

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 “data”. This Notice describes the data we collect and how we use, share and protect such data. The types of data we collect and share depend on the type of product or service you have with us. Also, Transamerica websites’ and applications’ Terms of Use and Privacy Statements provide additional detail on the treatment and handling of data when interacting with these sites or applications. If your relationship with us ends, we will continue to handle your data in accordance with this Notice.

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

Data	Typical Data Sources
Name, email and physical address, age, social security and driver’s license numbers, employment, financial and health data and history.	<ul style="list-style-type: none"> • You directly, when you submit applications and forms and engage in communications with us • Employers, healthcare providers, other insurance companies and other authorized entities
Data about your transactions with us. Data about your transactions with unaffiliated third parties (“Third Parties”) that is shared with Transamerica. Transactional data collected as part of your interaction with Transamerica or provided by Third Parties can include , but is not limited to, account balances, accrued benefits, coverages, premiums, payment and claims history, financial transactions, and medical or health data.	<ul style="list-style-type: none"> • Our affiliates (companies under common ownership) • Third Parties • Transamerica’s websites, digital platforms, and applications • Assistive technologies, mobile or wearable devices, or other similar technology
Credit history, employment information and other information about your creditworthiness, medical care and health.	<ul style="list-style-type: none"> • Consumer reporting agencies and other service providers we use such as third party data suppliers • Your employers, healthcare providers, other insurance companies and other authorized entities
Data about products and services you obtain or in which you might be interested.	<ul style="list-style-type: none"> • You • Third Parties with whom we have joint marketing arrangements • Other Third Parties as allowed
Data you provide to Third Parties when you have authorized the Third Party to share such data with other parties. This includes data collected through Third Party applications, websites, or other digital interfaces, data you share with us, data you have authorized us to receive, or data you have authorized Third Parties to share with us.	<ul style="list-style-type: none"> • Third Party applications, websites, or other digital interfaces where you have agreed to share your data • Assistive technologies, mobile or wearable devices, or other similar technology

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

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

Sharing Data: We may share your data with Third Parties and affiliates as permitted or required by law, or when you authorize us to do so. 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,
- Those who have a legal or beneficial interest in your assets (such as creditors with a lien on your account),
- Your employer or plan sponsor as needed to support the administration of employee accounts (but only as permitted by law and only if you have established an account in connection with your employer),
- Your representatives and lawyers,
- 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 not covered under the Notice, 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 ("Opt Out"). 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 elections will apply to everyone on the account. When you are no longer our customer, we will continue to share your data as described in this Notice (including your Opt Out, if applicable). However, you may contact us at any time to elect to Opt Out.

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

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

Your Right of Access and Correction: You 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 and if we agree, we will correct our records. If we don't agree, you may dispute our findings in writing and send your statement to us. We will include your statement whenever we provide your disputed information to anyone outside Transamerica. This is a summary of your rights. For a copy of our more detailed Notice of Insurance Information Practices as applicable to your product or service, please send a written request to 6400 C St. SW Cedar Rapids, IA 52499-0001.

Protecting Your Data: We maintain appropriate controls to limit access to data to persons who need access to it in order to do their jobs or to provide products and services to you. We train our workforce in the proper handling of data. In addition, we maintain other physical, technical, and administrative or 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 with additional choices.

We may revise this Notice. If we make material changes, we will notify you as required by law. This Notice is provided by the 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

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

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

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

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

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

To learn more about the Association and your protections, contact:

Texas Life and Health Insurance Guaranty Association
515 Congress Avenue, Suite 1875
Austin, TX 78701
1-800-982-6362 or www.txlifega.org

For questions about insurance, contact:

Texas Department of Insurance
P.O. Box 149104
Austin, TX 78714-9104
1-800-252-3439 or www.tdi.texas.gov

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

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

Have a complaint or need help?

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

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

Transamerica Life Insurance Company

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

Toll-free: 1-888-763-7474

Online: www.transamericaemployeebenefits.com

Email: TEBcustresp@Transamerica.com

Mail: 2700 W Plano Pkwy, PO Box 869094, Plano, TX 75086-9817

The Texas Department of Insurance

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

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

File a complaint: www.tdi.texas.gov

Email: ConsumerProtection@tdi.texas.gov

Mail: MC 111-1A, P.O. Box 149091, Austin, TX 78714-9091

¿Tiene una queja o necesita ayuda?

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

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

Transamerica Life Insurance Company

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

Toll-free: 1-888-763-7474

Online: www.transamericaemployeebenefits.com

Email: TEBcustresp@Transamerica.com

Mail: 2700 W Plano Pkwy, PO Box 869094, Plano, TX 75086-9817

El Departamento de Seguros de Texas

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

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

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

Correo electrónico: ConsumerProtection@tdi.texas.gov

Dirección postal: MC 111-1A, P.O. Box 149091, Austin, TX 78714-9091

TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: Cedar Rapids, Iowa 52499
A Stock Company

Policyholder: UPLIFT EDUCATION
Policy Number: EL00075983
Address: 3000 PEGASUS PARK
DALLAS TX 75247
Policy Effective Date: OCTOBER 1 2021
Policy Anniversary Date: NOVEMBER 1
Premium Rate Guarantee Date: OCTOBER 1 2022
Governing Jurisdiction: TX

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

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

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

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

This Policy is a legal contract between the Policyholder and us. **Read This Policy Carefully.** This Policy is subject to the laws of the governing jurisdiction in which it is issued. It is signed for the Company at our Home Office to take effect on the Policy Effective Date.



General Counsel and Secretary



President

Group Master Policy for Flexible Premium Adjustable Life Insurance

Flexible Premium Adjustable Life Insurance
Flexible Premiums Payable During the Life of the Insured to the Maturity Date
Death Benefit Payable at Death of Insured Prior to the Maturity Date
Cash Surrender Value, if any, Payable at the Maturity Date
Nonparticipating - No Annual Dividends

Administrative Office:
PO Box 869094, Plano, TX 75086-9817
Customer Service: 1-888-763-7474
E-Mail Address: TEBcustresp@Transamerica.com
Web Address: www.transamericaemployeebenefits.com

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DEFINITIONS

The defined terms below, when used in this Policy, will have the following meanings.

Active Service – Performing in the usual manner all of the regular duties of the individual's occupation on a scheduled work day at the normal place of business or other location as directed by the employer.

An individual is considered to be in Active Service on a day which is not a scheduled work day only if the individual would meet the requirements above if it were a scheduled work day and was in Active Service on the last preceding regular work day.

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

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

Child – A Child of the employee or member who is at least 15 days old and under the age of 26 and is:

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

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

Other Adult Dependent – The employee or member's common law marriage partner, domestic partner, or civil union partner, if legally recognized in the governing jurisdiction or as otherwise agreed upon between the Policyholder and us, who is at least 16 years old and under the age of 65.

Policyholder Application – The form completed and signed by the Policyholder to apply for this insurance coverage.

Policy Anniversary Date – The month and date of each year that is the same month and date as the Policy Effective Date. When any date is referred to, the effective time will be 12:01 a.m. at the Policyholder's address.

Spouse – The employee or member's legally married Spouse who is at least 16 years old and under the age of 65.

ELIGIBILITY

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

1. Be at least 16 years old and under the age of 80;
2. Meet the eligibility requirements listed on the Policyholder Application;
3. Be in Active Service; and
4. Provide satisfactory evidence of insurability to us, if required.

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

1. Meet the definition of a Spouse, Other Adult Dependent, or Child;
2. Be able to perform a majority of the normal activities of a person of like age in good health;
3. Not be eligible as an employee or member under the Policy; and
4. Provide satisfactory evidence of insurability to us, if required.

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

PREMIUMS

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

Grace Period – A Grace Period of 31 days will be allowed for each premium payment after the first premium. Coverage will stay in force during this time. This Policy will terminate at the end of the Grace Period if the premium has not been paid. The Policyholder must still pay all unpaid premiums. This includes the premium due for the Grace Period.

Premium Rate Guarantee – The premium rates are guaranteed until the date shown on the Policy's cover page and are subject to the Change in Premium Rates provision.

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

POLICY CHANGES AND TERMINATION

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

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

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

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

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

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

POLICYHOLDER PROVISIONS

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

1. As required, give us any and all information we determine to be necessary for the enrollment and determination of eligibility of the Policyholder's employees or members, including Dependents, if applicable.
2. Receive and forward to us, the Applications of the Policyholder's employees or members.
3. Maintain records pertaining to the insurance of the Policyholder's employees or members as we may reasonably require while this Policy is in force and for two years after this Policy terminates, and allow us the opportunity to examine these records at any reasonable time during normal business hours.
4. Pay premiums to us.
5. Cooperate with us in delivering Certificates, disclosures and notices regarding this coverage to Insureds under the Policy.

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

Inspection of Policy – The Policyholder must make this Policy available for inspection by the Policyholder's employees or members at all reasonable times during normal business hours.

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

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

GENERAL PROVISIONS

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

Conformity With State Laws – A provision of the Policy or Certificate that conflicts with a law of the governing jurisdiction is hereby changed to meet the minimum standards of that law.

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

New Insureds – The group originally insured may be modified from time to time to add eligible new persons in accordance with the terms of this Policy.

Non-Participating – No Dividends Payable - This is non-participating insurance. Neither the Policyholder 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 or Rider after it has been in force for two years from its Effective Date. Any such statement must be in a signed form.

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

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

CERTIFICATE PROVISIONS MADE A PART OF THIS POLICY

The remainder of this Policy consists of the provisions that appear in the Certificate, including any Amendments, Endorsements, or Riders that describe the insurance made available to the employees or members under this Policy.

TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: Cedar Rapids, Iowa 52499
A Stock Company

Subject to the provisions of this Certificate, we will pay the Death Benefit in a lump sum to the Beneficiary if the Insured dies before the Maturity Date. If the Insured is living on the Maturity Date, and this Certificate is in force, we will pay the Cash Surrender Value, if any, to the Owner.

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



General Counsel and Secretary



President

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

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

AFTER 30 DAYS, CANCELLATION MAY RESULT IN A SUBSTANTIAL PENALTY KNOWN AS A SURRENDER CHARGE. **YOU WILL INCUR SURRENDER CHARGES IF COVERAGE IS TERMINATED WITHIN THE SURRENDER CHARGE PERIOD.** THE TABLE OF SURRENDER CHARGE FACTORS CAN BE FOUND IN THE TABLES SECTION OF THE CONTRACT DATA PAGES STARTING ON PAGE 6.

THE CERTIFICATE DATE CAN BE FOUND ON THE CONTRACT DATA PAGES.

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

Flexible Premium Adjustable Life Insurance
Flexible Premiums Payable During the Life of the Insured to the Maturity Date
Death Benefit Payable at Death of Insured Prior to the Maturity Date
Cash Surrender Value, if any, Payable at the Maturity Date
Nonparticipating - No Annual Dividends

Administrative Office:
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CERTIFICATE SUMMARY

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

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CONTRACT DATA PAGES

POLICYHOLDER	UPLIFT EDUCATION	GOVERNING JURISDICTION	TEXAS
INSURED	XXXXXXXXXX	CERTIFICATE NUMBER	XXXXXXXXXX
FACE AMOUNT	\$XX,XXX	PLANNED PREMIUM	\$XX.XX MONTHLY
INSURED AGE	XX	CERTIFICATE DATE	XX/XX/XXXX
CLASS OF RISK	[TOBACCO]	OWNER	XXXXXXXXXX
MINIMUM MONTHLY PREMIUM	\$XX.XX	MINIMUM MONTHLY PREMIUM DATE	XX/XX/XXXX
DEATH BENEFIT OPTION	[OPTION A]	MATURITY DATE	XX/XX/XXXX
LOAN INTEREST RATE	8.0% (7.40% IN ADVANCE)		

PLEASE NOTE THAT COVERAGE MAY EXPIRE BEFORE THE MATURITY DATE IF THE CASH SURRENDER VALUE IS LESS THAN THE MONTHLY DEDUCTION DUE.

GUARANTEED MINIMUM INTEREST RATE:	3% PER ANNUM
GUARANTEED EXPENSE CHARGE:	5% OF ANY PREMIUM PAYMENT RECEIVED
GUARANTEED CERTIFICATE FEE:	\$2.00 PER MONTH
GUARANTEED MONTHLY ADMINISTRATIVE FEE:	\$X.XX PER \$1,000 OF FACE AMOUNT (YEARS XX) AND \$X.XX (YEARS XX)
MAXIMUM UNSCHEDULED PREMIUM:	\$500 IN EXCESS OVER THE ANNUALIZED PLANNED PREMIUM IN ANY CALENDAR YEAR
INTEREST RATE ON ACCUMULATION VALUE SECURING LOANS:	5.5%
MINIMUM LOAN AMOUNT:	\$250

PLEASE REFER TO THE COST OF INSURANCE (COI) PROVISION FOR A DESCRIPTION OF HOW THE COST OF INSURANCE IS CALCULATED. A TABLE OF GUARANTEED MONTHLY COST OF INSURANCE RATES IS LOCATED IN THE TABLES SECTION OF THE CONTRACT DATA PAGES.

CONTRACT DATA PAGES (Continued)

ADDITIONAL RIDERS

THE INITIAL MONTHLY CHARGE DEDUCTED FROM THE ACCUMULATION VALUE FOR ANY ADDITIONAL BENEFITS WHICH ARE PROVIDED BY RIDER IS SHOWN BELOW. THE COMPLETE RIDER PROVISIONS ARE INCLUDED IN THE RIDER.

<u>RIDER NUMBER</u>	<u>SCHEDULE OF ADDITIONAL RIDERS AND BENEFITS</u>	<u>MONTHLY CHARGE</u>
CRLT11TX	ACCELERATED DEATH BENEFIT FOR TERMINAL CONDITION RIDER MAXIMUM BENEFIT: LESSER OF (A) \$100,000 OR (B) 75% OF THE APPLICABLE DEATH BENEFIT ADMINISTRATIVE EXPENSE CHARGE: \$100	\$XX.XX
CRLWL1TX	WAIVER OF MONTHLY DEDUCTIONS FOR LAYOFF/STRIKE RIDER	\$XX.XX
CRLCH100	CHILD LEVEL TERM INSURANCE RIDER RIDER DEATH BENEFIT (EACH CHILD): \$XX,XXX	\$XX.XX
CRLLT1TX or CRLLT3TX	ACCELERATED DEATH BENEFIT FOR CHRONIC CONDITION RIDER PERCENTAGE OF DEATH BENEFIT AMOUNT FOR MONTHLY BENEFIT: 4% PERCENTAGE OF DEATH BENEFIT AMOUNT FOR ONE-TIME LUMP SUM BENEFIT: 20% ELIMINATION PERIOD: 90 DAYS [WAITING PERIOD: 30 DAYS] *WP for CRLLT1TX only GUARANTEED MONTHLY CHARGE PER \$1,000: \$0.XXXXX	\$XX.XX
CRLRE100	BENEFIT RESTORATION RIDER GUARANTEED MONTHLY CHARGE PER \$1,000: \$0.XXXXX	\$XX.XX

CCGUL300

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CONTRACT DATA PAGES (Continued)

CURRENT COST OF INSURANCE RATES, CERTIFICATE FEES, ADMINISTRATIVE FEES, EXPENSE CHARGES, RIDER CHARGES AND INTEREST RATES ARE NOT GUARANTEED, NOR ARE THEY ESTIMATES OR PROMISES FOR THE FUTURE.

PLEASE REFER TO THE NONFORFEITURE OPTION SECTION FOR A DESCRIPTION OF HOW THE SURRENDER CHARGE IS CALCULATED. SURRENDER CHARGES ARE COMPUTED SEPARATELY FOR THE ORIGINAL FACE AMOUNT AND EACH INCREASE IN FACE AMOUNT AND THEN COMBINED. PLEASE REFER TO THE PARTIAL SURRENDER PROVISION FOR A DESCRIPTION OF HOW THE PARTIAL SURRENDER CHARGE IS CALCULATED. THE TABLE OF SURRENDER CHARGE FACTORS STARTS ON PAGE 6, WHICH IS LOCATED IN THE TABLES SECTION OF THE CONTRACT DATA PAGES. PLEASE USE THE CLASS OF RISK, ISSUE AGE OF THE INSURED ON THE EFFECTIVE DATE OF COVERAGE, AND THE CERTIFICATE YEAR (CY) FACTOR FROM THE EFFECTIVE DATE OF COVERAGE FROM THE TABLE OF SURRENDER CHARGE FACTORS TO DETERMINE THE APPLICABLE SURRENDER CHARGE OR PARTIAL SURRENDER CHARGE IN ANY GIVEN YEAR.

PREMIUMS ARE SUBJECT TO REFUND UNDER CONDITIONS DESCRIBED IN THE CERTIFICATE.

THE INTEREST RATE APPLICABLE TO THE ACCUMULATION VALUE SECURING ANY LOAN(S) MAY DIFFER FROM THE INTEREST RATE APPLICABLE TO THE ACCUMULATION VALUE NOT SECURING THE LOAN(S).

THE FOLLOWING TABLES ARE INCLUDED IN THE TABLES SECTION OF THE CONTRACT DATA PAGES:
TABLE OF SURRENDER CHARGE BASE FACTORS
TABLE OF SURRENDER CHARGE CONTRACT YEAR PERCENTAGES

TABLE OF GUARANTEED MONTHLY COST OF INSURANCE RATES
TABLE OF DEATH BENEFIT FACTORS

CONTRACT DATA PAGES (Continued)

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

NONTOBACCO				TOBACCO			
ISSUE AGE	SC BASE	ISSUE AGE	SC BASE	ISSUE AGE	SC BASE	ISSUE AGE	SC BASE
0	2.68	41	15.14	0	N/A	41	22.33
1	2.70	42	15.91	1	N/A	42	23.31
2	2.72	43	16.74	2	N/A	43	24.35
3	2.74	44	17.60	3	N/A	44	25.44
4	2.77	45	18.51	4	N/A	45	26.58
5	2.80	46	19.08	5	N/A	46	27.33
6	2.83	47	19.69	6	N/A	47	28.10
7	2.86	48	20.34	7	N/A	48	28.93
8	2.89	49	21.03	8	N/A	49	29.80
9	2.92	50	21.75	9	N/A	50	30.73
10	2.96	51	22.53	10	N/A	51	31.72
11	3.00	52	23.35	11	N/A	52	32.79
12	3.04	53	24.23	12	N/A	53	33.90
13	3.08	54	25.15	13	N/A	54	35.07
14	3.12	55	26.13	14	N/A	55	36.27
15	3.16	56	26.97	15	N/A	56	36.33
16	3.21	57	27.86	16	4.42	57	36.32
17	3.39	58	28.80	17	4.49	58	36.31
18	3.71	59	29.81	18	4.57	59	36.32
19	4.18	60	30.88	19	4.65	60	36.34
20	4.52	61	30.70	20	4.73	61	36.37
21	5.02	62	30.48	21	5.62	62	36.38
22	5.39	63	30.24	22	6.54	63	36.39
23	5.93	64	30.00	23	7.84	64	36.37
24	6.03	65	29.75	24	8.50	65	36.32
25	6.13	66	29.68	25	10.41	66	36.24
26	6.55	67	29.61	26	10.97	67	36.15
27	6.99	68	29.54	27	11.56	68	36.04
28	7.44	69	29.47	28	12.18	69	35.96
29	7.92	70	29.40	29	12.82	70	35.87
30	8.42	71	29.33	30	13.50	71	35.78
31	8.93	72	29.23	31	14.21	72	35.67
32	9.48	73	29.13	32	14.96	73	35.55
33	10.05	74	29.02	33	15.75	74	35.42
34	10.64	75	28.91	34	16.59	75	35.30
35	11.28	76	28.81	35	17.47	76	35.21
36	11.84	77	28.73	36	18.17	77	35.14
37	12.43	78	28.66	37	18.91	78	35.10
38	13.06	79	28.60	38	19.69	79	35.07
39	13.72	80	28.44	39	20.52	80	34.95
40	14.41			40	21.40		

N/A = NOT APPLICABLE.

CONTRACT DATA PAGES (Continued)

**TABLE OF SURRENDER CHARGE FACTORS
CONTRACT YEAR PERCENTAGES
NONTOBACCO AND TOBACCO**

CONTRACT YEAR	PERCENTAGE					
	ISSUE AGES 0 TO 50	ISSUE AGE 51	ISSUE AGE 52	ISSUE AGE 53	ISSUE AGE 54	ISSUE AGE 55+
1	100%	100%	100%	100%	100%	100%
2	100%	100%	100%	100%	100%	100%
3	100%	100%	100%	100%	100%	100%
4	100%	100%	100%	100%	100%	100%
5	100%	100%	100%	100%	100%	100%
6	90%	90%	90%	90%	90%	90%
7	85%	85%	85%	85%	85%	75%
8	80%	80%	80%	80%	70%	55%
9	75%	75%	75%	65%	50%	25%
10	70%	70%	70%	50%	25%	0%
11	40%	40%	40%	25%	0%	0%
12	30%	30%	20%	0%	0%	0%
13	20%	20%	0%	0%	0%	0%
14	10%	0%	0%	0%	0%	0%
15 +	0%	0%	0%	0%	0%	0%

CONTRACT DATA PAGES (Continued)

TABLE OF GUARANTEED MONTHLY COST OF INSURANCE (COI) RATES
PER \$1,000*
NONTOBACCO

INSURED'S AGE	MONTHLY COI RATE	INSURED'S AGE	MONTHLY COI RATE	INSURED'S AGE	MONTHLY COI RATE
0	0.05500	40	0.12167	80	5.45333
1	0.03583	41	0.13167	81	6.06500
2	0.02583	42	0.14417	82	6.70917
3	0.02000	43	0.15833	83	7.40500
4	0.01750	44	0.17500	84	8.17333
5	0.01667	45	0.19250	85	9.00750
6	0.01750	46	0.21083	86	9.92833
7	0.01833	47	0.22667	87	10.94333
8	0.01833	48	0.24083	88	12.00917
9	0.01917	49	0.25833	89	13.09917
10	0.01917	50	0.28000	90	14.08750
11	0.02250	51	0.30667	91	15.01750
12	0.02750	52	0.33833	92	16.09167
13	0.03167	53	0.37500	93	17.32750
14	0.04083	54	0.42000	94	18.74167
15	0.05000	55	0.47000	95	20.22750
16	0.05833	56	0.52250	96	21.70667
17	0.06500	57	0.57417	97	22.94333
18	0.06833	58	0.62583	98	23.92167
19	0.07000	59	0.68500	99	25.23750
20	0.07083	60	0.75583		
21	0.07083	61	0.84083		
22	0.07167	62	0.93917		
23	0.07250	63	1.04500		
24	0.07333	64	1.15667		
25	0.07500	65	1.27250		
26	0.07833	66	1.39167		
27	0.08083	67	1.51750		
28	0.08000	68	1.65083		
29	0.07917	69	1.79917		
30	0.07833	70	1.97167		
31	0.07833	71	2.18000		
32	0.08000	72	2.42083		
33	0.08250	73	2.67583		
34	0.08583	74	2.94917		
35	0.09000	75	3.24667		
36	0.09500	76	3.58083		
37	0.10083	77	3.96583		
38	0.10667	78	4.40750		
39	0.11333	79	4.89917		

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

CONTRACT DATA PAGES (Continued)

TABLE OF GUARANTEED MONTHLY COST OF INSURANCE (COI) RATES
PER \$1,000*
TOBACCO

INSURED'S AGE	MONTHLY COI RATE	INSURED'S AGE	MONTHLY COI RATE	INSURED'S AGE	MONTHLY COI RATE
0		40	0.23000	80	7.38750
1		41	0.25083	81	8.09500
2		42	0.27583	82	8.82000
3		43	0.30583	83	9.58417
4		44	0.33917	84	10.43083
5		45	0.37333	85	11.35000
6		46	0.40833	86	12.34833
7		47	0.44000	87	13.43417
8		48	0.46667	88	14.54500
9		49	0.50083	89	15.64083
10		50	0.54167	90	16.56917
11		51	0.59333	91	17.38500
12		52	0.65500	92	18.32667
13		53	0.72667	93	19.39167
14		54	0.81083	94	20.68000
15		55	0.90000	95	22.11500
16	0.06500	56	0.99417	96	23.50500
17	0.07667	57	1.08167	97	24.60333
18	0.08500	58	1.16667	98	25.38333
19	0.09083	59	1.26500	99	26.51000
20	0.09667	60	1.38167		
21	0.10167	61	1.52250		
22	0.10583	62	1.68250		
23	0.11167	63	1.85250		
24	0.11833	64	2.02417		
25	0.12417	65	2.19333		
26	0.13083	66	2.36083		
27	0.13583	67	2.53333		
28	0.13667	68	2.71083		
29	0.13750	69	2.90583		
30	0.13833	70	3.12917		
31	0.14000	71	3.40000		
32	0.14333	72	3.70917		
33	0.14917	73	4.02500		
34	0.15583	74	4.36583		
35	0.16333	75	4.74000		
36	0.17333	76	5.15250		
37	0.18500	77	5.62333		
38	0.19833	78	6.15583		
39	0.21250	79	6.73833		

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

CONTRACT DATA PAGES (Continued)

TABLE OF DEATH BENEFIT FACTORS NONTOBACCO

INSURED'S AGE	FACTOR	INSURED'S AGE	FACTOR	INSURED'S AGE	FACTOR
0	16.85	34	5.19	68	1.77
1	16.37	35	5.01	69	1.73
2	15.84	36	4.84	70	1.68
3	15.30	37	4.67	71	1.64
4	14.76	38	4.51	72	1.61
5	14.23	39	4.36	73	1.57
6	13.72	40	4.21	74	1.54
7	13.22	41	4.06	75	1.50
8	12.75	42	3.93	76	1.47
9	12.29	43	3.79	77	1.44
10	11.84	44	3.67	78	1.41
11	11.42	45	3.54	79	1.39
12	11.01	46	3.43	80	1.36
13	10.62	47	3.31	81	1.34
14	10.24	48	3.21	82	1.32
15	9.89	49	3.10	83	1.30
16	9.56	50	3.00	84	1.28
17	9.25	51	2.90	85	1.26
18	8.95	52	2.81	86	1.24
19	8.66	53	2.72	87	1.23
20	8.38	54	2.64	88	1.21
21	8.10	55	2.55	89	1.20
22	7.84	56	2.48	90	1.19
23	7.58	57	2.40	91	1.17
24	7.33	58	2.33	92	1.16
25	7.08	59	2.26	93	1.15
26	6.84	60	2.20	94	1.14
27	6.62	61	2.13	95	1.12
28	6.40	62	2.07	96	1.11
29	6.18	63	2.02	97	1.09
30	5.97	64	1.96	98	1.07
31	5.77	65	1.91	99	1.04
32	5.57	66	1.86	100	1.00
33	5.38	67	1.81		

CONTRACT DATA PAGES (Continued)

TABLE OF DEATH BENEFIT FACTORS TOBACCO

INSURED'S AGE	FACTOR	INSURED'S AGE	FACTOR	INSURED'S AGE	FACTOR
0	13.71	34	4.24	68	1.62
1	13.29	35	4.10	69	1.59
2	12.84	36	3.97	70	1.55
3	12.39	37	3.84	71	1.52
4	11.95	38	3.71	72	1.49
5	11.51	39	3.59	73	1.47
6	11.09	40	3.47	74	1.44
7	10.69	41	3.36	75	1.41
8	10.30	42	3.26	76	1.39
9	9.92	43	3.15	77	1.37
10	9.56	44	3.05	78	1.35
11	9.21	45	2.96	79	1.32
12	8.87	46	2.87	80	1.31
13	8.55	47	2.78	81	1.29
14	8.25	48	2.70	82	1.27
15	7.96	49	2.62	83	1.25
16	7.68	50	2.54	84	1.24
17	7.42	51	2.47	85	1.22
18	7.18	52	2.40	86	1.21
19	6.94	53	2.33	87	1.20
20	6.72	54	2.26	88	1.19
21	6.50	55	2.20	89	1.18
22	6.29	56	2.14	90	1.17
23	6.09	57	2.09	91	1.16
24	5.89	58	2.04	92	1.15
25	5.70	59	1.98	93	1.14
26	5.52	60	1.93	94	1.13
27	5.35	61	1.89	95	1.12
28	5.17	62	1.84	96	1.11
29	5.01	63	1.80	97	1.09
30	4.85	64	1.76	98	1.07
31	4.69	65	1.72	99	1.04
32	4.54	66	1.69	100	1.00
33	4.39	67	1.65		

DEFINITIONS

Terms important to understanding this Certificate are defined below and are capitalized in this Certificate.

Accumulation Value - The amount described in the Accumulation Value provision under the Contract Values section.

Age or Issue Age - The Insured's Age as it appears on the Contract Data Pages is the Issue Age as of the Certificate Date. The Insured's Age will increase by one year on each Certificate Anniversary.

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

Anniversary - The month and date of each calendar year that is the same month and date as your Certificate Date. When any date is referred to, the effective time will be at 12:01 a.m. at the Policyholder's main place of business.

Application or Enrollment Form - The form completed and signed to apply for this life insurance coverage.

Beneficiary - The person to receive the proceeds of this Certificate in the event of the Insured's death.

Cash Surrender Value - The Cash Value, less any Loans.

Cash Value - The Accumulation Value, less any Surrender Charge.

Death Benefit - The amount payable upon the Insured's death, subject to any adjustments as described in the Adjustments to the Death Benefit provision in the Death Benefit section in this Certificate.

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

Insured - The person covered for this insurance and named on the Contract Data Pages.

Lapse - The termination of this Certificate for the nonpayment of premium or insufficient premium amount, subject to the terms of the Grace Period provision.

Loan - The indebtedness to us for Loans secured by the Cash Value of this Certificate.

Loan Value - The maximum amount which may be borrowed under the Loans section of this Certificate.

Maturity Date - The date we pay the Cash Surrender Value, if any, to you if the Insured is living on that date and if this Certificate is in force.

Monthly Date - The date of each month that is the same date as the Certificate Date shown on the Contract Data Pages.

Owner, you, your, or yours - The person or entity named on the Contract Data Pages who has certain rights under this Certificate, as listed in the Ownership section. The Owner will be the employee or member unless a different Owner is listed on the Application or a written request is received by us to transfer ownership.

Policy - The complete contract of insurance, which includes the Policy as issued to the Policyholder, the Policyholder Application, the Certificate, and any Amendments, Endorsements, and Riders.

Policyholder - The entity named on the Contract Data Pages to whom the Policy is issued.

Reinstate, Reinstated, and Reinstatement - To restore coverage after this Certificate has Lapsed, subject to the Conditions for Reinstatement provision.

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

Surrender Charge Period - The period from the Certificate Date that the Owner will incur Surrender Charges if a partial or full surrender of this Certificate is made during this period. Any approved Face Amount increase will have its own Surrender Charge Period beginning on the effective date of the increase.

Transamerica Life Insurance Company, the Company, we, us, or our - The insurer that underwrites this coverage.

OWNERSHIP

You have certain rights while the Insured is living and this Certificate is in force, including but not limited to:

1. Changing the Beneficiary;
2. Changing the Face Amount;
3. Requesting a Loan;
4. Assigning any right or benefit under this Certificate;
5. Reinstating coverage that has Lapsed, subject to the Reinstatement provision;
6. Surrendering all or a portion of this Certificate;
7. Exercising an option under any Rider attached to this Certificate;
8. Continuing coverage under the Portability Option provision; and
9. Transferring ownership.

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 PROVISIONS

Who Receives 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 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 interest of any Beneficiary who dies before the Insured will end at the death of the Beneficiary. Except to the degree that benefits have already been paid, the interest 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 interest of all named Beneficiaries has 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 Owner; or
6. 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.

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

How to Change the Beneficiary - You may change the Beneficiary at any time while the Insured is living. The change must be in writing on a form approved by us. The change will not be effective until the date it is recorded. If the Insured is not living on the date the change is recorded, the change will be effective on the date you signed it. However, any benefits paid before the change is recorded will not be subject to it.

DEATH BENEFIT

Death Benefit Options - You have a choice of two different Death Benefit options -- Option A and Option B. If you did not choose a Death Benefit option on the Application or Enrollment Form, Death Benefit Option A automatically applies. The Death Benefit option will be shown on the Contract Data Pages. Once the Death Benefit Option has been chosen, it cannot be changed.

Death Benefit Option A - The Death Benefit will be the greater of:

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

Death Benefit Option B - The Death Benefit will be the greater of:

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

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

Adjustments to the Death Benefit - We will reduce the Death Benefit by: (1) the amount of any outstanding Loans on the date the Insured dies; and (2) the monthly deductions due during the Grace Period. The Death Benefit may also be affected by partial surrenders, the election of a nonforfeiture option, or error in Age or tobacco use status.

Increase in the Face Amount - After this coverage has been in force for a year, you may, upon written request, increase the Face Amount. Any increase will be subject to our underwriting requirements as well as the Suicide Exclusion and Incontestability provisions in the General Provisions of this Certificate. Only one change to the Face Amount will be allowed per year.

If we approve the request, the effective date of the increase will be the Monthly Date that coincides with or next follows the date of our approval. The increase will have its own Surrender Charge Period, beginning on the effective date of the increase.

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

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

Tax Qualification - This Certificate is intended to qualify under Section 7702 of the Internal Revenue Code as a life insurance certificate for federal tax purposes. The Death Benefit under this Certificate is intended to qualify for the federal income tax exclusion. The provisions of this Certificate (and any attached Amendments, Endorsements, or Riders) will be interpreted to ensure tax qualification, regardless of any language to the contrary. The Death Benefit under this Certificate will never be less than the amount necessary to ensure tax qualification. If the Death Benefit is increased, we will make appropriate adjustments in the monthly deductions or supplemental benefits as of that time, retroactively or otherwise, that are consistent with the increase. Such adjustments may be made by right of offset against the Death Benefit.

CERTIFICATE EFFECTIVE DATE

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

1. Your Application has been approved by us on or before such date;
2. All Insureds under this Certificate are living; and
3. The initial premium payment has been received by us.

CERTIFICATE TERMINATION DATE

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

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

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

PREMIUMS

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

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

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

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

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

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

REINSTATEMENT

Conditions for Reinstatement - If this Certificate Lapses, it may be Reinstated during the lifetime of the Insured, provided it was not surrendered. To Reinstatement this Certificate, we will require:

1. Your written request for Reinstatement within five years after the date of Lapse and before the Maturity Date;
2. The Insured's written consent for Reinstatement;
3. Evidence of insurability satisfactory to us;
4. Repayment of any Loans that existed when this Certificate lapsed, with interest compounded annually from the date of lapse at the Loan Interest Rate shown in the Contract Data Pages; and
5. Payment of the Reinstatement Premium.

Reinstatement Premium - The Reinstatement Premium will be calculated as follows:

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

The Accumulation Value of the Reinstated Certificate will be:

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

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

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

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

CONTRACT VALUES

Accumulation Value - The Accumulation Value on the Certificate Date is equal to the initial net premium received minus the monthly deduction. Thereafter, the Accumulation Value will be determined on each Monthly Date after the Certificate Date as follows:

The Accumulation Value as of the prior Monthly Date; plus

1. The interest earned for the prior month; plus
2. All net premiums received since the prior Monthly Date; less
3. All partial surrender amounts taken since the prior Monthly Date; less
4. The monthly deduction for the current month.

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

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

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

Monthly Deduction - On the Certificate Date and each Monthly Date thereafter, a monthly deduction will be withdrawn from the Accumulation Value. The monthly deduction is equal to:

1. The cost of insurance; plus
2. The Certificate fee; plus
3. The administrative fee; plus
4. Any charges for additional benefits provided by Riders.

Cost of Insurance (COI) - The COI is equal to the COI rate divided by 1,000, then multiplied by the difference between:

1. The Death Benefit at the beginning of the Certificate month divided by 1.00246627; and
2. The Accumulation Value at the beginning of the Certificate month.

The COI rates are based on the Insured's Age and Class of Risk on the Certificate Date. A Table of Guaranteed Monthly Cost of Insurance Rates is shown on the Contract Data Pages. We may use lower COI rates, but will never exceed the guaranteed COI rates. Guaranteed COI rates are based on the Commissioners 2001 Standard Ordinary Mortality Tables.

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

Certificate Fee - The guaranteed Certificate fee is shown on the Contract Data Pages. We may use a Certificate fee lower than the guaranteed Certificate fee, but will never charge in excess of the guaranteed Certificate fee.

Administrative Fee - The administrative fee is calculated by multiplying the administrative fee per \$1,000 by the Face Amount divided by 1,000. The guaranteed administrative fee per \$1,000 is shown on the Contract Data Pages. We may use an administrative fee per \$1,000 lower than the guaranteed administrative fee per \$1,000 but will never charge in excess of the guaranteed administrative fee per \$1,000.

Interest Rate - The guaranteed minimum interest rate for all Certificate years is shown in the Contract Data Pages. We may use current interest rates greater than the guaranteed interest rate to calculate the Accumulation Value. These interest rates will be declared by us. We may apply different interest rates to separate portions of the Accumulation Value, including the amount of the Accumulation Value equal to any outstanding Loan. However, no rate will be less than the guaranteed interest rate.

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

LOANS

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

Loans - Upon written request, you may borrow up to the available Loan Value of your Certificate. The minimum amount you may borrow is shown in the Contract Data Pages. Loans will be secured by the most recent addition to the Accumulation Value. Our security interest in the Accumulation Value has priority over the claims of any assignee or other person. Your Certificate is the sole security for all Loans.

Loan Value - The Loan Value of your Certificate is as follows:

1. The Cash Value; less
2. Any existing Loan; less
3. Loan interest payable in advance to the next Certificate Anniversary; less
4. Three monthly deductions.

If your total indebtedness equals or exceeds the Cash Value, your Certificate will not Lapse except in accordance with the Grace Period.

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

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

PARTIAL SURRENDER

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

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

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

The partial Surrender Charge is the greater of:

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

The proportionate Surrender Charge will be calculated as follows:

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

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

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

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

NONFORFEITURE OPTION

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

Surrender Charge - The Surrender Charge is calculated as follows:

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

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

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

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

PAYMENT OF CASH VALUE AND LOANS

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

CERTIFICATE STATEMENTS AND ILLUSTRATIONS

We will send you an annual statement showing the Face Amount, values, Loans, partial surrenders, premiums paid, and any other charges as of the statement date. We will send you an illustration of this Certificate's benefits and values upon receipt of your written request. We will provide one illustration annually without charge.

PORTABILITY OPTION

If the Insured loses eligibility for this insurance for any reason other than nonpayment of premiums, 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. We may charge the guaranteed Certificate fee when we direct bill for the premium. If you stop paying the premiums under this option, this Certificate (and any riders) will continue subject to the terms of the Grace Period.

BASIS OF COMPUTATION

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

GENERAL PROVISIONS

Adjustments in the Event of Clerical Error - Clerical error will not void insurance otherwise valid and 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 the Insured is misstated on the Application, we will adjust the Death Benefit to reflect the amount that the most recent monthly deduction would buy at the Insured's correct Age or Tobacco Use status.

Assignment - We are not responsible for whom you elect for any assignment. However, 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 it.

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

Conformity With State Laws - A provision of the Policy or Certificate that conflicts with a law of the governing jurisdiction is hereby changed to meet the minimum standards of that law.

Dividends - This is nonparticipating insurance. It does not participate in our profits or surplus. We do not distribute past surplus or recover past losses by changing the COI rates, Certificate fees, administrative fees, expense charges or charges for additional benefits provided by Riders or declared interest rates.

Entire Contract; Changes - The Entire Contract consists of the Policy as issued to the Policyholder, the Policyholder Application, the Certificate, and any attached Amendments, Endorsements, and Riders. Only an officer of the Company may make any changes to the Policy or this Certificate and then only in writing. No agent or Policyholder has authority to change the Policy or this Certificate or to waive any of its provisions. Any changes are subject to the laws of the governing jurisdiction.

Grace Period - If the Cash Surrender Value on any Monthly Date is not sufficient to pay the next monthly deduction, a Grace Period of 31 days will be provided beginning on such Monthly Date. Written notification will be sent to your last known address on record at least 31 days prior to termination. If sufficient premium is not paid by the end of the Grace Period, the Certificate will terminate without value. If the Insured dies during the Grace Period, we will pay the Death Benefit, less any indebtedness and any unpaid monthly deduction. The Certificate will Lapse if the total indebtedness equals or exceeds the Cash Value.

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

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

Right to Contest - We will not use any statement, except fraudulent statements, to void or reduce benefits after this Certificate has been in force during the Insured's lifetime for two years from the Certificate Date. Any such statement would have to be in a signed form. This also applies to all riders. Any increase in the Face Amount is subject to a new two-year contestable period for the increased amount only.

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.

Suicide Exclusion - We will not pay the Death Benefit if the Insured dies by suicide, while sane or insane, within two years from the date coverage is issued. Instead, we will refund the premiums paid for this insurance minus any outstanding Loans and partial surrenders. Any increase in the Face Amount is subject to a new two-year Suicide Exclusion period for the increased amount only.

Notices 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.

TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: Cedar Rapids, Iowa 52499
Administrative Office: PO Box 869094, Plano, TX 75086-9817
(Hereinafter called "the Company," "we," "us," or "our")

DISCLOSURE UPON THE PURCHASE OF THE ACCELERATED DEATH BENEFIT FOR CHRONIC CONDITION RIDER

DEATH BENEFITS, CASH VALUES AND LOAN VALUES WILL BE REDUCED IF AN ACCELERATED DEATH BENEFIT IS PAID

SPECIAL NOTICE

The Accelerated Death Benefit offered under this Rider may or may not qualify for favorable tax treatment under the Internal Revenue Code of 1986. Whether such benefit qualifies depends on factors such as Insured's life expectancy at the time benefits are accelerated or whether he or she uses the benefit to pay for necessary long-term care expenses, such as nursing home care. If the Accelerated Death Benefit qualifies for favorable tax treatment, the benefits will be excludable from the Owner's income and not subject to federal taxation. Tax laws relating to Accelerated Death Benefits are complex. The Owner is advised to consult with a qualified tax advisor about circumstances under which he or she could receive Accelerated Death Benefits excludable from income under federal law.

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

This disclosure is designed to provide you with a summary of the Rider coverage. The Rider form and the life contract set forth in detail the terms, conditions, limitations and exclusions of your coverage. Therefore, if you purchase this coverage, it is important that you **READ YOUR LIFE INSURANCE CONTRACT AND ALL RIDERS CAREFULLY.**

If you have any questions or concerns about any benefits or provision of your Accelerated Death Benefit For Chronic Condition Rider, please contact your agent or us directly at 1-888-763-7474.

1. **Benefits** - After our receipt of written proof that an Insured has met the Eligibility for Benefits provision, the Owner may choose to receive a portion of the Death Benefit while the Insured is still alive and while the Rider is in force, until the entire Death Benefit has been paid out.

Eligibility for Benefits - We will pay an Accelerated Death Benefit under this Rider after we receive written proof that the Insured has met all of the following conditions.

1. A Physician has certified that the Insured has a Chronic Condition;
2. The Insured has satisfied the Elimination Period; and
3. The contract to which this Rider is attached is in force.

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

Option 1 – Monthly Accelerated Death Benefit – You may request a monthly Accelerated Death Benefit equal to the applicable percentage of the Death Benefit Amount shown on the Contract Data Pages. This benefit is payable for each month the Insured satisfies the Eligibility for Benefits provision while this Rider is in force. After submitting satisfactory proof of loss, in order to continue receiving the monthly benefit you must provide, every 90 days, a written certification by a Physician that the Insured continues to have a Chronic Condition.

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

Concurrent and/or Subsequent Chronic Conditions

If the Insured suffers from more than one Chronic Condition, we will pay an Accelerated Death Benefit under this Rider for only one of the conditions. Under no circumstances will we pay an Accelerated Death Benefit for any subsequent Chronic Condition under this rider.

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

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

2. **Definitions** - These are some of the important definitions that will help you understand the Benefits provision.

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

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

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

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

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

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

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

Chronic Condition –

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

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

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

Elimination Period – The number of consecutive days during which the Insured must meet the conditions listed under the Benefits provision and during which no benefits are payable under this Rider. The Elimination Period starts on the day the Insured's Chronic Condition begins, as stated in the Physician's certification. The Elimination Period for this Rider is shown on the Contract Data Pages. The Elimination Period needs to be satisfied only once during the Insured's lifetime.

3. **Premiums** – The initial monthly charge and the guaranteed monthly charge for this Rider are shown in the Contract Data Pages. We may use monthly charges lower than the guaranteed monthly charge but will not use charges higher than the guaranteed amount.
4. **Waiver of Monthly Deductions** – For each month or partial month that benefits are paid under this Rider, we will waive the monthly deductions for the contract. If you elect the one-time lump sum Accelerated Death Benefit option, this waiver provision will not apply.

5. **Exclusions** - We will **not** pay Rider benefits if the Insured meets the requirements of the Eligibility for Benefits provision as a result of:
 - a. An intentionally self-inflicted injury, or attempted suicide;
 - b. The Insured's alcohol, drug or other chemical dependence, except if the drug dependency is for a drug prescribed by a Physician in the course of treatment for an injury or sickness; or
 - c. 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.

6. **Impact on Death Benefit** – We will deduct any amounts paid under this Rider from the Insured's Death Benefit and send the Owner a monthly report showing:
 - a. The amount of benefits paid;
 - b. The effect of the payment on the Death Benefit;
 - c. The amount of the remaining Death Benefit; and
 - d. The effect of each payment on the contract values. Each payment will reduce the following contract values proportionally to the reduction in the Death Benefit: The Face Amount, Accumulation Value, Surrender Charge, Guaranteed Cash Value, if applicable, and any outstanding Loan balance, if any.

The Insured's beneficiary will receive any remaining Death Benefit after the Insured dies, provided the contract has not stopped. However, if the entire Death Benefit has been accelerated prior to the Insured's death, the contract will terminate and there will be no Death Benefit payable upon the Insured's death. Rider benefits, any related charges, interest, discounts, liens and the balance of the Death Benefit of the contract will constitute full settlement on the maturity of the face amount of the contract.

Once Rider benefit payments begin, you cannot change the Face Amount or the Death Benefit option of the contract or add any Riders, and we will not accept any premium payments.

Illustrative Example of the effect of exercising the Accelerated Death Benefit option based on monthly benefit acceleration of 4% of the Death Benefit:

	Death Benefit	Accelerated Death Benefit Amount	Accumulation Value	Surrender Charge
Before payment of Accelerated Benefit	\$50,000		\$5,000	\$500
After one month's payment of Accelerated Death Benefit:	\$48,000	\$2,000	\$4,800	\$480

Acknowledgment

I acknowledge that I have read this disclosure and understand that if I exercise the Accelerated Death Benefit option, any Beneficiary I designate may receive either a reduced Death Benefit or no Death Benefit at all. If the entire Death Benefit is paid out as an Accelerated Death Benefit prior to the Insured's death, the Beneficiary I designate will receive no Death Benefit.

Date

Owner's Signature

Please return a signed copy to Our Administrative Office address shown at the top of this form

TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: Cedar Rapids, Iowa 52499
Administrative Office: PO Box 869094, Plano, TX 75086-9817
(Hereinafter called "the Company," "we," "us," or "our")

DISCLOSURE UPON THE PURCHASE OF THE ACCELERATED DEATH BENEFIT FOR QUALIFIED TERMINAL CONDITION RIDER

DEATH BENEFITS, CASH VALUES AND LOAN VALUES, IF ANY
WILL BE REDUCED IF AN ACCELERATED DEATH BENEFIT IS PAID

SPECIAL NOTICE

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

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

This disclosure is designed to provide you with a summary of the Rider coverage. The Rider form and the life contract set forth in detail the terms, conditions, limitations and exclusions of your coverage. Therefore, if you purchase this coverage, it is important that you **READ YOUR LIFE INSURANCE CONTRACT AND ALL RIDERS CAREFULLY.**

If you have any questions or concerns about any benefits or provision of your Accelerated Death Benefit For Qualified Terminal Condition Rider, please contact your agent or us directly at 1-888-763-7474.

1. **Description of Benefit** - Upon receipt of written proof acceptable to us that the Insured has 24 months or less to live because of a Qualified Terminal Condition, the Owner may choose to receive a portion of the Death Benefit while the Insured is still alive and while the Rider is in force.

We will pay an accelerated death benefit under this Rider if the Insured is diagnosed with a Qualified Terminal Condition on or after the Rider Effective Date. The Qualified Terminal Condition Accelerated Death Benefit amount will be equal to the lesser of: (1) up to 75% of the Death Benefit; or (2) \$100,000. If you request less than the maximum amount available when a claim is submitted, you cannot ask us at a later time to give you the difference between what was requested and what could have been requested. We will not pay an Accelerated Death Benefit on any Riders attached to the contract.

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

2. **Premiums** - There is no cost for this Rider unless the Owner exercises this option. If the Owner exercises this option, an administrative expense charge of \$100 will be assessed. In addition, we will deduct 24 month's interest in advance on the amount. We will accelerate at an interest rate not higher than 7.4%.

3. **Effect on Death Benefit** - If you exercise this option, we will deduct the amount we accelerate from the Insured's Death Benefit. The Death Benefit, the Accumulation Value, the Surrender Charge, and the Loan balance, if any, will be reduced if this option is exercised. 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 amount of benefits paid;
 - The effect of the payment on the Death Benefit, Face Amount; Accumulation Value; Surrender Charge; and outstanding Loan balance if any;
 - The amount of the remaining Death Benefit; and
 - The proportionate reduction in the premiums under the contract, if any.

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

4. **Illustrative Example** of the effect of exercising the Accelerated Death Benefit option based on acceleration of 50% of the Death Benefit:

	Death Benefit	Accelerated Death Benefit Amount	Accumulation Value	Cash Value
Before payment of Accelerated Benefit	\$50,000	\$0	\$8,768	\$8,768
After payment of Accelerated Benefit	\$25,000	\$25,000*	\$4,384	\$4,384

* The Accelerated Death Benefit amount elected will be reduced by an administrative fee of \$100 and interest of 12 months.

ACKNOWLEDGMENT

I acknowledge that I have read this disclosure and understand that if I exercise the Accelerated Death Benefit option, any Beneficiary I designate may receive a reduced Death Benefit.

Date	Owner's Signature

[Please return a signed copy to our Administrative Office address shown at the top of this form]

TRANSAMERICA LIFE INSURANCE COMPANY

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

AMENDATORY ENDORSEMENT

This Endorsement is part of the Contract to which it is attached. All of the Contract provisions that are not in conflict with this Endorsement apply to it. The Endorsement expires when the Contract expires.

Contract Number:EL00075983
Endorsement Effective Date:OCTOBER 1 2021

This Endorsement applies to the Accelerated Death Benefit For Chronic Condition Rider, herein referred to as "Rider."

1. The definition of "**Waiting Period**" appearing in the Rider is deleted.
2. The phrase "After the Waiting Period has been satisfied," appearing in the "**Eligibility for Benefits**" provision in the Rider is deleted.
3. The paragraph "1. Any sickness condition that begins before or during the Waiting Period." appearing in the "**Exclusions and Limitations**" provision in the Rider is deleted.

This Amendatory Endorsement is signed for the Company at our Home Office on the Endorsement Effective Date:



Blake Bostwick
President



Jay Orlandi
Secretary

TRANSAMERICA LIFE INSURANCE COMPANY

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Administrative Office: PO Box 869094, Plano, TX 75086-9817
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CHILD TERM INSURANCE RIDER

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

DEFINITIONS

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

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

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

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

BENEFIT

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

GENERAL RIDER PROVISIONS

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

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

RIDER COST

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

RIDER EFFECTIVE DATE

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

TERMINATION

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

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

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

CONVERSION OPTIONS

Conversion and Transfer of Ownership due to Death of Owner - If the Owner dies while this Rider is in force, the premium and charge will be waived and coverage on any Insured Child will automatically be changed to paid-up insurance. This paid-up insurance will have no cash or loan values and will automatically terminate on each Insured Child's 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 of coverage under this Rider.
2. Coverage under the new policy will become effective on the date such Application is made and the premium is paid.
3. The amount of insurance under the new policy may be increased to the lesser of:
 - a. Five times the Rider Death Benefit at the termination date; or
 - b. \$50,000.

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



General Counsel and Secretary



President

TRANSAMERICA LIFE INSURANCE COMPANY

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

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

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

SPECIAL NOTICE

The Accelerated Death Benefit offered under this Rider may or may not qualify for favorable tax treatment under the Internal Revenue Code of 1986. Whether such benefit qualifies depends on factors such as Insured's life expectancy at the time benefits are accelerated or whether he or she uses the benefit to pay for necessary long-term care expenses, such as nursing home care. If the Accelerated Death Benefit qualifies for favorable tax treatment, the benefits will be excludable from the Owner's income and not subject to federal taxation. Tax laws relating to Accelerated Death Benefits are complex. The Owner is advised to consult with a qualified tax advisor about circumstances under which he or she could receive Accelerated Death Benefits excludable from income under federal law.

Receipt of an Accelerated Death Benefit may adversely affect the Owner, his or her spouse or family's eligibility for public assistance programs such as medical assistance (Medicaid), Aid to Families with Dependent Children (AFDC), supplementary social security income (SSI), and drug assistance programs. Without exercising this option, the mere fact that this Rider is part of the contract will not, in and of itself, affect the eligibility for these government programs. However, exercising this option before applying for these programs, or while receiving government benefits, may affect continued eligibility. Please consult with a qualified tax advisor and with social service agencies concerning how receipt of such a payment will affect the Owner, the Insured (if different than the Owner), his or her spouse and family's eligibility for public assistance. This Rider is attached to and made part of the contract as of the Rider Effective Date. It is issued in consideration of the Application and payment of any required initial premium. All provisions of the contract not in conflict with the provisions of this Rider will apply to this Rider. This Rider has no cash value.

NOTICE TO YOU, THE OWNER

FOR INFORMATION, OR TO MAKE A COMPLAINT, CALL 1-888-763-7474

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

DEFINITIONS

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

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

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

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

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

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

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

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

Chronic Condition –

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

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

Elimination Period – The number of consecutive days during which the Insured must meet the Eligibility for Benefits requirements listed under the Benefits provision. During the Elimination Period no benefits are payable under this Rider. The Elimination Period starts on the day the Insured’s Chronic Condition begins, as stated in a Physician’s certification. The Elimination Period for this Rider is shown in the Contract Data Pages. The Elimination Period needs to be satisfied only once during the Insured’s lifetime.

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

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

Physician –

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

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

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

Substantial Human Assistance – Actual hands-on assistance by another individual.

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

BENEFITS

Eligibility for Benefits – We will pay an Accelerated Death Benefit under this Rider after we receive written proof of loss that the Insured has met all of the following conditions:

1. A Physician has certified that the Insured has a Chronic Condition;
2. The Insured has satisfied the Elimination Period; and
3. The contract to which this Rider is attached is in force.

Accelerated Death Benefit Options

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

Option 1 – Monthly Accelerated Death Benefit – You may request a monthly Accelerated Death Benefit equal to the applicable percentage of the Death Benefit Amount shown on the Contract Data Pages. This benefit is payable for each month the Insured satisfies the Eligibility for Benefits provision while this Rider is in force. After submitting satisfactory proof of loss, in order to continue receiving the monthly benefit you must provide, every 90 days, a written certification by a Physician that the Insured continues to have a Chronic Condition.

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

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

Concurrent and/or Subsequent Chronic Conditions

If the Insured suffers from more than one Chronic Condition, we will pay an Accelerated Death Benefit under this Rider for only one of the conditions. Under no circumstances will we pay an Accelerated Death Benefit for any subsequent Chronic Condition under this rider.

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

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

EFFECT ON INSURED'S DEATH BENEFIT

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

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

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

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

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

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

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

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

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

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

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

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

EXCLUSIONS AND LIMITATIONS

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

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

CLAIMS

The following Claims Procedures apply to this Rider.

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

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

Proof of Loss – Due written proof of loss must be given to us at our Administrative Office. We must receive the initial proof of loss within 90 days after the expiration of the Elimination Period.

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

If you submit a claim under the Monthly Accelerated Death Benefit option, we will require subsequent proof of loss to be submitted periodically after the Insured satisfies the Eligibility for Benefits provision. This means submitting, every 90 days, certification by a Physician that the Insured continues to have a Chronic Condition.

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

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

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

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

GENERAL RIDER PROVISIONS

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

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

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

RIDER COST

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

RIDER EFFECTIVE DATE

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

TERMINATION

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

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

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



Blake Bostwick
President



Jay Orlandi
Secretary

TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: Cedar Rapids, Iowa 52499
Administrative Office: PO Box 869094, Plano, TX 75086-9817
(Hereinafter called "the Company," "we," "us," or "our")

BENEFIT RESTORATION RIDER

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

BENEFITS

This Rider restores the following contract values, if applicable, in the event a benefit is paid under the Accelerated Death Benefit for Chronic Condition Rider: Face Amount; Death Benefit; Accumulation Value; Surrender Charges; and Guaranteed Cash Value.

The contract values will be restored while this Rider, the contract and the Accelerated Death Benefit for Chronic Condition Rider are in force. The restored contract values will equal 100% of the amount of the contract values which were reduced when benefits were paid under the Accelerated Death Benefit for Chronic Condition Rider. Restoration of the benefits will be made following each payment of benefits under the Accelerated Death Benefit for Chronic Condition Rider. The aggregate amount of the restored contract values will, at no time, exceed 100% of the aggregate reduction in the contract values for benefits paid under the Accelerated Death Benefit for Chronic Condition Rider. Death benefits restored by this Rider cannot be accelerated under the Accelerated Death Benefit for Chronic Condition Rider or an Extension of Benefits Rider.

RIDER COST

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

RIDER EFFECTIVE DATE

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

TERMINATION

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

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

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



General Counsel and Secretary



President

TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: Cedar Rapids, Iowa 52499
Administrative Office: PO Box 869094, Plano, TX 75086-9817
(Hereinafter called "the Company," "we," "us," or "our")

ACCELERATED DEATH BENEFIT FOR QUALIFIED TERMINAL CONDITION RIDER

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

SPECIAL NOTICE

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

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

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

DEFINITIONS

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

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

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

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

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

BENEFIT

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

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

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

EFFECT ON INSURED'S DEATH BENEFIT

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

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

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

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

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

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

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

CLAIMS

The following Claims Procedures apply to this Rider.

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

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

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

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

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

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

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

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

GENERAL RIDER PROVISIONS

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

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

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

RIDER COST

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

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

RIDER EFFECTIVE DATE

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

RIDER TERMINATION DATE

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

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

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



General Counsel and Secretary



President

TRANSAMERICA LIFE INSURANCE COMPANY

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

WAIVER OF MONTHLY DEDUCTIONS FOR LAYOFF OR STRIKE RIDER

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

DEFINITIONS

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

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

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

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

BENEFITS

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

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

LIMITATIONS AND EXCLUSIONS

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

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

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

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

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

This Rider is not available for self-employed individuals.

CLAIMS

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

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

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

RIDER COST

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

RIDER EFFECTIVE DATE

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

TERMINATION

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

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

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

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



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.