

TRANSAMERICA LIFE INSURANCE COMPANY

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

A Stock Company

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

GROUP TERM LIFE INSURANCE CERTIFICATE

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

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

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

RIGHT TO EXAMINE AND RETURN CERTIFICATE WITHIN 30 DAYS

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

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

Group Term Life Insurance Certificate

10 Year Term Life Insurance

Renewable to Expiration Date

Premiums Subject to Change

Conversion to Permanent Life Insurance Option

Non-Participating – No Dividends

Administrative Office

1400 Centerview Drive, P.O. Box 8063

Little Rock, Arkansas 72203-8063

1-(888) 763-7474

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

Web Address: www.transamericaworksite.com

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CERTIFICATE SCHEDULE

POLICYHOLDER	XXXX	POLICY NUMBER	XX
INSURED	XXXX XXX	CERTIFICATE NUMBER	3 XXXXXXXX
DEATH BENEFIT	\$XX,XXX	EFFECTIVE DATE	MM/DD/YYYY
CLASS OF RISK	[TOBACCO]	PREMIUM PAYMENT	\$XX.XX MONTHLY
INSURED ISSUE AGE	XX	INITIAL TERM PERIOD	10 Year Term
EXPIRATION DATE	Certificate Anniversary Date following Insured's 100 th Birthday		
OWNER	[THE INSURED]		

RIDERS INCLUDED IN YOUR COVERAGE

Accelerated Death Benefit for Terminal Illness Rider

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

Waiver of Premium Due to Layoff or Strike Rider

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

Monthly Premium: \$X.XX

Child Term Insurance Rider:

Death Benefit: following the Insured's 65th birthday Each Child: \$XX,XXX

Monthly Premium: \$X.XX

Waiver of Premium Rider

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

Monthly Premium: \$X.XX

TABLE OF MAXIMUM ANNUAL PREMIUM RATES

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

ATTAINED AGE	NON-TOBACCO 10 YEAR TERM* ANNUAL RATE PER \$1,000	TOBACCO 10 YEAR TERM * ANNUAL RATE PER \$1,000	ATTAINED AGE	NON-TOBACCO 10 YEAR TERM* ANNUAL RATE PER \$1,000	TOBACCO 10 YEAR TERM * ANNUAL RATE PER \$1,000
16	\$ 2.39	\$ 3.53	58	\$ 14.68	\$ 31.72
17	\$ 2.39	\$ 3.53	59	\$ 15.75	\$ 33.96
18	\$ 2.39	\$ 3.53	60	\$ 17.01	\$ 37.05
19	\$ 2.39	\$ 3.53	61	\$ 18.39	\$ 39.03
20	\$ 2.39	\$ 3.53	62	\$ 19.78	\$ 41.80
21	\$ 2.39	\$ 3.53	63	\$ 21.16	\$ 45.66
22	\$ 2.43	\$ 3.56	64	\$ 22.70	\$ 49.99
23	\$ 2.43	\$ 3.56	65	\$ 25.25	\$ 55.35
24	\$ 2.47	\$ 3.58	66	\$ 27.84	\$ 61.64
25	\$ 2.47	\$ 3.58	67	\$ 30.38	\$ 68.27
26	\$ 2.52	\$ 3.61	68	\$ 33.00	\$ 73.89
27	\$ 2.61	\$ 3.84	69	\$ 39.30	\$ 80.22
28	\$ 2.67	\$ 3.90	70	\$ 57.44	\$ 93.34
29	\$ 2.73	\$ 4.10	71	\$ 69.81	\$ 104.85
30	\$ 2.77	\$ 4.24	72	\$ 79.01	\$ 116.62
31	\$ 2.83	\$ 4.33	73	\$ 90.87	\$ 133.46
32	\$ 2.87	\$ 4.40	74	\$ 103.57	\$ 151.97
33	\$ 2.92	\$ 4.57	75	\$ 117.58	\$ 169.80
34	\$ 3.07	\$ 4.80	76	\$ 134.97	\$ 198.00
35	\$ 3.25	\$ 5.10	77	\$ 147.75	\$ 219.11
36	\$ 3.46	\$ 5.55	78	\$ 162.04	\$ 241.10
37	\$ 3.78	\$ 5.99	79	\$ 177.24	\$ 264.65
38	\$ 3.93	\$ 6.46	80	\$ 200.90	\$ 286.05
39	\$ 4.21	\$ 7.17	81	\$ 243.22	\$ 323.01
40	\$ 4.47	\$ 7.91	82	\$ 281.22	\$ 352.41
41	\$ 4.79	\$ 8.75	83	\$ 319.68	\$ 390.47
42	\$ 5.10	\$ 9.43	84	\$ 354.27	\$ 435.17
43	\$ 5.42	\$ 10.21	85	\$ 393.24	\$ 479.83
44	\$ 5.92	\$ 10.99	86	\$ 428.59	\$ 530.56
45	\$ 6.36	\$ 11.76	87	\$ 481.80	\$ 579.44
46	\$ 6.80	\$ 12.57	88	\$ 537.39	\$ 634.69
47	\$ 7.24	\$ 13.80	89	\$ 596.64	\$ 687.20
48	\$ 7.75	\$ 14.87	90	\$ 651.26	\$ 747.69
49	\$ 8.29	\$ 15.90	91	\$ 678.89	\$ 812.16
50	\$ 8.80	\$ 17.00	92	\$ 733.24	\$ 882.51
51	\$ 9.30	\$ 18.19	93	\$ 813.87	\$ 960.00
52	\$ 9.71	\$ 19.39	94	\$ 896.73	\$ 960.00
53	\$ 10.22	\$ 20.86	95	\$ 923.75	\$ 960.00
54	\$ 10.71	\$ 22.83	96	\$ 950.77	\$ 960.00
55	\$ 11.59	\$ 25.06	97	\$ 960.00	\$ 960.00
56	\$ 12.70	\$ 26.40	98	\$ 960.00	\$ 960.00
57	\$ 13.61	\$ 29.02	99	\$ 960.00	\$ 960.00

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

DEFINITIONS

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

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

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

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

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

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

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

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

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

Certificate - This document that describes your insurance coverage.

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

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

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

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

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

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

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

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

Policy - The document that is issued to the Policyholder.

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

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

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

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

OWNERSHIP

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

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

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

BENEFICIARY

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

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

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

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

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

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

DEATH BENEFIT

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

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

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

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

RENEWAL PROVISION

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

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

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

EFFECTIVE DATE

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

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

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

PREMIUMS

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

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

TERMINATION

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

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

REINSTATEMENT

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

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

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

CONVERSION OPTION

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

We must receive the conversion application and any required premium within 31 days of termination under the Policy. If the Insured dies within the 31-day conversion period, benefits under the Policy will be paid as if coverage had continued, regardless of whether or not the Owner applied for conversion coverage.

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

PORTABILITY OPTION

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

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

GENERAL PROVISIONS

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

Claims Procedure - 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.

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

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

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

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

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

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

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

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

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

TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: Cedar Rapids, Iowa
Administrative Office: 1400 Centerview Drive, PO Box 8063, Little Rock, Arkansas 72203-8063
(Hereinafter called "the Company," "we," "us," or "our")

ACCELERATED DEATH BENEFIT FOR TERMINAL ILLNESS RIDER

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

SPECIAL NOTICE

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 an independent tax advisor to evaluate any tax impact of this benefit.

Receipt of acceleration of life insurance benefits may affect your, your spouse's or your 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. You are advised to consult with a qualified tax advisor and with social service agencies concerning how receipt of such payment will affect you, your spouse's and your 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. Except as shown in this Rider, the provisions of the contract will prevail. This Rider has no cash value.

DEFINITIONS

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

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

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

BENEFIT

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

EFFECT ON INSURED'S DEATH BENEFIT

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

LIMITATIONS

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

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

CLAIMS

The following Claims Procedures apply to this Rider.

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

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

Written Proof of Loss - We will pay benefits under this Rider after we receive written proof of loss. We must receive such proof within 90 days after the Insured is diagnosed with a Terminal Illness. If it is not reasonably possible to provide this information within such time, written proof of loss must be submitted as soon as reasonably possible but no later than one year from the time specified.

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

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

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

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

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

GENERAL RIDER PROVISIONS

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

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

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

PREMIUM

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

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

EFFECTIVE DATE

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

TERMINATION

This Rider stops at the earlier of:

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

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

SAMPLE

TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: Cedar Rapids, Iowa 52499

Administrative Office: 1400 Centerview Drive, PO Box 8063, Little Rock, AR 72203-8063

(Hereinafter called "the Company," "we," "us," or "our")

DISCLOSURE UPON THE PURCHASE OF THE ACCELERATED DEATH BENEFIT FOR TERMINAL ILLNESS RIDER

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 an independent tax advisor to evaluate any tax impact of this benefit.

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

This 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 Terminal Illness 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 12 months or less to live because of a Terminal Illness, 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 Terminal Illness for the first time, on or after the Rider Effective Date. The Terminal Illness Accelerated Death Benefit amount will be equal to the lesser of: (1) up to 50% of the Death Benefit; or (2) \$100,000.

A **Terminal Illness** is an illness that in the best medical judgment of a Physician will result in death within 12 months.

2. **Premiums** - There is no cost for this Rider, unless the Owner exercises this option. If the Owner exercises this option, an administrative fee of \$100 will be assessed. In addition, we will deduct 12 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 Insured's Beneficiary will receive the remaining amount of the Death Benefit after the Insured dies, provided the contract has not stopped. After payment of an accelerated death benefit, we will send you a benefit report that will show the proportionate reduction in the premiums under the contract, if any.
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
Before payment of Accelerated Benefit	\$50,000	\$0
After payment of Accelerated Benefit	\$25,000	\$25,000*

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

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

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

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: 1400 Centerview Drive, PO Box 8063, Little Rock, Arkansas 72203-8063
(Hereinafter called "the Company," "we," "us," or "our")

WAIVER OF PREMIUM DUE TO LAYOFF OR STRIKE RIDER

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

DEFINITIONS

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

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

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

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

BENEFITS

We will waive the monthly premiums on the contract if the Owner is placed on Layoff status or is on Strike, provided that the first premium on the contract to which this rider is attached has been paid. Monthly premiums will begin being waived the first day of the month following the date of Layoff or Strike.

LIMITATIONS AND EXCLUSIONS

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

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

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

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

This Rider is not available for self-employed individuals.

PREMIUM

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

EFFECTIVE DATE

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

TERMINATION

This Rider will terminate on the earliest of:

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

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

TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: Cedar Rapids, Iowa
Administrative Office: 1400 Centerview Drive, PO Box 8063, Little Rock, Arkansas 72203-8063
(Hereinafter called "the Company," "we," "us," or "our")

CHILD TERM INSURANCE RIDER

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

DEFINITIONS

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

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

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

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

BENEFIT

We agree to pay the Rider Death Benefit to the Beneficiary when we receive due proof that an Insured Child died on or before the Expiry Date of this Rider. The Rider Death Benefit with respect to each Insured Child is shown on the Certificate Schedule.

GENERAL RIDER PROVISIONS

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

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

PREMIUM

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

EFFECTIVE DATE

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

TERMINATION

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

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

1. The date the contract terminates, subject to the Conversion Options of this Rider;
2. The date this Rider or the contract Lapses for failure to pay premium, subject to the Grace Period of the contract.
3. The date the Owner requests termination.
4. The Certificate Anniversary following the date the Insured Child is no longer eligible as a dependent child.
5. The Expiry Date of this Rider.

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

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

CONVERSION OPTIONS

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

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

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

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

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.