

**IMMEDIATE  
SOLUTION**

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**10 PAY  
SOLUTION**

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**EASY  
SOLUTION**

PRODUCT RATE/  
UNDERWRITING GUIDE



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 **TRANSAMERICA**<sup>®</sup>  
LIFE INSURANCE COMPANY

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

**Application L123 (or its state variation) must be completed for proposed insured's age 0-44.  
See height & weight chart/Underwriting guidelines on pages 7-12.**

**Application L122 (or its state variation) must be completed for proposed insured's age 45-85.  
See Application Design page 3 & additional field underwriting information on pages 4-6.**

# 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" Answers	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 style="padding-left: 40px;">-If one question is answered "Yes" – quote Immediate Solution or 10 Pay Solution at Standard rates</p> <p style="padding-left: 40px;">-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.

# ADDITIONAL FIELD UNDERWRITING INFORMATION

While the application is designed to determine what product the proposed insured is eligible for, the following will provide you with additional information to field underwrite medical histories and routinely offer the product the proposed insured is eligible for without further requirements.

## Questions taken from the application L122 for ages 45-85.....

**1) Is the proposed insured hospitalized, bedridden, residing in a *nursing home, assisted or long term care facility*, receiving hospice or **home health care** or has the insured been advised or is the proposed insured planning to have inpatient surgery?**

The highlighted 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 their care including, but not limited to taking medications, bathing, cooking, toileting, dressing, paying bills, etc
- Home health care: medical care provided by a medical professional including, but not limited to arranging medications, taking blood pressure or sugar readings, administering medications, wound care, feeding tube, etc

**3) Within the past 2 years has the Proposed Insured:**

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

**5) Within the past 4 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.

**6) Within the past 1 year has the Proposed Insured:**

*b) 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, they will need to answer yes to this question unless the CHF has been resolved and no treatment for more than 1 year.

Cirrhosis: If the proposed insured has ever been diagnosed with Cirrhosis they 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 they 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.

**6) Within the past 1 year has the Proposed Insured:**

*c) 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.

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.

6) Within the past **1 year** has the Proposed Insured:

d) 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.

6) Within the past **1 year** has the Proposed Insured:

e) **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 delivery devices to treat sleep apnea is considered oxygen use.

7) Within the past **2 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.

8) Within the past **2 years** has the Proposed Insured:

a) 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, they need 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 in regard to 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
- 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.

8) Within the past **2 years** has the Proposed Insured:

b) 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.

**8) Within the past 2 years has the Proposed Insured:**

**c) Had more than 12 seizures; used insulin ; 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, they will need to answer yes to question **6b** unless the CHF has been resolved and no treatment for more than 1 year. If it has been active or any treatment received any time within the previous 12-24 months, then they would need to answer yes to this question (**8c**).

Cirrhosis: If the proposed insured has ever been diagnosed with Cirrhosis they 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, they 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 1 year. If it has been active or treated any time within the previous 12-24 months, then they would need to answer yes to this question (**8c**).

If any of the conditions have been resolved, inactive and no treatment for more than 2 years, they would answer no to this question.

**10) Has the Proposed Insured ever been diagnosed with, been 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 disease?**

*Sleep apnea is not categorized as chronic respiratory disease.*

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

*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
<b>AIDS/HIV/ARC</b>	Decline
<b>Alcoholism/Alcohol Abuse</b>	Within 2 years - Decline
	Recovery 2-5 years (no drinks) - Graded
	Recovery 5-8 years (no drinks) - Preferred
<b>Alzheimer's/Dementia/Memory Loss/Cognitive Disorders</b>	Decline
<b>Amputation</b> (due to disease, disorder or illness)	Decline
<b>Aneurysm</b>	Within 2 years - Decline
	Surgically corrected 2-3 years ago - Graded
	Surgically corrected > 3 years ago - Preferred
<b>Angioplasty</b>	Decline
<b>Assisted Living Facility</b> (within 2 years)	Decline
<b>Asthma</b>	Mild/Seasonal – Preferred
	Moderate – Standard
	Severe/Chronic – Decline
<b>Atrial Fibrillation</b>	Within 2 years – Decline
	2-5 years – Standard
	> than 5 years ago - Preferred
<b>Autism</b>	< age 6 years old - Decline
	Age 6 years old and older
	Mild – Preferred
	All others - Standard
<b>Bedridden currently</b>	Decline
<b>Build</b>	See chart pg 12
<b>Cancer</b>	Within 2 years (other than Basal Cell) – Decline
	> 2 years – See Chart pg 11
<b>Cerebral Palsy</b>	Decline
<b>Cirrhosis</b> (no complications- time since recovery)	Within 2 years – Decline
	2-10 years – Standard
	>10 years - Preferred
<b>Cognitive Disorders</b>	See Alzheimer's
<b>Congestive Heart Failure/CHF</b>	Decline
<b>Crohn's</b>	< 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	
<b>Cystic Fibrosis</b>	Decline
<b>Defibrillator</b>	Decline
<b>Dementia</b>	See Alzheimer's
<b>Depression/Bipolar</b>	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

# UNDERWRITING GUIDELINES

For use with the L123 Final Expense Application (Ages 0-44)

<b>Diabetes</b>	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
<b>Down's Syndrome</b>	30-44 years old at diagnosis – Graded
	Poor or Uncontrolled - Decline
<b>Down's Syndrome</b>	Decline
<b>Driving Violations</b>	DUI/DWI- 2 or more within past 2 years - Decline
	Moving violations- 3 or more within past 2 years - Decline
<b>Drug Abuse/Illegal Drug Use</b> (other than marijuana)	Within 3 years since last use – Decline
	3-6 years since last use – Graded
	> 6 years since last use – Preferred
<b>Emphysema/COPD</b>	Mild and non-tobacco user – Preferred
	Moderate – Standard
	Severe - Graded
<b>Encephalitis</b> (time since recovery/no residuals)	0-6 months – Decline
	> 6 months – Preferred
<b>Epilepsy</b>	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
<b>Felony Conviction</b> (within 2 years)	Decline
<b>Heart Attack</b>	Decline
<b>Heart Surgery</b> (Bypass, Angioplasty, Stent or Pacemaker)	Decline
<b>Heart Valve Replacement</b>	Decline
<b>Hepatitis B</b>	Chronic, Active or Current treatment – Decline
	Fully recovered- No residuals – Preferred
<b>Hepatitis C</b>	Active or Treatment within 2 years – Decline
	In remission for 5 years, No complications – Graded
	All others – Decline
<b>High Blood Pressure/Hypertension</b>	Mild (normal readings with medication) – Preferred
	Moderate – Standard
	Severe/Uncontrolled – Decline
<b>Hodgkin's</b> (Complete remission/Single episode)	0-6 years since recovered/last treatment – Decline
	> 6 years since recovered/last treatment - Graded
<b>Home Health Care</b> (within 2 years)	Decline
<b>Hospice Care</b> (within 2 years)	Decline
<b>Hospitalized currently</b>	Decline
<b>Huntington's</b>	Decline
<b>Incarcerated</b> (within 2 years)	Decline
<b>Irregular Heart Rhythm</b>	Within 2 years – Decline
	2-5 years – Standard
	> than 5 years ago - Preferred
<b>Leukemia</b>	Decline



# UNDERWRITING GUIDELINES

For use with the L123 Final Expense Application (Ages 0-44)

<b>Long Term Care Facility</b> (within 2 years)	Decline
<b>Lou Gehrig Disease</b>	Decline
<b>Lupus/Lupus Erythematosus/SLE</b>	< 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	
<b>Memory Loss</b>	See Alzheimer's
<b>Mental Incapacity</b> (must be able to complete a telephone interview)	Decline
<b>Mental Retardation</b>	< age 6 years old - Decline
	Age 6 years old and older
	Mild – Preferred
	All others - Decline
<b>Misdemeanor Conviction</b> (within 2 years)	Decline
<b>Multiple Sclerosis</b> (since last episode)	Within 2 years – Decline
	2-5 years – Graded
	5-10 years – Standard
	> 10 years – Preferred
<b>Nephritis/Glomerulonephritis</b>	< age 15 years old – Decline
	Age 15 years old and older
	Mild/Moderate – Graded
	Severe - Decline
<b>Non-Hodgkin's Lymphoma</b> (Complete remission/Single episode)	0-10 years since recovered/last treatment – Decline
	> 10 years since recovered/last treatment – Preferred
<b>Nursing Home</b> (within 2 years)	Decline
<b>Oxygen</b> (use within 2 years)	Decline
<b>Pacemaker</b>	Decline
<b>Pancreatitis</b> (non-alcoholic)	Acute, recovered with no complications – Preferred
	All others – Decline
<b>Parkinson's</b>	Within 2 years – Decline
	Mild/Moderate
	Age 0-29 years old – Decline
	Age 30 years old and older – Standard
	Severe – Decline
<b>Parole/Probation currently</b>	Decline
<b>Peripheral Vascular Disease/PVD</b>	Unoperated: Mild/Moderate – Standard
	Operated:single surgery (time since surgery)
	0-6 months – Decline
	> 6 months
	Mild/Moderate – Graded
Severe - Decline	
<b>Phlebitis/Blood Clot</b> (no complications/time since resolved)	0-2 months - Decline
	> 2 months – Preferred
<b>Prison</b> (within 2 years)	Decline
<b>Probation/Parole currently</b>	Decline
<b>Rheumatoid Arthritis</b>	Mild – Preferred
	Moderate – Standard
	Severe – Graded

# UNDERWRITING GUIDELINES

For use with the L123 Final Expense Application (Ages 0-44)

<b>Sarcoidosis</b> (time since diagnosis)	0-6 months – Decline
	> 6 months
	Mild – Preferred
	Moderate – Standard
<b>Schizophrenia</b>	Severe – Graded
	< 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
<b>Sickle Cell Anemia</b>	Poor or Uncontrolled for less than 5 years - Decline
	Decline
<b>Sleep Apnea</b>	Decline
	0-6 months since diagnosed - Decline
<b>Spina Bifida</b> (not surgically corrected)	> 6 months with good response to CPAP machine – Standard
	Decline
<b>Stroke</b> (single attack/no complications or residuals)	Decline
	Within 2 years – Decline
	2-4 years – Standard
	> 4 years – Preferred
<b>Surgery (inpatient)- Advised, planned or scheduled</b>	All others - Decline
	Decline
<b>Terminal Medical Condition</b> (expected death within 18 months)	Decline
<b>Tuberculosis</b> (time since treatment completed)	Decline
	Within 2 years - Decline
	> 2 years and no complications – Preferred
<b>Transient Ischemic Attack/TIA</b>	Active or current treatment - Decline
	See Stroke
<b>Transplant</b> (other than corneal)	Decline
<b>Wheelchair/Electric Scooter Use*</b>	Decline
	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, please provide details on the Supplemental Information to the Application for Life Insurance form.

# CANCER CHART

For use with the L123 Final Expense Application (Ages 0-44)

Type of Cancer	Decision
<b>Breast</b>	0-3 years – Decline
	3-8 years – Graded or Decline
	> 8 years – Preferred to Decline
<b>Colon</b>	0-2 years - Decline
	> 2 years – Standard to Decline
<b>Lung</b>	0-3 years – Decline
	3-8 years – Standard to Decline
	> 8 years – Preferred to Decline
<b>Prostate</b> (treated with radiation or surgery)	0-2 years – Decline
	> 2 years – Standard to Decline
<b>Ovarian</b>	0-2 years – Decline
	2-6 years – Standard to Decline
	> 6 years – Preferred to Decline
<b>Skin</b>	Basal – Preferred
	Squamous
	Within 2 years – Decline
	> 2 years – Preferred
<b>Thyroid</b>	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	263	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

Transamerica Life Insurance Company'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 as a result of 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 physicians 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.<sup>1</sup>

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 Rider

The insured is required to be continuously confined in an eligible nursing home for 90 days and a physician certifies they 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 2 years prior to the application.

Transamerica Life Insurance Company'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

Policy death benefit that would be in-force at the end of 12 months following the acceleration date a discount of the accelerated death benefit calculated for the 12 month period using an interest rate set by the company not to exceed 8%  $-$  any outstanding loan and interest balance  $-$  any premium due for the next 12 months following the acceleration date.  $=$  Benefit Amount

<sup>1</sup>An "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.

<sup>2</sup>Not 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 (from page 16).

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.**  
 $20.08 \times 0.085 = \$1.7068$
3. **If necessary, round the number to the nearest cent.**  
\$1.71
4. **Multiply this amount by the number of units desired.**  
 $1.71 \times 15 = \$25.65$
5. **If necessary, round the number to two decimal places.**  
\$25.65
6. **Add the appropriate policy fee.**  
 $25.65 + 3.50 = \$29.15$  (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.**  
 $2.39 \times 0.085 = \$0.20315$
3. **If necessary, round the number to the nearest cent.**  
\$0.20
4. **Multiply this amount by the number of units desired.**  
 $0.20 \times 15 = \$3.00$
5. **Add the above amount to the Total Premium Calculated in Step 6 above.**  
 $29.15 + 3.00 = \$32.15$

**To add the optional Child/Grandchild Rider**

For this example we will be adding 5 children/grandchildren to the policy.

1. **Multiply the Child/Grandchild Rider annual rate of \$2.00 by the modal factor.**  
 $2.00 \times 0.085 = \$0.17$
2. **If necessary, round the number to the nearest cent.**  
\$0.17
3. **Multiply this amount by the number of units desired.**  
 $0.17 \times 5 = \$0.85$
4. **If necessary, round the number to the nearest cent.**  
\$0.85
5. **Multiply this amount by the number of covered children/grandchildren.**  
 $0.85 \times 5 = \$4.25$
6. **Add this amount to the Total Premium calculated in Step 6 above.**  
 $29.15 + 3.00 + 4.25 = \$36.40$

# IMMEDIATE SOLUTION



**Immediate Solution:** (Policy Form #WL08) is a whole life insurance product issued by Transamerica Life Insurance Company, Cedar Rapids, IA. Policy forms and numbers may vary, and this product may not be available in all jurisdictions.

## 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:<sup>1</sup>**

**Accelerated Death Benefit Rider (ADBR)<sup>1</sup> (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)<sup>1</sup> (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 Rider:**

**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 2 years under the rider to convert
- Description -> This rider provides level term insurance for the children/grandchildren named in the rider.

## ADR Premiums

Premiums shown are per \$1,000 of insurance

Age	Annual	Age	Annual
18	2.20	45	2.61
19	2.21	46	2.63
20	2.22	47	2.65
21	2.23	48	2.67
22	2.24	49	2.71
23	2.26	50	2.73
24	2.27	51	2.76
25	2.28	52	2.79
26	2.29	53	2.84
27	2.30	54	2.89
28	2.31	55	2.95
29	2.32	56	3.01
30	2.33	57	3.08
31	2.34	58	3.16
32	2.35	59	3.25
33	2.37	60	3.33
34	2.38	61	3.44
35	2.39	62	3.56
36	2.41	63	3.71
37	2.43	64	3.86
38	2.45	65	4.03
39	2.48	66	4.24
40	2.50	67	4.49
41	2.52	68	4.79
42	2.54	69	5.09
43	2.56	70	5.46
44	2.59		

<sup>1</sup>Accelerated 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

## PREFERRED PREMIUMS

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

Age	Male		Female	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
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
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

## PREFERRED PREMIUMS

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

Age	Male		Female	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
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

## STANDARD PREMIUMS

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

Age	Male		Female	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
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



# IMMEDIATE SOLUTION

## STANDARD PREMIUMS

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

Age	Male		Female	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
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
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	102.87	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	60.25	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	76.06	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



**Immediate Solution:** (Policy Form #WL08 MT REV) is a whole life insurance product issued by Transamerica Life Insurance Company, Cedar Rapids, IA.

### 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:<sup>1</sup>**

**Accelerated Death Benefit Rider (ADBR)<sup>1</sup> (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)<sup>1</sup> (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 Rider:**

**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 2 years under the rider to convert
- Description -> This rider provides level term insurance for the children/grandchildren named in the rider.

<sup>1</sup>Accelerated 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

## MONTANA

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
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

## MONTANA

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

Age	Preferred		Standard	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
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

## JUVENILE - MONTANA

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

# 10 PAY SOLUTION



**10 Pay Solution:** (Policy Form # WL08) is a whole Life insurance product issued by Transamerica Life Insurance Company, Cedar Rapids, IA. Policy forms and numbers may vary, and this product may not be available in all jurisdictions.

## PRODUCT OVERVIEW

**Premium Paying Period:** Level Premiums for 10 years

**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:<sup>1</sup>**

**Accelerated Death Benefit Rider (ADBR)<sup>1</sup> (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)<sup>1</sup> (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.

<sup>1</sup>Accelerated 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

Age	Male		Female	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
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
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

## PREFERRED PREMIUMS

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

Age	Male		Female	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
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	115.66	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

## STANDARD PREMIUMS

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

Age	Male		Female	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
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

# 10 PAY SOLUTION

## STANDARD PREMIUMS

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

Age	Male		Female	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
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
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	300.28	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



**10 Pay Solution:** (Policy Form #WL08 MT REV) is a whole life insurance product issued by Transamerica Life Insurance Company, Cedar Rapids, IA.

### PRODUCT OVERVIEW

**Premium Paying Period:** Level Premiums for 10 years

**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 ends at age 121

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

**Additional Benefits/Riders:<sup>1</sup>**

**Accelerated Death Benefit Rider (ADBR)<sup>1</sup> (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)<sup>1</sup> (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.

<sup>1</sup>Accelerated 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

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
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

## MONTANA

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

Age	Preferred		Standard	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
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

## JUVENILE - MONTANA

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

Age	Preferred	Standard
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



# EASY SOLUTION



**Easy Solution:** (Policy Form #WL09) is a whole life insurance product with a graded Death Benefit issued by Transamerica Life Insurance Company, Cedar Rapids, IA. Policy form and number may vary, and this product may not be available in all jurisdictions.

## 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

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
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

Not available in PA





HOME OFFICE: CEDAR RAPIDS, IA