

NOTICE OF PRIVACY PRACTICES TRANSAMERICA COMPANIES

This Notice is provided to you by the Transamerica companies listed at the end of this Notice. We value our customers and your trust in us, especially when you share your personal information with us. We understand that the privacy and security of that personal information is important to you. We call this information “customer data” or just “data”. This Notice describes the customer data we collect and how we use, share and protect that data. The types of personal information we collect and share depend on the product or service you have with us. If your relationship with us ends, we will continue to handle your data in accordance with this Notice.

Customer Data That We Collect: We collect the following types of customer data:

Data	Typical Sources
Name, email and physical address, age, social security and driver’s license numbers, employment, financial and health data and history.	From you directly, when you submit applications and forms and engage in communications with us. We may also receive this data from employers, healthcare providers and other insurance companies.
Data about your transactions with us and unaffiliated third parties (“Third Parties”), such as account balances, accrued benefits, coverages, premiums, payment and claims history and medical or health data. This may also include information you share with us through your online experiences with Transamerica websites and applications.	From our affiliates (companies under common ownership) and Third Parties. From Transamerica websites, digital platforms, and applications.
Credit history, employment information and other information about your creditworthiness, medical care and health.	Consumer reporting agencies and other service providers we use. We may also receive this data from your employers, healthcare providers and other insurance companies.
Information about products and services you obtain or in which you might be interested.	You or possibly Third Parties with whom we have joint marketing arrangements or other Third Parties.
Information you provide to unaffiliated third parties (“Third Parties”) where you agree to allow the Third Party to share information with other parties. This includes information collected through those Third Party applications, websites, or other digital interfaces.	Third Party applications, websites, or other digital interfaces where you have agreed to sharing of your data.

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

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

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

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

- Your employer or plan sponsor as needed to support the administration of employee accounts (but only as permitted by law and only if you have established an account in connection with your employer),
- Your representatives and lawyers,
- Those who have a legal or beneficial interest in your assets (such as creditors with a lien on your account),
- To prevent and prosecute fraud or criminal activities,
- To conduct actuarial or research studies, and
- In connection with the sale or merger of all or part of our business.

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

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

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

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

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 have a right of access and correction with respect to data we collect except data that relates to and is collected in connection with a claim or criminal or civil lawsuit involving you. You must make your request to us in writing listing the account or policy numbers with the data you are requesting to access. If you tell us of an error in the data, we will review it. 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 4333 Edgewood Rd NE, Cedar Rapids, IA 52499.

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

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

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

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

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

INSURANCE POLICY



TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: 4333 Edgewood Road NE, Cedar Rapids, Iowa 52499
A Stock Company

Policyholder: CITY OF GOLDSBORO
Policy Number: T200060772
Policy Effective Date: FEBRUARY 1 2018
Policy Anniversary Date: FEBRUARY 1 2019
Governing Jurisdiction: NORTH CAROLINA

Transamerica Life Insurance Company ("the Company," "we," "us," and "our") agrees to pay the benefits described in this 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 ("you," "your," and "yours") and by your receipt of this Policy, you agree:

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 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.



General Counsel and Secretary



President

Master Policy for Group Term Life Insurance

20 Year Term Life Insurance

Renewable to Expiration Date

Premiums Subject to Change

Conversion to Permanent Life Insurance Option

Non-Participating – No Dividends

Administrative Office
2700 W Plano Pkwy, PO Box 869094
Plano, Texas 75086-9817
1-888-763-7474

Table of Contents

Policy Schedule	3
Definitions	5
Policyholder Provisions Duties	6
Certificates	6
Inspection of Policy	6
Notice of Right to Convert Coverage	6
Notice of Right to Continue Coverage.....	6
Premiums, Policy Changes, Termination, and Reinstatement	
Premiums.....	6
Who May Change This Policy.....	6
When Policy Changes are Effective.....	6
When This Policy Ends	6
Grace Period.....	7
When Policy May Be Reinstated.....	7
General Provisions	
Adjustment in the Event of Clerical Error	7
Adjustment in the Event of Error in Age or Tobacco Use.....	7
Entire Contract	7
Non-Participation	7
Right to Contest	7
Time Effective	7
Certificate Provisions Made a Part of This Policy	7

POLICY SCHEDULE

ELIGIBILITY REQUIREMENTS

Employee or Member – To become an Insured under this Policy:

1. Must be within the Age range of 16 through 65.
2. Must meet the eligibility requirements listed on the Policyholder's Application.
3. Must satisfactorily answer the Evidence of Insurability questions on the Application, if applicable.
4. Must be in Active Service.

Dependents (if available) – To become an Insured under this Policy:

1. Must meet the definition of a Dependent.
2. Must satisfactorily answer the Evidence of Insurability questions on the Application, if applicable.
3. Must not be eligible as an employee or member under this Policy.

EVIDENCE OF INSURABILITY

Evidence of Insurability will be required for any person who:

1. Does not apply for this insurance within the first 31 days after first becoming eligible to apply.
2. Applies for an amount of insurance that exceeds the Guaranteed Issue Limit, if applicable.
3. Applies for reinstatement of life insurance coverage after such coverage has been terminated.
4. Converts insurance under this Policy to permanent insurance, and later becomes eligible for coverage under this Policy again.

EFFECTIVE DATE OF COVERAGE

An eligible employee or member must apply for this insurance on a form approved by us, and agree in writing to pay any required premium contributions. Coverage will become effective on:

1. The Policy Effective Date, for Applications submitted and approved by us prior to the Policy Effective Date. Under no circumstances will coverage be effective prior to the Policy Effective Date.
2. The Certificate Effective Date, for Applications submitted and approved by us after the Policy Effective Date. Except that:
 1. If an employee or member is not in Active Service on the day coverage is scheduled to become effective, coverage will become effective on the date he or she returns to Active Service.
 2. If a Dependent is not in Active Service (if employed) or is confined in a hospital (if not employed) on the date his or her coverage is scheduled to become effective, coverage will become effective on the day following his or her return to Active Service or discharge from the hospital.

BENEFITS

Employee or Member:

Increments of **\$10,000**, maximum \$500,000, not to exceed five times Salary.

Dependents:

Increments of **\$5,000**, maximum \$100,000, not to exceed 50% of the employee or member coverage amount.

Salary - means the employee's or member's annualized regular wages rounded up to the next highest \$1,000. Salary does not include overtime or bonuses, cash awards, expense allowances, shift differential, goal sharing, variable pay, stock option earnings, incentive items or other extra pay items.

MINIMUM PARTICIPATION REQUIREMENT

A minimum of two eligible employee or members insured is required to issue and keep this Policy in force.

INCLUDED RIDERS

The following optional riders are available with this Policy:

Accelerated Death Benefit for Terminal Illness Rider
Waiver of Premium Due to Layoff or Strike Rider
Child Term Insurance Rider

ADDITIONAL AGREEMENTS

None

DEFINITIONS

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

Active Service - The Insured, if an employee, must be:

1. Performing in the usual manner all of the regular duties of his or her occupation on a scheduled work day; and
2. Performing these duties at one of the places of business where he or she normally works or at some location directed by the employer.

The Insured is considered to be in Active Service on a day which is not a scheduled work day only if he or she would be able to perform in the usual manner all of the regular duties of his or her occupation if it were a scheduled work day and he or she were in Active Service on the last preceding regular work day.

For members, the Insured will be in Active Service if he or she meets the eligibility requirements on the Policyholder Application.

Application - The form completed and signed by your eligible employees or members to apply for coverage under this Policy.

Certificate - The document that describes the terms of the insurance for an insured employee, member or Dependent, as applicable.

Child – A Child of the employee or member who is within the Age range of 15 days through Age 25 and is:

1. A natural child;
2. A legally adopted child, or a child for whom adoption proceedings have begun;
3. A stepchild;
4. A child for whom the employee or member has been appointed legal guardian; or
5. A grandchild who lives with and is financially dependent on the employee or member for support.

Dependent - An employee's or member's Spouse or Other Adult Dependent or Child.

Death Benefit - The amount payable upon the death of an Insured.

Insured - The employee or member or Dependent who is covered under this Policy.

Other Adult Dependent - The employee's or member's common law marriage partner, domestic partner, or civil union partner, if legally required in the governing jurisdiction or as otherwise agreed upon between you and us, who is within the Age range of 16 through 65.

Policy - This document that describes the insurance available to your employees or members.

Policyholder, you, your, or yours - The entity named on the cover page of this Policy.

Policyholder Application - The form completed and signed by you to apply for this Policy

Spouse - A person who is legally married to the employee or member, who is within the Age range of 16 through 65.

Tobacco Use - The Insured's use of any of the following tobacco products within the last 12 months: cigarettes, cigars, pipes, snuff, and chewing tobacco, or nicotine replacement products, such as patches or gum. Such Insured would be considered a **Tobacco User**.

We, us and our - Transamerica Life Insurance Company.

POLICYHOLDER PROVISIONS

Duties - Your duties will include, but are not limited to, the following:

1. Provide us with any and all information we determine to be necessary for the enrollment of your employees or members for the determination of their eligibility. You must provide us with all data we need to underwrite the coverage, to compute premiums, to maintain necessary administrative records, and to generally administer this Policy.
2. Provide us with the completed Applications (or other forms acceptable to us), if applicable.
3. Fulfill the agreements listed on the Policyholder Application.
4. Maintain records pertaining to the insurance of your employees or members as we may reasonably require while this Policy is in force. For two years after this Policy terminates, you must allow us the opportunity to examine these records at any reasonable time during normal business hours.
5. Cooperate fully with us in preparing and/or delivering any notices to your employees or members regarding this insurance.

Certificates - We will issue Certificates for each Insured. The Certificates will describe the life insurance coverage provided by this Policy.

Inspection of Policy - You must make this Policy available for inspection by your employees or members at all reasonable times during normal business hours.

Notice of Right to Convert Coverage - You are required to give each Insured a notice of the right to convert coverage after an Insured ceases to be eligible for coverage under this Policy. Details are set forth in the Conversion Option section of the Certificate.

Notice of Right to Continue Coverage - You are 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 Portability Option of the Certificate.

PREMIUMS, POLICY CHANGES, TERMINATION, AND REINSTATEMENT

Premiums – The premiums due will be the sum of the premiums due for all Insureds under this Policy. Premiums are due and payable to us by you on each premium due date. The first premium due date is the Policy Effective Date. Later premiums are due monthly.

The amount of the premium for each Insured is shown on his or her Certificate Schedule.

Who May Change This Policy - The terms of this Policy, including premium rates, may be changed at any time by written agreement between you and us. The insurance provided by this Policy may be changed or canceled without the consent of any Insured and without prior notice to any Insured. Only our President, Vice President, Secretary, or an Assistant Secretary may make any changes to this Policy and then only in writing. No agent or Policyholder has authority to change this Policy or to waive any of its provisions. All changes are subject to the laws of the governing jurisdiction.

When Policy Changes are Effective - Unless otherwise agreed upon in writing, the Effective Date of any change in premium or benefits will be the Policy Anniversary Date.

When This Policy Ends – This Policy will terminate at the earliest of the following events:

1. If any premium payable is not paid within its Grace Period, this Policy will terminate on the day after the end of the Grace Period;
2. If you submit a 60-day advance written request to us to terminate the Policy, this Policy will terminate on the date specified in such request;
3. If we give you a 60-day advance written notice that we intend to terminate the Policy, this Policy will terminate on the date specified in such notice;
4. If you fail to comply with any terms of the Policy, or fail to fulfill any obligations under or pertaining to this insurance, or fail 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 you written notice of our intent to terminate.

Termination of this Policy is without prejudice to claims that occur or commence prior to the date of termination.

Grace Period – You have a Grace Period of 31 days from each premium due date, except the first, in which to pay the premium then due. Coverage will continue during the Grace Period. You are liable for the premium during the Grace Period.

When Policy May Be Reinstated – At our sole discretion, we may reinstate the Policy which has terminated if requested to do so by the Policyholder.

GENERAL PROVISIONS

Adjustments in the Event of Clerical Error - Clerical error will not void insurance otherwise validly in force; nor will it continue or make insurance valid that otherwise would cease or would never have been issued.

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

Entire Contract - This Policy, your Policyholder Application, a Certificate evidencing the insurance made available to your employees or members, and any riders, endorsements and amendments constitute the entire contract of insurance.

Non-Participation - This is non-participating insurance. Neither you nor any employee or member participates in our profits or surplus.

Right to Contest - We will not use any statement, except fraudulent statements, to void or reduce benefits under this Policy or any Certificate after it has been in force for two years from its Effective Date. Any such statement would have to be in a signed form. This also applies to all Riders.

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

Time Effective - For any dates used in this Policy, the effective time will be 12:01 AM at your address.

CERTIFICATE PROVISIONS MADE A PART OF THIS POLICY

The remainder of this Policy consists of the provisions that appear in the Certificate (including any Riders and/or Endorsements) that describes the insurance made available to your employees or members under this Policy. Copies of the Certificate, any Riders and Endorsements, if any, are attached to and become a part of this Policy.

TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: 4333 Edgewood Road NE, Cedar Rapids, IA 52499
Administrative Office: 2700 W Plano Pkwy, PO Box 869094, Plano, Texas 75086-9817
(Hereinafter called "the Company," "we," "us," or "our")

NORTH CAROLINA AMENDMENT

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

Any reference to **fraudulent statement** in the Right to Contest provision is hereby deleted. The first paragraph of the **Right to Contest** provision now reads:

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

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

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

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

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



General Counsel and Secretary

TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: 4333 Edgewood Road NE, Cedar Rapids, Iowa 52499
A Stock Company

**FOR INFORMATION, OR TO MAKE A COMPLAINT, CALL 1-888-763-7474
PLEASE READ YOUR CERTIFICATE CAREFULLY**

GROUP TERM LIFE INSURANCE CERTIFICATE

This Certificate summarizes the Master Policy for Group Term Life Insurance ("Policy") that is underwritten by Transamerica Life Insurance Company (the "Insurer"). Read it carefully to become familiar with your coverage.

Terms important to understanding this Certificate are defined in the **Definitions** section or in separate Certificate Provisions and are capitalized in this Certificate.

The Policy under which this Certificate is issued may be amended or canceled, as stated in its provisions. Such an action may be taken without the consent of or notice to any Owner or Insured. Premiums are subject to periodic changes.

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

RIGHT TO EXAMINE AND RETURN CERTIFICATE WITHIN 30 DAYS

AT ANY TIME WITHIN 30 DAYS AFTER YOU RECEIVE THIS CERTIFICATE, YOU MAY RETURN IT TO US OR THE GROUP POLICYHOLDER. WE WILL CANCEL THIS CERTIFICATE AND VOID IT FROM THE BEGINNING. WE WILL REFUND TO YOU ANY PREMIUMS PAID.

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



General Counsel and Secretary



President

Group Term Life Insurance Certificate

20 Year Term Life Insurance

Renewable to Expiration Date

Premiums Subject to Change

Conversion to Permanent Life Insurance Option

Non-Participating – No Dividends

Administrative Office

2700 W Plano Pkwy, PO Box 869094

Plano, Texas 75086-9817

1-(888) 763-7474

E-Mail Address: customer.service@Transamerica.com

Web Address: www.transamericaworksite.com

TABLE OF CONTENTS

CERTIFICATE SECTIONS	PAGE
Right to Examine and Return Certificate	1
Certificate Schedule	3
Table of Maximum Annual Premium Rates	4
Definitions	5
Ownership	6
Beneficiary	6
Death Benefit	6
Renewal Provision	7
Effective Date	7
Premiums	7
Termination	7
Reinstatement	7
Conversion Option	7
Portability Option	8
General Provisions	
Assignment	8
Claims Procedure	8
Entire Contract	8
Grace Period	8
Policyholder as Your Agent	8
Misstatement of Age	8
Right to Contest	9
Suicide Exclusion	9
When Notice is to be Given by Us	9

CERTIFICATE SCHEDULE

POLICYHOLDER	CITY OF GOLDSBORO	POLICYNUMBER	T200060772
INSURED	XXXX XXX	CERTIFICATE NUMBER	XXXXXXXXX
DEATHBENEFIT	\$XX,XXX	EFFECTIVE DATE	X/X/XXXX
CLASS OF RISK	[TOBACCO]	PREMIUMPAYMENT	\$XX.XX MONTHLY
INSURED ISSUE AGE	XX	INITIAL TERM PERIOD	20 Year Term
EXPIRATIONDATE	Certificate Anniversary Date following Insured's 100 th Birthday		
OWNER	[THE INSURED]		

RIDERS INCLUDED IN YOUR COVERAGE

Accelerated Death Benefit for Terminal Illness Rider

Maximum Benefit: the lesser of: (a) up to 50% of the Insured's Death Benefit; or (b) \$100,000

Child Term Insurance Rider:

Death Benefit: Each Child: \$XX,XXX

Monthly Premium: \$ X.XX

Waiver of Premium Due to Layoff or Strike Rider

Benefits Stop on the Certificate Anniversary Date following the Insured's 65th birthday

Monthly Premium: \$X.XX

TABLE OF MAXIMUM ANNUAL PREMIUM RATES

The maximum annual premium for this Certificate will be determined by multiplying the annual rate per \$1,000 by the number of \$1,000's of Death Benefit amount. These rates do not include the additional premiums payable for any Riders which may be attached to this Certificate. These are annual rates and should be adjusted for other payment methods or modes. Current rates lower than these maximum rates may be charged.

ATTAINED AGE	NON-TOBACCO 20 YEAR TERM* ANNUAL RATE PER \$1,000	TOBACCO 20 YEAR TERM * ANNUAL RATE PER \$1,000	ATTAINED AGE	NON-TOBACCO 20 YEAR TERM* ANNUAL RATE PER \$1,000	TOBACCO 20 YEAR TERM * ANNUAL RATE PER \$1,000
16	\$ 3.57	\$ 4.52	58	\$ 21.52	\$ 32.68
17	\$ 3.57	\$ 4.52	59	\$ 22.90	\$ 34.42
18	\$ 3.57	\$ 4.52	60	\$ 24.50	\$ 37.23
19	\$ 3.57	\$ 4.52	61	\$ 26.39	\$ 39.76
20	\$ 3.57	\$ 4.52	62	\$ 28.23	\$ 42.82
21	\$ 3.57	\$ 4.52	63	\$ 30.13	\$ 46.96
22	\$ 3.57	\$ 4.52	64	\$ 33.47	\$ 51.57
23	\$ 3.57	\$ 4.52	65	\$ 37.08	\$ 58.57
24	\$ 3.77	\$ 4.62	66	\$ 40.39	\$ 66.32
25	\$ 3.77	\$ 4.62	67	\$ 43.95	\$ 72.03
26	\$ 4.00	\$ 4.85	68	\$ 47.96	\$ 77.20
27	\$ 4.00	\$ 4.85	69	\$ 52.30	\$ 83.01
28	\$ 4.24	\$ 5.09	70	\$ 67.73	\$ 98.08
29	\$ 4.24	\$ 5.09	71	\$ 74.57	\$ 109.25
30	\$ 4.53	\$ 5.35	72	\$ 81.66	\$ 123.01
31	\$ 4.53	\$ 5.35	73	\$ 95.10	\$ 136.86
32	\$ 4.85	\$ 5.62	74	\$ 112.08	\$ 153.03
33	\$ 4.85	\$ 5.62	75	\$ 136.35	\$ 183.21
34	\$ 5.19	\$ 5.90	76	\$ 149.43	\$ 203.95
35	\$ 5.42	\$ 6.27	77	\$ 163.59	\$ 225.72
36	\$ 5.79	\$ 6.87	78	\$ 179.42	\$ 248.38
37	\$ 6.18	\$ 7.63	79	\$ 196.27	\$ 272.66
38	\$ 6.42	\$ 7.78	80	\$ 224.67	\$ 299.57
39	\$ 6.42	\$ 7.91	81	\$ 262.78	\$ 329.97
40	\$ 6.58	\$ 7.99	82	\$ 306.89	\$ 364.70
41	\$ 6.91	\$ 9.09	83	\$ 348.89	\$ 404.10
42	\$ 7.47	\$ 9.89	84	\$ 386.65	\$ 450.37
43	\$ 8.04	\$ 10.92	85	\$ 429.20	\$ 496.61
44	\$ 8.72	\$ 11.64	86	\$ 467.79	\$ 549.13
45	\$ 8.72	\$ 12.67	87	\$ 525.89	\$ 599.72
46	\$ 9.17	\$ 13.54	88	\$ 586.58	\$ 656.92
47	\$ 9.36	\$ 14.60	89	\$ 651.28	\$ 711.28
48	\$ 9.55	\$ 15.56	90	\$ 710.91	\$ 773.90
49	\$ 9.74	\$ 16.94	91	\$ 741.08	\$ 840.64
50	\$ 10.95	\$ 18.22	92	\$ 800.41	\$ 913.47
51	\$ 12.16	\$ 19.50	93	\$ 888.45	\$ 960.00
52	\$ 13.59	\$ 20.95	94	\$ 960.00	\$ 960.00
53	\$ 15.04	\$ 22.65	95	\$ 960.00	\$ 960.00
54	\$ 16.62	\$ 24.37	96	\$ 960.00	\$ 960.00
55	\$ 16.69	\$ 26.18	97	\$ 960.00	\$ 960.00
56	\$ 18.49	\$ 28.47	98	\$ 960.00	\$ 960.00
57	\$ 20.22	\$ 30.99	99	\$ 960.00	\$ 960.00

* Current premiums are guaranteed for the first 5 Certificate years.

DEFINITIONS

Active Service - The Insured, if an employee, must be:

1. Performing in the usual manner all of the regular duties of his or her occupation on a scheduled work day; and
2. Performing these duties at one of the places of business where he or she normally works or at some location directed by the employer.

The Insured is considered to be in Active Service on a day which is not a scheduled work day only if he or she would be able to perform in the usual manner all of the regular duties of his or her occupation if it were a scheduled work day and he or she were in Active Service on the last preceding regular work day.

For members, the Insured will be in Active Service if he or she meets the eligibility requirements on the Policyholder Application.

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

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

Anniversary Date – The month and date of each calendar year that is the same month and date as the Effective Date.

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

Beneficiary - The recipient of the Death Benefit of this Certificate in the event of the Insured's death.

Certificate – This document that describes your insurance coverage.

Death Benefit - The amount payable upon the Insured's death.

Effective Date - The date when the Policy or this Certificate takes effect as shown on the Policy Schedule or Certificate Schedule.

Expiration Date – The date that coverage under this Certificate terminates if the Insured is living on that date.

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

Insured - The person covered under this Certificate and named on the Certificate Schedule.

Initial Term Period – The number of years for which the Policy is initially issued.

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

Owner, you, your, or yours - The employee or member named as Owner on the Certificate Schedule to which this Certificate is issued.

Policy – The document that is issued to the Policyholder.

Policyholder – The group entity named on the cover page of the Policy.

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

Tobacco Use – The Insured's use of any of the following tobacco products within the last 12 months: cigarettes, cigars, pipes, snuff, and chewing tobacco, or nicotine replacement products such as patches or gum. Such Insured would be considered a **Tobacco User**.

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

OWNERSHIP

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

1. Changing the Beneficiary, subject to any irrevocable Beneficiary that may have been named (an irrevocable Beneficiary cannot be changed without the written consent of that irrevocable Beneficiary);
2. Assigning any right or benefit under this Certificate;
3. Reinstating coverage that has Lapsed, subject to the Reinstatement provision;
4. Exercising an option under any Rider attached to this Certificate; and
5. 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 Death Benefit - If the Insured dies while this Certificate is in force, we will pay the Death Benefit to the Beneficiary, subject to the provisions of this Certificate. The Beneficiary will be as designated on the Application for this insurance coverage, unless later changed as provided under the How to Change the Beneficiary provision.

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

1. Spouse or Other Adult Dependent;
2. Child(ren) (in equal amounts);
3. Parents (in equal amounts);
4. Siblings (in equal amounts);
5. The executor or administrator of the Owner's estate.

The existence of multiple Beneficiaries will not increase the benefit payable.

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

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

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 \$250. The Death Benefit will be reduced by any payment made under this provision.

DEATH BENEFIT

The Death Benefit payable at the Insured's death will be:

1. The Death Benefit in effect at the Insured's death; plus
2. Any insurance on the Insured's life provided by Riders, if any; less
3. Any premium which is due and unpaid for a period from the premium due date to the end of the Certificate month in which the Insured's death occurs.

Death Benefit - The Death Benefit is the amount shown on the Certificate Schedule.

Refund of Unearned Premium - We will refund any unearned life insurance premium upon the death of the Insured. Such refund will be made to the designated Beneficiary and will be included with the Death Benefit.

RENEWAL PROVISION

The Initial Term Period will be for the number of years shown on the Certificate Schedule. After the Initial Term Period, you may renew this Certificate for successive term periods. The successive term periods will be for the same number of years as the Initial Term Period or the period ending at the Expiration Date, if earlier. No evidence of insurability is required on renewal. Renewal will automatically take place on each Policy Anniversary on or following the end of a Term Period provided:

1. The Policy and this Certificate are in force with no premium in default; and
2. The premium due on the Policy Anniversary is paid within the Grace Period.

Upon payment of such renewal premium, any Riders which are part of this Certificate may be continued on renewal of this Certificate, subject to their termination provisions.

EFFECTIVE DATE

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

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

If the Insured is not in Active Service (if employed) or is confined in a hospital (if not employed) on the Certificate Effective Date, then coverage will not become effective until the day after the Insured returns to Active Service or is discharged from the hospital.

PREMIUMS

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

Change of Premium – We reserve the right to decrease or increase the current premiums after the period of time shown on the Certificate Schedule. However, premiums will never exceed the maximum guaranteed premiums shown on the Certificate Schedule. We will notify you at least 31 days prior to the date a change in premium amount is effective. We will send you a notice of your new current premium.

TERMINATION

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

1. The date we receive your written request to terminate coverage;
2. The Expiration Date;
3. The date the Insured dies;
4. The date this Certificate Lapses, subject to the Grace Period; or
5. The date the Policy terminates, subject to the Portability Option.

REINSTATEMENT

This Certificate may be Reinstated within five years after default in payment. Reinstatement is subject to:

1. Proof of insurability satisfactory to us; and
2. Payment of past due premiums with interest compounded annually at 6% per year.

The Right to Contest provision applies from the effective date of Reinstatement. If this Certificate has been in force for two years during the lifetime of the Insured, it is contestable only as to statements made in the Reinstatement Application.

CONVERSION OPTION

You can convert the Insured's coverage to permanent life insurance on a policy form that we then issue, without any optional Riders, in an amount not to exceed the amount of insurance that is terminating under the Policy. The premium for the permanent coverage will be based upon the Insured's Attained Age and class of risk at the time of conversion, together with the form and amount of insurance chosen. No evidence of insurability will be required.

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

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

Conversion is not available if termination is the result of submitting a fraudulent claim.

PORTABILITY OPTION

If you lose eligibility for this insurance for any reason other than nonpayment of premiums and while the Policy is still in force, you will have the option to continue this Certificate (including any Riders) by paying the premiums directly to us at our Administrative Office. We will bill you for these premiums. The premiums you pay directly to us may include an additional charge for administrative costs.

Premiums may be paid annually, semi-annually, quarterly or monthly, subject to our rules as of the date you request portability. The Owner may change the frequency of premium payments, subject to our rules in effect at the time of the change by filing a written request at our Administrative Office. If you stop paying the premiums under this option, this Certificate (and any Riders) will cease, subject to the terms of the Grace Period.

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.

Claims Procedure - Written 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.

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

Entire Contract - The Policy, the Policyholder Application, this Certificate, your Application and any Riders, Endorsements and Amendments form the entire contract of insurance. All statements made by or for an Insured, in the absence of fraud, will be considered representations and not warranties. We will not use any statement made by or for an Insured to contest this insurance unless:

1. That statement is in writing;
2. That statement has been signed by, or on behalf of, the Insured; and
3. A copy of that statement has been given to the Insured, his or her Beneficiary or personal representative.

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.

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

Policyholder as Your Agent - For all purposes related to this insurance, your Policyholder serves as your agent and not as our agent.

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

Right To Contest - We will not contest this insurance after it has been in force during the lifetime of an Insured for two years from the date it starts, except for nonpayment of premiums.

Suicide Exclusion - We will not pay a Death Benefit if an Insured dies by suicide, while sane or insane, within two years of the date his or her insurance starts. If the Insured dies by suicide within this two-year period, we will refund the premiums paid for the insurance.

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.

TRANSAMERICAN LIFE INSURANCE COMPANY

Home Office: Cedar Rapids, Iowa
Administrative Office: 2700 W Plano Pkwy, PO Box 869094, Plano, Texas 75086-9817
(Hereinafter called "the Company," "we," "us," or "our")

CHILD TERM INSURANCE RIDER

This Rider is issued in consideration of the Application and payment of any required initial premium. Except as shown in this Rider, the provisions of the contract to which this Rider is attached will prevail. This Rider has no cash value.

DEFINITIONS

In addition to the definitions contained in the Contract, the following definition applies to this Rider;

Insured Child - A Child of the Insured who is within the Age range of 15 days through Age 25 and is:

1. A natural child;
2. A legally adopted child, or a child for whom adoption proceedings have begun;
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 agree to pay the Rider Death Benefit to the Beneficiary when we receive due proof that an Insured Child died on or before the Expiry Date of this Rider. The Rider Death Benefit with respect to each Insured Child is shown on the Certificate Schedule.

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.

PREMIUM

The premium for this Rider is shown on the Certificate Schedule.

EFFECTIVE DATE

The Rider Effective Date is the same date as the contract Effective Date unless we inform the Owner in writing of a different date.

TERMINATION

Expiry Date - Is the Certificate Anniversary after the last Insured Child covered under this Rider has reached his or her 26th birthday.

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 this Rider or the contract Lapses for failure to pay premium, subject to the Grace Period of the contract.
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 Expiry Date of this Rider.

Our acceptance of a premium for any period after the date of termination of this Rider will create no liability for us, nor will it constitute a waiver of the termination. Any such premium will be returned.

Termination will not affect any claim which occurred prior to termination.

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 deduction will be waived and coverage on any Insured Child under this Rider 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 26th 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 or expiry 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 Face Amount 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.



General Counsel and Secretary



President

TRANSAMERICALLIFE INSURANCE COMPANY

Home Office: Cedar Rapids, Iowa
Administrative Office: 2700 W Plano Pkwy, PO Box 869094, Plano, Texas 75086-9817
(Hereinafter called "the Company," "we," "us," or "our")

WAIVER OF PREMIUM DUE TO LAYOFF OR STRIKE RIDER

This Rider is issued in consideration of the Application and payment of any required initial premium. Except as shown in this Rider, the provisions of the contract to which this Rider is attached will prevail. 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 has been 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 premiums on the contract if the Owner is placed on Layoff status or is on Strike, provided that the first premium on the contract to which this rider is attached has been paid. Monthly premiums will begin being waived the first day of the month following the date of Layoff or Strike.

LIMITATIONS AND EXCLUSIONS

We will waive premiums for up to 3 Layoffs or Strikes in any one 12-month period.
We will waive premiums for up to 6 months in any one 12-month period.
A 12-month period will be measured from the date the first premium 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.

PREMIUM

The premium for this Rider is shown on the Certificate Schedule.

EFFECTIVE DATE

The Rider Effective Date is the same date as the contract Effective Date, unless we inform the Owner in writing of a different date.

TERMINATION

This Rider will terminate on the earliest of:

1. The date the contract terminates;
2. The date the Rider or contract Lapses for failure to pay premium, subject to the Grace Period of the contract;
3. The date the Owner requests termination;
4. The date the Owner dies;
5. The Certificate Anniversary Date on or following the Insured's 65th birthday; or
6. The date the Owner assigns the contract to another individual.

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



General Counsel and Secretary



President

TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: Cedar Rapids, Iowa
Administrative Office: 2700 W Plano Pkwy, PO Box 869094, Plano, Texas 75086-9817
(Hereinafter called "the Company," "we," "us," or "our")

ACCELERATED DEATH BENEFIT FOR TERMINAL ILLNESS RIDER

(The Death Benefit under the contract will be reduced if a Rider benefit is paid)

SPECIAL NOTICE

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

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

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

DEFINITIONS

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

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

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

BENEFIT

We will pay an accelerated death benefit under this Rider if the Insured is diagnosed with a Terminal Illness for the first time, on or after the Rider Effective Date. The maximum amount that you can accelerate is shown on the Certificate Schedule.

EFFECT ON INSURED'S DEATH BENEFIT

If you exercise this option, we will deduct the amount we accelerate from the Insured's Death Benefit. The Insured's Beneficiary will receive the remaining amount of the Death Benefit after the Insured dies, provided the contract has not stopped. After payment of an accelerated death benefit, we will send you a benefit report that will show the proportionate reduction in the premiums under the contract, if any.

LIMITATIONS

We will not pay an accelerated death benefit under this Rider for any Terminal Illness that is diagnosed for the first time, prior to the Rider Effective Date.

We will pay an accelerated death benefit only once. If you ask for less than the maximum amount available when you submit a claim, you cannot ask us at a later time to give you the difference between what you did ask for and what you could have asked for.

CLAIMS

The following Claims Procedures apply to this Rider.

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

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

Written Proof of Loss - We will pay benefits under this Rider after we receive written proof of loss. We must receive such proof within 180 days after the Insured is diagnosed with a Terminal Illness. If it is not reasonably possible to provide this information within such time, written proof of loss must be submitted as soon as reasonably possible but no later than one year from the time specified.

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

Physical Examination - At our expense, we reserve the right to have a Physician of our choosing examine the Insured while a claim is pending to determine eligibility for benefits. In the event that the Physician we choose provides a different diagnosis of the condition, we reserve the right to rely on the certification from the Physician of our choosing for claim purposes.

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

Payment of Claims - We will pay the accelerated death benefit under this Rider to the Owner, unless a different payee is designated.

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

GENERAL RIDER PROVISIONS

Consent for Benefit Payment: If there is an assignment of the contract on record or an irrevocable Beneficiary on record, we must obtain the consent of such 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.

PREMIUM

There is no cost for this Rider, unless you decide to exercise this option. If you decide to exercise this option, you will have to pay:

1. An administrative fee of \$100; and
2. 12 months interest, in advance, on the amount that we accelerate (at an interest rate of not more than 7.4%).

EFFECTIVE DATE

The Rider Effective Date is the same date as the contract Effective Date unless we inform the Owner in writing of a different date.

TERMINATION

This Rider stops at the earlier of:

1. The date the contract terminates;
2. The date the Insured dies; or
3. The date we have paid the accelerated death benefit for the Insured.

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



General Counsel and Secretary



President

COMPENSATION DISCLOSURE NOTICE TO ALL POLICYHOLDERS

Agents who sell and service our products are paid a commission. It varies by the type of insurance policy sold and the state where the policy was sold, and is based on a percentage of the premium received in the first year, and at policy renewal. Agents may receive advances or loans against anticipated commissions for cases sold or to be sold. These advances may or may not require the payment of interest, depending upon the agent's total business and historical experience with TEB.

Agents may receive other compensation from TEB in the form of cash or non-cash awards or prizes, based upon a variety of factors that may include the level of premium written or earned, persistency and growth of premium, or other performance measures. Agents who manage, supervise or recruit other agents or wholesale our products and services to other agents, may receive commission overrides on business that results from their efforts.

Some of our agents may receive additional payments for providing services in connection with the administration of our products. Fees for such services may be calculated on a per policy or per certificate basis or upon the premium volume associated with a specific case. TEB may additionally reimburse these agents/administrators for certain expenses, such as the cost of mailings.

Agents may occasionally obtain exclusive rights to market TEB products or services to agents, employers, employees or members of associations or unions. Certain groups or associations may also agree to endorse TEB's products to their members. TEB may pay a fee for these exclusive marketing rights or endorsements. See your proposed plan documents or policy certificate package for more information on any such arrangements.

For up to date information regarding our compensation practices, please consult our website at: www.transamericaemployeebenefits.com.