

*PROVIDES A BENEFIT TO A LOVED ONE IN THE EVENT OF A FATAL OCCURRENCE*

This is your opportunity to apply for additional insurance to supplement your core benefits. These insurance policies can help protect your financial future. Enroll today!

*Universal Life rates are projected to stay the same throughout the life of your policy.*

*Other insurance plans (such as term life) increase in price on a regular basis.*

- Guaranteed insurance benefits among the highest in the industry
- Benefit Flexibility – select what fits your budget
- Cash Value Accumulation account enables policy flexibility
- Portability – Keep the plan if you leave your employer with no change in the rate
- Ability to purchase insurance on dependents
- Includes Accidental Death and Dismemberment, which doubles your insurance in the event of an accidental death\*

## Guaranteed Acceptance

**No Medical Questions as a NEW employee!**

**Employee - \$150,000**

**Spouse - \$15,000**

**Child - \$25,000**

- You may apply for up to \$500,000 (up to 5 times your annual salary)
- If you apply for benefits greater than 5 times your annual salary, your benefit will be reduced to match what you are eligible for.
- If you are applying for :
  - Over \$150,000 for yourself OR
  - Over \$15,000 for your spouseYou will need to complete a medical questionnaire. Please contact the representative below.
- Accidental Death and Dismemberment is available to employees under age 70.

If you have questions about your enrollment, need help with the application or pricing or are applying for more than the guaranteed issue amounts for you or your spouse, please contact your HR department.



Transamerica Life Insurance Company ("Insurer")  
 Home Office: Cedar Rapids, IA  
 Administrative Office: P.O. Box 8063  
 Little Rock, AR 72203-6063

TransElite  
 Universal Life  
 Application

First Application     Add Dependents - Contract # \_\_\_\_\_     Increase Coverage - Contract # \_\_\_\_\_

Group Name \_\_\_\_\_ Group Number \_\_\_\_\_ Location \_\_\_\_\_

**Applicant Information** (Applying for all coverage)

Name (Last, First, M.I.)		<input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security No.	Date of birth	Cell or home phone
Home address			City	State	Zip code
Email address		Do you agree to receive correspondence about your coverage electronically? <input type="checkbox"/> Yes <input type="checkbox"/> No		Tobacco user in the last year? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>Answer if rates are tobacco distinct.</i>	
Date of hire	Weekly hours worked	Annual salary	Occupation	Applicant ID	Work phone/ext.

Protection against unintended lapse: I understand I have the right to designate at least one person other than myself to receive notice of lapse or termination of this coverage for nonpayment of premium. I understand notice will not be given until thirty days after premium is due and unpaid.  
 I elect NOT to designate any person to receive such notice.

Secondary Addressee Name	Home Address	City	State	Zip code
--------------------------	--------------	------	-------	----------

**Dependent Information** (Applying for dependent coverage)

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

**Beneficiary**

Name (Last, First, M.I.)	Address	Relationship	Phone #	Social Security No.
Primary				
Contingent				

*Applicant will be the beneficiary for any dependent coverage*

**Benefit Selections**    Premium Mode:  Weekly     Bi-Weekly     Semi-Monthly     Monthly     Other

Universal Life	Universal Life Face Amount	Automatic Increase Option Rider	Premium	Term Rider* Face Amount	Premium	Dependents can be covered under UL or Term Rider, but not both.  Total Premium \$
<input type="checkbox"/> TransElite Universal Life Option: <input type="checkbox"/> A (level) <input type="checkbox"/> B (increasing)		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	
<input type="checkbox"/> Applicant	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	
<input type="checkbox"/> Spouse or Civil Union/Domestic Partner	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	
<input type="checkbox"/> Children	\$		\$	\$	\$	

\*Attach Child Term Rider to  Applicant  Spouse or Civil Union/Domestic Partner

Life Insurance Owner (if different than Applicant)	Address	Relationship	Social Security No.
--	---------	--------------	---------------------

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

**Eligibility Questions**

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

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

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

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

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

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

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

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

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

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

**Life Replacement**

Residents of AL, AK, AZ, CO, HI, IA, LA, MD, ME, MS, MT, NC, NE, NH, NJ, NM, OH, OR, RI, SC, SD, TX, UT, VA, VT, WI, or WV:  
Answer question L1. If "yes", complete a life replacement form for your state and return with this application.

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

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

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

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

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

**Universal Life and Whole Life Illustration Acknowledgement**

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

**Life Accelerated Death Benefit Disclosure Acknowledgement**

If applying for an Accelerated Death Benefit Rider, did you receive the applicable Disclosure, if required in your state?  
ADB for Chronic Condition Rider  Yes  No ADB for Critical Condition Rider  Yes  No ADB for Terminal Condition Rider  Yes  No

**Applicant Statement and Agreement**

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

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

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

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

**KS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto may be guilty of insurance fraud as determined by a court of law.

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

**MA, NC & OR:** I understand that any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, any information concerning any fact material thereto, commits a fraudulent insurance act which may be a crime and may subject such person to criminal and civil penalties.

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

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

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

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

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

**VT:** I understand that any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, any information concerning any fact material thereto, may be committing a fraudulent insurance act which may be a crime subject to criminal and civil penalties.

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

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

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

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

**Licensed Agent/Representative Statement and Agreement**

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

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

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

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

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

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

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

**Authorization to Release Information**

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

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

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

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

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

**TransElite HFA - Universal Life Insurance**  
Form: CPGUL300

Non-Tobacco  
Death Benefit Option: A



With Riders: TL, WML, ADD

Issue Age	\$25,000 Face Amount			\$50,000 Face Amount			\$100,000 Face Amount			Issue Age
	BiWeekly26 Premium	Guaranteed Cash Value at Age 65*	Current Cash Value at Age 65*	BiWeekly26 Premium	Guaranteed Cash Value at Age 65*	Current Cash Value at Age 65*	BiWeekly26 Premium	Guaranteed Cash Value at Age 65*	Current Cash Value at Age 65*	
16	N/A†			8.03	0		16.03	0		16
17	N/A†			8.21	0		16.42	0		17
18	N/A†			8.40	0		16.80	0		18
19	N/A†			8.58	0		17.16	0		19
20	N/A†			8.77	0	8,623	17.53	0		20
21	N/A†			8.90	0		18.40	0	17,693	21
22	N/A†			9.43	0		18.86	66		22
23	N/A†			9.66	0		19.33	410		23
24	N/A†			9.89	0		19.80	722		24
25	N/A†			10.16	0	8,554	20.26	1,063	17,109	25
26	N/A†			10.42	0		20.85	1,358		26
27	N/A†			10.71	0		21.42	1,683		27
28	N/A†			11.01	85		22.02	1,987		28
29	N/A†			11.32	260		22.64	2,256		29
30	N/A†			11.65	528	8,158	23.31	2,520	16,330	30
31	N/A†			12.27	835		24.55	2,852		31
32	N/A†			12.66	1,106		25.32	3,117		32
33	N/A†			13.07	1,420		26.15	3,387		33
34	N/A†			13.50	1,720		27.01	3,609		34
35	N/A†			13.97	2,060	7,742	27.83	3,836	15,447	35
36	N/A†			14.44	2,405		28.89	4,017		36
37	N/A†			14.96	2,838		29.99	4,257		37
38	N/A†			15.62	3,262		31.25	4,496		38
39	8.11	368		16.24	3,809		32.49	4,633		39
40	8.41	445	3,521	16.83	4,382	7,055	33.65	4,736	14,097	40
41	8.85	513		17.70	5,056		35.40	4,837		41
42	9.20	590		18.41	5,867		36.81	4,988		42
43	9.69	648		19.27	6,722		38.54	5,062		43
44	10.01	707		20.03	7,638		40.06	5,129		44
45	10.41	751	3,092	20.82	8,621	6,190	41.64	5,163	12,385	45
46	10.89	776		21.79	9,689		43.59	5,137		46
47	11.42	807		22.84	10,858		45.69	5,104		47
48	12.03	843		24.06	12,130		48.13	5,106		48
49	12.69	892		25.36	13,509		50.53	4,976		49
50	13.37	840	2,502	26.74	1,160	5,002	53.48	4,825	10,011	50
51	14.06	833		28.12	2,112		56.23	4,680		51
52	14.80	825		29.60	3,053		59.21	4,520		52
53	15.54	744		31.09	4,058		62.20	4,093		53
54	16.38	777		32.77	5,188		65.54	4,108		54
55	17.24	782	1,881	34.31	6,461	8,683	68.86	4,016	7,366	55
56	18.19	604		36.38	7,969		72.78	3,204		56
57	19.32	365		38.65	9,588		77.32	2,198		57
58	20.65	175		41.30	11,345		82.61	1,287		58
59	22.13	0		44.30	13,261		88.61	467		59
60	23.75	0	318	47.51	0	636	95.02	0	1,274	60
61	25.62	0		51.24	0		102.48	0		61
62	27.77	0		55.54	0		111.09	0		62
63	30.00	0		60.01	0		120.02	0		63
64	32.59	0		65.18	0		130.36	0		64
65	35.52	0		71.09	0		142.09	0		65
66	37.94			75.88			151.77			66
67	40.67			81.54			162.68			67
68	43.48			86.97			173.93			68
69	46.30			92.70			185.56			69
70	49.55			99.11			198.23			70
71	53.95			107.92			213.34			71
72	58.71			117.42			234.85			72
73	63.81			127.63			255.27			73
74	69.27			138.54			277.09			74
75	75.25			150.31			301.02			75
76	81.50			163.01			326.03			76
77	88.28			176.37			353.14			77
78	95.50			191.00			382.00			78
79	103.24			206.49			412.98			79
80	111.42			223.86			445.72			80

† Face Amount is insufficient to require the minimum planned premium. Solve for Target Premium - A100

\* Guaranteed values are based on the minimum interest rate of 3.00% and maximum fees and charges. Non-Guaranteed values are based on a current illustrated interest rate of 5.25% and current fees and charges and are not guaranteed. Values are affected by the actual interest rates credited and cost of insurance rates charged. Non-Guaranteed elements are subject to change by the company. Actual results may be more or less favorable than shown. WML not included in Issue Ages 56+. Issue Ages 66+ do not include the ADD Rider. TL, LBR, EXT, RES not included in Issue Ages 76+. The Child Term Rider may be added for additional premium of \$1.15 BiWeekly26 per \$10,000.

A detailed illustration will be provided on delivery of a contract or earlier if requested. This is a quotation, not a contract. 7/30/2022

Underwritten by Transamerica Life Insurance Company, Home Office: Cedar Rapids, IA Issue State: DE Ver: 5.0.2022.210

TransElite HFA - Universal Life Insurance

Form: CPGUL300

With Riders: TI, WML, ADD

Tobacco



Death Benefit Option: A

\$25,000 Face Amount				\$50,000 Face Amount			\$100,000 Face Amount			Issue Age
Issue Age	BiWeekly26 Premium	Guaranteed Cash Value at Age 65*	Current Cash Value at Age 65*	BiWeekly26 Premium	Guaranteed Cash Value at Age 65*	Current Cash Value at Age 65*	BiWeekly26 Premium	Guaranteed Cash Value at Age 65*	Current Cash Value at Age 65*	
16	N/A†	0	0	10.73	0	0	21.46	0	0	16
17	N/A†	0	0	11.30	0	0	22.59	0	0	17
18	N/A†	0	0	11.94	0	0	23.91	0	0	18
19	N/A†	0	0	12.66	0	0	25.31	0	0	19
20	N/A†	0	0	13.47	0	0	26.80	0	0	20
21	N/A†	0	0	14.37	0	12,480	28.38	0	23,012	21
22	N/A†	0	0	15.36	0	0	29.94	0	0	22
23	N/A†	0	0	16.44	0	0	31.58	0	0	23
24	N/A†	0	0	17.61	0	0	33.30	0	0	24
25	N/A†	0	0	18.88	0	12,039	35.09	0	24,117	25
26	N/A†	0	0	20.25	0	0	36.96	0	0	26
27	N/A†	0	0	21.72	0	0	38.91	0	0	27
28	N/A†	0	0	23.29	0	0	40.94	0	0	28
29	8.10	0	0	24.96	0	0	43.05	0	0	29
30	8.38	0	5,779	26.73	0	11,544	45.24	195	23,144	30
31	8.78	0	0	28.60	0	0	47.51	195	23,144	31
32	9.09	0	0	30.57	0	0	49.86	1,122	0	32
33	9.48	0	0	32.64	0	0	52.29	1,382	0	33
34	9.83	0	0	34.81	271	0	54.79	1,661	0	34
35	10.20	0	5,405	37.08	249	10,840	57.36	2,116	21,681	35
36	10.65	0	0	39.45	243	0	60.00	2,844	0	36
37	11.13	0	0	41.92	297	0	62.71	3,222	0	37
38	11.63	0	0	44.49	1,175	0	65.49	3,569	0	38
39	12.22	0	0	47.16	1,385	0	68.34	3,905	0	39
40	12.77	240	4,875	49.93	1,554	9,757	71.26	4,170	19,508	40
41	13.46	450	0	52.79	1,705	0	74.24	4,479	0	41
42	14.07	448	0	55.74	1,834	0	77.27	4,612	0	42
43	14.74	432	0	58.78	1,948	0	80.36	4,727	0	43
44	15.47	586	0	61.91	1,990	0	83.51	4,819	0	44
45	16.23	646	4,151	65.13	2,071	8,313	86.72	4,909	16,631	45
46	17.10	692	0	68.44	2,106	0	89.99	4,932	0	46
47	18.00	727	0	71.84	2,139	0	93.32	4,949	0	47
48	18.93	759	0	75.33	2,136	0	96.71	4,993	0	48
49	19.91	768	0	78.91	2,109	0	100.16	4,784	0	49
50	21.02	748	3,253	82.58	2,018	6,509	103.67	4,535	13,018	50
51	22.18	710	0	86.34	1,895	0	107.24	4,267	0	51
52	23.39	657	0	90.19	1,743	0	110.87	3,921	0	52
53	24.66	589	0	94.13	1,571	0	114.56	3,527	0	53
54	26.03	639	0	98.16	1,624	0	118.31	3,596	0	54
55	27.43	669	2,277	102.28	1,648	4,585	122.12	3,603	9,108	55
56	29.02	501	0	106.49	1,270	0	125.99	2,818	0	56
57	30.80	263	0	110.79	770	0	129.92	1,787	0	57
58	32.87	113	0	115.18	429	0	133.91	1,057	0	58
59	35.20	0	0	119.65	213	0	137.95	409	0	59
60	37.66	0	616	124.20	0	1,235	142.04	0	2,470	60
61	40.24	0	0	128.83	0	0	146.17	0	0	61
62	42.63	0	0	133.54	0	0	150.34	0	0	62
63	45.53	0	0	138.33	0	0	154.55	0	0	63
64	48.57	0	0	143.20	0	0	158.80	0	0	64
65	51.73	0	0	148.14	0	0	163.09	0	0	65
66	56.33	0	0	153.15	0	0	167.42	0	0	66
67	60.72	0	0	158.23	0	0	171.79	0	0	67
68	64.16	0	0	163.38	0	0	176.19	0	0	68
69	68.22	0	0	168.59	0	0	180.62	0	0	69
70	72.44	0	0	173.86	0	0	185.08	0	0	70
71	78.23	0	0	179.19	0	0	189.57	0	0	71
72	84.41	0	0	184.58	0	0	194.08	0	0	72
73	90.93	0	0	189.93	0	0	198.61	0	0	73
74	97.70	0	0	195.34	0	0	203.16	0	0	74
75	105.00	0	0	200.81	0	0	207.73	0	0	75
76	112.66	0	0	206.34	0	0	212.32	0	0	76
77	120.76	0	0	211.93	0	0	216.93	0	0	77
78	129.38	0	0	217.58	0	0	221.56	0	0	78
79	138.45	0	0	223.28	0	0	226.21	0	0	79
80	147.69	0	0	229.03	0	0	230.88	0	0	80

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

Solve for Target Premium - A100

\* Guaranteed values are based on the minimum interest rate of 3.00% and maximum fees and charges. Non-Guaranteed values are based on a current illustrated interest rate of 5.25% and current fees and charges and are not guaranteed. Values are affected by the actual interest rates credited and cost of insurance rates charged. Non-Guaranteed elements are subject to change by the company. Actual results may be more or less favorable than shown. WML not included in Issue Ages 56+. Issue Ages 66+ do not include the ADD Rider. TI, LER, EXT, RES not included in Issue Ages 76+. The Child Term Rider may be added for additional premium of \$1.15 BiWeekly26 per \$10,000.

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

7/20/2022

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

Issue State: DE Ver: 5.0.2022.210

- HFA** **TransElite HFA -- Universal Life Insurance:** HFA policies have flexible premiums and an accumulation value to provide the greatest death benefit amount per premium dollar and are ideal for those who want a higher death benefit, but are not interested in a high cash value accumulation. The premium is expected to provide coverage to the later of age 80 or 10 years, with no cash value expected at the coverage period's end. HFA policies have a minimum guaranteed interest rate and a maximum guaranteed cost of insurance. The premium is expected to sustain the policy to the later of age 80, or 10 years - however, skipped or reduced premium payments, changes in the non-guaranteed interest rate or charges, or acquiring a policy loan, a partial surrender, or a face amount increase could require additional payments. Coverage may be extended to age 100 and could require additional payments.
- TI** **Accelerated Death Benefit for Terminal Condition Rider (Form CRLTI100):** Lets the insured "tap into" life insurance in the event of a future terminal condition diagnosis and still provides a benefit for the beneficiary.
- WML** **Waiver of Monthly Deductions Due to Layoff or Strike Rider (Form CRLWL100):** Protects life insurance from lapsing for up to six months if the insured (employee only) is involuntarily laid off.
- ADD** **Accidental Death and Dismemberment Rider (Form CRLAD100):** Provides an additional death benefit if the insured employee or spouse dies as the result of an accidental bodily injury. A specified percentage (25% to 100%) of the accidental death benefit, is payable for specific dismemberments caused by a covered accidental bodily injury. As an added benefit under the rider, where permitted, we will pay 3% of the AD&D death benefit-up to \$3,500-for qualified elder care, surviving spouse job training, surviving child education, and surviving child care. The AD&D benefit amount is the same as the face amount of the base Certificate, up to a maximum AD&D coverage amount of \$150,000. (This benefit is in addition to any life insurance death benefit.)





TransElite<sup>SM</sup> universal life insurance, underwritten by Transamerica Life Insurance Company

## Child Rate Sheet

Monthly Premium for \$25,000 Child/Grandchild Coverage

AGE	Policy	Policy
	Monthly	Bi-Weekly Premium
0	\$13.00	\$6.00
1	\$13.00	\$6.00
2	\$13.00	\$6.00
3	\$13.00	\$6.00
4	\$13.00	\$6.00
5	\$13.00	\$6.00
6	\$13.00	\$6.00
7	\$13.00	\$6.00
8	\$13.00	\$6.00
9	\$13.00	\$6.00
10	\$13.00	\$6.00
11	\$13.26	\$6.12
12	\$13.69	\$6.32
13	\$14.29	\$6.60
14	\$14.74	\$6.80
15	\$15.36	\$7.09
16	\$15.64	\$7.22
17	\$15.92	\$7.35
18	\$16.22	\$7.49
19	\$16.52	\$7.62
20	\$16.85	\$7.78
21	\$17.18	\$7.93
22	\$17.55	\$8.10
23	\$17.93	\$8.28
24	\$18.33	\$8.46
25	\$18.75	\$8.65
26	\$19.21	\$8.87

Policy includes Accelerated Death Benefit for Terminal Illness Rider.