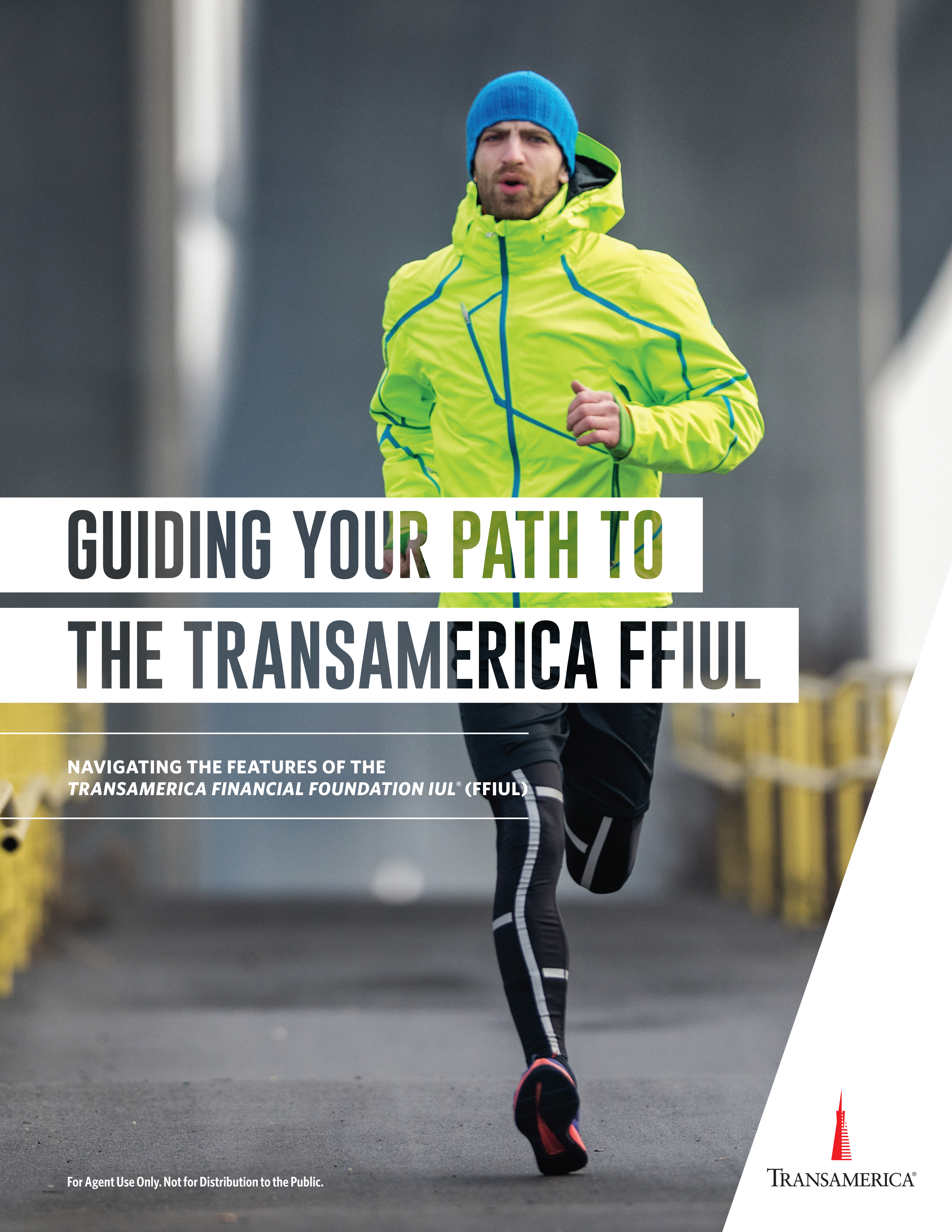

# GUIDING YOUR PATH TO THE TRANSAMERICA FFIUL

**NAVIGATING THE FEATURES OF THE *TRANSAMERICA FINANCIAL FOUNDATION IUL®* (FFIUL)**

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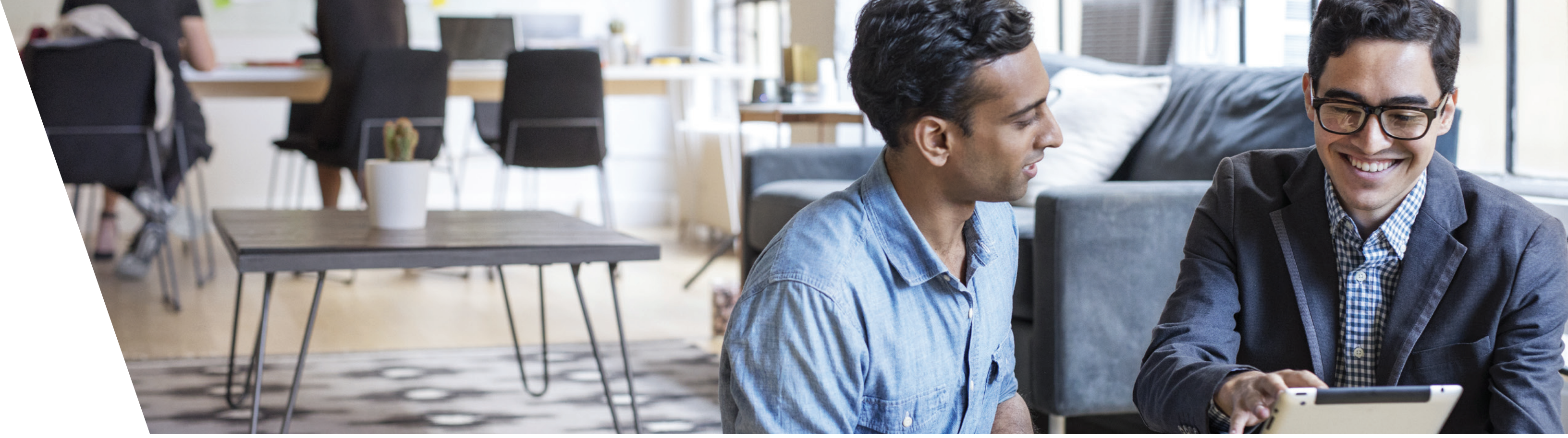
TRANSAMERICA®

# CONTENTS



# MAKE A GOOD THING EVEN BETTER

## A GUIDE TO UNLOCKING THE POTENTIAL OF THE *TRANSAMERICA FINANCIAL FOUNDATION IUL®* (FFIUL)

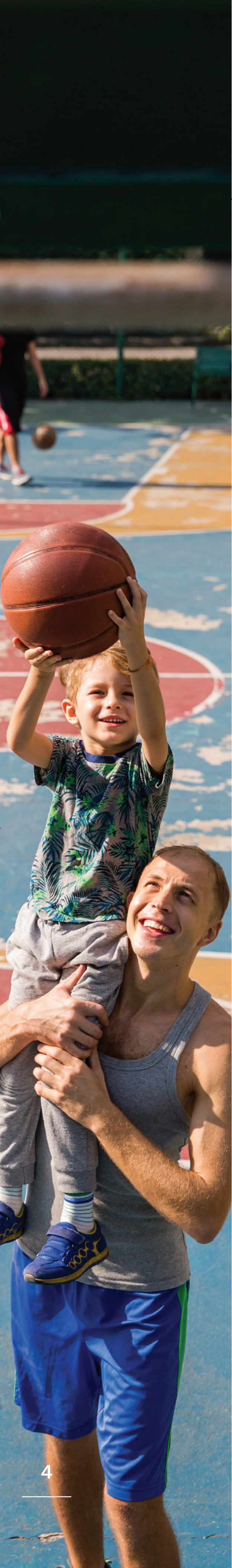
If you're looking to offer clients a permanent life insurance product that stands apart from a crowded field, *Transamerica Financial Foundation IUL®* (FFIUL) insurance could be the product you've been looking for. With an increased specified amount for the Long Term Care Rider, as well as the addition of living benefits for critical and chronic illness, the Transamerica FFIUL offers plenty of flexibility to suit a client's needs. These enhancements, combined with an attractive crediting strategy, help position the FFIUL as the next step forward in a client's journey.

The Transamerica FFIUL offers flexibility with a Basic Interest Account, along with two index account choices: the Global Index Account and the S&P 500® Index Account. Both index accounts use the annual point-to-point crediting method, have high caps, and have a guaranteed minimum interest rate of 0.75%. The Basic Interest Account offers a guaranteed minimum interest rate of 2%.

The Global Index Account uses a weighted average of the changes in the S&P 500® Index, the EURO STOXX 50® Index, and the Hang Seng Index, putting more weight on changes in either the S&P 500® or EURO STOXX 50®, whichever is higher. The Global Index Account offers a high interest cap of 15%. The S&P 500® Index Account uses changes in the S&P 500® Index and can credit interest up to a cap of 13.75%.

**Index universal life insurance is not a security** and index universal life insurance policies are not an investment in the stock market or in financial market indexes. Index account interest is based, in part, on index performance. Past performance of an index is not an indication of future index performance.

There is no guarantee that any excess index interest will be credited above the guaranteed minimum interest rate for the index account(s). Additionally, there is no guarantee that the company will declare an interest rate greater than the guaranteed minimum interest rate for the Basic Interest Account.



# THE BIRD'S EYE VIEW

**THE TRANSAMERICA FFIUL OVERVIEW**

## ISSUE AGE RANGE

Age last birthday 0–85, (0–75 in Florida)

## FACE AMOUNT BANDS

Band 1: $25,000–$99,999

Band 2: $100,000–$249,999

Band 3: $250,000–$499,999

Band 4: $500,000+

## ISSUE DATES

First through the 27th of every month. Policies will not be issued on the 28th, 29th, 30th, or 31st of any month.

## UNDERWRITING RISK CLASSES

| CLASS | BASE | CHRONIC ILLNESS RIDER | CRITICAL ILLNESS RIDER |
|---|---|---|---|
| Preferred Elite | 18-70 | 18-70 | 18-70 |
| Preferred Plus | 18-70 | 18-70 | 18-70 |
| Preferred | 18-75 | 18-70 | 18-70 |
| Nontobacco | 18-85 | 18-75 | 18-75 |
| Preferred Tobacco | 18-75 | 18-70 | 18-70 |
| Tobacco | 18-85 | 18-75 | 18-75 |
| Juvenile | 0-17 | Not Available | Not Available |

Preferred Risk Class Minimum is $100,000.

Please see current underwriting guidelines for complete details.

## ILLUSTRATION SYSTEM

In order to comply with the NAIC Model Regulations, every index universal life policy must be illustrated for the client. Upon request at any time, we will send the policy owner an illustration of the policy's benefits and values. If a policy is issued other than as applied for or no hard copy illustration was delivered at the time the application was written, we will send a new illustration to be signed by the owner at policy delivery.

**The illustration signature page must be signed and returned to us along with the policy delivery receipt, and any applicable amendments.**

## THE DEATH BENEFIT

The death benefit can be applied in many ways. It can help protect a client's family. It can help protect a client's business with key person insurance or as part of a buy-sell agreement. Clients have the flexibility to select the death benefit option that can help meet their objectives.

### LEVEL

Face amount

### INCREASING[1]

Face amount plus policy value

### GRADED

Same as increasing to age 70, grading to level at age 95.

These amounts may be increased to meet IRS guidelines.

## CHANGE IN DEATH BENEFIT OPTION

The policy owner may change the death benefit option after the third policy year. Changes in the death benefit option are limited to once per policy year. No change in the death benefit option will be allowed if the new face amount would be less than the minimum face amount for the policy. Just after a death benefit option change is elected, the net amount at risk will be the same, but may change thereafter. Death benefit option changes are not permitted after age 95.

[1] The increasing death benefit option will result in higher monthly deductions over the life of the policy than the level death benefit option.

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## INCREASES AND DECREASES OF THE FACE AMOUNT

Insurance needs can change over time, with changes in income, family situations, or any other circumstances. Consequently, the amount of necessary insurance coverage can also change. We provide clients the ability to adjust their face amounts if their needs change. Adjustments can only be made once during any policy year.

### INCREASES

We allow the client to increase the face amount after the first policy year (subject to age and underwriting limitations at the time the change is requested) prior to age 86. The minimum increase amount is $25,000. Additional cost of insurance, per unit charges and surrender charges will apply to increases in the face amount. Increases are not permitted if the Long Term Care Rider is attached to the policy.

### DECREASES

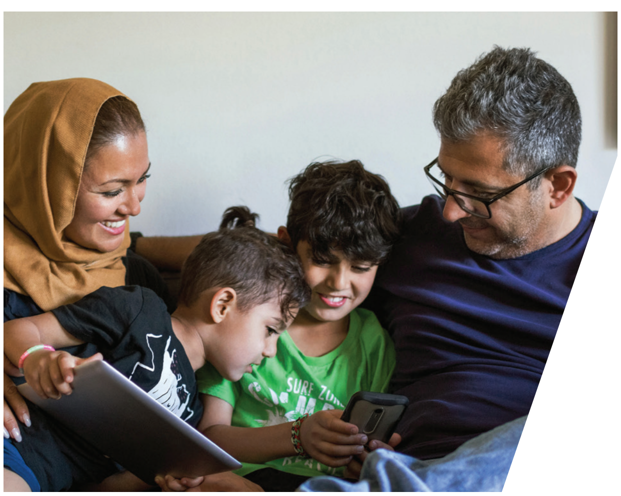
Decreases in the face amount are permitted after the third policy year. The minimum decrease amount is $25,000. Prior to the later of age 65 or the end of the surrender charge period, we may limit decreases to no more than 20% of the face amount prior to the decrease. A decrease will not be allowed if the new face amount would be less than the minimum face amount for the policy, or if it would violate IRC Sec. 7702 requirements.

## INCOME PROTECTION OPTION (IPO) ENDORSEMENT

This optional endorsement provides an alternative payment method to a lump-sum death benefit. The IPO, available at no additional cost, allows the policy owner to structure his or her death benefit with an initial lump sum, monthly income payments, and a final lump sum. Initial and final lump sums are optional. The monthly income payments can be extended over a period between five and 25 years.[2] The IPO is only available at issue but can be modified by the policy owner prior to the death of the insured.

## PREMIUMS

Subject to certain limitations, this policy provides flexible premium payment options. Payments can be increased or decreased, made more or less frequently, and can even be skipped or stopped altogether if the No Lapse Guarantee is in effect or the cash surrender value[3] is sufficient to cover the monthly deductions and the index account monthly charge.



**Insurance needs can change over time, with changes in income, family situations, or any other circumstances.**

[2] A portion of each monthly payment and a portion of the final lump sum payable under the policy's Income Protection Option are reportable as interest income. The policy illustration provides the tax-reportable percentage for each monthly income payment and the final lump sum based on a 2% guaranteed minimum interest rate and the illustrated face amount. Upon the insured's death, the actual taxable portion of each monthly payment will be calculated and communicated to the beneficiary or beneficiaries based on the actual payout amounts. The taxable portion of the final lump-sum payment will be determined when the payment is made.

[3] Cash surrender value is the amount available upon surrender. Cash surrender value equals the policy value minus surrender charges, unpaid loans, and loan interest.

## NET PREMIUMS

Net premiums are equal to gross premiums paid less applicable premium expense charges. Net premiums are allocated to the Basic Interest Account and/or an index account in accordance with the policy owner direction. The allocation percentage must be a whole number and not a fraction. A request may be made over the phone with customer service or in writing to transfer money or change the net premium allocation. Change in net premium allocation is only allowed once per month with the effective date on the next monthly date. There is no charge for changing the net premium allocation.

## MINIMUM MONTHLY NO LAPSE PREMIUM

The minimum monthly no lapse premium (MNLP) is the minimum premium required to keep the no lapse guarantee in effect. Until the no lapse guarantee period ends, a policy will not lapse for insufficient cash surrender value provided the cumulative minimum monthly no lapse premium requirements[4] are met. Policy and rider changes will alter the minimum monthly no lapse premium.

Payment of the no lapse premium assures that the policy will remain in force during the guarantee period. However, by paying only the no lapse premium, the client may be forgoing the opportunity to build up additional policy value. At issue, we reserve the right to require that the initial premium plus planned premiums are at least equal to the cumulative minimum monthly premium needed during the no lapse guarantee period.

If base or rider coverage has been added or reduced during the no lapse period, the company will recalculate the minimum monthly no lapse premium to reflect the new coverage. However, the no lapse guarantee period will not be extended.

## NO LAPSE GUARANTEE PERIOD[5]

We will guarantee the death benefit, regardless of policy value during the minimum no lapse guarantee period, providing the cumulative minimum monthly no lapse premium requirements are met.

**THE NO LAPSE GUARANTEE PERIOD IS BASED ON ISSUE AGE.**

| | |
|---|---|
| Issue Ages 0–45: | 20 years |
| Issue Ages 46–60: | until age 65 |
| Issue Ages 61–85: | 5 years |

If the requirements of the no lapse guarantee are not met and the cash surrender value is not enough to meet the monthly deductions and index account monthly charge, a grace period will begin and the policy will lapse unless sufficient payment is made. The grace period is 61 days. Allowing the policy to lapse may result in adverse tax consequences.

[4] MNLP requirements:

1. The sum of the premiums that we have accepted (less any loan balance and withdrawals) must be greater than or equal to the sum of all minimum monthly no lapse premiums to that date; and
2. The no lapse ending date must not have passed.

[5] After the no lapse guarantee period or if the cumulative minimum monthly no lapse premium requirements are not met, then fluctuations in interest rates and/or policy charges may require the payment of additional premiums to keep the policy in force. Guarantees are based on the claims-paying ability of the company.

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## TAX-FREE LOANS AND WITHDRAWALS[6]

Subject to certain limitations, the policy's cash surrender value can be accessed through policy loans and withdrawals for uses such as college expenses, supplemental retirement income, and other needs.

### LOANS[6]

Here are some important details regarding loans:

- Loans are available after the free-look period, providing there is enough policy value.
- The portion of the policy value borrowed is secured by transferring that amount from the Basic Interest or index accounts to the loan reserve.
- Current loan interest rate is 2.75% in arrears (currently 2% on gains through preferred loans after year 10).
- Maximum loan interest rate is 3% (maximum loan interest rate is 2.25% on gains through preferred loans after year 10).
- We determine the amount eligible for a preferred loan by subtracting the total premiums paid, withdrawals, and the loan balance from the policy value.
- Loan reserve is credited with interest at 2% in arrears.
- Minimum loan amount is $500 (except FL where there is no minimum).

*Continued on next page ...*

[6] Loans, withdrawals, and death benefit accelerations will reduce the policy value and death benefit. Provided the policy is not and does not become a modified endowment contract (MEC), 1) withdrawals are tax-free to the extent that they do not exceed the policy basis (generally, premiums paid less withdrawals) and 2) policy loans are tax-free as long as the policy remains in force. If the policy is surrendered or lapses, the amount of the policy loan will be considered a distribution from the policy and will be taxable to the extent that such loan plus other distributions at that time exceed the policy basis.

- The maximum loan amount is the policy value minus any existing loan balance, minus loan interest that will accrue prior to the next anniversary, minus the greater of:
  - The surrender charge
  - Two monthly deductions
- The loan will be deducted from the unloaned value in the Basic Interest Account first, then pro rata across the unloaned values in the index accounts. Within each account, loans are taken pro rata across segments.
- Excess index interest (interest exceeding the guaranteed minimum interest) will not be credited on any amounts taken as loans from an index account segment prior to the end of that segment period.
- Loan repayments must be clearly designated as such or they will be applied as premium payments.
- Any loan repayment received will be applied to the accounts as specified by the policy owner. If there is no choice, it will be applied per the current premium allocation instructions.
- Loan provisions may vary by jurisdiction.

**WITHDRAWALS[6]**

If there is enough policy value, policy owners may take a withdrawal at any time after the free-look period without incurring company-imposed surrender charges, subject to the conditions and limitations specified in the policy.

- The minimum withdrawal amount is $500.
- Withdrawals cannot reduce the cash surrender value below $500.
- Withdrawals are subject to a $25 withdrawal fee.
- Withdrawals will be taken on a pro rata basis from the unloaned portions of the Basic Interest Account and the index accounts unless otherwise requested.
- Excess index interest will not be credited on any amounts taken as withdrawals from an index account segment prior to the end of that segment period.

See the policy for a complete description of loans and withdrawals.

# $500 The minimum withdrawal amount

# CLIENTS HAVE CHOICES

## ACCOUNT OPTIONS

Policy owners can choose between the Global Index Account, the S&P 500® Index Account, the Basic Interest Account, or any combination of the three.

The account options consist of one or more segments to which net premiums and/or transfers of policy values have been allocated. The value of an account option is the sum of its segment values. Each segment will end on its first anniversary, one year from the beginning date of that segment. Each net premium or transfer is allocated to a segment associated with the policy month in which it was received. At the end of each segment period, a new segment period begins with the value from the prior period.

## POLICY VALUE

The policy value is the starting point for calculating important values under the policy, such as the cash surrender value and, in some circumstances, the net death benefit. There is no guaranteed minimum policy value. The policy may lapse if the client does not have sufficient policy value to pay the monthly deductions, the index account monthly charge, the surrender charge and/or any outstanding loan amount, and accrued loan interest. The policy value is comprised of the value of the Basic Interest Account, the index accounts, and the loan reserve.

## CAP

The cap is the maximum percentage rate used to determine excess index interest that can be credited to an index account segment for the 12-month segment period just ended. At the end of each segment period, we compare the cap rate to the calculated index change percentage. The excess interest crediting rate equals the lesser of the cap or the index change percentage, but will not be less than zero. Caps are subject to change and the cap for any segment may increase or decrease but will not be less than the current rate on the Basic Interest Account. The cap is set by the company at its discretion at the beginning of each segment period and may differ between index account segments. Once a cap is declared for a segment, it applies until the beginning of the next segment period. Policy owners will only be informed in writing of the current caps when they receive their annual statements.

## GUARANTEED MINIMUM INTEREST RATE (FLOOR)

The FFIUL policy provides a guaranteed minimum interest rate or floor. As such, no matter how the Global or S&P 500® Indexes perform, the company will never credit less than the guaranteed minimum interest rate of 0.75%.

## TRANSFERS

Transfers from an index account to any other account are only allowed at the end of an index account segment period. Transfers from the Basic Interest Account to an index account are only allowed on the first day of a policy month, which generally does not correspond to the calendar month.

## BASIC INTEREST ACCOUNT

The portion of the policy value in the Basic Interest Account earns interest at rates declared by the company. The interest rates on the Basic Interest Account segments will never be less than an effective annual rate of 2%, but there is no guarantee that the rates will be greater than 2%. At the end of the segment period, we will declare an interest rate that will apply until the end of the next segment period.

## GLOBAL INDEX ACCOUNT

Instead of crediting interest at an interest rate declared in advance, excess index interest may be credited to each Global Index Account segment as of the end of the segment period. Any excess index interest credited to the Global Index Account is based, in part, on changes in the S&P 500® Index, the EURO STOXX 50® Index, and the Hang Seng Index, excluding dividend income. Amounts allocated to the Global Index Account earn interest at a guaranteed minimum effective annual interest rate of 0.75% throughout each segment period.

At the end of each Global Index Account segment period, we determine whether any excess index interest will be credited for the segment period just ended. The amount of the excess index interest credited at the end of the segment period depends on the value in the Global Index Account at the beginning of the segment period, any change in a weighted average of the values of the indexes, and the applicable cap. Monthly deductions, index account monthly charges, and policy owner transactions, such as loans or withdrawals, will reduce the amount of excess index interest.

No excess index interest is credited during the segment period. Any policy values determined during the segment period, including the net death benefit or cash surrender value, will be based only on the guaranteed minimum interest credited throughout the segment period.

## INDEX DESCRIPTIONS

- **S&P 500® Index** tracks 500 large-cap common stocks actively traded in the United States, and is one of the most well-known market benchmarks.
- **EURO STOXX 50® Index** is comprised of 50 large-cap stocks from leading European blue-chip companies. The stocks used in this index are selected from countries in the European Union.
- **Hang Seng Index** has a long history beginning in the 1960s and is one of the most recognized indicators of the stock market performance in Hong Kong.

## CALCULATING EXCESS INDEX INTEREST

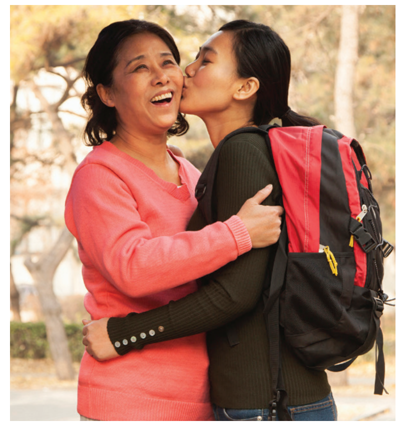
The excess interest, if any, for the Global Index Account is based on changes in the values of external indexes, excluding dividends. We use a weighted calculation to determine any excess interest.

To arrive at the weighted average of the index changes, we apply the following factors:

**50%** to the percentage change in the S&P 500® or the EURO STOXX 50® index, whichever is higher

**30%** to the percentage change in the S&P 500® or the EURO STOXX 50® index, whichever is lower

**20%** to the percentage change in the Hang Seng Index regardless of the change in its index value



The following examples illustrate the calculation. These examples are not a representation of historical, current, or future index changes.

Assume the following changes in index values at the end of each segment period.

**HYPOTHETICAL SEGMENT PERIOD RESULTS:**

| INDEX | INDEX CHANGE FOR SEGMENT 1 | INDEX CHANGE FOR SEGMENT 2 | INDEX CHANGE FOR SEGMENT 3 |
|---|---|---|---|
| S&P 500® | 5% | -3% | 12% |
| EURO STOXX 50® | 6% | -5% | 12% |
| Hang Seng | 7% | -7% | 14% |

## HYPOTHETICAL EXAMPLE, CONTINUED

### WEIGHTED INDEX CHANGE PERCENTAGE:

#### SEGMENT PERIOD 1

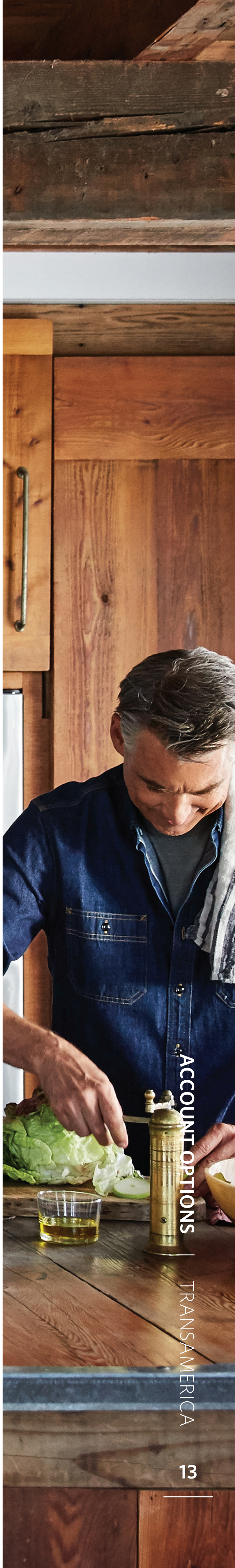
| INDEX | INDEX CHANGE | WEIGHT | WEIGHTED INDEX CHANGE PERCENTAGE |
|---|---|---|---|
| EURO STOXX 50® | 6% | 50% | (6% X 50%) = 3% |
| S&P 500® | 5% | 30% | (5% X 30%) = 1.5% |
| Hang Seng | 7% | 20% | (7% X 20%) = 1.4% |

#### SEGMENT PERIOD 2

| INDEX | INDEX CHANGE | WEIGHT | WEIGHTED INDEX CHANGE PERCENTAGE |
|---|---|---|---|
| EURO STOXX 50® | -3% | 50% | (-3% X 50%) = -1.5% |
| S&P 500® | -5% | 30% | (-5% X 30%) = -1.5% |
| Hang Seng | -7% | 20% | (-7% X 20%) = -1.4% |

#### SEGMENT PERIOD 3

| INDEX | INDEX CHANGE | WEIGHT | WEIGHTED INDEX CHANGE PERCENTAGE |
|---|---|---|---|
| EURO STOXX 50® | 12% | 50% | (12% X 50%) = 6% |
| S&P 500® | 12% | 30% | (12% X 30%) = 3.6% |
| Hang Seng | 14% | 20% | (14% X 20%) = 2.8% |



## CAP RATE VS. WEIGHTED AVERAGE INDEX CHANGE

The weighted index change percentages are added together and compared to the cap rate. The Global Index Account is credited either the cap rate or the weighted average index change, whichever is less. If the weighted average index change is negative, the excess index interest is 0%. If the weighted average index change is greater than the cap, the weighted average index change is adjusted to equal the cap.

The excess index interest for the segment period depends on the beginning segment value, the weighted average index change, and the applicable cap. Monthly deductions, index account monthly charges, and policy owner transactions such as loans or withdrawals will reduce the amount of excess index interest. The minimum guaranteed interest rate of 0.75% is credited on the monthly date throughout the segment period.

No excess index interest is credited during the segment period. Any policy values determined during the segment period, including the net death benefit or cash surrender value, will be based only on the guaranteed minimum interest credited throughout the segment period.

### HYPOTHETICAL EXAMPLE — ADJUSTED INDEX CHANGE PERCENTAGE

| | CAP RATE | WEIGHTED INDEX CHANGE PERCENTAGES | INDEX CHANGE | ADJUSTED INDEX CHANGE PERCENTAGE |
|---|---|---|---|---|
| Segment Period 1 | 12% | (3% + 1.5% + 1.4%) = 5.9% | 5.9% | 5.9% |
| Segment Period 2 | 12% | (-1.5%) + (-1.5%) + (-1.4%) = -4.4% | -4.4% | 0% |
| Segment Period 3 | 12% | (6% + 3.6% + 2.8%) = 12.4% | 12.4% | 12% |

## S&P 500® INDEX ACCOUNT

Instead of crediting interest at a rate declared in advance, excess index interest may be credited to each S&P 500® Index Account segment, based in part on changes in the S&P 500® Index, excluding dividend income. Amounts allocated to the S&P 500® Index Account earn interest at a guaranteed minimum effective annual interest rate of 0.75% throughout each segment period.

The amount of excess index interest credited at the end of the segment period depends on the value in the S&P 500® Index Account at the beginning of the segment period, any change in the value of the index, and the applicable cap. Monthly deductions, index account monthly charges, and policy owner transactions, such as loans or withdrawals, will reduce the amount of excess index interest.

No excess index interest is credited during the segment period. Any policy values determined during the segment period, including the net death benefit or cash surrender value, will be based only on the guaranteed minimum interest credited throughout the segment period.

## INDEX CHANGE

**The index change percentage for an S&P 500® Index Account segment is calculated as follows:**

(A minus B) divided by B, where:

A = The index value on the ending index date for that segment

B = The index value on the beginning date for that segment

The index value is the value of the index, excluding dividends, as of 4 p.m. ET on the date the index is published.

The **index change percentage** is adjusted so that it will neither exceed the applicable index account segment cap nor be less than 0%. The cap puts an upper limit on the index change. The beginning index date is the first monthly date for an index account segment. The ending index date is the monthly date twelve policy months after the beginning index date. Beginning index dates and ending index dates are reset on each segment anniversary.

**Excess index interest for an index account segment as of its ending date is calculated as follows:**

(A multiplied B) minus C where:

A = The index change percentage as described above

B = The segment's adjusted beginning value determined as of the segment's beginning date. We start with any value renewing from a prior segment period, after we have applied any excess index interest for that period and deducted any transfers from the segment occurring at that time. Then we add any net premiums, loan repayments, and transfers applied to the segment on its beginning date. Finally, we subtract amounts due to the following activity occurring during the segment period:

- Any amounts deducted for withdrawals
- And any amounts transferred for policy loans
- One-half of the amounts taken for monthly deductions and index account monthly charges

C = Any interest previously credited to the segment during the segment period at the index account guaranteed minimum interest rate

The excess index interest credited to an index account segment will never be less than zero.

## AUTOMATIC TRANSFER RULE

By default, renewing segments roll over to the same account type (for example S&P 500® Index Account rolls over to S&P 500® Index Account, Global Index Account rolls to the Global Index Account, and the Basic Interest Account rolls to Basic Interest Account) unless the owner gives specific transfer instructions prior to the segment renewal. The owner can submit the Index Universal Life Insurance Optional Feature Request Form (at issue or any time thereafter) to override the default with a specified Index Account Automatic Transfer Rule (ATR), which allows transfers to happen automatically upon renewal of the segment. This feature is not available if dollar cost averaging is active.

**EXAMPLE OF ACCOUNT VALUE TOTALS IN EACH ACCOUNT BEFORE AND AFTER AUTOMATIC TRANSFER RULE**

| INDEX ACCOUNT | ACCOUNT VALUE IN RENEWING SEGMENT BEFORE ATR | AUTOMATIC TRANSFER RULE INSTRUCTIONS | ACCOUNT VALUE IN RENEWING SEGMENT AFTER ATR |
|---|---|---|---|
| Global Index Account | $3,000 | 25% | $1,500 |
| S&P 500® Index Account | $2,000 | 65% | $3,900 |
| Basic Index Account | $1,000 | 10% | $600 |
| Total | $6,000 | 100% | $6,000 |

## DOLLAR COST AVERAGING

Dollar cost averaging is a strategy which spreads the allocation of net premium into the index accounts over a period of time. Under dollar cost averaging, we automatically transfer a set dollar amount from the Basic Interest Account to index accounts chosen by the policy owner. (Not available if automatic transferring is active). The policy owner may transfer to any combination of index accounts. Transfers to the index account(s) will only take place on the monthly policy date. A minimum of $5,000 is required in the Basic Interest Account. The minimum transfer amount is $100.

## REINSTATEMENT

The owner may elect to reinstate the policy within three years of the date the policy lapses. Evidence of insurability is required to reinstate, and the insured must qualify for the same class of risk.

If the no lapse period has expired, the net premium amount required to reinstate would be equal to:

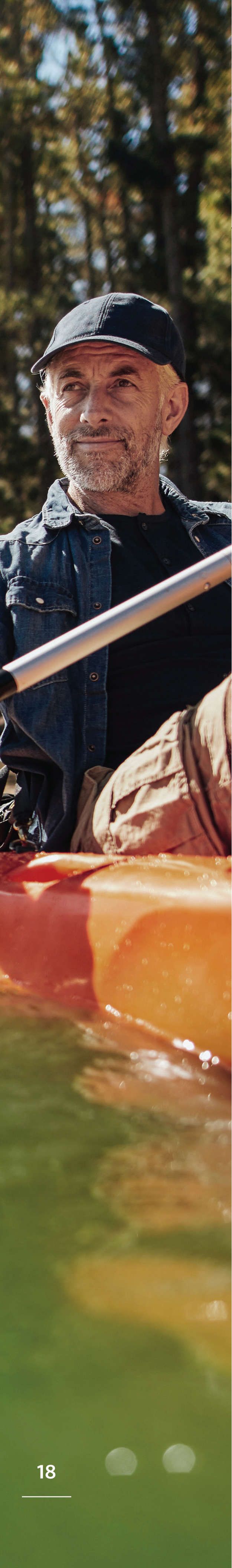
- One monthly deduction and index account monthly charge due at the time of termination, plus
- Two monthly deductions and index account monthly charges due in advance at the time of reinstatement; plus
- An amount sufficient to increase the policy value above any surrender charge

The amount needed to reinstate the policy during the no lapse guarantee period would be the lesser of the above or:

- The total minimum monthly no lapse premium from issue through the month of lapse, plus
- Two months of minimum monthly no lapse premium, minus
- Any premiums already paid net of any withdrawals and loan balance

The no lapse period is not extended by the amount of time the policy was in a lapse status.

The company will not reinstate a loan balance on the contract. The period of time in which the policy was in a lapse status does not count toward the surrender charge period. For example, a policy that lapses in year five and is reinstated in year eight will have 10 years left of surrender charges.



# LET'S TALK NUMBERS

**SUMMARY OF CHARGES**

## PREMIUM EXPENSE CHARGE

The following charge is applied to all premium payments, including 1035 Exchanges, prior to the payment being allocated to the account options.

- **Current:** 4% in all years (6% in Puerto Rico)
- **Guaranteed:** 6% in all years (8% in Puerto Rico)

## INDEX ACCOUNT MONTHLY CHARGE

The index account monthly charge is 0.06% (0.72% annually) of the index account value (current and guaranteed). This charge is taken on the monthly policy date through age 120, pro rata by account value, then pro rata across segments within each account.

## MONTHLY DEDUCTIONS

Monthly deductions will be taken from the Basic Interest Account and the index accounts in proportion to the values of those accounts on the monthly policy date. The monthly policy date is the same day in each month as the policy date. Monthly deductions will be deducted pro rata by account value, then pro rata across segments within each account.

On each monthly policy date, a deduction will be made from the policy value equal to the sum of the following fees and charges:

### MONTHLY POLICY FEE

- **Current:** $10
- **Guaranteed maximum:** $12

### MONTHLY COST OF INSURANCE CHARGE

The current monthly cost of insurance (COI) charge depends on several factors such as the face amount, risk class, age, gender, and duration, as well as the difference between the policy value and death benefit. The COI charges will vary each month. Please see the policy for details.

**PER UNIT CHARGE**

The per unit charge is shown in the policy data pages. On a current basis, this charge applies for the first 10 policy years and 10 years from the date of any requested increase in face amount, and remains level over the 10-year period. On a guaranteed basis, this charge remains level through all years. This charge varies by issue age, sex, band, and tobacco use. This charge is also applied to any additional insured rider for 10 years from rider issue date and 10 years from the date of any increase in rider face amount.

Any change in the per unit charge will be applied uniformly to all policies with the same face amount, age, sex, and class of risk that have been in effect for the same length of time.

**RIDER CHARGES, IF ANY**
**FLAT EXTRA OR TABLE SUBSTANDARD RATINGS, IF ANY**

We have the right to change current charges and cost of insurance rates. We may not charge more than the guaranteed maximum charges or rates. Any changes to charges or rates will be based on our expectations as to future cost factors. Such cost factors may include, but are not limited to, mortality, interest, persistency, expenses, reinsurance costs, and state and federal taxes.

## SURRENDER CHARGES

The surrender charge is a charge for each $1,000 of the initial face amount and each increase in face amount. Surrender charges apply for the first 15 policy years and for 15 years from the date of any face amount increase. This charge is subtracted from the policy value in determining the cash surrender value available to the policy owner. Charges are based on the insured's issue age, gender, and risk class. These charges may be significant and should be carefully considered before surrendering the contract. The amount received upon full surrender is the policy value less any surrender charges, any policy loan outstanding, and any interest due on policy loans.

# OPPORTUNITY FOR ADDITIONAL PROTECTION

With several riders[7] available, clients can select additional options for their policy.

## BASE INSURED RIDER - MAY BE ADDED AFTER ISSUE

**ISSUE AGES:**

| | NATIONAL | FLORIDA |
|---|---|---|
| Preferred Elite | 18–70 | 18–70 |
| Preferred Plus | 18–70 | 18–70 |
| Preferred | 18–75 | 18–75 |
| Nontobacco | 18–85 | 18–75 |
| Preferred Tobacco | 18–75 | 18–75 |
| Tobacco | 18–85 | 18–75 |

This rider provides additional level term insurance coverage at term insurance rates. The minimum Base Insured Rider (BIR) face amount is $100,000.

| | WITHOUT LTC RIDER | WITH LTC RIDER (LTC ONLY AVAILABLE AT ISSUE) |
|---|---|---|
| Maximum BIR face amount | 10 times the base policy face amount | Lesser of the base policy face amount or $1.5 million ($3 million combined base + BIR) |

Termination of the Base Insured Rider is at the insured's age 100 or as specified in the rider. This rider does not build policy value and is not subject to surrender charges. Rider coverage may be reduced or canceled without reducing coverage of or canceling the base policy. This rider will not increase the target.

[7] Riders are available at an additional cost. Riders and rider benefits have specific limitations and may not be available in all jurisdictions. For complete details including the terms and conditions of each rider and exact coverage provided, please contact the company.

## ADDITIONAL INSURED RIDER — MAY BE ADDED AFTER ISSUE

**ISSUE AGES:**

| | NATIONAL | FLORIDA |
|---|---|---|
| Preferred Elite | 18–70 | 18–70 |
| Preferred Plus | 18–70 | 18–70 |
| Preferred | 18–75 | 18–75 |
| Nontobacco | 18–85 | 18–80 |
| Preferred Tobacco | 18–75 | 18–75 |
| Tobacco | 18–85 | 18–80 |

This rider provides coverage on a spouse, dependent child, or other individual in whom the owner has an insurable interest. Insurable interest must be explained at the time of application. The minimum purchase amount is $25,000; the maximum is the lesser of $1,000,000 or total coverage on the base insured.

**FACE AMOUNT BANDS**

- Band 1: $25,000–$99,999
- Band 2: $100,000 +

This rider may be converted to a permanent policy upon written request prior to the additional insured's 70th birthday. It terminates at the earliest of the base insured's age 121, the additional insured's age 100, the date the rider is converted, or as specified in the rider. Up to five additional insured riders may be added. This rider is not available if the Long Term Care Rider is elected.

## CHILDREN'S BENEFIT RIDER — MAY BE ADDED AFTER ISSUE

**Issue ages of child: 15 days–18 years old.** This rider provides level term insurance coverage for the insured's children. The minimum purchase amount is $1,000; the maximum is $99,000. This rider may be converted to a permanent policy for a face amount up to the lesser of five times the rider's face amount, or $50,000, at the earlier of the child's age 25 or the child's marriage. Upon the death of the primary insured, we will provide covered children the option of either a fully paid-up term policy to the child's age 25 for the amount of the rider, or conversion of the rider face amount to permanent insurance. If we do not receive a response within 90 days, we will automatically issue a fully paid-up term policy for each insured child. The cost for this rider is $6.00 per thousand annually. This rider is not available if the Long Term Care Rider is elected.

## GUARANTEED INSURABILITY BENEFIT RIDER — ONLY AVAILABLE AT ISSUE

**Issue ages: 0–37**. This rider provides the option to purchase additional life insurance without evidence of insurability at the same underwriting class that currently applies to the base policy. Regular option dates are policy anniversaries following the insured's 22nd, 25th, 28th, 31st, 34th, 37th, and 40th birthdays. Alternate option dates are available after the insured's marriage, birth or adoption of a child, or college graduation. This rider is not available if the Long Term Care Rider is elected.

## DISABILITY WAIVER OF MONTHLY DEDUCTIONS RIDER[8] — ONLY AVAILABLE AT ISSUE

**Issue ages: 18–55**. Subject to certain conditions, this rider waives the policy's monthly deductions when we receive proof that, while the rider was in force, the insured became totally disabled (as defined in the rider), the total disability began before the policy anniversary on or following the insured's age 65, and the insured's total disability has existed continuously for at least six months. This rider does not waive any monthly deduction that comes due more than one year before we receive a written claim, after the insured's recovery from disability, or after termination of the rider; nor does it waive the index account monthly charge. This rider terminates at the insured's age 65, unless at that time we have been waiving deductions continuously since before the insured's age 60, or as specified in the rider. Not available with the Disability Waiver of Premium Rider or the Long Term Care Rider.

## DISABILITY WAIVER OF PREMIUM RIDER[9] — ONLY AVAILABLE AT ISSUE

**Issue ages: 18–55**. Subject to certain conditions, this rider applies the rider benefit amount shown in the policy as if it were a premium payment into the policy, when we receive proof that while the rider was in force, the insured became totally disabled (as defined in the rider), the insured's total disability began before the policy anniversary on or following the insured's age 65, and the insured's total disability has existed continuously for at least six months. This rider will not cover any premiums that were due more than one year before we receive a written claim. The rider terminates at the insured's age 65, unless at that time we have been waiving premiums continuously since before the insured's age 60, or as specified in the rider. Not available with the Disability Waiver of Monthly Deductions Rider or the Long Term Care Rider.

[8] It is possible additional payments will be required to keep a policy in force while the monthly deductions are being waived. For example, loan interest accruing on an outstanding loan may require additional payments.

[9] It is possible additional payments will be required to keep a policy in force while the disability waiver of premium benefit is being paid. For example, an increase in monthly deductions or decrease in policy value may require additional payments.

## ACCIDENTAL DEATH BENEFIT RIDER — ONLY AVAILABLE AT ISSUE

**Issue ages: 15–55.** The minimum rider face amount is $2,000. For face amounts below $200,000 the maximum is the lesser of:

- 2.5 times base face amount; or
- $200,000

And for face amounts of $200,000 and up the maximum is the lesser of:

- The base face amount; or
- $300,000

This benefit pays the face amount of the rider if the insured's death results directly from an accidental bodily injury, independent from all other causes. The death must occur within 180 days of accidental bodily injury, and the injury must occur on or before the policy anniversary following the insured's 70th birthday. The rider will terminate on the policy anniversary after the insured attains age 70 or as specified in the rider. This rider is not available if the Long Term Care Rider is elected.

## OVERLOAN PROTECTION RIDER (OPR) — ONLY AVAILABLE AT ISSUE

As long as certain requirements are met, the OPR provides the policy owner with an option to prevent a policy lapse from occurring due to excessive loans. If such requirements are met and the policy owner chooses to exercise the option, the policy will become a paid-up policy, keeping the policy in force and preventing loans from being taxable, while still providing a small death benefit to the insured's beneficiaries.

The OPR is automatically included at issue on all Guideline Premium Test policies that are not modified endowment contracts (MEC). There is no charge for this rider unless it is exercised.[10] The OPR cannot be exercised if the client is receiving LTC benefits. Once the OPR is exercised, there is a one-time charge assessed as a percentage of the policy value, based on the age of the insured (see chart below).

| AGE | PERCENTAGE |
|---|---|
| 75–90 | 5% |
| 91 | 4% |
| 92 | 3% |
| 93 | 2% |
| 94–120 | 1% |

## LONG TERM CARE RIDER — ONLY AVAILABLE AT ISSUE

The Long Term Care (LTC) Rider is designed to accelerate payment of the face amount of the base policy to provide policy owners with certain benefits to help offset expenses that arise in connection with long term care for the insured. The rider provides a benefit for long term care equal to the base face amount selected by the policy owner. Available only at issue, the minimum LTC Rider specified amount is $100,000[11] and the maximum is $2,000,000 without the Base Insured Rider elected. If both the Base Insured Rider (BIR) and LTC are elected, the BIR cannot be more than the base face amount, and the total combined face amount cannot exceed $3 million. For additional details on the LTC Rider, please see the LTC Rider Agent Guide.

[10] The election to exercise the OPR is irrevocable. Once the rider benefit has been exercised, all other riders attached to the policy will terminate and no further policy activity will be allowed. Also, loan interest will continue to accrue and any interest or principal may be repaid. Neither the IRS nor the courts have ruled on the tax consequences of exercising the Overloan Protection Rider. It may not be appropriate for a client's particular circumstances, so they should consult with a tax advisor regarding the risks associated with exercising this rider.

[11] Minimum LTC Rider specified amount in Vermont is $112,500; South Dakota, $150,000.

# LIVING BENEFIT RIDERS

Availability of the Chronic and Critical Illness Accelerated Death Benefit Riders is subject to state approval. The Terminal Illness Accelerated Death Benefit Rider is included on all FFIUL policies. The optional Chronic and Critical Illness Accelerated Death Benefit Riders may be elected when applying for a *Transamerica Financial Foundation IUL* policy and are subject to underwriting. There is no additional cost for these riders unless they are used. If the insured suffers from a qualifying critical, chronic, or terminal illness, the riders provide the policy owner the ability to accelerate a portion of the policy's death benefit prior to death. An acceleration results in a reduction in the death benefit, reducing the amounts payable to the beneficiary or beneficiaries upon death. The payment amount received upon acceleration will be less than the portion of death benefit that was accelerated.

This is a brief overview of benefits available with the FFIUL. For complete details, see the descriptions, definitions, limitations, and exclusions contained in endorsements, riders, or base policy contract forms.

## TERMINAL ILLNESS ACCELERATED DEATH BENEFIT RIDER[12, 13, 16] — ONLY AVAILABLE AT ISSUE

This rider is designed to provide the policy owner with the ability to receive a portion of the policy's death benefit in advance of death, in a lump-sum payment, when the insured is certified by a licensed physician as being terminally ill and is expected to die within 12 months of such diagnosis. There are several factors that determine the amount of the benefit we will pay, including the accelerated benefit interest rate in effect at the time of the claim (used to determine the present value of future benefits and premiums) and the portion of the death benefit that is accelerated. Any accelerated death benefit payment we make to a policy owner will be less than the amount that is accelerated.

If the insured makes a claim for benefits under two or more accelerated death benefit riders at the same time, benefits will first be payable under this rider.

The maximum amount that may be accelerated is the lesser of:

- 100% of the available death benefit at time of claim
- $1,500,000

The minimum amount that may be accelerated is $5,000.

Some portion of the payments may be taxable, and policy owners are advised to consult with their tax advisors when making a request for an accelerated death benefit.

The base policy and all riders will terminate if 100% of the death benefit is accelerated on a policy.

## CRITICAL ILLNESS ACCELERATED DEATH BENEFIT RIDER[12, 15, 16] — ONLY AVAILABLE AT ISSUE

If the insured is determined to be critically ill, a portion of the death benefit can be accelerated in advance of death.

In all states except California, a physician must certify that the insured has suffered a critical health condition such as:

- **Heart attack (myocardial infarction)** — The death of a portion of the heart muscle resulting from inadequate blood supply to the relevant area. The heart attack must have been severe enough to require an inpatient hospital stay and any impairment sustained as a result of the heart attack must be evident for at least 30 days after hospital discharge. Heart attack does not include angina or the chance finding of electrocardiographic (EKG) changes indicative of a previous heart attack.

  The diagnosis of heart attack must be based on the presence of all of the following:

  - Chest pain
  - Associated new EKG changes which support the diagnosis
  - Elevation of cardiac enzymes above standard laboratory levels

- **Stroke —** A cerebrovascular accident (CVA) or infarction of brain tissue caused by hemorrhage, embolism, or thrombosis lasting more than 24 hours and producing measurable neurological deficit which persists for at least 30 consecutive days following the occurrence of the stroke. Stroke does not include transient ischemic attacks.
- **Cancer —** A disease manifested by the presence of one or more malignant tumors and characterized by the uncontrolled growth and spread of malignant cells and the invasion of normal tissue. Cancer does not include:
  - Any skin cancer, except invasive malignant melanoma into the dermis or deeper
  - Pre-malignant lesions, benign tumors, or polyps
  - Carcinoma in-situ
- **End-stage renal failure —** Chronic irreversible and total failure of both kidneys which requires the insured to undergo renal transplantation or regular renal dialysis. The permanent renal failure must persist for a period of at least 90 days.
- **Major organ transplant —** The receipt by transplant of any of the following organs or tissues: heart, lungs, liver, kidney, pancreas, or bone marrow. Transplantation means the replacement of the recipient's malfunctioning organ(s) or tissue, with the organ(s) or tissue from a donor suitable under generally acceptable medical procedures.
- **Blindness —** Permanent and uncorrectable loss of sight in both eyes. The blindness must be confirmed by a physician who is an ophthalmologist or optometrist. The corrected visual acuity must be worse than 20/200 in both eyes, and the field of vision must be less than 20 degrees in both eyes.
- **Paralysis —** Complete and permanent loss of use of two or more limbs through neurological injury producing paralysis resulting from trauma, polio, multiple sclerosis, or Guillain-Barre syndrome. The paralysis must be confirmed to have been present by a physician for a continuous period of at least 180 days from the time the paralysis begins.
- **AIDS (acquired immunodeficiency syndrome) —** Is present when an individual infected with the human immunodeficiency virus meets the criteria for acquired immunodeficiency syndrome as defined by the United States Center for Disease Control.
- **Aplastic anemia —** A definite diagnosis of a chronic persistent bone marrow failure, confirmed by biopsy, which results in anemia, neutropenia, and thrombocytopenia requiring blood product transfusion, and treatment with at least one of the following: marrow stimulating agents; immunosuppressive agents, or bone marrow transplantation. The diagnosis of aplastic anemia must be made by a hematologist. The insured must survive for 30 days following the date of diagnosis.
- **First coronary angioplasty —** The first ever balloon angioplasty or other forms of catheter-based percutaneous transluminal coronary artery therapy to correct narrowing or blockage of one or more coronary arteries. The procedure must be performed by a physician who is a board-certified cardiologist.
- **First coronary artery bypass —** The use of a non-coronary blood vessel or blood vessels (either artery or vein) to surgically bypass obstructions in a native coronary artery or arteries. The procedure must be made by a physician certified to practice cardiology based on angiographic evidence of the underlying disease. An illness that does not require surgery but requires a medical procedure such as balloon angioplasty (with or without stent(s)), thrombolytic therapy, laser relief of an obstruction, and/or other intra-arterial procedures is not considered a first coronary artery bypass under this rider.
- **Motor neuron disease —** A definite diagnosis of one of the following conditions only: a) primary lateral sclerosis; or b) progressive muscular atrophy; or c) progressive bulbar palsy; or d) pseudo bulbar palsy; or e) amyotrophic lateral sclerosis (ALS); or f) pseudobulbar palsy; or g) spinal muscular atrophy; or h) post-polio syndrome. There must be permanent clinical impairment. Permanent clinical impairment means the clinical specialist notes that the impairment caused by the condition is irreversible and hence permanent. The diagnosis of motor neuron disease must be made by a specialist. The insured must survive for 30 days following the date of diagnosis.
- **Central nervous disease —** Disease of the central nervous system, brain and/or spinal cord, as diagnosed by a physician that is life-threatening and significantly alters the insured's life expectancy, as diagnosed by a physician. Central nervous system disease includes progressive multiple sclerosis, Parkinson's disease, Huntington's chorea, Alzheimer's disease, meningitis, encephalitis, and polio which permanently alters a portion of the cerebrum.

[17] In the state of California, the insured must be diagnosed with a medical condition that would, in the absence of treatment, result in the insured's death within 12 months.

## CRITICAL ILLNESS ACCELERATED DEATH BENEFIT RIDER[17] *(Continued)*

The maximum amount that may be accelerated is the lesser of:

- 90% of the death benefit amount at time of claim
- $500,000

If less than the maximum amount is accelerated, this option may be exercised up to two additional times after the initial acceleration. In the state of California, this owner may request additional accelerations for the same occurrence of critical illness, if the insured continues to be critically ill and continues to be certified as critically ill and for additional occurrences of critical illness, up to the maximum accelerated death benefit.

The minimum amount that may be requested for acceleration is $2,500.

The amount of the accelerated death benefit payment will be no less than the greater of:

- $1,000
- 90% of the difference between the policy value, if any, and any loan balance

Some portion of the payments may be taxable, and policy owners are advised to consult with their tax advisors when making a request for an accelerated death benefit.

## CHRONIC ILLNESS ACCELERATED DEATH BENEFIT RIDER[12, 14, 16] — ONLY AVAILABLE AT ISSUE

If the insured is determined to be chronically ill, a portion of the death benefit can be accelerated in advance of death. A licensed healthcare practitioner must certify that the insured is unable to perform without substantial assistance from another person, at least two of six activities of daily living (bathing, continence, dressing, eating, toileting, and transferring) for a period of 90 consecutive days; or requires substantial supervision by another person for a period of 90 consecutive days to protect himself or herself from threats to health and safety due to severe cognitive impairment. In the state of California, chronically ill means that the insured is unable to perform, without substantial assistance from another person for a period of at least 90 days, at least two out of the six activities of daily living due to loss of functional capacity to perform the activity; or requires substantial supervision by another person, to protect the insured from threats to health and safety due to severe cognitive impairment.

The maximum amount that we will accelerate in any 12-month period is the minimum of 1) 24% (annually) of the policy's eligible death benefit at the time of the claim, or 2) the limitation set by the IRS.

The maximum amount that may be accelerated over the lifetime of the insured is the lesser of:

- 90% of the available death benefit amount at time of claim
- $1,500,000

The minimum amount that may be requested for acceleration is $1,000 annually.

The amount of the accelerated death benefit payment will be no less than the greater of:

- $300
- 90% of the difference between the policy value, if any, and any loan balance

Some portion of the payments may be taxable, and policy owners are advised to consult with their tax advisors when making a request for an accelerated death benefit.

## ADMINISTRATIVE CHARGES

An administrative charge of $350 (in the state of California, $750 for the first request and $400 for each subsequent request) will be assessed for each accelerated death benefit processed. For any chronic illness accelerated death benefit requests after the first annual payment that are paid pursuant to annual recertifications, we will assess a $100 ($400 in the state of California) administrative charge.

The Chronic Illness Rider is not available if the Long Term Care Rider is on the policy.

For California Only

Available periodic payment election: The client may ask for benefits to be paid under a periodic payment election. With this option the amount will be paid in lieu of a portion of any future death benefit payable under this policy or rider. Periodic payment elections cannot be made more frequently than once a month.

If they choose periodic payments, we will send them a letter explaining the payment options to choose from. They have the option to accelerate up to the maximum allowed and to elect the benefit to be paid at 2% each month, 6% every three months, 12% every six months, or 24% annually.

12. Benefits provided through the Critical, Chronic, and Terminal Illness Accelerated Death Benefit Riders are subject to certain limitations and exclusions and may not be available in all jurisdictions. Benefits paid under accelerated death benefit riders, including the Long Term Care Rider, will reduce the life insurance policy's death benefit and policy value. Administrative fees per request apply. Riders should not be the sole basis to purchase any life insurance policy. For complete details, including the terms and conditions of each rider and exact coverage provided, please refer to the individual riders.
13. Eligibility for the Terminal Illness Accelerated Death Benefit Rider is determined by a condition resulting from injury or illness which, as determined by a physician, has reduced life expectancy to not more than 12 months from the date of the physician's statement. The policy's benefits and values will be reduced proportionally in accordance with the benefits advanced under this rider. Proceeds paid under this accelerated death benefit rider are intended to receive favorable tax treatment under Section 101(g) of the Internal Revenue Code (26 U.S.C. Sec. 101(g)).
14. Proceeds paid under this accelerated death benefit rider are intended to receive favorable tax treatment under Section 101(g) of the Internal Revenue Code (26 U.S.C. Sec. 101(g)) to the extent that the benefit does not exceed the per diem limits set by the Internal Revenue Service.

For California only:

15. This rider is designed to provide a federal income tax-free benefit under Section 104 of the Internal Revenue Code, even though it does not qualify for favorable tax treatment under Section 101(g) of the Internal Revenue Code.
16. **This is a life insurance benefit that also gives you the option to accelerate a portion of the death benefit in the event that you meet the criteria for a qualifying event described in the policy. This rider does not provide long term care insurance subject to California long term care insurance law. This rider is not a California Partnership for Long Term Care program policy. This rider is not a Medicare supplement policy.**

# LIVING BENEFIT RIDER FAQS

## (CHRONIC, CRITICAL, AND TERMINAL ILLNESS ACCELERATED DEATH BENEFIT RIDERS)

Frequently asked questions about the accelerated death benefit options

### Q: WHAT FACTORS ARE TAKEN INTO ACCOUNT FOR BOTH CHRONIC AND CRITICAL ILLNESS RIDERS WHEN DETERMINING THE AMOUNT OF PAYMENT?

**A:**
- The amount of death benefit accelerated and the future premiums that would be due
- The company's assessment of the life expectancy of the insured, which is based on age and overall medical condition at time of claim
- Accelerated benefit interest rate in effect (used to determine the present value of future benefits and premiums)
- Any administrative fees assessed

The death benefit is reduced based on the factors above to arrive at the final payment amount. Therefore, the more severe/life threatening a client's condition, the shorter their life expectancy, and the more benefit the client will receive.

### Q: HOW MUCH WILL A POLICY OWNER RECEIVE IF THE INSURED SUFFERS FROM A CHRONIC ILLNESS OR CRITICAL ILLNESS?

**A:** There is not a set amount. The final number will be determined based on each individual and the factors shown above at the time of the critical or chronic event.

### Q: CAN A "PARTIAL" ELECTION BE TAKEN (INSTEAD OF THE FULL AMOUNT AVAILABLE)?

**A:** Yes. A policy owner does not have to take the full election at the time of the initial claim. If a partial election is made and there is another qualifying critical or chronic illness event in the future while the policy is still in force, the policy owner can file again for benefits at that time. However, chronic illness benefits may be claimed no more frequently than annually and the Critical Illness Rider will terminate after three claims.

The $350 administrative charge applies for each request.

In the state of California, the Chronic Illness Accelerated Death Benefit Rider administrative fee is $750 for the first request, and $400 for each subsequent request.

### Q: WHAT HAPPENS IF AN INSURED QUALIFIES FOR BOTH THE CRITICAL AND CHRONIC ILLNESS BENEFITS?

**A:** At claim time, the policy owner has the option to file the claim under the critical illness option or the chronic illness option.

### Q: IF AN ELECTION OF 90% IS ACCELERATED FOR A CRITICAL OR CHRONIC ILLNESS, WILL SOME LIFE INSURANCE (DEATH BENEFIT) BE IN FORCE?

**A:** Yes! This means 10% of the death benefit will remain.

For example, if someone has a $100,000 death benefit and accelerates 90% due to a critical or chronic illness, the insured still has a $10,000 death benefit remaining. The less accelerated, the more death benefit remaining. The accelerated payment will be less than the $90,000 acceleration.

**Q: WHAT IS THE EFFECT ON THE POLICY WHEN THE DEATH BENEFIT IS ACCELERATED FOR CRITICAL OR CHRONIC ILLNESS?**

**A:** In addition to reducing the death benefit, the face amount, policy value, loan balance, and MNLPs will all be reduced by the election percentage.

**Q: ARE ANY RIDERS INCLUDED IN THE AMOUNT OF DEATH BENEFIT THAT IS ACCELERATED FOR THESE BENEFITS?**

**A:** If elected, the Base Insured Rider (BIR) face amount is added to the base face amount when determining the amount that can be accelerated.

**Q: IS IT POSSIBLE TO GET APPROVED FOR THE FFIUL AND DECLINED FOR THE CRITICAL ILLNESS RIDER?**

**A:** Yes. It is also possible to get declined for the Chronic Illness Rider.

**Q: CAN THESE RIDERS BE ADDED AFTER THE POLICY IS ACTIVE?**

**A:** The Critical and Chronic Illness Riders are only available at issue.

**Q: IF A POLICY OWNER HAS THE LONG TERM CARE RIDER, BIR, AND CRITICAL ILLNESS RIDER, WHAT WILL HAPPEN IF THE MAXIMUM LONG TERM CARE RIDER HAS BEEN PAID OUT AND THEN THERE IS A CRITICAL ILLNESS CLAIM?**

**A:** The LTC Rider will only accelerate the base face amount (LTC Rider specified amount). The BIR is not available for acceleration as part of the LTC Rider. But, the BIR is available for acceleration under the Critical Illness Rider.

**Q: ARE THERE ANY OTHER RIDER RESTRICTIONS WHEN THE CHRONIC AND/OR CRITICAL ILLNESS RIDERS ARE ELECTED?**

**A:** Yes, the Chronic Illness Rider is not available in conjunction with the Long Term Care Rider.

# ADDITIONAL SERVICE RIDER[18] (MAY BE ADDED AFTER ISSUE)

Marketed as the *Concierge Planning Rider℠*, this rider provides funeral concierge services through an independent, third-party service provider, Everest Funeral Package LLC (Everest). Availability of the additional services rider is subject to state approval and it is not available in all states. In California and Florida, this benefit is called the Concierge Planning Benefit. The benefit's services are not provided through a contractual rider; they are offered outside of the life insurance policy.

## CHARGES:

There is no direct premium or monthly deduction cost for this rider.

## ISSUE AGES & RIDER MIN/MAX:

Issue ages are the same as the base policy.

**MINIMUM FACE AMOUNT:** $250,000. For policies with a Base Insured Rider (BIR), that coverage amount is not included when determining benefit eligibility; only the base face amount is considered.

**MAXIMUM FACE AMOUNT:** There is no maximum face amount. Policies with a base face amount of $2 million and above may qualify for this rider and the benefits offered by Everest, but will not qualify for the expedited claims payout process.

## ELIGIBILITY:

Available on policies with a base face amount of $250,000 and above that are not currently on direct bill monthly. The rider will not be available if the owner and/or insured do not sign and return the Consent to Share Information Form.

## AVAILABILITY AFTER ISSUE:

This rider can be added or removed at any time, if eligibility requirements are met. Addition of the rider can be triggered by request from the owner or insured or a policy change resulting in qualification. When an in force policy change is made that qualifies the policy for the rider, a qualification letter along with a copy of the Consent to Share Information Form will be sent to the owner/primary insured advising they are now eligible for the rider and will need to sign and return the included consent form.

## TERMINATION OF RIDER:

The rider will terminate for the following reasons:

- Decrease in the base face amount below $250,000, except for a reduction caused by an accelerated death benefit
- Death Benefit Option changes that result in a decrease in the base face amount to below $250,000
- Withdrawals taken on Level Death Benefit Option policies that cause the base face amount to be reduced below $250,000
- Policies that lapse but are eligible for reinstatement

[18] The funeral concierge services and any associated warranty provided by Everest Funeral Package LLC are solely provided by Everest Funeral Package LLC, not by Transamerica Corporation or any of its affiliates. Everest® is a federally registered service mark of Everest Funeral Package LLC.

- Changing the billing mode to direct bill monthly
- Owner/primary insured revoke the consent to sharing the primary insured's personal information with Everest
- We terminate our relationship with Everest or they cease to do business.
- The policy is surrendered.

## ADDITION & REINSTATEMENTS:

If the policy is reinstated, the rider may be reinstated. To reinstate the rider, a new consent form will need to be completed. The rider will be added to an eligible policy, for the following reasons:

- Increases of the base face amount to $250,000 and above will qualify a policy for this rider provided the owner/insured sign and return the Consent to Share Information Form.
- Any Death Benefit Option change that results in an increase of the base face amount to $250,000 and above will qualify the policy for this rider provided the owner/insured sign and return the Consent to Share Information Form.

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**Even though the interest credited to the policy's index accounts may be affected by the index(es), this life insurance policy is not an investment in the stock market(s) or financial market index(es) and does not participate in any stock or investments.**

The policy is subject to the insurance laws and regulations of each state or jurisdiction in which it is available for distribution. All state specific policy features will be described in the policy.

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