TRANSAMERICA®

Revised April 30, 2021

NOTICE OF PRIVACY PRACTICES

This Notice is provided to you by the Transamerica companies listed at the end of this Notice. It is important to us that you understand how we use and share your personal information. This Notice describes the data we collect and how we use, share and protect it. The types of data we collect and share depend on the type of product or service you have with us. We also provide notices and terms on our websites and applications. Those notices and terms provide further detail regarding data use on our websites or applications. If your relationship with us ends, we will continue to use your data as set forth in this Notice.

Data That We Collect: We collect the following types of data from the following sources:

Data	Typical Data Sources
Name, email and physical address, age, social security and driver's license numbers, employment, financial and health data and history	• You directly, when you submit applications and forms and engage in communications with us • Our affiliates (companies under common ownership) • Employers, healthcare providers, other insurance companies and other authorized entities
Data about your transactions with us and/or Third Parties. ("Third Parties" are unaffiliated third parties. This includes agents, other financial organizations, and service providers.) Such transactional data can include, but is not limited to, account balances, accrued benefits, coverages, premiums, payment and claims history, financial transactions, and medical or health data	• Our affiliates • Third Parties • Transamerica's websites, digital platforms, and applications • Assistive technologies, mobile or wearable devices, or other similar technology
Credit history, employment information and other information about your creditworthiness, medical care and health	• Consumer reporting agencies and other service providers we use such as third party data suppliers • Your employers, healthcare providers, insurance support organization (including reports prepared from such organizations which may retain and disclose such information), credit bureaus, other insurance companies and other authorized entities
Data about products and services you obtain or in which you might be interested	• You • Third Parties with whom we have joint marketing arrangements • Other Third Parties as allowed
Third party data, including data you provide to Third Parties when you have authorized the Third Party to share such data with other parties, such as data collected through Third Party applications, websites, or other digital interfaces, data you have authorized us to receive, or data you have authorized Third Parties to share with us	• Third Party applications, websites, or other digital interfaces where you have agreed to share your data • Assistive technologies, mobile or wearable devices, or other similar technology

How We Use Your Data: We use data to provide our services and as allowed by law. This includes use authorized by you. For example, we may use your data to:

- Process claims and transactions,
- Research, develop, and market products and services,
- Prevent and prosecute fraud or criminal activities,
- Maintain your accounts,
- Comply with applicable laws and for security purposes,
- Maintain, operate, and market our business, or
- Support online customer experiences, digital platforms, and/or applications you elect to participate in

Sharing Data: We may share your data with Third Parties and affiliates as permitted or required by law, or when you authorize us to do so. We may share your data with:

- Those who provide services to support our business, including processing claims, account maintenance, and marketing and sales,
- Credit bureaus,
- Insurance regulators, law enforcement, governmental authorities and other Third Parties in response to legal process or as required by law,
- Health care professionals, including to verify coverage or to provide information relating to a medical condition,
- Governmental agencies so they can decide if you are eligible for public benefits,
- Other financial companies in connection with joint marketing efforts,
- Other insurance companies (including successor insurers), agents and insurance support organizations

to coordinate your benefits or in connection with insurance transactions involving you,
- Group policyholders, for example, regarding claims experience or to support service audits,
- Certificate or policyholders regarding the status of an insurance transaction,
- Those who have a legal or beneficial interest in your assets (such as creditors with a lien on your account),
- Your employer or plan sponsor as needed to support the administration of employee accounts (but only as permitted by law and only if you have established an account in connection with your employer),
- Your representatives and lawyers,
- Those to prevent and prosecute fraud or criminal activities,
- To conduct actuarial or research studies, and
- In connection with the sale or merger of all or part of our business

You do not have the right to opt out of our sharing data with Third Parties for these legally permitted purposes.

Our affiliates include a broad range of companies who provide financial services. These include insurance companies and agencies, investment advisors, and broker/dealers, some of whom may not be included in the scope of this Notice. You may have additional privacy notices from these professionals. We do not share information about your creditworthiness among our affiliates. However, we may share information about our transactions and experiences with you among affiliates for their everyday business purposes. For example, we may share your data with our affiliates:
- So they can tell you about products and services they offer,
- So they can determine which of their products and services may be of interest to you,
- So they can provide various services to us to support our business, such as claims processing, applying for insurance, opening and maintaining your account, or marketing products and services to you,
- So they can audit themselves or their agents, or
- So they can communicate with us or Transamerica affiliated companies about your accounts.

Your Choice to Limit Marketing by Transamerica Affiliates: You may limit our affiliates' use of certain types of data to market their own products and services to you ("Opt Out"). To do this, choose one of the Opt Out methods set forth below. This data includes information about your transactions and experiences with us. For example, this may include information about your account history. Your choice to limit marketing offers from our affiliates will apply for at least 5 years from when you Opt Out. Once that period expires, we will send you a renewal Notice. That renewal Notice will allow you to continue to limit marketing offers from our affiliates for at least another 5 years. If you have already provided an Opt Out, you do not need to Opt Out again until you receive a renewal Notice. If you hold a policy or account jointly with someone else, your Opt Out elections will apply to everyone on the account. When you are no longer our customer, we will continue to share your data as described in this Notice (subject to your Opt Out, if applicable). However, you may contact us at any time to elect to Opt Out.

To Opt Out: To limit our sharing of data with affiliates for marketing by affiliates as described above, you may:
- Call us at **877-257-4690** and our menu will prompt you through your choice(s), or
- Visit us online at **www.transamerica.com/optout**

Your Right of Access and Correction: You may have a right of access and correction with respect to data we collect. To exercise these rights, please list the account or policy numbers with the data you are requesting to access. If you tell us of an error in the data, we will review it. If we agree, we will correct our records. If we don't agree, you may dispute our findings in writing and send your statement to us. We will include your statement whenever we provide your disputed information to anyone outside Transamerica. This is a summary of your rights. For a copy of our more detailed Notice of Insurance Information Practices as applicable to your product or service, please send a written request to 6400 C St. SW, Cedar Rapids, IA 52499-0001.

Protecting Your Data: We maintain appropriate controls to limit access to data to persons who need access to it. These persons access your data so that they can do their jobs or provide products and services to you. We train our workforce to properly handle data. In addition, we maintain other physical, technical, and administrative or procedural safeguards to protect your data.

For Vermont Residents only: We will not share data we collect about you with Third Parties, except as permitted by Vermont law or authorized by you. We may still share data about our transactions or experiences with you with our affiliates. **For California Residents only:** If you are a California resident, you will receive a separate notice with additional choices.

We may revise this Notice. If we make material changes, we will notify you as required by law. This Notice is provided by the Transamerica companies below. Transamerica companies that are not covered by this notice may make available other applicable notices.

Transamerica Capital, Inc
Transamerica Financial Life Insurance Company
Transamerica Casualty Insurance Company
Transamerica Life Insurance Company

NOTICE OF PROTECTION PROVIDED BY
IOWA LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION

This notice provides a brief summary of the Iowa Life and Health Insurance Guaranty Association (the "Association") and the protection it provides for policyholders. This safety net was created under Iowa law, located at Iowa Code Chapter 508C, which determines who and what is covered and the amount of coverage.

The Association was established to provide protection in the unlikely event that your life, annuity, health insurance company or health maintenance organization becomes financially unable to meet its obligations and is taken over by its Insurance Department. If this should happen, the Association will typically arrange to continue coverage and pay claims, in accordance with Iowa law, with funding from assessments paid by other insurance companies.

The basic protections provided by the Association are:

Life Insurance

- $300,000 in death benefit
- $100,000 in net cash surrender and withdrawal values

Health Insurance

- $500,000 for health benefit plans (see definition below)
- $300,000 in disability income protection insurance benefits
- $300,000 in long-term care insurance benefits;
- $100,000 in other types of health insurance benefits including any net cash surrender and withdrawal values.

Annuities

- $250,000 in the present value of annuity benefits, including net cash surrender and withdrawal values;

The maximum amount of protection for each individual, regardless of the number of policies or contracts, is $350,000. Special rules may apply with regard to health benefit plans.

“Health benefit plan” is defined in the applicable Iowa law and generally includes hospital or medical expense policies, contracts or certificates, or HMO subscriber contracts that provide comprehensive forms of coverage for hospitalization or medical services, but excludes policies that provide coverages for limited benefits (such as dental-only or vision-only insurance), Medicare Supplement insurance, disability income insurance and long-term care insurance.

Note: Certain policies and contracts may not be covered or fully covered. If coverage is available, it will be subject to substantial limitations and exclusions. For example, coverage does not extend to any portion(s) of a policy or contract that the insurer does not guarantee, such as certain investment additions to the account value of a variable life insurance policy or a variable annuity contract. There are also various residency requirements under Iowa law.

Benefits provided by a long-term care rider to a life insurance policy or annuity contract shall be considered the same type of benefits as the base life insurance policy or annuity contract to which the long-term rider relates.

To learn more about the Association and the protections it provides, as well as those relating to group contracts or retirements plans, please visit the Association's website at www.ialifega.org, or contact:

Iowa Life and Health Insurance
Guaranty Association
700 Walnut Street, Suite 1600
Des Moines, IA 50309
(515) 248-5712

Iowa Insurance Division
1963 Bell Ave, Suite 100
Des Moines, IA 50315
(515) 654-6600

Information about the financial condition of insurers is available from a variety of sources, including financial rating agencies such as AM Best Company, Fitch Ratings Inc., Moody's Investors Service, and S&P Global Ratings.

The Association is subject to supervision of the Commissioner of the Iowa Insurance Division. Persons who desire to file a complaint to allege a violation of the laws governing the Association may contact the Iowa Insurance Division. State law provides that any suit against the Association shall be brought in the Iowa District Court in Polk County, Iowa.

Insurance companies and agents are not allowed by Iowa law to use the existence of the Association or its coverage to encourage you to purchase any form of insurance or HMO coverage. When selecting an insurance company, you should not rely on Association coverage. If there is any inconsistency between this notice and Iowa law, then Iowa law will control.

TRANSAMERICA LIFE INSURANCE COMPANY

Cedar Rapids, IA
Contact us at: PO Box 219, Cedar Rapids, IA 52406-0219
(Hereinafter called "the Company," "We," "Us," or "Our")

DISCLOSURE UPON PURCHASE OF THE ACCELERATED DEATH BENEFIT FOR TERMINAL ILLNESS RIDER

NOTICE: Benefits paid under this Rider may be taxable in certain circumstances. As with all tax matters, you should consult your tax advisor regarding the tax treatment of receiving an Accelerated Death Benefit.

Payment of an Accelerated Death Benefit may affect eligibility for Medicaid or other government benefits and entitlements.

The Life Insurance Proceeds, as well as any benefits provided by affected Riders, will be reduced if an Accelerated Death Benefit is paid under this Rider. The premium amount may remain the same or reduce based on the rate structure and benefit elections.

This disclosure is designed to provide a summary of the Rider coverage. The Rider form and the life Policy and Certificate set forth in detail the terms, conditions, limitations and exclusions of coverage. Therefore, it is important that you **READ THE LIFE INSURANCE POLICY, CERTIFICATE AND ALL RIDERS CAREFULLY**.

If you have any questions or concerns about any benefits or provision of the Accelerated Death Benefit for Terminal Illness Rider, please contact your agent or us directly at 1-855-244-8318.

1. Description of Benefit - Upon receipt of written proof acceptable to Us that the Covered Person has become Terminally Ill while this rider is in effect the Covered Person may choose to receive a portion of the Death Benefit while he or she is still living and while the Rider is in force.

2. Terminally Ill means that the Covered Person has a medical condition that, in the best medical judgment of a Physician, will result in death within 12 months.

3. Accelerated Death Benefit means a portion of the Life Insurance Proceeds that is paid prior to the death of the Covered Person due to the Covered Person's being diagnosed with a Terminal Illness. The payment of an Accelerated Death Benefit reduces the Proceeds, as well as any benefits provided by affected riders, and the amount of Proceeds payable to the Beneficiary upon death.

4. Rider Costs – There is no premium cost for this Rider. However, if you exercise this rider, an administrative fee of $250 will be assessed. In addition, we will deduct 12 months' interest in advance on the amount. We will accelerate at an interest rate no higher than the greater of:
a. The current yield on the 90-day Treasury Bills available at the date of application for an accelerated payment; and
b. The then current maximum adjustable policy loan interest rate based on Moody's Corporate Bond Yield Averages – Monthly Average Corporates – published by Moody's Investors Service, Inc., or any successor thereto for the calendar month ending two months before the date of application for an accelerated payment.

If the Insured requests to exercise this Rider but the Covered Person dies before the acceleration is paid, the acceleration will be cancelled, and the Proceeds will be paid in accordance with the terms of the Policy.

5. Impact on Benefit Elections and Proceeds - When an Insured exercises this Rider due to his or her Terminal Illness, benefit election changes will no longer be allowed. The Insured's Proceeds will be reduced by an amount equal to the accelerated amount and the monthly premium will be reduced to the amount of premium required for the reduced Proceeds.

When the Insured exercises this Rider due to a Dependent's Terminal Illness, benefit election changes for that Dependent will no longer be allowed. In the case of an acceleration for a Spouse, the Spouse's Proceeds will be reduced by an amount equal to the accelerated amount and the monthly premium will be reduced to the amount of premium required for the reduced Proceeds. In the case of an acceleration for a Child, that Child's Proceeds will be reduced by an amount equal to the accelerated amount. Proceeds on any remaining Children will not be reduced and there will be no change in the monthly premium for Child coverage.

Illustrative Example of the effect of exercising the Accelerated Death Benefit option based on acceleration of 50% of the Death Benefit:

	Death Benefit	**Accelerated Death Benefit Amount**
Before Payment of Accelerated Death Benefit	**$100,000.00**	**$0.00**
After Payment of Accelerated Death Benefit	**$50,000.00**	**$50,000***

* The Accelerated Death Benefit amount elected will be reduced by an administrative fee of $250 and 12-months' interest in advance.

6. Limitations - The option to accelerate the Proceeds under this Rider may be exercised only once per Covered Person.

TRANSAMERICA LIFE INSURANCE COMPANY

Cedar Rapids, IA
Contact us at: PO Box 219, Cedar Rapids, IA 52406-0219
Telephone: 1-855-244-8318
E-Mail Address: TEBcustresp@Transamerica.com
Website: www.transamerica.com

Policyholder: **TRUENOTH COMPANIES, L.C.**

Address: **500 1ST STREET SE CEDAR RAPIDS, IA 52404**

Policy Number: **BS00086443**

Policy Effective Date: **January 1, 2025**

Governing Jurisdiction: **Iowa**

Policy Anniversary: **January 1, 2026**

Transamerica Life Insurance Company ("the Company," "we," "us," and "our") agrees to pay the benefits described in this Group Master Policy ("Policy"), subject to all terms, conditions, and limitations, in consideration of the following:
1. The Policyholder Application, a copy of which is attached to and made a part of this Policy; and
2. The payment of the premiums.

By our acceptance of the premium paid by the Policyholder and by the Policyholder's receipt of this Policy, the Policyholder agrees:
1. To be bound by the terms of this Policy; and
2. To pay all premiums to us according to the terms of this Policy.

This Policy provides Basic Term Life Insurance on the lives of all Eligible Persons of the Policyholder. The benefits and rights of all Covered Persons under this Policy shall not be less than those stated in the Certificate, subject to the Insured's class, salary and annual benefit elections in effect for the Plan Year at time of loss.

This Policy is a legal contract between the Policyholder and us. The Policy will be delivered in electronic format via email. Upon request, a paper copy of the Policy will be provided.

This Policy is subject to the laws of the governing jurisdiction in which it is issued. It is signed for the Company at our home office to take effect on the Policy Effective Date.

Blake Bostwick
President

Karyn S.W. Polak
Secretary

Group Master Policy for Basic Term Life Insurance

Annually Renewable Term Life Insurance
Nonparticipating - No Annual Dividends

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BENEFIT SCHEDULE

Class 1 **Class Description: All Active Full-time Employees working a minimum of 30 hours per week for the Company, in the United States. Ineligible part-time, temporary, and seasonal employees are excluded. Waiting Period: First of the month following Date of Hire.**

Plan Year Beginning: **January 1, 2025**

Coverage Limits and Underwriting Requirements:

Employee Basic Term Life Insurance (Non-Contributory)
$50,000
Guaranteed Issue Limit: $50,000

Employee Supplemental Life Insurance (Contributory)
Up to 5x Salary to a maximum of $500,000. May be elected in increments of $10,000
Guaranteed Issue Limit: $200,000

Overall Combined Employee Basic Term & Supplemental Life Maximum
The lesser of 5x Salary or $550,000

Dependent Supplemental Life Insurance (Contributory)
Spouse: Up to $250,000 in increments of $5,000
Guaranteed Issue Limit: $50,000

Children: $10,000 (Guaranteed Issue)

Evidence of Insurability:
- Evidence of Insurability is required for any amounts elected above the Guarantee Issue Limits.
- Late enrollees, who decline to purchase supplemental insurance when initially eligible, may purchase up to 1x salary or one increment of coverage during the renewal open enrollment window. Purchase amount must be below the Guarantee Issue Limit.

Salary means the Insured's annualized regular wages rounded up to the next highest $1,000. Salary does not include overtime or bonuses, cash awards, expense allowances, shift differential, goal sharing, variable pay, stock option earnings, incentive items or other extra pay items. Salary will be recalculated on each Anniversary Date.

Benefit Reduction Schedule - Life Insurance Proceeds automatically reduce to the following percentages on the Policy Anniversary that follows your birthday, as follows:

Birthday	Life Insurance Proceeds Payable
Age 65	65% of pre-age 65 death benefit
Age 70	50% of pre-age 65 death benefit

Included Riders:

Accelerated Death Benefit for Terminal Illness Rider
Benefit: The lesser of: (a) 75% of your Proceeds; or (b) $500,000

Accidental Death and Dismemberment Rider
Accidental Death Benefit Amount: 100% of Proceeds
Common Carrier Benefit Amount: 100% of the Accidental Death Benefit
Airbag Benefit Amount: 5% of the Accidental Death Benefit
Seatbelt Benefit Amount: 10% of the Accidental Death Benefit
Transportation of Remains Benefit Amount: 10% of the Accidental Death Benefit not to exceed $5,000

The following benefits are subject to an aggregate Lifetime Benefit Limit of $15,000

Spouse Training Benefit Amount: 3% of the Accidental Death Benefit not to exceed $3,500
Elder Care Benefit Amount: 3% of the Accidental Death Benefit not to exceed $3,500
Child Education Benefit Amount: 3% of the Accidental Death Benefit not to exceed $3,500
Child Care Center Benefit Amount: 3% of the Accidental Death Benefit not to exceed $3,500

Dismemberment Benefits:
Loss of two or more: hand, foot, arm, leg or sight of one eye: 100% of Proceeds
Loss of speech and loss of hearing in both ears: 100% of Proceeds
Quadriplegia: 100% of Proceeds
Paraplegia: 75% of Proceeds
Hemiplegia: 50% of Proceeds
Loss of one: hand, foot, arm, leg or sight of one eye: 50% of Proceeds
Loss of speech or loss of hearing in both ears: 50% of Proceeds
Loss of hearing of one ear: 25% of Proceeds
Loss of thumb and index finger on same hand: 25% of Proceeds

Waiver of Premium Benefit Rider, Applicable Only to the Employee

Waiting Period: 6 months
Rider benefits cease on the Policy Anniversary on or immediately following the Insured's 60th birthday
If Totally Disabled on this date, Rider benefits will end on the Policy Anniversary on or immediately following the insured's 65th birthday

Portability Rider

Continuation for Approved Leave of Absence

Maximum Benefit Period: 6 months

Change of Insurance Carriers:

Maximum Benefit Period 3 months

RATE SCHEDULE

This Rate Schedule becomes effective on January 1, 2025 and replaces any previous Rate Schedule.

Class 1 **Class Description: All Active Full-time Employees working a minimum of 30 hours per week for the Company, in the United States. Ineligible part-time, temporary, and seasonal employees are excluded. Waiting Period: First of the month following Date of Hire.**

Basic Life Insurance Monthly Rates per $1,000 of Coverage:

Employee: $0.115

Supplemental Life Insurance Monthly Contribution Rates per $1,000 of Coverage.

Employee:

Attained Age	Uni-Tobacco
Under 25	$0.098
25-29	$0.098
30-34	$0.114
35-39	$0.136
40-44	$0.192
45-49	$0.252
50-54	$0.432

Attained Age	Uni-Tobacco
55-59	$0.764
60-64	$1.092
65-69	$1.834
70-74	$3.228
75-79	$3.228
80-84	$3.228
85+	$3.228

Spouse:

Attained Age	Uni-Tobacco
Under 25	$0.098
25-29	$0.098
30-34	$0.114
35-39	$0.136
40-44	$0.192
45-49	$0.252
50-54	$0.432

Attained Age	Uni-Tobacco
55-59	$0.764
60-64	$1.092
65-69	$1.834
70-74	$0.000
75-79	$0.000
80-84	$0.000
85+	$0.000

Child:

Attained Age	Uni-Tobacco
Under 25	$0.132

RATE GUARANTEE:

These rates are conditionally guaranteed for 3 Plan Year(s). Rates are subject to change if benefit changes are made. Rates are also subject to change if the total number of Eligible Employees reduces more than 20% or when applicable law or Interstate Insurance Product Regulation Committee standard requires a change in the insurance provided under this Policy or the class of persons eligible under this Policy.

PAYMENT RESPONSIBILITY

Premium – The Basic Life Insurance premium shall be paid by the Policyholder. The Policyholder cannot require the Insured to contribute to the cost of the Basic Life Insurance, except where necessary for the Policyholder to comply with applicable tax law. The Supplemental Life Insurance premium shall be paid by the Insured. The maximum amount that an Insured is required to contribute for Supplemental Life Insurance cannot exceed the premium charged for such insurance.

Premium Calculation and Due Dates - The Policyholder is required to provide us with all of the data we need to compute premium and administer the terms of the Policy. The premium due will be calculated by multiplying the total amount of insurance in force by the appropriate rate to determine the sum of the premium due for all Covered Persons under this Policy. We may use any reasonable method to compute the premium. Premiums are due and payable monthly to us on each premium due date at our administrative office. The first premium due date is the Policy's Effective Date.

Grace Period – A Grace Period of 31 days will be allowed for each premium payment after the first premium. Coverage will stay in force during the Grace Period. If the premium due has not been paid in full by the due date, we will give the Policyholder written notice of termination and this Policy will terminate the day after the Grace Period ends. If we fail to give such written notice, this Policy will continue in effect until the date notice is given. The Policyholder must still pay us all premiums due through the termination date, including the premium due for the time the Policy was in force during the Grace Period. Premium shall be paid for any Grace Period, any extension of such period, and any period for which insurance under this Policy was in effect and premium was not paid.

If the Policyholder replaces this Policy with another group policy without providing us written notice of intent to terminate this Policy, the Grace Period provision will apply. The Grace Period will not apply if coverage is terminated on a premium due date and the premium has been paid through that date. If the Policyholder provides written notice of termination during the Grace Period, the Policyholder will be liable for any unpaid premium including the pro rata premium for that part of the Grace Period during which coverage was in force.

Clerical Error - If a clerical error in keeping the data is made by the Policyholder or us, the premiums and/or benefits will be adjusted according to the correct data. Clerical error will not void insurance otherwise validly in force, nor will it continue or make insurance valid that otherwise would cease or would never have been issued.

Change in Premium Rates - We have the right to change the premium rates effective as of any premium due date after the Rate Guarantee has expired. If the rates are changed, we will give the Policyholder at least a 60-day advance written notice. The new premium rates will apply only to premiums due on or after the rate change takes effect.

If a change in Policy benefits increases our liability, premium rates may be changed on the date our liability is increased, without regard to the Rate Guarantee. If such premium increase takes place on a date other than a premium due date, a pro rata premium for the increase will be due on the next premium due date. The pro rata premium will be for the period from the date of the increase to the next premium due date. If such premium is not paid when due, the coverage will automatically be terminated as of the date the pro rata premium was due. Any partial payment of premium will be refunded.

GENERAL PROVISIONS

Conformity with Interstate Insurance Product Regulation Commission Standards - This Policy was approved under the authority of the Interstate Product Regulation Commission (IIPRC) and issued under the Commission standards. Any provision of this Policy that on the provision's effective date is in conflict with IIPRC standards for this product type is hereby amended to conform to the IIPRC standards for this product type as of the provision's effective date.

Entire Contract - The entire contract between you and us consists of this Policy; the Policyholder Application; the Certificates; and any attached amendments, endorsements, or riders.

Misstatement of a Covered Person's Age or Tobacco User Status - If the Age or Tobacco User status of any Covered Person is misstated, we will make an equitable adjustment in either the premium or amount of insurance. We will adjust any claims payable under this Policy to that amount of insurance that the premiums paid would have purchased based on the Covered Person's correct Age or Tobacco User status.

Money Payable – All sums payable by or to us will be paid in the lawful currency of the United States of America.

No Dividends Payable - This Policy does not participate in the profits or surplus earnings of the Company.

Policyholder is an Agent of the Insured – For all purposes related to the insurance issued under this Policy, the Policyholder acts as an agent of the Insured. The Policyholder does not, therefore, act as our agent for any purposes related to insurance issued under this Policy.

Incontestability – Any statement made by the Policyholder will be considered a representation and not a warranty. We will not use any statement to void insurance, reduce benefits or defend a claim unless it is included in a written application which has been made a part of the Policy. We will not use such statement to contest life insurance after it has been in force for two years from the Policy Effective Date or date of last reinstatement, if applicable. Such statement must be material to the acceptance of the risk or hazard assumed by us. Fraud in the procurement of the Policy shall only be contestable when permitted by applicable law in the state where the Policy is issued.

Notice – Any notice to you will be sent to your last known address.

Time Effective – For any dates in this Policy, the effective time will be 12:01 a.m. at the Policyholder's main place of business.

CERTIFICATE PROVISIONS MADE A PART OF THIS POLICY

The provisions that appear in the Certificate are made part of this Policy. Refer to the Certificate for the provisions applicable to each Covered Person.

POLICYHOLDER PROVISIONS

Duties – The Policyholder must comply with our administration manual in completing all Policyholder duties under this Policy. This includes, but is not limited to, the following:

1. Enroll and accurately collect premium from your employees, if applicable, including premium for any Dependents.
2. Pay premiums to us on the first day of the billing period using the self-administered premium worksheet provided by us (or comparable documentation).
3. Maintain enrollment documentation for your Covered Persons that contains sufficient information to establish proof of insurance, compute premiums and administer the terms of the Policy. Forward this information to us monthly or any time we may reasonably require. Documentation on Covered Persons should include the following data: full name, date of birth, gender, salary and any changes thereto, benefit elections, coverage amount by type of coverage, coverage effective date; class, termination dates, Lapse dates, Beneficiary designations, contributions, and any completed Evidence of Insurability forms.
4. Maintain records pertaining to the insurance of all Covered Persons while this Policy is in force and for seven years after this Policy terminates and allow us to examine these records at any reasonable time during normal business hours.
5. Provide us upon initial enrollment and on an annual basis, no less than 60 days prior to the Policy Anniversary date, a census of all eligible employees or members, and a census of all Covered Persons. The census of Covered Persons should include the following data: full name, date of birth, gender, coverage effective date, and class or coverage amount by type of coverage.
6. Provide us with any completed Evidence of Insurability forms prior to the Policy Anniversary so we can underwrite to determine benefit eligibility when applicable.
7. In the event that any Insured is no longer eligible under the Policy, the Policyholder is required to notify the Insured by either giving each Insured written notice or mailing a notice to his or her last known address as shown in the Policyholder's records within three business days of the termination date.

8. Provide Certificates, disclosures, and notices regarding this coverage to Insureds under the Policy in accordance with applicable laws.

Certificates – A Certificate describing the benefits, terms, limitations and other essential features of the Policy will be provided for delivery to each Insured. The Policyholder will deliver the Certificate to the Insureds in paper format or electronic format via email or by posting a PDF copy of the Certificate on the Policyholder's Intranet site. Upon request, the Policyholder will deliver a paper copy of the certificate to the Insured. If more than one Certificate is delivered to an Insured under this Policy, only the last one issued will be in effect.

Inspection of Policy - You must make this Policy available for inspection by your employees or members at all reasonable times during normal business hours.

Notice of Right to Convert Coverage – The Policyholder is required to give each Insured written notice of the right to convert coverage at least 15 days prior to the date coverage ends or is reduced for any reason other than the Insured's decision to end or reduce Supplemental Life Insurance for the next Plan Year. If notice cannot be provided in advance due to termination of employment, the notice must be provided at time of termination or as soon as reasonably possible following termination of employment. Written notice mailed to the Insured's last known address will constitute notice of the right to convert. If notice is not given within 15 days after coverage ceases, the Insured's right to convert shall be extended an additional 15 days from the date notice is provided, not to exceed 45 days from the date coverage ceased.

POLICY CHANGES, TERMINATION, AND REINSTATEMENT

Who May Change This Policy - The Policy is a legal contract between the Policyholder and us and may be changed or terminated without the Insured's consent. Premiums are subject to change. We may issue riders, endorsements or other amendments that effect such changes. Such forms are subject to prior approval by the Interstate Insurance Product Regulation Commission (IIPRC) and become effective on the effective date of the change, unless retroactivity is required by the IIPRC. We will only make changes that are consistent with IIPRC standards. Any change or waiver of the terms and provisions of the Policy and Certificate will be made in a rider, endorsement or amendment signed by an officer of the Company. No sales representative or other employee has authority to approve such changes or waivers. A copy of the rider, endorsement or amendment will be provided to the Policyholder for attachment to the Policy, and to the Insureds for attachment to the certificate, if applicable.

When This Policy Ends – This Policy will terminate at the earliest of the following events:
1. If any premium payable is not paid within its Grace Period, this Policy will terminate on the day after the end of the Grace Period;
2. If the Policyholder submits a 31-day advance written request to us to terminate the Policy, this Policy will terminate on the date specified in such request, or the date we receive the written notice, whichever is later;
3. If we give the Policyholder a 60-day advance written notice that we intend to terminate the Policy, this Policy will terminate on the date specified in such notice;
4. If the Policyholder fails to comply with any terms of the Policy, or fails to fulfill any obligations under or pertaining to this insurance, or fails to comply with or cooperate with us in satisfying the requirements of any applicable law or regulation pertaining to this insurance, this Policy will terminate on the 32nd day after we have given the Policyholder written notice of our intent to terminate.

If the Policy terminates, all premiums due shall be paid.

Termination of this Policy is without prejudice to claims that occur or commence prior to the date of termination.

When Policy May Be Reinstated –We may reinstate the Policy which has terminated due to nonpayment of premium if requested to do so by the Policyholder. Acceptance of premium after the date the Policy ends does not act to reinstate the Policy. We will refund any unearned premium.

DEFINITIONS

Terms important to understanding the Policy are defined in the Definitions section of the Certificate, which is a part of this Policy. Refer to the Certificate for the definition of any term capitalized in this Policy.

TRANSAMERICA LIFE INSURANCE COMPANY

Cedar Rapids, IA
Contact us at: PO Box 219, Cedar Rapids, IA 52406-0219
Telephone: 1-855-244-8318
E-Mail Address: TEBcustresp@Transamerica.com
Website: www.transamerica.com

TITLE PAGE (CERTIFICATE COVER PAGE)

About Your Insurance – This Certificate explains the benefits provided under the Group Master Policy ("Policy") issued to the Policyholder named on the Benefit Schedule. The benefits and rights of all Covered Persons under the Policy shall not be less than those stated in this Certificate, subject to the Insured's class, salary and annual benefit elections in effect for the Plan Year at time of loss.

The Policy is a legal contract between the Policyholder and the Insurer and may be changed or terminated without the Insured's consent. Premiums are subject to change.

The Insured may inspect a copy of the Policy by contacting the Policyholder at reasonable times during normal business hours.

PLEASE READ YOUR CERTIFICATE CAREFULLY. BENEFITS MAY BE SUBJECT TO CERTAIN REQUIREMENTS, REDUCTIONS, LIMITATIONS AND EXCLUSIONS.

Terms important to understanding this Certificate are defined in the Definitions section or in separate Certificate provisions and are capitalized.

The Insurer certifies that the Insured and covered Dependents are insured for the benefits described in this Certificate, subject to the provisions of the Certificate.

The benefits for Dependents described in this Certificate, if available under the Policy, are applicable only if the employee is insured under this Policy, applies for Dependent insurance, receives our approval of such Dependents, and pays the premium required for each Dependent.

This Certificate replaces any Certificates previously issued under the Policy.

This Certificate is signed for us at our home office to take effect on the same date that insurance becomes effective.

Blake Bostwick
President

Karyn S.W. Polak
Secretary

Group Basic Term Life Insurance Certificate

Annually Renewable Term Life Insurance
Nonparticipating - No Annual Dividends

If you have a complaint, you can contact the Iowa Insurance Division at: (515) 654-6600

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BENEFIT SCHEDULE (WHO PAYS WHAT)
SUBJECT TO ANNUAL BENEFIT ELECTIONS

Policyholder: **TRUENOTH COMPANIES, L.C.**
Address: **500 1ST STREET SE CEDAR RAPIDS, IA 52404**
Policyholder Phone Number: **319-739-1473**
Policy Number: **BS00086443**

Class 1 **Class Description: All Active Full-time Employees working a minimum of 30 hours per week for the Company, in the United States. Ineligible part-time, temporary, and seasonal employees are excluded. Waiting Period: First of the month following Date of Hire.**

Please refer to your annual benefit elections to determine benefits amounts in effect for the Plan Year.

Plan Year Beginning: **January 1, 2025**

Coverage Limits and Underwriting Requirements:

Employee Basic Term Life Insurance (Non-Contributory)
$50,000
Guaranteed Issue Limit: $50,000

Employee Supplemental Life Insurance (Contributory)
Up to 5x Salary to a maximum of $500,000. May be elected in increments of $10,000
Guaranteed Issue Limit: $200,000

Overall Combined Employee Basic Term & Supplemental Life Maximum
The lesser of 5x Salary or $550,000

Dependent Supplemental Life Insurance (Contributory)
Spouse: Up to $250,000 in increments of $5,000
Guaranteed Issue Limit: $50,000

Children: $10,000 (Guaranteed Issue)

Evidence of Insurability:
- Evidence of Insurability is required for any amounts elected above the Guarantee Issue Limits.
- Late enrollees, who decline to purchase supplemental insurance when initially eligible, may purchase up to 1x salary or one increment of coverage during the renewal open enrollment window. Purchase amount must be below the Guarantee Issue Limit.

Salary means the Insured's annualized regular wages rounded up to the next highest $1,000. Salary does not include overtime or bonuses, cash awards, expense allowances, shift differential, goal sharing, variable pay, stock option earnings, incentive items or other extra pay items. Salary will be recalculated on each Anniversary Date.

Benefit Reduction Schedule - Life Insurance Proceeds automatically reduce to the following percentages on the Policy Anniversary that follows your birthday, as follows:

Birthday	Life Insurance Proceeds Payable
Age 65	65% of pre-age 65 death benefit
Age 70	50% of pre-age 65 death benefit

Included Riders:

Accelerated Death Benefit for Terminal Illness Rider

Benefit: The lesser of: (a) 75% of your Proceeds; or (b) $500,000

Accidental Death and Dismemberment Rider

Accidental Death Benefit Amount: 100% of Proceeds
Common Carrier Benefit Amount: 100% of the Accidental Death Benefit
Airbag Benefit Amount: 5% of the Accidental Death Benefit
Seatbelt Benefit Amount: 10% of the Accidental Death Benefit
Transportation of Remains Benefit Amount: 10% of the Accidental Death Benefit not to exceed $5,000

The following benefits are subject to an aggregate Lifetime Benefit Limit of $15,000

Spouse Training Benefit Amount: 3% of the Accidental Death Benefit not to exceed $3,500
Elder Care Benefit Amount: 3% of the Accidental Death Benefit not to exceed $3,500
Child Education Benefit Amount: 3% of the Accidental Death Benefit not to exceed $3,500
Child Care Center Benefit Amount: 3% of the Accidental Death Benefit not to exceed $3,500

Dismemberment Benefits:

Loss of two or more: hand, foot, arm, leg or sight of one eye: 100% of Proceeds
Loss of speech and loss of hearing in both ears: 100% of Proceeds
Quadriplegia: 100% of Proceeds
Paraplegia: 75% of Proceeds
Hemiplegia: 50% of Proceeds
Loss of one: hand, foot, arm, leg or sight of one eye: 50% of Proceeds
Loss of speech or loss of hearing in both ears: 50% of Proceeds
Loss of hearing of one ear: 25% of Proceeds
Loss of thumb and index finger on same hand: 25% of Proceeds

Waiver of Premium Benefit Rider, Applicable Only to the Employee

Waiting Period: 6 months
Rider benefits cease on the Policy Anniversary on or immediately following the Insured's 60th birthday
If Totally Disabled on this date, Rider benefits will end on the Policy Anniversary on or immediately following the insured's 65th birthday

Portability Rider

Continuation for Approved Leave of Absence

Maximum Benefit Period: 6 months

Change of Insurance Carriers:

Maximum Benefit Period 3 months

WHO IS ELIGIBLE FOR COVERAGE

Eligible Person: To become insured under the Policy, an Eligible Person:

1. Must be a member of an eligible class as listed on the Policyholder Application;
2. Must meet the eligibility requirements listed on the Policyholder Application; and
3. Must be in Active Service on the day his or her coverage becomes effective.

Dependent: If Dependent coverage is available under the Policy, the Insured may elect coverage for his or her Spouse and/or Child(ren). To be covered as a Dependent under this Policy, the Dependent must not be an Eligible Person under this Policy.

WHEN IS COVERAGE EFFECTIVE – INITIAL ENROLLMENT

Basic Life Insurance – You are automatically enrolled for Basic Life Insurance on the Policy Effective Date or the date you first become an Eligible Person, whichever is later. You are not required to contribute toward the cost of Basic Life Insurance. Coverage will become effective the Policy Effective Date or first day of the month following the date you become an Eligible Person, whichever is later.

Supplemental Life Insurance – If available, you may elect Supplemental Life Insurance during the initial enrollment period or within 31 days of becoming an Eligible Person, whichever is later. You can enroll by completing the Policyholder's benefit election process and authorizing the payment of premiums due for the amount of supplemental coverage elected, if any. If you fail to make an election within the timeframe stated above, you will not be permitted to enroll in Supplemental Life Insurance until the next annual enrollment period. Supplemental Life Insurance will become effective the Policy Effective Date or the first day of the month following the date you elect coverage, whichever is later.

Delayed Effective Date - If the Insured is not in Active Service on the day coverage is scheduled to become effective, coverage will become effective on the date the Insured returns to Active Service. If a Dependent is confined in a hospital on the date coverage is scheduled to become effective, that Dependent's coverage will become effective on the day following discharge from the hospital.

Evidence of Insurability – Evidence of Insurability may be required, as shown on the Benefit Schedule. If so, we must receive a completed Evidence of Insurability Form prior to the Policy Effective Date or the Policy Anniversary and approve the Evidence of Insurability before the insurance subject to Evidence of Insurability will become effective. There will be no cost to the Insured for providing Evidence of Insurability.

WHEN CAN COVERAGE BE CHANGED

Annual Benefit Elections – Benefits are elected on an annual basis. Benefit elections will become effective on the next Policy Anniversary and will remain in effect for the Plan Year, subject to the terms of the Policy and Certificate. Changes in benefit elections are not allowed during the Plan Year unless made in accordance with the Change in Family Status provision of this Policy.

If the Insured is not in Active Service on the day coverage is scheduled to become effective, any changes will not take effect until the Insured returns to Active Service. If a Dependent is confined in a hospital on the date coverage is scheduled to become effective, any changes for that Dependent's coverage will become effective on the day following discharge from the hospital.

Coverage Options Subject to Change - Basic Life Insurance and Supplemental Life Insurance options are subject to change on any Policy Anniversary, as agreed upon between the Policyholder and the Insurer.

Automatic Coverage Amount Change - If the Insured's coverage amount is based on Salary, Basic Life Insurance and Supplemental Life Insurance will be adjusted automatically on the next Policy Anniversary as the Insured's Salary increases or decreases.

Change In Family Status – An Insured may request to change coverage during any Plan Year due to a change in family status (marriage, divorce, birth/adoption, death of a family member, or a Spouse losing coverage through his or her employer). A request to change coverage as a result of a change in family status must be consistent with the event. Requests for a change in coverage as a result of a change in family status must be submitted to the Policyholder in writing within 31 days following the event. Approval of the change in coverage will become effective on the date the change in family status occurred. If the Insured fails to request a change in coverage within 31 days following the change in family status, the Insured will not be permitted to make such a change until the next Policy Anniversary.

WHAT IS COVERED (LIFE INSURANCE PROCEEDS)

Amount of Proceeds - Upon receipt of satisfactory proof of a Covered Person's death, we will pay the Beneficiary the amount of Basic Life Insurance and Supplemental Life Insurance in force for such person on the date of death. We will either pay the death benefit in a lump sum or in a method comparable to one sum.

The amount of Proceeds applicable to a Child between the Ages of 15 days and 6 months old is limited to 10% of the Child's life insurance coverage.

Adjustments to the Proceeds - The Proceeds will be reduced by any due and unpaid premiums.

Protection of the Proceeds - To the extent permitted by law, the Proceeds will not be subject to the claims of the Beneficiary's creditors or to any legal process against the Beneficiary.

How to Designate or Change the Beneficiary – The Insured may designate or change the Beneficiary for his or her Proceeds at any time. Designations must be submitted to the Policyholder in writing and shall take effect as of the date the notice of change is signed unless a different date is specified by the Insured. The notice of change will be subject to any payments made or actions taken prior to receipt of the notice of change. If an irrevocable Beneficiary is designated, a Beneficiary change will not be allowed without the consent of the irrevocable Beneficiary. The Insured will be the Beneficiary for any Dependent Life Insurance coverage.

The existence of multiple Beneficiaries will not increase the benefit payable. If multiple Beneficiaries are designated and their shares are not specified, the Beneficiaries will equally share the benefit payable.

If No Beneficiary is Named or the Designated Beneficiary Dies - The rights of any Beneficiary to receive Proceeds will end if the Beneficiary dies prior to, at the time of, or within 30 days after, the death of the Covered Person, except to the extent that benefits have already been paid. If the rights of all designated Beneficiaries have ended, or if the Insured did not designate a Beneficiary, benefits will be payable to the Insured's survivors in the following order of priority:

1. Spouse;
2. Child(ren) (in equal amounts);
3. The executor or administrator of the Insured's estate.

Payment in good faith by us will fully discharge our obligations with respect to the amount(s) paid.

WHAT IS NOT COVERED (SUICIDE EXCLUSION)

We will not pay benefits if the Covered Person dies by suicide, whether sane or insane, within two years from the effective date of the initial election of such benefits under this Policy.

We will not pay any applicable increase in benefits if the Covered Person dies by suicide, whether sane or insane, within two years from the effective date of such increase. However, an increase due to a change in your Salary is not subject to this limitation.

If a Covered Person dies by suicide within the timeframes stated above, the only sum we will pay to the Beneficiary is an amount equal to the premiums paid for the decedent's Supplemental Life Insurance coverage or applicable increase thereof. Any premium paid for the Basic Life Insurance will be returned to the Policyholder.

HOW TO FILE A CLAIM

Claim Forms – A Beneficiary or personal representative can obtain a claim form by calling our toll-free number listed on the cover page of this Certificate. The process for completing the claim form and submitting the claim will be explained in the claim form kit.

Proof of Loss - Proof of Loss will consist of a certified copy of the death certificate of the Covered Person, or other lawful evidence providing equivalent information, and proof of the claimant's interest in the Proceeds. Proof of Loss should be sent to the address shown on the claim form. Upon receipt of the claim form and due Proof of Loss, we will review your Proof of Loss and if approved, pay the claim, subject to the terms of the certificate.

Interest from Date of Death - We will pay interest on the Proceeds after we receive due Proof of Loss. We will pay interest on the Proceeds from the date of death to the date of payment. Interest paid on Proceeds will accrue at the rate we have established for funds left on deposit. We will pay additional interest at a rate of 10% annually, beginning with the date that is 31 calendar days from the latest of items 1, 2 and 3 below to the date payment is made:

1. The date we receive due Proof of Loss;
2. The date we receive sufficient information to determine our liability, the extent of our liability and the appropriate payee legally entitled to the death benefit; and.
3. The date that legal impediments to payment of the Proceeds that depend on the action of parties other than us are resolved and sufficient evidence is provided to us. Legal impediments include, but are not limited to:
   a) The establishment of guardianships and conservatorships;
   b) The appointment and qualification of trustees, executors and administrators; and
   c) The submission of information required to satisfy state and federal reporting requirements.

Legal Action – The time limits for legal actions for loss covered by the Policy are subject to the applicable law in the state where the Policy was issued.

GENERAL PROVISIONS

Misstatement of A Covered Person's Age or Tobacco User Status - If the Age or Tobacco User status of any Covered Person is misstated, we will make an equitable adjustment in either the premium or amount of insurance. We will adjust any claims payable under the Policy to that amount of insurance that the premiums paid would have purchased based on your correct Age or Tobacco User status.

Incontestability - All statements made by an Insured shall be considered representations and not warranties. We will not use any statements to void coverage, reduce benefits or defend a claim unless included in a written statement of insurability form which has been signed by the Insured and a copy has been given to the Insured or the Beneficiary. We will not use such written statement after coverage has been in force for two years during the Covered Person's life. Such statement must be material to the acceptance of the risk or hazard assumed by us.

For increases in Supplemental Life Insurance benefits, our two-year right to contest starts anew, but will only apply to the amount of the increase. We will not use such statement to contest an increase or benefit addition to such insurance, or reinstatement of insurance, if applicable, after the increase, benefit, or reinstatement , as applicable, has been in force for two years during the Covered Person's life.

Fraud in the procurement of coverage under the Policy shall only be contestable when permitted by applicable law in the state where the Insured resides.

Policyholder As Your Agent - For all purposes related to this insurance, the Policyholder serves as your agent and not as our agent.

Assignment - The Insured may assign benefits under this Certificate with a written request to us. The assignment will take effect as of the date you sign the notice of assignment unless you specify a different date. However, we will not be bound by any assignment until we record it. The assignment will be subject to any payments made or actions taken before we record the assignment. We assume no responsibility for the validity or effect of any assignment of this Certificate or any interest in it.

Conformity with Interstate Insurance Product Regulation Commission Standards - This Policy was approved under the authority of the Interstate Product Regulation Commission (IIPRC) and issued under the Commission standards. Any provision of this Policy that on the provision's effective date is in conflict with IIPRC standards for this product type is hereby amended to conform to the IIPRC standards for this product type as of the provision's effective date.

Entire Contract – This insurance is provided under a contract of group term insurance with the Policyholder. The entire contract consists of the Policy; the Policyholder Application; the Certificates; and any attached amendments, endorsements, or riders.

Entire Contract Changes - The Policy is a legal contract between the Policyholder and us and may be changed or terminated without the Insured's consent. Premiums are subject to change. We may issue riders, endorsements or other amendments that effect such changes. Such forms are subject to prior approval by the Interstate Insurance Product Regulation Commission (IIPRC) and become effective on the effective date of the change, unless retroactivity is required by the IIPRC. We will only make changes that are consistent with IIPRC standards. Any change or waiver of the terms and provisions of the Policy and Certificate will be made in a rider, endorsement or amendment signed by an officer of the Company. No sales representative or other employee has authority to approve such changes or waivers. A copy of the rider, endorsement or amendment will be provided to the Policyholder for attachment to the Policy, and to the Insureds for attachment to the certificate, if applicable.

Grace Period – A Grace Period of 31 days will be allowed for each premium payment after the first premium. Coverage will stay in force during the Grace Period. If the premium due has not been paid in full by the due date, we will give the Policyholder written notice of termination and this Policy will terminate the day after the Grace Period ends. If we fail to give such written notice, this Policy will continue in effect until the date notice is given. The Policyholder must still pay us all premiums due through the termination date, including the premium due for the time the Policy was in force during the Grace Period. Premium shall be paid for any Grace Period, any extension of such period, and any period for which insurance under this Policy was in effect and premium was not paid.

If the Policyholder replaces this Policy with another group policy without providing us written notice of intent to terminate this Policy, the Grace Period provision will apply. The Grace Period will not apply if coverage is terminated on a premium due date and the premium has been paid through that date. If the Policyholder provides written notice of termination during the Grace Period, the Policyholder will be liable for any unpaid premium including the pro rata premium for that part of the Grace Period during which coverage was in force.

WHEN INSURANCE STOPS

Subject to the Conversion Option or any Continuation or Portability Option, if included in the Policy, coverage will end on the earliest of the following:

Basic Life Insurance (Insured):

1. the date of the Insured's death;
2. the last day of the month in which the Insured no longer qualifies for coverage as an Eligible Person;
3. the date the Policy Lapses due to non-payment of premium, subject to the Grace Period; or
4. the date the Policy terminates.

Supplemental Life Insurance (Insured):

1. the date the Insured's Basic Life Insurance terminates;
2. the date the Supplemental Life Insurance Lapses, subject to the Grace Period;
3. the Policy Anniversary, if the Insured elects not to enroll in Supplemental Life Insurance for the next Plan Year; or
4. the date the Policyholder discontinues offering Supplemental Life Insurance for the Insured's class.

Basic Life Insurance (Dependent):

1. the date the Insured's Basic Life Insurance terminates;
2. the date of the Dependent's death;
3. the date the Dependent no longer qualifies for coverage as a Dependent;
4. the date the Dependent becomes an Eligible Person under the Policy; or
5. the date the Policyholder discontinues Basic Life Insurance for Dependents.

Supplemental Life Insurance (Dependent):

1. the date the Insured's Basic Life Insurance terminates;
2. the date of the Dependent's death;
3. the date the Supplemental Life Insurance Lapses due to non-payment of premium, subject to the Grace Period;
4. the date the Spouse no longer meets the definition of Spouse (for Spouse only);
5. the Policy Anniversary on or immediately following a Dependent Child's 26th birthday (for that Child only), unless the Child is incapable of self-sustaining employment because of a mental or physical disability;
6. the date the Dependent becomes an Eligible Person under the Policy;
7. the Policy Anniversary, if the Insured elects not to enroll in Supplemental Life Insurance for the Dependent for the next Plan Year; or
8. the date the Policyholder discontinues offering Supplemental Life Insurance for Dependents for the Insured's class.

Coverage will also end if a Covered Person submits a fraudulent claim to us.

CONTINUATION DUE TO TOTAL DISABILITY

If coverage terminates while the Insured is Totally Disabled, coverage (including coverage on the Insured's Dependents) will be continued for up to 6 months, provided:

1. The Total Disability began on or after the Insured's 16th birthday and prior to the Insured's 60th birthday;
2. The Insured has been Totally Disabled for at least 6 consecutive months immediately preceding such termination;
3. We receive written notice and satisfactory proof of Total Disability while the Insured is living, and such notice and proof is received within 31 days of coverage termination;
4. The Insured continues to be Totally Disabled; and
5. The Insured is not eligible for coverage under any new policy being issued to the Policyholder to provide group term life insurance to its employees.

During this continuation period, the Policyholder must continue to pay the premium for the Basic Life Insurance and the Insured must continue to pay the premium for any Supplemental Life Insurance on the same basis as premium was paid on the day before Total Disability began, except when the Waiver of Premium Benefit Rider is part of the Policy for the Insured's classification. At the end of the continuation period, the Insured's coverage will terminate, subject to the Conversion Option.

If the Insured dies during the continuation period, we will pay the Proceeds to the Beneficiary upon receipt of satisfactory proof of the Insured's death and documentation that Total Disability continued without interruption from the date of continuation to the date of death.

CONVERSION OPTION

Insured – If an Insured's coverage is terminated or reduced, the Insured can convert coverage to permanent life insurance in an amount not to exceed the amount of insurance that is terminating or the amount of the benefit reduction, less the amount of life insurance for which the Insured becomes eligible under any group policy within 31 days after the date his or her insurance ended or was reduced. To be eligible for conversion, coverage must be ending or reducing due to one of the following:

1. The Insured's group term life insurance is ending for one or more of the following reasons:
   (A) The Insured ceases to be in an eligible class;
   (B) The Insured's employment ends;
   (C) The Insured's continuation of insurance, if any, ends;
   (D) The Policy ends; or
   (E) The Policy is changed to end life insurance for the eligible class to which the Insured belongs to; or
2. The Insured's life insurance is reduced:
   (A) On or after the Insured attains a specified age;
   (B) Because the Insured changes from one eligible class to another; or
   (C) Due to a Policy change.

Dependent – If a Dependent's coverage is terminated or reduced, the Insured can convert the Dependent's coverage to permanent life insurance in an amount not to exceed the amount of insurance that is terminating or the amount of the benefit reduction, less the amount of Dependent life insurance for which the Insured becomes eligible under any group policy within 31 days after the date his or her insurance ended or was reduced.

To be eligible for conversion, coverage must be ending or reducing for any reason other than:
(A) Nonpayment of premium;
(B) A spouse ceases to be a Spouse as defined in the Certificate;
(C) A Child attains the limiting age for coverage under the Certificate;

The Insured may convert the Dependent's coverage if it is reduced'
(A) On or after the Dependent attains a specified age;
(B) Because the Insured changes from one eligible class to another; or
(C) Due to a Policy change.

A Spouse may convert coverage if it ends because the Spouse ceases to be a Spouse as defined under the Certificate.

A Child may convert coverage if it ends because the Child attains the limiting age for coverage under the Certificate.

The permanent life insurance will be issued on any policy form, other than individual term life insurance, that we then customarily offer, without any optional riders. The premium for the permanent coverage will be based upon our premium rates then in use, the Covered Person's Attained Age and class of risk at the time of conversion, together with the form and amount of insurance chosen. No Evidence of Insurability will be required. The policy will take effect on the day following the end of the conversion period.

We must receive the conversion application and any required premium within 31 days of termination or benefit reduction under the Policy. If the Covered Person elects not to convert within the 31-day conversion period, the Covered Person will not have the right to convert such amount at a later date. During the 31-day conversion period, coverage will continue under the terms of the certificate. If the Covered Person dies within the 31-day conversion period, benefits under the Policy will be paid as if coverage had continued regardless of whether the Covered Person applied for conversion coverage. If the conversion application and premium payment has been made for the conversion policy, any premiums paid for the conversion policy will be refunded. In no event shall we be liable to pay a death benefit under both the group policy and the conversion policy.

DEFINITIONS

Terms important to understanding this Certificate are defined in this section and are capitalized in this Certificate.

Active Service means the Insured is performing in the usual manner all the regular duties of his or her occupation on a scheduled work day at the normal place of business or other location as directed by the Policyholder. An Insured is deemed to be in Active Service on weekends or Policyholder-approved vacations, holidays or business closures if the Insured was in Active Service on the last scheduled work day preceding such time off.

Active Service does not apply to retired employees, if eligible under the Policy.

Age or Attained Age means the Covered Person's Age as of the date his or her coverage first becomes effective or on the last Policy Anniversary, whichever is later. Attained Age will increase by one year on each Policy Anniversary.

Basic Life Insurance means the noncontributory life insurance coverage paid for by the Policyholder and provided at no cost to the Insured.

Certificate means this document that describes the Insured's benefits and rights under the policy, including any riders, endorsements, amendments, notices or other attachments to the Policy.

Child(ren) means a child of the Insured who is at least 15 days old and under the age of 26 who is:
1. A natural child;
2. A legally adopted child, or a child who has been placed for adoption with the Insured;
3. A stepchild;
4. A child for whom the Insured has been appointed legal guardian; or
5. Any other children required to be covered under the civil union, domestic partnership, marriage or other family or domesic relations laws of the state where the Policy is issued for delivery or where the Insured resides.

Beginning at age 19, a Child must:
- Not be employed on a full-time basis and eligible for life insurance coverage through his or her employer.
- Must be a student at an accredited secondary school, college, university, or trade school for a minimum of 12 credit hours.

Child(ren) does not include anyone who is an Eligible Person under the Policy.

If a Child covered under this Certificate has reached age 26 but is incapable of self-sustaining employment because of mental or physical impairment, we will continue the Child's insurance under the following conditions:
1. The Child is and continues to be incapacitated;
2. The Child continues to meet the definition of Child, except for the age limit;
3. We must receive proof of incapacity within 31 days after the Child attains age 26; and
4. We may require proof of continued incapacity from time to time, but not more often than once a year after the Child attains age 26.

Subject to the Conversion Option, coverage on an incapacitated Child will end on the earlier of:
1. The date the conditions listed above are no longer satisfied; or
2. The Insured's insurance terminates.

Covered Person means the Insured and the Insured's Dependents who have been enrolled and accepted for insurance by us.

Dependent means the Insured's Spouse and Child(ren).

Eligible Person means an employee of the Policyholder that meets all of the eligibility requirements for becoming insured for Basic Life Insurance coverage.

Insured (you, your, yours) means the Eligible Person covered under the Policy.

Lapse means the termination of the Policy due to nonpayment of premium or insufficient payment of the premium due. The term also applies to the termination of Supplemental Life Insurance coverage for nonpayment or insufficient payment of the contributions due.

Life Insurance Proceeds or Proceeds means the coverage amount payable upon the Covered Person's death.

Plan Year means the 12-month period beginning on the Policy Effective Date. Subsequent Plan Years begin on the Policy Anniversary each year.

Policy means the document that is issued to the Policyholder that describes the life insurance coverage for Insureds and their covered Dependents, if any, including any riders, endorsements, amendment, notices or other attachments to the Policy.

Policy Anniversary means the month and day beginning each Plan Year and is the same month and day as the Policy Effective Date, unless stated otherwise in the Policy.

Policy Effective Date means the date the Policy first became effective.

Policyholder Application means the application completed by the Policyholder to apply for the Policy.

Spouse means a person under the age of 70 who is the Insured's lawful spouse or any other person required be covered as a Spouse under the civil union, domestic partnership, marriage or other family or domestic relations laws, including case law, of the state where the Policy is issued or delivered and where the Insured resides, if different. Spouse may also include similar relationships in states not required by law, if agreed upon between the Policyholder and us. Spouse does not include anyone who is an Eligible Person under the Policy.

Supplemental Life Insurance means the contributory life insurance coverage available to the Insured. The Insured must pay the premium for this coverage.

Tobacco User means a person who has used any of the following tobacco products within the last 12 months: cigarettes, cigars, pipes, snuff, and chewing tobacco, or nicotine replacement products, such as patches or gum.

Total Disability or Totally Disabled means, due to an injury or sickness, the Insured's inability to perform the material duties of his or her regular job and is unable to perform any other job for which the Insured is fit by education, training or experience.

Transamerica Life Insurance Company, the Company, Insurer, we, us, or our – The Insurer that underwrites this life insurance coverage and pays the benefits upon a claim.

TRANSAMERICA LIFE INSURANCE COMPANY

ACCELERATED DEATH BENEFIT FOR TERMINAL ILLNESS RIDER

(This Rider may only be accelerated once per Covered Person)

This Rider is attached to and made part of the Policy/Certificate as of the Rider Effective Date. It is issued in consideration of the Application and payment of any required initial premium. All provisions of the Policy/Certificate not in conflict with the provisions of this Rider apply to this Rider. This Rider has no cash value.

NOTICE: Benefits paid under this Rider may be taxable in certain circumstances. As with all tax matters, you should consult your tax advisor regarding the tax treatment of receiving an Accelerated Death Benefit.

Payment of an Accelerated Death Benefit may affect eligibility for Medicaid or other government benefits and entitlements.

The Life Insurance Proceeds, as well as any benefits provided by affected Riders, will be reduced if an Accelerated Death Benefit is paid under this Rider. The premium amount may remain the same or reduce based on the rate structure and benefit elections.

DEFINITIONS

In addition to the definitions contained in the Policy/Certificate, the following definitions apply to this Rider:

Accelerated Death Benefit means a portion of the Life Insurance Proceeds that is paid prior to the death of the Covered Person due to the Covered Person's being diagnosed with a Terminal Illness. The payment of an Accelerated Death Benefit reduces the Proceeds, as well as any benefits provided by affected riders, and the amount of Proceeds payable to the Beneficiary upon death.

Immediate Family Member means the Insured, Spouse, Child, brother, sister, mother, father, and the spouse of any of these individuals.

Physician means a person who is a practitioner of healing arts, other than an Immediate Family Member, providing services within the scope of his or her license.

Prior Policy means a group term life insurance policy issued by another insurance carrier that is being replaced by our Policy. The Prior Policy must have been in effect the day immediately prior to our Policy Effective Date.

Terminally Ill means that the Covered Person has a medical condition that, in the best medical judgment of a Physician, will result in death within 12 months.

Written Proof of Loss means a written statement signed by a Physician certifying that the Covered Person has been diagnosed as being Terminally Ill.

BENEFITS

We will pay the Accelerated Death Benefit for Terminal Illness Benefit shown in the Benefit Schedule if a Covered Person becomes Terminally Ill while this Rider is in effect. If the Covered Person became Terminally Ill while covered under a Prior Policy, the amount available to be accelerated under our Policy will be reduced by the amount the Covered Person accelerated or is eligible to accelerate under the Prior Policy.

We will deduct the following from the accelerated benefit:

1. An administrative fee of $250; and

2. 12 months' interest, in advance, on the amount that we accelerate. The annual interest rate we use will be a discount rate that is the greater of:

a. The current yield on the 90-day Treasury Bills available at the date of application for an accelerated payment; and
b. The then current maximum adjustable policy loan interest rate based on Moody's Corporate Bond Yield Averages – Monthly Average Corporates – published by Moody's Investors Service, Inc., or any successor thereto for the calendar month ending two months before the date of application for an accelerated payment.

This benefit is payable only once per Covered Person and will be paid in a lump sum. The Proceeds will be reduced by the amount accelerated under this Rider. The remaining Proceeds will be paid to the Beneficiary upon the Covered Person's death.

Upon a request to accelerate the death benefit and upon payment of the Accelerated Death Benefit , we will provide to the Insured and any assignee or irrevocable Beneficiary of record a statement demonstrating the effect of the acceleration on the death benefit and premium of the Certificate. The statement shall also disclose any premium necessary to continue any remaining coverage following the acceleration.

If a Covered Person dies after the Insured elects to receive Accelerated Death Benefits but before any such benefits are received, the election shall be cancelled, and the benefit paid in accordance with the terms of the Certificate.

HOW EXERCISING THIS RIDER WILL AFFECT BENEFITS

When an Insured exercises this Rider due to being diagnosed as Terminally Ill, benefit election changes will no longer be allowed. When the Insured exercises this Rider due to a Dependent being diagnosed as Terminally Ill, benefit election changes for that Dependent will no longer be allowed.

The acceleration of part of the Insured's death benefit will not impact Dependent coverage under the Certificate, whether or not the Dependent coverage is based on a percentage of the Insured's death benefit.

The Accidental Death and Dismemberment Benefit Rider will not be affected by the payment of the Accelerated Death Benefit.

CLAIMS

Notice of Claim - We must be notified of a claim for benefits under this Rider, in writing, within 90 days of the initial date that the Covered Person is first diagnosed as being Terminally Ill. The written notice must be sent to us. The notice must include sufficient information to identify the claimant. If notice cannot reasonably be given within 90 days of the diagnosis, notice must be sent as soon as reasonably possible.

Claim Forms - After we receive notice of claim, we will send claim forms to the claimant within 15 days. If the forms have not been received within 15 days, the claimant may send us written proof of loss describing the nature and extent of the claim. The written proof of loss must be sent to us within the time limit stated in the following paragraph.

Written Proof of Loss - We will pay benefits under this Rider after we receive Written Proof of Loss satisfactory to us. We must receive such proof within 90 days after the Covered Person is diagnosed as being Terminally Ill. If it is not reasonably possible to provide this information within such time, Written Proof of Loss must be submitted as soon as reasonably possible but no later than one year from the time specified after the date of diagnosis.

Physical Examination - At our expense, we reserve the right to require a second or third medical opinion to confirm benefit eligibility. The second medical opinion may include a physical examination by a Physician of our choosing. In the case of conflicting opinions, eligibility for the accelerated death benefits shall be determined by a third medical opinion that is provided by a Physician that is mutually acceptable to you and the insurance company.

Time of Payment of Claims - All benefits described in this Rider will be paid as soon as we have received Written Proof of Loss satisfactory to us.

Payment of Claims - We will pay the benefit under this Rider to the Insured, unless a different payee is designated. Prior to the payment of the benefit, we will obtain from the Insured a signed acknowledgement of concurrence for payout from any assignee of record or irrevocable Beneficiary of record.

Legal Actions - No legal action may be brought to recover under the Policy within 60 days after Written Proof of Loss has been provided to us as required nor more than 3 years from the time Written Proof of Loss is required to be furnished.

RIDER EFFECTIVE DATE

This Rider is only available when the Policy is initially issued and becomes effective on the same date as the Policy.

TERMINATION

Termination of Rider - This Rider will terminate on the earliest of the following dates or events:
1. The date we receive the Policyholder's request to cancel this Rider; or
2. The date the Policy terminates.

Termination of Coverage – A Covered Person's coverage under this Rider will end on the earliest of:
1. The date the Rider terminates;
2. The date the Insured requests to terminate his or her coverage under this Rider;
3. The date the Covered Person's coverage ends under the Policy; or
4. The date an Accelerated Death Benefit is paid on a Covered Person (for that Covered Person only).

Termination of this Rider will not prejudice the payment of benefits for any Terminally Ill diagnosis that occurred while the Rider was in force.

This Rider is signed for the Company at our home office to take effect on the Rider Effective Date.

Blake Bostwick
President

TRANSAMERICA LIFE INSURANCE COMPANY

ACCIDENTAL DEATH AND DISMEMBERMENT RIDER

This Rider is attached to and made part of the Policy/Certificate as of the Rider Effective Date. It is issued in consideration of the Application and payment of any required initial premium. All provisions of the Policy/Certificate not in conflict with the provisions of this Rider apply to this Rider. This Rider has no cash value.

DEFINITIONS

In addition to the definitions contained in the Policy/Certificate, the following definitions apply to this Rider:

Accidental Bodily Injury means an injury resulting, directly and independently of disease or bodily or mental illness or infirmity or any other causes.

Accidental Death means loss of life resulting from an Accidental Bodily Injury.

Air Bag System means an automatically inflatable passive restraint system that is designed to provide automatic crash protection in front or side impact Automobile accidents and meets the Federal Vehicle Safety Standards of the National Highway Traffic Safety Administration.

Automobile means a four-wheeled private passenger motor vehicle licensed for use on public highways and not used to transport passengers for hire.

Covered Loss means an Accidental Death or a Dismemberment. Covered Loss also includes an Accidental Death or a Dismemberment resulting from unavoidable exposure to the elements.

Dismemberment means an Accidental Bodily Injury that, directly and independently of all other causes, results in the loss of:

1. A hand – the permanent severance at or above the wrist, but below the elbow.
2. A foot – the permanent severance at or above the ankle but below the knee.
3. The thumb <u>and</u> index finger on the <u>same</u> hand - the permanent severance through or above the third joint from the tip of the index finger and the second joint from the tip of the thumb.
4. An arm – the permanent severance at or above the elbow.
5. A leg – the permanent severance at or above the knee.
6. Sight - the permanent and uncorrectable loss of sight in the eye that continues for 180 days following the date of loss; the visual acuity shall be 20/200 or worse in the eye or the field of vision must be less than 20 degrees.
7. Speech – the total and irrecoverable loss of speech that continues for 180 days following the date of loss.
8. Hearing – the total and permanent loss of hearing.
9. Paralysis means total and permanent impairment of voluntary movement and sensory function of a limb without severance; a Physician must determine the paralysis to be permanent, complete and irreversible.
   - Hemiplegia – the total and permanent paralysis of both an arm and a leg on the same side of the body.
   - Paraplegia – the total and permanent paralysis of both legs.
   - Quadriplegia – the total and permanent paralysis of both arms and both legs.

Elder
means an adult who is at least 70 years of age and who depends primarily on the Insured for financial support.

Elder Care means the non-medical care provided in a home for the aged or a community living center that provides domiciliary, residential, or retirement care. Elder Care does not include:

1. Medical care in a hospital;
2. Psychiatric care in a facility that treats mental illness of a non-organic origin; or
3. Treatment in a facility for voluntary chemical dependence.

Immediate Family Member means the Insured, Spouse, Child, brother, sister, mother, father, and the spouse of any of these individuals.

Physician means a person who is a practitioner of healing arts, other than an Immediate Family Member, providing services within the scope of his or her license.

Public Transportation means a public passenger conveyance operated by a licensed common carrier for the transportation of the general public for a fare and operating on regularly scheduled passenger routes with a definite schedule of departures and arrival times. (This definition excludes taxis, ride sharing services, limousines, and chartered vehicles.)

Seatbelt means a properly installed combination lap and shoulder restraint system that meets the Federal Vehicle Safety Standards of the National Highway Traffic Safety Administration. Seatbelt will include a lap belt only if the Automobile was not equipped with a combination lap and shoulder restraint system when manufactured. This benefit is not payable if a seatbelt is not worn or the seatbelt is not available in the Automobile.

DEATH BENEFITS

The following benefits are payable in addition to the Life Insurance Proceeds payable under the Policy, subject to the Exclusions and Limitations provision of this Rider. Death must occur within 365 days of the Accidental Bodily Injury. This Rider must be in force at the time of death. Death benefits will be paid to the Beneficiary, unless otherwise stated below.

Accidental Death Benefit – We will pay the Accidental Death Benefit shown in the Benefit Schedule if a Covered Person dies as the result of an Accidental Bodily Injury.

Common Carrier Benefit – We will pay the Common Carrier Benefit shown in the Benefit Schedule if a Covered Person dies as the result of an Accident that occurs while the Covered Person was riding as a fare-paying passenger on Public Transportation.

Air Bag Benefit – We will pay the Air Bag Benefit shown in the Benefit Schedule if:
1. The Covered Person's death is the result of an Automobile accident;
2. The Automobile is equipped with an Air Bag System that was installed as original equipment by the Automobile manufacturer;
3. The deceased was seated in the driver's or a passenger's seating position intended to be protected by the Air Bag System; and
4. The Air Bag System deployed, as evidenced by a police accident report.

Seatbelt Benefit – We will pay the Seatbelt Benefit shown on the Benefit Schedule if the Covered Person's death was the result of an Automobile accident and the deceased was wearing and properly utilizing a Seatbelt at the time of the accident, as evidenced by a police accident report. This benefit will not be payable if the Covered Person was the driver of the Automobile and did not hold a current and valid driver's license.

Transportation of Remains Benefit - We will pay the Transportation of Remains Benefit shown in the Benefit the Covered Person dies more than 200 miles from his or her primary residence and expenses are incurred to transport the Covered Person's body to a mortuary near his or her primary place of residence.

Spouse Training Benefit - We will pay the Spouse Training Benefit shown in the Benefit Schedule to the Insured's Spouse if the Spouse enrolls in a training program within 365 days of the Insured's death. The training program must be for the purpose of obtaining an independent source of income for the Spouse. This benefit is subject to the Lifetime Benefits Limitation shown in the Benefit Schedule.

Elder Care Benefit - We will pay the Elder Care Benefit shown in the Benefit Schedule to the Insured's surviving Spouse to care for an Elder as long as an Elder is receiving Elder Care before this Rider's Effective Date. This benefit is subject to the Lifetime Benefits Limitation of this Rider.

Child Educational Benefit – We will pay the Child Educational Benefit shown in the Benefit Schedule to the Insured's Spouse if the Insured is survived by a Child, within the Age range of 17 through Age 21, who is enrolled, or enrolls within 365 days of the Insured's death, as a regular, full-time student at an accredited secondary school, college, university, or trade school. We will pay this benefit each year, for up to four consecutive years, while a Child remains enrolled as a full-time student. We will pay this benefit in equal installments over the four-year period. We will pay separate benefits for each Child who meets the requirements for this benefit. Evidence of student status must be provided annually. This benefit is subject to the Lifetime Benefits Limitation of this Rider.

If there is no Spouse, we will pay this benefit directly to the Child, if of legal age of majority. Otherwise we will pay this benefit to the legally appointed guardian of the Child.

Child Care Center Benefit - We will pay the Child Care Center Benefit shown in the Benefit Schedule to the Insured's Spouse if the Insured is survived by a Child, within the Age range of 15 days through Age 12, who is enrolled, or enrolls within 90 days of the Insured's death, in a qualified child care center on less than a 24-hour per day basis for which an expense is incurred. We will pay this benefit each year, for up to four years, while the Child remains enrolled in a childcare center. We will pay this benefit in equal installments over the four-year period. We will pay separate benefits for each Dependent Child who meets the requirements for this benefit. This benefit is subject to the Lifetime Benefits Limitation of this Rider.

A qualified childcare center means a facility that operates pursuant to law, including any licensing or other laws or regulations applicable to child care facilities and primarily provides care and supervision for children in a group setting on a regular, daily basis. A child care center does not include any of the following: a hospital; the child's home; a nursing home or convalescent home; a facility or part thereof for the treatment of mental disorders; a place or part thereof used primarily for the care of drug addicts, or alcoholics; or an orphanage.

Lifetime Benefits Limitation - A claim can be made for the Spouse Training, Elder Care, Child Education, or Child Care Center provisions, concurrently or separately. We do, however, limit the aggregate lifetime benefit for all four of these benefits the maximum shown in the Benefit Schedule.

DISMEMBERMENT BENEFITS

We will pay the applicable benefit shown in the Benefit Schedule if a Covered Person suffers a Dismemberment, subject to the Exclusions and Limitations provision of this Rider. Dismemberment must occur within 365 days of the Accidental Bodily Injury. This Rider must be in force at time of Dismemberment. Dismemberment benefits will be paid to the Insured.

If more than one Dismemberment occurs as a result of the same Accidental Bodily Injury, we will pay a single benefit for the loss which has the largest benefit.

EXCLUSIONS AND LIMITATIONS

Benefits for Accidental Death or Dismemberment will not be payable for any loss caused in whole or in part by, or resulting from, any of the following:

1. Suicide, attempted suicide or intentionally self-inflicted injury while sane or insane;
2. Disease, physical or mental infirmity or any medical or surgical treatment for such condition;
3. An infection not occurring as a direct result or consequence of the accidental bodily injury;
4. Committing or attempting to commit a felony or engaging in an illegal occupation;
5. Voluntary taking or use of any drug, whether legal or illegal, unless prescribed or administered in accordance with a Physician's instruction; or an over the counter drug, taken in accordance with the instructions.
6. Voluntary taking, absorbing, or inhaling a poison, gas, or fumes, unless a direct result of an occupational accident;
7. Involvement in an accident that occurs while intoxicated according to the laws of the jurisdiction in which the accident occurs;

8. Travel in or descent from an aircraft, if a Covered Person acted in a capacity other than as a passenger;
9. Travel in an aircraft or device used for testing or experimental purposes, used by or for any military authority, or used for travel beyond the earth's atmosphere;
10. War or any act of war, whether declared or undeclared;
11. Riding or driving an air, land, or, water vehicle in a race, speed, or endurance contest;
12. Hang gliding, sky diving, mountain or rock climbing, bungee jumping, parachuting, ultralight, soaring, ballooning and parasailing;
13. The Insured's incarceration; or
14. The release of nuclear energy.

CLAIMS

Notice of Claim - We must be notified of a claim for benefits under this Rider, in writing, within 90 days of the Covered Loss. The written notice must be sent to our agent or us. The notice must include sufficient information to identify the claimant. If notice cannot reasonably be given within 90 days of a loss, notice must be sent as soon as reasonably possible.

Claim Forms - After we receive notice of claim, we will send claim forms to the claimant within 15 days. If the forms have not been received within 15 days, the claimant may send us written proof of loss describing the nature and extent of the claim. The written proof of loss must be sent to us within the time limit stated in the following paragraph.

Written Proof of Loss - We will pay benefits under this Rider after we receive written proof of loss satisfactory to us. We must receive such proof within 90 days after the Covered Loss. If it is not reasonably possible to provide this information within such time, written proof of loss must be submitted as soon as reasonably possible but not later than one year after the Covered Loss.

Written proof of loss means the completion and submission of all documents needed to support a Covered Loss, such as a claimant's statement, attending Physician's statement, Accident report, and death certificate, if applicable.

Physical Examination and Autopsy - At our expense, we reserve the right to have a Physician of our choosing examine the Covered Person while a claim is pending to determine eligibility for benefits. At our expense, we may have an autopsy performed, if necessary, unless prohibited by law.

Time of Payment of Claims - All benefits described in this Rider will be paid as soon as we have received written proof of loss satisfactory to us.

Payment of Claims – Benefits other than loss of life are payable to the Insured, unless a different payee is designated. Life Insurance Proceeds are payable to the Beneficiary.

Legal Actions - No legal action may be brought to recover under the Policy within 60 days after written proof of loss has been provided to us as required nor more than 3 years from the time written proof of loss is required to be furnished.

RIDER EFFECTIVE DATE

This Rider becomes effective on the same date as the Policy, unless we inform the Policyholder in writing of a different date.

TERMINATION

Termination of Rider - This Rider will terminate on the earliest of the following dates or events:
1. The date we receive the Policyholder's request to cancel this Rider; or
2. The date the Policy terminates.

Termination of Coverage – A Covered Person's coverage under this Rider will end on the earliest of:
1. The date the Rider terminates; or
2. The date the Covered Person's coverage ends under the Policy.

Termination of this Rider will not affect payment of benefits for any accident that occurred while the benefit was in force.

This Rider is signed for the Company at our home office to take effect on the Rider Effective Date.

Blake Bostwick
President

TRANSAMERICA LIFE INSURANCE COMPANY

WAIVER OF PREMIUM RIDER

This Rider is attached to and made part of the Policy/Certificate as of the Rider Effective Date. It is issued in consideration of the Application and payment of any required initial premium. All provisions of the Policy/Certificate not in conflict with the provisions of this Rider apply to this Rider. This Rider has no cash value.

DEFINITIONS

In addition to the definitions contained in the Policy/Certificate, the following definitions apply to this Rider:

Immediate Family Member means the Insured, Spouse, Child, brother, sister, mother, father, and the spouse of any of these individuals.

Physician means a person who is a practitioner of healing arts, other than an Immediate Family Member, providing services within the scope of his or her license.

Total Disability or Totally Disabled means, due to an injury or sickness, the Insured's inability to perform the material duties of his or her regular job and is unable to perform any other job for which the Insured is fit by education, training or experience.

Total Disability must begin on or after the Insured's 16th birthday and prior to the Insured's 60th birthday.

An injury must occur or sickness must manifest itself after the date the Insured's coverage under this Rider begins. Total Disability will be presumed to be total, for the purpose of determining the beginning of liability under this Rider, when it is present and has existed continuously during the Waiting Period.

We will also recognize as Total Disability the Insured's complete and irrecoverable loss of any one of the following:
1. Sight of both eyes;
2. Use of both hands or both feet;
3. Use of one hand and one foot;
4. Hearing in both ears.

Waiting Period means the consecutive period shown on the Benefit Schedule that starts on the date the Insured's Total Disability begins.

BENEFIT

Once an Insured has satisfied the Waiting Period, we will issue a Waiver of Premium credit in an amount equal to the premiums that were due, and which were paid, for the Insured's coverage during the Waiting Period, including any Dependent coverage. We will continue to issue a monthly Waiver of Premium credit for each month that the Insured continues to be Totally Disabled, subject to the Termination provisions in this Rider. You must continue to include the Totally Disabled Insured in your monthly premium calculation and then apply the credit that is issued.

No benefit will be provided that falls due:
1. More than one year prior to our receipt of a written notice of claim;
2. After the Insured's recovery from Total Disability; or
3. After the Insured's coverage under this Rider ends.

No premiums will be waived during periods of Total Disability if the Insured is not under the normal and customary care of a Physician. No premiums will be waived after the Insured ceases to be Totally Disabled. Premiums waived by us will not be deducted from the Proceeds.

CLAIMS

NOTICE AND PROOF OF LOSS - Before we waive any premium, we must receive written notice and satisfactory proof of Total Disability. The notice and proof must reach us:
1. While the Insured is living;
2. While the Insured is Totally Disabled; and
3. Not later than one year after the due date of any premium that is to be waived.

Failure to provide timely notice and proof will not invalidate a claim or cause it to be reduced if it is shown that it was not reasonably possible to give such notice and proof and that it was given as soon as was reasonably possible.

We will provide written notice advising whether the Insured is approved for the waiver benefit and, if approved, the amount of the Premium being waived.

At reasonable intervals, but not more than once every six months, we can require satisfactory proof that the Total Disability is continuing. If we do not receive this continuing proof of loss, we will stop waiving premiums. After the first two years of Total Disability, we will not ordinarily require proof more often than once a year. As part of satisfactory proof, we can require, at our expense, that the Insured be examined by a Physician of our choice. In the case of conflicting opinions, eligibility for waiver benefits shall be determined by a third medical opinion that is provided by a Physician that is mutually acceptable to the Insured and us, at our expense. The Insured has the obligation to inform us immediately if he or she is no longer Totally Disabled or returns to work.

If the Insured dies during the waiver benefit period, Proof of Loss should be submitted to us after the date of death. Proof of Loss includes supporting documentation that Total Disability continued without interruption from the date the waiver benefit started to the date of death.

RIDER EFFECTIVE DATE

This Rider becomes effective on the same date as the Policy, unless we inform the Policyholder in writing of a different date.

TERMINATION

Benefit Payments – Benefits under this Rider stop on the earliest of the following dates:
1. The date of the Insured's death;
2. The date the Insured's Total Disability ends;
3. The date the Insured refuses to give us proof of his or her continuing Total Disability if we have asked for it;
4. The date the Insured refuses to be examined by a Physician of our choice if asked to do so;
5. The date the Insured's coverage under this rider ends; or
6. The date the Policy ends.

When benefit payments under this Rider end, the Insured can convert his or her life insurance, and any Dependent life insurance that was in effect on the date that waiver benefits end. The Conversion provision of the Certificate describes the Conversion Option. Conversion is not available when:
1. The Insured has returned to Active Service in an eligible class and becomes insured under the policy; or
2. The Insured has already converted the life insurance or portion thereof.

Termination of Rider - This Rider will terminate on the earliest of the following dates or events:
1. The date we receive the Policyholder's request to cancel this Rider; or
2. The date the Policy terminates.

Termination of Coverage - An Insured's coverage under this Rider will end on the earliest of:
1. The Anniversary Date on or following the Insured's 60th birthday, unless the Insured is Totally Disabled prior to that date and remains Totally Disabled, in which case coverage under this Rider will end no later than the Anniversary Date on or following the Insured's 65th birthday;
2. The date the Rider terminates; or
3. The date the Insured's coverage ends under the Policy.

This Rider is signed for the Company at our home office to take effect on the Rider Effective Date.

Blake Bostwick
President

TRANSAMERICA LIFE INSURANCE COMPANY

PORTABILITY RIDER

This Rider is attached to and made part of the Policy/Certificate as of the Rider Effective Date. It is issued in consideration of the Application and payment of any required initial premium. All provisions of the Policy/Certificate not in conflict with the provisions of this Rider apply to this Rider. This Rider has no cash value.

DEFINITIONS

In addition to the definitions contained in the Policy/Certificate, the following definitions apply to this Rider:

Portability Plan or Portability means coverage issued under a different group term life insurance policy that has been issued specifically for, and limited to, providing portability coverage for Covered Persons whose coverage ends under an employer's plan.

WHO QUALIFIES FOR COVERAGE

A Covered Person can apply for coverage under the Portability Plan if coverage under the Policy terminates due to:
1. The Insured's employment ends;
2. The Insured's membership in an eligible class under the Policy ends;
3. The Insured's membership in a class eligible for Dependent coverage ends;
4. The Insured dies with active Dependent coverage; or
5. The Dependent no longer meets the Dependent definition.

To qualify for the Portability Plan:
1. The Insured cannot be on continuation under the Continuation Due to Total Disability provision of the Policy;
2. The Covered Person must be covered under the Policy on the day before coverage terminates under the Policy;
3. The Covered Person must be under the Age of 60 on the date Portability will take effect; and
4. The Covered Person cannot also apply for conversion under the Conversion Option provision of the Policy.

Coverage continued under this rider is in lieu of all other benefits under the Policy, including conversion, continuation, or waiver of premium.

Coverage that does not qualify for Portability may be converted as specified in the "Conversion Option" provision.

HOW TO APPLY FOR PORTABILITY

A Covered Person must apply for Portability in writing to us within 31 days after coverage under the Policy ends.

After we verify eligibility for coverage, we will issue a new certificate which describes the benefits provided and includes a conversion provision that provides the right to convert if Portability coverage ends at any time. The new certificate will be issued without Evidence of Insurability.

Portability may not be available in all states. If Portability is not allowed in the state where the Covered Person resides, coverage may be converted under the Conversion Option of the Policy.

If the Covered Person dies within 31 days after the date coverage under the Policy ends, we will pay the Proceeds as if coverage had continued under the Policy, regardless of whether or not the Covered Person had applied for Portability. Any premium paid for Portability will be refunded. In no event will we be required to pay benefits under this Portability Rider and the Conversion Option and Continuation of Coverage Due to Total Disability provisions.

WHAT BENEFITS ARE AVAILABLE

Benefit Amount – The amount of insurance a Covered Person can apply for without Evidence of Insurability cannot exceed the amount of coverage in effect on the day before coverage terminates under the Policy. Benefit amount will be rounded to the next $1,000 if not already a multiple of $1,000.

The minimum amount of insurance available under the Portability Plan is $10,000 for adults and $5,000 for Children. The maximum amount of insurance available under the Portability Plan is $1,000,000 for adults and $100,000 for Children.

Terms and Conditions – A new certificate will be issued based on the Covered Person's state of residence when the portability application is submitted. The new certificate will describe the benefits provided. The new benefits may not be the same as those that end under the Policyholder's group policy.

Rates - Rates will be based on the Covered Person's Attained Age, Tobacco Use status and benefit amount.

Riders - The only rider available under the Portability Plan will be the Accelerated Death Benefit for Terminal Illness Rider, where available. No other riders are available.

RIDER EFFECTIVE DATE

This Rider becomes effective on the same date as the Policy unless we inform the Policyholder in writing of a different date.

TERMINATION

Termination of Rider - This Rider will terminate on the earliest of the following dates or events:
1. The date we receive the Policyholder's request to cancel this Rider; or
2. The date the Policy terminates.

Termination of Coverage – A Covered Person's coverage under this Rider will end on the earliest of:
1. The date the Rider terminates; or
2. The date the Covered Person's coverage ends under the Policy.

This Rider is signed for the Company at our home office to take effect on the Rider Effective Date.

Blake Bostwick
President

TRANSAMERICA LIFE INSURANCE COMPANY

CONTINUATION FOR APPROVED LEAVE OF ABSENCE RIDER

This Rider is attached to and made part of the Policy/Certificate as of the Rider Effective Date. It is issued in consideration of the Application and payment of any required initial premium. All provisions of the Policy/Certificate not in conflict with the provisions of this Rider apply to this Rider. This Rider has no cash value.

DEFINITIONS

In addition to the definitions contained in the Policy/Certificate, the following definitions apply to this Rider:

Approved Leave of Absence means the Insured is not in Active Service for a period of time under a leave granted in writing by the Policyholder that is in accordance with the Policyholder's formal leave policies.

For purposes of this rider, the following absences are not eligible for continuation under this rider:
1. The Insured's normal vacation time;
2. The Insured's paid sick leave;
3. Any time period for which coverage is being continued under the Continuation Due to Total Disability provision;
4. Any time period for which the premium is being waived due to the Insured's Total Disability, if included in the Policy; or
5. Any leave the Policyholder determines as not being eligible for continuation under this rider.

BENEFIT AND COST

If an Insured is not in Active Service due to an Approved Leave of Absence for which the Policyholder has determined as eligible for continuation under this rider, coverage can be continued for up to the Maximum Benefit Period shown on the Benefit Schedule, including Dependent coverage, if any. During this continuation period, the amount of coverage will be the same as it would be if the Insured were in Active Service.

The Insured must fill out any paperwork required by the Policyholder for a leave of absence. The Policyholder will determine eligibility and the terms, conditions and cost for continuation of coverage during an Approved Leave of Absence. The Insured must pay any required premium to the Policyholder to keep coverage in force.

Continuation will end on the earliest of:
1. The end of the continuation period as indicated above;
2. The date the Insured returns to Active Service;
3. The end of the period for which Premiums are paid if the next Premium is not paid by its due date, subject to the Grace Period;
4. The date the Insured becomes covered under another group term life insurance policy as an employee or member;
5. The date premiums begin being waived under the Waiver of Premium Benefit Rider, if part of this Policy;
6. The date this rider terminates; or
7. The date the Policy terminates.

If the insured resumes Active Service in an eligible class when continuation under this rider ends, the Insured's coverage will continue under the Policy. If the Insured is no longer eligible for coverage under the Policy when continuation under this rider ends, coverage under the Policy (including Dependent coverage) will end and may be converted as specified in the "Conversion Option" provision.

RIDER EFFECTIVE DATE

This Rider becomes effective on the same date as the Policy unless we inform the Policyholder in writing of a different date.

TERMINATION

Termination of Rider - This Rider will terminate on the earliest of the following dates or events:
1. The date we receive the Policyholder's request to cancel this Rider; or
2. The date the Policy terminates.

Termination of Coverage – A Covered Person's coverage under this Rider will end on the earliest of:
1. The date the Rider terminates; or
2. The date the Covered Person's coverage ends under the Policy.

This Rider is signed for the Company at our home office to take effect on the Rider Effective Date.

Blake Bostwick
President

TRANSAMERICA LIFE INSURANCE COMPANY

CHANGE OF INSURANCE CARRIERS

This Rider is attached to and made part of the Policy/Certificate as of the Rider Effective Date. It is issued in consideration of the Application and payment of any required initial premium. All provisions of the Policy/Certificate not in conflict with the provisions of this Rider apply to this Rider. This Rider has no cash value.

DEFINITIONS

In addition to the definitions contained in the Policy/Certificate, the following definitions apply to this Rider:

Prior Policy means a group term life insurance policy issued by another insurance carrier that is being replaced by our Policy. The Prior Policy must have been in effect the day immediately prior to our Policy Effective Date.

CONTINUITY OF COVERAGE (LIMITED COVERAGE)

We will provide continuity of coverage under our Policy to any employee who meets the criteria below and is specifically named by the Policyholder and approved by us to be issued a specified amount of coverage for a specified period of time. The amount of coverage cannot exceed the amount of coverage the employee would have under the Prior Policy had it remained in force or the amount of coverage the employee is eligible for under our Policy, whichever is less. Benefits paid under our Policy will be reduced by any amount paid under the Prior Policy. Premium must be paid for coverage under this Rider to become effective and to remain in force.

Employees are eligible for continuity of coverage if all of the following are true on the Policy Effective Date:
1. The employee meets the definition of an Eligible Person, except for the Active Service requirement;
2. The employee is not in Active Service due to sickness or injury other than Total Disability and
3. The employee was covered under the Prior Policy on the day immediately prior to the Policy Effective Date.

Continuity of coverage is not available on an employee if any of the following are true:
a. The employee's coverage is being continued under a waiver or premium or similar provision of the Prior Policy;
b. The employee's coverage is being continued under a continuation or portability provision of the Prior Policy;
c. The employee converted, or was eligible to convert coverage with the prior insurance carrier; or
d. The employee is not in Active Service due to reasons other than stated in item 2 above.

Limited coverage issued under this Rider will begin on the Policy Effective Date and will continue until the earliest of:
a. The date the specified period of time approved by us has expired;
b. The date the employee returns to Active Service;
c. The date the employee's employment terminates; or
d. The date coverage would otherwise terminate under our Policy.

If the employee returns to Active Service in an eligible class, coverage will continue under the Policy. If the employee is no longer eligible for coverage under the Policy when the limited coverage ends, coverage may be converted as specified in the "Conversion Option" provision of the Policy.

RIDER EFFECTIVE DATE

This Rider is only available when the Policy is initially issued and becomes effective on the same date as the Policy.

TERMINATION

Termination of Rider - This Rider will terminate on the earliest of the following dates or events:

1. The date the limited coverage has ended for all employees covered under this Rider; or
2. The date the Policy terminates.

This Rider is signed for the Company at our home office to take effect on the Rider Effective Date.

Blake Bostwick
President