

TRANSAMERICA LIFE INSURANCE COMPANY

6400 C Street SW, Cedar Rapids, IA 52499
Contact us at: PO Box 219, Cedar Rapids, IA 52406-0219
Telephone: 1-888-763-7474
Email Address: TEBcustresp@Transamerica.com
www.transamerica.com

TITLE PAGE (CERTIFICATE COVER PAGE)

Subject to the provisions of this Certificate and receipt of due proof of the Insured's death, Transamerica Life Insurance Company ("the Company," "we," "us," and "our") will pay the Life Insurance Proceeds ("Proceeds") in a lump sum to the Beneficiary if the Insured dies prior to the Maturity Date. If the Insured is living on the Maturity Date, and this Certificate remains in force, we will pay the Cash Surrender Value, if any, to the Owner ("you," "your," and "yours").

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

NOTICE OF 30-DAY RIGHT TO EXAMINE CERTIFICATE

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

SURRENDER CHARGES

IF YOU CANCEL THIS CERTIFICATE AFTER THE 30-DAY RIGHT TO EXAMINE PERIOD, 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 CHARGES CAN BE FOUND IN THE TABLES SECTION OF THE CONTRACT DATA PAGES STARTING ON PAGE 4.

YOU CAN FIND THE CERTIFICATE EFFECTIVE DATE ON PAGE 1.

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



Blake Bostwick
President



Karyn S.W. Polak
Secretary

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 (Age 120)
Life Insurance Proceeds Payable at Death of Insured Prior to the Maturity Date (Age 120)
Cash Surrender Value, if any, Payable at the Maturity Date (Age 120)
Nonparticipating - No Annual Dividends**

COVERAGE INCLUDES ACCELERATED DEATH BENEFIT OPTIONS

CERTIFICATE SUMMARY

PLEASE READ YOUR CERTIFICATE CAREFULLY.

This Certificate summarizes the insurance coverage provided under the Group Master Policy ("Policy") that we issued to the Policyholder. 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.

See next page for important state notices.

TITLE PAGE (CERTIFICATE COVER PAGE) - Continued

Alaska residents: If the Master Policy is issued in a state other than Alaska, Alaska law prevails over conflicting provisions between the out of state policy and the Alaska certificate.

Arizona residents: If the Policy is issued to a jurisdiction other than Arizona, this Certificate of Insurance may not provide all benefits and protections provided by law in Arizona. Please read this Certificate carefully.

Florida residents: BENEFITS, VALUES, PREMIUMS, AND INTEREST RATES ARE ON AN INDETERMINATE BASIS, MAY INCREASE OR DECREASE, AND ARE NOT GUARANTEED AS TO FIXED DOLLAR AMOUNTS. INITIAL INTEREST RATE IS NOT GUARANTEED.

Idaho residents: CONTACT INFORMATION

If you have any questions or comments, please contact us at Our Administrative Office:
PO Box 219, Cedar Rapids, IA 52406-0219
1-888-763-7474 or TEBcustresp@Transamerica.com or
www.transamerica.com

You may also contact the Idaho Department of Insurance Consumer Affairs
700 W. State Street, 3rd Floor
PO Box 83720
Boise, ID 83720-0043

1-800-721-3272 or 208-334-4250 or www.DOI.Idaho.gov

Louisiana residents: Louisiana specific provisions will prevail over conflicting provisions for any certificates issued in Louisiana.

Minnesota residents: Refund of the premium will be made within 10 days after we receive notice of cancellation and the returned Certificate. The Certificate will be considered void from the beginning.

Montana residents: If the Master Policy is issued in a state other than, Montana, Montana law prevails over conflicting provisions between the out of state policy and the Montana certificate.

New Jersey residents: This Certificate details the insurance coverage provided under the Group Master Policy ("Policy") that we issued to the Policyholder. 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.

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

If the Master Policy is issued in a state other than North Carolina, This Certificate of Insurance provides all of the benefits mandated by the North Carolina Insurance Code but is issued under a group master policy located in another state and may be governed by that state's laws.

Ohio residents: Notice to Ohio Residents: Holders of Certificates issued, delivered or used in Ohio are entitled to all of the protections afforded them under Ohio law, including without limitation, Title XXXIX of the Ohio Revised Code.

TITLE PAGE (CERTIFICATE COVER PAGE) – Continued

Oklahoma residents: WARNING: Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, makes any claim for the Proceeds of any insurance contract containing any false incomplete or misleading information is guilty of a felony.

NOTICE: If the Master Policy is issued in a state other than Oklahoma, then the Certificates delivered in Oklahoma in conjunction with such Policy are subject to the terms and conditions of the Certificates and not the Policy.

CONTACT US

If you have any questions concerning the benefits available under this Certificate or need to express a complaint, you may:

Write us at our Administrative Office: PO Box 219, Cedar Rapids, IA 52406-0219

Call our toll-free telephone number at: 1-888-763-7474

Write us at our E-Mail Address: TEBcustresp@Transamerica.com

Visit our website: www.transamerica.com

QUESTIONS OR COMPLAINTS TELEPHONE NUMBER: If an Insured has any questions concerning the benefits available under this Certificate or needs to express a complaint, they may contact us at our toll-free Customer Service telephone number, 1-888-763-7474.

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ELIGIBILITY

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

1. Be at least 18 years old and under the age of 70;
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. Not be: (a) hospitalized; (b) confined at home under a physician's care; or (c) receiving or applying to receive disability benefits from any source;
3. Not be eligible as an employee or member under the Policy; and
4. Provide satisfactory evidence of insurability to us, if required.

New Hampshire residents: If a Dependent Child has reached age 26 but is incapable of self-support because of mental or physical impairment, we will continue the Child's coverage under the following conditions:

1. The Child must be incapacitated;
2. We must receive proof of incapacity within 31 days after the coverage would otherwise terminate;
3. We may require additional proof of such incapacity from time to time, but not more often than once a year after the Child attains age 26; and
4. Your coverage must remain in force.

Such dependent is entitled upon termination of such incapacity to a converted policy in accordance with and subject to the terms and conditions of the Conversion Option.

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

Evidence of Insurability – We may ask for evidence of insurability when:

1. Applying for coverage more than 31 days after becoming eligible for coverage;
2. Applying for an amount of life insurance that exceeds the guaranteed issue limit, if applicable;
3. Applying for an increase in coverage; or
4. Applying for reinstatement of coverage after such coverage has terminated.

EFFECTIVE DATE

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

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

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 (insurance producer in **MT**) authorized by us to collect Premiums.

Maryland residents: Initial Premium Payment – The initial premium payment is first Planned Premium which is due on or before the Certificate Effective 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.

New Jersey residents: All Premiums will be remitted by the Policyholder 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 unplanned 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, any such excess premium payments will be refunded;
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
Louisiana residents: Payment of a greater amount would increase the difference between the Death Benefit and the Accumulation Value unless we are provided evidence of insurability; or
3. Payment of a greater amount would exceed the Maximum Unplanned Premium shown in the Contract Data Pages.
Pennsylvania residents: #3 does not apply.

Oregon residents - We will refund the excess of any premium payment made over the maximum amount that could be paid without disqualifying the Certificate as life insurance under Section 7702 of the Internal Revenue Code, unless it is necessary to continue coverage.

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

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.

Florida residents: An assignment, whenever made, is valid for vesting in the assignee all incidents of ownership so assigned the rights of the Conversion Option or Portability Option section of this Certificate and the right to name a Beneficiary. Any payment we may have made or individual policy we may have issued prior to our receipt of notice of assignment is not subject to such assignment.

Oregon residents: The assignment takes effect on the date it is signed by you unless otherwise specified. The Company is not liable for the validity of the assignment.

Changes to this Certificate - Only our President, Vice President, Secretary, or an Assistant Secretary may make any changes to this Certificate and then only in writing. No agent (insurance producer in **MT**) 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.

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.

Louisiana residents: If we do not pay the Proceeds within 20 days of the date we receive due proof of the Insured's death, the Proceeds will earn interest at the annual interest rate we are paying as of the date of death on Proceeds left on deposit. If Proceeds are not received within 60 days after our receipt of due proof of death, we will pay interest at the rate of 8% per annum from date of receipt of due proof of death until paid.

Minnesota residents: Life Insurance Proceeds are paid in a lump sum to the designated Beneficiary. If the Proceeds are \$15,000 or more, the Beneficiary may request an alternative method of payment. Alternate methods of payment include but are not limited to: (1) a life income option; (2) an income option for fixed amounts or fixed time periods; (3) an interest-bearing account with us, including an option to change to another method of payment at a later date; and (4) any other alternative method of payment that we offer at that time.

New Jersey residents: When benefits under this Certificate become payable by reason of the Insured's death, settlement will be made within 60 days after our receipt of due proof of death, proof of the interest of the claimant or any other document or information requested by us under the terms of this Certificate.

If a claim or any portion of a claim for benefits under this Certificate requires additional investigation or is denied, we will notify the claimant, in writing, no later than the 45th calendar day following our receipt of due proof of death, that the claim is being investigated or denied and the reason the claim is being investigated or denied. Any uncontested portion of a claim will be paid no later than the 60th calendar day following receipt of due proof of death, proof of the interest of the claimant, or any other document or information requested by us under the terms of this Certificate.

Upon Our receipt of any document or information requested relating to a claim or portion of a claim under investigation, we will pay the benefits for which the claim is made or deny the claim no later than the 90th calendar day following the receipt of the document or information.

Payment of a claim or portion of a claim that is not under investigation by us will be overdue if we do not remit payment to the claimant on or before the 60th calendar day following our receipt of due proof of death, proof of interest of the claimant or any other document or information requested by us under the terms of the Certificate. Payment of a claim that is under investigation or denied that becomes eligible for payment will not be overdue if we remit to the claimant on or before the 90th calendar day following our receipt of due proof of death, proof of the interest of the claimant, or any other document or information requested by us.

Overdue payments will bear an annual rate of interest equal to the average rate of return of the State of New Jersey Cash Management Fund for the preceding fiscal year, rounded to the nearest ½ %.

Michigan and Ohio residents: We will pay any Proceeds due upon our receipt of due proof of the Insured's death or not later than two months after our receipt of such proof.

Oregon residents: We will advise the claimant of the acceptance or denial of a claim within 30 days of our receipt of the properly executed proofs of loss. If our decision is delayed longer than 30 days, payment will include interest from the of death at the current Loan interest rate for life policies issued by us.

Utah Residents: We will send such form within 15 days after we receive the notice of the Insured's death.

New Mexico residents:

Proof of Death – We will pay any benefit payable because of death when we receive due proof of the Insured's death while the Policy is in force. Payment will include interest (at the rate applicable when Proceeds are left on deposit with us) beginning 30 days after the death of the Insured, but such interest will not be payable until we receive due proof of death. The proof must be sent to us at our Administrative Office. We will send appropriate forms to the Beneficiary upon request. Any of our agents will help the Beneficiary fill out the forms without charge. We will send all payments from our Administrative Office.

North Carolina residents:

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

Montana residents:

Claim Settlement - When a claim is made upon the death of the Insured, settlement must be made upon receipt of proof of death and at the Insured's option, surrender of this Certificate or proof of interest of the claimant, or both. Settlement must be made within 60 days of receipt of proof of death. If settlement is made after the first 30

days, the settlement must include interest from the 30th day until settlement. Interest must be paid at the monthly average discount rate on 90-day AA asset-backed commercial paper in effect at the federal reserve bank in the ninth federal reserve district at the time of proof of death or at the rate stated in this Policy, whichever is greater.

Clerical Error – A clerical error will not invalidate insurance otherwise in force, nor continue or make insurance otherwise not validly in force.

Conformity With State and Federal Laws – Any provision of the Policy or the Certificate that conflicts with the requirements of any state or federal law of the governing jurisdiction is hereby changed to meet the minimum standards of such laws.

Alaska, Missouri, and Nebraska residents:

Conformity With State and Federal Laws – Any provision of the Policy or Certificate that conflict with the law of the state in which the Covered Person resides is hereby automatically changed to meet the minimum standards of such laws.

Montana residents:

Conformity With Montana Laws – The provisions of the Policy or Certificate conform to the minimum requirements of Montana law and control over any conflicting statutes of any state in which the Covered Person resides on or after the Effective Date.

Dividends - This is nonparticipating insurance. It does not participate in our profits or surplus, and no dividends will be paid.

Entire Contract - The Entire Contract consists of the Policy, this Certificate, any attached Amendments, Endorsements, or Riders, the Policyholder's Application, and your Application.

Louisiana residents: A copy of your Application will be attached to the Certificate when issued. All statements made by you will be deemed representations and not warranties. No written statement made by you or any person insured will be used in any contest unless a copy of the statement has been furnished to you, your Beneficiary, or your personal representative.

New Jersey residents:

Entire Contract - Your contract consists of your Certificate, any attached Amendments, Endorsements or Riders, and a copy of your Application. All statements contained in your Application will be deemed representations and not warranties. Any Applications for modifications in the Certificate, which are based on additional evidence of insurability, will be attached to the Certificate in order to become part of the contract between the parties; otherwise, we will be deemed to have waived any right to contest any modification made to this Certificate.

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 (60 days in **GA & TN**; 61 days in **DC**) will be provided beginning on such Monthly Date. Written notification will be sent to your last known address on record at least 31 days (60 days in **AK**; 61 days in **DC**) 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 Premium. 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.

New Jersey residents: A Grace Period of 31 days will be allowed for the Policyholder to remit sufficient premium. Coverage will stay in force during the Grace Period. This Certificate will terminate the day after the Grace Period ends if the premium due has not been paid in full. The Policyholder must still pay us all premiums due through the termination date, including the premium due for the time the Policy was in force during the Grace Period.

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

Arizona, Colorado, District of Columbia, Georgia, Louisiana, Maine, Maryland, New Jersey, New Mexico, North Carolina, Oklahoma, Oregon, Rhode Island, South Carolina, and Utah residents:

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

Florida and New Hampshire residents:

Right to Contest - We will not contest the validity of this Certificate, except for nonpayment of Premiums, after it has been in force for two years from its date of issue. No statement made by any Insured relating to his or her insurability will be used to contest the validity of his or her insurance after such insurance has been in force for a period of two years during the Insured's lifetime. Any such statement must be contained in a written instrument signed by the Insured. This also applies to Riders. For any increase in the Face Amount, our two year right to contest starts anew, but will only apply to the amount of the increase.

Idaho residents:

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

Minnesota residents:

Right to Contest - This Certificate is incontestable after it has been in force during the lifetime of the Insured for two years from its Effective Date, except for nonpayment of Premiums. This also applies to Riders. For any increase in the Face Amount, our two-year right to contest starts anew, but will only apply to the amount of the increase.

Montana residents:

Incontestability - The validity of the Policy may not be contested, except for nonpayment of Premium, after it has been in force for two years from the Effective Date. Any statement made by the Insured relating to insurability may not be used in contesting the validity of the Policy if the statement was made after the Policy has been in force for a period of two years during the Insured's lifetime or unless it is contained in a written statement signed by the Insured.

If the Policy has been Reinstated, our right to contest on account of fraud or misrepresentation of facts material to the Reinstatement only, will be in force during the Insured's lifetime for two years from the date coverage was Reinstated.

Nevada residents:

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

This provision does not apply to any rider providing benefits specifically for disability or death by accident.

Tennessee residents:

Right to Contest - We will not contest the validity of this Certificate, except for nonpayment of Premiums, after it has been in force for two years from its date of issue. No statement made by any Insured relating to his or her insurability will be used to contest the validity of his or her insurance after such insurance has been in force for a period of two years during the Insured's lifetime. Any such statement must be contained in a written instrument signed by the Insured. This also applies to Riders.

All statements made are considered representations and not warranties. No such statement will be used in any contest, unless it is in writing and a copy of such statement has been furnished to the Owner or Insured, or in the event of death or incapacity, to the Beneficiary or personal representative acting on behalf of the Owner or Insured.

Arizona, Colorado residents: 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.

Minnesota residents: All statements made, except fraudulent statements, are considered representations and not warranties. No such statement will be used in any contest unless it is contained in a written Application and a copy of the Application is endorsed upon or attached to the Certificate when issued.

Florida residents:

Legal Actions – You cannot bring a lawsuit to recover on this Certificate before the expiration of 60 days, nor more than five years, after the date you submitted to us written proof of death in accordance with the terms of this Certificate.

Michigan residents:

Legal Actions - You cannot bring a lawsuit to recover on this Certificate before the expiration of 60 days, nor more than six years, after the date you submitted to us written proof of death in accordance with the terms of this Certificate.

Utah residents:

Legal Actions - You cannot bring a lawsuit to recover on this Certificate before the expiration of 60 days after you have submitted to us written proof of death in accordance with the terms of this Certificate. You cannot bring a lawsuit to recover on this Certificate any later than three years after you submit to us written proof of death in accordance with the terms of this Certificate.

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 Monthly Premium would buy at the Insured's correct Age or Tobacco/Nicotine use status.

Alabama, Colorado, Georgia, Louisiana, Michigan, Missouri, New Hampshire, North Carolina, South Carolina, South Dakota, Utah, Wisconsin residents:

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

Florida residents:

Misstatement of Age – If the Insured's Age was misstated on the Application for this insurance coverage, we will adjust the Death Benefit to the amount that the most recent Monthly Premium would buy at the Insured's correct Age. This change is made by adjusting the excess of the Death Benefit over the Accumulation Value by the ratio of the incorrect COI to the correct COI.

New Jersey residents:

Misstatement of Age - If the Age of the Insured has been misstated, the adjusted Death Benefit will be that amount which would have been purchased at the correct Age in consideration of the Premium paid, in which instance we will not make any retrospective recalculations to the Accumulation Value. We may adjust future months' Monthly Premiums so as to reflect the corrected Age.

New Jersey residents:

Non-Guaranteed Elements - We do not distribute past surplus or recover past losses by changing the Cost of Insurance rates, administrative fees or charges for additional benefits provided by Riders or declared interest rates. These items will only change based on future expectations as to experience factors. These experience factors are mortality, morbidity, expenses, taxes, interest, and persistency.

Suicide Exclusion - We will not pay the Proceeds if the Insured dies by suicide, while sane or insane, within two years (one year in **CO and MO**) from the date coverage is issued (from the Effective Date in **NJ**). Instead, we will refund the Premiums paid for this insurance minus any outstanding Loans and partial surrenders. Any increase in the Face Amount will start this Suicide Exclusion provision anew, but will apply only to the amount of the increase.

Nevada residents: Any interest due will be paid at a rate equal to the prime rate at the largest bank in Nevada, as ascertained by the Commissioner of Financial Institutions, on January 1 or July 1, as the case may be, immediately preceding the date of the transaction, plus 2%, upon all money from the time it becomes due.

North Dakota residents: We will not pay the Proceeds if the Insured dies by suicide within one year from the date coverage is issued. Instead, we will refund the Premiums paid for this insurance minus any outstanding Loans. Any increase in the Face Amount will start this Suicide Exclusion provision anew, but will apply only to the amount of the increase.

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.

CERTIFICATE TERMINATION DATE

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

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 or is surrendered under one of the Nonforfeiture Options, subject to the Grace Period; or
5. The date the Policy terminates, subject to the Conversion Option or Portability Option provision.

New Jersey residents: 6. If the outstanding Loan exceeds the Cash Value, the Certificate will terminate and have no further value 31 days after notice has been mailed by us to the last known address that has been furnished to us by the Policyholder or mailed by the Policyholder to your last known address and to any assignee of record.

If insurance stops because the Insured is alive on the Maturity Date, we will pay the Cash Surrender Value, if any, to the Owner. This Certificate will cease on the Maturity Date.

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.

Louisiana residents: Termination of your employment or membership in an eligible class will not cause your insurance to terminate until expiration of the date for which premium has been paid for you, not to exceed 31 days.

REINSTATEMENT

Minnesota residents:

Reinstatement – If, in the event of default in premium payments, the nonforfeiture value of the policy is applied to the purchase of other insurance, and if that insurance is in force and the original policy has not been surrendered to the company and canceled, the policy may be reinstated within three years after the default upon evidence of insurability satisfactory to the company and payment of arrears of premiums with interest.

Conditions for Reinstatement – If this Certificate Lapses, it may be Reinstated during the lifetime of the Insured, provided it was not surrendered.

New Jersey residents: If a Loan existed when the Certificate Lapsed, We will not consider the Certificate to have been surrendered.

To Reinstate 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;
Louisiana residents: Evidence of insurability;
4. Repayment of any Loans that existed at the time the Certificate Lapsed; and
Maryland residents: #4 does not apply.
New Jersey and Tennessee residents: 4. Repayment or Reinstatement of any Loans that existed at the time the Certificate Lapsed; 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.

New Jersey residents: #3 does not apply.

New Mexico residents: 3. Interest, compounded annually on this Reinstatement Premium at the interest calculated from the date this Certificate ended, not to exceed 6% per year on the payment of all monthly deductions in arrears.

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 coverage, Incontestability 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 Reinstatement date.

New Jersey residents: The Certificate can only be contested for two years after Reinstatement based on information in any Reinstatement Application attached to the Certificate.

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: (**Florida residents:** Your rights include 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. 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. Exercising a Nonforfeiture Option;
7. Exercising an option under any Rider attached to this Certificate;
8. Continuing coverage under the Conversion Option or Portability Option provisions; and

9. 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 Life Insurance Proceeds - If the Insured dies while this Certificate is in force, we will pay the Proceeds 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.

Minnesota and North Dakota residents: The Proceeds will be paid within two months of our receiving proof of the Insured's death at our Administrative Office.

Oregon residents: Payment of the Life Insurance Proceeds - If the Insured dies while this Certificate is in force, we will pay the Proceeds to the Beneficiary, subject to the provisions of this Certificate and receipt of due proof of death. Due proof of death will be a certified death certificate, a finding from a court of competent jurisdiction, or other proof satisfactory to us. 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 No Beneficiary is Named or the Designated Beneficiary Dies - The rights of any Beneficiary to receive Proceeds will end if the Beneficiary dies prior to, at the time of, or within 30 days after, the death of the Insured, except to the extent that benefits have already been paid. If the rights of all designated Beneficiaries have ended, or if the Insured did not designate a Beneficiary, benefits will be payable to the Insured's estate.

Payment in good faith by us will fully discharge our obligations with respect to the amount(s) paid.

If the benefits are to be paid to children, the total benefit amount will be divided equally among all the Insured's eligible children. 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 (\$250 for **LA, NC, and NH**; \$2,000 for **NJ and WY**). The Death Benefit will be reduced by any payment made under this provision.

Maine residents: In the event that there is no beneficiary, a sum not exceeding \$2000 may be paid to any person appearing to us to be equitably entitled there to by reason of having incurred funeral or other expenses incident to the last illness or death of the insured.

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 change request.

Oregon residents: The change will be effective on the date you signed the notice, subject to any payments made or actions taken by the Company prior to receipt of such notice.

PAYMENT OF LIFE INSURANCE PROCEEDS

Amount of Proceeds – The Proceeds 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.

Adjustments to the Proceeds - The Proceeds will be reduced 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 Proceeds may also be affected by the election of a Nonforfeiture Option or Misstatement of Age as explained in other provisions of this Certificate. Additional benefit amounts may be payable under any Riders attached to this Certificate.

Oregon residents: Subject to the Surrender Charge, the Proceeds are the greater of the Policy Accumulation Value and the minimum value guaranteed by the Certificate.

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.

Increase in the Face Amount – After the first Contract Year, you may, upon written request, increase the Face Amount. Any increase will be subject to our underwriting requirements, as well as the Incontestability or Right to Contest provision and Suicide Exclusion provision in the General Provisions section of this Certificate. Only one change to the Face Amount will be allowed per Contract Year. The maximum issue age for an increase is the same as the maximum issue age for Certificates.

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. The Surrender Charges for each Face Amount increase will be based on the Insured's Age and Class of Risk on the effective date of the increase.

We will send you an Amendment to reflect the Increase in the Face Amount and its effect upon Certificate features.

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.

Oregon residents: We will send you an Amendment to reflect the decrease in the Face Amount and its effect upon Certificate features.

Florida residents:

Interest on Life Insurance Proceeds –The Proceeds will earn interest from the date we receive written due proof of death to the date of payment. The interest will be at the annual interest rate equal to or greater than the Moody's Corporate Bond Yield Average Monthly Average Corporate as of the day the claim was received.

Louisiana residents:

Interest on Death Benefit – If we do not pay the Proceeds within 20 days of the date we receive due proof of the Insured's death, the Proceeds will earn interest at the annual interest rate we are paying as of the date of death on Proceeds left on deposit. If Proceeds are not received within 60 days after our receipt of due proof of death, we will pay interest at the rate of 8% per annum from date of receipt of due proof of death until paid.

Maryland and North Dakota residents:

Interest on Life Insurance Proceeds – After we receive due proof of the Insured's death, the Proceeds will earn interest from the date of death to the date of payment, provided the claim is filed within 180 days of the date of death. The interest will be at the annual interest rate we are paying as of the date of death. We will not pay less than the annual interest rate as required by the governing jurisdiction.

Michigan residents:

Interest on Life Insurance Proceeds - If benefits are not paid on a timely basis, the benefits paid shall bear simple interest from a date 60 days after satisfactory proof of loss was received by the insurer at the rate of 12% per annum, if the claimant is the insured or an individual or entity directly entitled to benefits under the insured's contract of insurance.

Montana residents:

Interest on Life Insurance Proceeds - We must pay Proceeds within 60 days of the date we receive due proof of the Insured's death and if we do not pay Proceeds after the first 30 days, the Proceeds will include interest from the 30th day until date of payment. Interest will be paid at the monthly average discount rate on 90-day AA asset-backed commercial paper in effect at the federal reserve bank in the ninth federal reserve district at the time of proof of death or at the rate stated in the policy, whichever is greater.

Nevada residents:

Interest on Life Insurance Proceeds – If we do not pay an Insured's Death Benefit within 30 days of the date that we receive due proof of the Insured's death, his or her Death Benefit will earn interest from the date of death to the date of payment. The interest will be at the annual interest rate that we are paying as of the date of death. We will not pay less than the annual interest rate as required by the governing jurisdiction.

New Hampshire residents:

Interest on Death Benefit – If we do not pay the Death Benefit within 30 days of the date we receive due proof of the Insured's death, the Death Benefit will earn interest from the date of death to the date of payment. We will pay the interest at the annual interest rate we are paying as of the date of death on Proceeds left on deposit.

Ohio residents:

Interest on Death Benefit – The Death Benefit for those who were residents of the State of Ohio on the date of their death will earn interest from the date of death to the date of payment. The interest payable will be at whichever of the following rates is greater:

1. The annual short-term applicable federal rate for purposes of section 1274(d) of the Internal Revenue Code in effect for the month in which the Insured dies; or
2. The current rate of interest on Proceeds left on deposit with us under any interest settlement option contained in the Policy.

Wyoming residents:

Interest on Life Insurance Proceeds – The Proceeds will earn interest from the date of death to the date of payment. We will pay the interest at the annual interest rate we are paying as of the date of death on Proceeds left on deposit.

Tax Qualification – This Certificate is intended to qualify under Section 7702 of the Internal Revenue Code as life insurance for federal tax purposes. The Proceeds are 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 Proceeds 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 Premiums, Monthly Deductions, and/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 Proceeds.

CONTRACT VALUES

Accumulation Value – The Accumulation Value on the Effective Date is equal to the initial Premium received minus the Monthly Deduction. Thereafter, the Accumulation Value will be determined on each Monthly Date after the Effective Date as follows:

1. The Accumulation Value as of the last Monthly Date; plus
2. The interest accrued from the last Monthly Date; plus
3. The sum of net premiums, less any refunds, received since the last Monthly Date; less
4. All partial surrender amounts taken since the prior Monthly Date; less
5. The Monthly Deduction for the current month.

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

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

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 monthly 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 monthly Administrative Fee per \$1,000, but will never charge in excess of the guaranteed monthly Administrative Fee per \$1,000.

Cost of Insurance (COI) – The COI is equal to the Death Benefit at the beginning of the Certificate month divided by 1.0016516, minus the Accumulation Value at the beginning of the Certificate month, multiplied by the COI rate, divided by 1,000.

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

Maryland residents: The Guaranteed Monthly Cost of Insurance Rates are based on the Commissioners 2017 Standard Ordinary Mortality Tables, Age Last Birthday.

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.

Oregon residents: 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, and Evidence of Insurability, if required, will apply only to the amount of the increase.

Interest Rate – The guaranteed minimum interest rate for all Contract Years is shown on 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 minimum interest rate. Interest will be credited on the 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 – The Monthly Deduction is the monthly charge to cover the Cost of Insurance on the Certificate and any Riders. On the Effective 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 Administrative Fee; plus
3. The Certificate Fee; plus

4. Any charges for additional benefits provided by Riders.

Cash Surrender Value - The Cash Surrender Value may be borrowed against, 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 of the state where the Policy is delivered.

Oregon residents: Subject to the Surrender Charge, the Cash Surrender Value is the greater of the Policy Accumulation Value and the minimum value guaranteed by the Certificate.

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 on the Contract Data Pages.

Loans – Upon written request, you may borrow any amount up to the available Loan Value of your Certificate. Loans will be secured by the most recent addition to the Accumulation Value. Our interest in Loans on 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 – A Loan may be made in an amount which, together with interest as shown on the Contract Data Pages, will not exceed the Cash Value of this Certificate at the date to which Premiums have been paid (but not later than the next Anniversary Date).

Loan Interest – The Loan interest rate (**5.00% (4.76% in advance)**) is shown on 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 which is securing a Loan.

Failure to repay the Loan will not terminate this Certificate unless the Loan exceeds the Cash Value. If this happens, the Certificate will terminate and have no further value 31 days after notice has been mailed by us to your last known address and to any assignee of record.

NONFORFEITURE OPTIONS

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. **Indiana residents only:** And subtract the sum of all partial Surrender Charges paid to date.

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.

Florida residents:

This Certificate may be continued or surrendered under the Full Surrender option or under the Paid Up Life Insurance option:

Paid Up Life Insurance – The Owner may change this Certificate to non-participating Paid Up Life Insurance, subject to the following conditions:

1. This Certificate must be in force on the requested date.
2. The Owner must make a written request for a change to Paid Up Life Insurance.
3. We will add an endorsement to change this Certificate to Paid Up Life Insurance. The amount of Paid Up Life Insurance will be shown on the endorsement. That amount will be the Death Benefit under this Certificate.
4. Death Benefit Options will no longer be in effect.
5. The amount of Paid Up Life Insurance is calculated by using the Cash Surrender Value divided by the Net Single Premium for the Insured's Age and Class of Risk. The Net Single Premiums are shown in the Tables section of the Contract Data Pages.
6. The change to Paid Up Life Insurance will be effective on the Monthly Date following the date we receive the Owner's written request for Paid Up Life Insurance.
7. The Paid Up Life Insurance will contain no additional benefits, unless otherwise provided under the terms of an attached Rider.

Cash Values - The Paid Up Life Insurance will have Cash Values. The Cash Value will be:

1. The amount of Paid Up Life Insurance divided by 1,000; times
2. The Net Single Premium.

On Anniversaries, the Net Single Premium will be the value for the Insured's Age and Class of Risk as shown in the Table of Maximum Net Single Premiums for Paid Up Life Insurance. Between Anniversaries, the Net Single Premium will be the value as of the previous Monthly Date. The Net Single Premium as of the previous Monthly Date will be based on the values on the last and next Anniversaries and the number of months elapsed since the last Anniversary. The Cash Surrender Value of the Paid Up Life Insurance will be the Cash Value less any Loans. The Loan Value of the Paid Up Life Insurance will be the Cash Surrender Value of the Paid Up Life Insurance.

The Certificate fee, administrative fee, and expense charge will no longer apply.

When We Will Require Evidence of Insurability - When the Owner requests the Paid Up Life Insurance Option, we will calculate the difference between the amount of Paid Up Life Insurance and the Cash Surrender Value. We will then compare that amount to the difference between the Death Benefit and the Accumulation Value under this Certificate on the date the Owner elects this Option. If the difference between the amount of Paid Up Life Insurance and the Cash Surrender Value is greater than the difference between the Death Benefit and the Accumulation Value, the Insured must give Us satisfactory evidence of insurability.

If we do not receive satisfactory evidence of insurability, we will reduce the amount of Paid Up Life Insurance to the amount available without evidence of insurability. If there is any Cash Surrender Value left over after the change to Paid Up Life Insurance, we will refund it to the Owner.

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. 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 Contract year.

Oregon residents:

Partial Surrender - Partial Surrenders are allowed for withdrawals that qualify as penalty-free under the Internal Revenue Code. 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. 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 Contract Year. Payments will be made to you in a lump sum.

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); multiplied by
2. The partial surrender amount; divided by
3. The Cash Value.

In any Contract 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.

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 (20 days of receipt of such request in **UT**; 30 days in **WV**). 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 each Contract Year without charge. You may request additional copies of statements at any time; however, there may be a nominal charge for the additional copies or statements.

CONVERSION OPTION

If coverage terminates, you will have the option to convert this coverage to an individual permanent life insurance policy. You will receive notification of this Conversion Option from the Policyholder at the time your insurance terminates. To convert your coverage, you must submit your completed application and the first premium payment to us within 31 days of your termination date.

Alaska residents: The individual policy will, at the option of the Insured, be on any one of the forms, except term insurance, then customarily issued by the insurer at the age and for the amount applied for.

Maryland residents: Any Cash Value accumulated under this Certificate will be paid to you and will not be transferred to the Individual permanent life policy.

Louisiana residents: The individual policy will, at the option of the Insured, be on any one of the forms then customarily issued by the insurer at the age and for the amount applied for.

New Jersey and Maine residents: The individual policy will be issued without evidence of insurability.

The amount of insurance under the individual policy will not exceed the amount of life insurance that ceases because of such termination. However, any amount of life insurance that matures on or before the date of termination as an endowment to the Insured, whether in one sum, installments, or in the form of an annuity, will not be included in the amount that is considered to cease because of termination.

The premium on the individual coverage is set at our then customary rate applicable to the individual coverage and amount of such coverage, the individual's class of risk, and the individual's age as of the effective date of the individual coverage.

This Conversion Option will be available if:

1. All or any part of the insurance on an Insured ceases because of termination of employment or of membership in the class or classes eligible for insurance;
2. The Owner's payroll deduction is suspended or terminated for any reason including a labor dispute; or
3. The Policy is amended so as to terminate the insurance of any class eligible for insurance.

Alaska and Louisiana residents: This Conversion Option will be available if either of the following events occur:

Conversion on termination of eligibility: If your coverage, or any portion of it, ceases because of termination of employment or of membership in a class eligible for coverage under the Policy, you can convert this coverage, without evidence of insurability, to an individual policy of life insurance.

Conversion on termination of Policy: If the Policy terminates or is amended so as to terminate the insurance on any class of insured individuals, every Insured at the date of termination whose insurance terminates can convert this coverage, without evidence of insurability, to an individual policy of life insurance.

If we have not given you notice of the Conversion Option at least 15 days prior to the expiration of the 31 day conversion period shown in the first paragraph, then you will have an additional period to exercise this option. This additional period will extend for 15 days after you are given notice of your right to exercise this option, but in no event will the period extend beyond 60 days after the expiration date of the time given in paragraph 1 of this provision. Written notice provided to you or mailed by the Policyholder to the last known address of the Insured or mailed by us to the last known address for the Insured that has been furnished to us by the Policyholder, constitutes notice for purposes of this provision.

If the Insured dies within the 31 day period allowed for the election of this option (Conversion Period) and before the individual coverage is issued, we will pay the amount of life insurance for which the Insured would have been eligible under the individual coverage. This amount is payable whether or not we have received the notice that you intend to exercise the Conversion option or the payment of the first premium for the converted coverage. However, we will reduce the benefit payable by the amount of premium necessary to provide insurance to the date of death.

This Conversion Option is also available to Dependents if his or her coverage terminates due to:

1. The Owner's death; or
2. Ceasing to be a qualified family member.

New Hampshire residents:

3. Ceasing to be incapable of self-sustaining employment by reason of intellectual disability or physical handicap and chiefly dependent upon the Insured for support and maintenance.

New Hampshire residents: The Suicide Exclusion and Contestability period of the conversion policy will no longer apply after the second anniversary of the Effective Date of this group life insurance Certificate from which the conversion was made.

PORTABILITY OPTION

The Portability Option is not available to residents of Alaska or New Hampshire.

If you lose eligibility for this insurance for any reason other than nonpayment of Premium, you will have the option to continue this group coverage through the Transamerica Portability Trust ("Trust") situated in Rhode Island. You will receive notification of this option from the Policyholder or from us at the time your insurance terminates.

You must submit a written request to exercise this option no later than 31 days after the date of your termination under the Policy. Upon our acceptance of your written request, we will move this Certificate (including any Riders, if

applicable) under the Trust and bill you for the first Premium. The Premiums you pay directly to us may exceed the Premiums that were paid through the Policyholder due to increased administrative costs for direct billing. If you stop paying Premiums directly to us, this coverage will cease, subject to the terms of the Grace Period.

Florida residents:

CONTINUATION OF COVERAGE DURING TOTAL DISABILITY OPTION

If you become totally disabled while you are insured, you will have the option to continue this insurance by paying the Premiums directly to the Policyholder. This option is available for up to six months from the date your total disability begins. However, if the Policy stops while you are totally disabled, you will have the option to continue this insurance for up to 12 months from the date your total disability begins. Total disability means that, due to sickness or accidental injury, you are not able to perform the material and substantial duties of any occupation for which you are qualified by education, training or experience. Total loss of sight of both eyes or hearing in both ears, or of use of both hands or both feet, or of one hand and one foot will be considered a total disability.

Indiana, Maine, Oregon, New Jersey and Utah residents:

CONTINUATION OF COVERAGE DURING TOTAL DISABILITY OPTION

If you become Totally Disabled while this Certificate is in force, you will have the option to continue this insurance by timely paying that portion, if any, of the Premium that you would have been required to pay had Total Disability not occurred. This Premium must be paid directly to the Policyholder. The continuation of coverage under this provision will be on a Premium paying basis for a period of six months from the date on which the Total Disability started, but not beyond the earlier of Our:

1. Approval of the continuation of coverage under any disability waiver rider which this Policy may contain; or
2. Discontinuance of the Policy.

For the purposes of this provision, Total Disability will have the following meaning: Total Disability or Totally Disabled means your inability, because of a bodily injury or disease, to perform the material and substantial duties of your regular occupation.

Minnesota residents:

CONTINUATION OF COVERAGE

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.

Notice and Application Required – Upon termination of or layoff from employment, the employer is required to inform you:

1. You have 60 days to elect to continue this life coverage at your expense;
2. The amount of the monthly premium;
3. The manner in which and the office to which the payment must be made; and
4. The time by which the payments must be received to retain coverage.

The 60-day period shall begin on the date coverage would otherwise terminate, or on the date upon which notice of the right to coverage is received, whichever is later. If you die during the 60-day election period and before you make an election to continue or reject continuation, you will be considered to have elected continuation of coverage. The beneficiary previously selected by you would then be entitled to a death benefit equal to the amount of insurance that could have been continued less any unpaid premium due as of the date of death.

If the employer fails to notify you of the above options, or if after timely receipt of your monthly premium, the employer fails to make the payment to us and your coverage is cancelled; the employer is still liable for your coverage to the same extent as we would be if the coverage were still in effect.

New Hampshire residents:

CONTINUATION OF COVERAGE DURING LABOR DISPUTES

If an employee's compensation is suspended or terminated directly or indirectly as the result of a strike, lockout, or other labor dispute and includes payment of premiums for this insurance, in full or in part by an employer or by payroll deduction, he/she will have the option of paying the monthly premiums as they become due directly to the Policyholder for up to six months.

BASIS OF COMPUTATION

Cash Values and Paid Up Life Insurance benefits are based on the Insured's Age and Class of Risk at the interest rates and mortality table shown in the Contract Data Pages. Contract Values for fractions of a year will be calculated with an allowance for the Premiums paid and the time elapsed in the Contract Year.

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 delivered.

Indiana residents: All values are based on the Commissioners 2017 Standard Ordinary Nonsmoker Mortality Table, age last birthday for Nontobacco and the Commissioners 2017 Standard Ordinary Smoker Mortality Table, age last birthday for Tobacco/Nicotine.

New Jersey residents: We have filed a detailed statement about this with the insurance department in the state in which the Policy is delivered.

Utah residents: All of the values are equal to or greater than the minimums set by the State of Utah.

DEFINITIONS

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

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

Active Service means performing in the usual manner all the regular duties of your occupation on a scheduled workday at the normal place of business or other location as directed by your employer.

If you are not working on a day your insurance would otherwise take effect, you will be considered to be in Active Service on that day only if: (a) you are capable of performing in the usual manner all the regular duties of your occupation, and (b) you were in Active Service on the last preceding regular workday.

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

Age or Attained Age means the Insured's Age as of the last Anniversary Date. Attained Age will increase by one year on each Anniversary Date. **Issue Age** is the Attained Age of the Insured as of the Effective Date. The Issue Age is shown on the Contract Data Pages.

Amendment, Endorsement, or Rider means any form issued by us which adds, modifies, changes, or deletes any Policy or Certificate provision or benefit.

Anniversary Date means the month and date of each calendar year that is the same month and date as the Effective Date. When any date is referred to, the Effective Date will be at 12:01 AM at the Policyholder's main place of business.

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

Beneficiary means the recipient of the Proceeds of this Certificate in the event of the Insured's death.

Cash Surrender Value means the Cash Value of this Certificate, less any Loans.

Cash Value means the Accumulation Value, less any Surrender Charge.

Certificate Fee means the guaranteed Certificate Fee 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.

Child means 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 Insured;
3. A stepchild;
4. A Child for whom the Insured has been appointed legal guardian; or
5. A grandchild who lives with and is financially dependent on the Insured for support.

Kansas residents: 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;
3. A stepchild;
4. A grandchild who lives with and is financially dependent on the Insured for support.

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

Child also includes a Child who is over the age of 26 who is incapable of self-sustaining employment by reason of intellectual disability or physical handicap and is chiefly dependent upon the Insured for support and maintenance.

Contract Year means the 12-month period that starts from the Effective Date constitutes the first Contract Year. A new Contract Year begins on each Anniversary Date.

Death Benefit means the amount of insurance prior to distribution as Life Insurance Proceeds.

Effective Date means the date when this Certificate takes effect. It is shown on the Contract Data Pages. This Effective Date will be used to determine Monthly Dates, Anniversary Dates, and Contract Years.

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

Insured means the person covered under this Certificate and named on the Contract Data Pages.

Lapse means the termination of this Certificate for insufficient payment of the Cash Surrender Value to pay the next monthly deduction, subject to the terms of the Grace Period provision.

Life Insurance Proceeds or Proceeds means the amount payable upon the Insured's death, subject to any adjustments as described in the Amount of Proceeds provision in the Payment of Life Insurance Proceeds section.

Loan means the amount of money, including accrued interest, the Owner borrowed from us. This indebtedness is secured by the Cash Value of this Certificate.

Loan Value means the maximum amount which the Owner may borrow as described in the Loans section.

Maturity Date means the date we pay the Cash Surrender Value, if any, to you if the Insured is living on the date shown on the Contract Data Pages and if this Certificate is in force.

Monthly Date means the date of each month that is the same date as the Effective Date shown on the Contract Data Pages.

Monthly Deduction means the monthly charge withdrawn from the Accumulation Value on each Monthly Date that is described in more detail in the Contract Values section.

Owner, you, your, or yours means the person or entity named on the Contract Data Pages who has certain rights under this Certificate, as listed in the Ownership section.

Other Adult Dependent means the Insured'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 18 years old and under the age of 65.

Hawaii residents: Other Adult Dependent includes a Reciprocal Beneficiary, which is an individual who has a significant personal, emotional, and economic relationship with the Insured, but is legally prohibited from marrying the Insured.

Kansas residents: Other Adult Dependents are not eligible for coverage under this Policy. This definition and all references to Other Adult Dependents is hereby removed when this Policy is issued in Kansas.

Kentucky residents: **Other Adult Dependent** means the Insured's common law marriage partner who is at least 18 years old and under the age of 65.

Policy or Group Master Policy means the insuring contract that is issued to the Policyholder.

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

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

Montana residents:

Premium – Premium is the consideration you pay for this Certificate. The expense charge, Certificate fee and administrative fee are part of the Premium.

Reinstate, Reinstated, or Reinstatement means to restore coverage if this Certificate has Lapsed, subject to the Conditions for Reinstatement provision.

Spouse means the Insured's legally married Spouse who is at least 18 years old and under the age of 65.

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

Surrender Charge Period means the period of time from the Effective Date in which a Surrender Charge will be incurred if a partial or full surrender of this Certificate is surrendered within that period of time. 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 means the Insurer that underwrites this life insurance coverage and pays the benefits upon a claim.

TRANSAMERICA LIFE INSURANCE COMPANY

6400 C Street SW, Cedar Rapids, IA 52499
Contact us at: PO Box 219, Cedar Rapids, IA 52406-0219
Telephone: 1-888-763-7474
Email Address: TEBcustresp@Transamerica.com
www.transamerica.com

TELEPHONE NUMBER FOR POLICYHOLDER INQUIRIES – Our Customer Service toll-free telephone number is shown on Page 1 of this Certificate. This toll-free number is provided to assist you in making inquiries or obtaining information regarding your coverage under this Certificate or to assist in resolving complaints.

Group Certificate for Flexible Premium Adjustable Life Insurance

(Universal Life Insurance)

Flexible Premiums Payable During the Life of the Insured to the Maturity Date (Age 120)

Life Insurance Proceeds Payable at Death of Insured Prior to the Maturity Date (Age 120)

Life Insurance Proceeds and Accumulation Value May Vary

Cash Surrender Value, if any, Payable at the Maturity Date (Age 120)

Nonparticipating - No Annual Dividends

COVERAGE INCLUDES ACCELERATED DEATH BENEFIT OPTIONS

TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: Cedar Rapids, Iowa
Administrative Office: PO Box 219, Cedar Rapids, IA 52406-0219
(Hereinafter called "the Company," "we," "us," or "our")

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.



Blake Bostwick
President



Karyn S.W. Polak
Secretary

TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: Cedar Rapids, Iowa
Administrative Office: PO Box 219, Cedar Rapids, IA 52406-0219
(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.

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.

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.



Blake Bostwick
President



Karyn S.W. Polak
Secretary

TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: Cedar Rapids, Iowa 52499
Administrative Office: PO Box 219, Cedar Rapids, Iowa 52406-0219
(Hereinafter called "the Company," "we," "us," or "our")

ACCELERATED DEATH BENEFIT FOR 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

Benefits received under this Rider may be taxable as income. Whether any tax liability is incurred when benefits are paid under this Rider could depend on whether your employer has paid the premium, 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 adversely affect eligibility for Medicaid or other government benefits or entitlements. Without exercising this option, the mere fact that this 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/or the Social Security Administration Office for more information.

This Rider is attached to and made part of the contract as of the Rider Effective Date. It is issued in consideration of the Application and payment of any required initial premium. 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.

Terminal Condition – An illness or accidental injury that, in the best medical judgment of a Physician, will result in death within 12 months.

BENEFIT

We will pay the Accelerated Death Benefit for Terminal Condition benefit amount shown in the Contract Data Pages when an Insured is diagnosed with a Terminal Condition for the first time 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.

We will not pay an Accelerated Death Benefit under this Rider for any Terminal Condition that is diagnosed, for the first time, prior to the Rider Effective Date. 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 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.

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 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 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 case of death, we may request an autopsy where it is not forbidden by law. We will pay for such examination 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 one year 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. 12 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.



Blake Bostwick
President



Karyn S.W. Polak
Secretary

TRANSAMERICA LIFE INSURANCE COMPANY

Utah residents: Home Office: Cedar Rapids, IA

LONG TERM CARE RIDER ACCELERATED BENEFIT FOR LONG TERM CARE RIDER in Maryland

(Death Benefit, Face Amount, Cash Values and Loan Values, if any, will be reduced if a Long Term Care Benefit is paid)

SPECIAL NOTICE

THIS IS A LONG TERM CARE INSURANCE RIDER THAT PROVIDES BENEFITS FOR LONG TERM CARE FACILITY CONFINEMENT, HOME HEALTH CARE SERVICES, HOME CARE SERVICES, OR ADULT DAY CARE IN AN ADULT DAY CARE CENTER.

This Rider is intended to be a federally tax-qualified long term care insurance contract under section 7702B(b) of the Internal Revenue Code of 1986, as amended. Maine residents: This Rider is also intended to be a state tax-qualified contract pursuant to 36 M.R.S.A. § 5122(2)(L). If a change to this Rider is required in order to conform to changes in the requirements of the Internal Revenue Code, we will send you an amendment describing the change and you will be given a choice of accepting or rejecting the amendment. If you reject such an amendment, you must give us written notice, and your refusal may result in this Rider no longer being tax-qualified or other adverse tax consequences. **Maine residents: Payment of accelerated benefits may be taxable as income.** As with any tax matter, you should consult your tax advisor to evaluate any tax impact of rejecting any such amendment.

This Rider is attached to and made part of the Policy/Certificate, 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 Policy/Certificate not in conflict with the provisions of this Rider will apply to this Rider. **Maine residents:** The group master policy determines governing contractual provisions, and the policy is available for viewing in the offices of the policyholder and will be copied for the certificate holder upon request at no cost. This Rider has no Cash Value.

Oregon residents: NOTICE: The long term care benefits described here are provided as part of a life insurance policy. Your premiums pay for life insurance. Whenever long term care benefits are paid from this policy, the payments will reduce the available cash value and death benefit under the life insurance policy.

Maryland residents: You have the right to return this rider within 30 days of its delivery and to have the premium refunded if, after examination of the rider, you are not satisfied for any reason.

NOTICE TO YOU, THE OWNER

The Rider may not cover all of the costs associated with long term care incurred during the period of coverage. We advise you to carefully review all limitations of this Rider, as well as those of the Policy/Certificate to which it is attached.

New Jersey residents: You have the right to return this rider within 30 days of its delivery and to have the premium refunded if, after examination of the rider, you are not satisfied for any reason.

NOTICE TO PERSONS ELIGIBLE FOR MEDICARE

THIS RIDER DOES NOT PROVIDE MEDICARE SUPPLEMENT COVERAGE.

If the Insured is eligible for Medicare, review the