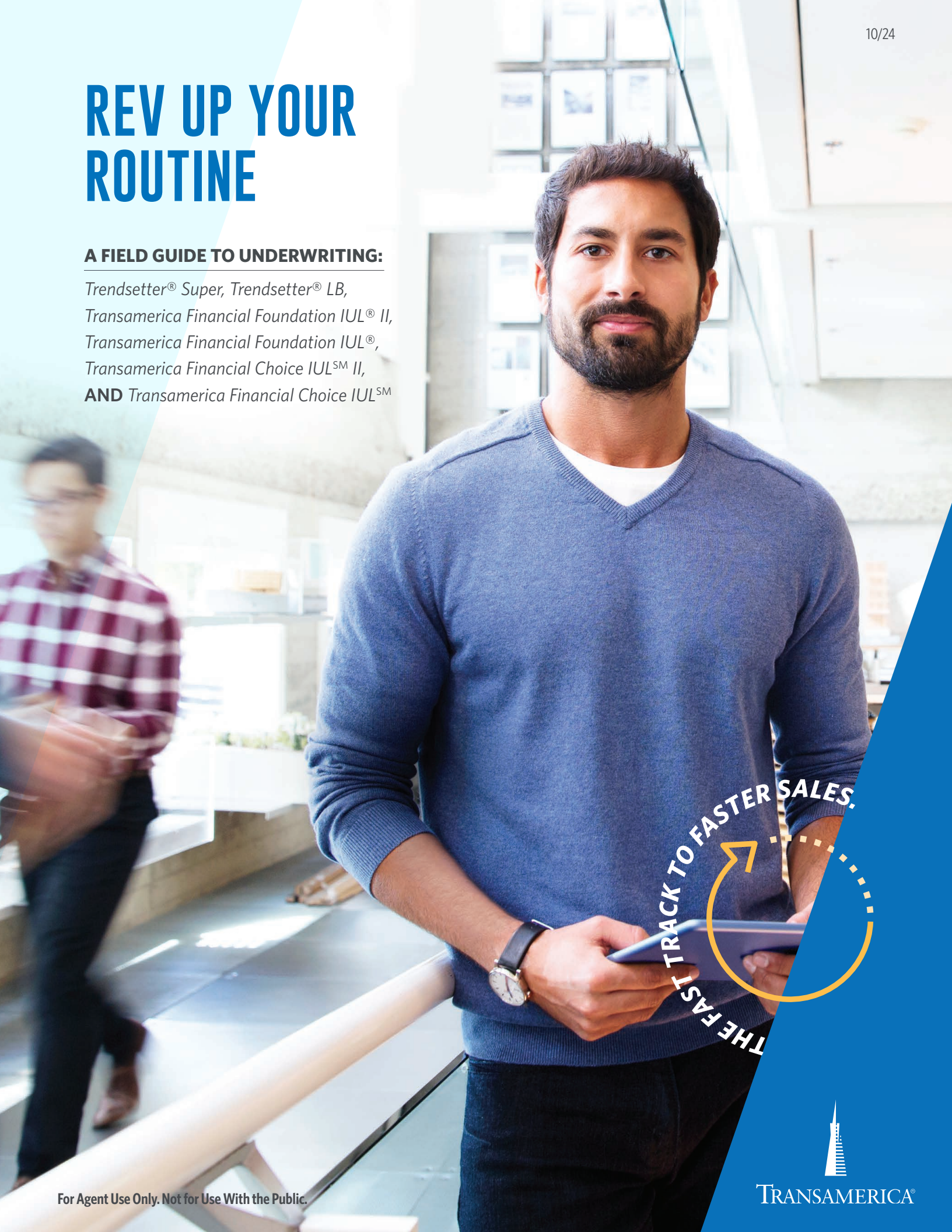


REV UP YOUR ROUTINE

A FIELD GUIDE TO UNDERWRITING:

*Trendsetter® Super, Trendsetter® LB,
Transamerica Financial Foundation IUL® II,
Transamerica Financial Foundation IUL®,
Transamerica Financial Choice IULSM II,
AND Transamerica Financial Choice IULSM*



THE FAST TRACK TO FASTER SALES.



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DIGITAL UNDERWRITING SOLUTION

DIGITAL UNDERWRITING SOLUTION

Transamerica is proud to introduce our digital underwriting solution for term and index universal life policies. By leveraging automation, we expect this streamlined process to reduce underwriting and issue times for you and your clients, improving your overall new business submission experience.

DIGITAL UNDERWRITING

No one likes surprises when they're writing business. In an ever-changing landscape, you need tools that can quickly and efficiently help clients obtain the protection they need. That's why we've introduced our digital application to help collect more information upfront, reduce the need to request traditional underwriting requirements, and significantly increase the number of applications submitted in good order.

iGO e-APP

Our electronic application, the iGO® e-App, provides guidance and prompts to assist you with a client's application process and helps ensure good order before submission to the home office. The application features LexisNexis data prefill to prepopulate fields and help with the client verification process. Reflexive questions only ask questions when applicable to the proposed insured and help us obtain additional details about a client's medical history. The personalized application captures information upfront for faster underwriting decisions and coverage. As a result, clients may receive a digital underwriting decision within minutes of submission.

CLIENT-DRIVEN PART II

We understand discussing sensitive information with another person is not always easy for the client and, at times, can limit the amount of information the proposed insured is willing to disclose. But we also know that field underwriting is still needed to ensure you are setting the correct expectations with the client.

The client collaboration process helps ensure the required application information is received. This optional process allows the proposed insured or their legal guardian (if the proposed insured is a juvenile) to complete the personal and medical history Part II, without having specifics of medical and nonmedical conditions disclosed with someone else. The client collaboration feature may be helpful when working with clients who are uncomfortable or ill-prepared to discuss their medical history. Providing clients this option may reduce your face-to-face time with the client and encourage more thorough and candid responses from clients.

FRAUD WARNING

Any person who knowingly represents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Transamerica may complete Post Issue Audits on cases to validate our underwriting assessments. If we develop material misrepresentation, we reserve the right to rescind the policy within the contestable period and deny future coverage.

UNDERWRITING REQUIREMENTS

All requirements will be ordered through Transamerica and administered through Transamerica-approved vendors.

As we move to a new world of an enhanced consumer experience, there will be times when not all the traditional evidence will be necessary to determine your customer's insurability. As a result, Transamerica will order all necessary underwriting evidence for your customer, reducing the burden as well as ensuring we only get the necessary information to understand your customer's risk profile. This change in process will allow us to help expedite the ordering of the most relevant information the first time and drive down the time it takes to make a decision.

VITALS AND PARAMED PHYSICAL FINDINGS

When required, paramed physical findings are ordered by 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, pulse), collecting fluids (blood and urine), and administering ECGs (if applicable).

HOME OFFICE SPECIMEN (HOS)

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

BLOOD CHEMISTRY PROFILE (BCP)

A blood chemistry profile is a venous blood draw collected during the paramed physical findings visit and 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 receiving text message notifications.* Once their results are ready to be accessed (up to seven days after completion for labs), 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.

Visit AccessMyHealth: transamerica.accessmyhealth.com

* AccessMyHealth™ does not have the ability to call international phone numbers.
Lab report is available for 12 months from the date the sample was received at the laboratory.



RESTING ELECTROCARDIOGRAM (ECG)

During an electrocardiogram (when required), 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, the test does not need to be repeated upon provision of the test results.

MINNESOTA COGNITIVE ACUITY SCREEN (CS)

The Minnesota Cognitive Acuity Screen is a telephone interview conducted by a registered nurse (RN), who is specifically trained to administer the test. The purpose of this test is to screen for potential early cognitive impairment. Proposed insureds ages 71 and older applying for life insurance will be required to complete a CS.

It is important your client realizes 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 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 CS.

INSPECTION REPORTS (IR, BBIR, EIR)

Inspection Reports provide a holistic view of the proposed insured's public record, 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 (PFS)

A Financial Supplement to Application for Life Insurance (also known as a Confidential Financial Questionnaire) will be requested on larger face amounts or/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
- Or/if the insurance is being used for business coverage, including Buy-Sell, Loan, and Key Person applications

MOTOR VEHICLE REPORTS

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

CRIMINAL BACKGROUND CHECK

A criminal history background check may be ordered and is a database search of court records.

PRESCRIPTION AND MEDICAL DATA CHECK

A prescription and medical 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.

IDENTITY VERIFICATION

An identity verification is primarily used to verify the identities of our customers and ensure our quality of business, manage identity risk, prevent identity fraud, and comply with obligations under the USA Patriot Act. 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.

TAX RETURN TRANSCRIPT

IRS Form 4506-C is an Internal Revenue Service (IRS) form that 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 the application submission process to expedite processing.

ATTENDING PHYSICIAN STATEMENTS (APS)

An attending physician statement is a copy of the proposed insured's medical records obtained from their attending physician or healthcare provider. APS may be required based on age and/or face amount.

TRANSAMERICA ORDERS ALL REQUIREMENTS

Please refer to age and face amount chart on the next pages. Transamerica will order all requirements through Transamerica-approved vendors.

Application will close in iPipeline® at 45 days. The agent receives an email to finalize the case four times prior to the case closing.

AN APPLICATION IS VALID FOR 90 DAYS

Cases will close after 45 days if there are outstanding requirements. A new application will be needed after 90 days.

HOW LONG ARE UNDERWRITING REQUIREMENTS VALID?

REQUIREMENTS	UP TO AGE 70	AGE 71 AND OLDER
Paramed-Physical Findings	Valid for 1 year	Valid for 6 months
Teleinterview ¹	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

¹ Only ordered on paper applications

APS GUIDELINES ARE AS FOLLOWS:

FACE AMOUNTS			
Age	Up to and including \$1 million	> \$1 million to \$3 million	Over \$3 million
18-50	NOT ROUTINELY (for cause or for exam within the past 3 months not marked within normal limits) ¹	NOT ROUTINELY (for cause or for exam within the past 3 months not marked within normal limits) ¹	YES Will be required on all applications ²
51-60	NOT ROUTINELY (for cause or for exam within the past 3 months not marked within normal limits) ¹	NOT ROUTINELY (for cause or for exam within the past 3 months not marked within normal limits) ¹	YES Will be required on all applications
61-69	NOT ROUTINELY (for cause or for exam within the past 12 months not marked within normal limits) ¹	YES Within the last 5 years for preferred classes and has an established primary care physician	YES Within the last 5 years for preferred classes and has an established primary care physician
70 and older	YES ³	YES ³	YES ³

¹ An APS is not needed on routine screening or annual exams if noted to be within normal limits, unless needed due to medical history.

² Individual consideration up to and including \$5 million (and under age 50) if applicant has not seen an M.D. for more than three years.

³ Ages 70-79, all rate classes available if seen in the last 24 months by primary care physician, otherwise limited to standard at best.

All third-party requirements should be administered through Transamerica-approved vendors.



AGE AND FACE AMOUNT REQUIREMENTS

Trendsetter® Super and Trendsetter® LB

FACE AMOUNTS ^{1,2}		ISSUE AGE ^{2,3,4,5,6}						
Min.	Max.	18-40 ⁷	41-45	46-55	56-60	61-70	71-75	76-80
\$25,000	\$50,000	*	*	*	*	*	Vitals BCP HOS MVR	Vitals BCP HOS MVR
\$50,001	\$99,999	*	*	*	*	Vitals BCP HOS	Vitals BCP HOS MVR	Vitals BCP HOS MVR
\$100,000	\$249,999	* MVR	*	*	Vitals BCP HOS	Vitals BCP HOS	Vitals BCP HOS CS MVR	Vitals BCP HOS CS MVR
\$250,000	\$500,000	* MVR	* MVR	* MVR	Vitals BCP HOS MVR	Vitals BCP HOS MVR	Vitals BCP HOS CS MVR	Vitals BCP HOS CS MVR
\$500,001	\$1,000,000	* MVR	* MVR	* MVR	Vitals BCP HOS MVR	Vitals BCP HOS MVR	Vitals BCP HOS CS PFS MVR	Vitals BCP HOS CS PFS MVR
\$1,000,001	\$2,000,000	* MVR	* MVR	Vitals BCP HOS MVR	Vitals BCP HOS MVR	Vitals BCP HOS PFS MVR	Vitals BCP HOS CS PFS MVR	Vitals BCP HOS ECG CS PFS MVR
\$2,000,001	\$3,500,000	Vitals BCP HOS MVR	Vitals BCP HOS MVR	Vitals BCP HOS MVR	Vitals BCP HOS MVR	Vitals BCP HOS PFS MVR	Vitals BCP HOS CS PFS MVR	Vitals BCP HOS ECG CS PFS MVR
\$3,500,001	\$5,000,000	Vitals BCP HOS MVR	Vitals BCP HOS MVR	Vitals BCP HOS MVR	Vitals BCP HOS MVR	Vitals BCP HOS PFS MVR	Vitals BCP HOS CS PFS MVR	Vitals BCP HOS ECG CS PFS MVR
\$5,000,001	\$10,000,000	Vitals BCP HOS PFS MVR	Vitals BCP HOS PFS MVR	Vitals BCP HOS PFS MVR	Vitals BCP HOS PFS MVR	Vitals BCP HOS PFS MVR	Vitals BCP HOS ECG CS PFS MVR	Vitals BCP HOS ECG CS PFS MVR
\$10,000,001	and higher	Vitals BCP HOS ECG PFS MVR IR	Vitals BCP HOS ECG PFS MVR IR	Vitals BCP HOS ECG PFS MVR IR	Vitals BCP HOS ECG PFS MVR IR	Vitals BCP HOS ECG PFS MVR IR	Vitals BCP HOS ECG CS PFS MVR IR	Vitals BCP HOS ECG CS PFS MVR IR

* Highlighted cells indicate potential eligibility for fluidless processing.

¹ Term lengths are not available at all ages.

² Applicants receiving a digital underwriting decision will not be reconsidered for a better rate classification.

³ IRS Form 4506-C is required with all applications \$5 million and above or at Underwriter discretion.

⁴ Some medical impairments and/or nicotine use may trigger additional requirements.

⁵ International Underwriting not eligible for straight through and fluidless processing.

⁶ Transamerica reserves the right to request other evidence of insurability as it deems necessary. For requirements, please see Determining Coverage Amounts on page 15 of this guide.

⁷ Requests to reduce face amount received during underwriting will not alter the medical requirement.

⁸ Trendsetter LB band one (\$25,000-\$99,000) is not available for ages 18-22.



AGE AND FACE AMOUNT REQUIREMENTS

Transamerica Financial Choice IULSM

FACE AMOUNTS ¹		ISSUE AGE ^{2,3,4,5,6}								
Min.	Max.	0-17 ⁷	18-40	41-45	46-55	56-60	61-70	71-75	76-80	81-85
\$250,000	\$500,000	*	* MVR	* MVR	* MVR	Vitals BCP HOS MVR	Vitals BCP HOS MVR	Vitals HOS CS MVR	Vitals BCP HOS CS MVR	Vitals BCP HOS CS MVR
\$500,001	\$1,000,000	*	* MVR	* MVR	* MVR	Vitals BCP HOS MVR	Vitals BCP HOS MVR	Vitals BCP HOS CS MVR	Vitals BCP HOS CS MVR	Vitals BCP HOS CS MVR
\$1,000,001	\$2,000,000	N/A	* MVR	* MVR	Vitals BCP HOS MVR	Vitals BCP HOS MVR	Vitals BCP HOS MVR	Vitals BCP HOS PFS CS MVR	Vitals BCP HOS CS PFS MVR	Vitals BCP HOS ECG CS PFS MVR
\$2,000,001	\$3,500,000	N/A	Vitals BCP HOS PFS MVR	Vitals BCP HOS PFS MVR	Vitals BCP HOS PFS MVR	Vitals BCP HOS PFS MVR	Vitals BCP HOS PFS MVR	Vitals BCP HOS CS MVR	Vitals BCP HOS CS PFS MVR	Vitals BCP HOS ECG CS PFS MVR
\$3,500,001	\$5,000,000	N/A	Vitals BCP HOS PFS MVR IR	Vitals BCP HOS PFS MVR IR	Vitals BCP HOS PFS MVR IR	Vitals BCP HOS PFS MVR IR	Vitals BCP HOS PFS MVR IR	Vitals BCP HOS CS PFS MVR IR	Vitals BCP HOS CS PFS MVR IR	Vitals BCP HOS ECG CS PFS MVR IR
\$5,000,001	\$10,000,000	N/A	Vitals BCP HOS PFS MVR IR	Vitals BCP HOS PFS MVR IR	Vitals BCP HOS PFS MVR IR	Vitals BCP HOS PFS MVR IR	Vitals BCP HOS PFS MVR IR	Vitals BCP HOS CS PFS MVR IR	Vitals BCP HOS ECG CS PFS MVR IR	Vitals BCP HOS ECG CS PFS MVR IR
\$10,000,001	and higher	N/A	Vitals BCP HOS ECG PFS MVR IR	Vitals BCP HOS ECG PFS MVR IR	Vitals BCP HOS ECG PFS MVR IR	Vitals BCP HOS ECG PFS MVR IR	Vitals BCP HOS ECG PFS MVR IR	Vitals BCP HOS ECG CS PFS MVR IR	Vitals BCP HOS ECG CS PFS MVR IR	Vitals BCP HOS ECG CS PFS MVR IR

* Highlighted cells indicate potential eligibility for fluidless processing.

¹ IRS Form 4506-C is required with all applications \$5 million and above or at Underwriter discretion.

² Applicants receiving a digital underwriting decision will not be reconsidered for a better rate classification.

³ Some medical impairments and/or nicotine use will require additional requirements.

⁴ International Underwriting not eligible for straight through and fluidless processing.

⁵ Transamerica reserves the right to request other evidence of insurability as it deems necessary. For requirements, please see Determining Coverage Amounts on page 15 of this guide.

⁶ Requests to reduce face amount received during underwriting will not alter the medical requirement.

⁷ Juvenile must reside in the U.S. for consideration.

AGE AND FACE AMOUNT REQUIREMENTS

Transamerica Financial Foundation IUL® | TFLIC Financial Foundation IUL®

FACE AMOUNTS ¹		ISSUE AGE ^{2,3,4,5,6}								
Min.	Max.	0-17 ⁷	18-40	41-45	46-55	56-60	61-70	71-75	76-80	81-85
\$25,000	\$50,000	*	* MVR	*	*	*	Vitals BCP HOS	Vitals BCP HOS MVR	Vitals BCP HOS MVR	Vitals BCP HOS MVR
\$50,001	\$75,000	*	* MVR	*	*	*	Vitals BCP HOS	Vitals BCP HOS MVR	Vitals BCP HOS MVR	Vitals BCP HOS MVR
\$75,001	\$99,999	*	* MVR	*	*	Vitals BCP HOS	Vitals BCP HOS	Vitals BCP HOS MVR	Vitals BCP HOS MVR	Vitals BCP HOS MVR
\$100,000	\$249,999	*	* MVR	*	*	Vitals BCP HOS	Vitals BCP HOS	Vitals BCP HOS CS MVR	Vitals BCP HOS CS MVR	Vitals BCP HOS CS MVR
\$250,000	\$500,000	*	* MVR	* MVR	* MVR	Vitals BCP HOS MVR	Vitals BCP HOS MVR	Vitals BCP HOS CS MVR	Vitals BCP HOS CS MVR	Vitals BCP HOS CS MVR
\$500,001	\$1,000,000	*	* MVR	* MVR	* MVR	Vitals BCP HOS MVR	Vitals BCP HOS MVR	Vitals BCP HOS CS MVR	Vitals BCP HOS CS MVR	Vitals BCP HOS CS MVR
\$1,000,001	\$2,000,000	N/A	* MVR	* MVR	Vitals BCP HOS MVR	Vitals BCP HOS MVR	Vitals BCP HOS MVR	Vitals BCP HOS CS PFS MVR	Vitals BCP HOS CS PFS MVR	Vitals BCP HOS ECG CS PFS MVR
\$2,000,001	\$3,500,000	N/A	Vitals BCP HOS PFS MVR	Vitals BCP HOS PFS MVR	Vitals BCP HOS PFS MVR	Vitals BCP HOS PFS MVR	Vitals BCP HOS PFS MVR	Vitals BCP HOS CS PFS MVR	Vitals BCP HOS CS PFS MVR	Vitals BCP HOS ECG CS PFS MVR
\$3,500,001	\$5,000,000	N/A	Vitals BCP HOS PFS MVR IR	Vitals BCP HOS PFS MVR IR	Vitals BCP HOS PFS MVR IR	Vitals BCP HOS PFS MVR IR	Vitals BCP HOS PFS MVR IR	Vitals BCP HOS CS PFS MVR IR	Vitals BCP HOS CS PFS MVR IR	Vitals BCP HOS ECG CS PFS MVR IR
\$5,000,001	\$10,000,000	N/A	Vitals BCP HOS PFS MVR IR	Vitals BCP HOS PFS MVR IR	Vitals BCP HOS PFS MVR IR	Vitals BCP HOS PFS MVR IR	Vitals BCP HOS PFS MVR IR	Vitals BCP HOS CS PFS MVR IR	Vitals BCP HOS ECG CS PFS MVR IR	Vitals BCP HOS ECG CS PFS MVR IR
\$10,000,001	and higher	N/A	Vitals BCP HOS ECG PFS MVR IR	Vitals BCP HOS ECG PFS MVR IR	Vitals BCP HOS ECG PFS MVR IR	Vitals BCP HOS ECG PFS MVR IR	Vitals BCP HOS ECG PFS MVR IR	Vitals BCP HOS ECG CS PFS MVR IR	Vitals BCP HOS ECG CS PFS MVR IR	Vitals BCP HOS ECG CS PFS MVR IR

* Highlighted cells indicate potential eligibility for fluidless processing.

¹ IRS Form 4506-C is required with all applications \$5 million and above or at Underwriter discretion.

² Applicants receiving a digital underwriting decision will not be reconsidered for a better rate classification.

³ Some medical impairments and/or nicotine use will require additional requirements.

⁴ International Underwriting not eligible for straight through and fluidless processing.

⁵ Transamerica reserves the right to request other evidence of insurability as it deems necessary. For requirements, please see Determining Coverage Amounts on page 15 of this guide.

⁶ Requests to reduce face amount received during underwriting will not alter the medical requirement.

⁷ Juvenile must reside in the U.S. for consideration.

AVAILABLE RIDERS AND BENEFITS BY PRODUCT

PRODUCT	ACCIDENTAL DEATH BENEFIT (ADB) RIDER	BASE INSURED RIDER (BIR) ^{1,2}	CHILDREN'S BENEFIT RIDER/ CHILDREN'S INSURANCE RIDER (CBR/CIR) ¹	CHRONIC ILLNESS RIDER ¹	CRITICAL ILLNESS RIDER ¹	DISABILITY WAIVER OF PREMIUM (DWP) RIDER ¹
<i>Trendsetter Super</i>	Yes	N/A	Yes	N/A	N/A	Yes
<i>Trendsetter LB</i>	Yes	N/A	Yes	Yes ³	Yes ³	Yes
FFIUL II/FFIUL	Yes	Yes	Yes	Yes	Yes	Yes
FCIUL II/FCIUL	Yes	Yes	Yes	Yes	Yes	Yes

PRODUCT	ADDITIONAL SERVICES RIDER ⁴ / EVEREST	GUARANTEED INSURABILITY (GIR) RIDER	INCOME PROTECTION OPTION (IPO) RIDER	LONG TERM CARE (LTC) RIDER ¹	MONTHLY DISABILITY INCOME (MDI) ¹	TERMINAL ILLNESS RIDER/ ACCELERATED DEATH BENEFIT	DISABILITY WAIVER OF MONTHLY DEDUCTIONS RIDER ¹
<i>Trendsetter Super</i>	N/A	N/A	Yes	N/A	N/A	Yes ³	N/A
<i>Trendsetter LB</i>	N/A	N/A	Yes	N/A	Yes	Yes ³	N/A
FFIUL II/FFIUL	Yes	Yes	Yes	Yes	N/A	Yes ³	Yes
FCIUL II/FCIUL	Yes	N/A	Yes	N/A	N/A	Yes ³	Yes

¹ Additional Underwriting may be required.

² Amount of Business Beneficiary Inspection Report (BBIR) should be added to the base face amount to determine initial age/amount requirements.

³ Rider is inherent in product.

⁴ In California and Florida this is known as the Additional Services Benefit.



ADDITIONAL RIDER INFORMATION

ACCIDENTAL DEATH BENEFIT RIDER (ADB)

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 (IUL); 18-55 years (term)	<ul style="list-style-type: none"> - Not available if base is higher than Table D - Total benefit in force cannot exceed \$300,000 with all Transamerica policies

ADDITIONAL SERVICES RIDER

Marketed as the *Concierge Planning Rider*SM, this rider provides funeral concierge services through an independent, third-party service provider, Everest Funeral Package, LLC (Everest¹). Availability of the additional services rider is subject to state approval and it is not available in all states. In California and Florida, this benefit is called the *Concierge Planning Benefit*SM. In those states, the benefits services are not provided through a contractual rider; they are offered outside of the life insurance policy.

ISSUE AGES:	ISSUE LIMITS:
Same as base policy	<ul style="list-style-type: none"> - Minimum face amount \$250,000 - No maximum face amount. Expedited claims payout process not qualified at \$2 million and above

BASE INSURED RIDER (BIR)

Provides additional level term insurance coverage at term insurance rates on the primary insured

ISSUE AGES:	ISSUE LIMITS:
18-85 years, varies by rate class and writing state	<ul style="list-style-type: none"> - Available at time of issue, may be added after issue if no Long Term Care Rider is present, subject to Underwriting - Minimum face amount \$100,000 - Maximum face amount varies depending on LTC Rider

CHILDREN'S BENEFIT RIDER/CHILDREN'S INSURANCE RIDER (CBR/CIR)

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	<ul style="list-style-type: none"> - Children with a risk profile greater than Table B at issue will not be considered - Minimum \$1,000 CIR/CBR; max lesser of \$99,000 or total coverage on the primary insured

CHRONIC ILLNESS RIDER

If the insured becomes chronically ill, they 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	<ul style="list-style-type: none"> - 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 (including chronic illness rider), under all Transamerica policies, cannot exceed the lesser of 90% of the available death benefit or \$1,500,000 - Electable at issue, not automatically attached to the base product - Must pass UW review - Underwriting reserves the right to decline applicants based on preexisting conditions and knock-out diseases - Not available with the LTC Rider

CRITICAL ILLNESS RIDER

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

ISSUE AGES:	ISSUE LIMITS:
May vary by risk, product, and issue date	<ul style="list-style-type: none"> - 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 (including chronic illness rider), under all Transamerica policies, cannot exceed the lesser of 90% of the available death benefit or \$1,500,000 - Electable at issue, not automatically attached to the base product - Must pass UW review - Underwriting reserves the right to decline applicants based on preexisting conditions and knock-out diseases - Not available in New York

¹ All services are offered by Everest, which is not an affiliate of Transamerica.

ADDITIONAL RIDER INFORMATION

DISABILITY WAIVER OF MONTHLY DEDUCTIONS

The benefit waives monthly deductions for the base and all riders if the base insured is disabled prior to age 65.

ISSUE AGES:	ISSUE LIMITS:
18-55 years	<ul style="list-style-type: none"> - Not available if base is rated higher than Table D - Flat extras are allowed up to \$2.50 - Not available in Guam, Virgin Islands, or Puerto Rico

DISABILITY WAIVER OF PREMIUM (DWP) 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	<ul style="list-style-type: none"> - Not available if base is rated higher than Table D - Flat extras up to \$2.50 allowed - \$5 million maximum aggregate face amount across all Transamerica policies - Not available in Guam, Virgin Islands, or Puerto Rico

GUARANTEED INSURABILITY RIDER (GIR)

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

ISSUE AGES:	ISSUE LIMITS:
0-37 years old; issue age must be at least 15 days old.	<ul style="list-style-type: none"> - Not available if base is rated. - Not available in Guam, Virgin Islands, or Puerto Rico

INCOME PROTECTION OPTION (IPO)

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 lump 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.

LONG TERM CARE (LTC) RIDER

Designed to accelerate payment of the face amount of the base policy to provide policy owners with certain benefits to help offset expenses that arise in connection with long term care for the insured. Provides a benefit for long term care equal to the base face amount. See the LTC Rider Agent guide for additional details.

ISSUE AGES:	ISSUE LIMITS:
18-75 years, subject to policy issue age maximums	<ul style="list-style-type: none"> - Not available if base is rated over Table D - Available only at time of issue - Minimum face amount \$100,000 - Maximum face amount varies depending on Base Insured Rider elected - Not available with the Chronic Illness Rider

MONTHLY DISABILITY INCOME (MDI) RIDER

Provides a monthly income to the insured in the event the insured becomes totally disabled

ISSUE AGES:	ISSUE LIMITS:
18-50 years	<ul style="list-style-type: none"> - Not available if base is rated - Available only at time of issue - Offers up to \$2,000 per month in disability income protection with a 2-year benefit period - Certain occupations are ineligible for coverage

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 rider is automatically attached to all new issues and is not rated.

BLENDed BODY MASS INDEX (BMI) CHARTS

AGES 16-59			AGES 60+		
BMI RANGE	TRENDSETTER SUPER TRENDSETTER LB	FFIUL II/FFIUL FCIUL II/FCIUL	BMI RANGE	TRENDSETTER SUPER TRENDSETTER LB	FFIUL II/FFIUL FCIUL II/FCIUL
<= 16	Decline	Decline	<= 16	Decline	Decline
16.0001-17.0000	Standard (S/NS)	Nontobacco & Tobacco	16.0001-18.0000	Individual Consideration	Individual Consideration
17.0001-28.0000	Preferred Plus	Preferred Elite	18.0001-28.0000	Preferred Plus	Preferred Elite
28.0001-30.0000	Preferred (S/NS)	Preferred Plus/Preferred Tobacco	28.0001-30.0000	Preferred (S/NS)	Preferred Plus/Preferred Tobacco
30.0001-32.0000	Standard Plus	Preferred	30.0001-32.0000	Standard Plus	Preferred
32.0001-35.0000	Standard (S/NS)	Nontobacco & Tobacco	32.0001-35.0000	Standard (S/NS)	Nontobacco & Tobacco
35.0001-37.0000	Table A	Table A	35.0001-37.0000	Table A	Table A
37.0001-39.0000	Table B	Table B	37.0001-39.0000	Table B	Table B
39.0001-41.0000	Table C	Table C	39.0001-41.0000	Table C	Table C
41.0001-42.0000	Table D	Table D	41.0001-42.0000	Table D	Table D
42.0001-43.0000	Table E	Table E	42.0001-43.0000	Table E	Table E
43.0001-44.0000	Table F	Table F	43.0001-44.0000	Table F	Table F
44.0001-46.0000	Table H	Table H	44.0001-46.0000	Table H	Table H
>46	Decline	Decline	>46	Decline	Decline

In order to calculate Adult BMI, please [click here](#).

JUVENILE — AGES 2 THROUGH 15*

AGE	JUVENILE TABLE B (UNDERWEIGHT)	JUVENILE STANDARD	JUVENILE TABLE B (OVERWEIGHT)	JUVENILE TABLE D (OVERWEIGHT)
2	13.9-14.4	14.5-19.5	19.6-24.9	25.0-30.0
3	13.9-14.4	14.5-19.0	19.1-23.9	24.0-29.0
4	12.9-13.4	13.5-18.5	18.6-23.9	24.0-29.0
5	12.9-13.4	13.5-18.5	18.6-23.9	24.0-29.0
6	12.9-13.4	13.5-19.0	19.1-23.9	24.0-29.0
7	12.9-13.4	13.5-20.0	20.1-24.9	25.0-30.0
8	12.9-13.4	13.5-21.0	21.1-25.9	26.0-31.0
9	12.9-13.4	13.5-22.5	22.6-26.9	27.0-32.0
10	12.9-13.4	13.5-23.5	23.6-27.9	28.0-33.0
11	13.9-14.4	14.5-24.5	24.6-28.9	29.0-34.0
12	13.9-14.4	14.5-26.0	26.1-29.9	30.0-35.0
13	14.9-15.4	15.5-29.5	29.6-30.0	30.1-36.0
14	14.9-15.4	15.5-32.5	32.6-34.0	34.1-37.0
15	15.9-16.4	16.5-34.5	34.6-35.0	35.1-38.0

In order to calculate Juvenile BMI, please [click here](#).

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

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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 (ADL's)
- Motor neuron disease
- Multiple sclerosis
- Muscular dystrophy
- Parkinson's disease
- Pregnancy - current through three months postpartum
- Stroke or transient ischemic attack
- Systemic lupus erythematosus



DETERMINING COVERAGE AMOUNTS FOR INDIVIDUALS

PURPOSE	FORMULA		REQUIREMENTS
Income Replacement	Ages	Income Factor	<ul style="list-style-type: none"> 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. The unemployed spouse may be considered for a percentage of the employed spouse's income. College students can be considered for up to \$1 million. IRS Form 4506-C is required on applications of \$5 million and up or at underwriter discretion. This form may be obtained through your agent portal.
	18-35	Up to 30	
	36-45	25	
	46-50	20	
	51-55	15	
	56-65	10	
	66-70	5	
71+	Individual Consideration		
Estate Planning	Projected future estate tax liability Note: A 7% annual growth rate over the applicant's life expectancy is used for illustration purposes. This estate appreciation rate should be adjusted, up or down, taking under consideration what is a reasonable growth factor in the current environment. Typically, this has been in the 5 - 10% range.		A cover letter must be provided that includes: <ul style="list-style-type: none"> 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 for face amounts greater than \$10 million or total line over jumbo limits

Electronic Inspection Report ordered for all coverage greater than \$3.5 million through \$10 million. Full Inspection Report ordered for all coverage greater than \$10 million.

PURPOSE	FORMULA		REQUIREMENTS
Juvenile Coverage	Ages	Face Amount	
Total juvenile insurance coverage with all carriers cannot exceed \$1 million. Amounts over \$1 million will not be considered.	15 days through 17 years	Amounts through \$250,000	Underwriting Requirements <ul style="list-style-type: none"> Coverage on all siblings should be similar. Parent(s) or guardian(s) must witness the applications and complete the nonmedical declarations. The owner of the policy must be the parent, legal guardian, or grandparent. For legal guardianship where the guardian is not the parent, we require a copy of 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: <ul style="list-style-type: none"> Equal coverage* for parent(s) or legal guardian is allowed up to \$1 million.** For amounts \$500,000 and greater: <ul style="list-style-type: none"> Underwriting will obtain the child's medical records. Minimum household income must be \$100,000 or greater.
Washington State	15 days through 17 years	Total line of coverage cannot exceed U.S. household income	All requirements as indicated above for the appropriate face amount, plus: <ul style="list-style-type: none"> Juveniles 15 years or older must sign the application.
New York State	Under 4½ years	Maximum face amount is greater of \$50,000 or 25% of the amount of insurance in force on the parent/owner	All requirements as indicated above for the appropriate face amount, plus: <ul style="list-style-type: none"> The parent designated as the owner must have adequate coverage as described. Not all children from the same family will be eligible for the same face amount if they fall within the two different age brackets. Neither accidental death and dismemberment insurance nor credit card insurance should be counted in determining whether the family head has sufficient coverage to qualify the minor for the amount of insurance requested.
	4½ years to 14½	Maximum face amount is the greater of \$50,000 or 50% of the amount in force on the parent/owner	

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

** Available in all states except New York and Washington State. In NY and WA, state-specific laws take precedence over company guidelines.



PREMIUM TO INCOME GUIDELINES

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? 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
Affordability Guidelines	Below Formula - Annual premium for all policies ÷ Annual income = %. The premium to income ratio should not exceed the percentages below.		<ul style="list-style-type: none"> • 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 annual incomes less than \$15,000, 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.
	Annual Income	Premium to Income	
	≤ \$30,000	15%	
	> or = \$30,001	20%	

HIGH NET WORTH APPLICANTS

In circumstances where the premiums exceed the above guidelines, such as a client with demonstrable high liquid assets and low/moderate income, further consideration beyond the guidelines may be given. A cover letter of explanation and supporting financial evidence will be required for face amounts \$3 million and higher.

DETERMINING COVERAGE AMOUNTS FOR BUSINESS PLANNING

PURPOSE	FORMULA		REQUIREMENTS
Key Person	Ages	Factor x Income	A cover letter must be provided explaining: <ul style="list-style-type: none"> 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
	To age 65 Age 66-70 Age 70+	10 5 Individual Consideration	
Buy-Sell/Business Continuation	% Ownership x Corporate Value		A cover letter must be provided explaining: <ul style="list-style-type: none"> 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. The underwriter will need the last two years' corporate balance sheets and income statements, including notes.
Business Loan	An amount up to the outstanding principal of the loan		<ul style="list-style-type: none"> The business must be the owner of the policy. Cover letter must 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. If creditor is designated beneficiary, it should be stated "as its interest may appear" with balance of proceeds to go to another designated personal beneficiary. A collateral assignment would also be acceptable.

Business Beneficiary Inspection Report (BBIR) ordered for business coverage over \$2 million.

Electronic Inspection Report ordered for all coverage greater than \$3.5 million through \$10 million. Full Inspection Report ordered for all coverage greater than \$10 million.

LIFESTYLE AND HEALTH HISTORY

Impact on Risk Class

<i>Trendsetter® Super Trendsetter® LB</i>	Preferred Plus	Preferred Nonsmoker	Standard Plus	Nonmed Standard Nonsmoker (<i>Trendsetter LB</i> Bands 1&2 Only)	Standard Nonsmoker	Preferred Smoker	Nonmed Standard Smoker (<i>Trendsetter LB</i> Bands 1 & 2)	Standard Smoker
FFIUL II, FFIUL, TFLIC FFIUL, FCIUL II & FCIUL	Preferred Elite	Preferred Plus	Preferred	N/A	Nontobacco	Preferred Tobacco	N/A	Tobacco
Tobacco Usage¹	None in the past 5 years	None in the past 2 years	None in the past 2 years	None in the past year	None in the past 2 years	Tobacco permitted	Tobacco permitted	Tobacco permitted
Incidental cigar usage	Available subject to: -Admitted on application -HOS neg for cotinine -No more than 1 per month	Available subject to: -Admitted on application -HOS neg for cotinine -No more than 1 per month	Available subject to: -Admitted on application -HOS neg for cotinine -No more than 1 per month	Available subject to: -Admitted on application -HOS neg for cotinine -No more than 1 per month	Available subject to: -Admitted on application -HOS neg for cotinine -No more than 1 per month	Permitted	Permitted	Permitted
Cholesterol with or without treatment	230	260	300	N/A	N/A	260	N/A	N/A
Chol/HDL	5.0 for ages ≤70	5.5 for ages ≤70	6.2 for ages ≤70	N/A	7.0 for ages ≤70	5.5 for ages ≤70	N/A	7.0 for ages ≤70
	5.5 for ages 71+	6.0 for ages 71+	6.7 for ages 71+		7.5 for ages 71+	6.0 for ages 71+		7.5 for ages 71+
Blood pressure	135/85 for ages ≤70	145/85 for ages ≤70	148/88 for ages ≤70	N/A	N/A	145/85 for ages ≤70	N/A	N/A
	145/85 for ages 71+	150/90 for ages 71+	152/88 for ages 71+	N/A	N/A	150/90 for ages 71+		N/A
Treatment for blood pressure	<u>Through age 49:</u> Without treatment <u>Ages 50-80:</u> With treatment, as long as readings fit criteria above <u>Ages 81+:</u> Without treatment	With or without treatment	With or without treatment	N/A	N/A	With or without treatment	N/A	N/A
Family history² Ages 18-64 - 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	N/A	N/A	No Death in Parent or Sibling prior to age 60	N/A	N/A

¹ Tobacco usage is defined as using any tobacco products (cigarettes, cigars, chewing tobacco, nicotine patch/lozenge/gum, e-cigarettes, vapes (with or without nicotine)), etc., within the past 24 months.

² Some gender-specific cancers may qualify for preferred rates.

LIFESTYLE AND HEALTH HISTORY

Lifestyle and Health History — Impact on Risk Class

<i>Trendsetter® Super Trendsetter® LB</i>	Preferred Plus	Preferred Nonsmoker	Standard Plus	Nonmed Standard Nonsmoker (<i>Trendsetter LB Bands 1&2 Only</i>)	Standard Nonsmoker	Preferred Smoker	Nonmed Standard Smoker (<i>Trendsetter LB Bands 1 & 2</i>)	Standard Smoker
FFIUL II, FFIUL, TFLIC FFIUL, FCIUL II & FCIUL	Preferred Elite	Preferred Plus	Preferred	N/A	Nontobacco	Preferred Tobacco	N/A	Tobacco
Personal history	No heart or vascular disease, diabetes, or cancer (except some skin cancers)	No heart or vascular disease, diabetes, or cancer (except some skin cancers)	No heart or vascular disease, diabetes, or cancer (except some skin cancers)	N/A	No ratable impairments	No heart or vascular disease, diabetes, or cancer (except some skin cancers)	N/A	No ratable impairments
Driving history (DUI/reckless driving)	None in the past 5 years			N/A	N/A	None in past 5 years	N/A	N/A
MVR-serious violations	No more than 1 serious violation in the past 3 years and NONE in the past 12 months	No more than 1 serious violation in past 3 years		N/A	N/A	No more than 1 serious violation in past 3 years	N/A	N/A
MVR-minor violations	Up to 2 minor violations within the last year			N/A	N/A	Up to 2 minor violations within the last year	N/A	N/A
Private aviation	N/A	Preferred can be offered with or without ratable aviation	Can be offered with or without ratable aviation	N/A	Available as qualifies	Preferred can be offered with or without ratable aviation	N/A	Available as qualifies
Avocation (hazardous)¹	No participation in activities listed below	No participation in activities listed below	No participation in activities listed below	N/A	Can be offered with or without ratable avocation	No participation in activities listed below	N/A	Can be offered with or without ratable avocation
Alcohol/substance abuse	No history or treatment at any time	No history or treatment at any time	No history or treatment in the past 10 years	N/A	No history or treatment in the past 7 years	No history or treatment at any time	N/A	No history or treatment in the past 7 years
Citizenship/residence	U.S. citizen or legal permanent resident/green card residing in the U.S. — all others, contact Underwriting for individual consideration.							
Foreign travel (high risk)²	No traveling to dangerous areas of the world where the State Department has issued travel advisories.							
Military³	Active military duty is acceptable provided the proposed insured is not serving in a hazardous area or does not have orders to serve in a hazardous area.							

¹ Avocation: Prohibited activities involving 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. Individual consideration on a case-by-case basis — may or may not be eligible.

² Foreign travel: Unless otherwise prohibited by statute

³ Military: Unless otherwise prohibited by statute

MEDICAL IMPAIRMENTS

IMPAIRMENT	HIGHEST RATE CLASS AVAILABLE			RIDER AVAILABILITY	
	PREFERRED RATE CLASS	STANDARD RATE CLASS	DECLINE	CRITICAL ILLNESS RIDER	CHRONIC ILLNESS RIDER / LONG TERM CARE RIDER
Impacted ADL's	Yes				
ADHD (under age 8)			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, juvenile			Yes		
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.

MDIR - some conditions for monthly disability income rider may require an exclusion for that condition.

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MEDICAL IMPAIRMENTS

IMPAIRMENT	HIGHEST RATE CLASS AVAILABLE			RIDER AVAILABILITY	
	PREFERRED RATE CLASS	STANDARD RATE CLASS	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		
Drug abuse			Yes		
Emphysema		Yes			✓
Endocarditis		Yes		✓	✓
Epilepsy (greater than age 3)		Yes		✓	✓
Fibromyalgia, fibrositis	Yes			✓	✓
Gastric banding, sleeve or bypass surgery	Yes			✓	✓
Gastroesophageal 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			✓	✓
Kidney transplant		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			✓	✓

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MEDICAL IMPAIRMENTS

IMPAIRMENT	HIGHEST RATE CLASS AVAILABLE			RIDER AVAILABILITY	
	PREFERRED RATE CLASS	STANDARD RATE CLASS	DECLINE	CRITICAL ILLNESS RIDER	CHRONIC ILLNESS RIDER / LONG TERM CARE RIDER
Meningitis, history of	Yes				✓
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-Hodgkiin'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			✓	✓

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.

MDIR - some conditions for monthly disability income rider may require an exclusion for that condition.

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MEDICAL IMPAIRMENTS

IMPAIRMENT	HIGHEST RATE CLASS AVAILABLE			RIDER AVAILABILITY	
	PREFERRED RATE CLASS	STANDARD RATE CLASS	DECLINE	CRITICAL ILLNESS RIDER	CHRONIC ILLNESS RIDER / LONG TERM CARE RIDER
Tumors, malignant		Yes			✓
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.

MDIR - some conditions for monthly disability income rider may require an exclusion for that condition.

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THE FAST TRACK TO FASTER SALES.



CASE SCENARIOS

Henry, a 55-year-old male, was diagnosed with high blood pressure three years ago and has since been prescribed Ramipril. At his last doctor's appointment, he was 5 foot, 10 inches and 199 pounds, and he had a blood pressure reading of 136/86. He had a speeding ticket within the last year for driving 10 mph over the limit. Henry applied for a \$1 million FFIUL II with Accidental Death Benefit and Disability Waiver of Premium Riders. He qualified for Preferred Elite.

Tina, a 37-year-old accountant, had a physical two years ago where her labs were drawn. The lab results showed high cholesterol and high triglycerides. She has since been diagnosed with hypercholesterolemia and was prescribed Atorvastatin. Tina is 5 foot, 7 inches and 192 pounds. She applied for a \$75K 30-year *Trendsetter Super* policy and got approved at Standard Plus due to her BMI of 30.1.

Phil, a 72-year-old male, was prescribed Donepezil for dementia treatment five years ago. He lives alone, requires no assistance, and has a clear driving record. He is 5 foot, 6 inches and 142 pounds. Phil applied for a \$250K FFIUL II policy, but he was declined due to dementia treatment.

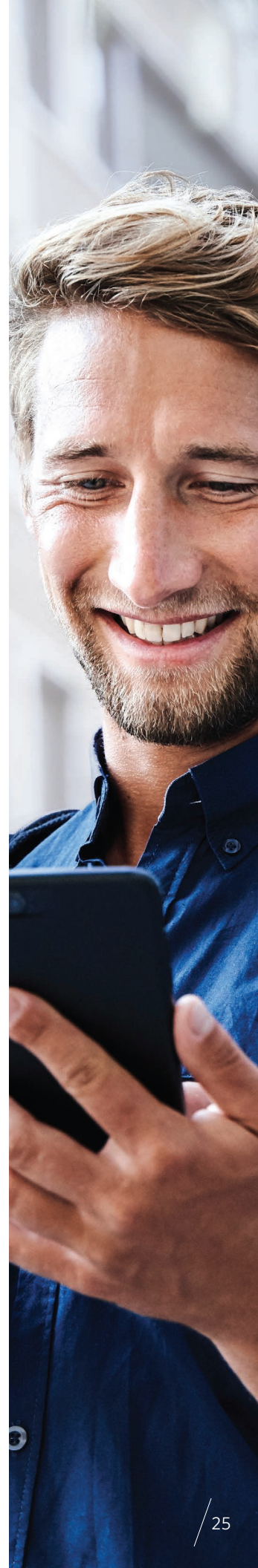
Kim, a 23-year-old nurse, was recently diagnosed with iron deficient anemia. The doctor was not concerned, thought it was due to her menstrual cycle and she was advised to take an iron supplement. Kim's on the smaller side at 5 feet, 3 inches and 120 pounds. She applied for a \$1.5 million FCIUL II policy and got approved at a Preferred Elite risk class.

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%



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 to 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 (C595). Provide valid, current proof-of-entry (e.g., passport stamp or I-94 document; a valid visa;¹ green card;^{2,3} work permit, etc.); and submit copy(ies) 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;²
- Employment Authorization Card (“EAC”) holders: compare the category code, located in the center of the EAC;
- Immigration documents pending expiration within 90 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;
- The Living Benefit Riders (Chronic/Critical Illness) are available only to legal U.S. residents (i.e., nonresidents and ITIN candidates are not eligible);
- 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.

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).

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 Only list “permanent resident” on the application if the client is a lawful permanent resident (also known as a green card holder)

³ Green card holders need not submit a copy of their (valid) green card unless applying for the Living Benefit Riders (Chronic Illness and Critical Illness), or at Underwriter discretion. Please copy the front and back of the card when applying for these benefits.

INITIAL UNDERWRITING REQUIREMENTS FOR NON-U.S. RESIDENTS

Transamerica Financial Foundation IUL® II^{1,2}

Transamerica Financial Foundation IUL®^{1,2}

TFLIC Financial Foundation IUL®^{1,2}

FACE AMOUNT ^{3,4,5}	ISSUE AGE ^{6,7}							
	0 - 17 ⁸	18 - 40	41 - 50	51 - 60	61 - 70	71 - 75	76 - 80	81 - 85
\$25,000 - \$50,000 ⁹	N/A	*	*	*	Vitals BCP HOS	Vitals BCP HOS	Vitals BCP HOS	Vitals BCP HOS
\$50,001 - \$75,000 ⁹	N/A	*	*	*	Vitals BCP HOS	Vitals BCP HOS	Vitals BCP HOS	Vitals BCP HOS
\$75,001 - \$99,999 ⁹	N/A	*	*	Vitals BCP HOS	Vitals BCP HOS	Vitals BCP HOS	Vitals BCP HOS	Vitals BCP HOS
\$100,000 - \$250,000 ⁹	N/A	Vitals BCP HOS	Vitals BCP HOS	Vitals BCP HOS	Vitals BCP HOS	Vitals BCP HOS CS	Vitals BCP HOS CS	Vitals BCP HOS CS
\$250,001 - \$500,000	N/A	Vitals BCP HOS	Vitals BCP HOS	Vitals BCP HOS	Vitals BCP HOS	Vitals BCP HOS CS	Vitals BCP HOS CS	Vitals BCP HOS CS
\$500,001 - \$1,000,000	N/A	Vitals BCP HOS	Vitals BCP HOS	Vitals BCP HOS	Vitals BCP HOS	Vitals BCP HOS CS	Vitals BCP HOS CS	Vitals BCP HOS CS
\$1,000,001 - \$2,000,000	N/A	Vitals BCP HOS	Vitals BCP HOS	Vitals BCP HOS	Vitals BCP HOS	Vitals BCP HOS CS PFS	Vitals BCP HOS CS PFS	Vitals BCP HOS ECG CS PFS
\$2,000,001 - \$3,500,000	N/A	Vitals BCP HOS PFS	Vitals BCP HOS PFS	Vitals BCP HOS PFS	Vitals BCP HOS PFS	Vitals BCP HOS CS PFS	Vitals BCP HOS CS PFS	Vitals BCP HOS ECG CS PFS
\$3,500,001 - \$5,000,000	N/A	Vitals BCP HOS PFS IR	Vitals BCP HOS PFS IR	Vitals BCP HOS PFS IR	Vitals BCP HOS PFS IR	Vitals BCP HOS CS PFS IR	Vitals BCP HOS CS PFS IR	Vitals BCP HOS ECG CS PFS IR
\$5,000,001 - \$10,000,000	N/A	Vitals BCP HOS PFS IR	Vitals BCP HOS PFS IR	Vitals BCP HOS PFS IR	Vitals BCP HOS PFS IR	Vitals BCP HOS CS PFS IR	Vitals BCP HOS ECG CS PFS IR	Vitals BCP HOS ECG CS PFS IR
\$10,000,001 and higher	N/A	Vitals BCP HOS ECG PFS IR	Vitals BCP HOS ECG PFS IR	Vitals BCP HOS ECG PFS IR	Vitals BCP HOS ECG PFS IR	Vitals BCP HOS ECG CS PFS IR	Vitals BCP HOS ECG CS PFS IR	Vitals BCP HOS ECG CS PFS IR

* Highlighted cells indicate potential eligibility for fluidless processing.

¹ Use this chart for non-U.S. residents and nonpermanent visa holders.

² The Long Term Care (LTC) Rider is only available on FFIUL II/FFIUL/TFLIC FFIUL to U.S. citizens and to green card holders living in the U.S. For full underwriting specifications, please refer to the appropriate LTC Underwriting Guide.

³ Business Beneficiary Inspection Report (BBIR) ordered for business coverage over \$2 million.

⁴ IRS Form 4506-C is required with all applications \$5 million and above or at Underwriter discretion.

⁵ Third-party financial verification for face amounts greater than \$3 million and/or total line over jumbo limits.

⁶ Transamerica reserves the right to request other evidence of insurability as it deems necessary. For requirements, please see Determining Coverage Amounts on page 15 of this guide.

⁷ Requests to reduce face amount received during underwriting will not alter the medical requirements.

⁸ Juvenile must reside in the U.S.

⁹ Available with \$5,000 Minimum No Lapse Premium (MNLP) and higher.

INITIAL UNDERWRITING REQUIREMENTS FOR NON-U.S. RESIDENTS

Transamerica Financial Choice IUL IISM

Transamerica Financial Choice IULSM

FACE AMOUNTS ^{1,2}	ISSUE AGE ^{3,4}							
	0 - 17 ⁵	18 - 40	41 - 50	51 - 60	61 - 70	71 - 75	76 - 80	81 - 85
\$250,000 - \$500,000	N/A	Vitals BCP HOS	Vitals BCP HOS	Vitals BCP HOS	Vitals BCP HOS	Vitals BCP HOS CS	Vitals BCP HOS CS	Vitals BCP HOS CS
\$500,001 - \$1,000,000	N/A	Vitals BCP HOS	Vitals BCP HOS	Vitals BCP HOS	Vitals BCP HOS	Vitals BCP HOS CS	Vitals BCP HOS CS	Vitals BCP HOS CS
\$1,000,001 - \$2,000,000	N/A	Vitals BCP HOS	Vitals BCP HOS	Vitals BCP HOS	Vitals BCP HOS	Vitals BCP HOS CS PFS	Vitals BCP HOS CS PFS	Vitals BCP HOS ECG CS PFS
\$2,000,001 - \$3,500,000	N/A	Vitals BCP HOS PFS	Vitals BCP HOS PFS	Vitals BCP HOS PFS	Vitals BCP HOS PFS	Vitals BCP HOS CS PFS	Vitals BCP HOS CS PFS	Vitals BCP HOS ECG CS PFS
\$3,500,001 - \$5,000,000	N/A	Vitals BCP HOS PFS IR	Vitals BCP HOS PFS IR	Vitals BCP HOS PFS IR	Vitals BCP HOS PFS IR	Vitals BCP HOS CS PFS IR	Vitals BCP HOS CS PFS IR	Vitals BCP HOS ECG CS PFS IR
\$5,000,001 - \$10,000,000	N/A	Vitals BCP HOS PFS IR	Vitals BCP HOS PFS IR	Vitals BCP HOS PFS IR	Vitals BCP HOS PFS IR	Vitals BCP HOS CS PFS IR	Vitals BCP HOS ECG CS PFS IR	Vitals BCP HOS ECG CS PFS IR
\$10,000,001 and higher	N/A	Vitals BCP HOS ECG PFS IR	Vitals BCP HOS ECG PFS IR	Vitals BCP HOS ECG PFS IR	Vitals BCP HOS ECG PFS IR	Vitals BCP HOS ECG CS PFS IR	Vitals BCP HOS ECG CS PFS IR	Vitals BCP HOS ECG CS PFS IR

¹ Business Beneficiary Inspection Report (BBIR) ordered for business coverage over \$2 million.

² Third-party financial verification for face amounts greater than \$3 million and/or total line over jumbo limits.

³ Transamerica reserves the right to request other evidence of insurability as it deems necessary. For requirements, please see Determining Coverage Amounts on page 15 of this guide.

⁴ Requests to reduce face amount received during underwriting will not alter the medical requirements.

⁵ Juvenile must reside in the U.S.

INITIAL UNDERWRITING REQUIREMENTS FOR NON-U.S. RESIDENTS

Trendsetter® Super¹

FACE AMOUNT ²	ISSUE AGE ^{3,4}					
	18 - 40	41 - 50	51 - 60	61 - 70	71 - 75	76 - 80
\$25,000 - \$50,000 ⁵	*	*	*	*	Vitals BCP HOS	Vitals BCP HOS
\$50,001 - \$99,999 ⁵	*	*	*	Vitals BCP HOS	Vitals BCP HOS	Vitals BCP HOS
\$100,000 - \$250,000 ⁵	Vitals BCP HOS	Vitals BCP HOS	Vitals BCP HOS	Vitals BCP HOS	Vitals BCP HOS CS	Vitals BCP HOS CS
\$250,001 - \$500,000 ⁵	Vitals BCP HOS	Vitals BCP HOS	Vitals BCP HOS	Vitals BCP HOS	Vitals BCP HOS CS	Vitals BCP HOS CS
\$500,001 - \$1,000,000 ⁵	Vitals BCP HOS	Vitals BCP HOS	Vitals BCP HOS	Vitals BCP HOS	Vitals BCP HOS CS PFS	Vitals BCP HOS CS PFS
\$1,000,001 - \$2,000,000	Vitals BCP HOS	Vitals BCP HOS	Vitals BCP HOS	Vitals BCP HOS PFS	Vitals BCP HOS CS PFS	Vitals BCP HOS ECG CS PFS
\$2,000,001 - \$3,500,000	Vitals BCP HOS	Vitals BCP HOS	Vitals BCP HOS	Vitals BCP HOS PFS	Vitals BCP HOS CS PFS	Vitals BCP HOS ECG CS PFS
\$3,500,001 - \$5,000,000	Vitals BCP HOS	Vitals BCP HOS	Vitals BCP HOS	Vitals BCP HOS PFS	Vitals BCP HOS CS PFS	Vitals BCP HOS ECG CS PFS
\$5,000,001 - \$10,000,000	Vitals BCP HOS PFS	Vitals BCP HOS PFS	Vitals BCP HOS PFS	Vitals BCP HOS PFS	Vitals BCP HOS ECG CS PFS	Vitals BCP HOS ECG CS PFS
\$10,000,001 and higher	Vitals BCP HOS ECG PFS IR	Vitals BCP HOS ECG PFS IR	Vitals BCP HOS ECG PFS IR	Vitals BCP HOS ECG PFS IR	Vitals BCP HOS ECG CS PFS IR	Vitals BCP HOS ECG CS PFS IR

* Highlighted cell(s) indicate potential eligibility for fluidless processing.

¹ Use this chart for non-U.S. residents.

² Third-party financial verification for face amounts greater than \$3 million or total line over jumbo limits.

³ Transamerica reserves the right to request other evidence of insurability as it deems necessary. For requirements, please see Determining Coverage Amounts on page 15 of this guide.

⁴ Requests to reduce face amount received during underwriting will not alter the medical requirements.

⁵ Available with \$5,000 annualized premium and higher.



DOCUMENTATION NEEDED

Indicate specific visa type on the application (e.g., H1, F1, etc.) or exact immigration status such as refugee, asylum, etc. Only list “permanent resident” on the application if the client is a lawful permanent resident (also known as a green card holder).

Permanent Resident Card (green card holders): Copy of front and back of the card is required when applying for the Chronic Illness Rider, or Critical Illness Rider, and may be requested at underwriter discretion.

All Others: Copy of visa and proof of U.S. entry (passport stamp or I-94 document) are required. Additional supporting documents may be required. For Employment Authorization Card (“EAC”) holders, please look at the category code located in the center of their EAC.

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	Decline	No	No	No	No
A20	U-2, U-3, U-4, or U-5 nonimmigrant	Decline	No	No	No	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 ¹	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	Underwritten according to country of legal residence	Yes	Yes	Yes	No
GC	Green Card, Permanent Resident Card	Copy of Green Card	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	Underwritten according to country of legal residence	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	Underwritten according to country of legal residence	No	Yes	Yes	No
O	Science/art extraordinary ability	Copy of visa	Up to best class	Yes	Yes	Yes	Yes

* J1 visa holders with plans on leaving the U.S. within a year cannot apply for the Critical Illness Rider and/or Chronic Illness Rider.

¹Effective November 2019 the EB-5 "Golden Visa" investment minimum will increase from \$500,000 to \$900,000.

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

> 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	Underwritten according to country of legal residence	Yes	Yes	Yes	No
R	Religious	Copy of visa and proof of U.S. entry	Underwritten according to country of legal residence	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)	Underwritten according to country of legal residence	Yes	Yes	Yes	No
TWOV	Transit without a visa	N/A	Decline	No	No	No	No
U	Victims of certain criminal activity	N/A	Decline	No	No	No	No
V	Certain second preference beneficiaries	Copy of passport and proof of U.S. entry	Underwritten according to country of legal residence	Yes	Yes	Yes	No
VWP	Visa Waiver Program	Copy of passport and 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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