

TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: Cedar Rapids, Iowa 52499

Administrative Office: 1400 Centerview Drive, PO Box 8063, Little Rock, AR 72203-8063
(Hereinafter called "the Company," "We," "Us," or "Our")

DISCLOSURE UPON THE PURCHASE OF THE ACCELERATED DEATH BENEFIT FOR LONG TERM CARE RIDER WITH EXTENSION OF BENEFITS RIDER

SPECIAL NOTICE

This Rider is intended to provide a qualified Accelerated Death Benefit that is excluded from gross income for federal income tax purposes under the applicable provisions of the Internal Revenue Code in existence at the time this Rider is issued. To that end, the provisions of this Rider and the Contract are to be interpreted to ensure or maintain such tax qualification, notwithstanding any other provision to the contrary. We reserve the right to amend this Rider or the Contract to reflect any clarifications that may be needed or are appropriate to maintain such tax qualification or to conform this Rider or the Contract to any applicable changes in such tax qualification requirements. We will send the You a copy of any such amendment. If You refuse such an amendment, it must be by giving Us written notice, and Your refusal may result in adverse tax consequences. Whether any tax liability may be incurred when benefits are paid under this Rider could depend on whether You are also the Insured and how the Internal Revenue Service interprets applicable provisions of the Internal Revenue Code. As with any tax matter, You and any other recipient of this benefit should each consult his or her own tax advisor to evaluate any tax impact of this benefit.

Receipt of Accelerated Death Benefit MAY AFFECT MEDICAID and SUPPLEMENTAL SECURITY INCOME ("SSI") eligibility. Without exercising this option, the mere fact that the Accelerated Death Benefit for Long Term Care Rider is part of Your Contract will not in and of itself affect the eligibility for these government programs. However, exercising this option before You apply for these programs, or while You are receiving government benefits, may affect Your continued eligibility. Contact the Medicaid Unit of the local Department of Public Welfare and Social Security Administration Office for more information.

This disclosure is designed to provide You with a summary of the Rider coverage. The Rider form and the life Contract set forth in detail the terms, conditions, limitations and exclusions of Your coverage. Therefore, if You purchase this coverage, it is important that You **READ YOUR LIFE INSURANCE CONTRACT AND ALL RIDERS CAREFULLY.**

If You have any questions or concerns about any benefit or provision of Your Accelerated Death Benefit For Long Term Care Rider with Extension of Benefits Rider, please contact Your agent or Us directly at 1-888-763-7474.

1. **Description of Benefit:** After Our receipt of written proof acceptable to Us that an Insured has met the What We Will Pay provision, the Owner may choose to receive a portion of the Death Benefit while the Insured is still alive and while the Rider is in force, until the entire Death Benefit has been paid out.
2. **What We Will Pay:** The Owner may exercise the Accelerated Death Benefit option and receive the applicable Rider benefit, upon all the following conditions being met:
 - a. The Insured:
 - (i) is Confined in a Nursing or Assisted Living Facility which confinement begins while the Rider is in force; or
 - (ii) receives Home Health Care services provided by a Home Health Care Agency in a minimum of 4 Home Health Care visits during each Contract month and while the Rider is in force; or
 - (iii) receives Adult Day Care provided in an Adult Day Care Center in a minimum of 4 Adult Day Care visits during each Contract month and while the Rider is in force;
 - b. Confinement, Home Health Care or Adult Day Care services are included in the Insured's Plan of Care;
 - c. The Insured is a Chronically Ill Individual;
 - d. The Insured satisfies the Elimination Period;
 - e. The Waiting Period has been met;
 - f. The Contract to which this Rider is attached is in force; and
 - g. The Owner has not assigned the Contract.
3. **Definitions -** These are some of the important definitions that will help You understand the What We Will Pay provision.

Activities of Daily Living – Are every day activities. For the purposes of this Rider, each of the following activities is considered an Activity of Daily Living:

Bathing - The Insured's ability to wash himself or herself by sponge bath; or in either a tub or shower, including the task of getting into and out of the tub or shower.

Continence – The Insured's ability to maintain control of bowel and bladder function; or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for catheter or colostomy bag).

Dressing – The Insured’s ability to put on and take off all items of clothing and any necessary braces, fasteners or artificial limbs.

Eating – The Insured’s ability to feed himself or herself by getting food into his/her body from a receptacle (such as a plate, cup or table) or by a feeding tube or intravenously.

Toileting – The Insured’s ability to get to and from the toilet, to get on and off the toilet, and to perform associated personal hygiene.

Transferring: - The Insured’s ability to move into or out of a bed, chair or wheelchair.

Chronically Ill Individual – Is an Insured who has been certified by a Physician as:

- a. Being Unable to Perform, without Substantial Human Assistance, at least two Activities of Daily Living (Bathing, Contenance, Dressing, Eating, Toileting, and Transferring) for a period of at least 90 days; or
- b. Having a Severe Cognitive Impairment that requires Substantial Supervision to protect the Insured from threats to his or her health and safety.

Elimination Period – Is the number of days during which the Insured must meet the conditions listed under the What We Will Pay provision and during which no benefits are payable under this Rider. The Elimination Period starts from the first day that the Insured becomes a Chronically Ill Individual. The Elimination Period for this Rider is 90 days. The Elimination Period needs to be satisfied only once during the Insured's lifetime, but must be satisfied during a continuous period.

Severe Cognitive Impairment – Is a deficiency in: the Insured’s short-term or long-term memory; orientation as to person, place and time; deductive or abstract reasoning; or judgment as it relates to safety awareness. Severe Cognitive Impairment is established by clinical evidence and standardized tests that reliably measure the Insured’s loss. For Example: Severe Cognitive Impairment resulting from Alzheimer’s disease and similar forms of senility, senile dementia and irreversible dementia is covered under this Rider.

Waiting Period – There is a Waiting Period of 30 days from the Rider Effective Date for sickness conditions. There is no Waiting Period for accidents. No benefits will be payable for any sickness condition or Plan of Care that begins before or during the Waiting Period.

4. **Benefits under Accelerated Death Benefit Rider for Long Term Care** - There are two types of monthly benefits under this Rider:

- a. **Monthly Benefits for Confinement:** We will pay a Monthly Accelerated Death Benefit Amount of 4% of the Face Amount of the Accelerated Death Benefit for Long Term Care Rider for each Contract month the Insured is Confined in a Nursing or Assisted Living Facility and otherwise satisfies the What We Will Pay provision as stated in the Rider.
- b. **Monthly Benefit for Home Health Care or Adult Day Care** - We will pay a Monthly Accelerated Death Benefit Amount of 2% of the Face Amount of the Accelerated Death Benefit for Long Term Care Rider for each Contract month the Insured is receiving Home Health Care or Adult Day Care and otherwise satisfies the What We Will Pay provision as stated in the Rider.

The applicable percentage of the Death Benefit amount that We will pay will be based on the amount of the Death Benefit of the Contract as of the Monthly Date immediately following the date the Elimination Period has been satisfied. We will deduct the administrative expense charges and the proportional repayment of any outstanding Loan from the Monthly Accelerated Death Benefit Amount.

Limitations - Rider benefits will not be paid for Confinement and Home Health Care /Adult Day Care simultaneously even if the Insured otherwise qualifies for both benefits. If the Insured qualifies for both benefits, We will pay only one benefit, whichever is higher.

5. **Benefits under Extension of Benefits Rider** - If this Rider is in force, after We have paid out the entire Death Benefit under the Contract, We will increase the Death Benefit of the Contract by the Death Benefit Increase Amount provided that the Insured satisfies the following conditions:

- a. The Insured is alive and continues to qualify under the What We Will Pay provision under the Accelerated Death Benefit for Long Term Care Rider; and
- b. The entire Death Benefit proceeds of the Contract have been paid under the terms of the Accelerated Death Benefit for Long Term Care Rider.

We will increase the Death Benefit by 4% of the Death Benefit of the Contract, determined as of the Contract Date on which the first Monthly Accelerated Death Benefit Amount was paid under the terms of the Accelerated Death Benefit for Long Term Care Rider. This amount is called the Death Benefit Increase Amount.

The Contract will not be eligible for additional Death Benefit Increase Amounts until the previous Death Benefit Increase Amount has been paid out. The sum total of all Death Benefit Increase Amounts will not exceed 100% of the Death Benefit of the Contract. Each increase, if any, will be effective on the Monthly Date immediately preceding the date that the entire Death Benefit of the Contract has been paid out under the terms of the Accelerated Death Benefit for Long Term Care Rider.

As soon as the first payment is made under the Extension of Benefits Rider, We will issue a paid-up certificate for 25% of the Face Amount of the Accelerated Death Benefit for Long Term Care Rider, as determined as of the Monthly Date on which the first Monthly Accelerated Death Benefit Amount was paid under the terms of the Accelerated Death Benefit For Long Term Care Rider. The paid-up insurance will have no cash or Loan values.

6. **Premiums** - There is a monthly deduction for this benefit. The initial monthly deduction is shown in the Contract Data Pages. In addition, when the Owner exercises this option, any Accelerated Death Benefit amount the Owner requests will be reduced by: (1) an initial administrative expense charge of \$100 from the first claim payment; and (2) \$50 from each subsequent claim payment after the first.
7. **Waiver of Monthly Deduction Charges** - While Acceleration Death Benefits are paid, monthly deductions for the Contract will be waived.
8. **Impact on Death Benefit** - The Death Benefit will be reduced if this option is exercised. With each monthly payment, the Face Amount will be reduced by an amount equal to the sum of the Rider benefit paid plus the administrative expense charge. The Accumulation Value, Surrender Charge and any outstanding Loan balance of the Contract will be reduced proportionally to the reduction in the Face Amount.

Illustrative Example of the effect of exercising the Accelerated Death Benefit option based on acceleration of 4% of the Death Benefit:

	Death Benefit	Accelerated Death Benefit Amount	Accumulation Value	Surrender Charge
Before payment of Accelerated Benefit	\$50,000	\$0	\$5,000	\$500
After one month's payment of Accelerated Death Benefit:	\$48,000	\$2,000*	\$4,800	\$480

* Amount includes the administrative expense charges.

We will **not** pay Rider benefits for care that is received or loss incurred as a result of:

1. An intentionally self-inflicted injury, or attempted suicide;
2. War or any act of war, declared or undeclared, or service in the armed forces of any country;
3. Treatment of the Insured's alcohol, drug or other chemical dependence, except if the drug dependency was sustained or acquired at the hands of a Physician, or while under treatment for an injury or sickness; or
4. The Insured's commission of, or attempt to commit, a felony; or an injury that occurs because of the Insured's involvement in an illegal activity.

We will **not** pay Rider benefits if the Confinement or services:

1. Is received outside the United States and its territories;
2. Is provided by ineligible providers;
3. Is rendered by members of the Insured's Immediate Family;
4. Are fully or partially reimbursed by a state or federal workers' compensation plan, Medicare, or any other governmental program, except Medicaid;
5. Would not be charged for in the absence of insurance; or
6. Are not included in the Insured's Plan of Care.