premium shown in the Contract Data Pages.

An unplanned premium is any premium paid in excess of the planned premium shown on the Contract Data Pages or an increase in such planned premium.

## GENERAL PROVISIONS

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

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

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

Interest on the Life Insurance Proceeds accrues from the date we receive due proof of the Insured's death until we make an offer, in writing, to settle the claim. The interest rate will be the rate at which interest accrues on Proceeds that are left on deposit with us.

**Clerical Error** - A clerical error will not invalidate insurance otherwise in force, nor continue or make insurance otherwise not validly in force.

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

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

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

**Grace Period** - If the Cash Surrender Value on any Monthly Date is not sufficient to pay the next monthly deduction, a Grace Period of 60 days will be provided beginning on such Monthly Date. Written notification will be sent to your last known address on record at least 60 days prior to termination. If sufficient premium is not paid by the end of the Grace Period, the Certificate will terminate without value. If the Insured dies during the Grace Period, we will pay the Death Benefit, less any indebtedness and any unpaid Monthly Premium. The Certificate will Lapse if the total indebtedness equals or exceeds the Cash Value.

During the period beginning on the Certificate Date and ending on the Minimum Monthly Premium Date, as shown on the Contract Data Pages, the Certificate will not enter the Grace Period if on any Monthly Date the sum of the premiums that have been paid, less any indebtedness and partial surrenders, equals or exceeds the sum of all minimum monthly premiums payable from the Certificate Date to the applicable Monthly Date.

The initial Minimum Monthly Premium is shown on the Contract Data Pages. The Minimum Monthly Premium is increased for each Certificate month following the date of an increase in the Face Amount, or when a benefit rider is added or increased. The Minimum Monthly Premium is decreased for each Certificate month following the date of a decrease in the Face Amount or when a benefit rider is decreased or discontinued.

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

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

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

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

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

**Time of Payment of Claims** - All benefits described in this Certificate will be paid in a lump sum as soon as we have received written proof of loss satisfactory to us. We will pay the Proceeds not later than two months after the date of receipt of proof of death and the right of the claimant to the Life Insurance Proceeds. Interest, if applicable, will be paid on the Proceeds as stated in the Claims Procedure Provision.

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

## CERTIFICATE TERMINATION DATE

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

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

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

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

## REINSTATEMENT

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

To Reinstate this Certificate, we will require:

1. Your written request for Reinstatement within five years after the date of Lapse and before the Maturity Date;
2. The Insured's written consent for Reinstatement;
3. Evidence of insurability satisfactory to us;
4. Repayment of any Loans that existed at the time the Certificate Lapsed; and
5. Payment of the Reinstatement Premium.

**Reinstatement Premium** – The Reinstatement Premium will be calculated as follows:

1. Two monthly deductions at the time of Lapse; plus
2. Three monthly deductions due at the time of Reinstatement; plus
3. Interest, compounded annually on this Reinstatement Premium at the Loan Interest Rate shown in the Contract Data Pages; interest due will be calculated from the date this Certificate ended.

The Accumulation Value of the Reinstated Certificate will be:

1. Any Surrender Charge taken at the time of Lapse; plus
2. Any Reinstatement Premium received less the expense charge; less
3. Any monthly deductions due.

Any Loans that existed when the Certificate Lapsed will not be Reinstated.

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

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

## OWNERSHIP

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

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

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

## BENEFICIARY

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

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

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

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

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

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

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

## PAYMENT OF LIFE INSURANCE PROCEEDS

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

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

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

1. The amount of any outstanding Loans on the date the Insured dies; and
2. The monthly deductions due during the Grace Period.

The Proceeds may also be affected by the election of a Nonforfeiture Option or Misstatement of Age as explained in other provisions of this Certificate. Additional benefit amounts may be payable under any Riders attached to this Certificate.

The Accumulation Value is fully explained in the Contract Values section of this Certificate. You will find the Death Benefit factors in the Tables section in the Contract Data Pages. The Death Benefit factors vary by the Insured's Age and Class of Risk.

**Increase in the Face Amount** – After the first Contract Year, you may, upon written request, increase the Face Amount. Any increase will be subject to our underwriting requirements, as well as the Incontestability or Right to Contest provision and Suicide Exclusion provision in the General Provisions section of this Certificate. Only one change to the Face Amount will be allowed per Contract Year. The maximum issue age for an increase is the same as the maximum issue age for Certificates.

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

We will send you an Amendment to reflect the Increase in the Face Amount and its effect upon Certificate features.

**Decrease in the Face Amount** - After this coverage has been in force for a year, you may, upon written request, decrease the Face Amount. The decrease will be applied to any increases in the reverse order in which they occurred. However, no decrease in Face Amount will be allowed if the resulting Death Benefit would be less than the minimum Death Benefit allowed by the Company. Only one change to the Face Amount will be allowed per year.

The effective date of the decrease will be the Monthly Date that coincides with or next follows the date of the request. We will not charge a Surrender Charge on the decrease. Instead, any subsequent Surrender Charge will be based on the original Face Amount of this Certificate and the original Face Amount of any increase in Face Amount.

**Tax Qualification** – This Certificate is intended to qualify under Section 7702 of the Internal Revenue Code as life insurance for federal tax purposes. The Proceeds are intended to qualify for the federal income tax exclusion. The provisions of this Certificate (and any attached Amendments, Endorsements, or Riders) will be interpreted to ensure tax qualification, regardless of any language to the contrary. The Proceeds will never be less than the amount necessary to ensure tax qualification. If the Death Benefit is increased, we will make appropriate adjustments in the

Premiums, Monthly Deductions, and/or supplemental benefits as of that time, retroactively or otherwise, that are consistent with the increase. Such adjustments may be made by right of offset against the Proceeds.

## CONTRACT VALUES

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

1. The Accumulation Value as of the last Monthly Date; plus
2. The interest accrued from the last Monthly Date; plus
3. The sum of net premiums, less any refunds, received since the last Monthly Date; less
4. All partial surrender amounts taken since the prior Monthly Date; less
5. The Monthly Deduction for the current month.

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

1. The interest accrued from the last Monthly Date; plus
2. The Accumulation Value as of the last Monthly Date; plus
3. All net premiums received since the prior Monthly Date; less
4. All partial surrender amounts taken since the prior Monthly Date.

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

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

**Cost of Insurance (COI)** – The COI is equal to the Death Benefit at the beginning of the Certificate month divided by 1.0016516, minus the Accumulation Value at the beginning of the Certificate month, multiplied by the COI rate, divided by 1,000.

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

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

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

**Net Premium** - The net premium is any premium received less the expense charge. The guaranteed expense charge is disclosed on the Contract Data Pages. We may use an expense charge lower than the guaranteed expense charge, but will never charge in excess of the guaranteed expense charge.

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

1. The Cost of Insurance; plus
2. The Administrative Fee; plus
3. The Certificate Fee; plus
4. Any charges for additional benefits provided by Riders.

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

## LOANS

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

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

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

**Loan Interest** - The Loan interest rate (**5.00% (4.76% in advance)**) is shown on the Contract Data Pages. On each Anniversary, Loan interest for the next year is due in advance. Interest not paid when due will be added to the Loan.

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

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

## NONFORFEITURE OPTIONS

**Full Surrender** - You may surrender this Certificate for its Cash Surrender Value by sending us a written request. Coverage under this Certificate will terminate upon full surrender.

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

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

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

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

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

## PARTIAL SURRENDER

**Partial Surrender** - You may surrender a portion of this Certificate for its value by sending us a written request. We will deduct a partial Surrender Charge and the amount requested from the Certificate's Accumulation Value. We will also deduct the partial Surrender Charge and the amount requested from the Certificate's Face Amount. The resulting Face Amount may not be less than the minimum allowed by the Company. No more than one partial surrender will be allowed in any Contract year.

Reductions to the Face Amount due to any partial surrender will be in the following order:

1. To the most recent increase in the Face Amount;
2. To the next most recent increase in the Face Amount; or
3. To the initial Face Amount or the current Face Amount, if less.

The partial Surrender Charge is the greater of:

1. \$25, or
2. The proportionate Surrender Charge.

The proportionate Surrender Charge will be calculated as follows:

1. The full Surrender Charge at the time of the request (see Table of Surrender Charges for your Class of Risk); multiplied by
2. The partial surrender amount; divided by
3. The Cash Value.

In any Contract Year, the minimum partial surrender is \$500 and the maximum amount that you may request is:

1. The Cash Surrender Value; less
2. The sum of three monthly deductions.

Any request for an amount that would exceed the maximum described above will be treated as a request for full surrender of this Certificate.

## PAYMENT OF CASH VALUE AND LOANS

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

## CERTIFICATE STATEMENTS AND ILLUSTRATIONS

We will send you an annual statement showing the Face Amount, values, Loans, partial surrenders, Premiums paid, and any other charges as of the statement date. We will send you an illustration of this Certificate's benefits and values upon receipt of your written request. We will provide one illustration each Contract Year without charge. You may request additional copies of statements at any time; however, there may be a nominal charge for the additional copies or statements. The maximum charge for each additional illustration provided after the first is \$25 per illustration, per Contract Year.

## CONVERSION OPTION

If coverage terminates, you will have the option to convert this coverage to an individual permanent life insurance policy without evidence of insurability. You will receive notification of this Conversion Option from the Policyholder at the time your insurance terminates. To convert your coverage, you must submit your completed application and the first premium payment to us within 31 days of your termination date.

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

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

This Conversion Option will be available if:

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

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

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

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

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

## **PORATABILITY OPTION**

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

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

## **BASIS OF COMPUTATION**

Reserves are not less than the required minimum reserves and will never be less than the Cash Surrender Value. All of the values are equal to or greater than the minimums set by the governing jurisdiction. If required, we have filed a detailed statement about this with the insurance department in the state in which the Policy is delivered.

All values are based on the Commissioners 2017 Standard Ordinary Mortality Tables, Age Last Birthday.

## **DEFINITIONS**

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

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

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

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

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

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

**Amendment, Endorsement, or Rider** means any form issued by us which adds, modifies, changes, or deletes any Policy or Certificate provision or benefit.

**Anniversary Date** means the month and date of each calendar year that is the same month and date as the Effective Date. When any date is referred to, the Effective Date will be at 12:01 AM at the Policyholder's main place of business.

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

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

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

**Cash Value** means the Accumulation Value, less any Surrender Charge.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Other Adult Dependent** means the Insured's common law marriage partner, domestic partner, or civil union partner, if legally recognized in the governing jurisdiction or as otherwise agreed upon between the Policyholder and us, who is at least 18 years old and under the age of 65.

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

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

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

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

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

**Surrender Charge** means a charge for any partial or full surrender of this Certificate made during a Surrender Charge Period.

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

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

# TRANSAMERICA LIFE INSURANCE COMPANY

Cedar Rapids, Iowa

Contact us at: PO Box 219, Cedar Rapids, IA 52406-0219

Telephone: 1-888-763-7474

Email Address: [TEBcustresp@Transamerica.com](mailto:TEBcustresp@Transamerica.com)

[www.transamerica.com](http://www.transamerica.com)

**TELEPHONE NUMBER FOR POLICYHOLDER INQUIRIES** – Our Customer Service toll-free telephone number is shown on Page 1 of this Certificate. This toll-free number is provided to assist you in making inquiries or obtaining information regarding your coverage under this Certificate or to assist in resolving complaints.

## Group Certificate for Flexible Premium Adjustable Life Insurance

(Universal Life Insurance)

Fixed Premiums Payable During the Life of the Insured to the Maturity Date (Age 120)

Life Insurance Proceeds Payable at Death of Insured Prior to the Maturity Date (Age 120)

Life Insurance Proceeds and Accumulation Value May Vary

Cash Surrender Value, if any, Payable at the Maturity Date (Age 120)

Nonparticipating - No Annual Dividends

**COVERAGE INCLUDES ACCELERATED DEATH BENEFIT OPTIONS**

# TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: Cedar Rapids, Iowa  
Administrative Office: PO Box 219, Cedar Rapids, IA 52406-0219  
(Hereinafter called "the Company," "we," "us," or "our")

## CHILD TERM INSURANCE RIDER

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

## DEFINITIONS

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

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

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

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

## BENEFIT

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

## GENERAL RIDER PROVISIONS

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

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

## RIDER COST

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

## RIDER EFFECTIVE DATE

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

## TERMINATION

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

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

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

## CONVERSION OPTIONS

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

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

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

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



Blake Bostwick  
President



Karyn S.W. Polak  
Secretary

# TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: Cedar Rapids, Iowa  
Administrative Office: PO Box 219, Cedar Rapids, Iowa 52406-0219  
(Hereinafter called "the Company," "we," "us," or "our")

## WAIVER OF MONTHLY DEDUCTIONS FOR LAYOFF OR STRIKE RIDER

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

### DEFINITIONS

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

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

1. A reduction in work force as the result of economic conditions;
2. The employer's decrease in production; or
3. The employer's reorganization causing the discontinuation of the Owner's job or resulting in a change of aptitude or skill requirements of his or her job.

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

### BENEFITS

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

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

### LIMITATIONS AND EXCLUSIONS

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

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

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

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

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

This Rider is not available for self-employed individuals.

### CLAIMS

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

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

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

### RIDER COST

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

## RIDER EFFECTIVE DATE

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

## TERMINATION

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

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

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

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



Blake Bostwick  
President



Karyn S.W. Polak  
Secretary

# TRANSAMERICA LIFE INSURANCE COMPANY

## ACCELERATED DEATH BENEFIT FOR CHRONIC CONDITION RIDER (A Living Benefit Rider)

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

### SPECIAL NOTICE

Benefits received under this Rider may or may not be taxable as income. Whether any tax liability is incurred when benefits are paid under this Rider could depend on whether your employer has paid the premium, and how the Internal Revenue Service interprets applicable provisions of the Internal Revenue Code. As with any tax matter, you and any other recipient of this benefit should each consult an independent tax advisor to evaluate any tax impact of this benefit.

Receipt of an Accelerated Death Benefit may adversely affect eligibility for Medicaid or other government benefits or entitlements. Without exercising this option, the mere fact that this Rider is part of your contract will not, in and of itself, affect the eligibility for these government programs. However, exercising this option before you apply for these programs, or while you are receiving government benefits, may affect your continued eligibility. Contact the Medicaid Unit of the local Department of Public Welfare and/or the Social Security Administration Office for more information.

Receipt of an Accelerated Death Benefit may adversely affect the Owner, his or her spouse or family's eligibility for public assistance programs such as medical assistance (Medicaid), Aid to Families with Dependent Children (AFDC), supplementary social security income (SSI), and drug assistance programs. Without exercising this option, the mere fact that this Rider is part of the contract will not, in and of itself, affect the eligibility for these government programs. However, exercising this option before applying for these programs, or while receiving government benefits, may affect continued eligibility. Please consult with a qualified tax advisor and with social service agencies concerning how receipt of such a payment will affect the Owner, the Insured (if different than the Owner), his or her spouse and family's eligibility for public assistance.

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

### NOTICE TO YOU, THE OWNER

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

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## DEFINITIONS

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

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

**Bathing** - Washing oneself by sponge bath or in either a tub or shower, including the task to getting into or out of the tub or shower.

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

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

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

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

**Transferring** - The Insured's ability to move into or out of a bed, chair, or wheelchair or to move from place to place, either via walking or other means.

**Chronic Condition** -

1. The inability to perform, without Substantial Human Assistance, at least two Activities of Daily Living for a period of at least 90 days; or
2. Severe Cognitive Impairment that requires Substantial Supervision for a period of at least 90 days to protect the Insured from threats to his or her health and safety.

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

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

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

**Physician** -

1. A doctor of medicine or osteopathy as set forth in Section 1861(r)(1) of the Social Security Act, as amended, who is legally authorized to practice medicine and surgery within the United States by the jurisdiction in which he or she performs such function or action; and
2. Is not an Immediate Family Member.

**Severe Cognitive Impairment** - The deterioration or loss in intellectual capacity requiring Substantial Supervision for protection of self and others, as established by the clinical diagnosis of a Physician in this state authorized to make such a diagnosis.

Severe Cognitive Impairment is established by clinical evidence and standardized tests that reliably measure the Insured's loss including the patient's history and physical, neurological, psychological and/or psychiatric evaluations, and laboratory findings. Severe Cognitive Impairment requires a deficiency comparable to (and including) Alzheimer's disease and similar forms of irreversible dementia.

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

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

## BENEFITS

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

### Accelerated Death Benefit Options

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

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

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

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

### Concurrent and/or Subsequent Chronic Conditions -

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

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

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

## EFFECT ON INSURED'S DEATH BENEFIT

If the Owner receives Accelerated Death Benefit payments in accordance with this Rider, we will deduct any amounts paid under this Rider from the Death Benefit. The Beneficiary will receive any remaining amount of the Death Benefit after the Insured dies, provided the contract has not terminated. However, if the entire Death Benefit proceeds are paid under the terms of this Rider prior to the Insured's death, the Contract will terminate and there will be no Death Benefit payable upon the Insured's death.

The payment of an Accelerated Death Benefit and the balance of the Death Benefit paid after the Insured dies will constitute full settlement of the contract.

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

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

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

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

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

The Guaranteed Cash Value, if applicable, will be reduced by an amount equal to the reduction in Death Benefit multiplied by the ratio of the Guaranteed Cash Value to the Death Benefit in effect immediately before the Accelerated Death Benefit payment is made.

The outstanding Loan balance, if any, will be proportionally repaid by an amount equal to the reduction in Death Benefit multiplied by the ratio of the outstanding Loan balance to the Death Benefit in effect immediately before the Accelerated Death Benefit payment is made. The amount of this Loan balance repayment will be deducted from the Accelerated Death Benefit payable to you.

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

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

If monthly Accelerated Death Benefit payments are made, we will provide a monthly report that shows:

1. The amount of benefits paid;
2. The effect of the payment on the Death Benefit;
3. The amount of the remaining Death Benefit; and
4. The effect each benefit payment has on the contract values.

## EXCLUSIONS AND LIMITATIONS

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

1. An intentionally self-inflicted injury or attempted suicide.
2. The Insured's alcohol, drug or other chemical dependence, except if the drug dependency is for a drug prescribed by a Physician in the course of treatment for an injury or sickness.
3. The Insured's commission of, or attempt to commit, a felony; or an injury that occurs because of the Insured's involvement in an illegal activity.

## CLAIMS

The following Claims Procedures apply to this Rider.

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

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

**Proof of Loss** – Due written proof of loss must be given to us at our Administrative Office. We must receive the initial proof of loss within 90 days after the Physician certifies that the Insured has a Chronic Condition.

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

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

**Physical Examinations** - We have the right to have an Insured examined by a Physician of our choice as often as reasonably necessary while a claim is pending. In the event that the Physician we choose provides a different diagnosis of the condition, the determination will rest with a third, mutually acceptable Physician. We will pay for such examination.

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

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

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

## GENERAL RIDER PROVISIONS

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

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

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

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

## RIDER COST

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

## RIDER EFFECTIVE DATE

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

## TERMINATION

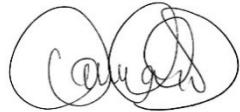
This Rider will terminate on the earliest of the following dates or events:

1. The date the contract terminates;
2. The date the contract Lapses, subject to the Grace Period;
3. The date the Owner requests termination;
4. The date the Insured dies;
5. The date on which cumulative monthly Accelerated Death Benefit payments equal 100% of the Death Benefit Amount, subject to any rights under an optional Extension of Benefits Rider;
6. The date on which we pay a one-time lump sum Accelerated Death Benefit payment in lieu of any monthly Accelerated Death Benefit; or
7. The date a Nonforfeiture Option under the contract, if any, becomes effective.

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



Blake Bostwick  
President



Karyn S.W. Polak  
Secretary

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

# TRANSAMERICA LIFE INSURANCE COMPANY

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

## ACCELERATED DEATH BENEFIT FOR QUALIFIED TERMINAL CONDITION RIDER

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

### SPECIAL NOTICE

This Rider is intended to provide a qualified Accelerated Death Benefit that is excluded from gross income for federal income tax purposes. Whether any tax liability may be incurred when benefits are paid under this Rider could depend on whether you are also the Insured and how the Internal Revenue Service interprets applicable provisions of the Internal Revenue Code. As with any tax matter, you and any other recipient of this benefit should each consult his or her own tax advisor to evaluate any tax impact of this benefit..

Receipt of an Accelerated Death Benefit may adversely affect the Owner, his or her spouse or family's eligibility for public assistance programs such as medical assistance (Medicaid), Aid to Families with Dependent Children (AFDC), supplementary social security income (SSI) and drug assistance programs. . Without exercising this option, the mere fact that this Rider is part of the contract will not, in and of itself, affect the eligibility for these government programs. However, exercising this option before applying for these programs, or while receiving government benefits, may affect continued eligibility. Please consult with a qualified tax advisor and with social service agencies concerning how receipt of such payment will affect the Owner, the Insured (if different than the Owner), his or her spouse and family's eligibility for public assistance.

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

### DEFINITIONS

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

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

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

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

**Qualified Terminal Condition** – An illness or physical condition, including a physical injury, that can reasonably be expected to result in death within 24 months or less as certified by a Physician.

### BENEFIT

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

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

If you request less than the maximum amount available when a claim is submitted, you cannot ask us at a later time to give you the difference between what was requested and what could have been requested. We will not pay an Accelerated Death Benefit on any Riders attached to the contract.

## EFFECT ON INSURED'S DEATH BENEFIT

If the Owner elects to exercise this option, we will deduct the amount we accelerate from the Death Benefit. The Beneficiary will receive any remaining amount of the Death Benefit after the Insured dies, provided the contract has not stopped. However, if the entire Death Benefit is paid under the terms of this Rider prior to the Insured's death, the contract will terminate and there will be no Death Benefit payable upon the Insured's death. After payment of an Accelerated Death Benefit, we will send the Owner a benefit report that will show:

1. The amount of benefits paid;
2. The effect of the payment on the Death Benefit, Face Amount; Accumulation Value; Surrender Charge; and outstanding Loan balance if any;
3. The amount of the remaining Death Benefit; and
4. the proportionate reduction in the premiums under the contract, if any.

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

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

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

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

Rider benefits, any related charges, interest, discounts, liens and the balance of the Death Benefit of the contract will constitute full settlement on the maturity of the face amount of the contract.

## CLAIMS

The following Claims Procedures apply to this Rider.

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

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

**Proof of Loss** – Due written proof of loss must be given to us at our Administrative Office. We must receive such proof within 90 days after the date the Insured is diagnosed with a Qualified Terminal Condition.

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

**Physical Examinations And Autopsy** - We have the right to have an Insured examined by a Physician of our choice as often as reasonably necessary while a claim is pending. In the event that the Physician we choose provides a different diagnosis of the condition, the determination will rest with a third, mutually acceptable Physician. In case of death, we may request an autopsy where it is not forbidden by law. We will pay for such examinations or autopsy.

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

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

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

## GENERAL RIDER PROVISIONS

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

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

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

## RIDER COST

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

1. The administrative expense charge shown in the Contract Data Pages; and
2. 24 months interest, in advance, on the amount that we accelerate (at an interest rate of not more than 7.4%).

## RIDER EFFECTIVE DATE

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

## RIDER TERMINATION DATE

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

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

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



Blake Bostwick  
President



Karyn S.W. Polak  
Secretary