

Real life. Real time.





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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 and does not participate in any stock or security. 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.

A century of continued innovation



Transamerica is committed to helping people live their best lives.

It's what we've done for over a century, serving the many, not just the few. As an industry leader in life insurance and the first carrier to offer IULs, we've pioneered innovative solutions for everyday people that offer protection, flexibility, and growth potential. Our IULs are designed to protect families and individuals from all walks of life for their entire life.

Transamerica Financial Foundation IUL[®] II Express

A new spin on our flagship IUL, offering instant decisioning on 100% of applications and quicker speed to bind than other fully underwritten products. FFIUL II Express is simply designed to help get more clients protected.

All-digital app and agent dashboard



100% instant-decision underwriting



Up to \$500,000 in coverage



Immediate coverage pending policy approval



Faster decisions. Protection starts now.

FFIUL II Express provides an easy, straight-forward, all-digital experience – from illustration to application to decisioning and policy delivery – all in as fast as 15 minutes to qualified applicants.

All-digital application and agent dashboard

No matter how you sell – in person or virtually – FFIUL II Express provides a fast, simple application for greater control and flexibility. Before your client applies, you can illustrate coverage by premium or death benefit to fit their needs and budget. The illustration parameters automatically carry over to pre-fill the application, which may save you and your client time. You can also postpone the illustration until the end of the process and start an application at any time.

The streamlined digital application is designed to deliver fast, convenient coverage. It automatically saves your progress and inputs so you and your client can return to complete it later, if necessary. Your agent dashboard provides a convenient snapshot of your current applications by status so you can efficiently manage your business.

You'll access your agent dashboard from Agent Home. New to Agent Home? Simply activate your Agent Home Page using your agent/producer ID number (referred to as an advisor number).

Real-time underwriting decisions

There are no invasive underwriting requirements, and the all-digital underwriting engine provides an immediate, consistent, point-of-sale underwriting decision for every application. The application will never be referred to an underwriter.

Coverage in as fast as 15 minutes

The streamlined and intuitive application experience collects the relevant information at every step of the process. You'll receive a notification once the first premium processes and coverage begins. Your client's digital policy will be delivered electronically via their customer portal.

Convenient customer portal

After clients obtain coverage, they can access their digital policy and review policyholder notifications – including concierge planning registration instructions – in their customer portal. Additionally, clients can easily manage their policy 24/7/365. It's another way Transamerica keeps insurance simple so your clients can focus on what matters most, and you can focus on growing your business.

Customer portal self-service capabilities:¹

- View policy documents
- Review correspondence
- Update billing and payment preferences
- View payment history
- Update contact information
- Complete most policy change forms

¹ Some exclusions may apply

Life insurance that offers protection, ease, and flexibility

FFIUL II Express is designed for families seeking protection for their future and their children's future, as well as emerging affluent individuals. Clients can customize their coverage to fit their needs using a variety of flexible protection options as well as choose from a mix of index accounts to help create more growth potential.

Multipurpose life insurance for multifaceted needs

Access to potential cash value growth

Help pay medical costs stemming from qualifying injury, illness

Minimize taxes with a federal income tax-free death benefit, and tax-free loans or withdrawals

More than just a death benefit

47%

of Americans say their household would face financial hardship within six months should a wage earner die unexpectedly.¹

¹“2025 Insurance Barometer Study,” LIMRA, 2025

Pass away prematurely

\$4 trillion

estimated annual healthcare cost for people with chronic and mental health conditions²

²“Fast Facts: Health and Economic Costs of Chronic Conditions,” CDC, July 12, 2024

Serious illness or injury

51%

of surveyed respondents classify themselves as being concerned or very concerned about outliving their assets.³

³“Savings Shortfall and Fear Over Social Security’s Future Have Americans Leaving Money on the Table,” Schroders.com, August 22, 2024

Outlive savings

Death benefit protection and premiums

Maximum face amounts and issue ages

- Ages 18-60 \$500,000
- Ages 61-70 \$300,000
- Ages 0-17 \$250,000

Face amount bands

- Band 1: \$50,000-\$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.

Death benefit

The death benefit can be applied in many ways. It can help protect a client’s family, or 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.

Class	Base	Chronic Illness Rider	Critical Illness Rider
Select Nontobacco	18-70	18-70	18-70
Select Tobacco	18-70	18-70	18-70
Juvenile	0-17	N/A	N/A

Face amount minimum is \$50,000 for all risk classes. Please see current underwriting guidelines for details.

Graded

Same as increasing to age 70, grading to level at age 95. These amounts may be increased to meet IRS guidelines.

Level

Face amount

Increasing¹

Face amount plus policy value

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.



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 clients to increase the face amount up to the maximum face amount for their issue age and 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.

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 or 7702A requirements.

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 is sufficient to cover the monthly deductions and the index account monthly charge.¹

Net premiums

Net premiums are equal to gross premiums paid less applicable premium expense charges. Net premiums along with transfers and loan repayments that are to be allocated to an index account are held in a Sweep Account from the date received until the sweep date (15th of the month). Each net premium or transfer is allocated to the next segment. At the end of each annual segment period, a new annual segment period begins. Net premiums are allocated to the Basic Interest Account (BIA) 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 are met.² 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.

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 61-70: 5 years

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.³

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.

¹ Cash surrender value is the amount available upon surrender. Cash surrender value equals the policy value minus surrender charges, unpaid loans, and loan interest.

² Minimum no lapse premium requirements:

- 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
- The no lapse ending date must not have passed.

³ 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.

Tax-free loans and withdrawals¹

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.

Loans¹

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 preferred loans after year 10).
- Maximum loan interest rate is 3% (maximum loan interest rate is 2.25% on preferred loans after year 10).
- Loan reserve is credited with interest at 2% in arrears.
- Minimum loan amount is \$500 (except FL where there is no minimum).
- 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, or
 - 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.
- Beginning in the eighth policy year, you will receive prorated interest credit for the number of complete months the loan or withdrawal amount was in the index accounts.
- 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.

Loan Rate	Current Rates			Guaranteed Rates		
	Credit	Charges	Net Effective Rate	Credit	Charges	Net Effective Rate
Years 1-10	2.00%	2.75%	-0.75%	2.00%	3.00%	-1.00%
Years 11+	2.00%	2.00%	0.00%	2.00%	2.25%	-0.25%

¹ 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.



Withdrawals¹

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

There is no fee for taking a withdrawal.

The minimum withdrawal amount is \$500.

Withdrawals cannot reduce the cash surrender value below \$500.

Withdrawals will be taken on a pro rata basis from the unloaned portions of the Basic Interest Account and the index accounts.

Beginning in the eighth policy year, you will receive prorated interest credit for the number of complete months the loan or withdrawal amount was in the index accounts.

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

¹ 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 company can discontinue index loans at any time.

Offering choice and opportunity to create growth potential

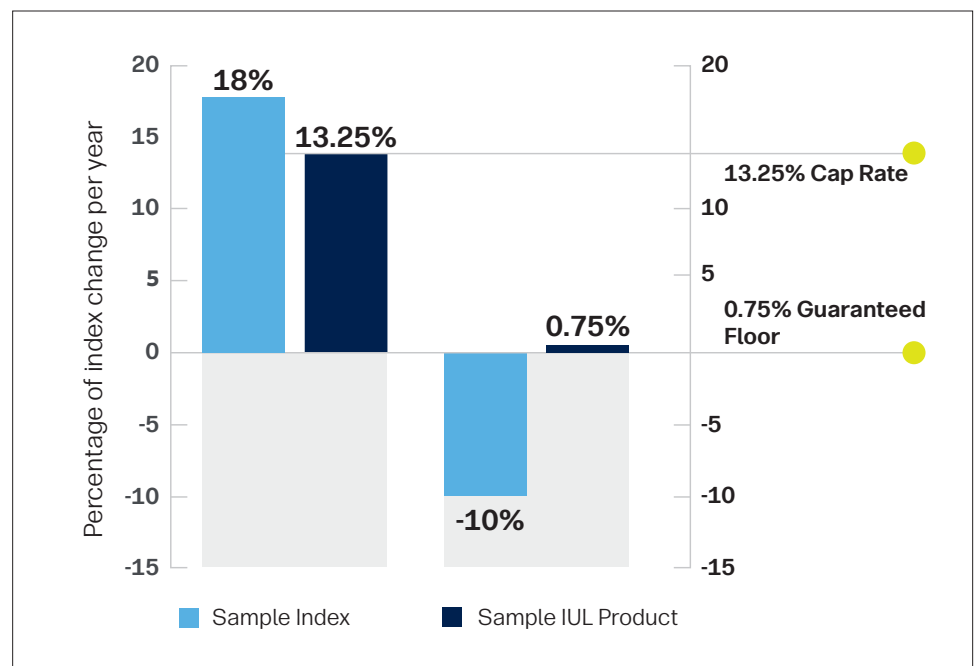
Index account strategies and key terms

Cap rate strategy (cap strategy)

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 that 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.

Example: Cap Rate Strategy:

If the index change is +18%, the credit rate would be 13.25% because of the 13.25% cap rate. If the index change is -10%, the credit rate would be 0.75% because of the guaranteed 0.75% floor rate.



Guaranteed minimum interest rate (floor)

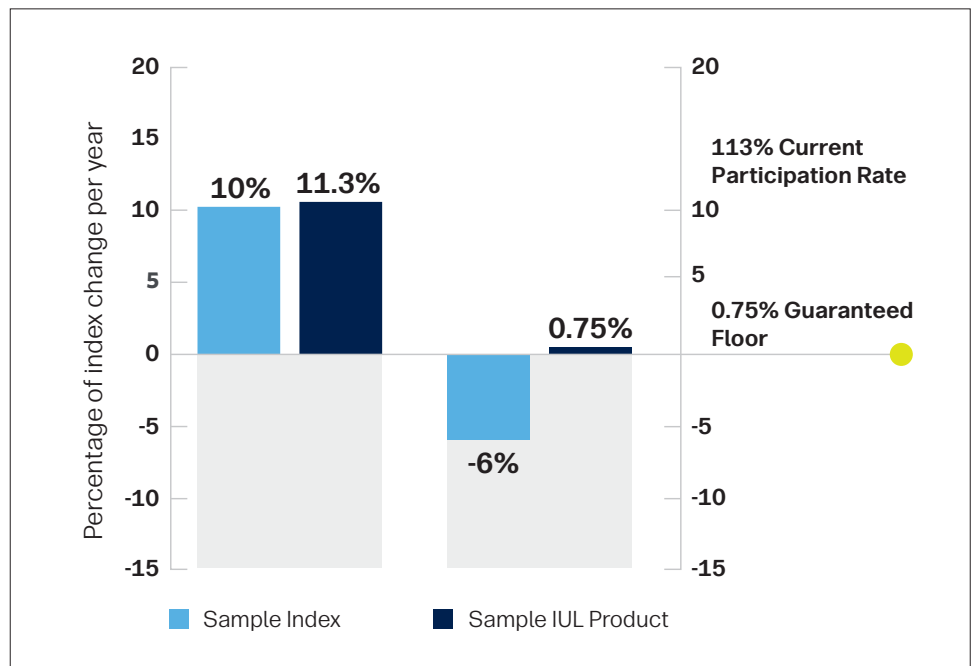
The FFIUL II policy provides a guaranteed minimum interest rate or floor. As such, no matter how the indexes perform, the company will never credit less than the guaranteed minimum interest rate of 0.75%.

Participation rate strategy (par strategy)

The participation rate is a percentage used to determine the Excess Index Interest rate for index accounts. Each index account and segment may have a different participation rate. Participation rates are declared by Transamerica at the company's discretion. Once the participation rate is declared for a segment, it applies until the beginning of the next segment period. The guaranteed minimum participation rate for each index account is stated in the policy data.

Example: Participation (Par) Rate Strategy:

If the index change is +10%, the credit rate would be 11.3% because of the 113% participation rate. If the index change is -6%, the credit rate would be 0.75% because of the guaranteed 0.75% floor rate.



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.

The policy value includes pro rata interest on any accumulated value taken from an index account segment for loans or partial withdrawals (assumes the segment is not depleted).

Excess Index Interest crediting

In the first seven policy years, Excess Index Interest for an index account segment as of its Ending Date is calculated as follows:

{{(A multiplied by B adjusted by C) multiplied by D minus E} where:

A is the index change.

B is the participation rate.

C The product of A and B will be adjusted so that it is no less than zero and no greater than the relevant cap, if applicable.

D is the Segment's adjusted beginning value.

E is 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.

From the beginning of the eighth policy year, we will credit partial Excess Index Interest, if any, if you take a loan or a withdrawal during a Segment Period.

Excess Index Interest for an index account segment as of its Ending Date is calculated as follows:

{{(A multiplied by B adjusted by C) multiplied by D minus E plus F} where:

A is the index change.

B is the participation rate.

C The product of A and B will be adjusted so that it is no less than zero and no greater than the relevant cap, if applicable.

D is the Segment's adjusted beginning value.

E is any interest previously credited to the Segment during the Segment Period at the Index Account Guaranteed Minimum Interest Rate.

F is partial interest for amounts taken as withdrawals or loans during the segment period (number of full months prior to the loan or withdrawal divided by the number of months in the segment period, multiplied by the result determined in steps A through C).

The Excess Index Interest credited to an index account segment will never be less than zero.

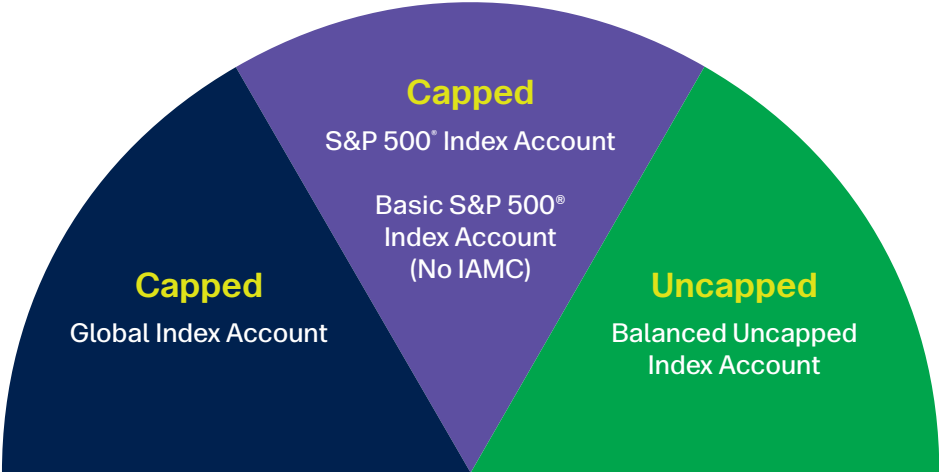
Sweep date

The sweep date is the date on which values can be allocated to an index account segment, transfers to or from the index accounts may be processed, and any Excess Index Interest is credited. The sweep date is the 15th of each month or the next business day.

Account options

Basic Interest Account (BIA)

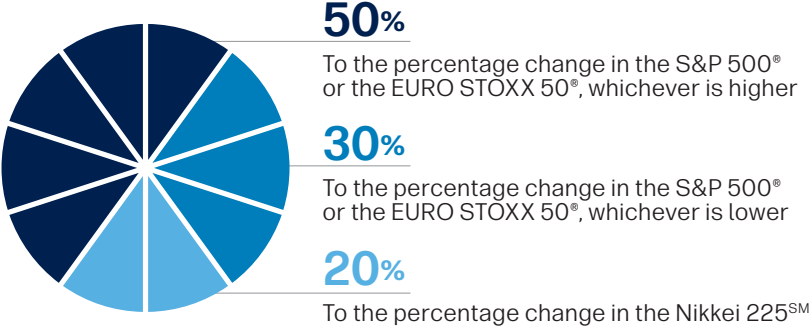
The portion of the policy value in the Basic Interest Account earns interest at rates declared by the company. The interest rates on the Basic Interest Account will never be less than an effective annual rate of 2%, but there is no guarantee that the rates will be greater than 2%.



Index account options for growth potential

Global Index Account

The company credits Excess Index Interest, if any, to this index account based on a weighted average of the index change percentages of three indexes, excluding dividends. The weighted index change percentages are added together and compared to the cap. To arrive at the weighted index change percentage, we apply the following factors:



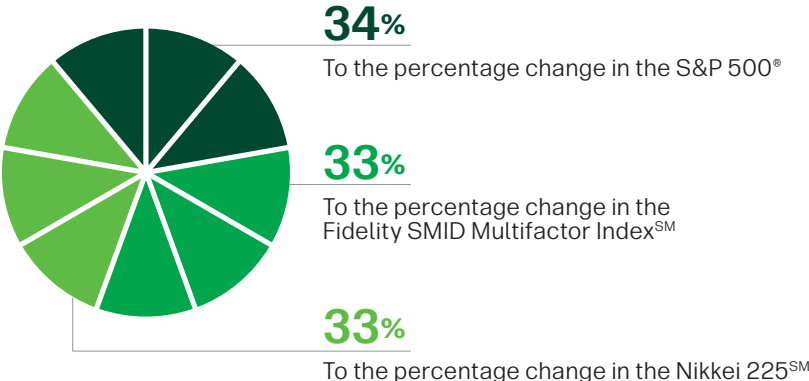
S&P[®] 500 Index Account and Basic S&P 500[®] Index Account (no IAMC)

The company credits Excess Index Interest, if any, to these index accounts using a formula based on changes in the S&P 500[®] Index, excluding dividends. The index change percentage is then compared to the cap.

Balanced Uncapped Index Account

The company credits Excess Index Interest, if any, to this index account based on a weighted average of the index change percentages of three indexes, excluding dividends.

The weighted index change percentages are added together. The 113% participation rate is then applied. To arrive at the weighted index change percentage, we apply the following factors:



Index disclosures

Important information regarding Fidelity Small-Mid Multifactor IndexSM 5% ER:

The Fidelity Small-Mid Multifactor IndexSM 5% ER, also called the Fidelity SMID Multifactor IndexSM, (the "Index") is a product of Fidelity Product Services LLC ("FPS"). It is a rules-based index that utilizes a dynamic asset allocation approach which blends multiple factors with the characteristics of stocks of small- and mid-capitalization U.S. companies along with U.S. Treasuries, which may reduce volatility over time. Fidelity is a trademark of FMR LLC. The Index has been licensed for use for certain purposes by Transamerica Life Insurance Company ("the Company") on behalf of the *Transamerica Financial Foundation IUL[®] II* ("policy"). This index is based on an excess return design, meaning that index returns are netted against a risk-free return. It is a volatility controlled index, which means that the index composition will change over time and in particular when market volatility changes. The effect of the excess return design and the volatility control may limit returns when equity index returns are high.

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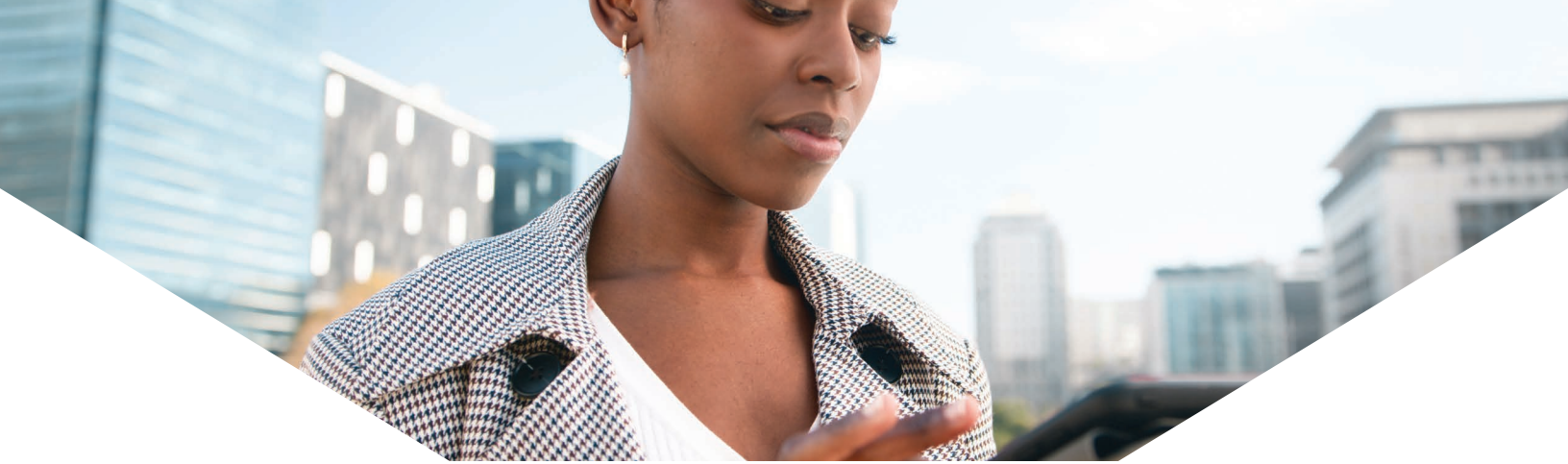
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Summary index account options

Index Account	Strategy	Style	Summary
Global Index Account	Cap Rate	Global	<p>Excess Index Interest is based on dynamically weighted average of S&P 500® Index and EURO STOXX50® Index, using actual index performance and overweighting for better performing index, and the Nikkei 225SM Index.</p>
			<p>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.</p>
			<p>Nikkei 225SM Index has a long history beginning in 1950 and is the leading index of Japan's top 225 companies traded on the Tokyo Stock Exchange.</p> <p>Charges a 0.72% Annual or 0.06% Monthly Index Account Charge</p>
S&P 500® Index Account	Cap Rate	Large Cap Growth	<p>Credits Excess Index Interest based on widely regarded index which tracks 500 large-cap common stocks actively traded in the United States</p> <p>Charges a 0.72% Annual or 0.06% Monthly Index Account Charge</p>
Basic S&P 500® Index Account (No IAMC)	Cap Rate	Large Cap Growth	<p>Calculates Excess Index Interest as listed for the S&P 500® Index Account but has a lower cap and does not charge an Index Account Charge</p>
Balanced Uncapped Index Account	Participation Rate	Balanced	<p>Excess Index Interest is based on weighted average of S&P 500 Index (34%), Fidelity Small-Mid Multifactor Index (33%), and the Nikkei 225 Index (33%) using actual index performance.</p> <p>Charges a 0.72% Annual or 0.06% Monthly Index Account Charge</p>

Excess Index Interest for Global Account

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 Nikkei 225SM Index regardless of the change in its index value

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 Nikkei 225 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. The index charges a 0.72% Annual or 0.06% Monthly Index Account Charge.

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.



S&P 500® Index Account and Basic 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 S&P 500® Index charges a 0.72% Annual or 0.06% Monthly Index Account Charge.

The Basic S&P 500® (No IAMC) Index Account calculates Excess Index Interest as listed for the S&P 500® Index Account but has **a lower cap** and **does not charge** an Index Account Charge.

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 or Basic 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.

Balanced Uncapped Index Account

Instead of crediting interest at an interest rate declared in advance, Excess Index Interest may be credited to each Balanced Uncapped Index Account segment, as of the end of the segment period. Any Excess Index Interest credited to the Balanced Uncapped Index Account is based, in part, on changes in the S&P 500® Index, the Fidelity Small Mid Multifactor IndexSM, and the Nikkei 225SM Index, excluding dividend income. Amounts allocated to the Balanced Uncapped Index Account earn interest at a guaranteed minimum effective annual interest rate of 0.75% throughout each segment period. The Balanced Uncapped Index Account does not have a cap and charges a 0.72% Annual or 0.06% Monthly Index Account Charge.

At the end of each 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 Balanced Uncapped Index Account at the beginning of the segment period, any change in a weighted average of the values of the indexes, and the participation rate. 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.

Automatic Transfer Rule (ATR)

By default, renewing segments roll over to the same account type (for example, Global Index Account rolls to the Global Index Account) unless the owner gives specific transfer instructions prior to the segment renewal.

ATR is for those policy owners who would like to maintain a specific percentage of their policy value in certain accounts. The owner can submit the Automatic Transfer Request Form (FFATRO224) 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. ATR only applies to maturing index account segments. BIA does not create segments. The system will look for funds in the BIA every **sweep date (15th of the month)**. At the end of each segment period, and/or on sweep date, any eligible policy value is rebalanced to match the policy owner's requested allocation. ATR can be elected regardless of which accounts (Index Account and/or BIA) currently have policy value, and any combination of destination accounts can be specified in whole percentages only. ATR will terminate if the policy owner elects DCA or any transfer other than the scheduled ATR. ATR is not available with DCA.

ATR Example

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 (DCA) is for policy owners who would like to spread the allocation of net premium into any combination of index accounts over a period of time. DCA automatically transfers a set dollar amount from the Basic Interest Account to index accounts chosen by the policy owner. Transfers to index account(s) occur on the monthly sweep date (15th of the month).

Minimum of \$2,000 is required in the Basic Interest Account. Minimum transfer amount is \$100.

DCA transfers will not occur if there are not enough funds in the Basic Interest Account to process the transfer. DCA will reinstate automatically once the BIA balance is sufficient. DCA will terminate if the policy owner elects ATR or any transfer other than the scheduled DCA transfer. DCA is not available with ATR.

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:

- Any monthly deduction and index account monthly charge due at the time of termination, plus
- Three monthly deductions and three months of 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 Premiums from the Policy Date through the Policy Month of Lapse; plus
- Three Policy Months of Minimum Monthly No Lapse Premiums; 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.

If the policy is reinstated, a new suicide and contestability period will apply beginning on the date of reinstatement.

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.

Summary of charges

Premium expense charge

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

- Current: 4% in all years
- Guaranteed: 6% in all years

Index account monthly charge (IAMC)


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.

The Basic S&P 500® Index Account does not have an IAMC.

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:

 <p>Monthly policy fee</p> <ul style="list-style-type: none">• Current: \$10• Guaranteed maximum: \$12	<p>Monthly cost of insurance charge</p> <p>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.</p>
<p>Per unit charge</p> <p>The per unit charge is shown in the policy data pages. On a current basis, this charge applies for the first 16 policy years and 16 years from the date of any requested increase in face amount. On a guaranteed basis, this charge remains level through all years. This charge varies by issue age, sex, band, and tobacco use.</p> <p>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.</p>	<p>Current and guaranteed charges</p> <p>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.</p>

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 faster decisions and faster coverage



The electronic application experience reduces the number of touches between you and the client after the application has been submitted thanks to more responsive questions upfront. This helps to deliver coverage faster.

See our Field Guide to Underwriting for more details.

Illustration system

To comply with NAIC Model Regulations, an illustration must be provided to the client at the time the application is written. During the FFIUL II Express application process, an illustration will be created for you to present to the client.

Funeral planning benefits

Additional Services Rider¹ – may be added after issue

With the *Concierge Planning Rider*SM, your clients get support they need at one of life’s most difficult times. This rider provides funeral concierge services through an independent, third-party service provider² and offers an array of tools and benefits:

Legacy planning	Access to 24/7 assistance	Cloud storage	Compare costs
Easy-to-use tools to create a will, healthcare directive, power of attorney, and other customized legal documents	Consumer advocates are available 24/7 to assist with all funeral-related needs	Unlimited capacity for the secure cloud storage of clients’ personal data and documents	Decision-making and budgeting made simple with on-demand comparisons of funeral home prices by geographical location

¹ Availability of the Additional Services Rider is subject to state approval, and it is not available in AK, MI, OR, and VA. In California, Florida, and Maryland, this service 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.

² The funeral planning service and any associated warranty provided by a third-party service provided are solely provided by the third-party service provider and not by Transamerica Corporation or any of its affiliates. All services are offered by a third-party service provider, which is not an affiliate of Transamerica. Life insurance products issued by Transamerica Life Insurance Company, Cedar Rapids, IA. May not be available in all jurisdictions.

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

Maximum face amount: Maximum face amount of the base policy

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.

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.

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
- The policy lapses (The rider may be reinstated with the policy with new consent form.)
- Changing the billing mode to direct bill monthly
- Owner/primary insured revoke the consent to sharing the primary insured's personal information
- We terminate our relationship with the funeral planning company or the funeral planning company ceases to do business
- The policy is surrendered

Underwriting guidelines

Our approach

Transamerica and our third party administrators utilize a digitally enabled underwriting process built to deliver quick, consistent decisions. This process provides a streamlined approach to underwriting risk selection, focusing on applicant-specific data such as personal history, height/weight, and health conditions.

Electronic medical data

For maximum convenience, the new process prioritizes simplicity when it comes to collecting clients' health information.

- Straightforward personal history and lifestyle questions combined with diagnostic and prescription data direct from the healthcare provider eliminate the need for lengthy, intrusive health questions and traditional medical records.

Insurable interest

Insurable interest must exist between the proposed insured, policy owner, payer, and beneficiary or beneficiaries.

Underwriting reserves the right to make the final determination on the issuance of any policy.

An application is valid for 60 days.



Did you know?

Your client may request more information about the health data we received in making our decision by contacting Milliman:

Email:

FCRARreport@milliman.com

Phone:

877-211-4816

Mail:

P.O. Box 2223, Brookfield, WI 53008

Adult single condition decision chart

Condition (Not an all-inclusive list)	Timeframe (years)	Decision
Acquired Immunodeficiency Syndrome (AIDS)	Ever	Decline
Alcohol Abuse or Treatment*	Within 5 years	Decline
	After 5 years	Select
Alzheimer's Disease	Ever	Decline
Amputation, not due to trauma	Ever	Decline
Amyotrophic Lateral Sclerosis (ALS)	Ever	Decline
Aneurysm*	Ever	Decline
Angina (cardiac chest pain)*	Within 5 years	Decline
	After 5 years	Select
Anorexia	Within 5 years	Decline
	After 5 years	Select
Arrhythmia*	Within 5 years	Decline
	After 5 years	Select
Asthma, Severe	Ever	Decline
Atrial Fibrillation*	Within 5 years	Decline
	After 5 years	Select
Autism*	Ever	Decline
Aviation - Pilot or Flight Crew (except for commercial airline flights)*	Next 2 years	Decline
	After 2 years	Select
Bankruptcy (not currently discharged or within the last 5 years had more than 1 bankruptcy)*	Ever	Decline
	Next 2 years	Decline
BASE Jumping	Next 2 years	Decline
	After 2 years	Select
Bedridden	Current	Decline
Bipolar Disorder*	Ever	Decline
Blood Clots (no complications)*	Within 1 year	Decline
	After 1 year	Select
Blood Disorder*	Ever	Decline
Bronchitis, Chronic*	Ever	Decline
Bulimia*	Within 5 years	Decline
	After 5 years	Select
Cancer with metastasis (with spread to lymph nodes or other parts of the body), or recurrence, or cancer of multiple sites*	Ever	Decline
	Within 10 years	Decline
Cancer, Bladder (potentially acceptable for nontobacco users only)*	Within 10 years	Decline
	After 10 years	Select

* These conditions may be eligible for coverage on our traditional underwriting process.

Adult single condition decision chart

Continued

Condition (Not an all-inclusive list)	Timeframe (years)	Decision
Cancer, Breast (potentially acceptable only if diagnosed after age 50)*	Within 4 years	Decline
	After 4 years	Select
Cancer, Cervical (potentially acceptable if surgery was the only treatment)*	Within 5 years	Decline
	After 5 years	Select
Cancer, Colon or Rectal*	Within 10 years	Decline
	After 10 years	Select
Cancer, Kidney (potentially acceptable for nontobacco users only)*	Within 10 Years	Decline
	After 10 Years	Select
Cancer, Melanoma (potentially acceptable if surgery was the only treatment)*	Within 5 years	Decline
	After 5 years	Select
Cancer, Prostate (potentially acceptable only if diagnosed after age 50)*	Within 5 years	Decline
	After 5 years	Select
Cancer, Testicular (potentially acceptable if surgery was the only treatment)*	Within 4 years	Decline
	After 4 years	Select
Cancer, Thyroid*	Within 1 year	Decline
	After 1 year	Select
Cancer, all other types (excluding basal cell carcinoma)*	Ever	Decline
Cardiac Surgery*	Within 10 years	Decline
	After 10 years	Select
Cardiomyopathy*	Ever	Decline
Central Sleep Apnea	Ever	Decline
Cerebral Palsy*	Ever	Decline
Chest Pain, Cardiac Related*	Within 5 years	Decline
	After 5 years	Select
Chronic Pain with frequent or high dose opioids*	Within 3 years	Decline
	After 3 years	Select
Circulatory Disorder*	Ever	Decline
Cirrhosis	Ever	Decline
Clotting Disorder*	Ever	Decline
Cognitive Disorder	Ever	Decline
Congenital Heart Defects*	Ever	Decline
Congestive Heart Failure (CHF)*	Ever	Decline
COPD (including emphysema and chronic bronchitis)*	Ever	Decline
Coronary Artery Disease (CAD)*	Within 5 years	Decline
	After 5 years	Select
Creutzfeldt-Jakob Disease	Ever	Decline

Adult single condition decision chart

Continued

Condition (Not an all-inclusive list)	Timeframe (years)	Decision
Criminal History (felony convictions or charges pending)	Within 10 years	Decline
	After 10 years	Select
Cystic Fibrosis*	Ever	Decline
Defibrillator	Ever	Decline
Depression, Major*	Within 5 years	Decline
	After 5 years	Select
Dementia	Ever	Decline
Diabetic Coma	Ever	Decline
Diabetes diagnosed prior to age 60, or with any of the following: Insulin use in the last 12 months, tobacco use within the last 24 months, neuropathy, retinopathy, or kidney disease*	Ever	Decline
Diabetes, Gestational (if currently pregnant)	Ever	Decline
Down Syndrome	Ever	Decline
Driving, including reckless driving & DUI/DWI/OWI*	Within 2 years	Decline
	After 2 years	Select
Drug Use (excluding marijuana) or abuse or treatment	Within 7 years	Decline
	After 7 years	Select
Eating Disorders*	Within 5 years	Decline
	After 5 years	Select
Emphysema*	Ever	Decline
Employment in the marijuana/cannabis industry, casino (in a managerial or ownership capacity), virtual currency or precious metals, or foreign company involved with oil, gas, coal, nuclear, or armaments for defense purposes	Ever	Decline
Epilepsy or Seizures (other than febrile)*	Within 2 years	Decline
	After 2 years	Select
Esophageal Varices*	Ever	Decline
Foreign residency or travel to high-risk countries (unless state specific regulations apply)*	Ever	Decline
Gaucher's Disease	Ever	Decline
Gestational Diabetes (if currently pregnant)	Ever	Decline
Hang Gliding	Next 2 years	Decline
	After 2 years	Select
Human Immunodeficiency Virus (HIV)*	Ever	Decline
Heart Attack*	Within 10 years	Decline
	After 10 years	Select
Heart Disease*	Within 5 years	Decline
	After 5 years	Select

Adult single condition decision chart

Continued

Condition (Not an all-inclusive list)	Timeframe (years)	Decision
Hepatitis B or C*	Within 5 years	Decline
	After 5 years	Select
Hospice, Palliative, or Home Healthcare	Current	Decline
Hospitalization (2 or more nights)*	Within 1 year	Decline
	After 1 year	Select
Huntington's Disease	Ever	Decline
Hydrocephalus*	Ever	Decline
Immune Deficiency Disorders*	Ever	Decline
Incarceration or on Probation or Parole	Current	Decline
Intellectual Disability*	Ever	Decline
Irregular Heart Beat*	Within 5 years	Decline
	After 5 years	Select
Kidney Dialysis, Recurrent	Within 10 years	Decline
	After 10 years	Select
Kidney Failure, Chronic	Within 10 years	Decline
	After 10 years	Select
Leukemia*	Ever	Decline
Liver Disease/Disorder (excluding Fatty Liver Disease)*	Within 5 years	Decline
	After 5 years	Select
Liver Failure	Ever	Decline
Lupus, Systemic*	Ever	Decline
Lymphoma*	Ever	Decline
Marfan Syndrome*	Ever	Decline
Melanoma (potentially acceptable if surgery was the only treatment)*	Within 5 years	Decline
	After 5 years	Select
Mental Health Disorder resulting in inpatient treatment*	Within 5 years	Decline
	After 5 years	Select
Mental Incapacity	Ever	Decline
Military active duty on standby or with orders for deployment outside of the U.S. (unless specific state regulations apply)*	Ever	Decline
Motor Neuron Disease*	Ever	Decline
Motor sports or boat racing at speeds greater than 100 mph*	Within next 2 years	Decline
	After 2 years	Select
Mountain or outdoor rock climbing using specialized equipment or in locations outside of the U.S.*	Within next 2 years	Decline
	After 2 years	Select

Adult single condition decision chart

Continued

Condition (Not an all-inclusive list)	Timeframe (years)	Decision
Multiple Myeloma	Ever	Decline
Multiple Sclerosis*	Ever	Decline
Muscular Dystrophy*	Ever	Decline
Myasthenia Gravis*	Within 5 years	Decline
	After 5 years	Select
Niemann-Pick Disease	Ever	Decline
Nursing Home, Assisted Living, or Long-Term Care Facility	Current	Decline
Opioid Pain Medication, in frequent or high-doses*	Within 3 years	Decline
	After 3 years	Select
Oxygen, Supplemental (except in the case of a temporary condition immediately following injury or medical treatment not to exceed 3 months time)	Within 1 year	Decline
	After 1 year	Select
Pacemaker*	Within 5 years	Decline
	After 5 years	Select
Pancreatitis, Chronic	Ever	Decline
Parachuting (excluding recreational tandem jumping)*	Within next 2 years	Decline
	After 2 years	Select
Paralysis (hemiplegia, paraplegia, quadraplegia)*	Ever	Decline
Parkinson's Disease*	Ever	Decline
Pending tests, surgery, hospitalization, medical diagnosis, or test results	Within 6 months	Decline
	After 6 months	Select
Peripheral Artery/Vascular Disease (PAD/PVD)*	Ever	Decline
Polio or Post-Polio Syndrome*	Within 5 years	Decline
	After 5 years	Select
Polycystic Kidney Disease*	Ever	Decline
Polycythemia Vera*	Ever	Decline
Pompe Disease	Ever	Decline
Post-Traumatic Stress Disorder (PTSD)*	Within 1 year	Decline
	After 1 year	Select
Pulmonary Fibrosis	Ever	Decline
Pulmonary Hypertension*	Ever	Decline
Schizophrenia or Psychosis*	Within 5 years	Decline
	After 5 years	Select
Scleroderma*	Ever	Decline
Scuba diving at depths greater than 100 ft*	Within next 2 years	Decline
	After 2 years	Select

Adult single condition decision chart

Continued

Condition (Not an all-inclusive list)	Timeframe (years)	Decision
Seizures (other than febrile)*	Within 2 years After 2 years	Decline Select
Sickle Cell Anemia*	Ever	Decline
Skydiving (excluding recreational tandem jumping)*	Within next 2 years After 2 years	Decline Select
Sleep Apnea with Oxygen Use or Central Sleep Apnea	Ever	Decline
Stroke/TIA/CVA*	Within 10 years After 10 years	Decline Select
Suicide Attempt, Single*	Within 5 years After 5 years	Decline Select
Systemic Lupus Erythematosus (SLE)*	Ever	Decline
Terminal Illness (life expectancy is 12 months or less)	Ever	Decline
Transient ischemic attack /TIA*	Within 10 years After 10 years	Decline
Transplant Recipient or Recommendation (organ, bone marrow, or stem cell)	Ever	Decline
Wasting Syndrome	Ever	Decline
Wheelchair Use (except in the case of a temporary condition immediately following injury or medical treatment not to exceed 3 months time)	Within 1 year After 1 year	Decline Select
Wilson's Disease*	Ever	Decline
Wiskott-Aldrich Syndrome	Ever	Decline



Adult BMI

Age: 16-59			
BMI		16.001	39.000
Height (ft' in")	Height (in.)	Select	
		Lower	Upper
4' 8"	56	72	173
4' 9"	57	74	180
4' 10"	58	77	186
4' 11"	59	80	193
5' 0"	60	82	199
5' 1"	61	85	206
5' 2"	62	88	213
5' 3"	63	91	220
5' 4"	64	94	227
5' 5"	65	97	234
5' 6"	66	100	241
5' 7"	67	103	249
5' 8"	68	106	256
5' 9"	69	109	264
5' 10"	70	112	271
5' 11"	71	115	279
6' 0"	72	119	287
6' 1"	73	122	295
6' 2"	74	125	303
6' 3"	75	129	312
6' 4"	76	132	320
6' 5"	77	135	328
6' 6"	78	139	337
6' 7"	79	143	346
6' 8"	80	146	355
6' 9"	81	150	364
6' 10'	82	154	373
6' 11"	83	157	382
7' 0"	84	161	391

Age: 60-75			
BMI		18.001	39.000
Height (ft' in")	Height (in.)	Select	
		Lower	Upper
4' 8"	56	81	173
4' 9"	57	84	180
4' 10"	58	87	186
4' 11"	59	90	193
5' 0"	60	93	199
5' 1"	61	96	206
5' 2"	62	99	213
5' 3"	63	102	220
5' 4"	64	105	227
5' 5"	65	109	234
5' 6"	66	112	241
5' 7"	67	115	249
5' 8"	68	119	256
5' 9"	69	122	264
5' 10"	70	126	271
5' 11"	71	130	279
6' 0"	72	133	287
6' 1"	73	137	295
6' 2"	74	141	303
6' 3"	75	145	312
6' 4"	76	148	320
6' 5"	77	152	328
6' 6"	78	156	337
6' 7"	79	160	346
6' 8"	80	164	355
6' 9"	81	169	364
6' 10'	82	173	373
6' 11"	83	177	382
7' 0"	84	181	391

Juvenile single condition decision chart

In addition to the adult single condition decision chart, please see this additional single condition chart for the juvenile rate class.

In addition to the declines for adults the following conditions apply to juveniles:	Timeframe (years)	Decision
Cancer, all types	Ever	Decline
Crohn disease or ulcerative colitis	Ever	Decline
Depression, any history	Ever	Decline
Diabetes	Ever	Decline
Epilepsy or seizures (other than febrile)	Within 3 years After 3 years	Decline Juvenile Rate
Heart valve disorders	Ever	Decline
Premature birth: applicants age 0-2 born prior to 32 weeks OR applicants age 2-4 born prior to 28 weeks		Decline

Juvenile build chart

Age	Min	Max
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
16	use adult	
17	use adult	

Living benefit riders

Availability of the Chronic and Critical Illness Accelerated Death Benefit Riders is subject to underwriting approval. The Terminal Illness Accelerated Death Benefit Rider is included on all FFIUL II policies.

The Chronic and Critical Illness Accelerated Death Benefit Riders are included when applying for a *Transamerica Financial Foundation IUL II Express* policy unless declined during 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 the benefits available with FFIUL II. For complete details, see the descriptions, definitions, limitations, and exclusions contained in endorsements, riders, or base policy contract forms.

Critical Illness Accelerated Death Benefit Rider¹ —

Only available at issue

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

¹ 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 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.

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-Barré 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)

This disease 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) pseudobulbar palsy; or e) amyotrophic lateral sclerosis (ALS); or f) pseudobulbar palsy; or g) spinal muscular atrophy; or h) postpolio 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.

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

- 90% of the death benefit amount at time of claim
- A maximum accelerated death benefit amount declared by the company. This amount will never be less than \$500,000 and is currently \$1,500,000 across all issued Transamerica life insurance policies.

If less than the maximum amount is accelerated, this option may be exercised up to two additional times after the initial acceleration.

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

The payment amount received upon acceleration will be less than the portion of death benefit that was accelerated. Please see the policy for complete definitions of qualifying conditions. The policy's benefits and values will be reduced proportionally in accordance with the benefits advanced under this option. Benefits advanced for critical illness may be subject to taxation. 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. Critical Illness Rider is underwritten independently from the base policy.

Chronic Illness Accelerated Death Benefit Rider¹ – 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.

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.
- A maximum declared by the company; this amount will never be less than \$500,000. This amount today is set to \$1,500,000 across all issued Transamerica life insurance policies. 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

The payment amount received upon acceleration will be less than the portion of death benefit that was accelerated. The policy's benefits and values will be reduced proportionally in accordance with the benefits advanced under this option. 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 Rider is underwritten independently from the base policy.

Terminal Illness Accelerated Death Benefit Rider^{2,3,4}

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
- A maximum accelerated death benefit amount declared by the company. This amount will never be less than \$500,000 and is currently \$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.

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, 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.

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.

¹ Proceeds paid under the Chronic Illness 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.

² 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 is not a Medicare supplement policy.

³ 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 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.

⁴ 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)).

Administrative charges

The following administrative charges will be assessed for each accelerated death benefit request processed:

Only available at issue

Terminal Illness:

- All states except where noted: \$350 current (\$1,000 guaranteed)
- Florida: \$350 current (\$350 guaranteed)
- California: \$350 current (\$1,000 guaranteed)

Chronic Illness:

- All states except where noted: \$500 current (\$1,000 guaranteed)
- Florida: \$500 current (\$500 guaranteed)
- California: \$750 current (\$1,000 guaranteed)

Critical Illness:

- All states except where noted: \$500 current (\$1,000 guaranteed)
- Florida: \$500 current (\$500 guaranteed)
- California: \$350 current (\$1,000 guaranteed)

For any chronic illness accelerated death benefit requests after the first annual payment that are paid due to the same illness, we will assess a \$100 administrative charge. Subsequent acceleration requests that are not due to the same illness will be assessed a \$500 administrative charge.

Eligibility for the benefits 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)).

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.

Conditions for decline of living benefit riders

Conditions that will not be approved for *Transamerica Financial Foundation IUL® II Express* living benefit riders

- Blindness (complete or partial)
- Chronic pain (pain lasting longer than 6 months)
- Connective tissue disorder
- Immune system disorder
- Peripheral neuropathy
- Myasthenia gravis
- Neuromuscular disease or neurodegenerative disorder
- Optic neuritis
- Polio or post-polio syndrome
- Rheumatoid arthritis or psoriatic arthritis
- Ulcerative colitis or Crohn's disease
- Vasculitis or arteritis
- Been advised by a member of the medical profession to use a motorized scooter, walker, cane, urinary catheter, Hoyer lift, or crutches (other than for a temporary condition lasting less than 3 months)
- Required assistance with the following daily activities: Taking medications; dressing; eating; walking; bathing; toileting; or transferring from chair or bed
- Been unable to work or perform normal activities due to chronic illness or permanent injury
- Received Medicaid (not including Medicare)
- Had a handicap sticker, handicap placard, or handicap license plate



Living 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 factors are:

- 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 administrative charge applies for each 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: Is it possible to get approved for the FFIUL II and declined for the Critical Illness Rider or Chronic Illness Rider?

A: Yes. It is possible to get declined for either or both riders.

Q: Can these riders be added after the policy is active?

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



Age	Percentage
75-90	5%
91	4%
92	3%
93	2%
94-120	1%

Overloan Protection Rider (OPR)¹ – 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. 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).

¹ 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.



FFIUL II Express product overview

Transamerica Financial Foundation IUL® II Express	
Category	Product Detail
Policy Type	Index universal life
Description	Index universal life insurance with multiple account options
Issue Ages and Risk Classes	18-70 Select Nontobacco 18-70 Select Tobacco 0-17 Juvenile
Issue Ages Based Upon	Age last birthday
Minimum Face Amount	\$50,000
Minimum Premium Amount	Minimum of \$25 initial and renewal premium
No Lapse Guarantee Period¹	Provided the cumulative minimum monthly no lapse premium requirements are met, each policy has a no lapse period as follows: Issue ages 0-45: 20 years Issue ages 46-60: Until age 65 Issue ages 61 and older: 5 years
Death Benefit Options	Level: Face amount Increasing ² : 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.
Banding	Band 1: \$50,000-\$99,999 Band 2: \$100,000-\$249,999 Band 3: \$250,000-\$499,999 Band 4: \$500,000
Riders and Additional Features	Chronic Illness Accelerated Death Benefit Rider ³ Critical Illness Accelerated Death Benefit Rider ³ Overloan Protection Rider Terminal Illness Accelerated Death Benefit Rider ³ Additional Services Rider/Benefit
Index Account Options	Global Index Account S&P 500® Index Account Basic S&P 500® Index Account (No IAMC) Balanced Uncapped Index Account
Guaranteed Minimum Interest Rate	2% for the Basic Interest Account; 0.75% for all Index Account options
Transfers Between Accounts	Transfers from all Index Accounts to the other accounts are allowed at the end of an annual Segment Period (15 th of the month). Transfers from the Basic Interest Account (BIA) to the other accounts are only allowed once per month on the sweep date (15 th of the month).
Dollar Cost Averaging (DCA)	DCA is for policy owners who would like to spread the allocation of net premium into any combination of Index Accounts over a period of time. DCA automatically transfers a set dollar amount from the Basic Interest Account to Index Accounts chosen by the policy owner. Transfers to Index Account(s) occur on the monthly sweep date (15 th of the month). Minimum of \$2,000 is required in the Basic Interest Account. Minimum transfer amount is \$100. If the BIA balance falls below the desired transfer amount, no transfer will occur. DCA will reinstate automatically once the BIA balance is sufficient. DCA will terminate if the policy owner elects ATR or any transfer other than the scheduled DCA transfer. DCA is not available with ATR.
Automatic Transfer Rule (ATR)	ATR is for those policy owners who would like to maintain a specific percentage of their policy value in certain accounts. ATR only applies to maturing Index Account Segments. BIA does not create segments. The system will look for funds in the BIA every sweep date (15 th of the month). At the end of each segment period, and/or on sweep date, any eligible policy value is rebalanced to match the policy owner's requested allocation. ATR can be elected regardless of which accounts (Index Account and/or BIA) currently have policy value, and any combination of destination avoid word split can be specified in whole percentages only. ATR is available at issue or any time thereafter. ATR will terminate if the policy owner elects DCA or any transfer other than the scheduled ATR. ATR is not available with DCA.

Transamerica Financial Foundation IUL® II Express

Category	Product Detail
Withdrawals⁴	<p>If there is enough policy value, policy owners may take a withdrawal at any time after the first policy anniversary without incurring company-imposed surrender charges, subject to the conditions and limitations specified in the policy. Maximum withdrawal is cash surrender value minus \$500. Minimum withdrawal amount allowed is \$500. Excess Index Interest will not be credited on amounts taken as withdrawals from an Index Account Segment prior to the end of the Segment Period. There is no fee for taking a withdrawal.</p>
Loans⁴	<p>Minimum: \$500 (Except in FL where there is no minimum) Maximum: The policy value minus the loan balance, minus the loan interest that will accrue before the next anniversary, minus the greater of the surrender charge or two monthly deductions. Excess Index Interest will not be credited on amounts taken as loans from an Index Account Segment before the end of the Segment Period. Maximum loan amounts may vary by states. See policy for complete descriptions of loans.</p> <p>Standard & Preferred loans</p> <ul style="list-style-type: none"> ▪ Available any time after the free-look period ends ▪ 2% annual interest credit on loaned value ▪ Nonguaranteed current interest rates (charged annually) 2.75% standard, 2% preferred ▪ Guaranteed interest rates (charged annually) 3% standard, 2.25% preferred ▪ All loans, including existing loans, will be classified as "preferred" after 10th policy anniversary
Policy Fee	\$10/month current; \$12/month guaranteed
Cost of Insurance⁵	Charge varies based on insured's age, class of risk and gender, and the policy's face amount and duration.
Per Unit Charge	A charge per thousand of the face amount of the Base Policy. This charge varies by gender, tobacco use, age of the insured, and the face amount band. On a current basis, the charge applies for 16 years from issue/face amount increase. On a guaranteed basis, the charge remains level through all years. State variations may apply.
Premium Expense Charge	As premiums are paid: Current 4%; guaranteed 6%.
Index Account Monthly Charge	<p>Basic S&P 500 Index Account does not have an IAMC.</p> <p>IAMC applies to S&P 500® Index Account, Global Index Account, and Balanced Uncapped Index Accounts. 0.06% monthly (0.72% annually) of the value in the Index Accounts, taken on the monthly policy date through age 120, pro rata by account value, then pro rata across segments within each account</p>
Conversion Option	Conversions from term policies are not allowed.

¹ After the No Lapse 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.

² The increasing death benefit option will result in higher monthly deductions over the life of the policy, compared to the level death benefit option. Not available in all states.

³ Accelerated Death Benefits may be available when the insured has been diagnosed with a qualifying event, as described in the rider, while the policy and the rider are in force. Benefits advanced under this rider may be subject to taxation. Limitations and exclusions apply. Refer to the rider for complete details.

⁴ 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.

⁵ The company has the right to change current charges and cost of insurance rates. The company 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. Any increased policy charges, partial withdrawals or loans, failure to pay planned premiums, or worse than expected index performance can (a) reduce the amount of future withdrawals or loans that can be taken and (b) in many cases, increase the risk of policy lapse, reduce the death benefit proceeds, and increase the amount of monthly deductions.

The *Transamerica Financial Foundation IUL® II* (Policy Form ICC24 TPIU12IC-0224); is an index universal life insurance policy issued by Transamerica Life Insurance Company, Cedar Rapids, IA. Policy form and number may vary, and this product may not be available in all jurisdictions. All rates in this brochure are effective as of July 2024 and are subject to change without notice.

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.

The express application process is not available in Guam, New York, Puerto Rico, or U.S. Virgin Islands.

The express application process for Juvenile rate class is not available in Guam, New York, Puerto Rico, U.S. Virgin Islands, or Washington.

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