

DELIVERY CERTIFICATE

POLICY/CERTIFICATE:

INSURED:

My policy/certificate has been delivered to me and the benefits have been fully explained. I understand this policy/certificate represents an important part of my financial security.

DATE

OWNER SIGNATURE:

SALES REPRESENTATIVE

IMPORTANT NOTICE:

Delivery Deadline - MARCH 28, 2018

PLEASE RETURN THIS SIGNED FORM TO: TRANSAMERICA PREMIER LIFE INS. CO.
4333 EDGEWOOD ROAD NE, CEDAR RAPIDS, IOWA 52499
(One signed copy is to remain with the client)

DELIVERY INFORMATION

This policy/certificate has been approved, placed inforce, and has been set up on a Monthly check-o-matic basis.

The premium received with the application will be applied to pay the March premium. Each premium due hereafter will be drafted on the 15th through the check-o-matic for \$.

California law requires that this signed form be returned to the home office for record of receipt.



Transamerica Premier Life Insurance Company
HOME OFFICE: Cedar Rapids, Iowa
Administrative Office:
4333 Edgewood Rd NE
Cedar Rapids, IA 52499
(800) 851-9777
premier.transamerica.com

AMENDMENT OF APPLICATION

Proposed Insured:

Proposed Owner:

The application to Transamerica dated, January 28, 2018
on the above named Proposed Insured is hereby amended as follows:

I _____
Case issued with the Terminal Illness Accelerated Death Benefit Endorsement, not the
Terminal Illness Rider.

The undersigned agrees that these changes shall be an amendment to and form a part of the original
application and of the Policy/Certificate issued thereupon, if any, and that they shall be binding on any
person who shall have or claim any interest under such Policy/Certificate.

The undersigned declares that there has been no change in the Proposed Insured's occupation, residence,
or family history, that the Proposed Insured has suffered no illness or injury or other change in health
condition, or been cited, charged or convicted of any criminal violation, and that no company or
association has taken adverse action with reference to the Proposed Insured's insurability since the date
of the Proposed Insured's application to Transamerica

The undersigned declares that they have signed a copy of the amendment attached to, and made a part
of, the Policy/Certificate issued on this application.

Dated at _____ day _____ month _____ year _____

{Proposed Owner}

Licensed Agent

{Proposed Insured if Other Than Proposed Owner
Or Parent/Legal Guardian If Proposed Insured is a
Minor}

TO BE ATTACHED AND MADE PART OF POLICY/CERTIFICATE NO.

**PLEASE RETURN ONE COPY TO THE ADMINISTRATIVE OFFICE
NEW BUSINESS DEPARTMENT**

Secretary

President



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Dated at _____ day _____ month _____ year _____

{Proposed Owner}

Licensed Agent

{Proposed Insured if Other Than Proposed Owner
Or Parent/Legal Guardian If Proposed Insured is a
Minor}

TO BE ATTACHED AND MADE PART OF POLICY/CERTIFICATE NO. 6600433811

**PLEASE RETURN ONE COPY TO THE ADMINISTRATIVE OFFICE
NEW BUSINESS DEPARTMENT**

Secretary

President

Transamerica Premier Life Insurance Company
Transamerica Financial Foundation IUL®
Flexible Premium Adjustable Life Insurance with an Index Account Option

Numeric Summary

Riders: None

Initial Monthly Premium: \$

Initial Face Amount: \$

Death Benefit Option Type: CVAT/Increasing DB

I have received a copy of this illustration, and understand that any non-guaranteed elements illustrated are subject to change and could be either higher or lower. **The Agent has explained that this is a hypothetical illustration containing non-guaranteed elements and it is not intended to predict actual performance of the policy.**

Applicant

Date

I certify that this illustration has been presented to the applicant and that I have explained that any non-guaranteed elements are subject to change. I have made no statements that are inconsistent with the illustration.

Authorized Company Representative

Date

INDEX UNIVERSAL LIFE INSURANCE IS NOT A SECURITY and index universal life insurance policies are not an investment in the stock market or in the 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.

This is an illustration only, not an offer, contract, or promise of future policy performance. Non-guaranteed rates and values shown are illustrative only and may not apply to an actual policy. Coverage is subject to the terms and conditions of the policy.

This illustration is not valid without all 21 pages.