

TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: [Cedar Rapids, IA 52499]
A Stock Company

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

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

[] []
General Counsel and Secretary President

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

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

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

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

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

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

Administrative Office:
[1400 Centerview Drive, PO Box 8063
Little Rock, AR 72203-8063]
Customer Service: [1-888-763-7474]
E-Mail Address: [customer.service@Transamerica.com]
Web Address: [www.transamericaemployeebenefits.com]

CERTIFICATE SUMMARY

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

TABLE OF CONTENTS

<u>Certificate Provisions</u>	<u>Page(s)</u>	<u>Certificate Provisions</u>	<u>Page(s)</u>
CONTRACT DATA PAGES	3	PREMIUMS.....	15
Additional Riders	4	REINSTATEMENT.....	15
Tables Section:		CONTRACT VALUES.....	16
Table of Surrender Charge Factors	6	LOANS.....	17
Table of Guaranteed Monthly COI Rates	8	PARTIAL SURRENDER	17
Table of Death Benefit Factors	10	NONFORFEITURE OPTION	18
DEFINITIONS	12	PAYMENT OF CASH VALUE AND LOANS.....	18
OWNERSHIP	13	CERTIFICATE STATEMENTS AND	
BENEFICIARY PROVISIONS.....	13	ILLUSTRATIONS.....	18
DEATH BENEFIT.....	14	PORTABILITY OPTION.....	18
CERTIFICATE EFFECTIVE DATE	14	BASIS OF COMPUTATION.....	18
CERTIFICATE TERMINATION DATE	15	GENERAL PROVISIONS	19

SAMPLE

CONTRACT DATA PAGES

POLICYHOLDER	[ABC ELIGIBLE GROUP]	GOVERNING JURISDICTION	MISSOURI
INSURED	[JOHN DOE]	CERTIFICATE NUMBER	[99999999]
FACE AMOUNT	[\$50,000]	PLANNED PREMIUM	[\$84.08 MONTHLY]
INSURED AGE	[35]	CERTIFICATE DATE	[MAY 01, 2013]
CLASS OF RISK	[TOBACCO]	OWNER	[JOHN DOE]
MINIMUM MONTHLY PREMIUM	[\$79.04]	MINIMUM MONTHLY PREMIUM DATE	[MAY 01, 2023]
DEATH BENEFIT OPTION	[OPTION A]	MATURITY DATE	[MAY 01, 2078]
LOAN INTEREST RATE	[8.0% (7.40% IN ADVANCE)]		

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

GUARANTEED MINIMUM INTEREST RATE:	[3]% PER ANNUM
GUARANTEED EXPENSE CHARGE:	[5]% OF ANY PREMIUM PAYMENT RECEIVED
GUARANTEED CERTIFICATE FEE:	[\$2.00] PER MONTH
GUARANTEED MONTHLY ADMINISTRATIVE FEE:	[\$3.48] PER \$1,000 OF FACE AMOUNT (YEARS [1-20]) AND \$[1.80] (YEARS [21+])
MAXIMUM UNSCHEDULED PREMIUM:	[\$500] IN EXCESS OVER THE ANNUALIZED PLANNED PREMIUM IN ANY CALENDAR YEAR
INTEREST RATE ON ACCUMULATION VALUE SECURING LOANS:	[5.5]%
MINIMUM LOAN AMOUNT:	[\$250]

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

CONTRACT DATA PAGES (Continued)

ADDITIONAL RIDERS

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

RIDER NUMBER	SCHEDULE OF ADDITIONAL RIDERS AND BENEFITS	MONTHLY CHARGE																		
[CRLAD100]	ACCIDENTAL DEATH AND DISMEMBERMENT RIDER ACCIDENTAL DEATH BENEFIT: [\$50,000] SEATBELT BENEFIT: [10]% OF ACCIDENTAL DEATH BENEFIT AIR BAG BENEFIT: [5]% OF ACCIDENTAL DEATH BENEFIT COMMON CARRIER BENEFIT: [100]% OF ACCIDENTAL DEATH BENEFIT]	\$[4.00]																		
[CRLCH100]	CHILD LEVEL TERM INSURANCE RIDER RIDER DEATH BENEFIT (EACH CHILD): [\$10,000]]	\$[2.50]																		
[CRLWM100]	WAIVER OF MONTHLY DEDUCTIONS FOR TOTAL DISABILITY RIDER	\$[2.50]]																		
[CRLWL100]	WAIVER OF MONTHLY DEDUCTIONS FOR LAYOFF/STRIKE RIDER	\$[0.04]]																		
[CRLAI100]	AUTOMATIC FACE INCREASE RIDER (BASED ON SCHEDULED INCREASE OF [MONTHLY] PLANNED PREMIUM PAYMENTS ON EACH OPTION DATE) <table> <tr> <th>OPTION DATE</th><th>FACE AMOUNT INCREASE</th><th>MONTHLY DEDUCTION INCREASE</th></tr> <tr> <td>[MAY 01, 2014]</td><td>[\$2,575]</td><td>\$[4.33]</td></tr> <tr> <td>[MAY 01, 2015]</td><td>[\$2,446]</td><td>\$[4.33]</td></tr> <tr> <td>[MAY 01, 2016]</td><td>[\$2,324]</td><td>\$[4.33]</td></tr> <tr> <td>[MAY 01, 2017]</td><td>[\$2,207]</td><td>\$[4.33]</td></tr> <tr> <td>[MAY 01, 2018]</td><td>[\$2,097]</td><td>\$[4.33]]</td></tr> </table>	OPTION DATE	FACE AMOUNT INCREASE	MONTHLY DEDUCTION INCREASE	[MAY 01, 2014]	[\$2,575]	\$[4.33]	[MAY 01, 2015]	[\$2,446]	\$[4.33]	[MAY 01, 2016]	[\$2,324]	\$[4.33]	[MAY 01, 2017]	[\$2,207]	\$[4.33]	[MAY 01, 2018]	[\$2,097]	\$[4.33]]	
OPTION DATE	FACE AMOUNT INCREASE	MONTHLY DEDUCTION INCREASE																		
[MAY 01, 2014]	[\$2,575]	\$[4.33]																		
[MAY 01, 2015]	[\$2,446]	\$[4.33]																		
[MAY 01, 2016]	[\$2,324]	\$[4.33]																		
[MAY 01, 2017]	[\$2,207]	\$[4.33]																		
[MAY 01, 2018]	[\$2,097]	\$[4.33]]																		
[CRLCC100]	ACCELERATED DEATH BENEFIT FOR CRITICAL CONDITION RIDER MAXIMUM BENEFIT: LESSER OF (A) \$[100,000] OR (B) [50]% OF THE APPLICABLE DEATH BENEFIT] GUARANTEED MONTHLY CHARGE PER \$1,000: \$[0.72167] WAITING PERIOD: [30] DAYS ADMINISTRATIVE EXPENSE CHARGE: \$[250]]	\$[11.80]																		
[CRLLT100]	ACCELERATED DEATH BENEFIT FOR CHRONIC CONDITION RIDER PERCENTAGE OF DEATH BENEFIT AMOUNT FOR MONTHLY BENEFIT: [4]% PERCENTAGE OF DEATH BENEFIT AMOUNT FOR ONE-TIME LUMP SUM BENEFIT: [20]% ELIMINATION PERIOD: [90] DAYS WAITING PERIOD: [30] DAYS GUARANTEED MONTHLY CHARGE PER \$1,000: \$[0.0975]]	\$[2.96]																		
[CRLEX100]	EXTENSION OF BENEFIT RIDER MONTHLY INCREASE AMOUNT: [4]% INCREASE IN ONE-TIME LUMP SUM BENEFIT: [5]% [PAID-UP BENEFIT AMOUNT: [25]%] GUARANTEED MONTHLY CHARGE PER \$1,000: \$[0.0700]]	\$[2.00]																		
[CRLRE100]	BENEFIT RESTORATION RIDER GUARANTEED MONTHLY CHARGE PER \$1,000: \$[0.0890]]	\$[2.55]																		
[CRLTI100]	ACCELERATED DEATH BENEFIT FOR TERMINAL CONDITION RIDER MAXIMUM BENEFIT: LESSER OF (A) \$[100,000] OR (B) [75]% OF THE APPLICABLE DEATH BENEFIT] ADMINISTRATIVE EXPENSE CHARGE: \$[100]]	\$[0.00]																		

CONTRACT DATA PAGES (Continued)

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

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

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

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

THE FOLLOWING TABLES ARE INCLUDED IN THE TABLES SECTION OF THE CONTRACT DATA PAGES:

TABLE OF SURRENDER CHARGE BASE FACTORS
TABLE OF SURRENDER CHARGE CONTRACT YEAR PERCENTAGES
TABLE OF GUARANTEED MONTHLY COST OF INSURANCE RATES
TABLE OF DEATH BENEFIT FACTORS

CONTRACT DATA PAGES (Continued)

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

NONTOBACCO				TOBACCO			
ISSUE AGE	SC BASE	ISSUE AGE	SC BASE	ISSUE AGE	SC BASE	ISSUE AGE	SC BASE
0	5.02	41	21.95	0	N/A	41	25.97
1	5.06	42	22.58	1	N/A	42	26.80
2	5.10	43	23.25	2	N/A	43	27.68
3	5.14	44	23.95	3	N/A	44	28.59
4	5.19	45	24.68	4	N/A	45	29.54
5	5.25	46	25.45	5	N/A	46	30.54
6	5.31	47	26.26	6	N/A	47	31.58
7	5.36	48	27.12	7	N/A	48	32.69
8	5.42	49	28.04	8	N/A	49	33.87
9	5.49	50	29.01	9	N/A	50	35.13
10	5.55	51	30.04	10	N/A	51	36.47
11	5.62	52	31.14	11	N/A	52	37.91
12	5.70	53	32.31	12	N/A	53	39.42
13	5.77	54	33.54	13	N/A	54	41.02
14	5.85	55	34.84	14	N/A	55	42.68
15	5.94	56	36.21	15	N/A	56	42.75
16	6.02	57	37.66	16	8.84	57	42.73
17	6.10	58	39.19	17	9.29	58	42.72
18	6.18	59	40.84	18	9.76	59	72.73
19	6.27	60	42.60	19	10.23	60	42.76
20	6.36	61	42.64	20	10.73	61	42.79
21	6.46	62	42.63	21	11.24	62	42.81
22	6.56	63	42.60	22	11.78	63	42.82
23	6.67	64	42.56	23	12.35	64	42.79
24	6.78	65	42.50	24	12.92	65	42.73
25	10.43	66	42.41	25	13.53	66	42.64
26	11.11	67	42.31	26	14.19	67	42.53
27	11.82	68	42.21	27	14.88	68	42.41
28	12.56	69	42.11	28	15.61	69	42.31
29	13.34	70	42.01	29	16.37	70	42.21
30	14.14	71	41.90	30	17.16	71	42.10
31	14.98	72	41.77	31	18.00	72	41.97
32	15.87	73	41.62	32	18.88	73	41.83
33	16.80	74	41.46	33	19.81	74	41.68
34	17.77	75	41.31	34	20.80	75	41.54
35	18.80	76	41.17	35	21.84	76	41.43
36	19.26	77	41.05	36	22.44	77	41.35
37	19.74	78	40.95	37	23.07	78	41.30
38	20.25	79	40.87	38	23.73	79	41.26
39	20.79	80	40.64	39	24.44	80	41.12
40	21.35			40	25.18		

N/A = NOT APPLICABLE.

CONTRACT DATA PAGES (Continued)

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

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

CONTRACT DATA PAGES (Continued)

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

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

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

CONTRACT DATA PAGES (Continued)

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

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

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

CONTRACT DATA PAGES (Continued)**TABLE OF DEATH BENEFIT FACTORS
NONTOBACCO**

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

CONTRACT DATA PAGES (Continued)

TABLE OF DEATH BENEFIT FACTORS TOBACCO

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

DEFINITIONS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

OWNERSHIP

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

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

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

BENEFICIARY PROVISIONS

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

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

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

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

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

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

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

DEATH BENEFIT

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

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

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

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

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

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

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

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

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

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

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

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

CERTIFICATE EFFECTIVE DATE

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

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

CERTIFICATE TERMINATION DATE

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

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

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

PREMIUMS

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

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

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

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

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

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

REINSTATEMENT

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

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

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

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

The Accumulation Value of the Reinstated Certificate will be:

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

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

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

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

CONTRACT VALUES

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

The Accumulation Value as of the prior Monthly Date; plus

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

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

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

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

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

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

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

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

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

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

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

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

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

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

LOANS

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

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

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

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

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

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

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

PARTIAL SURRENDER

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

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

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

The partial Surrender Charge is the greater of:

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

The proportionate Surrender Charge will be calculated as follows:

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

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

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

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

NONFORFEITURE OPTION

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

Surrender Charge – The Surrender Charge is calculated as follows:

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

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

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

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

PAYMENT OF CASH VALUE AND LOANS

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

CERTIFICATE STATEMENTS AND ILLUSTRATIONS

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

PORTABILITY OPTION

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

BASIS OF COMPUTATION

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

GENERAL PROVISIONS

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

Adjustments in the Event of Error in Age or Tobacco Use - If the Age or Tobacco Use status of the Insured is misstated on the Application, we will adjust the Death Benefit to reflect the amount that the most recent monthly deduction would buy at the Insured's correct Age or Tobacco Use status.

Assignment - We are not responsible for whom you elect for any assignment. However, if you file an assignment with us and it is recorded at our Administrative Office, your rights and the rights of the Beneficiary will be subject to it.

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

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

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

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

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

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

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

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

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

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

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

TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: Cedar Rapids, Iowa 52499
A Stock Company

Policyholder:

Policy Number:

Address:

Policy Effective Date:

Policy Anniversary Date:

Premium Rate Guarantee Date:

Governing Jurisdiction: **MISSOURI**

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

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

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

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

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



General Counsel and Secretary



President

Group Master Policy for Flexible Premium Adjustable Life Insurance

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

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

TABLE OF CONTENTS

<u>Policy Sections</u>	<u>Pages</u>
DEFINITIONS	3
ELIGIBILITY	3
PREMIUMS.....	4
POLICY CHANGES AND TERMINATION	4
POLICYHOLDER PROVISIONS	5
GENERAL PROVISIONS	5
CERTIFICATE PROVISIONS MADE A PART OF THIS POLICY.....	5

SAMPLE

DEFINITIONS

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

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

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

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

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

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

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

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

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

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

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

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

ELIGIBILITY

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

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

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

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

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

PREMIUMS

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

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

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

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

POLICY CHANGES AND TERMINATION

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

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

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

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

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

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

POLICYHOLDER PROVISIONS

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

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

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

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

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

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

GENERAL PROVISIONS

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

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

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

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

Non-Participating – No Dividends Payable - This is non-participating insurance. Neither the Policyholder nor any employee or member participates in our profits or surplus.

Right to Contest - We will not use any statement, except fraudulent statements, to void or reduce benefits under this Policy or any Certificate or Rider after it has been in force for two years from its Effective Date. Any such statement must be in a signed form.

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

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

CERTIFICATE PROVISIONS MADE A PART OF THIS POLICY

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

TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: Cedar Rapids, Iowa 52499
Administrative Office: PO Box 869094, Plano, TX 75086-9817
(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.



General Counsel and Secretary



President

TRANSAMERICA LIFE INSURANCE COMPANY

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

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

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

SPECIAL NOTICE

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.

NOTICE TO YOU, THE OWNER

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

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

DEFINITIONS

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

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

Bathing - The Insured's ability to wash himself or herself by sponge bath; or in a tub or shower, including the task of getting into and out of the tub or shower.

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

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

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

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

Transferring - The Insured's ability to move into or out of a bed, chair or wheelchair.

Chronic Condition –

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

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

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

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

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

Physician –

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

Severe Cognitive Impairment – A severe loss or deterioration in intellectual capacity that is comparable to and includes advanced Alzheimer's disease and is measured by clinical evidence and standardized tests as part of an evaluation that reliably measures impairment in the Insured's:

1. short-term or long-term memory;
2. orientation as to person, place and time;
3. deductive or abstract reasoning; or
4. judgment as it relates to safety awareness.

The evaluation shall include utilizing cognitive tests with resulting scores consistent with a diagnosis of Severe Cognitive Impairment.

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

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

BENEFITS

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

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

Accelerated Death Benefit Options

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

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

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

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

Concurrent and/or Subsequent Chronic Conditions

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

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

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

EFFECT ON INSURED'S DEATH BENEFIT

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

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

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

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

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

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

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

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

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

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

If monthly Accelerated Death Benefit payments are made, we will provide a monthly report that shows the effect each benefit payment has on the contract values.

EXCLUSIONS AND LIMITATIONS

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

1. An intentionally self-inflicted injury while sane or attempted suicide while sane.
2. War or any act of war, declared or undeclared, or service in the armed forces of any country.
3. The Insured's alcohol, drug or other chemical dependence, except if the drug dependency is for a drug prescribed by a Physician in the course of treatment for an injury or sickness.
4. The Insured's commission of, or attempt to commit, a felony; or an injury that occurs because of the Insured's involvement in an illegal activity.

CLAIMS

The following Claims Procedures apply to this Rider.

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

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

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

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

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

Physical Examinations – We have the right to have an Insured examined by a Physician of our choice as often as reasonably necessary while a claim is pending. We will pay for such examination.

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.

RIDER COST

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

RIDER EFFECTIVE DATE

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

TERMINATION

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

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

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



Blake Bostwick
President



Jay Orlandi
Secretary

SAMPLE

TRANSAMERICA LIFE INSURANCE COMPANY

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

EXTENSION OF BENEFITS 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. Capitalized terms not defined in this Rider have the definitions given in the contract. This Rider has no cash value.

BENEFITS

This Rider extends benefits under the contract and the Accelerated Death Benefit for Chronic Condition Rider, as explained in detail below.

Death Benefit Increases - We will increase the Death Benefit by a percentage of the Death Benefit that was in force on the date the first monthly Accelerated Death Benefit was paid under the Accelerated Death Benefit for Chronic Condition Rider, subject to all of the following requirements.

1. The Insured must be alive and continue to satisfy the Eligibility for Benefits provision of the Accelerated Death Benefit for Chronic Condition Rider.
2. The entire Death Benefit must have been paid under the Accelerated Death Benefit for Chronic Condition Rider before this Rider can be exercised.
3. The cumulative Death Benefit increases under this Rider will not exceed 100% of the Death Benefit that was in force on the date the first monthly Accelerated Death Benefit was paid under the Accelerated Death Benefit for Chronic Condition Rider.
4. Additional monthly Death Benefit increases under this Rider will be allowed and become effective the month immediately following the date the entire previous Death Benefit increase has been paid under the Accelerated Death Benefit for Chronic Condition Rider.
5. You may not have elected to receive a one-time lump sum accelerated death benefit payment under the Accelerated Death Benefit for Chronic Condition Rider.

The percentage of the Death Benefit that will be used to determine the increase amount is shown on the Contract Data Pages.

If you have elected to receive a one-time lump sum accelerated death benefit payment under the Accelerated Death Benefit for Chronic Condition Rider, we will increase such lump sum payment by a percentage of the Death Benefit as of the Monthly Date immediately following the date the Elimination Period, as defined in the Accelerated Death Benefit for Chronic Condition Rider, has been satisfied. Such percentage is shown in the Contract Data Pages. All other provisions of the Accelerated Death Benefit for Chronic Condition Rider related to the one-time lump sum benefit will apply to this increased lump sum benefit. After payment of this increased lump sum benefit, all your rights under this Rider will end and this Rider will terminate.

Paid-Up Benefit - As soon as the first increase is applied under this Rider, we will issue a paid-up certificate for a percentage of the Death Benefit that was in force on the date the first monthly Accelerated Death Benefit was paid under the Accelerated Death Benefit for Chronic Condition Rider. The percentage that will be used to calculate the paid-up amount is shown on the Contract Data Pages. This paid-up insurance will have no cash or loan values. We will not provide this paid-up life insurance benefit if you elect to receive a one-time lump sum benefit under the Accelerated Death Benefit for Chronic Condition Rider.

RIDER COST

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

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:

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, after the entire Death Benefit has been paid under the Accelerated Death Benefit for Chronic Condition Rider, when the Insured no longer satisfies the Eligibility for Benefits provision;
6. The date the cumulative Death Benefit increases under this Rider total 100% of the Death Benefit in force on the date the first monthly Accelerated Death Benefit was paid under the Accelerated Death Benefit for Chronic Condition Rider;
7. The date a Nonforfeiture Option under the contract, if any, becomes effective; or
8. The date we pay you a one-time lump sum payment under the Accelerated Death Benefit for Chronic Condition Rider.

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



General Counsel and Secretary



President

TRANSAMERICA LIFE INSURANCE COMPANY

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

ACCIDENTAL DEATH AND DISMEMBERMENT 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.

Accidental Bodily Injury - Injury resulting, directly and independently of all other causes, from involuntary causes that happen unexpectedly and unintentionally.

Accidental Death - Loss of life resulting from an Accidental Bodily Injury. The death must occur within 365 days of the Accidental Bodily Injury. The Accidental Bodily Injury must occur on or before the Certificate Anniversary following the Insured's 70th birthday.

Air Bag System - An automatically inflatable passive restraint system that is designed to provide automatic crash protection in front or side impact Automobile accidents and meets the Federal Vehicle Safety Standards of the National Highway Traffic Safety Administration.

Automobile - A four-wheeled private passenger motor vehicle licensed for use on public highways and not used to transport passengers for hire.

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.

Covered Loss - An Accidental Death or a Dismemberment. Such a loss must occur within 365 days of an Accidental Bodily Injury subject to the Exclusions and Limitations section of this Rider. Covered Loss also includes an Accidental Death or a Dismemberment resulting from unavoidable exposure to the elements if such loss occurs within 365 days of the date of an Accidental Bodily Injury.

Dismemberment - An Accidental Bodily Injury that, directly and independently of sickness or disease, results in the complete severance of a body extremity or the complete loss of sight, speech, or hearing.

Loss of a hand means the entire loss of at least four fingers. Loss of a finger or toe means complete severance at the hand or foot. Loss of a foot means complete severance at or above the ankle joint. Loss of an arm means complete severance above the elbow. Loss of a leg means complete severance above the knee. Loss of sight, speech, or hearing means total and permanent loss of sight, speech, or hearing.

Elder - An adult who is at least 60 years of age and who primarily depends on the Insured for financial support.

Elder Care - The non-medical care provided in a home for the aged or a community living center that provides domiciliary, residential, or retirement care. Elder Care does not include:

1. Medical care in a hospital;
2. Psychiatric care in a facility that treats mental illness of a non-organic origin; or
3. Treatment in a facility for voluntary chemical dependence.

Immediate Family Member - Anyone related to the 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.

Public Transportation - A public passenger conveyance operated by a licensed common carrier for the transportation of the general public for a fare and operating on regularly scheduled passenger routes with a definite schedule of departures and arrival times. (This definition excludes taxis, limousines, and chartered vehicles.)

Seatbelt - A properly installed combination lap and shoulder restraint system that meets the Federal Vehicle Safety Standards of the National Highway Traffic Safety Administration. Seatbelt will include a lap belt only if the Automobile was not equipped with a combination lap and shoulder restraint system when manufactured. This benefit is not payable if a seatbelt is not worn or the seatbelt is not available in the Automobile.

Survivor - For purposes of this Rider only, Survivor means the Insured's surviving Spouse or Other Adult Dependent if the Insured is deceased from an Accidental Death. If both the Insured and Spouse or Other Adult Dependent are deceased, Survivor will mean the legally appointed guardian of each minor Dependent Child or the Dependent Child, if of legal age of majority.

BENEFITS

Accidental Death Benefit - We will pay the Accidental Death Benefit shown on the Contract Data Pages to the Beneficiary if the Insured dies as the result of an Accidental Bodily Injury. This Rider must be in force at the time of death. We must receive satisfactory proof of the Insured's death. The Accidental Death Benefit will be payable in addition to the applicable Death Benefit payable under the contract.

Seatbelt Benefit - We will pay the Seatbelt Benefit shown on the Contract Data Pages if both of the following events occur:

1. The Insured dies as a result of an Automobile accident for which an Accidental Death Benefit is payable; and
2. The deceased Insured was wearing and was properly utilizing a Seatbelt at the time of the accident, as evidenced by a police accident report.

This benefit will not be payable if the Insured is the driver of the Automobile and does not hold a current and valid driver's license.

Air Bag Benefit - We will pay the Air Bag Benefit shown on the Contract Data Pages if all of the following events occur:

1. The Insured dies as a result of an Automobile accident for which a Seatbelt Benefit is payable.
2. The Automobile is equipped with an Air Bag System that was installed as original equipment by the Automobile manufacturer.
3. The deceased Insured was seated in the driver's or a passenger's seating position intended to be protected by the Air Bag System and the Air Bag System deployed, as evidenced by a police accident report.

Common Carrier Benefit - We will pay the Common Carrier Benefit shown on the Contract Data Pages if both of the following events occur:

1. The Insured dies as a result of an Accident for which an Accidental Death Benefit is payable; and
2. The Accident occurs while the Insured was riding as a fare-paying passenger on Public Transportation.

Transportation of Remains Benefit - We will pay a Transportation of Remains Benefit equal to the lesser of 10% of the Accidental Death Benefit or \$5,000 if the Insured dies more than 200 miles from his or her primary residence and expenses are incurred to transport the Insured's body to a mortuary near his or her primary place of residence.

Dismemberment Benefit - If an Insured suffers a Dismemberment, we will pay the applicable benefit shown in the following table. If more than one Dismemberment occurs as a result of the same Accidental Bodily Injury, we will pay a benefit for the loss which has the largest benefit. If the Insured suffers another Dismemberment as the result of subsequent Accidental Bodily Injuries, a new Dismemberment benefit will be payable. We will not include the benefit amount that we paid for a prior Dismemberment when we determine the amount that we will pay for the subsequent Dismemberment.

Dismemberment or complete loss of, with or without reattachment:

Two or more: hand, foot, or sight of one eye	Lesser of Accidental Death Benefit or \$100,000
Quadriplegia	Lesser of Accidental Death Benefit or \$100,000
Loss of speech and loss of hearing in both ears	Lesser of Accidental Death Benefit or \$100,000
Paraplegia	Lesser of 75% of Accidental Death Benefit or \$100,000
One: hand, foot, or sight of one eye	Lesser of 50% of Accidental Death Benefit or \$100,000
Loss of speech or loss of hearing in both ears	Lesser of 50% of Accidental Death Benefit or \$100,000
Hemiplegia	Lesser of 50% of Accidental Death Benefit or \$100,000
Loss of hearing of one ear	Lesser of 25% of Accidental Death Benefit or \$100,000
Loss of thumb and index finger on same hand	Lesser of 25% of Accidental Death Benefit or \$100,000

Survivor Training Benefit - We will pay a Survivor Training Benefit to the Survivor for a training program in which the Survivor has enrolled within 365 days of the Insured's death. The training program must be for the purpose of obtaining an independent source of income for the Survivor. We will pay an amount equal to the lesser of:

1. 3% of the Accidental Death Benefit; or
2. \$3,500 subject to the Lifetime Benefits Limitation provision of this Rider.

Elder Care Benefit - We will pay an Elder Care Benefit to the Survivor, provided that the Elder is receiving Elder Care before the Rider Effective Date. We will pay an amount equal to the lesser of:

1. 3% of the Accidental Death Benefit; or
2. \$3,500 subject to the Lifetime Benefits Limitation provision of this Rider.

Child Educational Benefit - We will pay a Child Educational Benefit to the Survivor if the Insured is survived by a Child who is enrolled, or enrolls within 365 days of the Insured's death, at an accredited secondary school, college, university, or trade school. If there is no Survivor, this benefit will be paid to such Child, if of legal age of majority, or to the legally appointed guardian, if such Child is a minor. We will pay an amount equal to the lesser of:

1. 3% of the Accidental Death Benefit; or
2. \$3,500 each year for up to four years while the Child is enrolled in school. We will continue to pay this benefit only while the Child remains a full-time student. We will pay this benefit in equal installments over the four-year period. We will pay separate benefits for each Child who meets the requirements for this benefit, subject to the Lifetime Benefits Limitation provision.

Evidence of student status must be provided annually.

Child Care Center Benefit - We will pay a Child Care Center Benefit to the Survivor if the Insured is survived by a Child who is receiving child care, subject to the following:

1. The Child must be enrolled in a qualified child care center. A qualified child care center means a facility that: operates pursuant to law, including any licensing or other laws or regulations applicable to child care facilities; and primarily provides care and supervision for children in a group setting on a regular, daily basis. A child care center does not include: a hospital; the child's home; a nursing home or convalescent home; a facility or part thereof for the treatment of mental disorders; a place or part thereof used primarily for the care of drug addicts, or alcoholics; or an orphanage;
2. The Child must be enrolled in a child care center within 90 continuous days immediately after the date of the Insured's death; and
3. The Child must be enrolled in a child care center for care on less than a 24-hour per day basis and an expense must be incurred.

We will pay an amount equal to the lesser of:

1. 3% of the Accidental Death Benefit; or
2. \$3,500 each year for up to four years while the Child is enrolled in a child care center. We will continue to pay this benefit provided the Child remains enrolled in a child care center. We will pay this benefit in equal installments over the four year period. We will pay separate benefits for each Child who meets the requirements for this benefit, subject to the Lifetime Benefits Limitation provision of this Rider.

Lifetime Benefits Limitation - A claim can be made for benefits under the Survivor Training Benefit, Elder Care Benefit, Child Education Benefit, or Child Care Center Benefit, concurrently or separately. We do, however, limit the aggregate lifetime benefit for all four of these benefits to a maximum of \$15,000 over a four-year period.

EXCLUSIONS AND LIMITATIONS

We will not pay benefits under this Rider if loss is caused by or results directly or indirectly from the Insured's:

1. Suicide or intentionally self-inflicted injury while sane.
2. Sickness, disease, physical or mental infirmity, pregnancy, or any other kind of illness, or any medical or surgical care, diagnosis, or treatment for such condition (unless a pyogenic infection resulted from an Accidental Bodily Injury or a bacterial infection resulted from the accidental ingestion of a contaminated substance).
3. Committing or attempting to commit a felony or engaging in an illegal occupation.
4. Voluntary use of any drug, whether legal or illegal, unless administered in accordance with a Physician's advice and written instruction.
5. Voluntarily taking, absorbing, or inhaling a poison, gas, or fumes.
6. Involvement in an accident that occurs while he or she was driving a motor vehicle while intoxicated or under the influence according to the laws of the jurisdiction in which the accident occurs.
7. Travel in or descent from any vehicle or device for aerial navigation, except as a fare paying passenger in an aircraft operated by a commercial airline on a regularly scheduled passenger trip. Loss resulting from travel in an aircraft operated by a charter airline is not covered.
8. Service in the military or any auxiliary unit attached thereto.
9. Participation in any of the following activities: motor vehicle or boat racing, hang gliding, sky diving, mountain or rock climbing, or any related hazardous activities.
10. The release of nuclear energy.

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 90 days after the date of the Covered Loss. 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 of the Covered Loss.

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 - Unless otherwise stated in this Rider, benefits other than for loss of life are payable to the Owner or a payee designated by the Owner. Accidental Death Benefits are payable to the Beneficiary.

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

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.

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 Insured dies;
5. The Certificate Anniversary that coincides with or next follows the Insured's 70th 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 deduction will be returned.

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



General Counsel and Secretary



President

TRANSAMERICA LIFE INSURANCE COMPANY

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

WAIVER OF MONTHLY DEDUCTIONS FOR LAYOFF OR STRIKE RIDER

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

DEFINITIONS

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

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

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

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

BENEFITS

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

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

LIMITATIONS AND EXCLUSIONS

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

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

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.



General Counsel and Secretary



President

SAMPLE

TRANSAMERICA LIFE INSURANCE COMPANY

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

WAIVER OF MONTHLY DEDUCTIONS FOR TOTAL DISABILITY 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:

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 person who is providing services within the scope of his or her license, and is either:

1. Licensed to practice medicine and prescribe and administer drugs or to perform surgery; or
2. Legally qualified and licensed as a medical practitioner and is required to be recognized, according to the insurance statutes or the insurance regulations of the governing jurisdiction.

Such person must not be an Immediate Family Member of the Insured. Practitioners of homeopathic, naturopathic and related medicines are not considered eligible Physicians under the Policy.

Total Disability or Totally Disabled - The Owner's complete inability, because of a bodily injury or disease, to perform the material and substantial duties of any occupation for which he or she is qualified by education, training or experience. A bodily injury must occur or disease must manifest itself after the Rider Effective Date.

Total Disability will be presumed to be total, for the purpose of determining the beginning of liability under this Rider, when it is present and has existed continuously for not less than 180 consecutive days. We will also recognize as Total Disability the Owner's complete and irrecoverable loss of any one of the following:

1. Sight of both eyes;
2. Use of both hands or both feet;
3. Use of one hand and one foot;
4. Hearing in both ears.

Waiting Period - The consecutive 180-day period that starts on the date the Owner's Total Disability begins.

BENEFITS

We will waive the monthly deductions on the contract when the Owner has been Totally Disabled for 180 consecutive days. We will apply the waiver retroactively to the commencement of Total Disability after the 180-day waiting period has been met.

Benefits under this Rider begin on the first Monthly Date after the waiting period for Total Disability ends. The period of Total Disability must begin on or after the Insured's 16th birthday and before his or her 60th birthday.

No benefit will be provided that falls due:

1. More than one year prior to our receipt of a written notice of claim;
2. After the Owner's recovery from Total Disability; or
3. After the termination date of this Rider.

No monthly deductions will be waived after the Owner ceases to be Totally Disabled.

LIMITATIONS AND EXCLUSIONS

We will not waive monthly deductions if the Owner's Total Disability results from:

1. The Owner's attempted suicide or intentionally self-inflicted injury while sane.
2. The Owner's commission of or attempting to commit a felony or engaging in an illegal occupation.
3. The Owner's participation in a riot or insurrection.
4. The Owner's voluntary use of alcohol or any drug, whether legal or illegal, unless administered in accordance with a Physician's advice and written instruction.
5. The Owner's voluntarily taking, absorbing or inhaling a poison, gas or fumes while sane.
6. An accident that occurs while the Owner was driving a motor vehicle while intoxicated or under the influence according to the laws of the jurisdiction in which the accident occurs.
7. The Owner's travel in or descent from any vehicle or device for aerial navigation, except as a fare paying passenger in an aircraft operated by a commercial airline (other than a charter airline) on a regularly scheduled passenger trip.
8. War or any act of war, whether declared or undeclared.
9. The Owner's service in the military or any auxiliary unit attached thereto.

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 Total Disability.

This Rider is not available for self-employed individuals.

CLAIMS

Notice and Proof of Loss - Before we waive any monthly deduction, we must receive written notice and due proof of Total Disability. The written notice and proof must be sent to our agent or to us and must reach us:

1. While the Insured is living;
2. While the Owner is Totally Disabled; and
3. Not later than one year after the due date of any monthly deduction that is to be waived. Unless the Owner has been legally incapable of filing proof of Total Disability, we will not accept notice and proof of loss filed after 12 months from the date it should have been filed.

At reasonable intervals, we can require due proof that the Total Disability is continuing. If we do not receive this continuing proof of loss, we will stop waiving the monthly deductions. After the first two years of Total Disability, we will not ordinarily require proof more often than once a year. As part of due proof, we can require, at our expense, that the Owner be examined by a Physician of our choice. The Owner has the obligation to inform us immediately if he or she is no longer Totally Disabled or returns to work.

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. The Rider contestable period will be extended for any period of Total Disability for which a claim is submitted if such period commences during the first two years following the Rider Effective Date.

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

Benefit Payments - The benefits provided by this Rider stop on the earliest of the following dates:

1. The date the Owner's Total Disability ends;
2. The date the Owner dies;
3. The date the Owner refuses to give us proof of his or her continuing Total Disability if we have asked for it;
4. The date the Owner refuses to be examined by a Physician of our choice if asked to do so;
5. The Certificate Anniversary that coincides with or next follows the Owner's 70th birthday; or
6. The date the contract or this Rider ends.

Rider Termination - This Rider will terminate on the earliest of:

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 Owner'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.

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



General Counsel and Secretary



President

SAMPLE