

<input type="checkbox"/> First Application	<input type="checkbox"/> Add Dependents – Contract # _____	<input type="checkbox"/> Increase Coverage – Contract # _____
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Group Name	Group Number	Location
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<b>Applicant Information</b> <small>required for all coverage</small>	Name <i>(Last, First, M.I.)</i>		<input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security No.	Date of birth	Cell or home phone
	Home address			City	State	Zip code
	Email address		Do you agree to receive correspondence about your coverage electronically? <input type="checkbox"/> Yes <input type="checkbox"/> No		Tobacco user in the last year? <input type="checkbox"/> No <input type="checkbox"/> Yes <small>Answer if rates are tobacco distinct.</small>	
	Date of hire	Weekly hours worked	Annual salary	Occupation	Applicant ID	Work phone/ext.
	<b>Protection against unintended lapse:</b> I understand I have the right to designate at least one person other than myself to receive notice of lapse or termination of this coverage for nonpayment of premium. I understand notice will not be given until thirty days after premium is due and unpaid. <input type="checkbox"/> I elect <b>NOT</b> to designate any person to receive such notice.					
	Secondary Addressee Name		Home Address		City	State

<b>Dependent Information</b> <small>if applying for dependent coverage</small>	Name <i>(Last, First, M.I.)</i>	Gender	Relationship to applicant	Date of birth	Social Security No.	Tobacco user in the last year? <small>Answer for Spouse or Civil Union/Domestic Partner*</small>
		<input type="checkbox"/> M <input type="checkbox"/> F				<input type="checkbox"/> No <input type="checkbox"/> Yes
		<input type="checkbox"/> M <input type="checkbox"/> F				
		<input type="checkbox"/> M <input type="checkbox"/> F				
		<input type="checkbox"/> M <input type="checkbox"/> F				
		<input type="checkbox"/> M <input type="checkbox"/> F				

<b>Beneficiary</b>	Name <i>(Last, First, M.I.)</i>	Address	Relationship	Phone #	Social Security No.
	Primary				
	Contingent				
<small>Applicant will be the beneficiary for any dependent coverage</small>					

<b>Benefit Selections</b>	Premium Mode: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Other _____
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<b>Universal Life</b>	<input type="checkbox"/> TransElite Universal Life Option: <input type="checkbox"/> A (level) <input type="checkbox"/> B (increasing)	Universal Life Face Amount	Automatic Increase Option Rider	Premium	Term Rider* Face Amount	Premium	<small>Dependents can be covered under UL or Term Rider, but not both</small>
	<input type="checkbox"/> Applicant	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	
	<input type="checkbox"/> Spouse or Civil Union/Domestic Partner	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	
	<input type="checkbox"/> Children	\$		\$	\$	\$	
	*Attach Child Term Rider to <input type="checkbox"/> Applicant <input type="checkbox"/> Spouse or Civil Union/Domestic Partner				\$	\$	
	Life Insurance Owner <small>(if different than Applicant)</small>		Address		Relationship	Social Security No.	

\*The terms "Civil Union" or "Domestic Partner" are not recognized in all states.

<b>Eligibility Questions</b>	
1. <b>Employer Groups:</b> Are you actively at work on a full-time basis and able to perform the duties of your occupation? <b>Member Groups:</b> Are you a member in good standing and able to perform the normal activities of someone of like age? If "no", you and your dependents are not eligible for coverage.	<input type="checkbox"/> No <input type="checkbox"/> Yes
2. If applying for dependent coverage, is any proposed insured currently disabled? If "yes", list names _____, who are not eligible for coverage.	<input type="checkbox"/> No <input type="checkbox"/> Yes

If you answer "no" to question #1, no coverage will be issued. Anyone named as being ineligible on question 2 will be automatically excluded from coverage\*.  
 \*Residents of MD and NH cannot be automatically excluded - You must sign an endorsement form acknowledging these exclusions before coverage can be issued.

**Evidence of Insurability Questions Part 1: Please answer the following questions to the best of your knowledge and belief.**

3. In the past six months, has any proposed insured been hospitalized (inpatient or outpatient) or missed more than five consecutive days of work due to any accident or sickness, except for normal pregnancy? If "yes", list names _____, who do not qualify for coverage.	<input type="checkbox"/> No <input type="checkbox"/> Yes
4. In the past five years, has any proposed insured had an actual diagnosis or treatment by a member of the medical profession for Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC)? (Residents of CA: California law prohibits an HIV test from being required or used by health insurance companies as a condition of obtaining health insurance coverage.) (Residents of FL: In the past five years, has any proposed insured been tested positive for exposure to the HIV infection or been diagnosed as having ARC or AIDS caused by the HIV infection or other sickness or condition derived from such infection? If "yes", list names _____, who do not qualify for coverage.	<input type="checkbox"/> No <input type="checkbox"/> Yes

Anyone named as not qualifying for coverage will have coverage reduced to the Guaranteed Issue amount, or, if Guaranteed Issue is not available, will be excluded from coverage\*.  
\*Residents of MD cannot be automatically excluded – You must sign an endorsement form acknowledging these exclusions before coverage can be issued.

**Evidence of Insurability Questions Part 2: Please answer the following questions to the best of your knowledge and belief.**

5. Indicate Height and Weight:	Applicant Spouse or Civil Union/Domestic Partner	/ /
6. In the past five years, has any proposed insured been diagnosed or treated by a member of the medical profession for any heart (including heart attack), circulatory, vascular (including stroke), blood, brain, digestive, kidney, liver, lung, musculoskeletal, respiratory, rheumatoid, neurological, pancreas, reproductive, or other major organ disorders, cancer or malignancy in any form (except non-melanoma skin cancer), diabetes, Optic Neuritis, blood transfusion, chronic fatigue syndrome, fibromyalgia, high blood pressure requiring more than two medications to control, or been treated or counseled in the past two years for alcohol or drug abuse? (Residents of FL: diagnosed or treated by a licensed physician) (Residents of ME: exclude HIV related diseases) If "yes", list names _____, who do not qualify for coverage.		<input type="checkbox"/> No <input type="checkbox"/> Yes

Anyone named as not qualifying for coverage will have coverage reduced to the Guaranteed Issue amount, or, if Guaranteed Issue is not available, will be excluded from coverage\*.  
\*Residents of MD cannot be automatically excluded - You must sign an endorsement form acknowledging these exclusions before coverage can be issued.

For further consideration for anyone who fails to qualify for coverage above, provide details of all "yes" answers to questions 2, 3, 4, & 6.  
(Residents of FL: Do NOT provide details regarding "yes" answers to question 4)  
Anyone found to be acceptable will be added to your coverage via an endorsement.

Question #	Name	Please list: Illness, Injury, Condition, Medication, Date of last Treatment, Date Condition Diagnosed, Duration, Result, Current Health Status, Prognosis, Name & Address of Doctor or Hospital. For High Blood Pressure, please indicate most recent blood pressure reading, name of any medications and dosage.

**Life Replacement**

Residents of AL, AK, AZ, CO, HI, IA, LA, MD, ME, MS, MT, NC, NE, NH, NJ, NM, OH, OR, RI, SC, SD, TX, UT, VA, VT, WI, or WV:

Answer question L1. If "yes", complete a life replacement form for your state and return with this application.

Residents of AR: Answer questions L1 and L2. If "yes" to question L2, complete a life replacement form for your state and return with this application.

Residents of all other states: Answer question L2. If "yes", complete a life replacement form for your state and return with this application.

L1. Do you currently have any other existing life insurance policies or contracts? ☐ No ☐ Yes

L2. Is the insurance being applied for intended to replace or change any existing life insurance coverage? ☐ No ☐ Yes (provide details)

Which product(s)	Name of existing insurance company	Policy/certificate #

**Universal Life and Whole Life Illustration Acknowledgement**

I certify that a life insurance illustration showing non-guaranteed values was not used during the sale of the insurance coverage I am applying for on this application. I understand that if my application is approved, an illustration conforming to the policy/certificate as issued will be delivered to me no later than when I receive my policy/certificate. I understand that any non-guaranteed elements contained in any illustration are subject to change and could be either higher or lower and that they are not guaranteed. I will review the illustration, sign the acknowledgment, and will return a copy of the signed illustration to the Insurer.

**Life Accelerated Death Benefit Disclosure Acknowledgement**

If applying for an Accelerated Death Benefit Rider, did you receive the applicable Disclosure, if required in your state?

ADB for Chronic Condition Rider ☐ Yes ☐ No ADB for Critical Condition Rider ☐ Yes ☐ No ADB for Terminal Condition Rider ☐ Yes ☐ No  
ADB for Long-Term Care Rider ☐ Yes ☐ No

## Applicant Statement and Agreement

I have read or had read to me the completed application. I represent (*Residents of MN and VA: I certify*) that all statements and answers made on or attached to this application are true to the best of my knowledge and belief. I realize that any false statements herein which materially affect the acceptance of the risk or the hazard assumed may result in loss of coverage under the policy/certificate to which this application is attached.

**AL, DC, LA, & RI:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**CA:** I understand that any false statement made with actual intent to deceive or which materially affects either the acceptance of the risk or the hazard assumed could bar the right to receive benefits under the policy to which this application is attached.

**FL:** I understand that any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

**KS:** 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 may be guilty of insurance fraud as determined by a court of law.

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

**MA, NC & OR:** I understand that 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, any information concerning any fact material thereto, commits a fraudulent insurance act which may be a crime and may subject such person to criminal and civil penalties.

**MD:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NJ:** I understand that any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**OK:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**TN & WA:** It is a crime to knowingly present false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**VA:** I understand that any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

**VT:** I understand that 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, any information concerning any fact material thereto, may be committing a fraudulent insurance act which may be a crime subject to criminal and civil penalties.

**ME and all other states:** 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 that completion of this application in no way implies that I will be accepted for insurance coverage. I understand that coverage will take effect only if this application is approved by the Insurer and the first month's premium has been received by the Insurer, provided that I meet any eligibility or coverage effective date requirements listed in the policy/certificate to which this application is attached.

Signed in (City/State) \_\_\_\_\_ Date: \_\_\_\_\_

Signatures \_\_\_\_\_  
Applicant Adult Dependents (where required)

## Licensed Agent/Representative Statement and Agreement

I certify that I have accurately recorded on this application all of the information supplied by the applicant. The applicant has read or had read to him/her the completed application.

I certify that this insurance does not replace or change any existing life insurance coverage, except as noted under Life Replacement.

(For applications written in North Carolina – To the best of your knowledge, does any applicant currently have any other existing life insurance policies or contracts? ☐ No ☐ Yes If yes, be sure the applicant completes a life replacement form for your state and return with this application.

(For applications written in Utah – I certify that I am not aware of any existing life insurance coverage, except as noted under Life Replacement.)

I certify that a life insurance illustration was **not** used in connection with this application (but a company-provided rate sheet may have been used and no non-guaranteed values were shown to the applicant)

I certify that I have provided any applicable outline of coverage and life accelerated death benefit disclosure forms.

Name \_\_\_\_\_ Signature \_\_\_\_\_ Agent # \_\_\_\_\_ License # \_\_\_\_\_

## Authorization to Release Information

I hereby authorize any licensed physician, medical practitioner, hospital, clinic or other medical or medically-related facility, insurance company, the Medical Information Bureau\*, or other organization, institution or person, that has any records or knowledge of me or my health, to give to Insurer, or its reinsurers, any such information.

**Residents of MN:** This authorization excludes the release of information about HIV (AIDS Virus) tests which were administered (1) to a criminal offender or crime victim as a result of a crime that was reported to the police; (2) to a patient who received the services of emergency medical personnel at a hospital or medical care facility; (3) to emergency medical personnel who were tested as a result of performing emergency medical services. Emergency medical personnel includes individuals employed to provide pre-hospital emergency services; licensed police officers, firefighters, paramedics, emergency medical technicians, licensed nurses, rescue squad personnel or other individuals who serve as volunteers of an ambulance service who provide emergency medical services; crime lab personnel, correctional guards (including security guards at the Minnesota security hospital) who experience a significant exposure to an inmate who is transported to a facility for emergency medical care; and other persons who render emergency care or assistance at the scene of an emergency or while an injured person is being transported to receive medical care and who would qualify for immunity under the good Samaritan Law.

I hereby authorize Transamerica Life Insurance Company, or its reinsurers, to make a brief report of my personal health information to the Medical Information Bureau\*. I understand the information obtained by use of this Authorization will be used by Insurer to determine eligibility for insurance. Any information obtained will not be released by Insurer to any person or organization except to reinsuring companies, the Medical Information Bureau\*, or other persons or organizations performing business or legal services in connection with my application, claim, or as may be otherwise lawfully required or as I authorize. I know that I, or any person authorized by me, may request to receive a copy of this Authorization. I agree that a photographic copy of this Authorization shall be as valid as the original. I agree that this Authorization shall be valid for 24 months from the date shown below. (**Residents of MN: I agree that this Authorization shall be valid as long as any proposed insured is continually insured with Transamerica Life Insurance Company.**) I understand that I may revoke this authorization at any time by sending written notice to Transamerica Life Insurance Company.

Signed in (City/State) \_\_\_\_\_ Date: \_\_\_\_\_ Signatures \_\_\_\_\_  
Applicant Adult Dependents

\*Information regarding your insurability will be treated as confidential. The Insurer, or its reinsurers, may, however, make a brief report thereon to the Medical Information Bureau, a non-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members. If you apply to another Bureau member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, the Bureau, upon request, will supply such company with the information in its file. Upon receipt of a request from you, the Bureau will arrange disclosure of any information it may have in your file. If you question the accuracy of information in the Bureau's file, you may contact the Bureau and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of the Bureau's information office is 50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734, telephone number 866-692-6901 (TTY 866-346-3642 for hearing impaired). Insurer, or its reinsurers, may also release information in its file to other life insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted.

Products underwritten by **Transamerica Life Insurance Company**, Cedar Rapids, Iowa.

## Enrollment Materials

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





# YOUR FLEXIBLE BENEFITS

**TRANSELITE®  
UNIVERSAL LIFE INSURANCE**

**TransElite® is universal life insurance, underwritten by Transamerica Life Insurance Company that helps provide financial protection at a competitive cost.**

## **HELP PROTECT THE PEOPLE WHO DEPEND ON YOU**

Andrea chose universal life insurance because she didn't want to worry what would happen to her five-year-old, Samuel, in the event of her death. It helped her feel better about his well-being to know her life insurance death benefit would help him if the worst happened. Universal life insurance can help safeguard your family members' futures, with benefits that can assist with your final expenses and their dependent care, living expenses or college tuition.

## **HELP GIVE YOURSELF PEACE OF MIND**

Only 44 percent of American households have individual life insurance — that's the lowest number in half-a-century. The good news is that half of all households realize they need more.<sup>1</sup>

Andrea is doing her best to save for retirement. Her universal life insurance policy builds cash value<sup>2</sup> so she can borrow against it in the future and protect her savings if an unexpected expense arises. In her later years, her built-up cash value will continue to pay her cost of insurance, maintaining her policy even after she retires. Life insurance should fit you, and we don't limit you with a one-size-fits-all approach. Whether you're more interested in ensuring your ability to keep a death benefit from now until you're 100, just want to add to your term life policy or want to build cash value for your heirs, our universal life insurance policy works for just the right segment of the population: you.

<sup>1</sup>Insure Your Love 2016, LIMRA.

<sup>2</sup>Upon written request, employees may borrow up to the available loan value of their certificate. The interest rate on cash value securing loans is 8.0% (7.4% in advance) with a minimum loan amount of \$250. The loan value of the certificate is the cash value less the amounts of any existing loans, loan interest payable in advance to the next certificate anniversary and three monthly deductions.

**This material is being provided for informational purposes only. It should not be viewed as an investment recommendation by Transamerica for customers or prospective customers. Customers seeking advice regarding their particular investment needs should contact a financial professional.**

**This is a brief summary of TransElite Universal Life Insurance underwritten by Transamerica Life Insurance Company, Cedar Rapids, Iowa.** Policy form series CPGUL300 and CCGUL300. Forms and form numbers may vary. This insurance may not be available in all jurisdictions. Limitations and exclusion apply. Refer to the policy, certificate and riders for complete details.

**Up to date information regarding our compensation practices can be found in the Disclosures section of our website at: [www.tebcs.com](http://www.tebcs.com).**

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## **HOW IT WORKS**

- No physicals or blood work.
- Accumulates Cash Value.
- Guaranteed 3% interest rate.
- Loan and withdrawal options.
- Convenient Payroll Deduction.



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Customer Service:  
888-763-7474



**TRANSAMERICA®**

ENJOY OUR HASSLE-FREE APPLICATION AND CLAIMS PROCESS.

Apply by answering a few simple questions. No physicals or blood work required.<sup>3</sup> Our easy-to-navigate website allows you to update your information, keep track of your policies, apply for loans, submit claims and more from your PC or mobile device.

USE YOUR BENEFITS WHEN YOU NEED THEM MOST.

15 years after Andrea signs up for universal life insurance, her son Samuel's car (older than her policy) breaks down in his junior year of college. She borrows against her policy's cash value to get him a reliable car, and they pay it back together by the time he graduates.

Life is unpredictable. Universal life offers help that goes beyond traditional life insurance to meet challenging situations. If you need to borrow against the cash value, you can pay it back when times get better.

If you're diagnosed with a terminal illness, you can use a portion of the policy's death benefit to make a difficult time easier. If you're laid off, monthly deductions are waived for up to six months so you maintain your policy.

TAKE OUR PORTABLE, FLEXIBLE POLICY WITH YOU.

When Andrea is offered a job with more travel and better salary at another company, she switches from payroll deduction to self-pay to keep her Transamerica policy. When Samuel gets a great job after college, she adjusts her premiums because she only needs to cover her own final expenses now that he can take care of himself. She lets him transfer the child term rider that had provided his life insurance while in college to his own universal life policy in his own name.

We let you keep your insurance when changing jobs and adjust premiums, death benefit and cash value amounts to meet changing personal financial situations like getting married, having a child, buying a house, seeing your child through graduation or retiring.

ELIGIBILITY

You can insure your eligible spouse, children (as Andrea did) and grandchildren with their own policies or purchase protection for your children through a child level term life insurance rider. The chart below gives the ages at which you and family members may apply, but all universal life policies can be maintained up to age 100.

SELF	Ages 16 through 80	\$10,000 - \$500,000 benefit, not to exceed 5x base salary
SPOUSE OR EQUIVALENT BY LAW	Ages 16 through 65	\$10,000 - \$100,000 benefit
CHILDREN/ GRANDCHILDREN	Ages 0 through 25 years	\$25,000 benefit
CHILDREN UNDER OPTIONAL CHILD TERM RIDER	Ages 15 days through 25 years	\$10,000 or \$20,000 benefit

<sup>3</sup>Acceptance based on answers to questions on the application for insurance.

## Product Details

Included Riders		Plan 1
Accelerated Death Benefit for Terminal Condition Rider Accelerates up to the lesser of \$100,000 or 75%		Included
Waiver of Monthly Deductions for Layoff or Strike Rider		Included
Optional Additional Riders		
Accelerated Death Benefit for Living Benefit Rider Accelerates 4% for monthly benefit or 20% of the death benefit amount as a one-time lump sum payment		Included
Employee Optional Riders		
Child Term Insurance Rider Benefit of \$10,000 or \$20,000 for each child All children in the family will be insured for the same insurance amount.		Included



## Summary of Benefits

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**Accelerated Death Benefit for Terminal Condition Rider** (Rider Form Series CRLTI100) - Accelerates a portion of the life insurance death benefit if the insured person is first diagnosed with a terminal condition which, in the best medical judgment, will result in death within 12 months.

When exercised, an administrative fee of \$100 plus 12 months advanced interest will be deducted from the benefit payment. The death benefit and other contract values will be reduced accordingly and this rider will terminate.

**Long Term Care Insurance Accelerated Death Benefit Rider** (Rider Form Series CRABLT00) - If included in policy, accelerates a portion of the life insurance death benefit for each month that an insured employee or spouse is eligible for benefits (certified as being chronically ill and confined to a nursing/assisted living facility or receiving home health/adult day care for at least 4 visits per month). There is a 30-day waiting period and a 90-day elimination period that must be satisfied before benefits are payable. We will waive the monthly deductions each month that benefits are paid under this rider. This rider is not available for children.

The death benefit and other contract values will be reduced accordingly. This rider will terminate once 100% of the coverage amount has been accelerated.

This rider is only available to groups with 51 or more eligible lives.

**Waiver of Monthly Deductions for Layoff or Strike Rider** (Rider Form Series CRLWL100) - Waives the monthly deductions for up to six months per year if the employee is involuntarily laid off. Benefits are limited to three layoffs per year and are based on the employee's layoff only. Layoff of an insured spouse or child does not qualify for this waiver. Premium payments must have begun prior to the insured employee's layoff. Rider is available through age 55 and terminates on the employee's 60th birthday or when the insurance is assigned to another party, whichever is earlier.

**Child Term Insurance Rider** (Rider Form Series CRLCH100) - Allows an insured employee or spouse (but not both) to insure all eligible children, age 15 days through age 25, for the selected amount of term insurance. Insurance on each child terminates on that child's 26th birthday or when the parent's insurance ends, whichever is earlier. Upon the termination the child has 31 days in which to convert to an individual contract for up to 5 times the amount of insurance under this rider or \$50,000. All children in the family will be insured for the same insurance amount.

## Limitations and Exclusions

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If an insured employee withdraws the cash value, tax consequences and/or surrender charges may apply.

Fluctuations in interest rates or policy charges may require the payment of additional premiums.

Individuals currently on disability or on premium waiver are not eligible for insurance.

During the first two years, the death benefit for suicide is limited to the return of premiums paid, less any loans, partial surrender amounts, and accelerated benefits paid, if any.

### Long Term Care Insurance Accelerated Death Benefit Rider

Any facility or service provider must be licensed in the covered person's state of residence, if required. Some facilities and services are not covered.

Any facility or service provider must be licensed in the insured person's state of residence, if required. Some facilities and services are not covered.

Benefits will not be paid simultaneously if the insured qualifies under this rider for confinement or home health care. In any given month the insured qualifies for both benefits, we will either pay the monthly accelerated benefit for confinement or accelerated benefit for home health care, whichever is greater.

We will not pay rider benefits for care that is received or loss incurred as a result of:

- an intentionally self-inflicted injury, or attempted suicide;
- war or any act of war, declared or undeclared, or service in the armed forces of any country;
- treatment of the insured's alcohol, drug or other chemical dependence, except if the drug dependency was sustained or acquired at the hands of a physician, or while under treatment for an injury or sickness; or
- the insured's commission of, or attempt to commit, a felony; or an injury that occurs because of the insured's involvement in an illegal activity.

We will not pay rider benefits if the confinement or service:

- is received outside the United States and its territories; or
- is provided by ineligible providers; or
- is rendered by members of the insured's immediate family; or
- are fully or partially reimbursed by a state or federal workers' compensation plan, Medicare, or any other governmental program, except Medicaid; or
- would not be charged for in the absence of insurance.

### Accelerated Death Benefit for Terminal Condition Rider

We will not pay for any conditions diagnosed prior to the effective date of the rider.

### Waiver of Monthly Deductions for Layoff or Strike Rider

We will waive deductions for:

- up to three layoffs or strikes in one 12-month period;
- for up to six months in any one 12-month period.

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

If the portability/conversion option provision of the contract is exercised, if any, the policy owner will need to provide proof of being employed (other than self-employment) for the 6 months prior to the layoff or strike.

The policy 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.

The rider will terminate on the earliest of:

- the date the contract ends;
- the date the contract lapses, subject to the grace period;
- the date the policy owner requests termination;
- the date the policy owner dies;
- the anniversary date on or after the insured reaches age 60;
- the date the policy owners assigns the contract to another individual; or
- the date a nonforfeiture option, if any, becomes effective.

### Child Term Insurance Rider

- the date the contract ends;
- the date the contract lapses, subject to the grace period;
- the date the policy owner requests termination;
- the anniversary date on or after the insured child is no longer eligible as a dependent child;
- the anniversary date on or after the last insured child has reached age 26; or
- the date a nonforfeiture option, if any, becomes effective.

## Limitations and Exclusions

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### Termination of Insurance

Insurance, including all riders, ends on the earliest of the following dates:

- the monthly contract date following the receipt of written request for surrender.
- the maturity date.
- the date of death.
- the date the contract ends, lapses or becomes fully paid-up life insurance, subject to the grace period.
- the date a nonforfeiture option becomes effective.

### Portability/Conversion Option

If an employee is no longer eligible as described in the eligibility requirements or if the group master policy terminates, insurance can be converted to an individual policy by submitting an application and the first month's premium to us within 31 days after termination. The amount of insurance on the individual policy will be the same amount of insurance that ceases under this certificate. We will bill the employee directly once we receive notification to continue insurance.

# TransElite HFA - Universal Life Insurance

With Riders: TI, WML, LBR

Non-Tobacco

Death Benefit Option: A



\$8.00 BiWeekly26 Premium				\$10.00 BiWeekly26 Premium			\$12.00 BiWeekly26 Premium			
Issue Age	Face Amount	Guaranteed Cash Value at Age 65*	Current Cash Value at Age 65*	Face Amount	Guaranteed Cash Value at Age 65*	Current Cash Value at Age 65*	Face Amount	Guaranteed Cash Value at Age 65*	Current Cash Value at Age 65*	Issue Age
16	61,219	0		76,505	0		91,785	0		16
17	59,588	0		74,468	0		89,344	0		17
18	57,978	0		72,454	0		86,930	0		18
19	56,238	0		70,284	0		84,320	0		19
20	54,602	0	9,901	68,236	0	12,426	81,867	0	14,892	20
21	51,268	0		64,068	0		76,863	0		21
22	49,842	0		62,286	0		74,730	0		22
23	48,058	0		60,058	0		72,055	0		23
24	46,575	0		58,204	0		69,830	0		24
25	45,160	0	7,897	56,435	0	9,897	67,710	0	11,870	25
26	43,582	0		54,462	0		65,341	0		26
27	42,056	0		52,559	0		63,058	0		27
28	40,772	0		50,953	0		61,132	0		28
29	39,287	0		49,096	0		58,903	0		29
30	37,912	0	6,364	47,378	0	7,982	56,844	0	9,568	30
31	35,677	0		44,586	0		53,492	0		31
32	34,489	0		43,101	0		51,710	101		32
33	33,118	0		41,387	0		49,652	162		33
34	31,836	0		39,784	1		47,731	276		34
35	30,608	0	4,859	38,252	76	6,090	45,893	341	7,303	35
36	29,408	0		36,749	160		44,090	437		36
37	28,177	0		35,211	189		42,246	455		37
38	26,891	0		33,605	259		40,319	530		38
39	25,652	13		32,057	288		38,460	549		39
40	24,582	36	3,565	30,721	296	4,467	36,857	551	5,361	40
41	23,184	51		28,971	302		34,759	546		41
42	22,232	95		27,784	346		33,335	586		42
43	21,099	109		26,368	346		31,634	579		43
44	20,184	118		25,224	343		30,263	564		44
45	19,267	122	2,464	24,078	339	3,087	28,887	547	3,702	45
46	18,327	119		22,903	324		27,478	520		46
47	17,405	120		21,750	312		26,095	498		47
48	16,411	112		20,509	291		24,606	461		48
49	15,556	104		19,440	267		23,323	427		49
50	14,618	81	1,514	18,269	227	1,896	21,918	369	2,275	50
51	13,818	67		17,268	197		20,718	325		51
52	13,067	57		16,330	176		19,592	293		52
53	12,317	5		15,393	103		18,468	195		53
54	11,638	29		14,543	124		17,449	214		54
55	10,985	32	841	13,728	116	1,053	16,470	198	1,264	55
56	10,319	0		12,896	21		15,472	78		56
57	N/A†			12,076	0		14,488	0		57
58	N/A†			11,253	0		13,501	0		58
59	N/A†			10,458	0		12,547	0		59
60	N/A†			N/A†			11,608	0	173	60
61	N/A†			N/A†			10,731	0		61
62	N/A†			N/A†			N/A†			62
63	N/A†			N/A†			N/A†			63
64	N/A†			N/A†			N/A†			64
65	N/A†			N/A†			N/A†			65
66	N/A†			N/A†			N/A†			66
67	N/A†			N/A†			N/A†			67
68	N/A†			N/A†			N/A†			68
69	N/A†			N/A†			N/A†			69
70	N/A†			N/A†			N/A†			70
71	N/A†			N/A†			N/A†			71
72	N/A†			N/A†			N/A†			72
73	N/A†			N/A†			N/A†			73
74	N/A†			N/A†			N/A†			74
75	N/A†			N/A†			N/A†			75
76	N/A†			N/A†			N/A†			76
77	N/A†			N/A†			N/A†			77
78	N/A†			N/A†			N/A†			78
79	N/A†			N/A†			N/A†			79
80	N/A†			N/A†			N/A†			80

† Premium is insufficient to provide the minimum specified amount of \$10,000.

Solve for Target Face - A100

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2/14/2019

Underwritten by Transamerica Life Insurance Company. Home Office: Cedar Rapids, IA

Issue State: FL Ver: 4.5.2018.0

# TransElite HFA - Universal Life Insurance

With Riders: TI, WML, LBR

Tobacco

Death Benefit Option: A



\$8.00 BiWeekly26 Premium				\$10.00 BiWeekly26 Premium			\$12.00 BiWeekly26 Premium				Issue Age
Issue Age	Face Amount	Guaranteed Cash Value at Age 65*	Current Cash Value at Age 65*	Face Amount	Guaranteed Cash Value at Age 65*	Current Cash Value at Age 65*	Face Amount	Guaranteed Cash Value at Age 65*	Current Cash Value at Age 65*	Issue Age	
16	42,721	0		53,388	0		64,054	0		16	
17	41,404	0		51,742	0		62,080	0		17	
18	40,166	0		50,197	0		60,223	0		18	
19	38,789	0		48,474	0		58,156	0		19	
20	37,537	0	9,531	46,909	0	11,963	56,280	0	14,344	20	
21	35,417	0		44,259	0		53,102	0		21	
22	34,357	0		42,937	0		51,513	0		22	
23	33,113	0		41,381	0		49,645	0		23	
24	31,964	0		39,943	0		47,923	0		24	
25	30,945	0	7,592	38,672	0	9,523	46,398	0	11,418	25	
26	29,790	0		37,227	0		44,664	0		26	
27	28,446	0		35,549	0		42,650	0		27	
28	27,488	0		34,351	0		41,214	0		28	
29	26,274	0		32,834	0		39,393	0		29	
30	25,250	0	5,929	31,555	0	7,442	37,858	0	8,934	30	
31	23,916	0		29,887	0		35,858	0		31	
32	23,052	0		28,808	0		34,563	0		32	
33	21,986	0		27,476	0		32,963	0		33	
34	21,118	0		26,392	0		31,663	0		34	
35	20,253	0	4,459	25,311	0	5,589	30,366	0	6,708	35	
36	19,334	0		24,160	0		28,987	0		36	
37	18,367	0		22,954	0		27,539	0		37	
38	17,561	0		21,946	0		26,330	0		38	
39	16,641	0		20,797	0		24,952	0		39	
40	15,835	0	3,148	19,789	0	3,947	23,742	0	4,735	40	
41	15,075	0		18,839	0		22,602	0		41	
42	14,343	0		17,925	0		21,506	0		42	
43	13,579	0		16,970	0		20,361	0		43	
44	12,890	0		16,108	0		19,326	0		44	
45	12,209	0	2,070	15,258	0	2,598	18,306	0	3,116	45	
46	11,557	0		14,443	0		17,329	0		46	
47	10,942	0		13,675	0		16,407	0		47	
48	10,344	0		12,927	0		15,509	0		48	
49	N/A†			12,255	0		14,703	0		49	
50	N/A†			11,551	0	1,545	13,858	0	1,854	50	
51	N/A†			10,901	0		13,078	0		51	
52	N/A†			10,289	0		12,345	0		52	
53	N/A†			N/A†			11,618	0		53	
54	N/A†			N/A†			10,978	0		54	
55	N/A†			N/A†			10,353	0	972	55	
56	N/A†			N/A†			N/A†			56	
57	N/A†			N/A†			N/A†			57	
58	N/A†			N/A†			N/A†			58	
59	N/A†			N/A†			N/A†			59	
60	N/A†			N/A†			N/A†			60	
61	N/A†			N/A†			N/A†			61	
62	N/A†			N/A†			N/A†			62	
63	N/A†			N/A†			N/A†			63	
64	N/A†			N/A†			N/A†			64	
65	N/A†			N/A†			N/A†			65	
66	N/A†			N/A†			N/A†			66	
67	N/A†			N/A†			N/A†			67	
68	N/A†			N/A†			N/A†			68	
69	N/A†			N/A†			N/A†			69	
70	N/A†			N/A†			N/A†			70	
71	N/A†			N/A†			N/A†			71	
72	N/A†			N/A†			N/A†			72	
73	N/A†			N/A†			N/A†			73	
74	N/A†			N/A†			N/A†			74	
75	N/A†			N/A†			N/A†			75	
76	N/A†			N/A†			N/A†			76	
77	N/A†			N/A†			N/A†			77	
78	N/A†			N/A†			N/A†			78	
79	N/A†			N/A†			N/A†			79	
80	N/A†			N/A†			N/A†			80	

† Premium is insufficient to provide the minimum specified amount of \$10,000.

Solve for Target Face - A100

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2/14/2019

Underwritten by Transamerica Life Insurance Company. Home Office: Cedar Rapids, IA

Issue State: FL Ver: 4.5.2018.0



# TransElite HFA - Universal Life Insurance

With Riders: TI, WML, LBR

Non-Tobacco

Death Benefit Option: A



\$15,000 Face Amount				\$25,000 Face Amount			\$50,000 Face Amount				
Issue Age	BiWeekly26 Premium	Guaranteed Cash Value at Age 65*	Current Cash Value at Age 65*	BiWeekly26 Premium	Guaranteed Cash Value at Age 65*	Current Cash Value at Age 65*	BiWeekly26 Premium	Guaranteed Cash Value at Age 65*	Current Cash Value at Age 65*	Issue Age	
16	N/A†			N/A†			N/A†			16	
17	N/A†			N/A†			N/A†			17	
18	N/A†			N/A†			N/A†			18	
19	N/A†			N/A†			N/A†			19	
20	N/A†			N/A†			N/A†			20	
21	N/A†			N/A†			N/A†			21	
22	N/A†			N/A†			8.03	0		22	
23	N/A†			N/A†			8.33	0		23	
24	N/A†			N/A†			8.59	0		24	
25	N/A†			N/A†			8.86	0	8,764	25	
26	N/A†			N/A†			9.18	0		26	
27	N/A†			N/A†			9.51	0		27	
28	N/A†			N/A†			9.81	0		28	
29	N/A†			N/A†			10.18	0		29	
30	N/A†			N/A†			10.55	0	8,417	30	
31	N/A†			N/A†			11.22	0		31	
32	N/A†			N/A†			11.60	32		32	
33	N/A†			N/A†			12.08	158		33	
34	N/A†			N/A†			12.57	351		34	
35	N/A†			N/A†			13.07	482	7,947	35	
36	N/A†			N/A†			13.61	662		36	
37	N/A†			N/A†			14.20	753		37	
38	N/A†			N/A†			14.88	921		38	
39	N/A†			N/A†			15.60	1,028		39	
40	N/A†			8.14	62	3,640	16.28	1,101	7,273	40	
41	N/A†			8.63	129		17.26	1,192		41	
42	N/A†			9.00	220		18.00	1,315		42	
43	N/A†			9.48	285		18.96	1,387		43	
44	N/A†			9.91	332		19.82	1,425		44	
45	N/A†			10.38	375	3,201	20.77	1,470	6,406	45	
46	N/A†			10.92	415		21.84	1,498		46	
47	N/A†			11.49	448		22.99	1,519		47	
48	N/A†			12.19	476		24.38	1,528		48	
49	N/A†			12.86	495		25.73	1,524		49	
50	8.21	98	1,556	13.68	488	2,592	27.37	1,465	5,184	50	
51	8.69	115		14.48	484		28.96	1,417		51	
52	9.18	126		15.31	485		30.62	1,377		52	
53	9.74	86		16.24	395		32.49	1,160		53	
54	10.32	138		17.19	447		34.39	1,232		54	
55	10.92	152	1,149	18.21	454	1,918	36.43	1,207	3,838	55	
56	11.63	67		19.39	288		38.78	837		56	
57	12.42	0		20.70	61		41.41	350		57	
58	13.33	0		22.22	0		44.44	0		58	
59	14.34	0		23.91	0		47.82	0		59	
60	15.50	0	221	25.85	0	373	51.69	0	744	60	
61	16.77	0		27.96	0		55.92	0		61	
62	18.30	0		30.50	0		61.01	0		62	
63	19.88	0		33.13	0		66.27	0		63	
64	21.67	0		36.12	0		72.24	0		64	
65	23.77			39.63			79.26			65	
66	25.88			43.14			86.28			66	
67	27.83			46.38			92.77			67	
68	30.04			50.06			100.13			68	
69	32.20			53.66			107.34			69	
70	34.72			57.86			115.74			70	
71	37.78			62.96			125.93			71	
72	41.46			69.09			138.19			72	
73	45.35			75.59			151.17			73	
74	49.45			82.43			164.86			74	
75	54.29			90.49			180.98			75	
76	48.90			81.50			163.01			76	
77	52.97			88.28			176.57			77	
78	57.30			95.50			191.00			78	
79	61.94			103.24			206.49			79	
80	66.85			111.42			222.86			80	

† Face Amount is insufficient to require the minimum planned premium.

Solve for Target Premium - A100

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2/14/2019

Underwritten by Transamerica Life Insurance Company. Home Office: Cedar Rapids, IA

Issue State: FL Ver: 4.5.2018.0

# TransElite HFA - Universal Life Insurance

With Riders: TI, WML, LBR

Tobacco

Death Benefit Option: A



\$15,000 Face Amount				\$25,000 Face Amount			\$50,000 Face Amount				
Issue Age	BiWeekly26 Premium	Guaranteed Cash Value at Age 65*	Current Cash Value at Age 65*	BiWeekly26 Premium	Guaranteed Cash Value at Age 65*	Current Cash Value at Age 65*	BiWeekly26 Premium	Guaranteed Cash Value at Age 65*	Current Cash Value at Age 65*	Issue Age	
16	N/A†			N/A†			9.36	0		16	
17	N/A†			N/A†			9.66	0		17	
18	N/A†			N/A†			9.96	0		18	
19	N/A†			N/A†			10.32	0		19	
20	N/A†			N/A†			10.66	0	12,737	20	
21	N/A†			N/A†			11.30	0		21	
22	N/A†			N/A†			11.64	0		22	
23	N/A†			N/A†			12.08	0		23	
24	N/A†			N/A†			12.52	0		24	
25	N/A†			N/A†			12.93	0	12,287	25	
26	N/A†			N/A†			13.43	0		26	
27	N/A†			N/A†			14.07	0		27	
28	N/A†			N/A†			14.56	0		28	
29	N/A†			N/A†			15.23	0		29	
30	N/A†			N/A†			15.84	0	11,754	30	
31	N/A†			8.36	0		16.73	0		31	
32	N/A†			8.68	0		17.36	0		32	
33	N/A†			9.10	0		18.20	0		33	
34	N/A†			9.47	0		18.95	0		34	
35	N/A†			9.88	0	5,526	19.76	0	11,043	35	
36	N/A†			10.35	0		20.70	0		36	
37	N/A†			10.89	0		21.78	0		37	
38	N/A†			11.39	0		22.79	94		38	
39	N/A†			12.02	0		24.05	291		39	
40	N/A†			12.63	0	4,974	25.27	464	9,963	40	
41	N/A†			13.27	0		26.55	600		41	
42	8.37	0		13.95	0		27.90	797		42	
43	8.84	0		14.73	2		29.47	907		43	
44	9.31	0		15.52	70		31.05	974		44	
45	9.83	0	2,549	16.39	135	4,257	32.78	1,047	8,514	45	
46	10.38	0		17.31	170		34.62	1,067		46	
47	10.97	0		18.29	229		36.57	1,116		47	
48	11.60	0		19.34	231		38.69	1,083		48	
49	12.24	0		20.40	260		40.81	1,088		49	
50	12.99	0	2,005	21.65	242	3,344	43.30	1,004	6,688	50	
51	13.76	0		22.94	206		45.88	889		51	
52	14.58	0		24.30	163		48.60	755		52	
53	15.49	0		25.82	73		51.65	538		53	
54	16.39	0		27.33	150		54.66	651		54	
55	17.39	0	1,411	28.98	181	2,349	57.96	670	4,697	55	
56	18.48	0		30.80	27		61.60	329		56	
57	19.72	0		32.87	0		65.74	0		57	
58	21.11	0		35.18	0		70.36	0		58	
59	22.66	0		37.77	0		75.54	0		59	
60	24.36	0	399	40.60	0	665	81.20	0	1,331	60	
61	26.02	0		43.37	0		86.75	0		61	
62	27.88	0		46.47	0		92.94	0		62	
63	29.90	0		49.84	0		99.68	0		63	
64	32.02	0		53.37	0		106.75	0		64	
65	34.39			57.33			114.66			65	
66	37.96			63.27			126.54			66	
67	40.65			67.76			135.52			67	
68	43.78			72.96			145.92			68	
69	46.78			77.96			155.93			69	
70	50.14			83.57			167.15			70	
71	54.18			90.30			180.61			71	
72	58.99			98.33			196.65			72	
73	64.01			106.69			213.38			73	
74	69.19			115.32			230.64			74	
75	75.23			125.40			250.80			75	
76	67.59			112.66			225.32			76	
77	72.45			120.76			241.52			77	
78	77.63			129.38			258.77			78	
79	83.07			138.45			276.89			79	
80	88.61			147.69			295.38			80	

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Solve for Target Premium - A100

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Issue State: FL Ver: 4.5.2018.0

# TransElite HFA - Universal Life Insurance

With Riders: TI, WML, LBR

Non-Tobacco

Death Benefit Option: A



\$50,000 Face Amount				\$75,000 Face Amount			\$100,000 Face Amount				
Issue Age	BiWeekly26 Premium	Guaranteed Cash Value at Age 65*	Current Cash Value at Age 65*	BiWeekly26 Premium	Guaranteed Cash Value at Age 65*	Current Cash Value at Age 65*	BiWeekly26 Premium	Guaranteed Cash Value at Age 65*	Current Cash Value at Age 65*	Issue Age	
16	N/A†			9.80	0		13.07	0		16	
17	N/A†			10.07	0		13.43	0		17	
18	N/A†			10.35	0		13.80	0		18	
19	N/A†			10.67	0		14.23	0		19	
20	N/A†			10.99	0	13,621	14.66	0	18,186	20	
21	N/A†			11.70	0		15.61	0		21	
22	8.03	0		12.04	0		16.06	0		22	
23	8.33	0		12.49	0		16.65	0		23	
24	8.59	0		12.89	0		17.18	0		24	
25	8.86	0	8,764	13.29	0	13,121	17.72	0	17,512	25	
26	9.18	0		13.77	0		18.36	0		26	
27	9.51	0		14.27	0		19.03	9		27	
28	9.81	0		14.72	0		19.63	388		28	
29	10.18	0		15.28	121		20.37	720		29	
30	10.55	0	8,417	15.83	261	12,625	21.11	914	16,834	30	
31	11.22	0		16.82	538		22.43	1,249		31	
32	11.60	32		17.40	811		23.21	1,605		32	
33	12.08	158		18.12	963		24.17	1,776		33	
34	12.57	351		18.85	1,201		25.14	2,070		34	
35	13.07	482	7,947	19.61	1,383	11,940	26.15	2,283	15,925	35	
36	13.61	662		20.41	1,595		27.22	2,539		36	
37	14.20	753		21.30	1,705		28.41	2,670		37	
38	14.88	921		22.32	1,926		29.76	2,938		38	
39	15.60	1,028		23.40	2,063		31.20	3,098		39	
40	16.28	1,101	7,273	24.42	2,140	10,906	32.56	3,179	14,534	40	
41	17.26	1,192		25.89	2,247		34.52	3,306		41	
42	18.00	1,315		27.00	2,406		36.00	3,504		42	
43	18.96	1,387		28.45	2,497		37.94	3,604		43	
44	19.82	1,425		29.74	2,530		39.66	3,633		44	
45	20.77	1,470	6,406	31.16	2,565	9,612	41.54	3,656	12,814	45	
46	21.84	1,498		32.76	2,581		43.68	3,665		46	
47	22.99	1,519		34.49	2,594		45.99	3,668		47	
48	24.38	1,528		36.58	2,585		48.78	3,646		48	
49	25.73	1,524		38.59	2,549		51.46	3,580		49	
50	27.37	1,465	5,184	41.06	2,447	7,782	54.76	3,432	10,384	50	
51	28.96	1,417		43.44	2,353		57.93	3,290		51	
52	30.62	1,377		45.94	2,274		61.26	3,171		52	
53	32.49	1,160		48.74	1,928		64.98	2,690		53	
54	34.39	1,232		51.59	2,015		68.78	2,796		54	
55	36.43	1,207	3,838	54.65	1,960	5,760	72.87	2,713	7,683	55	
56	38.78	837		58.18	1,388		77.57	1,938		56	
57	41.41	350		62.12	640		82.83	931		57	
58	44.44	0		66.67	73		88.89	161		58	
59	47.82	0		71.74	0		95.65	0		59	
60	51.69	0	744	77.54	0	1,117	103.39	0	1,489	60	
61	55.92	0		83.88	0		111.84	0		61	
62	61.01	0		91.51	0		122.02	0		62	
63	66.27	0		99.41	0		132.55	0		63	
64	72.24	0		108.36	0		144.48	0		64	
65	79.26			118.89			158.52			65	
66	86.28			129.43			172.58			66	
67	92.77			139.16			185.55			67	
68	100.13			150.20			200.27			68	
69	107.34			161.00			214.67			69	
70	115.74			173.60			231.48			70	
71	125.93			188.90			251.87			71	
72	138.19			207.29			276.38			72	
73	151.17			226.76			302.35			73	
74	164.86			247.29			329.72			74	
75	180.98			271.47			361.96			75	
76	163.01			244.52			326.03			76	
77	176.57			264.85			353.14			77	
78	191.00			286.50			382.00			78	
79	206.49			309.73			412.98			79	
80	222.86			334.29			445.72			80	

† Face Amount is insufficient to require the minimum planned premium.

Solve for Target Premium - A100

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A detailed illustration will be provided on delivery of a contract or earlier if requested. This is a quotation, not a contract.

2/14/2019

Underwritten by Transamerica Life Insurance Company. Home Office: Cedar Rapids, IA

Issue State: FL Ver: 4.5.2018.0

# TransElite HFA - Universal Life Insurance

With Riders: TI, WML, LBR

Tobacco

Death Benefit Option: A



\$50,000 Face Amount				\$75,000 Face Amount			\$100,000 Face Amount			
Issue Age	BiWeekly26 Premium	Guaranteed Cash Value at Age 65*	Current Cash Value at Age 65*	BiWeekly26 Premium	Guaranteed Cash Value at Age 65*	Current Cash Value at Age 65*	BiWeekly26 Premium	Guaranteed Cash Value at Age 65*	Current Cash Value at Age 65*	Issue Age
16	9.36	0		14.05	0		18.73	0		16
17	9.66	0		14.50	0		19.33	0		17
18	9.96	0		14.94	0		19.92	0		18
19	10.32	0		15.48	0		20.63	0		19
20	10.66	0	12,737	15.99	0	19,093	21.32	0	25,474	20
21	11.30	0		16.95	0		22.60	0		21
22	11.64	0		17.47	0		23.29	0		22
23	12.08	0		18.13	0		24.17	0		23
24	12.52	0		18.78	0		25.04	0		24
25	12.93	0	12,287	19.40	0	18,459	25.86	0	24,594	25
26	13.43	0		20.15	0		26.87	0		26
27	14.07	0		21.10	0		28.14	0		27
28	14.56	0		21.84	0		29.12	0		28
29	15.23	0		22.85	0		30.46	0		29
30	15.84	0	11,754	23.77	0	17,660	31.70	0	23,579	30
31	16.73	0		25.10	0		33.47	0		31
32	17.36	0		26.04	0		34.72	0		32
33	18.20	0		27.30	0		36.41	0		33
34	18.95	0		28.43	0		37.90	0		34
35	19.76	0	11,043	29.64	0	16,569	39.52	197	22,085	35
36	20.70	0		31.05	100		41.40	579		36
37	21.78	0		32.68	383		43.58	945		37
38	22.79	94		34.18	737		45.58	1,388		38
39	24.05	291		36.07	1,000		48.10	1,721		39
40	25.27	464	9,963	37.91	1,238	14,959	50.55	2,007	19,948	40
41	26.55	600		39.82	1,407		53.09	2,204		41
42	27.90	797		41.85	1,665		55.80	2,533		42
43	29.47	907		44.21	1,805		58.94	2,696		43
44	31.05	974		46.57	1,867		62.10	2,771		44
45	32.78	1,047	8,514	49.17	1,952	12,772	65.56	2,864	17,034	45
46	34.62	1,067		51.94	1,961		69.26	2,865		46
47	36.57	1,116		54.86	2,009		73.15	2,906		47
48	38.69	1,083		58.03	1,932		77.38	2,787		48
49	40.81	1,088		61.22	1,920		81.63	2,751		49
50	43.30	1,004	6,688	64.95	1,766	10,033	86.60	2,530	13,380	50
51	45.88	889		68.82	1,570		91.76	2,257		51
52	48.60	755		72.91	1,355		97.22	1,950		52
53	51.65	538		77.47	1,002		103.30	1,470		53
54	54.66	651		81.99	1,150		109.32	1,649		54
55	57.96	670	4,697	86.94	1,160	7,047	115.92	1,650	9,396	55
56	61.60	329		92.40	629		123.21	932		56
57	65.74	0		98.61	0		131.48	0		57
58	70.36	0		105.55	0		140.73	0		58
59	75.54	0		113.31	0		151.08	0		59
60	81.20	0	1,331	121.80	0	1,997	162.41	0	2,664	60
61	86.75	0		130.13	0		173.50	0		61
62	92.94	0		139.41	0		185.88	0		62
63	99.68	0		149.52	0		199.37	0		63
64	106.75	0		160.13	0		213.51	0		64
65	114.66			171.99			229.32			65
66	126.54			189.81			253.08			66
67	135.52			203.28			271.05			67
68	145.92			218.89			291.86			68
69	155.93			233.89			311.86			69
70	167.15			250.72			334.30			70
71	180.61			270.91			361.22			71
72	196.65			294.98			393.31			72
73	213.38			320.08			426.77			73
74	230.64			345.96			461.29			74
75	250.80			376.20			501.60			75
76	225.32			337.98			450.65			76
77	241.52			362.28			483.04			77
78	258.77			388.15			517.54			78
79	276.89			415.35			553.79			79
80	295.38			443.07			590.76			80

Solve for Target Premium - A100

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2/14/2019

Underwritten by Transamerica Life Insurance Company. Home Office: Cedar Rapids, IA

Issue State: FL Ver: 4.5.2018.0

# TRANSELITE® UNIVERSAL LIFE INSURANCE

## A FLEXIBLE SOLUTION FOR FAMILIES

Underwritten by Transamerica Life Insurance Company, Cedar Rapids, Iowa.

### CHILD RATE SHEET MONTHLY PREMIUM

\$25,000 Child/Grandchild Death Benefit

AGE	Policy	Policy	Policy	Policy	Policy	Policy	Policy	Policy	Policy	Policy
		WPL	WPL	WPL	WPL + WMD	WPL + WMD	WPL + WMD	WMD	WMD	WMD
			25% CCR	50% CCR		25% CCR	50% CCR		25% CCR	50% CCR
0	\$13.00	\$13.00	\$13.00	\$13.00	\$13.00	\$13.00	\$13.00	\$13.00	\$13.00	\$13.00
1	\$13.00	\$13.00	\$13.00	\$13.00	\$13.00	\$13.00	\$13.00	\$13.00	\$13.00	\$13.00
2	\$13.00	\$13.00	\$13.00	\$13.00	\$13.00	\$13.00	\$13.00	\$13.00	\$13.00	\$13.00
3	\$13.00	\$13.00	\$13.00	\$13.00	\$13.00	\$13.00	\$13.38	\$13.00	\$13.00	\$13.36
4	\$13.00	\$13.00	\$13.00	\$13.08	\$13.00	\$13.00	\$13.58	\$13.00	\$13.00	\$13.56
5	\$13.00	\$13.00	\$13.00	\$13.25	\$13.00	\$13.12	\$13.75	\$13.00	\$13.10	\$13.73
6	\$13.00	\$13.00	\$13.00	\$13.44	\$13.00	\$13.35	\$13.98	\$13.00	\$13.33	\$13.96
7	\$13.00	\$13.00	\$13.00	\$13.63	\$13.00	\$13.54	\$14.17	\$13.00	\$13.52	\$14.15
8	\$13.00	\$13.00	\$13.19	\$13.83	\$13.02	\$13.78	\$14.42	\$13.00	\$13.76	\$14.39
9	\$13.00	\$13.00	\$13.42	\$14.05	\$13.27	\$14.04	\$14.67	\$13.25	\$14.02	\$14.65
10	\$13.00	\$13.00	\$13.64	\$14.27	\$13.49	\$14.26	\$14.89	\$13.47	\$14.24	\$14.87
11	\$13.09	\$13.11	\$13.88	\$14.51	\$13.82	\$14.58	\$15.22	\$13.79	\$14.56	\$15.19
12	\$13.51	\$13.53	\$14.30	\$14.93	\$14.28	\$15.05	\$15.68	\$14.26	\$15.03	\$15.66
13	\$13.94	\$13.96	\$14.80	\$15.44	\$14.75	\$15.58	\$16.23	\$14.73	\$15.56	\$16.21
14	\$14.56	\$14.59	\$15.46	\$16.12	\$15.41	\$16.28	\$16.94	\$15.39	\$16.26	\$16.92
15	\$15.01	\$15.03	\$15.97	\$16.65	\$15.89	\$16.84	\$17.51	\$15.87	\$16.82	\$17.49
16	\$15.64	\$15.66	\$16.64	\$17.34	\$15.91	\$16.89	\$17.60	\$15.89	\$16.87	\$17.57
17	\$15.92	\$15.94	\$16.97	\$17.70	\$16.19	\$17.21	\$17.95	\$16.17	\$17.19	\$17.93
18	\$16.22	\$16.24	\$17.30	\$18.06	\$16.48	\$17.54	\$18.30	\$16.46	\$17.52	\$18.28
19	\$16.52	\$16.54	\$17.65	\$18.43	\$16.79	\$17.89	\$18.67	\$16.77	\$17.87	\$18.65
20	\$16.85	\$16.87	\$18.01	\$18.82	\$17.15	\$18.29	\$19.10	\$17.13	\$18.27	\$19.08
21	\$17.19	\$17.21	\$18.39	\$19.23	\$17.49	\$18.67	\$19.51	\$17.47	\$18.65	\$19.49
22	\$17.54	\$17.56	\$18.79	\$19.67	\$17.85	\$19.07	\$19.95	\$17.83	\$19.05	\$19.93
23	\$17.93	\$17.95	\$19.22	\$20.09	\$18.27	\$19.53	\$20.41	\$18.25	\$19.51	\$20.39
24	\$18.33	\$18.35	\$19.65	\$20.56	\$18.67	\$19.96	\$20.88	\$18.65	\$19.94	\$20.86
25	\$18.75	\$18.78	\$20.11	\$21.08	\$19.13	\$20.47	\$21.44	\$19.11	\$20.45	\$21.42

Policy includes Accelerated Death Benefit for Terminal Illness Rider

WPL - Waiver of Monthly Deduction for Layoff or Strike Rider

CCR - Critical Care Condition Rider

WMD - Waiver of Month Deductions for Total Disability Rider

For Agent Use Only — Not for Use With the Public

