

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, government ID (e.g., social security, passport and driver's license numbers), security credentials (e.g., password, voiceprint, etc.), employment, financial and health data and history, other general information (e.g., marital status, gender, etc.)	<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, the company the agent represents, 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 organizations (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, including through chat functionality • 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, communicate with you, 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. For example, we may share your data with:

- Those who provide services to support our business, including processing claims, account maintenance, customer service, 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,
- Third Parties and affiliates to prevent and prosecute fraud or criminal activities,
- Third Parties and affiliates for actuarial or research studies, and
- Third Parties and affiliates 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 may send you a renewal Notice (where permitted by applicable law). 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, LLC
Transamerica Financial Life Insurance Company

Transamerica Casualty Insurance Company
Transamerica Life Insurance Company

How you're protected if your life or health insurance company fails

The Texas Life and Health Insurance Guaranty Association protects you by paying your covered claims if your life or health insurance company is insolvent (can't pay its debts). **This notice summarizes your protections.**

The Association will pay your claims, with some exceptions required by law, if your company is licensed in Texas and a court has declared it insolvent. You must live in Texas when your company fails. If you don't live in Texas, you may still have some protections.

For each insolvent company, the Association will pay a person's claims only up to these dollar limits set by law:

- **Accident, accident and health, or health insurance (including HMOs):**
 - Up to \$500,000 for health benefit plans, with some exceptions.
 - Up to \$300,000 for disability income benefits.
 - Up to \$300,000 for long-term care insurance benefits.
 - Up to \$200,000 for all other types of health insurance.
- **Life insurance:**
 - Up to \$100,000 in net cash surrender or withdrawal value.
 - Up to \$300,000 in death benefits.
- **Individual annuities:** Up to \$250,000 in the present value of benefits, including cash surrender and net cash withdrawal values.
- **Other policy types:** Limits for group policies, retirement plans and structured settlement annuities are in Chapter 463 of the Texas Insurance Code.
- **Individual aggregate limit:** Up to \$300,000 per person, regardless of the number of policies or contracts. A limit of \$500,000 may apply for people with health benefit plans.
- **Parts of some policies might not be protected:** For example, there is no protection for parts of a policy or contract that the insurance company doesn't guarantee, such as some additions to the value of variable life or annuity policies.

To learn more about the Association and your protections, contact:	For questions about insurance, contact:
Texas Life and Health Insurance Guaranty Association 1717 West 6 th , Ste 230 Austin, TX 78703 1-800-982-6362 or www.txlifega.org	Texas Department of Insurance P.O. Box 12030 Austin, TX 78711-2030 1-800-252-3439 or www.tdi.texas.gov

Note: You're receiving this notice because Texas law requires your insurance company to send you a summary of your protections under the Texas Life and Health Insurance Guaranty Association Act (Insurance Code, Chapter 463). These protections apply to insolvencies that occur on or after September 1, 2019. **There may be other exceptions that aren't included in this notice.** When choosing an insurance company, you should not rely on the Association's coverage. Texas law prohibits companies and agents from using the Association as an inducement to buy insurance or HMO coverage.

Chapter 463 controls if there are differences between the law and this summary.

Have a complaint or need help?

If you have a problem with a claim or your premium, call your insurance company or HMO first. If you can't work out the issue, the Texas Department of Insurance may be able to help.

Even if you file a complaint with the Texas Department of Insurance, you should also file a complaint or appeal through your insurance company or HMO. If you don't, you may lose your right to appeal.

Transamerica Life Insurance Company

To get information or file a complaint with your insurance company or HMO:

Call: Department Title at insert phone number

Toll-free: insert phone number

optional Online: insert company URL for example www.transamerica.com

Email: insert email address

Mail: 6400 C Street SW

Cedar Rapids, IA 52499

The Texas Department of Insurance

To get help with an insurance question or file a complaint with the state:

Call with a question: 1-800-252-3439

File a complaint: www.tdi.texas.gov

Email: ConsumerProtection@tdi.texas.gov

Mail: Consumer Protection, MC: CO-CP, Texas Department of Insurance, P.O. Box 12030, Austin, TX 78711-2030

¿Tiene una queja o necesita ayuda?

Si tiene un problema con una reclamación o con su prima de seguro, llame primero a su compañía de seguros o HMO. Si no puede resolver el problema, es posible que el Departamento de Seguros de Texas (Texas Department of Insurance, por su nombre en inglés) pueda ayudar.

Aun si usted presenta una queja ante el Departamento de Seguros de Texas, también debe presentar una queja a través del proceso de quejas o de apelaciones de su compañía de seguros o HMO. Si no lo hace, podría perder su derecho para apelar.

Transamerica Life Insurance Company

Para obtener información o para presentar una queja ante su compañía de seguros o HMO:

Llame a: Department Title al insert phone number

Teléfono gratuito: insert phone number

optional En línea: insert company URL, for example www.transamerica.com

Correo electrónico: insert email address

Dirección postal: 6400 C Street SW

Cedar Rapids, IA 52499

El Departamento de Seguros de Texas

Para obtener ayuda con una pregunta relacionada con los seguros o para presentar una queja ante el estado:

Llame con sus preguntas al: 1-800-252-3439

Presente una queja en: www.tdi.texas.gov

Correo electrónico: ConsumerProtection@tdi.texas.gov

Dirección postal: Consumer Protection, MC:CO-CP, Texas Department of Insurance, P.O. Box 12030, Austin, TX 78711-2030

TRANSAMERICA LIFE INSURANCE COMPANY

6400 C Street SW, Cedar Rapids, IA 52499
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 (POLICY COVER PAGE)

Policyholder:	WALLER INDEPENDENT SCHOOL DISTRICT
Address:	2214 WALLER STREET WALLER TX 77484
Policy Number:	FP00087489
Policy Effective Date:	OCTOBER 1, 2025
Policy Anniversary Date:	OCTOBER 1
Premium Rate Guarantee Date:	OCTOBER 1, 2026
Governing Jurisdiction:	TEXAS

Transamerica Life Insurance Company ("the Company," "we," "us," and "our") agrees to pay the benefits described in this Group Master Policy ("Policy"), subject to all terms, conditions, and limitations, in consideration of:

1. The Policyholder Application, a copy of which is attached to and made a part of this Policy; and
2. The payment of the first premium.

By our acceptance of the first premium paid by the Policyholder and by the Policyholder's receipt of this Policy, the Policyholder agrees:

1. To be bound by the terms of this Policy; and
2. To pay all premiums to us according to the terms of this Policy.

This Policy is a legal contract between the Policyholder and us. **Read This Policy Carefully.** This Policy is subject to the laws of the governing jurisdiction in which it is issued. This is not a policy of workers' compensation insurance.

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



Blake Bostwick
President



Karyn S.W. Polak
Secretary

Group Master Policy for Flexible Premium Adjustable Life Insurance

Flexible Premium Adjustable Life Insurance

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

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.

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.

PREMIUMS

Premium Calculation and Due Dates – The premium due will be the sum of the premiums applicable for all Insureds. The Policyholder must pay the premiums to us at our administrative office. The premiums are due and payable to us in advance by the Policyholder on each premium due date. The first premium due date is the Policy Effective Date.

Grace Period – A Grace Period of 60 days will be allowed for each premium payment after the first premium. Coverage will stay in force during the Grace Period. This Policy will terminate the day after the Grace Period ends if the premium due has not been paid in full. The Policyholder must still pay us all premiums due through the termination date, including the premium due for the time the Policy was in force during the Grace Period.

Premium Rate Guarantee – The premium rates are guaranteed until the Premium Rate Guarantee Date and are subject to the Change in Premium Rates provision.

Change in Premium Rates – We have the right to change the premium rates effective as of any premium due date after the Premium Rate Guarantee Date shown on the Policy cover page. If the rates are changed, we will give the Policyholder at least a 60-day advance written notice.

GENERAL PROVISIONS

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.

Entire Contract – The entire contract consists of: this Policy; Policyholder Application; the Certificate Provisions; and any attached Amendments, Endorsements, or Riders.

New Insureds – The Policyholder may add or remove Insureds from coverage under this Policy from time to time to add newly eligible persons or remove ineligible persons in accordance with the terms of this Policy.

Non-Participating – No Dividends Payable - This is non-participating insurance. Neither the Policyholder nor any Insured participates in our profits or surplus.

Purchase of Recordkeeping Services – If You have already purchased or elect to purchase recordkeeping services from Us or one of Our affiliates, which may include the purchase of a group annuity contract issued by Us in conjunction with such recordkeeping services, then We or Our affiliates may reduce the recordkeeping fee or related fees otherwise payable to Us and/or Our affiliates.

Recordkeeping services are required services of a retirement plan and may include but are not limited to services such as tracking participant balances and transactions, call center support, website support and loan services. Any potential recordkeeping fee reductions would be determined based on factors including, but not limited to: client management cost savings, marketing savings, number of eligible employees, products offered, and goodwill.

Right to Contest - Incontestability - We will not use any statement, except fraudulent statements, to void or reduce benefits under this Policy or any Certificate or Rider after it has been in force for two years from its Effective Date. Any such statement must be in a signed form. All statements made are considered representations and not warranties. No such statement will be used in any contest, unless such statement is in writing and a copy has been furnished to the Policyholder or its representative.

For any increase in coverage, our two year right to contest starts anew, but only as it applies to the amount of the increase.

Time Effective – For any dates in this Policy, the effective time will be 12:01 a.m. at the Policyholder's main place of business.

CERTIFICATE PROVISIONS MADE A PART OF THIS POLICY

This contract between you and us consists of the provisions that appear in this Policy and the Certificate, including any Amendments, Endorsements, or Riders, that describe the insurance made available to the Insureds under this Policy.

POLICYHOLDER PROVISIONS

Duties – The Policyholder's primary duties include the following:

1. Give us any and all information necessary for the enrollment and determination of eligibility for all persons applying for coverage under this Policy, including Dependents, if applicable.
2. Maintain records pertaining to the insurance of the Insureds as we may reasonably require while this Policy is in force and for two years after this Policy terminates, and allow us the opportunity to examine these records at any reasonable time during normal business hours.
3. Pay premiums to us by the premium due date.
4. Cooperate with us in delivering Certificates, disclosures and notices regarding this coverage to Insureds under the Policy.

Certificates - A Certificate will be issued for delivery to each Insured. The Certificate will describe the benefits, terms, limitations and other essential features of the Policy. If more than one Certificate is issued to an Insured under this Policy, only the last one issued will be in effect.

Inspection of Policy – The Policyholder must make this Policy available for inspection by the Insureds at all reasonable times during normal business hours.

Notice of Right to Continue Coverage – The Policyholder is required to give each Insured a notice of the right to continue coverage after an Insured ceases to be eligible for coverage under this Policy. Details are set forth in the Conversion Option or Portability Option of the Certificate.

Policyholder is an Agent of the Insured – For all purposes related to the insurance issued under this Policy, the Policyholder acts as an agent of the Insured. The Policyholder does not, therefore, act as our agent for any purposes related to insurance issued under this Policy.

POLICY CHANGES AND TERMINATION

Who May Change This Policy – The terms of this Policy may be changed at any time by written agreement between the Policyholder and us. The insurance provided by this Policy can be changed or terminated without the consent of or prior notice to any Insured. Any changes to the terms of this Policy can only be made by the addition of an Amendment, Endorsement or Rider signed by an executive officer of the Company. No agent has the authority to change or waive any terms of this Policy. All changes are subject to the laws of the governing jurisdiction.

When Policy Changes Are Effective – Unless the Policyholder and the Company agree otherwise in writing, the Effective Date of any change in benefits will be the first day of the calendar month that coincides with or next follows the date we send notice to the Policyholder of the change in benefits and any corresponding change in premiums.

Termination – This Policy will end on the earliest of the following events:

1. If the Policyholder submits an advance written request to us to terminate this Policy, this Policy will terminate on the date specified in that request.
2. If we give a 60-day advance written notice to the Policyholder that we intend to terminate this Policy, this Policy will terminate on the date specified in that notice.
3. If any premium payable by the Policyholder is not paid within its Grace Period, this Policy will terminate on the day after the end of the Grace Period.
4. If the Policyholder (a) fails to comply with any terms of this Policy or the Policyholder Application; (b) fails to fulfill any obligations or duties under or pertaining to this insurance; or (c) fails to comply with or cooperate with us in satisfying the requirements of any applicable law or regulation pertaining to this insurance; this Policy will terminate on the 32nd day after we have given the Policyholder written notice of our intent to terminate.

Termination of an Insured's coverage prior to the date the Policy terminates will be governed by the Certificate Termination Date provision of the Certificate. The Policyholder is required to notify us of any such termination.

Conversion upon Termination of Policy or a Class of Insureds – If this Policy terminates or is amended so as to terminate the insurance of any class of insured persons, every person insured under the Policy at that time is entitled to exercise the Conversion Option or Portability Option of the Certificate.

Minimum Participation Requirement – The Policyholder must maintain the participation levels described in the Policyholder Application. If participation falls below the minimum participation limit, we have the right to cancel this Policy.

DEFINITIONS

Terms important to understanding the Policy are defined in the Definitions section of the Certificate, which is a part of this Policy. Refer to the Certificate for the definition of any term capitalized in this Policy.

CONTRACT DATA PAGES (WHO PAYS WHAT)

POLICYHOLDER: WALLER INDEPENDENT SCHOOL DISTRICT

GOVERNING JURISDICTION: TEXAS

INSURED: XXXXXXXXXXXXXXXXXXXXXXXX CERTIFICATE NUMBER: XXXXXXXXXX

FACE AMOUNT: \$XXX,XXX PLANNED PREMIUM: \$XXX.XX Monthly

INSURED ISSUE AGE: XX CERTIFICATE EFFECTIVE DATE: XXXXXXXXXXXX

CLASS OF RISK: XXXXXXXXXX OWNER: XXXXXXXXXX

MINIMUM MONTHLY PREMIUM: \$XXX.XX MINIMUM MONTHLY PREMIUM DATE: XXXXXXXXXXXX

MATURITY DATE: XXXXXXXXXXXX

Please note that coverage may expire before the Maturity Date if the Cash Surrender Value is less than the monthly deduction due.

The Minimum Monthly Premium includes the Premiums for any riders.

GUARANTEED MINIMUM INTEREST RATE: 2% Per Annum

GUARANTEED EXPENSE CHARGE: 5% of Any Premium Payment Received

GUARANTEED CERTIFICATE FEE: \$5.00 Per Month

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

MAXIMUM UNPLANNED PREMIUM: \$500 in excess over the Annualized Planned Premium in any Calendar Year

Please refer to the Cost of Insurance (COI) provision for a description of how the COI is calculated. The Table of Guaranteed Monthly Cost of Insurance Rates is located in the tables section of the Contract Data Pages.

INTEREST RATE ON ACCUMULATION VALUE

SECURING LOANS: 4.75% Effective Annual Interest Rate

MINIMUM LOAN AMOUNT*: \$250

**not applicable in IN, NJ & TN*

LOAN INTEREST RATE: 5.00% (4.76% in advance)

CONTRACT DATA PAGES (Continued)
SCHEDULE OF ADDITIONAL BENEFIT RIDERS

The Guaranteed Monthly Charge from the Accumulation Value for any additional benefits which are provided by Rider is shown below. Only a brief description is given. The complete provisions are included in the Rider.

SCHEDULE OF ADDITIONAL RIDERS AND BENEFITS

MONTHLY CHARGE

CHILD LEVEL TERM INSURANCE RIDER \$ X.XX
Rider Death Benefit (each child): \$XX,XXX

WAIVER OF MONTHLY DEDUCTIONS FOR LAYOFF OR STRIKE RIDER \$ X.XX

ACCELERATED DEATH BENEFIT FOR CHRONIC CONDITION RIDER \$ X.XX
Percentage of Death Benefit Amount for Monthly Benefit: 4%
Percentage of Death Benefit Amount for One-Time Lump Sum Benefit: 20%
Elimination Period: 90 days
Guaranteed Monthly Charge per \$1,000: \$X.XXXX

CONTRACT DATA PAGES (Continued)

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

Please refer to the Nonforfeiture Options for a description of how the Surrender Charge is calculated. Surrender Charges are computed separately for the original Face Amount and each increase in Face Amount and then combined. Please refer to the partial surrender provision for a description of how the partial surrender charge is calculated. The Table of Surrender Charge Factors is located in the tables section of the Contract Data Pages. Please use the Surrender Charge Base for the class of risk and Issue Age of the Insured on the Effective Date of coverage, and the Contract Year percentage from the Effective Date of coverage from the Table of Surrender Charge Factors to determine the applicable Surrender Charge or partial surrender charge in any given year.

Premiums are subject to refund under conditions described in the Certificate.

The interest rate applicable to the Accumulation Value securing any Loan(s) may differ from the interest rate applicable to the Accumulation Value not securing the Loan(s).

The following tables are included in the tables section of the Contract Data Pages:

- Table of Surrender Charge Base Factors
- Table of Surrender Charge Factors
- Table of Guaranteed Monthly Cost of Insurance Rates
- Table of Death Benefit Factors

CONTRACT DATA PAGES (Continued)

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

XXXXXXXXXX			
ISSUE AGE	SC BASE	ISSUE AGE	SC BASE
0	XX.XX	41	XX.XX
1	XX.XX	42	XX.XX
2	XX.XX	43	XX.XX
3	XX.XX	44	XX.XX
4	XX.XX	45	XX.XX
5	XX.XX	46	XX.XX
6	XX.XX	47	XX.XX
7	XX.XX	48	XX.XX
8	XX.XX	49	XX.XX
9	XX.XX	50	XX.XX
10	XX.XX	51	XX.XX
11	XX.XX	52	XX.XX
12	XX.XX	53	XX.XX
13	XX.XX	54	XX.XX
14	XX.XX	55	XX.XX
15	XX.XX	56	XX.XX
16	XX.XX	57	XX.XX
17	XX.XX	58	XX.XX
18	XX.XX	59	XX.XX
19	XX.XX	60	XX.XX
20	XX.XX	61	XX.XX
21	XX.XX	62	XX.XX
22	XX.XX	63	XX.XX
23	XX.XX	64	XX.XX
24	XX.XX	65	XX.XX
25	XX.XX	66	XX.XX
26	XX.XX	67	XX.XX
27	XX.XX	68	XX.XX
28	XX.XX	69	XX.XX
29	XX.XX	70	XX.XX
30	XX.XX	71	XX.XX
31	XX.XX	72	XX.XX
32	XX.XX	73	XX.XX
33	XX.XX	74	XX.XX
34	XX.XX	75	XX.XX
35	XX.XX	76	XX.XX
36	XX.XX	77	XX.XX
37	XX.XX	78	XX.XX
38	XX.XX	79	XX.XX
39	XX.XX	80	XX.XX
40	XX.XX		

N/A = NOT APPLICABLE.

CONTRACT DATA PAGES (Continued)

TABLE OF SURRENDER CHARGE FACTORS CONTRACT YEAR PERCENTAGES

CONTRACT YEAR	PERCENTAGE
1	100%
2	96%
3	92%
4	87%
5	81%
6	75%
7	63%
8	49%
9	33%
10	15%
11+	0%

CONTRACT DATA PAGES (Continued)

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

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

N/A = NOT APPLICABLE.

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

CONTRACT DATA PAGES (Continued)

TABLE OF DEATH BENEFIT FACTORS XXXXXXXXXXXXXX

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

**Transamerica Life Insurance Company**

Home Office: Cedar Rapids, IA
Administrative Office: P.O. Box 219
Cedar Rapids, IA 52406-0219

**Life and Health
Group Application
and Agreement**

Name of Group: Waller ISD	Tax ID Number: 74-6002539	SIC Code: 8211	Website Address: www.wallerisd.net
Street Address: 2214 Waller Street	City: Waller	State: TX	Zip Code: 77484
Contact Name: Becky Jimenez	Email Address: bjimenez@wallerisd.net	Phone #: 936-931-3685	Fax #:
Nature of Group: Elementary And Secondary Schools	# of Employees: 1,392	# Eligible for Coverage: 1,392	# of Years in Existence: 138

You hereby authorize Transamerica Life Insurance Company, our authorized agents or our enrollers (collectively referred to as we, us, or our) to offer each of your eligible employees/members the opportunity to purchase insurance coverage as described in this form. This authorization is based upon the following agreements:

1. We customarily conduct an annual enrollment program for your eligible employees/members. You will provide us with census data if needed for us to determine proper enrollment eligibility.
2. The initial enrollment shall take place from to . You will provide us direct access to your employees/members to obtain applications through group meetings and individual interviews in a suitable location on your property during normal business hours, or through other means mutually agreed upon between you and us. Participation in your group must meet our minimum participation requirements. We reserve the right to withdraw from the enrollment and cancel any applications already obtained if these conditions are not satisfied.
3. Unless otherwise agreed upon by you and us, you will collect premiums from your participating employees/members. You will forward the premiums to us within 15 days after you receive the monthly bill. You will maintain records of all premiums collected from your employees/members while this agreement remains in force and for two years after it terminates. During this period, you will make these records available for inspection and audit by us during normal business hours. If premium contributions collected by you, your employees, or your vendors are misappropriated, you will reimburse us for our entire loss, including attorney fees and expenses incurred in collection, to the extent permitted by the laws of your state.
4. Do benefit selections vary by class? No Yes (define classes below)

Definition of Class 1:	All Eligible Employees		
Definition of Class 2:			
Definition of Class 3:			
Definition of Class 4:			

5. Eligibility for insurance:

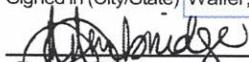
- a. Employer Groups - eligible employees are defined as those who work at least hours per week for you, and have been so employed for at least days.
- b. Member Groups - eligible members are defined as members of an eligible class of members, who are in good standing in accordance with your by-laws.

6. Is dependent coverage being offered? Yes No
7. Is coverage being offered through a Section 125 plan? Yes No
If "yes", which product(s):
 Universal Life 10 CancerSelect Plus
Plan Start Date: Plan Anniversary Date:
8. Is coverage being offered replacing existing coverage? Yes No
If "yes", which product(s):
 Universal Life 10 CancerSelect Plus

Class 1	Class 2	Class 3	Class 4
20			
1			

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

I understand and agree that this application will be made part of each group master policy issued as a result of this application. The Group listed above will be named as the Policyholder for each group master policy. I agree that no insurance will be effective until approved by us at our administrative office.

Signed in (City/State) This Day of (Month/Year)

Signature of Officer

Email Address

Print Name and Title of Officer


Signature of Licensed Agent/Producer

Email Address

Agent/Producer Number

License Number

Print Name of Licensed Agent/Producer

Billing Information

Billing Name (if other than group name): <input type="text" value="FBMC - Client Administration Team"/>			
Billing Address: <input type="text" value="3101 Sessions Road"/>	City: <input type="text" value="Tallahassee"/>	State: <input type="text" value="FL"/>	Zip Code: <input type="text" value="32303-1878"/>
Billing Contact Name: <input type="text" value="Daria Cornelius"/>	Email Address: <input type="text" value="dcormelius@fbmc.com"/>	Phone #: <input type="text" value="850-425-6200"/>	Fax #: <input type="text"/>
Billing Address is: <input type="checkbox"/> Group Policyholder <input type="checkbox"/> Third Party Administrator <input checked="" type="checkbox"/> Premium Collection Agency (Requires a Premium Collection Agreement)			
Pay periods per year: <input type="text" value="24"/>	Payments will be remitted: <input type="checkbox"/> After each deduction <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Other <input type="text"/>		
Payroll deductions per year: <input type="text" value="24"/>	Premium amount on bill should reflect: <input type="checkbox"/> Levelized amount over 12 months <input checked="" type="checkbox"/> Actual amount of deductions		
First payroll deduction date: <input type="text" value="9/5/25"/>	Preferred billing sequence: <input checked="" type="checkbox"/> Alphabetical <input type="checkbox"/> Social Security Number <input type="checkbox"/> Employee ID		
First bill due date: <input type="text" value="10/01/2025"/>	Preferred Billing Method: <input type="checkbox"/> Paper <input type="checkbox"/> Website <input checked="" type="checkbox"/> Self-Bill	Multiple Billing Locations: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (attach listing)	

Insurance Selections

(Product and Rider availability subject to state approval)

Participation Requirement: Each group master policy requires a minimum of 2 covered lives or the state minimum, whichever is greater in order to be issued and remain in force. Any group master that falls below this requirement may be terminated, subject to the notice requirements in the master policy. Special underwriting offers may require higher participation in order to continue receiving the special underwriting offer for new insureds.

Master Contract Delivery: Electronic Delivery or Paper (US Mail) Delivery

Group Universal Life Insurance - UL10	Group Contribution? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list amount or %: <input type="text"/>	Requested Effective Date: <input type="text" value="10/01/2025"/>
Coverage: Not available in NY, VA, GU, PR, VT, VI		
High Face Amount		
Age Band Rates : No		
Plan 1		
Accelerated Death Benefit for Qualified Terminal Condition Rider	Included	
Waiver of Monthly Deductions for Layoff	Included	
Accelerated Death Benefit for Chronic Condition Rider	Included	
Child Level Term Insurance Rider	Included	

<input checked="" type="checkbox"/> Group Cancer Insurance – CancerSelect Plus Product not available in MN. Available as an individual policy in CT, FL, ID, MD, MT, NJ, PR, UT, WA Available to large groups (51+) only in MA.	Group Contribution? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list amount or %: <input type="text"/>	Requested Effective Date: <input type="text" value="09/01/2025"/>																								
Coverage:																										
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Plan 1</th> <th>Plan 2</th> <th>Plan 3</th> </tr> </thead> <tbody> <tr> <td>Module 1 – Hospital Benefits</td> <td>2.00 Units</td> <td>3.00 Units</td> <td>Units</td> </tr> <tr> <td>Module 2 – Surgery Benefits</td> <td>2.00 Units</td> <td>3.00 Units</td> <td>Units</td> </tr> <tr> <td>Module 3 – Radiation and Chemotherapy Benefits</td> <td>2.00 Units</td> <td>2.00 Units</td> <td>Units</td> </tr> <tr> <td>Module 4 – Wellness and Miscellaneous Benefits</td> <td>1.00 Units</td> <td>2.00 Units</td> <td>Units</td> </tr> <tr> <td>Module 5 – Drug-Related Expense Benefits</td> <td>1.00 Units</td> <td>2.00 Units</td> <td>Units</td> </tr> </tbody> </table>				Plan 1	Plan 2	Plan 3	Module 1 – Hospital Benefits	2.00 Units	3.00 Units	Units	Module 2 – Surgery Benefits	2.00 Units	3.00 Units	Units	Module 3 – Radiation and Chemotherapy Benefits	2.00 Units	2.00 Units	Units	Module 4 – Wellness and Miscellaneous Benefits	1.00 Units	2.00 Units	Units	Module 5 – Drug-Related Expense Benefits	1.00 Units	2.00 Units	Units
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Accept	Decline	Optional Riders																								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	First Occurrence Rider (Lump Sum Diagnosis Rider in SD)	3.00 Units	3.00 Units	Units																					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Intensive Care Rider (Not available in CT, MA, NH, NJ, VT or WA)	0.00 Units	3.00 Units	Units																					
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Specified Disease Rider (Not available in OR, SD or WA)	Units	Units	Units																					