THE DIFFERENCE IS IN KNOWING THE DETAILS

A FIELD GUIDE TO UNDERWRITING FOR *TRANSAMERICA LIFETIME*℠ WHOLE LIFE INSURANCE

TRANSAMERICA®

CONTENTS

EXPRESS PROTECT UNDERWRITING

Our streamlined underwriting process is designed for faster issuing, more consistent application decisions, and seamless functionality. It's called *Express Protect Underwriting®*, and leverages automation to help reduce overall cycle times for you and your clients.

iGO® e-APP (RECOMMENDED)

Our electronic application, the iGO e-App, will provide you with guidance and prompts to assist your clients' application process and will help ensure good order before submission to the home office. Additionally, if your customer requires the completion of a teleinterview, there will be a clear prompt indicating this direction.

Some applications will go straight through, and an *Express Protect Underwriting* decision will be made at point of sale.

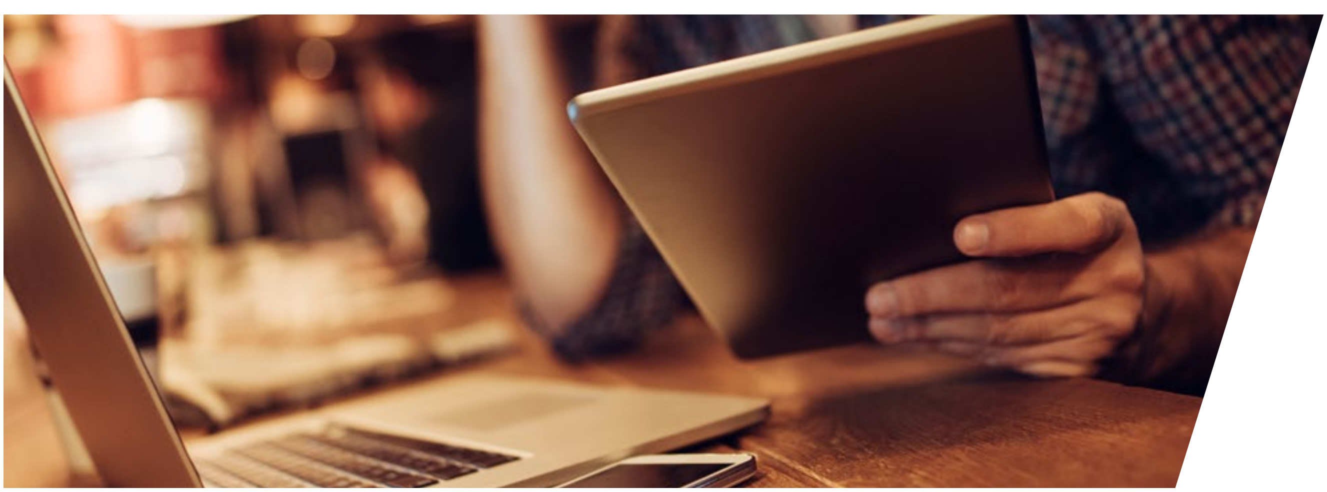
PAPER APPLICATION

On paper applications, only Part 1 will be available for completion. All paper applications will require the applicant to complete a teleinterview which will be prompted once the paper application is received and is in good order.

The paper process may take longer as all elements not in good order will need to be resolved before we are able to prompt the teleinterview process.

FLUIDLESS ACCELERATION

Some clients may qualify for fluidless acceleration and accelerated underwriting decision without the need for traditional fluids (blood and urine). Please see the age/face amount parameters to see if your client is a candidate.



AGE AND AMOUNT REQUIREMENTS

TRANSAMERICA LIFETIME℠

May be eligible for fluidless acceleration[1,2,3]

INITIAL AGE AND AMOUNT REQUIREMENTS	ISSUE AGE					
	15 days–17 years[4,5]	18–45	46–55	56–65	66–69	70–80[6]
$25,000–$99,999	Medical History Questions Part II	N/A	N/A	N/A	N/A	N/A
$100,000–$499,999	Medical History Questions Part II	Medical History Questions Part II	Medical History Questions Part II	Medical History Questions Part II	Teleinterview Part II[7] BCP HOS Vitals	Teleinterview Part II[7] BCP HOS Vitals CS
$500,000–$999,999	Medical History Questions Part II	Medical History Questions Part II	Medical History Questions Part II	Teleinterview Part II[7] BCP HOS Vitals	Teleinterview Part II[7] BCP HOS Vitals	Teleinterview Part II[7] BCP HOS Vitals CS
$1,000,000–$1,999,999	Medical History Questions Part II	Medical History Questions Part II	Teleinterview Part II[7] BCP HOS Vitals	Teleinterview Part II[7] BCP HOS Vitals	Teleinterview Part II[7] BCP HOS Vitals	Teleinterview Part II[7] BCP HOS Vitals CS
$2,000,000–$3,500,000[8]	N/A[9]	Teleinterview Part II[7] BCP HOS Vitals	Teleinterview Part II[7] BCP HOS Vitals	Teleinterview Part II[7] BCP HOS Vitals	Teleinterview Part II[7] BCP HOS Vitals	Teleinterview Part II[7] BCP HOS Vitals CS
$3,500,001–$5,000,000	N/A	Teleinterview Part II[7] BCP HOS Vitals IR	Teleinterview Part II[7] BCP HOS Vitals IR	Teleinterview Part II[7] BCP HOS Vitals IR	Teleinterview Part II[7] BCP HOS Vitals IR	Teleinterview Part II[7] BCP HOS Vitals IR CS

[1] May be eligible for fluidless acceleration. Agent to complete with the consumer. Paper application will require a teleinterview.
[2] Applicants receiving a Fluidless acceleration decision will not be reconsidered for a better rate classification.
[3] Non-U.S. residents are not eligible for automated decisioning or fluidless underwriting.
[4] Juveniles (0-17) must reside in the U.S. for consideration.
[5] MVR ordered at ages 16 and up.
[6] Financial supplement (PFS) required for age 70+ and face amounts > $1,000,000
[7] Vendor conducts Teleinterview Part II with consumer over the phone.
[8] Maximum face amount for California contracts is $2,000,000.
[9] Consideration through $2,000,000 on juveniles.

If Chronic and Critical Illness living benefit riders are selected, the case is not eligible for an immediate, point of sale decision. The case may still qualify for fluidless underwriting.

Requests to reduce face amount received during underwriting will not alter the age/amount requests.

Prescription and medical claims data checks will be ordered on all applications.

Transamerica reserves the right to request other evidence of insurability as it deems necessary.

Transamerica performs post-issue audits on cases put in force to validate our underwriting assessments and models. If we develop information that was not disclosed at the time of the application, we reserve the right to rescind the policy.

UNDERWRITING TIPS

INSURABLE INTEREST

Insurable interest must exist between the proposed insured(s), policy owner(s), payer(s), and beneficiary.* Underwriting reserves the right to make the final determination on the issuance of any policy(ies).

FLUIDLESS DOES NOT MEAN GUARANTEED ISSUE

Nonmedical means that initial underwriting requirements do not include traditional underwriting requirements such as paramedical exam with labs, although vitals/physical findings and/or labs may be required upon case review at underwriter discretion. All applications are subject to a Medical Information Bureau (MIB) report, motor vehicle report, prescription check, medical data check personal history, and medical history (Application Part 2). Guaranteed issue, as the name implies, guarantees certain life insurance policies will be issued, regardless of health. Since the insured cannot be declined or turned down, carriers generally offer low death benefit options with higher-than-normal premiums. We do not currently offer any guaranteed-issue policies.

AN APPLICATION IS VALID FOR 180 DAYS

Cases will close after 45 days if there are outstanding requirements and no activity on the file. An agent may request an extension of the closure date.

IF THE PROPOSED INSURED IS A JUVENILE, A PARENT/LEGAL GUARDIAN SIGNATURE IS REQUIRED

If the grandparent is the owner of the policy, the parents are still required to sign the application and HIPAA. If the legal guardian is not a parent, proof of guardianship will be requested. Please note that state statutes take precedence regarding requirements.

A LEGIBLE CASE ID NUMBER MUST BE PRINTED ON ALL CORRESPONDENCE FOR PROPER PROCESSING

APPLICATION AND ALL FORMS (MEDICAL QUESTIONS/TELEINTERVIEW AS WELL) NEED TO BE FILLED OUT COMPLETELY AND ACCURATELY

For the best agent and customer experience, the electronic application through iGO® e-App should be used rather than a paper application.

ALWAYS PROVIDE THE BEST TIMES, TELEPHONE NUMBERS, AND ANY SPECIAL LANGUAGE NEEDS FOR YOUR CLIENT

Providing accurate contact information will assist in timely ordering and collection of underwriting information.

ANY OMISSIONS OR MISSTATEMENTS IN AN APPLICATION COULD CAUSE AN OTHERWISE VALID CLAIM TO BE DENIED UNDER ANY INSURANCE ISSUED FROM THE APPLICATION

* Insurable interest of beneficiary is subject to state statutes.

UNDERWRITING TIPS

LIVING BENEFIT COVERAGE*

Certain medical conditions will impact an individual's eligibility for living benefits coverage, and Transamerica reserves the right to decline living benefit riders or products based on an individual's medical history.

The following are some conditions that may not be eligible for chronic illness and/or critical illness living benefit coverage (this list is not all-inclusive)**:**

- Drug and alcohol abuse
- Cancer (other than nonmelanoma skin cancer)
- Coronary artery disease
- Diabetes with insulin use
- Inability to perform activities of daily living (ADLs)
- Motor neuron disease
- Multiple sclerosis
- Muscular dystrophy
- Parkinson's disease
- Stroke or TIA
- Systemic lupus erythematosus

* Underwriting reserves the right to rate the base policy, deny or limit benefits, or offer a different product based on medical information obtained during the underwriting process.

HOW DO I APPROACH DELICATE SUBJECTS?

To help clients obtain the coverage they need, you need to be sure to ask all the necessary questions — even the uncomfortable ones. Remember, incomplete responses will delay the review process, the client's coverage, and your commission payment. Below are some suggestions to help you address these sensitive subjects.

EXPLAIN THAT CORRECT WEIGHT AND OTHER SENSITIVE DETAILS ARE REQUIRED

Before you submit a client as preferred, be sure he or she meets the criteria. Refer to the underwriting criteria and medical impairments information in the following pages of this guide to determine if the applicant is eligible for coverage and at what underwriting class. It may help the client understand how important it is to provide correct details.

ASSURE THE CLIENT THAT ALL INFORMATION ON THE APPLICATION IS CONFIDENTIAL

If the applicant has ever been arrested or has sensitive medical history, he or she may not want to disclose it. Assure all clients in advance that the application is confidential and none of their personal information is at risk.

Where possible, select a condition from the list and/or drop down menu. If you must select "Any Other Disease or Disorder," try to find the condition in the box that will appear and select it, SPELLING IS IMPORTANT. If you cannot find a match, it is OK to type the condition and hit confirm. At this time, a box entitled "Description" will appear.

DOCUMENT THE DETAILS:

Bad example: Misdemeanor
Good example: Public intoxication August 2018, fined $250 with one night in jail, probation ended August 2020; Trespassing October 2015, fined $100 with one night in jail, probation ended March 2016.

ASK THE FOLLOWING IMPORTANT QUESTIONS ABOUT MEDICAL AND CRIMINAL ACTIVITIES

To gain a complete picture of an applicant's medical, criminal, or moving violation history, ask the following questions when completing the description box:

1. When was the condition diagnosed or date of criminal activity or moving violation (provide as correct date, month, and year as possible)?
2. What was the cause?
3. How and when was it treated?
4. When were the last symptoms?
5. If currently symptomatic, what are your limitations?
6. What was the charge and sentence?
7. Are you currently on parole or probation?

DOCUMENT THE DETAILS:

Bad example: Heart surgery
Good example: Bypass surgery, 01/31/2011. Last seen six months ago for routine checkup with normal findings. Currently on atorvastatin medication.

FIELD UNDERWRITING

WHAT IS FIELD UNDERWRITING?

In order to provide the most accurate picture of the applicant to the insurer, it is important for an agent to get to know his or her clients in the process of soliciting business. This process, known as field underwriting, is the initial medical and financial screening of prospective buyers of life insurance and is a key responsibility of our agents.

For an agent, good field underwriting builds credibility with your client and boosts your reputation in the community as a knowledgeable life insurance advisor. Often additional requirements are needed due to inconsistent information provided; therefore, the more complete and accurate the information is on the application, the less likely additional requirements, such as an Attending Physician Statement (APS), will be needed. More importantly, it can lead to a better customer experience by setting realistic expectations for a potential rate class, which will be beneficial to everyone involved. When meeting with your client, please be sure to keep in mind the following questions:

- What is their occupation, annual income, and net worth?
- Have they ever been rated or denied for life, long term care, or other insurance in the past and why?
- Do they already own a life insurance policy?
  - If so, what is the face amount and company that issued it? Is it being replaced?
- What is the purpose of the life insurance being applied for?
- Do they have any medical issues?
- Do they travel outside the U.S. or are they a foreign national?
- Do they participate in aviation, scuba, climbing, racing, or other similar activities?
- Any driving violations?

WHY SHOULD I PERFORM FIELD UNDERWRITING?

- Expedite the underwriting process
- Meet client expectations
- May reduce the need for additional underwriting requirements
- Ensure conditional receipt is binding

UNDERWRITING REQUIREMENTS AND REPORTS DEFINED

Transamerica will order all necessary underwriting evidence for your customer, reducing the burden on your time and efforts, as well as insuring we only get the necessary information to understand your customer's risk profile.

Transamerica reserves the right to request other evidence of insurability as it deems necessary.

VITALS AND PARAMED PHYSICAL FINDINGS

When required, paramed physical findings are ordered by the home office and are completed by an approved third-party vendor. The process includes a qualified examiner completing proper paperwork/ forms, taking vitals (height, weight, blood pressure and pulse), and if applicable collecting fluids (blood and urine), and administering ECGs.

TELEINTERVIEW

A teleinterview is a guided interview completed over the phone, conducted by an examiner through a third-party vendor. Several base questions will be asked, and related reflexive questions based on your individual client's medical history.

HOME OFFICE SPECIMEN

A home office specimen (HOS) is a urine sample collected during the paramed physical findings visit and is sent to a laboratory for analysis.

BLOOD CHEMISTRY PROFILE

A blood chemistry profile (BCP) is a venous blood draw collected during the paramed physical findings visit and is sent to a laboratory for analysis.

AccessMyHealth™ is a web portal that allows clients to access the results of their blood, urine and paramed physical findings tests, taken in connection with their life insurance application. When the client completes their labs or paramed physical findings test, they can opt in to receive text notifications. Once their labs are processed (up to seven days after completion), the client will receive a text message with a link to the AccessMyHealth web portal. From there, the client can register to obtain their results using their phone number and date of birth.

transamerica.accessmyhealth.com

RESTING ELECTROCARDIOGRAM

During an electrocardiogram (ECG), small patches are placed on the chest, arms, and legs to record the electrical activity and rhythm of the heart. If normal resting ECG records are available from a test conducted within the last 12 months, test need not be repeated.

All requirements will be administered by Transamerica through Transamerica-approved vendors.

UNDERWRITING REQUIREMENTS AND REPORTS DEFINED CONTINUED

MINNESOTA COGNITIVE ACUITY SCREEN

The Minnesota Cognitive Acuity Screen (MCAS) is a telephone interview conducted by a registered nurse (RN), who is specifically trained to administer the test. The purpose for this test is to screen for potential early cognitive impairment. Proposed insureds age 70 and older applying for $100,000 or more in coverage, will be required to complete an MCAS.

It is important your client realize the significance of the interview and concentrate to do as well as they can. Your client should be in an environment that is free of distractions. If they wear a hearing aid, they should have it on during the interview. The telephone interview usually takes between 15–20 minutes.

Family, friends, or agent can be present, but they must be in a separate room during the cognitive interview, not interacting at all with the proposed insured in any way during the course of the interview.

INSPECTION REPORTS (IR, BBIR, EIR)

Provides a holistic view of the proposed insured's public record footprint, including such information as financials, criminal records history, properties owned, and bankruptcies. Inspection reports may be completed as a telephone interview or by online database searches, depending on the amount being applied for.

PERSONAL FINANCIAL STATEMENTS

A Financial Supplement to Application for Life Insurance (also known as a Personal Financial Supplement or a Confidential Financial Questionnaire) will be requested if: the income and net worth of proposed insured is not provided on the application; The company finds the financial information unclear, inconsistent, or additional details are needed; and/or the insurance is being used for business coverage, including Buy-Sell, Loan, and Key Person applications.

FORM 4506T-EZ

Form 4506T-EZ, is an Internal Revenue Service (IRS) form which gives permission for Transamerica to receive a transcript of previously filed tax returns directly from the IRS. This pre-filled form is obtained through your agent portal or through iPipeline® to expedite processing.

MOTOR VEHICLE REPORTS

A motor vehicle report (MVR) is a record of a proposed insured's driving history.

LABPIQTURE™

A LabPiQture report from ExamOne will contain up to seven years of clinical lab test results. These results are obtained from the vast network of Quest Diagnostics and LabCorp, and are populated with physician-ordered laboratory tests related to preventative care, disease monitoring, and diagnostic purposes, with some additional coverage from biometric screenings. Additional medical context returned with the test results are date of service, ordering physician specialty, submitted diagnosis codes (ICD-9/10-CM), and a standardized test type identifier.

UNDERWRITING REQUIREMENTS AND REPORTS DEFINED CONTINUED

PRESCRIPTION AND MEDICAL CLAIMS DATA CHECK

A prescription and medical claims data check will be ordered on every application and includes details on prescriptions filled, medical diagnoses, hospital and physician procedures, inpatient and clinic administered medications, and medical equipment information — as well as prescribing physician's information. Your client can request a copy of their report at rxhistories.com.

IDENTITY VERIFICATION

A check to verify the identities of our customers in order to ensure the quality of business, manage identity risk, prevent identity fraud, and comply with obligations under the USA Patriot Act. This check is primarily used for identity verification. In some instances we may request a copy of the individual's Social Security card, driver's license or other state-issued ID, or utility bill to help verify an individual's identity.

ATTENDING PHYSICIAN STATEMENTS

An attending physician statement (APS) is a copy of the proposed insured's medical records obtained from their attending physician or healthcare provider.

APS GUIDELINES ARE AS FOLLOWS:

FACE AMOUNTS			
Age	**Up to and including $500,000**	**$500,001 to $1 million**	**$1,000,001 to $2 million**
15 days-17 years	NOT ROUTINELY (for cause only)	YES	YES
18-55 years	NOT ROUTINELY (for cause only)	NOT ROUTINELY (for cause only)	NOT ROUTINELY (for cause only)
56-70 years	NOT ROUTINELY (for cause only)	NOT ROUTINELY (for cause only)	NOT ROUTINELY (for cause only)
71 years and older	YES	YES	YES

TRANSAMERICA ORDERS ALL REQUIREMENTS

Please refer to age/amount chart. Be aware that an agent may be charged if they order requirements, as Transamerica handles ordering of age and amount requirements.

UNDERWRITING REQUIREMENTS AND REPORTS DEFINED CONTINUED

TRANSAMERICA'S REQUIREMENT VENDORS

Transamerica will order all requirements from one of the following vendors. Any underwriting evidence obtained for insurance with another carrier will not be accepted.

VENDOR NAME	USED FOR
APPS	Teleinterview, paramed physical findings, blood/urine, ECG
CRL	Labs
ExamOne	APS (attending physician statement)
Illumifin	Inspection Reports and MCAS (Minnesota Cognitive Acuity Screen)

REQUIREMENTS	THROUGH AGE 70	AGE 71 AND OLDER
Paramed Physical Findings/Vitals	Valid for 1 year	Valid for 6 months
Teleinterview	Valid for 90 days	Valid for 90 days
Resting Electrocardiogram (ECG)*	Valid for 1 year	Valid for 1 year
Inspection Report (IR)	Valid for 1 year	Valid for 1 year
Financial Supplement to Application for Life Insurance	Valid for 1 year	Valid for 1 year
Home Office Urine Specimen (HOS)	Valid for 1 year	Valid for 6 months
Blood Chemistry Profile (BCP)	Valid for 1 year	Valid for 6 months
Minnesota Cognitive Acuity Screen (CS)	N/A	Valid for 6 months

* ECG: If normal resting ECG records are available from a test conducted within the last 12 months, the test need not be repeated.

Transamerica reserves the right to request other evidence of insurability as it deems necessary.

DETERMINING COVERAGE AMOUNTS FOR INDIVIDUALS

While each of your clients have different financial needs, these guidelines are intended to provide a general formula to help calculate suggested maximum amounts of life insurance.

- What does the client do for a living?
- What is their annual income and net worth?
- Do they already own a life insurance policy?
  - If so, what is the face amount and company that issued it? Is it being replaced?
- What is the purpose of the life insurance being applied for?
- Do they have any medical issues that may result in a higher premium?

PURPOSE	FORMULA		REQUIREMENTS
	Ages	Income Factor	
Income Continuation	18-35 36-70 71+	40 75 minus current age individual consideration	• Income stated must be reasonable for the profession or occupation stated. • Income source considered will be that of the proposed insured, not the household income or that of the owner. • Earned income includes salary, bonuses, commissions, and deferred compensation and excludes income from investments.
Non-Income Earning Spouse/Partner	Up to $500,000		• Review of household income • Review of total line of insurance in force
	$500,001-$5,000,000		All requirements as indicated above for face amounts through $500,000, plus: • Spouse/partner total line of personal coverage in force • Up to equal coverage of income-earning spouse/partner. • Household net worth
College Student	Up to $2,000,000 total line		• Annual earned income • Greater of income multiplier or $2,000,000

Transamerica reserves the right to order additional financial requirements.

PREMIUM TO INCOME GUIDELINES

<table>
<tr><th>PURPOSE</th><th colspan="2">FORMULA</th><th>REQUIREMENTS</th></tr>
<tr><td rowspan="4">Affordability Guidelines</td><td colspan="2">Annual Premium for all policies/Annual Income % should not exceed the percentages below.</td><td rowspan="4">There should not be a significant adverse change in financial status or financial flexibility as a result of the purchase of the policy(ies).
For incomes less than $15,000 (USD), details supporting the need and purpose of the insurance may be necessary. Adjustments (upwards) for family size (when known) should be considered to align with U.S. Federal Poverty Guidelines published by the U.S. Department of Health & Human Services.
Premium affordability should be demonstrated for the total premiums being paid on all policies, by the payer(s). This includes all policies on the payer(s) life and all policies on the lives of others for which they are paying.</td></tr>
<tr><td>Annual Income</td><td>Premium to Income</td></tr>
<tr><td>≤ $30,000</td><td>15%</td></tr>
<tr><td>> or = $30,001</td><td>20%</td></tr>
</table>

Transamerica reserves the right to order additional financial requirements.

DETERMINING COVERAGE AMOUNTS FOR JUVENILES

PURPOSE	FORMULA		REQUIREMENTS*
Juvenile	**Ages**	**Face Amount**	
Total juvenile insurance coverage with all carriers cannot exceed $2,000,000.	15 days through 17 years	Amounts through $250,000	• Coverage on all siblings should be similar. • Parent(s) or guardian(s) must witness the applications and complete the medical history declarations for the juvenile applicant. • The policy owner must be the parent, legal guardian, or grandparent. For legal guardianship where the guardian is not the parent, we require a copy of the guardianship papers. • The parent/legal guardian, juvenile, and owner must be residing in the U.S. permanently, either as a U.S. citizen or a visa type that is not considered temporary or uninsurable based on our international underwriting guidelines.
		$250,001–$1,000,000	**All requirements as indicated above for face amounts through $250,000, plus:** • Equal coverage* for parent(s) or legal guardian is allow up to $1,000,000.** **For amounts $500,000 and greater:** • Underwriting will obtain the child's medical records. • Minimum household income must be ≥ $100,000.
		$1,000,001–$2,000,000	**All requirements as indicated above for face amounts through $1,000,000, plus:** • At least one parent or legal guardian needs to have 2x the total line of coverage, in force and applied for, pending, as the amount applied for on the juvenile.
Washington State	15 days through 17 years	Total line of coverage cannot exceed the U.S. household income.	**All requirements as indicated above for the appropriate face amount, plus:** • Juveniles 15 years or older must sign the application.

Group coverage, accidental death and dismemberment insurance, and credit card insurance should not be counted in determining the parent/owner's total coverage.

State specific laws, including NY and WA, take precedence over company guidelines.

* All siblings should have similar coverage.

DETERMINING COVERAGE AMOUNTS FOR BUSINESS PLANNING

<table>
<tr><th>PURPOSE</th><th colspan="2">FORMULA</th><th>REQUIREMENTS</th></tr>
<tr><td rowspan="3">Estate Planning</td><td colspan="2">Projected future estate tax liability</td><td rowspan="3">• The purpose of the insurance
• A current value of the applicant’s estate, which includes a personal balance sheet listing all assets and liabilities and an estate analysis
• Third-party financial verification if total combined face amount in force, and pending, is greater than $10 million or total line over jumbo limits
• The estate projection rate and/or number of projected years may be adjusted, up or down, taking into consideration what is reasonable in the current environment</td></tr>
<tr><td>Ages</td><td>Maximum Projection Years</td></tr>
<tr><td>18-50
51-60
61-70
71-75
76+</td><td>25
20
15
10
5</td></tr>
<tr><td rowspan="2">Key Person</td><td>Ages</td><td>Factor x Income</td><td rowspan="2">• The key person’s value to the company
• How the coverage amount was determined
• Whether the key person has ownership in the company and the percentage of ownership
• A list of all other key persons, the amount of key person coverage, and percentage ownership for each key person</td></tr>
<tr><td>Under 65
65+</td><td>Up to 10
Up to 5</td></tr>
<tr><td>Buy-Sell/Business Continuation</td><td colspan="2">% Ownership x Corporate Value</td><td>• The fair market value of the business and how the amount of insurance was determined
• A copy of the buy-sell agreement or the details of the buy-sell agreement
• The proposed insured's ownership percentage, the number of other partners, and their ownership percentage
• The amount of buy-sell coverage on each partner and the amount and purpose of all in force business coverage
All partners must apply for or have in force buy-sell coverage. Corporate balance sheets, income statements and/or business valuation may be requested at Underwriter discretion.</td></tr>
<tr><td>Business Loan</td><td colspan="2">An amount up to the outstanding principal of the loan</td><td>• The business must be the owner of the policy
• Include the purpose, duration of the loan, collateral pledged, its value and the loan interest rate
• The term of the loan must be five years or more
• The business may be the policy owner and beneficiary. Alternatively, the proposed insured may be the policy owner naming a personal beneficiary. The death benefit should be collaterally assigned to the lending institution. The lending institution cannot be the policy owner and/or beneficiary.</td></tr>
</table>

BLENDED BODY MASS INDEX (BMI) CHART

ADULT — AGES 16+

BMI RANGE	AGES 16-59
</= 16	Decline
16.0001-17.0000	Nontobacco & Tobacco
17.0001-28.0000	Preferred Elite
28.0001-30.0000	Preferred Plus/Preferred Tobacco
30.0001-32.0000	Preferred
32.0001-35.0000	Nontobacco & Tobacco
35.0001-37.0000	Table A
37.0001-39.0000	Table B
39.0001-41.0000	Table C
41.0001-42.0000	Table D
42.0001-43.0000	Table E
43.0001-44.0000	Table F
44.0001-46.0000	Table H
>46	Decline

BMI RANGE	AGES 60+
</= 16	Decline
16.0001-18.0000	Individual Consideration
18.0001-28.0000	Preferred Elite
28.0001-30.0000	Preferred Plus/Preferred Tobacco
30.0001-32.0000	Preferred
32.0001-35.0000	Nontobacco & Tobacco
35.0001-37.0000	Table A
37.0001-39.0000	Table B
39.0001-41.0000	Table C
41.0001-42.0000	Table D
42.0001-43.0000	Table E
43.0001-44.0000	Table F
44.0001-46.0000	Table H
>46	Decline

In order to calculate Adult BMI, please click here.

JUVENILE — AGES 2 THROUGH 15*

AGE	JUVENILE STANDARD
2	13.9-30.0
3	13.9-29.0
4	12.9-29.0
5	12.9-29.0
6	12.9-29.0
7	12.9-30.0
8	12.9-31.0
9	12.9-32.0
10	12.9-33.0
11	13.9-34.0
12	13.9-35.0
13	14.9-36.0
14	14.9-37.0
15	15.9-38.0

In order to calculate Juvenile BMI, please click here.

* Ages under two years old generally OK unless premature. Ages over 15 — see adult body mass index charts.

LIFESTYLE AND HEALTH HISTORY

IMPACT ON RISK CLASS

TRANSAMERICA LIFETIME℠	**PREFERRED ELITE**	**PREFERRED PLUS**	**PREFERRED**	**NONTOBACCO**	**PREFERRED TOBACCO**	**TOBACCO**
Tobacco Usage*	None in 5 yrs	None in 2 yrs	None in 2 yrs	None in 2 yrs	Tobacco permitted	Tobacco permitted
Cholesterol with or without treatment**	230	260	300	**	260	**
Chol /HDL Ratio**	5.0 for ages </=70 5.5 for ages 71+	5.5 for ages </=70 6.0 for ages 71+	6.2 for ages </=70 6.7 for ages 71+	7.0 for ages </=70 7.5 for ages 71+	5.5 for ages </=70 6.0 for ages 71+	**
Blood pressure with or without treatment*	135/85 for ages </=70 145/85 for ages 71+ Treatment only allowed ages 50-80	145/85 for ages </=70 150/90 for ages 71+ With or without treatment	148/88 for ages </=70 152/88 for ages 71+ With or without treatment	**	145/85 for ages </=70 150/90 for ages 71+ With or without treatment	**
Family history[1] - Includes cardiovascular disease or the following cancers: breast, ovarian, melanoma, prostate, and colon - Some cancers may require evidence of routine surveillance screening	No Death in Parent or Sibling prior to age 60	No Death in Parent or Sibling prior to age 60	No more than one Parent or Sibling death prior to age 60	**	No Death in Parent or Sibling prior to age 60	**
Personal history	No personal history of heart or vascular disease, diabetes, cancer (except some skin cancers)	No personal history of heart or vascular disease, diabetes, cancer (except some skin cancers)	No personal history of heart or vascular disease, diabetes, cancer (except some skin cancers)	**	No personal history of heart or vascular disease, diabetes, cancer (except some skin cancers)	**
DUI	None in last 5 yrs	None in last 5 yrs	None in last 5 yrs	**	None in last 5 yrs	**
MVR - major violations	None in last 12 months, no more than 1 in last three yrs	No more than 1 in last three yrs	No more than 1 in last three yrs	**	No more than 1 in last three yrs	**
MVR - minor violations	No more than 3 violations in last 3 yrs	No more than 3 violations in last 3 yrs	No more than 3 violations in last 3 yrs	**	No more than 3 violations in last 3 yrs	**
Private aviation	No aviation	With or without ratable aviation	With or without ratable aviation	With or without ratable aviation	With or without ratable aviation	With or without ratable aviation
Avocation	No participation in listed activities[2]	No participation in listed activities[2]	No participation in listed activities[2]	Can be offered with or without ratable avocation	No participation in listed activities[2]	Can be offered with or without ratable avocation
Alcohol/substance abuse	Never	Never	10 yrs	7 yrs	10 yrs	7 yrs

* Tobacco usage is defined as using any tobacco product(s) (cigarettes, cigars, chewing tobacco, nicotine patch/lozenge/gum/pouch, e-cigarettes, vapes (with or without nicotine)), etc, within the past 24 months.
** May include a rating
[1] Some gender-specific cancers may qualify for preferred rates.
[2] Avocation: Prohibited activities include aeronautics (e.g., hang gliding, ultralight, soaring, skydiving, ballooning, etc.), power racing competitive vehicles, mountain climbing, rodeos, competitive skiing, or scuba/skin diving at a depth greater than 75 feet.

LIFESTYLE AND HEALTH HISTORY

IMPACT ON RISK CLASS

TRANSAMERICA LIFETIME℠	PREFERRED ELITE	PREFERRED PLUS	PREFERRED	NONTOBACCO	PREFERRED TOBACCO	TOBACCO
Travel	No dangerous travel[1]	No dangerous travel[1]	No dangerous travel[1]	No dangerous travel[1]	No dangerous travel[1]	No dangerous travel[1]
Citizenship/Residency	U.S. citizens/ green card holders - all others contact UW	U.S. citizens/ green card holders - all others contact UW	U.S. citizens/ green card holders - all others contact UW	U.S. citizens/ green card holders - all others contact UW	U.S. citizens/ green card holders - all others contact UW	U.S. citizens/ green card holders - all others contact UW
Military	Active military duty is acceptable provided insured is not serving in a hazardous area or does not have orders to serve in a hazardous area[2]	Active military duty is acceptable provided insured is not serving in a hazardous area or does not have orders to serve in a hazardous area[2]	Active military duty is acceptable provided insured is not serving in a hazardous area or does not have orders to serve in a hazardous area[2]	Active military duty is acceptable provided insured is not serving in a hazardous area or does not have orders to serve in a hazardous area[2]	Active military duty is acceptable provided insured is not serving in a hazardous area or does not have orders to serve in a hazardous area[2]	Active military duty is acceptable provided insured is not serving in a hazardous area or does not have orders to serve in a hazardous area[2]

[1] Foreign travel: unless otherwise prohibited by statute
[2] Military: unless otherwise prohibited by statute

MEDICAL IMPAIRMENTS

	BEST POSSIBLE RATE CLASS AVAILABLE			RIDER AVAILABILITY	
IMPAIRMENT	PREFERRED RATE CLASS	STANDARD RATE CLASS (NONTOBACCO/ TOBACCO	DECLINE	CRITICAL ILLNESS RIDER	CHRONIC ILLNESS RIDER / LONG TERM CARE RIDER
Impacted ADL's	Yes				
ADD/ADHD (age 8 and under)			Yes		
AIDS			Yes		
Alcoholism			Yes		
ALS (Lou Gehrig's disease)			Yes		
Alzheimer's disease/dementia			Yes		
Amputations, not due to disease	Yes			✔	✔
Anemia	Yes			✔	✔
Aneurysm		Yes			
Anxiety	Yes			✔	✔
Arthritis, osteo	Yes			✔	✔
Arthritis, rheumatoid		Yes		✔	
Asthma	Yes			✔	✔
Atrial fibrillation		Yes		✔	✔
Autism		Individual consideration		✔	
Barrett's esophagus		Yes		✔	✔
Bell's palsy	Yes			✔	✔
Bipolar disorder		Yes			
Blindness	Yes				
Benign Prostatic Hypertrophy (BPH)	Yes			✔	✔
Broken bone	Yes			✔	✔
Bronchitis, chronic (COPD)		Yes			✔
Bundle branch block, right	Yes			✔	✔
Bundle branch block, left		Yes		✔	✔
Cancer (internal organ)		Yes		✔	
Cancer, skin (not melanoma)	Yes			✔	✔
Cancer (undergoing treatment)			Yes		
Cardiomyopathy		Yes			
Cerebral palsy		Yes			
Cerebrovascular accident, stroke (CVA)		Yes			
Chronic fatigue syndrome	Yes			✔	✔
Chronic obstructive pulmonary disorder (COPD)		Yes			✔
Chronic pain		Yes		✔	
Cirrhosis			Yes		
Colitis, ulcerative		Yes			
Colitis, other than ulcerative	Yes			✔	✔
Concussion (head injury)	Yes			✔	✔

Rate classes shown are not guaranteed but are a best case scenario. Actual offer is subject to underwriting and may vary based on age, date of diagnosis, and severity of condition. Potential morbidity assessments may differ.

MEDICAL IMPAIRMENTS

	BEST POSSIBLE RATE CLASS AVAILABLE			RIDER AVAILABILITY	
IMPAIRMENT	PREFERRED RATE CLASS	STANDARD RATE CLASS (NONTOBACCO/ TOBACCO	DECLINE	CRITICAL ILLNESS RIDER	CHRONIC ILLNESS RIDER / LONG TERM CARE RIDER
Congestive heart failure (CHF)			Yes		
Coronary artery disease		Yes			✔
Criminal activity	Yes			✔	✔
Crohn's disease		Yes			
Cystic fibrosis			Yes		
Depression	Yes			✔	✔
Diabetes		Yes		✔	✔
Down syndrome			Yes		
Emphysema		Yes			✔
Endocarditis		Yes		✔	✔
Epilepsy (greater than age 3)		Yes		✔	✔
Fibromyalgia, fibrositis	Yes			✔	✔
Gastric banding, sleeve or bypass surgery	Yes			✔	✔
Gastroesophgeal reflux disease (GERD)	Yes			✔	✔
Glomerulonephritis		Yes		✔	✔
Headache, migraine or tension	Yes			✔	✔
Heart attack		Yes			✔
Heart, lung, or liver transplant			Yes		
Heart valve surgery		Yes			✔
Hepatitis B		Yes			
Hepatitis C		Yes			
Hernia	Yes			✔	✔
High blood pressure/hypertension	Yes			✔	✔
Histoplasmosis		Yes		✔	✔
Hodgkin's disease		Yes			✔
Huntington's disease			Yes		
Hydronephrosis		Yes		✔	✔
Kidney failure, dialysis			Yes		
Kidney removal	Yes			✔	✔
Leukemia		Yes			
Lou Gehrig's disease (ALS)			Yes		
Lupus		Yes			
Marijuana use	Yes			✔	✔
Melanoma (less than 2, including melanoma in situ)		Yes			✔
Meniere's disease	Yes			✔	✔
Meningioma	Yes			✔	✔
Meningitis, history of	Yes				✔

Rate classes shown are not guaranteed but are a best case scenario. Actual offer is subject to underwriting and may vary based on age, date of diagnosis, and severity of condition. Potential morbidity assessments may differ.

MEDICAL IMPAIRMENTS

	BEST POSSIBLE RATE CLASS AVAILABLE			RIDER AVAILABILITY	
IMPAIRMENT	**PREFERRED RATE CLASS**	**STANDARD RATE CLASS (NONTOBACCO/ TOBACCO**	**DECLINE**	**CRITICAL ILLNESS RIDER**	**CHRONIC ILLNESS RIDER / LONG TERM CARE RIDER**
Mental retardation and/or intellectual disability		Yes			
Mitral insufficiency, Mitral valve prolapse (MVP)		Yes		✔	✔
Mitral stenosis		Yes		✔	✔
Multiple sclerosis (MS)		Yes			
Muscular dystrophy		Yes			
Myasthenia gravis		Yes			
Myocarditis		Yes		✔	✔
Nephrectomy	Yes			✔	✔
Non-Hodgkin's lymphoma		Yes			✔
Occupations with special hazards	Yes			✔	✔
Pacemaker		Yes		✔	✔
Pancreatitis (resolved)		Yes		✔	✔
Paralysis, spinal cord injury		Yes			
Parkinson's disease		Yes			
Pericarditis		Yes		✔	✔
Peripheral vascular disease (PVD)		Yes		✔	
Phlebitis, thrombosis, blood clot		Yes		✔	✔
Pituitary adenoma		Yes		✔	✔
Pleurisy	Yes			✔	✔
Pregnancy, no history of or current complications	Yes			✔	✔
Prostatitis, with normal PSA	Yes			✔	✔
Psychosis		Yes			
Pulmonary fibrosis			Yes		
Pyelonephritis, acute	Yes			✔	✔
Pyelonephritis, chronic		Yes			
Rheumatic fever, no heart complications	Yes			✔	✔
Sarcoidosis		Yes		✔	
Schizophrenia		Yes			
Sleep apnea	Yes			✔	✔
Stroke		Yes			
Suicide attempt (more than 2 years ago)		Yes			
Terminal illnesses			Yes		
Thyroid disorder	Yes			✔	✔
Transient ischemic attack (TIA)		Yes			
Tuberculosis, recovered	Yes			✔	✔
Tumors, benign	Yes			✔	✔
Tumors, malignant, history of		Yes			✔

Rate classes shown are not guaranteed but are a best case scenario. Actual offer is subject to underwriting and may vary based on age, date of diagnosis, and severity of condition. Potential morbidity assessments may differ.

MEDICAL IMPAIRMENTS

IMPAIRMENT	BEST POSSIBLE RATE CLASS AVAILABLE			RIDER AVAILABILITY	
	PREFERRED RATE CLASS	STANDARD RATE CLASS (NONTOBACCO/ TOBACCO	DECLINE	CRITICAL ILLNESS RIDER	CHRONIC ILLNESS RIDER / LONG TERM CARE RIDER
Ulcerative colitis		Yes			
Ulcer, stomach	Yes			✔	✔
Vascular Ehlers-Danlos syndrome			Yes		
Wasting syndrome			Yes		

Rate classes shown are not guaranteed but are a best case scenario. Actual offer is subject to underwriting and may vary based on age, date of diagnosis, and severity of condition. Potential morbidity assessments may differ.

SUBSTANDARD TABLE RATINGS

Substandard ratings may be attributable to health, occupation, or avocation characteristics that result in higher than average mortality risks.

Our competitive underwriting allows us to offer substandard table ratings using the following guide:

TABLE RATING GUIDE
Standard = 100%
1/A = 125%
2/B = 150%
3/C = 175%
4/D = 200%
5/E = 225%
6/F = 250%
8/H = 300%

ADDITIONAL RIDER INFORMATION

ACCIDENTAL DEATH BENEFIT RIDER (ADR)

Provides an additional death benefit if the primary insured dies as a result of an accident, or if the death occurs within 180 days of accidental bodily injury

ISSUE AGES:	ISSUE LIMITS:
15–55 years	- Not available if base is higher than Table D - Not available if any flat extra is added to base policy - Total benefit in force cannot exceed $300,000 with all Transamerica policies

CHILDREN'S BENEFIT RIDER

Pays level death benefit upon death of any children of the insured. Rider is not rated.

ISSUE AGES:	ISSUE LIMITS:
15 days to 18 years old (actual age of child) 18–80 years old insured	- Children with a risk profile greater than Table B will not be accepted for coverage

CHRONIC ILLNESS RIDER

If the insured becomes chronically ill, you may elect to receive a portion of the death benefit that can be accelerated in advance of death. The insured must have the inability to perform at least two of the six activities of daily living for a period of 90 consecutive days, or have a severe cognitive impairment.

ISSUE AGES:	ISSUE LIMITS:
Varies by risk class, product, and issue state	- Not available if base is higher than Table D - Not available if base is rated higher than $2.50 flat extra - The sum of all living benefit coverages under all Transamerica policies cannot exceed $1,500,000 - The maximum benefit payable under the Chronic Illness Rider is equal to the lesser of 90% of the available death benefit or $1,500,000 - Electable at issue, not automatically attached to the base product - Underwriting reserves the right to deny coverage under the Chronic Illness Rider on individuals with certain pre-existing conditions, impairments, or diseases

CRITICAL ILLNESS RIDER

If the insured suffered a critical health condition (state specific) while the policy and rider are in effect, you may elect to receive an accelerated death payment subject to certain provisions.

ISSUE AGES:	ISSUE LIMITS:
May vary by risk, product, and issue date	- Not available if base is higher than Table D - Not available if base is rated higher than $2.50 flat extra - The per life sum of all living benefit coverages under all Transamerica policies cannot exceed $1,500,000 - The per life maximum benefit payable under the Critical Illness Rider on *Transamerica Lifetime*℠ is equal to the lesser of 90% of the available death benefit or $500,000 - Electable at issue, not automatically attached to the base product - Underwriting reserves the right to deny coverage under the Critical Illness Rider on individuals with certain pre-existing conditions, impairments, or diseases

DISABILITY WAIVER OF PREMIUM RIDER

Provides premium into the policy if the base insured becomes totally disabled and remains totally disabled for at least six months. A retroactive payment will be made for the number of months following the date of total disability for up to one year.

ISSUE AGES:	ISSUE LIMITS:
18–55 years	- Not available if base is rated higher than Table D - Flat extras are not allowed - $5,000,000 maximum aggregate face amount across all Transamerica policies - Not available in Guam, Virgin Islands, or Puerto Rico

ADDITIONAL RIDER INFORMATION

GUARANTEED INSURABILITY RIDER

This benefit provides the opportunity to buy a new policy or increase a specified amount at a certain defined age and/or events with no underwriting.

ISSUE AGES:	ISSUE LIMITS:
0-37 years old; issue age must be at least 15 days old	- Not available if base is rated - Not available in Guam, Virgin Islands, or Puerto Rico

TERM INSURANCE RIDER

An affordable way to provide additional coverage to the primary insured. This term coverage will help fill a temporary need of additional life insurance above the current face amount of the base policy. The term rider amount cannot exceed 3X base face amount.

	BAND 1	BAND2
10-YEAR	18-80 (NT/T)	18-80 (NT/T)
20-YEAR	18-65 (NT/T)	18-70 (NT) 18-65 (T)
30-YEAR	18-50 (NT)	18-58 (NT)
	18-45 (T)	18-53 (T)

TERMINAL ILLNESS ACCELERATED DEATH BENEFIT RIDER

While the policy is in force and conditions are met, we will pay an Accelerated Death Benefit (Terminal Illness only) upon request (life expectancy less than 12 months), minus the loan balance, minus an administrative charge, and minus any amount necessary to provide insurance to the date of the Accelerated Death Benefit payment if we make the payment during a grace period.

This benefit is automatically attached to all new issues. Rider is not rated.

INCOME PROTECTION OPTION

The owner can choose to have the death benefit paid out in any combination of an initial lump sum, monthly payments, and a final lump sum (after the monthly payments). If the policy's death benefit at the time of death is greater than the Total Face Amount, the excess will be paid as a sum in addition to any initial lump sum payment amount. If the death benefit is less than the Total Face Amount, all designated payment amounts will be proportionately reduced.

FIELD UNDERWRITING AND THE CONDITIONAL RECEIPT

Every time you submit an application, you take a very important step in helping your clients protect their family and their dreams. The Conditional Receipt is an important part of this process.

WHAT IS THE CONDITIONAL RECEIPT?

The Conditional Receipt is "interim" coverage provided to life insurance applicants when the full modal premium is paid at the time of the application. Provided certain conditions are met, the Conditional Receipt provides death benefit protection for the proposed primary insured up to the amount stated in the dollar limits of conditional coverage section of the receipt or the face amount applied for, whichever is less. The Conditional Receipt is not valid on foreign nationals.

CONDITIONS AND REQUIREMENTS

The following must be met for the conditional receipt to be in effect:

- Proposed primary insured is found insurable, at any rating, under the company's rules for insurance on the product applied for and at the face amount and tobacco classification applied for;
- All statements and answers given in the application are true and complete;
- Full initial modal premium is received at our administrative office within the lifetime of the proposed primary insured (if the form of payment is by check or draft, it must be honored for payment);
- All medical exams, tests, screenings, and questionnaires required by the company are completed and received at our administrative office.

If the proposed primary insured passes away while conditional coverage is in effect, coverage will be denied if the death is caused by suicide or a self-inflicted injury.

There is no conditional coverage for riders or any additional benefits. Conditional coverage only applies to the proposed primary insured. There is no conditional coverage on any other persons proposed for coverage in the application.

WHAT IF THE CLIENT IS NOT A U.S. CITIZEN?

A client who is not a U.S. citizen may still qualify for life insurance coverage if they meet certain special requirements and comply with all relevant items (which may vary based on their status) listed below:

- The client must have significant business and/or financial ties in the United States;
- The client must present either a(n): Social Security Number (SSN); Individual Tax Identification Number (ITIN/TIN); appropriate version of IRS Form W8 for those without an SSN or TIN; or (for the ITIN Program) IRS ITIN letter issued as a result of a W-7 Application;
- The client must be physically present in the United States at the time of application;
- ITIN applicants will require ITIN forms (CP565) or Social Security card. Submit copy with the file;
- Visa holders: indicate the specific visa type (e.g., H1, F1, etc.) or exact immigration status (e.g., refugee, asylum, etc.) on the application and submit a copy of the valid visa;[1,2]
- Employment Authorization Card ("EAC") holders: compare the category code, located in the center of the EAC to determine if the candidate is eligible to apply for insurance and submit a copy of the valid EAC;
- Immigration documents pending expiration within 60 days of the application date may affect insurability or delay processing while we confirm renewal;
- Fully-expired visas must show proof of renewal or extension (I-797, I-797A, or other confirmation document from USCIS that is acceptable to Underwriting);
- EB-5 visa holders transitioning to a green card status may be asked for additional documentation to confirm that process;
- A copy of all required documentation will be asked for in iGO at the time of application. For paper applications, use the image upload tool on the agent portals to submit copies of images, and indicate this in the agent comments section;
- Only U.S. residents are eligible to apply for the Living Benefit Riders (Chronic Illness, Critical Illness) and/or Long Term Care Rider;
- A separate international underwriting guide is available for information on submitting nonresident foreign national and U.S. expatriate business. All international risk guidelines are subject to change without prior notice.
- Permanent Resident Card (green card holders): Copy of front and back of the card may be requested at underwriter discretion.

For further details please refer to our Resident Foreign Nationals Travel Guidelines flyer, HNW Nonresident FN UW Guidelines (111955), and Foreign National Individual Taxpayer identification number guidelines (117754).

DOCUMENTATION NEEDED

Visa or EAC are required. Proof of entry (passport stamp or I-94 document) or other supporting documents may be required at Underwriter discretion.

[1] Not all visa types or immigration statuses are eligible. Note also that the Matricula Consular document is not recognized to be valid as a visa by the U.S. government.
[2] List "Permanent Resident" on the application if the client is a valid green card holder residing in the U.S.

ELIGIBILITY BY EMPLOYEE AUTHORIZATION CARD CATEGORY CODE

CATEGORY CODE	DESCRIPTION	ELIGIBILITY				
		LIFE	LONG TERM CARE RIDER	CRITICAL ILLNESS RIDER	CHRONIC ILLNESS RIDER	JUVENILES (INCLUDES PARENT/ OWNER STATUS)
A2	Lawful temporary resident - Special Agricultural Workers	Up to best class	Yes	Yes	Yes	Yes
A3	Refugee	Up to best class	Yes	Yes	Yes	Yes
A4	Paroled refugee	Up to best class	Yes	Yes	Yes	Yes
A5	Asylee	Up to best class	Yes	Yes	Yes	Yes
A6	Fiancé(e) (K-1 or K-2 nonimmigrant)	Up to best class	Yes	Yes	Yes	Yes
A7	N-8 or N-9	Based on country of origin	Yes	Yes	Yes	Yes
A8	Citizen of Micronesia, Marshall Islands, or Palau	Up to best class	Yes	Yes	Yes	Yes
A9	K-3 or K-4	Up to best class	Yes	Yes	Yes	Yes
A10	Withholding of deportation or removal granted	Eligible under the ITIN program	Yes	Yes	Yes	Yes
A11	Deferred Enforced Departure	Decline	No	No	No	No
A12	Temporary Protected Status granted	Based on country of origin	Yes	Yes	Yes	Yes
A13	Family Unity Program (Section 301 of the Immigration Act of 1990)	Up to best class	Yes	Yes	Yes	Yes
A14	LIFE Legalization (Section 1504 of the Legal Immigrant Family Equity (LIFE) Act Amendments)	Up to best class	Yes	Yes	Yes	Yes
A15	V visa nonimmigrant	Based on country of origin	Yes	Yes	Yes	Yes
A16	T-1 nonimmigrant	Decline	No	No	No	No
A17	Spouse of an E nonimmigrant	Up to best class	Yes	Yes	Yes	Yes
A18	Spouse of an L nonimmigrant	Decline	Yes	Yes	Yes	Yes
A19	U-1 nonimmigrant	Based on country of origin	Yes	Yes	Yes	No
A20	U-2, U-3, U-4, or U-5 nonimmigrant	Based on country of origin	Yes	Yes	Yes	No
C1	Spouse/dependent of A-1 or A-2 visa nonimmigrant	Decline	No	No	No	No
C2	Spouse/dependent of Coordination Council for North American Affairs (E-1)/Taipei Economic and Cultural Representative Office (TECRO)	Up to best class	Yes	Yes	Yes	Yes
C3	F-1 student, pre-completion Optional Practical Training	Up to best class	Yes	Yes	Yes	Yes
C4	Spouse/dependent of G-1, G-3, or G-4	Based on country of origin	Yes	Yes	Yes	Yes
C5	J-2 spouse or child of J-1 exchange visitor	Based on country of origin	Yes	Yes	Yes	Yes
C6	M-1 student, Practical Training	Up to best class	Yes	Yes	Yes	Yes
C7	Dependent of NATO-1 through NATO-6	Based on country of origin	Yes	Yes	Yes	Yes
C8	Asylum application pending filed	Eligible under the ITIN program	Yes	Yes	Yes	Yes

ELIGIBILITY BY EMPLOYEE AUTHORIZATION CARD CATEGORY CODE

> *Continued from previous page*

CATEGORY CODE	DESCRIPTION	ELIGIBILITY				
		LIFE	LONG TERM CARE RIDER	CRITICAL ILLNESS RIDER	CHRONIC ILLNESS RIDER	JUVENILES (INCLUDES PARENT/ OWNER STATUS)
C9	Pending adjustment of status under Section 245 of the Act	Up to best class	Yes	Yes	Yes	Yes
C10	Suspension of deportation applicants (filed before April 1, 1997)	Eligible under the ITIN program	Yes	Yes	Yes	Yes
C11	Public Interest parolee	Based on country of origin	Yes	Yes	Yes	Yes
C12	Spouse of an E-2 CNMI investor	Up to best class	Yes	Yes	Yes	Yes
C14	Deferred action	Eligible under the ITIN program	Yes	Yes	Yes	Yes
C15	Not in use	N/A	No	Yes	Yes	Yes
C16	Creation of record (adjustment based on continuous residence since January 1, 1972)	Up to best class	Yes	Yes	Yes	Yes
C17	B-1 domestic servant of certain nonimmigrants	Decline	No	No	No	No
C18	Order of supervision	Decline	No	No	No	No
C19	Certain pending TPS applicants whom USCIS has determined are prima facie eligible for TPS and who may then receive an EAD as a "temporary treatment benefit" under 8 C.F.R. 244.10(a).	Based on country of origin	Yes	Yes	Yes	Yes
C20	Section 210 legalization (pending I-700) Special Agricultural Workers	Up to best class	Yes	Yes	Yes	Yes
C21	S visa nonimmigrant	Decline	No	No	No	No
C22	Section 245A legalization (pending I-687)	Up to best class	Yes	Yes	Yes	Yes
C23	Irish peace process (Q-2)	Up to best class	Yes	Yes	Yes	Yes
C24	LIFE legalization	Up to best class	Yes	Yes	Yes	Yes
C25	T-2, T-3, T-4, T-5, or T-6 nonimmigrant	Decline	No	No	No	No
C26	Spouse of an H-1B nonimmigrant	Up to best class	Yes	Yes	Yes	Yes
C31	VAWA self-petitioners with an approved Form I-360	Up to best class	Yes	Yes	Yes	Yes
C33	Consideration of Deferred Action for Childhood Arrivals	Eligible under the ITIN program	Yes	Yes	Yes	Yes
C35	Principal beneficiary of an approved employment-based immigrant petition facing compelling circumstances	Up to best class	Yes	Yes	Yes	Yes
C36	Spouse or unmarried child of a principal beneficiary of an approved employment-based immigrant petition facing compelling circumstances	Up to best class	Yes	Yes	Yes	Yes

The purpose of this document is to outline risks that are considered uninsurable based on immigration status. It is not possible to include every scenario and the contents of this document are subject to change without notice. This is not an offer guaranteeing any predetermined rate for any applicant.

ELIGIBILITY BY VISA TYPES

CATEGORY CODE	DESCRIPTION	DOCUMENTATION REQUIRED	ELIGIBILITY				
			LIFE	LONG TERM CARE RIDER	CRITICAL ILLNESS RIDER	CHRONIC ILLNESS RIDER	JUVENILES (INCLUDES PARENT/ OWNER STATUS)
A	Government Official	N/A	Decline	No	No	No	No
AS	Asylum	Proof of asylum approval (copy immigration court document or EAD category A5)	Up to best class	Yes	Yes	Yes	Yes
B	Visitor (B1, B2, B1/B2, BCC)	Copy of visa and proof of U.S. entry	Underwritten according to country of legal residence	No	No	No	No
C	Transit	N/A	Decline	No	No	No	No
D	Crewman	N/A	Decline	No	No	No	No
E	Investor	Copy of visa	Up to best class	Yes	Yes	Yes	Yes
E	Employment Auth. Card	Copy of employee authorization card	Based on category code	See code chart	See code chart	See code chart	See code chart
F	Student/ academic	Copy of visa and I-20 from college	Up to best class	Yes	Yes	Yes	Yes
G	Representative to international organization	Copy of visa and proof of U.S. entry	Based on country of origin	Yes	Yes	Yes	No
GC	Green Card, Permanent Resident Card	Copy of green card at underwriter discretion	Up to best class	Yes	Yes	Yes	Yes
H	Work/occupation	Copy of visa	Up to best class	Yes	Yes	Yes	Yes
I	Media	N/A	Decline	No	No	No	No
J	Cultural Exchange	Copy of visa and proof of U.S. entry	Based on country of origin	Yes	Yes	Yes	No
K	Fiancée/fiancé	Copy of visa	Up to best class	Yes	Yes	Yes	Yes
L	Executive	Copy of visa	Up to best class	Yes	Yes	Yes	Yes
M	Vocational/non-academic	Copy of visa	Up to best class	Yes	Yes	Yes	Yes
MC	Matricula Consular ID	N/A	Decline	No	No	No	No
NATO	Government workers	Copy of visa and proof of U.S. entry	Based on country of origin	Yes	Yes	Yes	No
O	Science/art extraordinary ability	Copy of visa	Up to best class	Yes	Yes	Yes	Yes

The purpose of this document is to outline risks that are considered uninsurable based on immigration status. It is not possible to include every scenario and the contents of this document are subject to change without notice. This is not an offer guaranteeing any predetermined rate for any applicant.

Continued >

ELIGIBILITY BY VISA TYPES

> *Continued from previous page*

CATEGORY CODE	DESCRIPTION	DOCUMENTATION REQUIRED	ELIGIBILITY				
			LIFE	LONG TERM CARE RIDER	CRITICAL ILLNESS RIDER	CHRONIC ILLNESS RIDER	JUVENILES (INCLUDES PARENT/ OWNER STATUS)
P	Professional athlete/ entertainer	Copy of visa	Up to best class	Yes	Yes	Yes	Yes
Q	Cultural exchange	Copy of visa and proof of U.S. entry	Based on country of origin	Yes	Yes	Yes	No
R	Religious	Copy of visa and proof of U.S. entry	Based on country of origin	Yes	Yes	Yes	No
RE	Refugee	Proof of refugee status (I-94)	Up to best class	Yes	Yes	Yes	Yes
S	Witness/ informant	N/A	Decline	No	No	No	No
T	Victims of trafficking	N/A	Decline	No	No	No	No
TN/TD	Trades (NAFTA)	Copy of visa	Up to best class	Yes	Yes	Yes	Yes
TPS	Temporary protection status	Proof of status (I-94)	Based on country of origin	Yes	Yes	Yes	No
TWOV	Transit without a visa	N/A	Decline	No	No	No	No
U	Victims of certain criminal activity	Valid current visa and proof of U.S. entry	Based on country of origin	Yes	Yes	Yes	No
V	Certain second preference beneficiaries	Copy of visa, proof of U.S. entry	Based on country of origin	Yes	Yes	Yes	No
VWP	Visa Waiver Program	Copy of visa, proof of U.S. entry	Underwritten according to country of legal residence	No	No	No	No

The purpose of this document is to outline risks that are considered uninsurable based on immigration status. It is not possible to include every scenario and the contents of this document are subject to change without notice. This is not an offer guaranteeing any predetermined rate for any applicant.

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130794R11 04/26