

DISCUSSING THE DETAILS

PRODUCT RATES/UNDERWRITING GUIDE
FOR IMMEDIATE SOLUTION, 10 PAY
SOLUTION, AND EASY SOLUTION

PRODUCT RATE/UNDERWRITING GUIDE



TRANSAMERICA®



At Transamerica, we understand people are unique individuals and there is no one-size-fits-all solution for every need. That's why we've designed this guide, to help you assist people seeking insurance.

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The Solutions series of products rely on different applications based on the proposed insured's age.

Application L123 (or its state variation) must be completed for proposed insureds age 0-44. See height and weight chart/underwriting guidelines on pages 8-15.

Application L122 (or its state variation) must be completed for proposed insureds age 45-85. See application design page 4 and additional field underwriting information on pages 5-7.

Transamerica relies upon the application and the answers to the medical questions to determine the product the proposed insured may qualify for. While the products are designed for quick issue with limited underwriting, the products are not designed or priced to accept risks that have been previously underwritten by a Transamerica insurance company and determined to be uninsurable (this includes being issued an EZ acceptance policy in our TAN line of business for any reason). When we receive an application on a proposed insured in which the proposed insured has been declined for another life product with any Transamerica insurance company, the Solutions application will be declined.

All Solutions applications must be completed in person/face-to-face with all proposed insureds.

APPLICATION DESIGN

FOR USE WITH THE L122 APPLICATION AGES 45 TO 85.

The cascading application will help you determine what risk class and what product may be quoted with your proposed insured.

APPLICATION SECTION	ONE (1) "YES" ANSWERS	TWO (2) "YES" ANSWER	ALL "NO" ANSWERS	ADBR/NHO**
C2	No coverage			
C3	Easy Solution*	No coverage		
C4	The Immediate Solution or 10 Pay Solution at standard rates should be quoted	The Easy Solution* should be quoted	The Immediate Solution or 10 Pay Solution at preferred rates should be quoted	
C5	If C5 is answered "Yes," the proposed insured is not eligible for the NHO on the ADBR			
	<p>*In jurisdictions that do not offer the Easy Solution product the application sections labeling will appear as:</p> <p>C2 - No change - No coverage if a "Yes" answer</p> <p>C3 - All questions answered "No," quote Immediate Solution or 10 Pay Solution at preferred rates</p> <p>- If one question is answered "Yes," quote Immediate Solution or 10 Pay Solution at standard rates</p> <p>- If two or more questions are answered "Yes," the proposed insured is not eligible for coverage</p> <p>C4 - If answered "Yes," the proposed insured is not eligible for the NHO on the ADBR**</p>			

**Please note that the ADBR - Accelerated Death Benefit Rider with the NHO nursing home option - are not available in all jurisdictions.

Neither the Accelerated Death Benefit Rider or the ADBR with nursing home option is available in New York.

ADDITIONAL FIELD UNDERWRITING INFORMATION

While the application is designed to determine what product the proposed insured may be eligible for, the following will provide you with additional information to field underwrite medical histories and routinely offer the product the proposed insured may be eligible for without further requirements. These are only guidelines and are subject to change. The underwriter's decision may differ from these guidelines due to information received.

Questions taken from the application L122 for ages 45–85:

Tobacco use question: This is any tobacco or nicotine product including (but not limited to) nicotine gum, nicotine pills, nicotine patch, cigars, chew, pipe, cigarettes, electronic cigarettes, stop smoking aids (including Chantix), etc.

Refer to the following application question numbers:

1) Is the proposed insured:

- **Assisted at a long term care facility?**
- Hospitalized?
- Bedridden?
- **Residing in a nursing home?**
- **Receiving hospice or home healthcare?**
- Planning to have inpatient surgery?

The bold portion of the question above is defined as follows:

- **Nursing home, assisted living, long term care facility** including, any facility where the proposed insured receives assistance with his or her care including, but not limited to taking medications, bathing, cooking, toileting, dressing, paying bills, etc.
- Home healthcare: medical care provided by any medical professional, friend, or family member including, but not limited to, arranging medications, taking blood pressure or sugar readings, administering medications, wound care, feeding tube, etc.

3a) Within the past **two years** has the proposed insured:

- Had, been diagnosed with, been treated for, or advised to receive treatment for cancer (other than basal cell carcinoma)?

5) Within the past **four years** has the proposed insured had, been diagnosed with, been treated for, or advised to receive treatment for cancer (other than basal cell carcinoma)?

With cancer histories, the completion of treatment is not the date of diagnosis but the last date of treatment associated with the cancer which may include, surgery, radiation, and chemotherapy. Prophylactic prescription medication taken after the completion of surgery, radiation, and chemotherapy are not considered current treatment. Examples of acceptable prophylactic medications are Nolvadex and Tamoxifen.

6b) Within the past **one year** has the proposed insured:

- Had more than 12 seizures or had, been diagnosed with, been treated for, or advised to receive treatment for **congestive heart failure, cirrhosis, hepatitis B or C, or other liver disease?**

Congestive Heart Failure (CHF): current treatment includes treatment received by prescription medications regardless of the date of diagnosis. If the proposed insured has ever been diagnosed with CHF, he or she will need to answer "yes" to this question unless the CHF has been resolved and no treatment for more than one year. If resolved, client must supply us with the medical records for confirmation.

Cirrhosis: If the proposed insured has ever been diagnosed with cirrhosis, he or she will need to answer "yes" to this question.

Hepatitis B or C or other liver disease: If the proposed insured has ever been diagnosed with hepatitis B or C or other liver disease, he or she will need to answer "yes" to this question unless the hepatitis B or C or other liver disease has been resolved, inactive, and no treatment for more than one year.

For hepatitis C, condition can be considered as cured only after treatment has been completed with the new medications introduced after 2015. The client is required to supply us with his or her labs that were drawn 12 weeks after the date last treated with the new medications. The first clean lab 12 weeks or more after the date of last treatment is the date to be used for this question.

6c) Within the past **one year has the proposed insured:**

- Had, been diagnosed with, been treated for, or advised to receive treatment for aneurysm, angina; or had or been advised to have heart surgery of any kind including bypass surgery, angioplasty, stent implant, or pacemaker implant?

If the proposed insured has ever been diagnosed with an aneurysm and still has it or has had it at any time during the last 12 months, answer this question "yes." If the aneurysm was not surgically corrected, or has been corrected within the last one year, this question will need to be answered "yes."

When angina has been diagnosed in the past year, the answer to this question is "yes." When angina was diagnosed more than one year ago and ongoing prescriptions such as nitrates are prescribed, the answer to this portion of the question is "no."

When a pacemaker or other implanted heart rhythm device was implanted in the past year, the answer to this question is "yes."

6d) Within the past **one year has the proposed insured:**

- Had a heart attack, stroke (CVA), or transient ischemic attack (TIA)?

Maintenance medications such as blood thinners prescribed after heart attacks, strokes and transient ischemic attacks is not considered current treatment for those conditions.

6e) Within the past **one year has the proposed insured:**

- **Used oxygen to assist in breathing (including sleep apnea);** received kidney dialysis; or had, been diagnosed with, been treated for, or advised to receive treatment for kidney failure due to a disease or disorder?

The use of oxygen for any reason, including sleep apnea, is considered oxygen use. Examples include use of supplemental oxygen tanks and/or oxygen concentrators.

7) Within the past **two years has the proposed insured used a wheelchair or electric scooter?**

This question should be answered "yes" even if the proposed insured only uses the wheelchair or scooter for mobility at the mall, grocery store, or other similar facilities. If answering "yes" and the reason for the use is/was for a reason that is expected to resolve in the next 2-3 months, please provide details on the supplemental information to the application for life insurance form and proceed to answering the questions in part C4 (assuming this was the only "yes" answer in part C3).

8a) Within the past **two years has the proposed insured:**

- Had or been treated for angina (chest pain); aneurysm; vascular, circulatory or blood disorder; heart surgery of any kind including bypass surgery, angioplasty, stent implant, or pacemaker implant; or irregular heart rhythm such as atrial fibrillation?

If the proposed insured has ever been diagnosed with an aneurysm and still has it or has had it at any time during the previous 12 months, he or she needs to answer "yes" to question 6c. If the proposed insured had the aneurysm between 12 and 24 months ago, the answer to this question needs to be "yes." If the aneurysm was corrected or repaired and the proposed insured has not had the aneurysm more than 24 months ago, this question should be answered "no," regarding aneurysm.

When angina was diagnosed between 12 and 24 months ago, the answer to this question is "yes." When angina was diagnosed 24 months ago or longer and ongoing prescriptions such as nitrates are prescribed, the answer to this portion of the question is "no."

Additional examples of vascular or circulatory disorders include:

- Peripheral Vascular Disease (PVD) or Peripheral Arterial Disease (PAD)
- Phlebitis
- Arteriosclerosis

Examples of blood disorders include:

- Anemia (iron deficiency anemia will not be considered under this question. If iron deficiency anemia only, OK to answer this question "no")
- Polycythemia
- Thrombocytopenia
- Hemophilia and other coagulation disorders

When a proposed insured has had a pacemaker or other implanted heart rhythm device implanted, regardless of the date of the procedure, the question should be answered "yes" as this is considered current treatment.

When a proposed insured is currently receiving treatment/taking medication for an irregular heart rhythm, regardless of the date of diagnosis, the question should be answered "yes" as this is considered current treatment.

8b) Within the past **two years** has the proposed insured:

- Had a heart attack, stroke (CVA), or transient ischemic attack (TIA)?

Maintenance medications such as blood thinners prescribed after heart attacks, strokes, and transient ischemic attacks is not considered current treatment for those conditions.

8c) Within the past **two years** has the proposed insured:

- Had more than 12 seizures or used insulin?

Had, been diagnosed with, treated for, or advised to receive treatment for **congestive heart failure, cirrhosis, hepatitis B or C, or other liver disease?**

Congestive Heart Failure (CHF): current treatment includes treatment received by prescription medications regardless of the date of diagnosis. If the proposed insured has ever been diagnosed with CHF, he or she will need to answer “yes” to question 6b unless the CHF has been resolved and no treatment for more than one year. If it has been active or any treatment received any time within the previous 12-24 months, then he or she would need to answer “yes” to this question.

Cirrhosis: If the proposed insured has ever been diagnosed with cirrhosis he or she will need to answer “yes” to question 6b.

Hepatitis B or C or other liver disease: If the proposed insured has ever been diagnosed with hepatitis B or C or other liver disease, he or she will need to answer “yes” to question 6b unless the hepatitis B or C or other liver disease has been resolved, inactive, and no treatment for more than one year. If it has been active or treated any time within the previous 12-24 months, then he or she would need to answer “yes” to this question.

For hepatitis C, condition can be considered as cured only after treatment has been completed with the new medications introduced after 2015. The client is required to supply us with his or her labs that were drawn 12 weeks after the date last treated with the new medications. The first clean lab 12 weeks or more after the date of last treatment is the date to be used for this question.

If any of the conditions have been resolved, inactive, and no treatment for more than two years, the proposed insured would answer “no” to this question.

10) Has the proposed insured ever been diagnosed with, treated for, or advised to receive treatment for Parkinson’s disease, multiple sclerosis, chronic obstructive pulmonary disease (COPD) including emphysema, chronic asthma, black lung or other chronic respiratory diseases?

Sleep apnea is not categorized as chronic respiratory disease.

Chronic asthma is defined as using medication year-round on a daily or weekly basis.

If filling prescription six or more times in any 12-month period, this will be considered chronic.

Chronic shortness of breath would be considered a chronic respiratory disorder.

Allergic rhinitis, seasonal allergies, and hay fever are not categorized as chronic respiratory disease.



UNDERWRITING GUIDELINES

FOR USE WITH THE L123 FINAL EXPENSE APPLICATION (AGES 0-44)

MEDICAL CONDITION	DECISION
AIDS/HIV/ARC	Decline
Alcoholism/alcohol abuse	Within 2 years - Decline
	Recovery 2-5 years (no drinks) - Graded
	Recovery 5-8 years (no drinks) - Preferred
Alzheimer's/dementia/memory loss/cognitive disorders	Decline
Amputation (due to disease, disorder or illness)	Decline
Aneurysm	Within 2 years - Decline
	Surgically corrected 2-3 years ago - Graded
	Surgically corrected >3 years ago - Preferred
Angioplasty	Decline
Anxiety	Mild/moderate - Preferred
	Severe - Graded or decline
Assisted living facility (within 2 years)	Decline
Asthma	<age 6
	Mild/Seasonal - Preferred
	All others - Decline
	Ages 6-44 and Non-smoker
	Mild/Seasonal to Moderate - Preferred
	All others - Graded
	Ages 6-44 and Smoker
	Mild/Seasonal - Preferred
	Moderate - Standard
	All others - Graded
Atrial Fibrillation	Within 2 years - Decline
	2-5 years - Standard
	>than 5 years ago - Preferred
Autism	<age 6 years old - Decline
	Age 6 years old and older
	Mild - Preferred
	All others - Decline
Bedridden currently	Decline
Build	See chart pg. 13
Cancer	Within 2 years (other than Basal Cell) - Decline
	>2 years - See Chart pg. 12
Cerebral Palsy	Decline

MEDICAL CONDITION	DECISION
Cirrhosis (no complications – time since recovery)	Within 2 years – Decline
	2-10 years – Standard
	>10 years – Preferred
Cognitive disorders	See Alzheimer's
Congestive Heart Failure/CHF	Decline
Crohn's	<21 years old – Decline
	22 years old and older (years since diagnosis)
	Within 2 years – Decline
	2-3 years – Standard
	>3 years – Preferred
	Severe or symptomatic – Decline
Cystic Fibrosis	Decline
Defibrillator	Decline
Dementia	See Alzheimer's
Depression/Bipolar	No symptoms or loss of work/school within past 6 months and controlled on either 1 or no medications – Preferred
	No inpatient care, no more than 2 episodes or more than 2 weeks loss of work/school in past 12 months, controlled on 1 or 2 medications – Standard
	Disabled due to condition and controlled with medication for at least 2 years – Graded
	Other than above – Decline
Diabetes	Coma – ever – Decline
	Diet or oral control (no insulin)
	29 years old or younger at diagnosis – Decline
	30-44 years old at diagnosis – Standard
	Insulin
	29 years old or younger at diagnosis – Decline
	30-44 years old at diagnosis – Graded
	Poor or uncontrolled – Decline
Down's Syndrome	Decline
Driving violations	DUI/DWI – 2 or more within past 2 years – Decline
	Moving violations – 3 or more within past 2 years – Decline
Drug abuse/illegal drug use (for marijuana use – see marijuana)	Within 3 years since last use – Decline
	3-6 years since last use – Graded
	>6 years since last use – Preferred
Dialysis	Decline
Emphysema/COPD	Mild and non-tobacco user – Preferred
	Moderate – Standard
	Severe – Graded
Encephalitis (time since recovery/no residuals)	0-6 months – Decline
	>6 months – Preferred

UNDERWRITING GUIDELINES CONT.

FOR USE WITH THE L123 FINAL EXPENSE APPLICATION (AGES 0-44)

MEDICAL CONDITION	DECISION
Epilepsy	Under age 15 years old - Decline
	Age 15 years old and older (time since last seizure)
	0-1 year - Decline
	1-2 years - Standard
	>2 years - Preferred
Felony conviction (within 2 years)	Decline
Heart attack	Decline
Heart surgery (bypass, angioplasty, stent or pacemaker)	Decline
Heart valve replacement	Decline
Hepatitis B	Chronic, active or current treatment - Decline
	Fully recovered - no residuals - Preferred
Hepatitis C	Active or treatment within 2 years Decline
	In remission for 5 years, no complications - Graded
	All others - Decline
High blood pressure/hypertension	Mild (normal readings with medication) - Preferred
	Moderate - Standard
	Severe/uncontrolled - Decline
Hodgkin's (complete remission/single episode)	0-6 years since recovered/last treatment - Decline
	>6 years since recovered/last treatment - Graded
Home health care (within 2 years)	Decline
Hospice care (within 2 years)	Decline
Hospitalized currently	Decline
Huntington's	Decline
Incarcerated (within 2 years)	Decline
Irregular heart rhythm	Within 2 years - Decline
	2-5 years - Standard
	>than 5 years ago - Preferred
Kidney failure	Decline
Leukemia	Decline
Long term care facility (within 2 years)	Decline
Lou Gehrig Disease	Decline
Lupus/Lupus Erythematosus/SLE	<age 20 years old - Decline
	Age 20 years old and older
	Within 2 years since diagnosis - Decline
	2-10 years since diagnosis - Graded
	>10 years since diagnosis - Standard
	Severe - Decline

MEDICAL CONDITION	DECISION
Marijuana (tobacco rates will apply)	1-2 times per week - Preferred
	3-4 times per week - Standard
	>4 times per week - Decline
Memory loss	See Alzheimer's
Mental incapacity (must be able to complete a telephone interview)	Decline
Mental retardation	<age 6 years old - Decline
	Age 6 years old and older
	Mild - Preferred
	All others - Decline
Misdemeanor conviction (within 2 years)	Decline
Multiple Sclerosis (since last episode, last flare up, or last symptoms)	Within 2 years - Decline
	2-5 years - Graded
	5-10 years - Standard
	>10 years - Preferred
Muscular Dystrophy	Duchenne and Dystrophia Mytonica - Decline
	Becker and Limb Girdle - Graded to decline
	Faciosapulohmeral -
	Face, back, arms, shoulders only - preferred
	Pelvic girdle muscles - Standard
	Myotonia Congentia and Ocularpharyngeal - Preferred
	Mitochondria -
	Progressive External Ophthalmoplegia - Preferred
	All other forms - Decline
Nephritis/Glomerulonephritis	<age 15 years old - Decline
	Age 15 years old and older
	Mild/Moderate - Graded
	Severe - Decline
Non-Hodgkin's Lymphoma (complete remission/single episode)	0-10 years since recovered/last treatment - Decline
	>10 years since recovered/last treatment - Preferred
Nursing home (within 2 years)	Decline
Oxygen (use within 2 years)	Decline
Pacemaker	Decline
Pancreatitis (non-alcoholic)	Acute, recovered with no complications - Preferred
	All others - Decline

UNDERWRITING GUIDELINES CONT.

FOR USE WITH THE L123 FINAL EXPENSE APPLICATION (AGES 0-44)

MEDICAL CONDITION	DECISION
Parkinson's	Within 2 years - Decline
	Mild/moderate
	Age 0-29 years old - Decline
	Age 30 years old and older - Standard
	Severe - Decline
Parole/probation currently	Decline
Peripheral Vascular Disease/PVD	Unoperated: mild/moderate - Standard
	Operated: single surgery (time since surgery)
	0-6 months - Decline
	>6 months
	Mild/moderate - Graded
	Severe - Decline
Phlebitis/blood clot (no complications/time since resolved)	0-2 months - Decline
	>2 months - Preferred
Post-Traumatic Stress Disorder (PTSD)	Mild - Preferred
	Moderate - Standard
	Severe - Graded to decline
Prison (within 2 years)	Decline
Probation/parole currently	Decline
Pulmonary Hypertension	Decline
Renal failure	Decline
Rheumatoid Arthritis	Mild - Preferred
	Moderate - Standard
	Severe - Graded
Sarcoidosis (time since diagnosis)	0-6 months - Decline
	>6 months
	Mild - Preferred
	Moderate - Standard
	Severe - Graded

MEDICAL CONDITION	DECISION
Schizophrenia	<age 25 years old - Decline
	Age 25 years old and older
	Working/in school and controlled with medication for at least 5 years - Standard
	Disabled from condition, but controlled for at least 5 years - Graded
	Poor or uncontrolled for less than 5 years - Decline
Seizures	See Epilepsy
Sickle Cell Anemia	Decline
Sleep apnea	0-6 months since diagnosed - Decline
	>6 months with good response to CPAP machine - Standard
Spina Bifida (not surgically corrected)	Decline
Stroke (single attack/no complications or residuals)	Within 2 years - Decline
	2-4 years - Standard
	>4 years - Preferred
	All others - Decline
Surgery (inpatient) - Advised, planned or scheduled	Decline
Terminal medical condition (expected death within 18 months)	Decline
Tuberculosis (time since treatment completed)	Within 2 years - Decline
	>2 years and no complications - Preferred
	Active or current treatment - Decline
Transient Ischemic Attack/TIA	See Stroke
Transplant (other than corneal)	Decline
Wheelchair/Electric Scooter Use*	Within 2 years - Decline
	>2 years since last use - Preferred

*This question should be answered "Yes" even if the proposed insured only uses the wheelchair or scooter for mobility at the mall, grocery store, or other similar facilities. If answering "Yes" and the reason for the use is/was for a reason that is expected to resolve in the next 2-3 months, please provide details on the Supplemental Information to the Application for Life Insurance form and proceed to answering the questions in Part C3 (assuming this was the only "Yes" answer in Part C2).



CANCER CHART

FOR USE WITH THE L123 FINAL EXPENSE APPLICATION (AGES 0-44)

TYPE OF CANCER	DECISION
Breast	0-3 years - Decline
	3-8 years - Graded or decline
	>8 years - Preferred to decline
Colon	0-2 years - Decline
	>2 years - Standard to decline
Lung	0-3 years - Decline
	3-8 years - Standard to decline
	>8 years - Preferred to decline
Prostate (treated with radiation or surgery)	0-2 years - Decline
	>2 years - Standard to decline
Ovarian	0-2 years - Decline
	2-6 years - Standard to decline
	>6 years - Preferred to decline
Skin	Basal - Preferred
	Squamous
	Within 2 years - Decline
	>2 years - Preferred
Thyroid	0-2 years - Decline
	>2 years - Preferred to decline

HEIGHT AND WEIGHT CHART

USED FOR ISSUE AGES 0-44 ONLY

Ages 0 through 13: If the build for the proposed insured does not fall within the ranges listed, no coverage will be available.

AGE	MAX AGE	MINIMUM HEIGHT	MAXIMUM HEIGHT	MINIMUM WEIGHT	MAXIMUM WEIGHT
0	0	18	35	5	32
1	1	26	42	14	50
2	4	30	45	19	71
5	8	38	56	27	120
9	11	44	70	40	160
12	13	52	73	60	195

Ages 14 through 44: If weight exceeds the maximum weight for the Graded product, no coverage will be available.

HEIGHT	MAXIMUM WEIGHT PREFERRED	MAXIMUM WEIGHT STANDARD	MAXIMUM WEIGHT GRADED
4'5	166	184	192
4'6	172	191	199
4'7	179	198	207
4'8	185	205	214
4'9	192	213	222
4'10	199	220	230
4'11	206	228	238
5'0	213	236	246
5'1	220	244	254
5'2	227	252	263
5'3	234	260	271
5'4	242	268	280
5'5	250	277	289
5'6	257	285	298
5'7	265	294	307
5'8	273	303	316
5'9	281	312	325
5'10	290	321	335
5'11	298	330	344
6'0	306	339	354
6'1	315	349	364
6'2	324	359	374
6'3	333	369	385
6'4	341	378	395
6'5	350	388	405
6'6	359	398	416
6'7	369	408	426
6'8	379	419	437
6'9	387	429	448
6'10	397	440	459
6'11	407	451	470
7'0	417	462	482

ACCELERATED DEATH BENEFIT RIDERS OVERVIEW

Neither the Accelerated Death Benefit Rider or the ADBR with nursing home option is available in New York.

Transamerica's Accelerated Death Benefit Rider provides an accelerated death benefit that is paid instead of the cash value or death benefit in an insured's policy. The Accelerated Death Benefit Rider can be used to help pay for medical or nursing home expenses resulting from a medical condition from an injury or illness as determined by a physician.

QUALIFYING EVENTS

ACCELERATED DEATH BENEFIT RIDER

- Reasonably expect death within 12 months of receipt of physician's statement (24 months in Georgia, Illinois, Massachusetts, Texas, and Washington).
- Has required or requires extraordinary medical intervention, including but not limited to major organ transplant or continuous artificial life support without which the insured would die.
- Requires continuous confinement to an eligible institution and is expected to remain there the rest of their life.¹
- Dramatically limited life span of 12 months or less in the absence of extensive or extraordinary medical treatment, such as but not limited to:
 - Coronary artery disease resulting in an acute infarction or requiring surgery.
 - Permanent neurological deficit resulting from a cerebral vascular accident, or stroke.
 - End-stage renal failure.
 - Acquired Immune Deficiency Syndrome.

ACCELERATED DEATH BENEFIT WITH NURSING HOME BENEFIT RIDER²

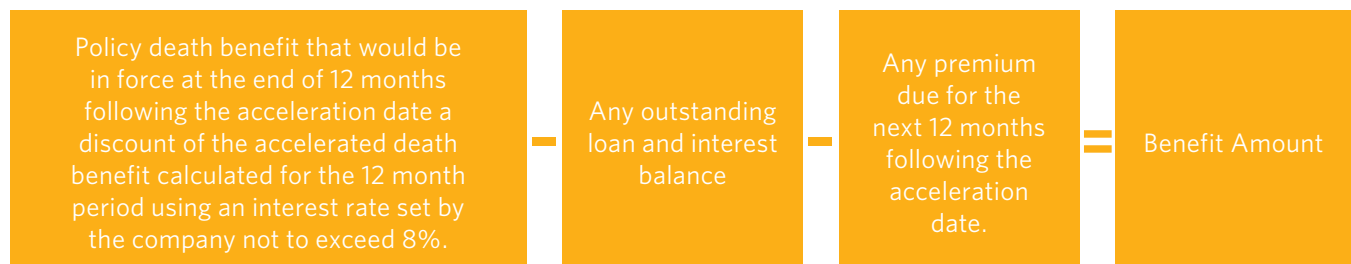
The insured is required to be continuously confined in an eligible nursing home for 90 days and a physician certifies he or she continuously remain until death.

Please Note - Confinement to an eligible institution must be the result of:

- An accident that occurs on or after the effective date of the rider.
- Specific diagnosed illness that first manifests itself more than 30 days following the effective date of the rider.
- The accelerated death benefit with nursing home benefit rider is not available if applicant needs assistance in the activities of daily living at the time of application or two years prior to the application.

Transamerica's Accelerated Death Benefit Riders require proof of the insured's qualifying event while the policy and rider are in force. This proof shall include a completed request and a physician's statement. We may request additional medical information from the physician who submits the statement.

HOW THE BENEFIT AMOUNT IS DETERMINED



¹An "eligible institution" is a licensed hospice care program which provides a coordinated, interdisciplinary program of hospice care services for meeting the special physical, psychological, spiritual, and social needs of dying individuals and their families, by providing palliative and supportive medical, nursing, and other health services through a home-based care program or an inpatient hospice facility during the illness and bereavement

²Not available in Florida.

CALCULATING A RATE

MODE	POLICY FEE (face amounts less than \$5,000)	POLICY FEE (face amounts \$5,000+)	MODAL FACTOR
Annual	\$60.00	\$42.00	1.00
Semi-annual	\$30.00	\$21.00	0.51
Quarterly	\$15.00	\$10.50	0.26
EFT (monthly)	\$5.00	\$3.50	0.085

EXAMPLE:

Male, Age 35, preferred risk class, non-tobacco, Immediate Solution.

The annual rate per \$1,000 (unit) is \$20.08.

The desired mode is EFT and we are calculating for a \$15,000 face amount (15 units).

1. Take the desired annual rate per \$1,000. **\$20.08**
2. Multiply this amount by the desired modal factor. $20.08 \times 0.085 = \mathbf{\$1.7068}$
3. If necessary, round the number to the nearest cent. **\$1.71**
4. Multiply this amount by the number of units desired. $1.71 \times 15 = \mathbf{\$25.65}$
5. If necessary, round the number to two decimal places. **\$25.65**
6. Add the appropriate policy fee. $25.65 + \$3.50 = \mathbf{\$29.15}$
(per month)

To add the optional Accidental Death Benefit Rider (ADR)

- Please Note: The ADR amount must equal the corresponding policy face amount.
- Thus, in our example above the available rider amount would be \$15,000.

1. Take the desired annual rate per \$1,000 (from page 15). **\$2.39**
2. Multiply this amount by the desired modal factor. $2.39 \times 0.085 = \mathbf{\$0.20315}$
3. If necessary, round the number to the nearest cent. **\$0.20**
4. Multiply this amount by the number of units desired. $0.20 \times 15 = \mathbf{\$3.00}$
5. Add the above amount to the total premium calculated in step six above. $29.15 + \$3.00 = \mathbf{\$32.15}$

To add the optional child/grandchild rider

For this example, we will be adding five children/grandchildren to the policy.

1. Multiply the child/grandchild rider annual rate of \$2.00 by the modal factor. $2.00 \times 0.085 = \mathbf{\$0.17}$
2. If necessary, round the number to the nearest cent. **\$0.17**
3. Multiply this amount by the number of units desired. $0.17 \times 5 = \mathbf{\$0.85}$
4. If necessary, round the number to the nearest cent. **\$0.85**
5. Multiply this amount by the number of covered children/grandchildren. $0.85 \times 5 = \mathbf{\$4.25}$
6. Add this amount to the total premium calculated in step six above. $29.15 + \$3.00 + \$4.25 = \mathbf{\$36.40}$



**PEOPLE ARE UNIQUE INDIVIDUALS
AND THERE IS NO ONE-SIZE-FITS-ALL
SOLUTION FOR EVERY NEED.**



IMMEDIATE SOLUTION

PRODUCT OVERVIEW

Premium paying period:
Level premiums to age 121

Age last birthday issue ages:
0-85

Age last birthday issue ages WA:
0-65 Male
0-71 Female

Minimum issue amount:
\$1,000

Minimum issue amount WA:
\$5,000

Maximum issue amount:
0-55 \$50,000 56-65 \$40,000
66-75 \$30,000 76-85 \$25,000

Benefit period:
This product endows at age 121

Policy loans:
The policy loan rate is variable,
not to exceed 8%

ADDITIONAL BENEFITS/RIDERS:¹

Accelerated Death Benefit Rider (ADBR)¹
(R05400)
The rider pays the face amount, less an interest discount, less any loans, less any premiums that would be due in the next year upon diagnosis of a qualifying event. Eligibility requirements apply.

Accelerated Death Benefit Rider with Nursing Home benefit (NHO)¹ (R05401)
The rider pays the face amount, less an interest discount, less any loans, less any premiums that would be due in the next year upon diagnosis of a qualifying event or confinement in a qualified nursing facility.

This rider is not available if you need any assistance in performing daily living activities at the time of application. Neither the accelerated death benefit rider nor the ADBR with nursing home option is available in New York.

OPTIONAL RIDERS:

Accidental Death Benefit Rider (ADR10)
Issue ages 18-70

The Accidental Death Benefit Rider (ADR) provides for payment of an amount in addition to the face amount of the policy in the event of death resulting directly and independently of all other causes from an accident, subject to the exceptions set out in the rider. Death must occur within 90 days from the accidental bodily injury, and while the policy is in force.

Children's and Grandchildren's Benefit Rider (CR13)

- Annual premium per unit per child is \$2.00
- Issue ages of parent/grandparent - >18-75
- Issue ages of children/grandchildren - >15 day-17 years
- No more than nine covered children/grandchildren may be covered under this rider
- The minimum face amount is \$1,000
- The maximum face amount is equal to the minimum of the base face amount or \$5,000
- The face amount has to be the same for all children/grandchildren covered under this rider
- The rider terminates on the rider anniversary following the children/grandchildren's 25th birthday
- This rider may be converted to WL08 up to age 22 for a face amount equal to the rider amount
 - Ages 2-17 juvenile standard
 - Ages 18-22 standard non-tobacco
- The children/grandchildren must be insured for two years under the rider to convert
- Description - This rider provides level term insurance for the children/grandchildren named in the rider

¹Accelerated death benefits will be available when the Insured has been diagnosed with a qualifying event, as described in the rider, while the policy and the rider are in force. Benefits advanced under this rider may be subject to taxation. Limitations and exclusions apply. Refer to the rider for complete details.

IMMEDIATE SOLUTION

ADR PREMIUMS

Annual premiums per unit (\$1,000) of insurance

AGE	ANNUAL
18	2.20
19	2.21
20	2.22
21	2.23
22	2.24
23	2.26
24	2.27
25	2.28
26	2.29
27	2.30
28	2.31
29	2.32
30	2.33
31	2.34

AGE	ANNUAL
32	2.35
33	2.37
34	2.38
35	2.39
36	2.41
37	2.43
38	2.45
39	2.48
40	2.50
41	2.52
42	2.54
43	2.56
44	2.59
45	2.61

AGE	ANNUAL
46	2.63
47	2.65
48	2.67
49	2.71
50	2.73
51	2.76
52	2.79
53	2.84
54	2.89
55	2.95
56	3.01
57	3.08
58	3.16
59	3.25

AGE	ANNUAL
60	3.33
61	3.44
62	3.56
63	3.71
64	3.86
65	4.03
66	4.24
67	4.49
68	4.79
69	5.09
70	5.46



IMMEDIATE SOLUTION

PREFERRED PREMIUMS

Annual premiums per unit (\$1,000) of insurance

 Not available in WA

AGE	MALE		FEMALE	
0		12.72		11.03
1		12.82		11.11
2		12.92		11.20
3		13.03		11.28
4		13.13		11.38
5		13.22		11.46
6		13.50		11.63
7		13.79		11.80
8		14.08		11.99
9		14.36		12.16
10		14.64		12.33
11		15.04		12.56
12		15.46		12.80
13		15.86		13.01
14		16.28		13.25
15		16.68		13.48
16		16.85		13.53
17		16.93		13.52
	NON-TOBACCO	TOBACCO	NON-TOBACCO	TOBACCO
18	14.16	19.93	11.47	13.69
19	14.21	19.98	11.45	13.69
20	14.31	20.13	11.56	13.79
21	14.56	20.46	11.80	14.12
22	14.80	20.80	12.05	14.45
23	15.06	21.13	12.30	14.78
24	15.30	21.48	12.54	15.10
25	15.55	21.81	12.78	15.43
26	15.86	22.27	13.07	15.82
27	16.22	22.79	13.37	16.23
28	16.58	23.33	13.70	16.66
29	16.99	23.94	14.03	17.13
30	17.43	24.60	14.41	17.65
31	17.84	25.23	14.78	18.17
32	18.32	25.97	15.21	18.76
33	18.86	26.79	15.68	19.42
34	19.47	27.69	16.20	20.14
35	20.08	28.64	16.73	20.88
36	20.82	29.66	17.33	21.59
37	21.55	30.70	17.90	22.28
38	22.34	31.81	18.53	23.02
39	23.17	32.98	19.18	23.77
40	24.06	34.24	19.84	24.54
41	24.77	35.06	20.40	25.67
42	25.51	35.92	20.95	26.83

AGE	MALE		FEMALE	
	NON-TOBACCO	TOBACCO	NON-TOBACCO	TOBACCO
43	26.23	36.75	21.46	27.96
44	26.95	37.56	21.93	29.07
45	27.75	38.47	22.45	30.29
46	28.42	39.02	22.96	30.68
47	29.20	39.72	23.57	31.22
48	30.06	40.49	24.22	31.78
49	31.03	41.38	24.94	32.44
50	31.95	42.16	25.59	32.97
51	32.85	44.09	26.35	34.65
52	33.60	45.93	26.99	36.21
53	34.37	47.87	27.66	37.86
54	36.14	49.82	28.80	39.54
55	38.15	52.07	30.14	41.50
56	39.86	54.63	31.17	42.97
57	41.49	57.10	32.10	44.29
58	43.18	59.68	33.04	45.63
59	45.08	62.59	34.13	47.16
60	47.34	66.02	35.47	49.02
61	50.46	70.77	37.42	51.72
62	53.58	75.53	39.37	54.42
63	56.12	80.27	40.91	57.11
64	59.21	85.03	42.84	59.81
65	62.30	89.78	44.77	62.51
66	66.56	96.36	47.68	66.70
67	70.83	102.95	50.59	70.90
68	75.10	109.54	53.50	75.09
69	79.37	116.13	56.41	79.29
70	83.63	122.71	59.32	83.48
71	89.15	131.45	63.44	89.47
72	94.67	140.19	67.56	95.47
73	102.22	148.91	73.14	101.46
74	107.85	157.65	77.35	107.46
75	113.48	166.38	81.55	113.45
76	124.81	184.14	90.22	125.98
77	135.41	200.96	98.38	137.88
78	146.39	218.40	106.85	150.24
79	153.58	230.46	112.56	158.90
80	160.77	242.51	118.28	167.56
81	177.64	263.83	130.74	181.14
82	193.49	285.15	142.45	194.72
83	206.18	306.48	151.86	208.30
84	218.89	327.80	161.25	221.88
85	231.60	349.12	170.65	235.46

IMMEDIATE SOLUTION

STANDARD PREMIUMS

Annual premiums per unit (\$1,000) of insurance

 Not available in WA

0		14.59		11.98
1		14.60		12.01
2		14.62		12.05
3		14.64		12.07
4		14.65		12.10
5		14.67		12.14
6		15.09		12.37
7		15.52		12.60
8		15.94		12.83
9		16.36		13.06
10		16.79		13.29
11		17.55		13.57
12		18.31		13.86
13		19.05		14.13
14		19.81		14.42
15		20.57		14.70
16		20.86		14.80
17		20.95		14.80
	NON-TOBACCO	TOBACCO	NON-TOBACCO	TOBACCO
18	16.58	24.63	12.11	15.02
19	16.60	24.61	12.15	15.04
20	16.62	24.69	12.24	15.17
21	16.80	24.92	12.54	15.53
22	17.00	25.16	12.84	15.88
23	17.18	25.39	13.13	16.24
24	17.38	25.64	13.43	16.59
25	17.56	25.87	13.73	16.94
26	17.86	26.28	14.04	17.39
27	18.19	26.77	14.35	17.86
28	18.55	27.32	14.69	18.37
29	18.97	27.94	15.06	18.93
30	19.43	28.65	15.50	19.58
31	19.88	29.37	15.98	20.24
32	20.43	30.24	16.52	20.99
33	21.06	31.21	17.12	21.84
34	21.78	32.35	17.79	22.79
35	22.52	33.54	18.50	23.77
36	23.42	34.88	19.23	24.79
37	24.34	36.25	19.98	25.80
38	25.33	37.74	20.77	26.86
39	26.39	39.34	21.59	27.96
40	27.54	41.07	22.45	29.08
41	28.52	42.28	23.23	30.61
42	29.55	43.57	24.05	32.15

AGE	MALE		FEMALE	
	NON-TOBACCO	TOBACCO	NON-TOBACCO	TOBACCO
43	30.57	44.85	24.91	33.64
44	31.60	46.11	25.77	35.08
45	32.77	47.65	26.25	36.97
46	33.75	48.71	27.02	38.00
47	34.92	49.99	27.94	39.25
48	36.20	51.41	28.92	40.60
49	37.64	53.01	30.01	42.12
50	39.03	54.48	31.01	43.47
51	41.39	58.05	32.70	46.09
52	43.69	61.56	34.29	48.53
53	46.12	65.29	35.96	51.11
54	48.61	69.13	37.66	53.69
55	51.46	73.48	39.62	56.67
56	54.11	77.57	41.13	58.89
57	56.67	81.55	42.49	60.87
58	59.33	85.71	43.88	62.84
59	62.27	90.32	45.42	65.03
60	65.67	95.68	47.28	67.65
61	70.22	102.	49.88	71.28
62	74.78	110.07	52.47	74.91
63	79.33	117.26	55.06	78.55
64	83.88	124.45	57.66	82.18
65	88.44	131.65	.25	85.81
66	94.56	141.37	64.21	91.59
67	100.68	151.10	68.16	97.35
68	106.81	160.83	72.11	103.13
69	112.93	170.56	.06	108.89
70	119.05	180.28	80.02	114.66
71	127.07	191.62	85.85	123.31
72	135.09	202.97	91.68	131.97
73	143.10	214.31	97.51	140.61
74	151.13	225.67	103.34	149.27
75	159.15	237.01	109.17	157.92
76	175.04	255.42	120.90	169.51
77	189.96	278.81	132.01	184.40
78	205.44	305.52	143.54	201.46
79	215.81	324.77	151.54	213.58
80	226.18	344.02	159.53	225.70
81	243.33	375.26	171.36	243.97
82	260.46	406.50	183.21	262.25
83	277.61	437.74	195.04	280.51
84	294.75	468.98	206.89	298.78
85	311.89	500.22	218.72	317.06

IMMEDIATE SOLUTION MONTANA

PRODUCT OVERVIEW

Premium paying period:

Level premiums to age 121

Age last birthday issue ages:

0-85

Minimum issue amount:

\$1,000

Maximum issue amount:

0-55	\$50,000	56-65	\$40,000
66-75	\$30,000	76-85	\$25,000

Benefit period:

This product endows at age 121

Policy loans:

The policy loan rate is variable, not to exceed 8%

ADDITIONAL BENEFITS/RIDERS:¹

Accelerated Death Benefit Rider (ADBR)¹ (R05400)

The rider pays the face amount, less an interest discount, less any loans, less any premiums that would be due in the next year upon diagnosis of a qualifying event. Eligibility requirements apply.

Accelerated Death Benefit Rider with nursing home benefit (NHO)¹ (R05401)

The rider pays the face amount, less an interest discount, less any loans, less any premiums that would be due in the next year upon diagnosis of a qualifying event or confinement in a qualified nursing facility.

This rider is not available if you need any assistance in performing daily living activities at the time of application.

OPTIONAL RIDERS:

Accidental Death Benefit Rider (ADR10)

Issue ages 18-70

The Accidental Death Benefit Rider (ADR) provides for payment of an amount in addition to the face amount of the policy in the event of death resulting directly and independently of all other causes from an accident, subject to the exceptions set out in the rider. Death must occur within 90 days from the accidental bodily injury, and while the policy is in force.

¹Accelerated death benefits will be available when the insured has been diagnosed with a qualifying event, as described in the rider, while the policy and the rider are in force. Benefits advanced under this rider may be subject to taxation. Limitations and exclusions apply. Refer to the rider for complete details.

Children's and Grandchildren's Benefit Rider (CR13)

- Annual premium per unit per child is \$2.00
- Issue ages of parent/grandparent - >18-75
- Issue ages of children/grandchildren - >15 day-17 years
- No more than nine covered children/grandchildren may be covered under this rider
- The minimum face amount is \$1,000
- The maximum face amount is equal to the minimum of the base face amount or \$5,000
- The face amount has to be the same for all children/grandchildren covered under this rider
- The rider terminates on the rider anniversary following the children/grandchildren's 25th birthday
- This rider may be converted to WL08 up to age 22 for a face amount equal to the rider amount
 - Ages 2-17 juvenile standard
 - Ages 18-22 standard non-tobacco
- The children/grandchildren must be insured for two years under the rider to convert
- Description - This rider provides level term insurance for the children/grandchildren named in the rider

IMMEDIATE SOLUTION - MONTANA

JUVENILE

Annual premiums per unit (\$1,000) of insurance

AGE	PREFERRED	STANDARD
0	12.72	14.59
1	12.82	14.60
2	12.92	14.62
3	13.03	14.64
4	13.13	14.65
5	13.22	14.67
6	13.50	15.09
7	13.79	15.52
8	14.08	15.94
9	14.36	16.36
10	14.64	16.79
11	15.04	17.55
12	15.46	18.31
13	15.86	19.05
14	16.28	19.81
15	16.68	20.57
16	16.85	20.86
17	16.93	20.95

IMMEDIATE SOLUTION - MONTANA

PREMIUMS

Annual premiums per unit (\$1,000) of insurance

AGE	PREFERRED		STANDARD	
	NON-TOBACCO	TOBACCO	NON-TOBACCO	TOBACCO
18	14.16	19.93	16.58	24.63
19	14.21	19.98	16.60	24.61
20	14.31	20.13	16.62	24.69
21	14.56	20.46	16.80	24.92
22	14.80	20.80	17.00	25.16
23	15.06	21.13	17.18	25.39
24	15.30	21.48	17.38	25.64
25	15.55	21.81	17.56	25.87
26	15.86	22.27	17.86	26.28
27	16.22	22.79	18.19	26.77
28	16.58	23.33	18.55	27.32
29	16.99	23.94	18.97	27.94
30	17.43	24.60	19.43	28.65
31	17.84	25.23	19.88	29.37
32	18.32	25.97	20.43	30.24
33	18.86	26.79	21.06	31.21
34	19.47	27.69	21.78	32.35
35	20.08	28.64	22.52	33.54
36	20.82	29.66	23.42	34.88
37	21.55	30.70	24.34	36.25
38	22.34	31.81	25.33	37.74
39	23.17	32.98	26.39	39.34
40	24.06	34.24	27.54	41.07
41	24.77	35.06	28.52	42.28
42	25.51	35.92	29.55	43.57
43	26.23	36.75	30.57	44.85
44	26.95	37.56	31.60	46.11
45	27.75	38.47	32.77	47.65
46	28.42	39.02	33.75	48.71
47	29.20	39.72	34.92	49.99
48	30.06	40.49	36.20	51.41
49	31.03	41.38	37.64	53.01
50	31.95	42.16	39.03	54.48
51	32.85	44.09	41.39	58.05
52	33.60	45.93	43.69	61.56

AGE	PREFERRED		STANDARD	
	NON-TOBACCO	TOBACCO	NON-TOBACCO	TOBACCO
53	34.37	47.87	46.12	65.29
54	36.14	49.82	48.61	69.13
55	38.15	52.07	51.46	73.48
56	39.86	54.63	54.11	77.57
57	41.49	57.10	56.67	81.55
58	43.18	59.68	59.33	85.71
59	45.08	62.59	62.27	90.32
60	47.34	66.02	65.67	95.68
61	50.46	70.77	70.22	102.87
62	53.58	75.53	74.78	110.07
63	56.12	80.27	79.33	117.26
64	59.21	85.03	83.88	124.45
65	62.30	89.78	88.44	131.65
66	66.56	96.36	94.56	141.37
67	70.83	102.95	100.68	151.10
68	75.10	109.54	106.81	160.83
69	79.37	116.13	112.93	170.56
70	83.63	122.71	119.05	180.28
71	89.15	131.45	127.07	191.62
72	94.67	140.19	135.09	202.97
73	102.22	148.91	143.10	214.31
74	107.85	157.65	151.13	225.67
75	113.48	166.38	159.15	237.01
76	124.81	184.14	175.04	255.42
77	135.41	200.96	189.96	278.81
78	146.39	218.40	205.44	305.52
79	153.58	230.46	215.81	324.77
80	160.77	242.51	226.18	344.02
81	177.64	263.83	243.33	375.26
82	193.49	285.15	260.46	406.50
83	206.18	306.48	277.61	437.74
84	218.89	327.80	294.75	468.98
85	231.60	349.12	311.89	500.22



10 PAY SOLUTION

PRODUCT OVERVIEW

Premium paying period:

Level premiums for 10 years

Age last birthday issue ages:

0-85

Age last birthday issue ages WA:

0-65 Male

0-71 Female

Minimum issue amount:

\$1,000

Minimum issue amount WA:

\$5,000

Maximum issue amount:

0-55	\$50,000	56-65	\$40,000
66-75	\$30,000	76-85	\$25,000

Benefit period:

This product endows at age 121

Policy loans:

The policy loan rate is variable,
not to exceed 8%

ADDITIONAL BENEFITS/RIDERS:¹

Accelerated Death Benefit Rider (ADBR)¹ (R05400)

The rider pays the face amount, less an interest discount, less any loans, less any premiums that would be due in the next year upon diagnosis of a qualifying event. Eligibility requirements apply.

Accelerated Death Benefit Rider with nursing home benefit (NHO)¹ (R05401)

The rider pays the face amount, less an interest discount, less any loans, less any premiums that would be due in the next year upon diagnosis of a qualifying event or confinement in a qualified nursing facility.

This rider is not available if you need any assistance in performing daily living activities at the time of application.

Neither the accelerated death benefit rider nor the ADBR with nursing home option is available in New York.

¹Accelerated death benefits will be available when the Insured has been diagnosed with a qualifying event, as described in the rider, while the policy and the rider are in force. Benefits advanced under this rider may be subject to taxation. Limitations and exclusions apply. Refer to the rider for complete details.

10 PAY SOLUTION

PREFERRED PREMIUMS

Annual premiums per unit (\$1,000) of insurance

 Not available in WA

AGE	MALE		FEMALE	
0	18.99		17.13	
1	19.32		17.41	
2	19.65		17.70	
3	19.97		17.99	
4	20.30		18.28	
5	20.62		18.56	
6	21.19		18.99	
7	21.76		19.43	
8	22.31		19.85	
9	22.88		20.28	
10	23.45		20.71	
11	24.27		21.24	
12	25.07		21.78	
13	25.89		22.30	
14	26.70		22.84	
15	27.52		23.37	
16	28.11		23.81	
17	28.59		24.20	
	NON-TOBACCO	TOBACCO	NON-TOBACCO	TOBACCO
18	23.95	29.03	20.43	24.59
19	24.38	29.51	20.79	25.03
20	24.80	30.06	21.25	25.58
21	25.46	30.81	21.91	26.39
22	26.12	31.56	22.58	27.20
23	26.79	32.31	23.23	28.00
24	27.45	33.06	23.89	28.81
25	28.11	33.81	24.55	29.62
26	28.89	34.71	25.28	30.52
27	29.72	35.66	26.03	31.45
28	30.58	36.67	26.81	32.40
29	31.47	37.72	27.63	33.41
30	32.41	38.81	28.50	34.49
31	33.33	39.87	29.39	35.60
32	34.32	41.03	30.35	36.78
33	35.40	42.29	31.36	38.04
34	36.55	43.65	32.46	39.39
35	37.71	45.00	33.57	40.76
36	39.56	47.19	35.22	42.80
37	41.44	49.40	36.92	44.90
38	43.43	51.74	38.71	47.10
39	43.84	54.17	40.58	49.41
40	47.70	56.76	42.50	51.78
41	48.90	58.14	43.71	53.27
42	50.14	59.58	44.88	54.70

AGE	MALE		FEMALE	
	NON-TOBACCO	TOBACCO	NON-TOBACCO	TOBACCO
43	51.35	60.98	46.00	56.06
44	52.52	62.35	47.04	57.31
45	53.76	63.80	48.17	58.68
46	55.28	65.64	49.30	59.99
47	56.96	67.65	50.58	61.49
48	58.73	69.77	51.88	63.02
49	60.63	72.08	53.27	64.67
50	62.45	74.30	54.54	66.13
51	65.03	77.40	56.54	68.62
52	67.50	80.38	58.42	70.90
53	70.07	83.46	60.38	73.26
54	72.64	86.56	62.33	75.62
55	75.50	90.00	64.51	78.26
56	77.85	92.80	66.26	80.25
57	80.06	95.39	67.87	82.04
58	82.27	98.00	69.46	83.76
59	84.61	100.78	71.15	85.59
60	87.26	103.95	73.05	87.64
61	90.57	108.01	75.43	90.24
62	93.89	112.09	77.82	92.83
63	97.22	116.15	80.21	95.41
64	100.54	120.23	82.59	98.01
65	103.86	124.29	84.98	100.60
66	107.79	129.35	87.96	104.02
67	111.73	134.40	90.94	107.45
68	115.60	139.46	93.93	110.86
69	119.60	144.51	96.92	114.28
70	123.53	149.57	99.90	117.71
71	127.95	155.74	103.71	122.40
72	132.37	161.90	107.52	127.09
73	136.79	168.07	111.33	131.79
74	141.21	174.24	115.14	136.48
75	145.64	180.40	118.95	141.17
76	154.60	194.17	125.98	150.90
77	163.72	208.17	133.11	160.79
78	172.97	222.39	140.36	170.82
79	182.38	236.85	147.71	181.03
80	191.92	251.53	155.18	191.39
81	203.46	272.28	162.92	203.52
82	214.98	293.04	170.67	215.67
83	226.52	313.80	178.40	227.80
84	238.05	334.55	186.14	239.94
85	249.59	355.31	193.89	252.08

10 PAY SOLUTION

STANDARD PREMIUMS

Annual premiums per unit (\$1,000) of insurance

Not available in WA

AGE	MALE		FEMALE	
0		21.54		18.59
1		21.71		18.76
2		21.88		18.95
3		22.06		19.13
4		22.23		19.32
5		22.41		19.50
6		23.15		19.98
7		23.90		20.46
8		24.65		20.94
9		25.40		21.42
10		26.15		21.90
11		27.35		22.52
12		28.56		23.14
13		29.76		23.76
14		30.96		24.38
15		32.17		25.00
16		32.93		25.49
17		33.48		25.91
	NON-TOBACCO	TOBACCO	NON-TOBACCO	TOBACCO
18	27.01	33.94	21.50	26.32
19	27.45	34.39	21.88	26.79
20	27.77	34.90	22.35	27.36
21	28.36	35.52	23.04	28.20
22	28.95	36.15	23.71	29.03
23	29.54	36.77	24.39	29.87
24	30.12	37.40	25.06	30.70
25	30.71	38.02	25.75	31.54
26	31.46	38.85	26.51	32.50
27	32.26	39.74	27.31	33.48
28	33.10	40.71	28.14	34.52
29	34.00	41.75	29.03	35.64
30	34.97	42.86	29.99	36.84
31	35.90	43.96	31.00	38.12
32	36.96	45.20	32.07	39.49
33	38.09	46.55	33.22	40.96
34	39.34	48.04	34.47	42.56
35	40.61	49.56	35.75	44.18
36	42.25	51.53	37.26	46.13
37	43.91	53.53	38.82	48.11
38	45.66	55.64	40.44	50.18
39	47.48	57.84	42.13	52.33
40	49.42	60.21	43.85	54.54
41	51.24	62.39	45.62	56.78
42	53.14	64.70	47.39	59.03

AGE	MALE		FEMALE	
	NON-TOBACCO	TOBACCO	NON-TOBACCO	TOBACCO
43	55.06	67.04	49.14	61.24
44	57.00	69.43	50.85	63.38
45	59.07	71.97	52.70	65.70
46	61.53	75.05	54.57	67.98
47	64.22	78.41	56.65	70.53
48	67.09	82.00	58.81	73.19
49	67.61	85.90	61.12	76.06
50	73.26	89.79	63.31	78.72
51	76.63	94.04	65.90	82.05
52	79.88	98.16	68.32	85.12
53	83.28	102.45	70.84	88.30
54	86.71	106.79	73.36	91.45
55	90.49	111.57	76.15	94.96
56	93.68	115.59	78.36	97.59
57	96.71	119.38	80.40	99.94
58	99.75	123.21	82.40	102.17
59	102.97	127.30	84.48	104.49
60	106.56	131.90	86.80	107.09
61	110.98	137.72	89.63	110.24
62	115.40	143.54	92.46	113.39
63	119.82	149.36	95.27	116.55
64	124.25	155.18	98.10	119.69
65	128.67	161.00	100.93	122.85
66	133.88	168.20	104.62	127.31
67	139.10	175.41	108.32	131.77
68	144.32	182.61	112.00	136.24
69	149.53	189.82	115.70	140.69
70	154.75	197.02	119.39	145.16
71	160.94	206.23	124.53	151.87
72	167.15	215.44	129.67	158.58
73	173.34	224.64	134.82	165.28
74	179.54	233.85	139.95	171.99
75	185.74	243.06	145.09	178.70
76	196.97	262.13	153.36	191.17
77	208.20	281.20	161.65	203.65
78	219.44	300.2	169.92	216.13
79	230.67	319.35	178.20	228.61
80	241.90	338.43	186.47	241.09
81	258.59	370.58	197.02	258.64
82	275.28	402.74	207.58	276.20
83	291.95	434.90	218.13	293.76
84	308.64	467.06	228.69	311.31
85	325.33	499.21	239.24	328.87

10 PAY SOLUTION MONTANA

PRODUCT OVERVIEW

Premium paying period:

Level premiums for 10 years

Age last birthday issue ages:

0-85

Minimum issue amount:

\$1,000

Minimum issue amount WA:

\$5,000

Maximum issue amount:

0-55 \$50,000 56-65 \$40,000
66-75 \$30,000 76-85 \$25,000

Benefit period:

This product endows at age 121

Policy loans:

The policy loan rate is variable,
not to exceed 8%

ADDITIONAL BENEFITS/RIDERS:¹

Accelerated Death Benefit Rider (ADBR)¹ (R05400)

The rider pays the face amount, less an interest discount, less any loans, less any premiums that would be due in the next year upon diagnosis of a qualifying event. Eligibility requirements apply.

Accelerated Death Benefit Rider with nursing home benefit (NHO)¹ (R05401)

The rider pays the face amount, less an interest discount, less any loans, less any premiums that would be due in the next year upon diagnosis of a qualifying event or confinement in a qualified nursing facility.

This rider is not available if you need any assistance in performing daily living activities at the time of application.

Neither the accelerated death benefit rider nor the ADBR with nursing home option is available in New York.

10 PAY SOLUTION - MONTANA

JUVENILE

Annual premiums per unit (\$1,000)
of insurance

0	18.99	21.54
1	19.32	21.71
2	19.65	21.88
3	19.97	22.06
4	20.30	22.23
5	20.62	22.41
6	21.19	23.15
7	21.76	23.90
8	22.31	24.65
9	22.88	25.40
10	23.45	26.15
11	24.27	27.35
12	25.07	28.56
13	25.89	29.76
14	26.70	30.96
15	27.52	32.17
16	28.11	32.93
17	28.59	33.48

¹Accelerated death benefits will be available when the Insured has been diagnosed with a qualifying event, as described in the rider, while the policy and the rider are in force. Benefits advanced under this rider may be subject to taxation. Limitations and exclusions apply. Refer to the rider for complete details.

10 PAY SOLUTION - MONTANA

PREMIUMS

Annual premiums per unit (\$1,000) of insurance

AGE	PREFERRED		STANDARD	
	NON-TOBACCO	TOBACCO	NON-TOBACCO	TOBACCO
18	23.95	29.03	27.01	33.94
19	24.38	29.51	27.45	34.39
20	24.80	30.06	27.77	34.90
21	25.46	30.81	28.36	35.52
22	26.12	31.56	28.95	36.15
23	26.79	32.31	29.54	36.77
24	27.45	33.06	30.12	37.40
25	28.11	33.81	30.71	38.02
26	28.89	34.71	31.46	38.85
27	29.72	35.66	32.26	39.74
28	30.58	36.67	33.10	40.71
29	31.47	37.72	34.00	41.75
30	32.41	38.81	34.97	42.86
31	33.33	39.87	35.90	43.96
32	34.32	41.03	36.96	45.20
33	35.40	42.29	38.09	46.55
34	36.55	43.65	39.34	48.04
35	37.71	45.00	40.61	49.56
36	39.56	47.19	42.25	51.53
37	41.44	49.40	43.91	53.53
38	43.43	51.74	45.66	55.64
39	43.84	54.17	47.48	57.84
40	47.70	56.76	49.42	60.21
41	48.90	58.14	51.24	62.39
42	50.14	59.58	53.14	64.70
43	51.35	60.98	55.06	67.04
44	52.52	62.35	57.00	69.43
45	53.76	63.80	59.07	71.97
46	55.28	65.64	61.53	75.05
47	56.96	67.65	64.22	78.41
48	58.73	69.77	67.09	82.00
49	60.63	72.08	67.61	85.90
50	62.45	74.30	73.26	89.79
51	65.03	77.40	76.63	94.04

AGE	PREFERRED		STANDARD	
	NON-TOBACCO	TOBACCO	NON-TOBACCO	TOBACCO
52	67.50	80.38	79.88	98.16
53	70.07	83.46	83.28	102.45
54	72.64	86.56	86.71	106.79
55	75.50	90.00	90.49	111.57
56	77.85	92.80	93.68	115.59
57	80.06	95.39	96.71	119.38
58	82.27	98.00	99.75	123.21
59	84.61	100.78	102.97	127.30
60	87.26	103.95	106.56	131.90
61	90.57	108.01	110.98	137.72
62	93.89	112.09	115.40	143.54
63	97.22	116.15	119.82	149.36
64	100.54	120.23	124.25	155.18
65	103.86	124.29	128.67	161.00
66	107.79	129.35	133.88	168.20
67	111.73	134.40	139.10	175.41
68	115.66	139.46	144.32	182.61
69	119.60	144.51	149.53	189.82
70	123.53	149.57	154.75	197.02
71	127.95	155.74	160.94	206.23
72	132.37	161.90	167.15	215.44
73	136.79	168.07	173.34	224.64
74	141.21	174.24	179.54	233.85
75	145.64	180.40	185.74	243.06
76	154.60	194.17	196.97	262.13
77	163.72	208.17	208.20	281.20
78	172.97	222.39	219.44	300.28
79	182.38	236.85	230.67	319.35
80	191.92	251.53	241.90	338.43
81	203.46	272.28	258.59	370.58
82	214.98	293.04	275.28	402.74
83	226.52	313.80	291.95	434.90
84	238.05	334.55	308.64	467.06
85	249.59	355.31	325.33	499.21



EASY SOLUTION

PRODUCT OVERVIEW

Premium paying period:

Level premiums to age 121

Age last birthday issue ages:

18-80

Age last birthday issue ages PA:

18-70 Male

18-76 Female

Minimum issue amount:

\$1,000

Minimum issue amount PA:

\$5,000

Maximum issue amount:

\$25,000

Benefit period:

This product endows at age 121

Death benefit:

The death benefit during first two policy years is based on the face amount for accidental death of insured, or will be limited to 110% of the sum of premiums paid (minus the loan balance) for death of insured from any other cause. Death benefit after the first two years is based on the face amount (minus the loan balance) for the death of insured regardless of cause of death.

Death benefit PA, NV, & AR:

The death benefit during first two policy years is based on the face amount for accidental death of insured or is limited to 30% of the sum of face amount (minus the loan balance) for the death of the insured from any other cause during the first year, or 60% in the second year. Death benefit after first two years is based on the face amount for death of insured (minus the loan balance) regardless of cause of death.

Policy loans:

The policy loan rate is variable, not to exceed 8%

Additional Benefits/Riders:

No riders available on this policy

EASY SOLUTION

PREMIUMS

Annual premiums per unit (\$1,000) of insurance

 Not available in PA

AGE	MALE	FEMALE
18	38.82	29.30
19	39.39	29.89
20	39.95	30.46
21	40.51	31.04
22	41.08	31.63
23	41.65	32.20
24	42.22	32.79
25	42.78	33.36
26	43.41	33.90
27	44.08	34.41
28	44.75	34.94
29	45.33	35.55
30	45.80	36.32
31	45.92	37.10
32	46.03	38.07
33	46.15	39.22
34	46.30	40.61
35	46.63	41.98
36	49.17	43.90
37	51.34	45.71
38	53.86	47.64
39	57.04	50.06
40	60.74	52.65
41	63.25	54.79
42	66.11	57.02
43	68.86	59.15
44	71.51	61.17
45	74.21	63.25
46	76.73	64.90
47	79.39	66.67
48	82.14	68.44
49	84.30	69.65

AGE	MALE	FEMALE
50	86.35	70.74
51	89.99	73.03
52	93.53	75.24
53	97.17	77.55
54	100.84	79.89
55	105.05	82.56
56	108.49	84.87
57	111.66	87.05
58	114.95	89.34
59	118.79	91.96
60	123.56	95.11
61	130.64	99.57
62	137.71	104.04
63	144.77	108.52
64	151.84	112.98
65	158.92	117.45
66	166.02	123.13
67	173.14	128.82
68	180.25	134.50
69	187.36	140.18
70	194.47	145.87
71	205.94	153.13
72	217.42	160.38
73	228.88	167.64
74	240.35	174.89
75	251.82	182.15
76	270.71	194.49
77	289.60	206.83
78	308.48	219.19
79	327.37	231.53
80	346.26	243.87

EASY SOLUTION MONTANA

PRODUCT OVERVIEW

Premium paying period:

Level premiums to age 121

Age last birthday issue ages:

18-80

Minimum issue amount:

\$1,000

Benefit period:

This product endows at age 121

Death benefit:

The death benefit during first two policy years is based on the face amount for accidental death of insured, or will be limited to 110% of the sum of premiums paid (minus the loan balance) for death of insured from any other cause. Death benefit after the first two years is based on the face amount (minus the loan balance) for the death of insured regardless of cause of death.

Policy loans:

The policy loan rate is variable, not to exceed 8%

Additional Benefits/Riders:

No riders available on this policy

EASY SOLUTION - MONTANA

PREMIUMS

Annual premiums per unit (\$1,000) of insurance

AGE		AGE		AGE		AGE	
18	38.82	34	46.30	50	86.35	66	166.02
19	39.39	35	46.63	51	89.99	67	173.14
20	39.95	36	49.17	52	93.53	68	180.25
21	40.51	37	51.34	53	97.17	69	187.36
22	41.08	38	53.86	54	100.84	70	194.47
23	41.65	39	57.04	55	105.05	71	205.94
24	42.22	40	60.74	56	108.49	72	217.42
25	42.78	41	63.25	57	111.66	73	228.88
26	43.41	42	66.11	58	114.95	74	240.35
27	44.08	43	68.86	59	118.79	75	251.82
28	44.75	44	71.51	60	123.56	76	270.71
29	45.33	45	74.21	61	130.64	77	289.60
30	45.80	46	76.73	62	137.71	78	308.48
31	45.92	47	79.39	63	144.77	79	327.37
32	46.03	48	82.14	64	151.84	80	346.26
33	46.15	49	84.30	65	158.92		





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