BECAUSE THE DETAILS SHOW WE CARE

A FIELD GUIDE TO UNDERWRITING:
TRENDSETTER® SUPER, TRENDSETTER® LB, TRANSAMERICA FINANCIAL FOUNDATION IUL® AND TRANSAMERICA FINANCIAL CHOICE IUL℠

TRANSAMERICA®

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WHAT IS FIELD UNDERWRITING?

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

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

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

WHY SHOULD I PERFORM FIELD UNDERWRITING?

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

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UNDERWRITING TIPS

INSURABLE INTEREST

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

NONMEDICAL DOES NOT MEAN GUARANTEED ISSUE

Nonmedical means that initial underwriting requirements do not include traditional underwriting requirements, such as a paramedical exam with labs, although vitals/physical findings and/or labs may be required upon case review at underwriter discretion. Nonmedical applications may be subject to a Medical Information Bureau (MIB) report, Motor Vehicle Report (MVR), prescription check, medical data check, personal history, and medical history (application Part 2). All preferred rates classes may be available with nonmedical underwriting, depending on age, face amount, and product. See individual product rules. Guaranteed issue, as the name implies, guarantees certain life insurance policies will be issued, regardless of health. Since the insured cannot be declined or turned down, carriers generally offer low death benefit options with higher-than-normal premiums. We do not currently offer any guaranteed issue policies.

AN APPLICATION WILL REMAIN OPEN FOR 90 DAYS

An application is valid for 180 days. Cases underwritten with a paramed exam and labs require a statement of good health on delivery after 90 days. Cases underwritten with a nonmedical Part 2 require a current nonmedical Part 2 after 90 days.

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

If the grandparent is the owner of the policy, the parents will still be required to sign the application. If the legal guardian is not a parent, proof of guardianship will be requested.

AN AGENT MAY BE CHARGED FOR ORDERING UNNECESSARY REQUIREMENTS

Please refer to the initial underwriting requirements (pages 18–21) for standard age/face amount requirements.

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

APPLICATIONS SHOULD BE DOUBLE-CHECKED TO ENSURE COMPLETENESS AND ACCURACY TO AVOID PROCESSING DELAYS

Commonly missed information:

- Doctor information (full name, date(s) seen, reason, and phone number)
- Tobacco use
- HIV question
- Insurance in force (Life/DI)
- Beneficiary relationship
- Child/additional insured information including height, weight, and medical history

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

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

* Insurable interest of beneficiary is subject to state statutes.

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INCLUDE THE FOLLOWING INFORMATION FOR ALL MEDICAL CONDITIONS:

- Date of diagnosis
- Past and current treatment, including medication(s)
- Follow-up information
- All doctors seen
- Last time seen
- Current status
- Testing completed, including date and results

NON-U.S. CITIZENS REQUIRE ADDITIONAL UNDERWRITING CONSIDERATIONS

- For all non-U.S. citizens and permanent residents (green card holders), a copy of a valid visa is required with all applications
- Use the image upload tool on the agent portals to submit copies of images
- A copy of a valid green card will be required for Long Term Care Rider, Living Benefit Riders (Chronic Illness and Critical Illness), or at underwriter discretion

BE SURE TO ORDER THE CORRECT PARAMED EXAM, WHEN REQUIRED

To do so, please be sure to provide the full name of the underlying insurance company, product(s) being applied for, and state where the application was signed to the paramed company.

LIVING BENEFIT COVERAGE*

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

The following are some conditions that may not be eligible for the *Trendsetter LB* product or the Chronic and/or Critical Illness Living Benefit coverage on the *Transamerica Financial Foundation IUL* or *Transamerica Financial Choice IUL* product. (This list is not all-inclusive, and cases are reviewed individually to determine eligibility)**:**

- Alcohol abuse or any drug use within three years
- Cancer (other than non-melanoma skin cancer)
- Coronary artery disease
- Diabetes with insulin use
- Inability to perform activities of daily living (ADLs)
- Motor neuron disease
- Multiple sclerosis
- Muscular dystrophy
- Parkinson's disease
- Pregnancy — current through three months postpartum
- Stroke or TIA
- Systemic lupus erythematosus

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

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DETERMINING COVERAGE AMOUNTS FOR INDIVIDUALS

PURPOSE	FORMULA		REQUIREMENTS
	Ages	Income Factor	• Income stated must be reasonable for the profession or occupation stated. • Income source considered will be that of the proposed insured, not the household income or that of the owner. • Earned income includes salary, bonuses, commissions, and deferred compensation and excludes income from investments. • The unemployed spouse may be considered for a percentage of the employed spouse's income. • 4506-C is required on applications of $5 million and up or at underwriter discretion. This form may be obtained through your agent portal or through iPipeline®. • College students can be considered for up to $1 million.
Income Continuation	18–35 36–45 46–50 51–55 56–65 66–70 71+	Up to 30 25 20 15 10 5 individual consideration	

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

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DETERMINING COVERAGE AMOUNTS FOR INDIVIDUALS

(continued)

PURPOSE	FORMULA		REQUIREMENTS
Juvenile	**Ages**	**Face Amount**	
Total juvenile insurance coverage with all carriers cannot exceed $1 million. Amounts over $1 million will not be considered.	15 days through 17 years	Amounts through $250,000	**Underwriting Requirements** • Coverage on all siblings should be similar. • Parent(s) or guardian(s) must witness the applications and complete the nonmedical declarations. • The owner of the policy must be the parent, legal guardian, or grandparent. For legal guardianship where the guardian is not the parent, we require a copy of guardianship papers. • The parent/legal guardian, juvenile, and owner must be residing in the U.S. permanently either as a U.S. citizen or a visa type that is not considered temporary or uninsurable based on our international underwriting guidelines.
		$250,001 – $1,000,000	**All requirements for the up to $250,000 face amount, plus:** • Equal coverage* for parent(s) or legal guardian is allowed up to $1,000,000.** **For amounts $500,000 up:** • Underwriting will obtain the child's medical records. • Minimum household income must be $100,000 or greater.
Washington State	15 days through 17 years	Total line of coverage cannot exceed U.S. household income.	All requirements as indicated above for the appropriate face amount, plus: • Juveniles 15 years or older must sign the application.
New York State	Under 4½ years	Maximum face amount is greater of $50,000 or 25% of the amount of insurance in force on the parent/owner.	All requirements as indicated above for the appropriate face amount, plus: • The parent designated as the owner must have adequate coverage as described. • Not all children from the same family will be eligible for the same face amount if they fall within the two different age brackets. • Neither accidental death and dismemberment insurance nor credit card insurance should be counted in determining whether the family head has sufficient coverage to qualify the minor for the amount of insurance requested.
	4½ years to 14½	Maximum face amount is the greater of $50,000 or 50% of the amount in force on the parent/owner.	

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

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

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DETERMINING COVERAGE AMOUNTS FOR INDIVIDUALS

(continued)

PURPOSE	FORMULA	REQUIREMENTS
Estate Planning	Projected future estate tax liability **Note:** A 7% annual growth rate over the applicant's life expectancy is used for illustration purposes. This estate appreciation rate should be adjusted, up or down, taking under consideration what is a reasonable growth factor in the current environment. Typically this has been in the 5 – 10% range.	A cover letter must be provided that includes: • The purpose of the insurance • A current value of the applicant's estate, which includes a personal balance sheet listing all assets and liabilities and an estate analysis • Third-party financial verification for face amounts greater than $10 million or total line over jumbo limits

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PREMIUM TO INCOME GUIDELINES

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

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

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

HIGH NET WORTH APPLICANTS

In circumstances where the premiums exceed the above guidelines, such as a client with demonstrable high liquid assets and low/moderate income, further consideration beyond the guidelines may be given. A cover letter of explanation and supporting financial evidence will be required for face amounts $3 million and higher. See page 44 for additional information on cover letters.

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DETERMINING COVERAGE AMOUNTS FOR BUSINESS PLANNING

PURPOSE	FORMULA		REQUIREMENTS
Key Person	**Ages**	**Factor x Income**	A cover letter must be provided explaining: • The key person's value to the company • How the coverage amount was determined • Whether the key person has ownership in the company and the percentage of ownership • A list of all other key persons, the amount of key person coverage, and percentage ownership for each key person
	To age 65 Age 66–70 Age 70+	10 5 IC	
Buy-Sell/Business Continuation	% Ownership x Corporate Value		A cover letter must be provided explaining: • The fair market value of the business and how the amount of insurance was determined • A copy of the buy-sell agreement or the details of the buy-sell agreement • The proposed insured's ownership percentage, the number of other partners, and their ownership percentage • The amount of buy-sell coverage on each partner and the amount and purpose of all in force business coverage All partners must apply for or have in force buy-sell coverage. The underwriter will need the last two years' corporate balance sheets and income statements, including notes.
Business Loan	An amount up to the outstanding principal of the loan		• The business must be the owner of the policy • Cover letter must include the purpose, duration of the loan, collateral pledged, its value, and the loan interest rate. • The term of the loan must be five years or more. • If creditor is designated beneficiary, it should be stated "as its interest may appear" with balance of proceeds to go to another designated personal beneficiary. A collateral assignment would also be acceptable.

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

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

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HOW DO I APPROACH DELICATE SUBJECTS?

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

EXPLAIN THAT CORRECT WEIGHT AND OTHER SENSITIVE DETAILS ARE REQUIRED

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

ASSURE THE CLIENT THAT ALL INFORMATION ON THE APPLICATION IS CONFIDENTIAL

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

DOCUMENT THE DETAILS:

Bad example: One speeding ticket
Good example: Speeding ticket, 2009; reckless driving, 2011; cell phone use, 2012

ASK FIVE IMPORTANT QUESTIONS ABOUT MEDICAL CONDITIONS

To gain a complete picture of an applicant's medical history, ask the following questions:

1. What was the condition?
2. When was the condition diagnosed?
3. When was the last episode?
4. How and when was it treated?
5. What is physician's name, address, phone number, and date/results of last visit?

DOCUMENT THE DETAILS:

Bad example: Heart surgery
Good example: Bypass surgery, 2011, Dr. Brian Jones, 10 Main St., New Orleans, LA, 555-555-5555. Last seen six months ago for routine checkup with normal findings.

OBTAIN THE CORRECT SPELLING OF THE APPLICANT'S MEDICATION(S)

The best thing you can do is ask to see their prescription bottles or have them bring a complete list of all medications including dosage(s). This way, you can ensure the correct spelling of all medications and physician names, in addition to dosages. Also, be sure to include on the application the medical condition for which each medication is prescribed.

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HEIGHT AND WEIGHT CHARTS

MALE

AGES 18–70					AGES 71+				
Trendsetter® Super Trendsetter® LB*	Preferred Plus	Preferred (S/NS)	Standard Plus	Standard (S/NS)	***Trendsetter® Super Trendsetter® LB****	Preferred Plus	Preferred (S/NS)	Standard Plus	Standard (S/NS)
FFIUL, TFLIC FFIUL, & FCIUL	Preferred Elite	Preferred Plus/ Preferred Tobacco	Preferred	Nontobacco & Tobacco	**FFIUL, TFLIC FFIUL, & FCIUL**	N/A	Preferred Tobacco	Preferred	Nontobacco & Tobacco
HEIGHT	**WEIGHT**				**HEIGHT**	**WEIGHT**			
4′6″	119	132	139	155	4′6″	123	133	143	158
4′7″	123	136	144	160	4′7″	127	138	148	164
4′8″	127	140	149	166	4′8″	131	143	153	170
4′9″	131	145	154	172	4′9″	135	148	158	176
4′10″	135	150	159	178	4′10″	140	153	163	182
4′11″	140	155	164	184	4′11″	145	158	168	188
5′0″	144	160	169	190	5′0″	149	163	173	194
5′1″	149	164	175	196	5′1″	154	168	179	200
5′2″	154	169	180	202	5′2″	159	173	185	206
5′3″	159	174	186	208	5′3″	164	178	191	212
5′4″	164	179	192	214	5′4″	169	184	197	218
5′5″	169	184	198	220	5′5″	174	189	203	225
5′6″	174	189	204	227	5′6″	179	194	209	232
5′7″	179	195	210	233	5′7″	185	200	215	238
5′8″	184	200	215	239	5′8″	190	205	221	244
5′9″	189	206	221	244	5′9″	195	211	227	249
5′10″	195	211	227	250	5′10″	200	216	232	255
5′11″	200	217	233	256	5′11″	206	222	238	261
6′0″	205	223	239	263	6′0″	212	228	244	268
6′1″	211	229	245	269	6′1″	217	234	250	274
6′2″	217	235	251	276	6′2″	222	240	256	281
6′3″	223	241	257	283	6′3″	228	246	262	288
6′4″	228	247	263	289	6′4″	234	252	268	295
6′5″	233	253	269	296	6′5″	239	258	274	302
6′6″	238	259	276	303	6′6″	244	264	281	309
6′7″	244	265	283	310	6′7″	250	270	287	316
6′8″	249	271	289	317	6′8″	255	276	293	323
6′9″	254	277	295	324	6′9″	261	282	300	331
6′10″	260	283	302	331	6′10″	266	288	306	338
6′11″	265	289	308	338	6′11″	272	294	313	345
7′0″	270	295	314	346	7′0″	277	300	319	353

* Build chart applies to *Trendsetter LB* bands 3 & 4 only. See page 14 for build chart for *Trendsetter LB* bands 1 & 2.

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HEIGHT AND WEIGHT CHARTS

FEMALE

AGES 18–70					AGES 71+				
Trendsetter® Super Trendsetter® LB*	Preferred Plus	Preferred (S/NS)	Standard Plus	Standard (S/NS)	***Trendsetter® Super Trendsetter® LB****	Preferred Plus	Preferred (S/NS)	Standard Plus	Standard (S/NS)
FFIUL, TFLIC FFIUL, & FCIUL	Preferred Elite	Preferred Plus/ Preferred Tobacco	Preferred	Nontobacco & Tobacco	**FFIUL, TFLIC FFIUL, & FCIUL**	N/A	Preferred Tobacco	Preferred	Nontobacco & Tobacco
HEIGHT	**WEIGHT**				**HEIGHT**	**WEIGHT**			
4′6″	117	128	136	149	4′6″	120	132	140	152
4′7″	121	132	141	154	4′7″	124	136	145	157
4′8″	125	136	146	159	4′8″	128	140	150	162
4′9″	129	140	151	164	4′9″	133	145	155	168
4′10″	133	144	156	169	4′10″	137	150	160	174
4′11″	138	149	161	175	4′11″	142	155	165	180
5′0″	142	154	166	181	5′0″	146	160	170	186
5′1″	147	159	171	187	5′1″	151	164	176	192
5′2″	151	164	176	193	5′2″	156	169	181	198
5′3″	156	169	181	197	5′3″	160	174	186	203
5′4″	161	174	185	202	5′4″	165	179	190	207
5′5″	165	179	189	206	5′5″	170	184	195	211
5′6″	170	184	194	210	5′6″	175	189	199	215
5′7″	174	189	199	215	5′7″	179	195	204	220
5′8″	178	195	204	220	5′8″	183	200	210	225
5′9″	182	200	210	225	5′9″	187	205	215	230
5′10″	186	205	215	230	5′10″	191	210	220	235
5′11″	190	210	221	236	5′11″	196	216	226	241
6′0″	195	216	227	242	6′0″	201	222	232	247
6′1″	200	222	233	248	6′1″	206	228	238	254
6′2″	205	228	239	254	6′2″	211	233	244	260
6′3″	210	233	244	260	6′3″	216	239	251	267
6′4″	215	239	250	267	6′4″	221	244	257	273
6′5″	220	245	256	274	6′5″	226	250	263	279
6′6″	225	250	262	281	6′6″	231	256	270	286
6′7″	230	256	268	287	6′7″	237	261	277	292
6′8″	235	262	274	293	6′8″	243	267	284	299
6′9″	240	267	280	300	6′9″	249	273	291	305
6′10″	245	273	286	306	6′10″	254	279	298	312
6′11″	250	279	292	313	6′11″	259	285	305	319
7′0″	255	284	298	319	7′0″	264	290	312	325

* Build chart applies to *Trendsetter LB* bands 3 & 4 only. See page 14 for build chart for *Trendsetter LB* bands 1 & 2.

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HEIGHT AND WEIGHT CHARTS

TRENDSETTER® LB BANDS 1 & 2 (AMOUNTS THROUGH $249,999)

MALE

HEIGHT	WEIGHT		
	Preferred Nonsmoker*	Standard	Disability Income Rider Maximum Weight
4′6″	132	155	150
4′7″	136	160	156
4′8″	140	166	164
4′9″	145	172	169
4′10″	150	178	174
4′11″	155	184	178
5′0″	160	190	182
5′1″	164	196	187
5′2″	169	202	191
5′3″	174	208	196
5′4″	179	214	201
5′5″	184	220	207
5′6″	189	227	212
5′7″	195	233	218
5′8″	200	239	225
5′9″	206	244	231
5′10″	211	250	238
5′11″	217	256	243
6′0″	223	263	251
6′1″	229	269	257
6′2″	235	276	263
6′3″	241	283	270
6′4″	247	289	278
6′5″	253	296	286
6′6″	259	303	296
6′7″	265	310	305
6′8″	271	317	314
6′9″	277	324	323
6′10″	283	331	331
6′11″	289	338	342
7′0″	295	346	353

FEMALE

HEIGHT	WEIGHT		
	Preferred Nonsmoker*	Standard	Disability Income Rider Maximum Weight
4′6″	128	149	145
4′7″	132	154	150
4′8″	136	159	156
4′9″	140	164	161
4′10″	144	169	166
4′11″	149	175	170
5′0″	154	181	173
5′1″	159	187	178
5′2″	164	193	182
5′3″	169	197	187
5′4″	174	202	191
5′5″	179	206	196
5′6″	184	210	201
5′7″	189	215	207
5′8″	195	220	214
5′9″	200	225	219
5′10″	205	230	226
5′11″	210	236	231
6′0″	216	242	238
6′1″	222	248	243
6′2″	228	254	249
6′3″	233	260	256
6′4″	239	267	264
6′5″	245	274	271
6′6″	250	281	280
6′7″	256	287	289
6′8″	262	293	297
6′9″	267	300	306
6′10″	273	306	314
6′11″	279	313	321
7′0″	284	319	330

* Preferred Nonsmoker available on band 2.

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BODY MASS INDEX (BMI) CHART

TRENDSETTER® SUPER, *TRENDSETTER® LB*, FFIUL, TFLIC FFIUL, & FCIUL

JUVENILE — AGES 2 THROUGH 15*

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

UNDERWRITING REQUIREMENTS AND REPORTS DEFINED

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

NONMEDICAL (PART 2):

Medical history questions answered by the proposed insured with the agent. A nonmedical does not include a third-party vendor and does not include collecting fluids (blood and urine) or taking vitals (measured height/weight, blood pressure, pulse).

PARAMEDICAL EXAM

A paramedical exam is a basic exam completed by an approved third-party vendor. It includes a qualified examiner asking medical history questions, completing proper paperwork/forms, taking vitals (height/weight, blood pressure, pulse), collecting fluids (blood and urine), and administering ECGs.

MEDICAL EXAM

A medical exam is similar to a paramed exam, but is completed by a medical doctor and includes a more thorough physical examination than the paramed exam. These must be arranged through approved paramed companies.

HOME OFFICE SPECIMEN

A home office specimen (HOS) is a urine sample collected during a paramed or medical exam and is sent to a laboratory for analysis. An HOS is required with all medical and paramedical exams.

BLOOD CHEMISTRY PROFILE

A blood chemistry profile (BCP) is a venous blood draw collected during a paramed or medical exam. It is sent to a laboratory for analysis. A BCP is required with all medical and paramedical exams.

RESTING ELECTROCARDIOGRAM

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

MINNESOTA COGNITIVE ACUITY SCREEN

The Minnesota Cognitive Acuity Screen (MCAS) is a telephone interview conducted by a registered nurse who is specifically trained to administer the test. The purpose for this test is to screen for potential early cognitive impairment. Proposed insureds age 60 and older applying for Long Term Care Rider or proposed insureds ages 71 and older applying for life insurance will be required to complete an MCAS.

INSPECTION REPORTS (IR, BBIR, EIR)

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

IDENTITY VERIFICATION

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

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

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UNDERWRITING REQUIREMENTS AND REPORTS DEFINED

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

PERSONAL HISTORY INTERVIEWS

A Personal History Interview (PHI) is a process where Transamerica contracts a third-party vendor to complete a telephone interview. A PHI is typically ordered to clarify medical and/or nonmedical information. A written report of the interview is sent to the home office for review.

PERSONAL FINANCIAL STATEMENTS

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

FORM 4506-C

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

MOTOR VEHICLE REPORTS

A Motor Vehicle Report (MVR) is a record of a proposed insured's driving history.

PRESCRIPTION, MEDICAL DATA CHECK, AND RISK SCORE™

A prescription and medical data check, as well as a risk score, are ordered on every application. The prescription and medical data check includes details on prescriptions filled, medical diagnoses, hospital and physician procedures, inpatient and clinic-administered medications, medical equipment information, and prescribing physician details. The risk score is generated by Irix® Risk Score, Milliman's proprietary predictive model that quantifies the relative mortality risk of the applicant.

ATTENDING PHYSICIAN STATEMENTS

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

APS GUIDELINES ARE AS FOLLOWS:

FACE AMOUNTS			
Age	**Up to and including $1 million**	**$1,000,001 to $3 million**	**Over $3 million**
0–50	NOT ROUTINELY (for cause or for exam within the past 3 months not marked within normal limits)*	NOT ROUTINELY (for cause or for exam within the past 3 months not marked within normal limits)*	YES Will be required on all applications**
51–60	NOT ROUTINELY (for cause or for exam within the past 3 months not marked within normal limits)*	NOT ROUTINELY (for cause or for exam within the past 3 months not marked within normal limits)*	YES Will be required on all applications
61–69	NOT ROUTINELY (for cause or for exam within the past 12 months not marked within normal limits)*	YES Within the last 5 years for preferred classes and has an established primary care physician	YES Within the last 5 years for preferred classes and has an established primary care physician
70 and older	YES***	YES***	YES***

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

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

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

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

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AUTHORIZED PARAMED COMPANIES

The companies listed below are authorized to perform paramedical and medical exams on behalf of Transamerica.

APPS – Portamedic	800-727-2101	appslive.com
Insurance Medical Services, Inc	877-808-5533	imsparamed.com
ExamOne, Inc.	800-768-2056	examone.com
ExamOne Superior Solutions	800-898-3926	smminsurance.com

HOW LONG ARE UNDERWRITING REQUIREMENTS VALID?

Underwriting requirements will expire as listed in the chart.

REQUIREMENTS	UP TO AGE 70	AGE 71 AND OLDER
Paramed or Medical*	Good for 1 year	Good for 6 months
Nonmedical Part 2 (Nonmed)	Good for 3 months	Good for 3 months
Resting Electrocardiogram (ECG)**	Good for 1 year	Good for 1 year
Inspection Report (IR)	Good for 1 year	Good for 1 year
Personal Financial Supplement (PFS)	Good for 1 year	Good for 1 year
Home Office Urine Specimen (HOS)	Good for 1 year	Good for 6 months
Blood Chemistry Profile (BCP)	Good for 1 year	Good for 6 months
Minnesota Cognitive Acuity Screen (CS)	N/A	Good for 6 months
Motor Vehicle Report (MVR)	Good for 90 days	Good for 90 days

* Underwriting may request requirements in addition to the paramed exam, such as a newly completed nonmedical Part 2, or statement of good health, depending on product, age of exam, and medical history.

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

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INITIAL UNDERWRITING REQUIREMENTS

TRANSAMERICA FINANCIAL FOUNDATION IUL®
TFLIC FINANCIAL FOUNDATION IUL®

FACE AMOUNT	ISSUE AGE								
	0 –17	18 – 40	41 – 45	46 – 55	56 – 60	61 – 70	71 – 75	76 – 80	81 – 85
$25,000 – $50,000	Nonmed (U327 app)	Nonmed (U327 app) MVR	Nonmed (U327 app)	Nonmed (U327 app)	Nonmed (U327 app)	Paramed BCP HOS	Paramed BCP HOS MVR	Paramed BCP HOS MVR	Medical BCP HOS MVR
$50,001 – $75,000	Nonmed (U327 app)	Nonmed (U327 app) MVR	Nonmed (U327 app)	Nonmed (U327 app)	Nonmed (U327 app)	Paramed BCP HOS	Paramed BCP HOS MVR	Paramed BCP HOS MVR	Medical BCP HOS MVR
$75,001 – $99,999	Nonmed (U327 app)	Nonmed (U327 app) MVR	Nonmed (U327 app)	Nonmed (U327 app)	Paramed BCP HOS	Paramed BCP HOS	Paramed BCP HOS MVR	Paramed BCP HOS MVR	Medical BCP HOS MVR
$100,000 – $250,000	Nonmed (U327 app)	Nonmed (U327 app) MVR	Nonmed (U327 app)	Nonmed (U327 app)	Paramed BCP HOS	Paramed BCP HOS	Paramed BCP HOS CS MVR	Paramed BCP HOS CS MVR	Medical BCP HOS CS MVR
$250,001 – $500,000	Nonmed (U327 app)	Nonmed (U327 app) MVR	Nonmed (U327 app)	Nonmed (U327 app)	Paramed BCP HOS	Paramed BCP HOS	Paramed BCP HOS CS MVR	Medical BCP HOS CS MVR	Medical BCP HOS CS MVR
$500,001 – $1,000,000	†	Nonmed (U327 app) MVR	Nonmed (U327 app)	Nonmed (U327 app)	Paramed BCP HOS	Paramed BCP HOS	Paramed BCP HOS CS MVR	Medical BCP HOS CS MVR	Medical BCP HOS CS MVR
$1,000,001 – $2,000,000	N/A	Nonmed (U327 app) MVR	Nonmed (U327 app) MVR	Paramed BCP HOS MVR	Paramed BCP HOS MVR	Paramed BCP HOS MVR	Paramed BCP HOS CS PFS MVR	Medical BCP HOS CS PFS MVR	Medical BCP HOS ECG CS PFS MVR
$2,000,001 – $3,500,000	N/A	Paramed BCP HOS PFS MVR	Paramed BCP HOS PFS MVR	Paramed BCP HOS PFS MVR	Paramed BCP HOS PFS MVR	Paramed BCP HOS PFS MVR	Medical BCP HOS CS PFS MVR	Medical BCP HOS CS PFS MVR	Medical BCP HOS ECG CS PFS MVR
$3,500,001 – $5,000,000	N/A	Paramed BCP HOS PFS MVR IR	Paramed BCP HOS PFS MVR IR	Paramed BCP HOS PFS MVR IR	Paramed BCP HOS PFS MVR IR	Paramed BCP HOS PFS MVR IR	Medical BCP HOS CS PFS MVR IR	Medical BCP HOS CS PFS MVR IR	Medical BCP HOS ECG CS PFS MVR IR
$5,000,001 – $10,000,000	N/A	Paramed BCP HOS PFS MVR IR	Paramed BCP HOS PFS MVR IR	Paramed BCP HOS PFS MVR IR	Paramed BCP HOS PFS MVR IR	Paramed BCP HOS PFS MVR IR	Medical BCP HOS CS PFS MVR IR	Medical BCP HOS ECG CS PFS MVR IR	Medical BCP HOS ECG CS PFS MVR IR
$10,000,001 and higher	N/A	Medical BCP HOS ECG PFS MVR IR	Medical BCP HOS ECG PFS MVR IR	Medical BCP HOS ECG PFS MVR IR	Medical BCP HOS ECG PFS MVR IR	Medical BCP HOS ECG PFS MVR IR	Medical BCP HOS ECG CS PFS MVR IR	Medical BCP HOS ECG CS PFS MVR IR	Medical BCP HOS ECG CS PFS MVR IR

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

Note: Nonmed is only available to residents of the United States and Puerto Rico. U327 application and HIPAA notice required for all IUL Nonmed business.

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

† For requirements, please see Determining Coverage Amounts — Juveniles on page 7 of this guide.

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

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

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

Third-party financial verification for face amounts greater than $10 million and/or total line over jumbo limits.

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INITIAL UNDERWRITING REQUIREMENTS

TRANSAMERICA FINANCIAL CHOICE IUL℠ (Not available in New York)

FACE AMOUNT	ISSUE AGE								
	0 -17	18 - 40	41 - 45	46 - 55	56 - 60	61 - 70	71 - 75	76 - 80	81 - 85
$250,000 - $500,000	Nonmed (U327 app)	Nonmed (U327 app) MVR	Nonmed (U327 app)	Nonmed (U327 app)	Paramed BCP HOS	Paramed BCP HOS	Paramed BCP HOS CS MVR	Medical BCP HOS CS MVR	Medical BCP HOS CS MVR
$500,001 - $1,000,000	†	Nonmed (U327 app) MVR	Nonmed (U327 app)	Nonmed (U327 app)	Paramed BCP HOS	Paramed BCP HOS	Paramed BCP HOS CS MVR	Medical BCP HOS CS MVR	Medical BCP HOS CS MVR
$1,000,001 - $2,000,000	N/A	Nonmed (U327 app) MVR	Nonmed (U327 app) MVR	Paramed BCP HOS MVR	Paramed BCP HOS MVR	Paramed BCP HOS MVR	Paramed BCP HOS CS PFS MVR	Medical BCP HOS CS PFS MVR	Medical BCP HOS ECG CS PFS MVR
$2,000,001 - $3,500,000	N/A	Paramed BCP HOS PFS MVR	Paramed BCP HOS PFS MVR	Paramed BCP HOS PFS MVR	Paramed BCP HOS PFS MVR	Paramed BCP HOS PFS MVR	Medical BCP HOS CS PFS MVR	Medical BCP HOS CS PFS MVR	Medical BCP HOS ECG CS PFS MVR
$3,500,001 - $5,000,000	N/A	Paramed BCP HOS PFS MVR IR	Paramed BCP HOS PFS MVR IR	Paramed BCP HOS PFS MVR IR	Paramed BCP HOS PFS MVR IR	Paramed BCP HOS PFS MVR IR	Medical BCP HOS CS PFS MVR IR	Medical BCP HOS CS PFS MVR IR	Medical BCP HOS ECG CS PFS MVR IR
$5,000,001 - $10,000,000	N/A	Paramed BCP HOS PFS MVR IR	Paramed BCP HOS PFS MVR IR	Paramed BCP HOS PFS MVR IR	Paramed BCP HOS PFS MVR IR	Paramed BCP HOS PFS MVR IR	Medical BCP HOS CS PFS MVR IR	Medical BCP HOS ECG CS PFS MVR IR	Medical BCP HOS ECG CS PFS MVR IR
$10,000,001 and higher	N/A	Medical BCP HOS ECG PFS MVR IR	Medical BCP HOS ECG PFS MVR IR	Medical BCP HOS ECG PFS MVR IR	Medical BCP HOS ECG PFS MVR IR	Medical BCP HOS ECG PFS MVR IR	Medical BCP HOS ECG CS PFS MVR IR	Medical BCP HOS ECG CS PFS MVR IR	Medical BCP HOS ECG CS PFS MVR IR

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

Note: Nonmed is only available to residents of the United States and Puerto Rico. U327 application and HIPAA notice required for all IUL Nonmed business.

† For requirements, please see Determining Coverage Amounts — Juveniles on page 7 of this guide.

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

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

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

Third-party financial verification for face amounts greater than $10 million and/or total line over jumbo limits.

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INITIAL UNDERWRITING REQUIREMENTS

TRENDSETTER® SUPER

FACE AMOUNT	ISSUE AGE						
	18 – 40	41 – 45	46 – 55	56 – 60	61 – 70	71 – 75	76 – 80
$25,000 – $50,000	Nonmed	Nonmed	Nonmed	Nonmed	Nonmed	Paramed BCP HOS MVR	Paramed BCP HOS MVR
$50,001 – $99,999	Nonmed	Nonmed	Nonmed	Nonmed	Paramed BCP HOS	Paramed BCP HOS MVR	Paramed BCP HOS MVR
$100,000 – $250,000	Nonmed MVR	Nonmed	Nonmed	Paramed BCP HOS	Paramed BCP HOS	Paramed BCP HOS CS MVR	Paramed BCP HOS CS MVR
$250,001 – $500,000	Nonmed MVR	Nonmed	Nonmed	Paramed BCP HOS	Paramed BCP HOS	Paramed BCP HOS CS MVR	Paramed BCP HOS CS MVR
$500,001 – $1,000,000	Nonmed MVR	Nonmed	Nonmed	Paramed BCP HOS	Paramed BCP HOS	Paramed BCP HOS CS PFS MVR	Paramed BCP HOS CS PFS MVR
$1,000,001 – $2,000,000	Nonmed MVR	Nonmed MVR	Paramed BCP HOS MVR	Paramed BCP HOS MVR	Paramed BCP HOS PFS MVR	Paramed BCP HOS CS PFS MVR	Medical BCP HOS ECG CS PFS MVR
$2,000,001 – $3,500,000	Paramed BCP HOS MVR	Paramed BCP HOS MVR	Paramed BCP HOS MVR	Paramed BCP HOS MVR	Paramed BCP HOS PFS MVR	Paramed BCP HOS CS PFS MVR	Medical BCP HOS ECG CS PFS MVR
$3,500,001 – $5,000,000	Paramed BCP HOS MVR	Paramed BCP HOS MVR	Paramed BCP HOS MVR	Paramed BCP HOS MVR	Paramed BCP HOS PFS MVR	Medical BCP HOS CS PFS MVR	Medical BCP HOS ECG CS PFS MVR
$5,000,001 – $10,000,000	Paramed BCP HOS PFS MVR	Paramed BCP HOS PFS MVR	Paramed BCP HOS PFS MVR	Paramed BCP HOS PFS MVR	Paramed BCP HOS PFS MVR	Medical BCP HOS ECG CS PFS MVR	Medical BCP HOS ECG CS PFS MVR
$10,000,001 and higher	Medical BCP HOS ECG PFS MVR IR	Medical BCP HOS ECG PFS MVR IR	Medical BCP HOS ECG PFS MVR IR	Medical BCP HOS ECG PFS MVR IR	Medical BCP HOS ECG PFS MVR IR	Medical BCP HOS ECG CS PFS MVR IR	Medical BCP HOS ECG CS PFS MVR IR

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

Note: Nonmed is only available to residents of the United States and Puerto Rico. Nonmedical application (Part 2) and HIPAA notice required for all Nonmed business.

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

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

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

Third-party financial verification for face amounts greater than $10 million or total line over jumbo limits.

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INITIAL UNDERWRITING REQUIREMENTS

TRENDSETTER® LB

AVAILABLE RISK CLASSES: STANDARD (S/NS)						
		18 – 22	23 – 55	56 – 60	61 – 70	71 – 80
Band 1	$25,000 – $99,999	N/A	Nonmed* MVR	Nonmed* MVR	N/A	N/A
Band 2	$100,000 – $249,999	Nonmed* MVR	Nonmed* MVR	Nonmed* MVR	Paramed BCP HOS	Paramed BCP HOS CS MVR

The *Trendsetter® LB* is only available through Table D.

* Standard nonsmoker is the best rate class available for nonmedically underwritten Band 1.

Nonmed is only available to residents of the United States and Puerto Rico. Nonmedical application (Part 2) and HIPAA notice required for all nonmed business.

AVAILABLE RISK CLASSES: PREFERRED NONSMOKER**						
		18 – 40	41 – 55	56 – 60	61 – 70	71 – 80
Band 2	$100,000 – $249,999	Nonmed MVR	Nonmed	Paramed BCP HOS	Paramed BCP HOS	Paramed BCP HOS CS MVR

** Preferred nonsmoker is the best rate class available for nonmedically underwritten Band 2.

AVAILABLE RISK CLASSES: PREFERRED PLUS, PREFERRED (S/NS), STANDARD PLUS, AND STANDARD (S/NS)						
		18 – 40	41 – 45	46 – 55	56 – 70	71 – 80
Band 3	$250,000 – $499,999	Nonmed MVR	Nonmed	Nonmed	Paramed BCP HOS	Paramed BCP HOS CS MVR
Band 4	$500,000 – $1,000,000	Nonmed MVR	Nonmed MVR	Nonmed MVR	Paramed, BCP HOS MVR	Paramed BCP HOS CS PFS MVR
Band 4	$1,000,001 – $2,000,000	Nonmed MVR	Nonmed MVR	Paramed BCP HOS MVR	Paramed BCP HOS MVR	Paramed BCP HOS CS PFS MVR

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

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

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LIFESTYLE AND HEALTH HISTORY

IMPACT ON RISK CLASS

Trendsetter® Super Trendsetter® LB	Preferred Plus	Preferred Nonsmoker	Standard Plus	Nonmed Standard Nonsmoker (*Trendsetter LB* Bands 1&2 Only)	Standard Nonsmoker	Preferred Smoker	Nonmed Standard Smoker (*Trendsetter LB* Bands 1 & 2)	Standard Smoker
FFIUL, TFLIC FFIUL, & FCIUL	Preferred Elite	Preferred Plus	Preferred	N/A	Nontobacco	Preferred Tobacco	N/A	Tobacco
Tobacco Usage†	None in the past 5 years	None in the past 2 years	None in the past 2 years	None in the past year	None in the past 2 years	Tobacco permitted	Tobacco permitted	Tobacco permitted
Incidental cigar usage	Available subject to: -Admitted on app and exam -HOS neg for cotinine -No more than 1 per month	Available subject to: -Admitted on app and exam -HOS neg for cotinine -No more than 1 per month	Available subject to: -Admitted on app and exam -HOS neg for cotinine -No more than 1 per month	Available subject to: -Admitted on app and exam -HOS neg for cotinine -No more than 1 per month	Available subject to: -Admitted on app and exam -HOS neg for cotinine -No more than 1 per month	Permitted	Permitted	Permitted
Cholesterol with or without treatment	230	260	300	*	*	260	*	*
Chol / HDL	5.0 for ages ≤70	5.5 for ages ≤70	6.2 for ages ≤70	*	7.0 for ages ≤70	5.5 for ages ≤70	*	7.0 for ages ≤70
	5.5 for ages 71+	6.0 for ages 71+	6.7 for ages 71+		7.5 for ages 71+	6.0 for ages 71+		7.5 for ages 71+
Blood pressure	135/85 for ages ≤70	145/85 for ages ≤70	148/88 for ages ≤70	*	*	145/85 for ages ≤70	*	*
	145/85 for ages 71+	150/90 for ages 71+	152/88 for ages 71+	*	*	150/90 for ages 71+		*
Treatment	Through age 49: Without treatment Ages 50–80: With treatment, as long as readings fit criteria above Ages 81+: Without treatment	With or without treatment	With or without treatment	*	*	With or without treatment	*	*
Family history** - Includes cardiovascular disease or the following cancers: breast, ovarian, lung, melanoma, prostate, and colon - Some cancers may require evidence of routine surveillance screening	No family deaths before age 65 of either parent or sibling. Disregard if PI is age 65 or older.	No family deaths before age 60 of either parent. Disregard if PI is age 60 or older.	No family deaths before age 60 of either parent. Disregard if PI is age 60 or older.	N/A	*	No family deaths before age 60 of either parent. Disregard if PI is age 60 or older.	N/A	*

† Tobacco user is defined as using any tobacco products (cigarettes, cigars, chewing tobacco, nicotine patch/lozenge/gum, e-cigarettes, vapes, etc.)
* Individual consideration on a case-by-case basis; may or may not be eligible.
** Some gender-specific cancers may qualify for preferred rates.

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LIFESTYLE AND HEALTH HISTORY — IMPACT ON RISK CLASS

Trendsetter® Super Trendsetter® LB	Preferred Plus	Preferred Nonsmoker	Standard Plus	Nonmed Standard Nonsmoker (*Trendsetter LB* Bands 1&2 Only)	Standard Nonsmoker	Preferred Smoker	Nonmed Standard Smoker (*Trendsetter LB* Bands 1 & 2)	Standard Smoker
FFIUL, TFLIC FFIUL, & FCIUL	Preferred Elite	Preferred Plus	Preferred	N/A	Nontobacco	Preferred Tobacco	N/A	Tobacco
Personal history	No heart or vascular disease, diabetes, or cancer (except some skin cancers)	No heart or vascular disease, diabetes, or cancer (except some skin cancers)	No heart or vascular disease, diabetes, or cancer (except some skin cancers)	**	No ratable impairments	No heart or vascular disease, diabetes, or cancer (except some skin cancers)	**	No ratable impairments
Driving history DUI/reckless	None in the past 5 years			**	*	None in past 5 years	**	*
MVR-serious violations	No more than 1 serious violation in the past 3 years and NONE in the past 12 months	No more than 1 serious violation in past 3 years		**	*	No more than 1 Serious violation in past 3 years	**	*
MVR-minor violations	No more than 3 minor moving violations within the past 3 years			**	*	No more than 3 minor moving violations within the past 3 years	**	*
Private aviation	Only available with Aviation Exclusion Rider; not available to those age 71 and older	Preferred can be offered with or without ratable aviation	Can be offered with or without ratable aviation	**	Available as qualifies	Preferred can be offered with or without ratable aviation	**	Available as qualifies
Avocation (hazardous)	No participation in activities listed below[2]	No participation in activities listed below[2]	No participation in activities listed below[2]	**	Can be offered with or without ratable avocation	No participation in activities listed below[1]	**	Can be offered with or without ratable avocation
Alcohol/substance abuse	No history or treatment at any time	No history or treatment at any time	No history or treatment in the past 10 years	**	No history or treatment in the past 7 years	No history or treatment at any time	**	No history or treatment in the past 7 years
Citizenship/residence	U.S. citizen or legal permanent resident/green card residing in the U.S. — all others, contact Underwriting for individual consideration							
Foreign travel (unsafe)	No traveling to dangerous areas of the world where the State Department has issued travel advisories[2]							
Military	Active military duty is acceptable provided the proposed insured is not serving in a hazardous area or does not have orders to serve in a hazardous area.[3]							

* Individual consideration on a case-by-case basis — may or may not be eligible

** See Underwriting Guidelines for Medical Impairments on pages 26–37

[1] Avocation: Prohibited activities involving aeronautics (e.g., hang gliding, ultralight, soaring, skydiving, ballooning, etc.), power racing, competitive vehicles, mountain climbing, rodeos, competitive skiing, or scuba/skin diving at a depth greater than 75 feet

[2] Foreign travel: Unless otherwise prohibited by statute

[3] Military: Unless otherwise prohibited by statute

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MEDICAL IMPAIRMENTS

Rate classes shown are not guaranteed but a range of potential offers of which a declination is possible. Actual offers are subject to underwriting and may vary based on age, date of diagnosis, and severity of condition.

IMPACT ON RISK CLASS | T=Table

IMPAIRMENT	POTENTIAL MORTALITY ASSESSMENT*	PREFERRED POSSIBLE	MONTHLY DISABILITY INCOME RIDER
AIDS/HIV	Decline	N	Decline
Alcohol abuse	T2 – decline	N	Decline
Alcoholism	<3 years – decline	N	Decline if <10 yrs since complete abstinence
	3–5 years – T2 to T6	N	
	>5 years – standard to T4	Yes, with greater than 10 years of sobriety	
Allergies, hay fever	Standard	Y	Standard
ALS (Lou Gehrig's Disease)	Decline	N	Decline
Alzheimer's Disease	Decline	N	Decline
Amputations	Limited, traumatic injury – standard, otherwise, see specific cause/disease	Possible in cases of limited, traumatic injury resulting in amputation.	Exclusion Rider or decline
Anemia, iron deficiency	Fully investigated with no underlying cause identified. Mild – standard	N	Fully investigated and resolved >2 years – standard
	Moderate – T2 to T5	N	
	Severe – decline	N	
Aneurysm, abdominal	Age <60 – decline	N	Decline
	No surgery or periodic surveillance – decline		
	No surgery, size >5 cm – decline		
	No surgery, size <5 cm stable with periodic surveillance – standard to T5		
	Treated with surgery:		
	<6 months since surgery – decline		
	>6 months since surgery stable with periodic surveillance – T2 to T4		
Aneurysm, cerebral	No surgery, single small aneurysm, nonsmoker, no high blood pressure, stable >5 years – standard	N	Decline
	<6 months since surgery – decline		
	>6 months since surgery, fully recovered – T2 to T6		
	If multiple cerebral aneurysms or significant residuals, possible decline		
Angina	See coronary artery disease		
Anxiety	Mild – stable, no time lost from work, low dose single medication, no anti-psychotic meds, no alcohol abuse or adverse driving – standard	Y	Decline
	Moderate – satisfactory response to treatment, out-patient therapy, no more than 1–2 weeks off work – T2 to T4	N	
	Severe or disable, suicide attempts, in-patient hospitalization – decline	N	
Arthritis, osteo	Mild – standard	Y	Exclusion Rider or decline
	Moderate – T2	N	
	Severe/advanced – T3 to T4		

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IMPACT ON RISK CLASS | T=Table

IMPAIRMENT	POTENTIAL MORTALITY ASSESSMENT*	PREFERRED POSSIBLE	MONTHLY DISABILITY INCOME RIDER
Arthritis, rheumatoid	Mild (minimal disease activity with no more than mild disability) – standard to T2	N	Decline
	Moderate (chronic joint inflammation, evidence of anemia) – T3 to T4		
	Severe (active disease with significant disability) – T6 to T8		
Asthma	Nonsmoker:		Exclusion Rider or decline
	Mild – standard to T2	Y	
	Moderate – T3 to T8	N	
	Severe – decline	N	
	Smoker:		
	Mild – T2 to T4	N	
	Moderate – T8	N	
	Severe – decline	N	
	Children age 5 and under usually decline - Children age 6 and up: Mild, diagnosed >1 year – standard to T2, otherwise decline	N	
Atrial fibrillation	Non-chronic, no underlying heart disease, short durations, <4 episodes per year – standard to T2	N	Decline
	Chronic with no underlying heart disease – T2 to T4		
Aviation, paid	Commercial pilot, passenger or freight flying within the U.S. or Canada – standard	Y	Standard, if qualified pilot
	Corporate pilot – standard	Y	
	Other, $2.50 to $10.00 flat extra (rating determined by occupation)	N	
Aviation, private	Student pilot or <75 solo hours – $3.00 flat extra	See preferred guidelines	Qualified private pilots may be acceptable
	Qualified pilot – standard to $3.00 flat extra (rating determined by client age, number of hours flown per year, and total flying experience)	Y	
Back pain (See also chronic pain)	Mild to moderate – standard	Y	Exclusion Rider or decline
	Severe – possible T2 to T4	N	
Barrett's esophagus	Standard to decline	N	Decline
Bell's palsy	Standard	Y – If > 3 months since diagnosis, fully recovered with no complications.	Present – decline Fully recovered, no residuals – standard
Bipolar disorder	Mild – (no loss of work, stable symptoms, low-dose single antidepressant) – T2 to T4	N	Decline
	Moderate – (one or more episodes, satisfactory response to treatment, infrequent disabling attacks) – T4 to T6		
	Severe – (recurring episodes, inpatient care, disabled from work) – T8 to decline		
Blindness	Age <16, total blindness – decline		Exclusion Rider
	Age >16 well-adjusted, no complications – standard	Possible, if otherwise considered standard and no impairment of functional capacity.	

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IMPAIRMENT	POTENTIAL MORTALITY ASSESSMENT*	PREFERRED POSSIBLE	MONTHLY DISABILITY INCOME RIDER
BPH (benign prostatic hypertrophy)	Normal PSA, urinalysis, no impairments – standard	Y	History of >6 months – standard
Breast disorders (not cancer)	Benign mass without atypia per biopsy – standard	Y	Present – decline
	Benign mass with atypia per biopsy – standard to decline (determined by client's age, family history, and screening history)	N	History of/recovered – standard
Broken bone	Standard	Y	Standard or Exclusion Rider
Bronchiectasis	Nonsmoker:	N	Decline
	Mild – standard to T2		
	Moderate – T2 to T4		
	Severe – T6 to decline		
	Smoker: all cases decline		
Bronchitis, acute	Standard	Y	Present with history of asthma – decline. Otherwise – standard
Bronchitis, chronic (COPD)	Mild – T2 to T4	N	Decline
	Moderate – T5 to T8		
	Severe – decline		
	Current tobacco or oxygen use – decline		
Bundle branch block, right	Incomplete – standard	Y	Fully investigated and no cardiovascular risk factors – standard
	Complete: No cardiovascular risk factors – standard	N	
	With cardiovascular risk factors – T2 to T3	N	
Bundle branch block, left	T3 to decline	N	Decline
Bursitis	Standard	Y	Exclusion Rider or decline
Cancer (internal organ)	Call home office	N	Decline
Cancer, skin (not melanoma)	Standard	Y	Standard
Cardiomyopathy	Dilated or restrictive – decline	N	Decline
	Hypertrophic:		
	Age <35 – decline		
	Age 35 & up – T6 to decline		
	Peripartum:		
	<12 months from onset – decline		
	>12 months from onset – T4 to decline		
Carpal tunnel syndrome	Standard	Y	Exclusion Rider or decline
Cataracts	Standard	Y	Standard or Exclusion Rider

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IMPAIRMENT	POTENTIAL MORTALITY ASSESSMENT*	PREFERRED POSSIBLE	MONTHLY DISABILITY INCOME RIDER
Cerebral palsy	Age 8 & over – IQ >50, doing well in regular school with physical impairment such as hemiplegia, monoplegia or ataxia – standard to T4	N	Decline
	With epilepsy – T4 to decline		
	Others – usually decline		
Cerebrovascular accident, stroke (CVA)	<6 months since occurrence – decline	N	Decline
	>6 months since occurrence with only mild residuals:		
	Age 50 & under – decline		
	Age >50 – T2 to T5		
	Multiple strokes – decline		
Chronic fatigue syndrome	Well controlled and no associated depression – standard	Y	Present, within 2 years of recovery – decline >2 years since recovery, no residuals – standard
Chronic obstructive pulmonary disorder (COPD)	Mild – T2 to T4	N	Decline
	Moderate – T4 to T6		
	Severe – T6 to decline		
	Current tobacco or oxygen use – decline		
Chronic pain	Mild – Standard to T3	N	Decline
	Moderate – T4 to T8		
	Severe – decline		
Cirrhosis (liver)	Decline	N	Decline
Colitis, ulcerative	<1 year since diagnosis – decline	N	Decline
	>1 year since diagnosis:		
	Mild – standard to T4		
	Moderate – T4 to T6		
	Severe or with complications - decline		
Colitis, other than ulcerative	Standard – decline, depending on cause	Y	Standard to decline
Concussion (head injury)	Mild with no residuals – standard to T2	Y – if no residuals	Standard to decline
	With residuals, <6 months – decline	N	
	With residuals, >6 months – T2 to decline	N	
	Multiple episodes or severe – T3 to decline	N	
Congestive heart failure (CHF)	<2 years since diagnosis – decline	N	Decline
	>2 years since diagnosis – usually decline		
Convulsions	See Epilepsy		

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IMPAIRMENT	POTENTIAL MORTALITY ASSESSMENT*	PREFERRED POSSIBLE	MONTHLY DISABILITY INCOME RIDER
Coronary artery disease	<3 months after bypass surgery – decline	N	Decline
	<6 months after angioplasty – decline		
	Age <40 – decline		
	Age 40–45 – T6 to decline		
	Age 46–59 – T4 to decline		
	Age >60 – T2 to decline May be able to improve offer with credits for favorable factors such as cholesterol and recent negative cardiac testing		
Criminal activity	Criminal charges pending, or currently on probation or parole – decline. May reconsider one year after end of probation or parole.	N	Decline
	Otherwise, call home office		
Crohn's disease	Onset prior to age 25 – decline.	N	Decline
	Very mild and limited disease		
	<6 months since diagnosis – decline		
	>6 months since diagnosis – standard to T4		
	Moderate:		
	<2 years since diagnosis – decline		
	>2 years since diagnosis – T2 to decline		
	Severe:		
	<4 years since diagnosis – decline		
	>4 years since diagnosis – T6 to decline		
Cyst, benign	Standard	Y	Standard
Cystic fibrosis	Decline	N	Decline
Depression	Mild – (minimal amt of medication, no counseling, no time off work, no psychiatric counseling) – standard	Possible	Decline
	Moderate – (satisfactory response to treatment, outpatient psychotherapy, no more than 1–2 weeks off work) – standard to T4	N	
	Severe – (recurring episodes requiring inpatient care, unable to work) – T6 to decline	N	
Dermatitis	Standard	N	Standard
Diabetes	Age <20 – decline	N	Decline
	Type 1 Diabetes, well controlled, no complications, and no tobacco use:		
	Age 20–29 – T8 to decline		
	Age 30 & up – T6 to T8		
	Type 2 Diabetes, well controlled, no complications, and no tobacco use:		
	Age 20–29 – T6 to decline		
	Age 30–49 – T3 to T6		
	Age 50 & up – standard to T4		
Diverticulitis	Mild attacks, fully recovered – standard to T2	Y	Exclusion Rider or decline
Down syndrome	Decline	N	Decline

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IMPACT ON RISK CLASS | T=Table

IMPAIRMENT	POTENTIAL MORTALITY ASSESSMENT*	PREFERRED POSSIBLE	MONTHLY DISABILITY INCOME RIDER
Driving under the influence (DUI)	<1 year since violation, all ages – decline	N	Decline
	Age 21 and up:	N	
	1–2 years – $2.50 – $3.50 flat extra	N	
	2–4 years – standard to $2.50 flat extra	N	
	>4 years – standard	Y if > 5 years	
	Multiple DUIs with 4 years – decline Under age 21 at time of violation – decline for 4 years from violation	N	
Drug abuse, marijuana (recreational use) **See also medicinal marijuana**	Current use (smoked or ingested) - standard to decline based on frequency and method of use	Y	
	Nontobacco vs. Tobacco determined by frequency and method of use		
Drug abuse, other than marijuana	Any use in last 3 years – decline	N	Decline
	3–7 years since last use – T2 to T8	N	
	>7 years – standard	Y if >10 years	
	History of relapse(s) – usually decline	N	
Eczema	Standard	Y	Standard
Emphysema	Mild – T2 to T4	N	Decline
	Moderate – T4 to T6		
	Severe – T6 to decline.		
	Current tobacco or oxygen use – decline		
Endocarditis	Decline if <1 year from diagnosis, then standard to T2 if no residuals	Y	Standard to decline
Epilepsy, petit mal	<6 months since diagnosis – decline	N	Decline
	Well controlled, no seizures in last 2 years – standard to T2		
	Moderate control, <7 seizures per year – T2 to T4		
	Poor control, >6 seizures per year or prolonged unconsciousness or requiring multiple hospitalizations – T4 to decline		
Epilepsy, grand mal	<6 months since diagnosis – decline	N	Decline
	Well controlled, no seizures in last 2 years – standard to T2	Y if last seizure >5 years ago	
	Moderate control, <7 seizures per year – T3 to T5	N	
	Poor control, >6 seizures per year or prolonged unconsciousness or requiring multiple medications – T6 to decline	N	
Esophageal stricture	Standard to T2	Y	Standard or Exclusion Rider
Fibromyalgia, fibrositis	Standard to decline	Y	Decline
Fistula & fissure, anal	Standard if resolved	Y	Standard
Fracture, bone or skull (no residuals)	Standard	Y	Full recovery, no residuals –standard
Gall bladder disorders	Standard if asymptomatic	Y	Present – decline recovered/corrected – standard

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IMPACT ON RISK CLASS | T=Table

IMPAIRMENT	POTENTIAL MORTALITY ASSESSMENT*	PREFERRED POSSIBLE	MONTHLY DISABILITY INCOME RIDER
Gastric banding, sleeve or bypass surgery	Decline	N	Decline
	>6 months since surgery – rates vary based on weight loss and current weight – contact home office		
Gastroenteritis, recovered	Standard	Y	Standard
Gastroesophageal reflux disease (GERD)	Standard if well controlled	Y	Standard
Glaucoma	Standard	Y	Exclusion Rider or decline
Glomerulonephritis	Acute, in remission – standard to T6 chronic – T6 to decline	N	Exclusion Rider or decline
Gout	Standard (chronic, severe cases may require rating)	Y	Standard or Exclusion Rider
Headache, migraine or tension	Standard to decline	Y	Mild – occasional, no absences from work – standard, otherwise – decline
	Recent onset, increasing frequency, not investigated – decline		
Hearing impairment	Standard	Y	Exclusion Rider
Heart attack	See coronary artery disease		
Heart bypass surgery	< 3 months from bypass – postpone. Otherwise, see coronary artery disease		
Heart valve surgery	<1 year since surgery – decline	N	Decline
	>1 year since surgery – T2 to decline (Rate dependent on age and valve replaced or repaired)		
Heartburn	Standard	Y	Standard
Hemorrhoids	Standard	Y	Standard
Hepatitis A	Standard (fully recovered)	Y	Standard
Hepatitis B	One episode, fully recovered – standard	N	Decline
	Chronic – standard to decline		
Hepatitis C	Standard to decline	N	Decline
Hernia	Standard	Y	Asymptomatic or surgically corrected – standard. Otherwise – decline
Herniated disc	Standard to T2	Y	Exclusion Rider or decline
High blood pressure (Hypertension)	Usually standard (if under control)	Y	Controlled – standard
Histoplasmosis	Present – decline	N	Decline
	Recovered without residuals > 6 months – standard		
	With residual lung impairment – T2 to decline		
Hodgkin's disease	T2 to decline	N	Decline

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IMPAIRMENT	POTENTIAL MORTALITY ASSESSMENT*	PREFERRED POSSIBLE	MONTHLY DISABILITY INCOME RIDER
Huntington's disease	Present – decline	N	Decline
	Family history, with negative genetic testing – standard		
	Family history, without genetic testing – age 55 & under – T4 to decline		
	Age >55 – usually standard		
Hydronephrosis	Resolved or cause corrected – standard	N	Decline
	Cause still present – T2 to decline		
Hysterectomy	Standard if no cancer history	Y	Standard if no cancer history
Ileitis	See Crohn's disease	N	
Indigestion	Standard	Y	Standard
Kidney failure, dialysis	Decline	N	Decline
Kidney infection, recovered	Standard	Y	Standard to decline
Kidney removal	Standard to decline (depending on cause and current renal function)	Y (depending on cause)	>3 years since removal, depending on cause, normal kidney function – standard to decline
Kidney stones	Standard (frequent attacks may require rating)	Y	Exclusion Rider or decline
Kidney transplant	<1 year since transplant – Decline	N	Decline
	>1 year since transplant – T6 to Decline		
Leukemia	Call home office. Offer subject to type, date of onset, and date of last treatment.	N	Decline
Lupus, discoid	Standard to T2	N	Decline
Lupus, systemic	<1 year since diagnosis – decline	N	Decline
	1 year and up from diagnosis – T2 to Decline	N	
Lymphoma	Call Home office. Offer subject to type, date of onset and date of last treatment.	N	Decline
Malaria	Single episode – standard	Y – if fully recovered	Single attack – standard
	Multiple episodes – standard to T2	N	
Melanoma	Standard to decline	N	Decline
Marijuana, Medicinal Use (See also Drug Abuse, Marijuana)	Current use (smoked or ingested) T2 – decline based on frequency and method of use	N	
	Nontobacco vs. Tobacco determined by frequency and method of use		
Meniere's disease	Standard	Y	Decline
Meningioma	Standard to $10.00 flat extra	N	Decline
Meningitis	<6 months since recovery – decline	N	Full recovery – standard
	>6 months since recovery, no residuals – standard	Y	

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IMPAIRMENT	POTENTIAL MORTALITY ASSESSMENT*	PREFERRED POSSIBLE	MONTHLY DISABILITY INCOME RIDER
Mental retardation and/or intellectual disability	Age 13 or less – decline	N	Decline
	Age >13:		
	IQ 70 or higher, able to care for self – standard		
	IQ below 70 – T6 to decline		
Mitral insufficiency, Mitral valve prolapse (MVP)	Mild – standard to T2	Y	Standard – controlled
	Moderate – T4 to T6	N	
	Severe – decline	N	
Mitral stenosis	Mild – T2 to T6	N	Decline
	Moderate – T4 to Decline		
	Severe – decline		
Mononucleosis	Standard	Y	Recovered – standard
Mountain climbing	Based on location, scale (YDS or other grading scale), altitude and equipment used – standard to decline.	Subject to details. Minor trail climbing or equivalent may be acceptable within preferred classes.	Decline
	Please call home office with details for quote.	N	
Multiple sclerosis (MS)	<2 years since diagnosis – decline	N	Decline
	>2 years since diagnosis:		
	Mild- T4 to T6		
	Moderate- T6 to T8		
	Severe or primary progressive type – Decline		
Muscular dystrophy	Becker – T8 to Decline	N	Decline
	Facioscapulohumeral – T2 to decline		
	Oculopharyngeal muscular dystrophy – standard to decline		
	Other types – decline		
Myasthenia gravis	Ocular:	N	Decline
	<3 years since diagnosis – decline		
	>3 years since diagnosis – standard		
	Generalized:		
	<3 years since diagnosis – decline		
	3–5 years since diagnosis – T4		
	>5 years since diagnosis – T2		
	With thymectomy >1 year, in remission – standard		
Myocarditis	>3 months since full recovery, no treatment – T2 to decline	N	Decline
Nephrectomy	Standard to decline (depending on cause and renal function)	Possible depending on the circumstances	>3 years since removal, depending on cause, normal kidney function – standard to decline
Neurosis, anxiety	See Anxiety		

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IMPAIRMENT	POTENTIAL MORTALITY ASSESSMENT*	PREFERRED POSSIBLE	MONTHLY DISABILITY INCOME RIDER
Non-Hodgkin's lymphoma	Call home office. Offer subject to type, date of onset and date of last treatment.	N	Decline
Occupations with special hazards	Examples of occupations with special hazards: aviation, military, building and construction, mining and quarrying, and professional athletes, may be considered for coverage with possible flat extra. This is not an inclusive list; contact the home office if you have a question about an occupation.	Possible if occupation is considered standard, otherwise no preferred.	Decline
Operating while intoxicated (OWI)	See DUI		
Osteoarthritis	See Arthritis, osteo		
Pacemaker	T2 to decline (Rating determined by the age of the client, years since pacemaker implanted and reason for the pacemaker.)	N	Decline
Pancreatitis	Acute: <6 mo since attack – decline	N	Decline
	Single episode – standard to T2		
	Multiple episodes – T4		
	Chronic or relapsing – decline		
Paralysis, spinal cord injury	Paraparesis or quadriparesis (incomplete paralysis, not confined to wheelchair, >1 year since injury) – T2 to T8	N	Decline
	Complete paraplegia:		
	<2 years since injury – decline		
	>2 years since injury – T4 to T8		
	Complete quadriplegia – decline		
Parkinson's disease	T3 to Decline	N	Decline
Pericarditis	Single episode (idiopathic or viral) fully recovered:	N	Decline
	<3 months – decline		
	>3 months – standard to T3		
	Constrictive:		
	Unoperated or <12 months since surgery – decline		
	>12 months since surgery – T2		
	Persistent or recurrent episodes – T4 to decline		
Peripheral vascular disease (PVD)	Nonsmoker:	N	Decline
	No surgery – T2 to T6		
	With surgery – T4 to T6		
	Smoker or severe disease – decline		
Phlebitis, thrombosis, blood clot	Single episode, fully recovered – standard	Y	Decline
	Multiple episodes – standard to T4	N	
Pilonidal cyst	Standard	Y	Standard
Pituitary adenoma	Standard to decline	N	Decline
Pleurisy	Standard to T2	Y	Decline
Pneumoconiosis	T2 to decline	N	Decline

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IMPAIRMENT	POTENTIAL MORTALITY ASSESSMENT*	PREFERRED POSSIBLE	MONTHLY DISABILITY INCOME RIDER
Pneumonia, full recovery	Standard	Y	Standard
Pregnancy, no current complications or history of complications	Standard	Y	Decline
Prostatitis, with normal PSA	Standard	Y	Present or chronic – decline single episode/ full recovery – standard
Psychosis	0–2 years since last episode – decline	N	Decline
	2–5 years since last episode – T4 to decline		
	5–10 years since last episode – standard to T6		
	>10 years since last episode – standard to T4		
Pyelonephritis, acute	1 episode, recovered – standard	Y	Standard or Exclusion Rider
	2–3 episodes standard to $5.00	N	
	>3 episodes T6 to decline after episodes	N	
Pyelonephritis, chronic	T6 to decline	N	Decline
Racing, motor vehicle	Amateur – standard	N	Decline
	Professional or semi-professional – $2.50 to decline (rate depends on number of races, speed, type of vehicle, etc.)		
Raynaud's disease	Standard to T4	Y (if not rated)	Decline
Rheumatic fever, no heart complications	Mild, no heart murmur or heart valve damage – standard	Y	No heart damage – standard
	Otherwise – rate determined by residuals	N	
Rheumatoid arthritis	See Arthritis, rheumatoid		
Sarcoidosis	Standard to decline	N	Decline
Sebaceous cyst	Standard	Y	Standard
Sciatica	Standard to T2	Y	Standard or Exclusion Rider
Schizophrenia	0–2 years since last episode – decline	N	Decline
	2–5 years since last episode – T4 to decline		
	5–10 years since last episode – standard to T6		
	>5–10 years since last episode – standard to T4		
Scuba diving, recreational, lakes, rivers, coastal waters	100 ft or less – standard	Y if 75 ft or less	Decline
	101–150 ft – $2.50 flat extra	N	
	>150 ft – $5.00 flat extra to decline	N	
Seizures	See Epilepsy		
Sinusitis	Standard	Y	Standard
Sky diving	$2.50 – 5.00 flat extra	N	Decline
Sleep apnea	Mild – standard	N	Decline
	Moderate – standard to T3		
	Severe – T2 to decline		

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IMPAIRMENT	POTENTIAL MORTALITY ASSESSMENT*	PREFERRED POSSIBLE	MONTHLY DISABILITY INCOME RIDER
Stroke	<6 months since occurrence – decline	N	Decline
	>6 months since occurrence with only mild residuals:		
	Age 50 and under – decline		
	Age >50 –T2 to T5		
	Multiple strokes – decline		
Suicide attempt	<1 year since attempt – decline	N	Decline
	1–5 years since attempt – $5.00 flat extra to decline		
	>5 years since attempt – standard to decline		
Thyroid disorder	Usually standard	Y	Hypothyroid – standard Hyperthyroid – >2 years since diagnosed/stable – standard otherwise – decline
Transurethral resection of prostate (TURP)	No history of cancer: standard	Y	Standard
Transient ischemic attack (TIA)	<6 months since occurrence – decline	N	Decline
	>6 months:		
	Single occurrence – standard to T3		
	Multiple occurrences – T2 to T5		
Tuberculosis	If fully recovered, usually standard	Y	Decline
Tumors, benign	Usually standard	Y	Standard or Exclusion Rider
Tumors, malignant	Call home office	N	Decline
Ulcerative colitis	See Colitis, ulcerative		
Ulcer, stomach	Single episode, fully recovered – standard	Y	Present to within 2 yrs of treatment – decline >2 years since treatment & fully recovered – standard
	Multiple episodes – standard to T4	N	
Upper respiratory tract infection, cold	Standard	Y	Standard
Urinary bladder infection, acute	Standard	Y	Standard
Varicocele, hydrocele, cystocele	Standard	Y	Standard or Exclusion Rider
Varicose veins	Standard to T3	Y	Mild with no swelling or ulcerations – standard, otherwise – decline

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SUBSTANDARD TABLE RATINGS

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

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

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

AVAILABLE RIDERS BY PRODUCT

PRODUCT	ACCIDENTAL DEATH BENEFIT (ADB) RIDER	ADDITIONAL INSURED RIDER (AIR)**	BASE INSURED RIDER (BIR)**	CHILDREN'S BENEFIT RIDER/ CHILDREN'S INSURANCE RIDER (CBR/CIR)**	CHRONIC ILLNESS RIDER**	CRITICAL ILLNESS RIDER**	DISABILITY WAIVER OF PREMIUM (DWP) RIDER**
Trendsetter Super	Yes	-	-	Yes	-	-	Yes
Trendsetter LB	Yes	-	-	Yes	Yes*	Yes*	Yes
FFIUL	Yes	Yes	Yes	Yes	Yes	Yes	Yes
FCIUL	Yes	Yes	Yes	Yes	Yes	Yes	Yes

PRODUCT	ADDITIONAL SERVICES RIDER / EVEREST	GUARANTEED INSURABILITY (GIR) RIDER	INCOME PROTECTION OPTION (IPO) RIDER	LONG TERM CARE (LTC) RIDER**	MONTHLY DISABILITY INCOME (MDI)**	TERMINAL ILLNESS RIDER/ ACCELERATED DEATH BENEFIT	DISABILITY WAIVER OF MONTHLY DEDUCTIONS RIDER**
Trendsetter Super	-	-	Yes	-	-	Yes*	-
Trendsetter LB	-	-	Yes	-	Yes	Yes*	-
FFIUL	Yes*	Yes	Yes	Yes	-	Yes*	Yes
FCIUL	No	No	Yes	No	No	Yes*	Yes

* Rider is inherent in product.

** Additional Underwriting may be required.

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ADDITIONAL RIDER INFORMATION

ACCIDENTAL DEATH BENEFIT RIDER (ADB)

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

ISSUE AGES:	ISSUE LIMITS:
15–55 years (IUL); 18-55 years (term)	- Not available if base is higher than Table D - Total benefit in force cannot exceed $300,000 with all Transamerica policies.

ADDITIONAL INSURED RIDER (AIR)

Provides additional level term insurance coverage for up to five of your family members

ISSUE AGES:	ISSUE LIMITS:
18–85 YEARS, varies by rate class and writing state	- Available at time of issue, may be added after issue if no Long Term Care Rider is present, subject to Underwriting - Coverage on spouse, dependent child, or other individual in whom the owner has an insurable interest - Minimum face amount $25,000 - Maximum is the lesser of $1,000,000 or total coverage on the base - Not available if the Long Term Care Rider is elected

ADDITIONAL SERVICES RIDER

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

ISSUE AGES:	ISSUE LIMITS:
Same as base policy	- Minimum face amount $250,000. - No maximum face amount. Expedited claims payout process not qualified at $2 million and above.

BASE INSURED RIDER (BIR)

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

ISSUE AGES:	ISSUE LIMITS:
18–85 YEARS, varies by rate class and writing state	- Available at time of issue, may be added after issue if no Long Term Care Rider is present, subject to Underwriting - Minimum face amount $100,000 - Maximum face amount varies depending on LTC Rider.

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

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

ISSUE AGES:	ISSUE LIMITS:
15 days to 18 years old (actual age of child) 8–80 years old insured	- Children greater than Table B at issue will not be considered.

CHRONIC ILLNESS RIDER

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

ISSUE AGES:	ISSUE LIMITS:
Varies by risk class, product, and issue state	- Not available if base is higher than Table D - Not available if base is rated higher than $2.50 flat extra - The sum of all living benefit coverages under all Transamerica policies cannot exceed $1.5 million. - The maximum benefit payable under the Chronic Illness Rider is equal to the lesser of 90% of the available death benefit or $1.5 million. - Electable at issue, not automatically attached to the base product - Must pass UW screening - Underwriting reserves the right to decline applicants based on preexisting conditions and knock out diseases. - Not available with the LTC Rider

CRITICAL ILLNESS RIDER

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

ISSUE AGES:	ISSUE LIMITS:
May vary by risk, product, and issue date	- Not available if base is higher than Table D - Not available if base is rated higher than $2.50 flat extra - The sum of all living benefit coverages under all Transamerica policies cannot exceed $1.5 million - The maximum death benefit payable under the Critical Illness Rider is equal to the lessor of 90% of the available death benefit or a maximum accelerated amount declared by us. This amount will never be less than $500,000. - Electable at issue, not automatically attached to the base product - Must pass UW review - Underwriting reserves the right to decline applicants based on preexisting conditions and knock out diseases. - Not available in New York

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ADDITIONAL RIDER INFORMATION

DISABILITY WAIVER OF MONTHLY DEDUCTIONS

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

ISSUE AGES:	ISSUE LIMITS:
18–55 years	- Not available if base is rated higher than Table D - Flat extras are allowed up to $2.50. - Not available in Guam, Virgin Islands, or Puerto Rico

DISABILITY WAIVER OF PREMIUM RIDER (DWP)

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

ISSUE AGES:	ISSUE LIMITS:
18–55 years	- Not available if base is rated higher than Table D - Flat extras up to $2.50 allowed - $5M maximum aggregate face amount across all Transamerica policies - Not available in Guam, Virgin Islands, or Puerto Rico

GUARANTEED INSURABILITY RIDER (GIR)

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

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

INCOME PROTECTION OPTION (IPO)

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

LONG TERM CARE RIDER (LTC)

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

ISSUE AGES:	ISSUE LIMITS:
18–75 years, subject to policy issue age maximums	- Not available if base is rated over Table D - Available only at time of issue - Minimum face amount $100,000 - Maximum face amount varies depending on Base Insured Rider elected. - Not available with the Chronic Illness Rider

MONTHLY DISABILITY INCOME RIDER (MDI)

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

ISSUE AGES:	ISSUE LIMITS:
18–50 years	- Not available if base is rated - Available only at time of issue - Offers up to $2,000 per month in disability income protection with a 2 year benefit period - Certain occupations are ineligible for coverage.

TERMINAL ILLNESS ACCELERATED DEATH BENEFIT RIDER

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

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

Rider charges are included with other policy costs and charges assessed on premium payments, or, for some riders, at time of claim for rider benefits. Riders and rider benefits have specific limitations and may not be available in all jurisdictions. Benefits paid under accelerated death benefit riders, including the Long Term Care Rider, will reduce the life insurance policy's death benefit and policy value. For complete details including the terms and conditions of each rider and exact coverage provided, please refer to the policy.

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FIELD UNDERWRITING AND THE CONDITIONAL RECEIPT

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

WHAT IS THE CONDITIONAL RECEIPT?

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

CONDITIONS AND REQUIREMENTS

The following must be met for the Conditional Receipt to be in effect:

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

There is no conditional coverage for riders or any additional benefits. Conditional coverage only applies to the proposed primary insured. There is no conditional coverage on any other persons proposed for coverage in the application. Coverage will be denied if the death is caused by suicide or a self-inflicted injury.

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AN APPLICATION HAS BEEN COMPLETED. NOW WHAT?

KEEP YOUR CLIENT INFORMED

Let the client know that additional evidence may be needed to complete the process.

Examples may include:

- A paramedical examination
- Blood draw and urine specimen
- An ECG
- A telephone interview to clarify or request additional information
- Special questionnaires for medical, avocation, aviation, travel, and residency information
- Attending Physician Statements (APS) will normally take two to four weeks to receive from the doctor.

SPECIAL QUESTIONNAIRES*

Special questionnaires may be required when further information is needed on medical, avocation, aviation, or foreign travel/residency matters that could impact the determination on an underwriting classification.

These include:

- **Alcohol Questionnaire** – complete if the applicant has history of alcohol abuse
- **Avocation and Aviation Questionnaire** – complete if there is any participation in racing, parachuting, sky diving, underwater diving, or aviation
- **Disability Income Questionnaire** – complete for a client applying for a disability income rider
- **Drug Questionnaire** – complete if applicant has history of drug use
- **Travel and Residency Questionnaire** – complete for any applicant who has planned foreign travel in the next 12 months or is not a U.S. citizen

These questionnaires may be found in the forms section of the agent portal.

* Questionnaires vary by jurisdiction and may not be available in all states.

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AN APPLICATION HAS BEEN COMPLETED. NOW WHAT?

(continued)

PREPARE A COVER LETTER TO SUBMIT WITH YOUR APPLICATION

A cover letter is your introduction of the client to the company. A detailed, well-written cover letter may be the difference between a bumpy course or a smooth sail through the underwriting process.

What to include in the cover letter:

- If not obvious, what is the insurable interest between the owner and beneficiary?
- How was the face amount determined? (Include information that is relevant in determining the amount being applied for.)
- What is the purpose of the coverage?
- Include any known medical or nonmedical underwriting concerns
- Highlight any factors that would not be developed through the application (e.g., a current exam, attending physician statements, or inspection reports)
- List competitive information, as well as any standing offers and in force coverage amounts and amounts being replaced
- Copies of an estate planning analysis, buy-sell agreement, loan agreement, or other pertinent documents

To expedite underwriting, the inclusion of a cover letter is encouraged on all applications, however, it is required at face amounts $5,000,000 and up or when further details are needed for any unusual cases. When using our electronic application (iGO® e-App), the cover letter may be uploaded in the agent remarks section.

PLEASE SEE OUR GUIDE TO WRITING AN UNDERWRITING COVER LETTER ON PAGE 44

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GUIDE TO WRITING AN UNDERWRITING COVER LETTER

WHO YOU ARE

I, <Agent Name and Agent ID>, am writing this letter to provide additional information about the attached application on the life of my client, <Client Name>.

YOUR RELATIONSHIP TO THE CLIENT

I have known <Client Name> for <Time Period>, and have sold life insurance to various <Client Name> family members during <Timeframe> for both personal and business reasons, as applicable.

IDENTIFY THE CLIENT

<Client Name> is the <Title> for <Company Name> which <provide company overview>. <Client Name> current income is <$Annual Income> per year. If appropriate, include such things as the number of full-time employees in company, ownership interest in company, and future business outlook.

JUSTIFICATION FOR THE INSURANCE

While <Client Name> currently carries <Dollar Amount> of key person insurance, the coverage was issued <Years> ago, which is inadequate. <Client Name> needs a total of <Amount of Insurance> at this time. Indicate how insurance will be used. (e.g., $750,000 to protect the business and contracts in progress and $750,000 will be payable directly to <Client Name> family as personal insurance.)

INSURANCE IN FORCE/REPLACEMENT

The <Amount of Insurance> <Client name> now carries is term insurance and will be replaced with new coverage (Indicate Face Amount). List any coverage in force, including type and amount of insurance and carrier name.

FAMILY HISTORY

Provide details on <Family History>, include age of parents at death and cause of death. Indicate client <Tobacco Usage>, <Types of Activity and Frequency>.

CURRENT MEDICATIONS

<Client Name> currently takes <Prescription Medications>. <Client Name> previously took <Prescription Medications> for <Medical History>. However, <Client Name> no longer needs this medication.

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GUIDE TO WRITING AN UNDERWRITING COVER LETTER

(continued)

OWNER AND BENEFICIARIES

Identify owner (person, trust, etc.) and policy beneficiary(ies) and describe insurable interest. Provide the names and contact information for additional resources who can provide additional information, if needed, including estate planning or corporate attorneys or CPA.

MEDICAL EXAMS AND INSPECTIONS

I have scheduled the appropriate underwriting exams for <Client Name> through <Paramed Company>.

CLOSING SIGNATURE

Sincerely,

_____, Agent

The information, requirements, and guidelines contained in this field guide are subject to change without notice.

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

A client who is not a U.S. citizen qualifies for life insurance coverage if they meet the requirements below:

- The client must have significant business and/or financial ties in the United States;
- The client must present either a(n): Social Security Number (SSN); Individual Tax Identification Number (ITIN/TIN); appropriate version of IRS Form W-8 for those without a SSN or TIN; or (for the ITIN Program) valid IRS ITIN letter (CP565) issued as a result of a W-7 Application;
- The client must be legally and physically present in the United States at the time of application; have valid, current proof-of-entry (e.g., passport stamp or I-94 document; a valid visa[1]; green card;[2,3] work permit, etc.); and submit copy(ies) with the file;
- Visa holders: indicate the specific visa type (e.g., H1, F1, etc.) or exact immigration status (e.g., refugee, asylum, etc.) on the application;[2]
- Employment Authorization Card ("EAC") holders: compare the category code, located in the center of the EAC, to the code on pages 50 & 51 to determine if the candidate is eligible to apply for insurance;
- Immigration documents pending expiration within 90 days of the application date may affect insurability or delay processing while we confirm renewal;
- Fully expired visas must show proof of renewal or extension (I-797, I-797A, or other confirmation document from USCIS that is acceptable to Underwriting);
- EB-5 visa holders transitioning to a green card status may be asked for additional documentation to confirm that process;
- A copy of all required documentation will be asked for in iGO® e-App at the time of application. For paper applications, use the image upload tool on the agent portals to submit copies of images, and indicate this in the agent comments section;
- The Living Benefit Riders (Chronic/Critical Illness) are available to permanent U.S. residents (this includes ITIN candidates);
- A separate international underwriting guide is available for information on submitting nonresident foreign nationals and U.S. expatriates business. All international risk guidelines are subject to change without prior notice. See the age/amount requirement charts by product (pages 47 & 48) for non-U.S. residents.

For further details please refer to our Resident Foreign Nationals Travel Guidelines flyer, HNW Non Resident FN UW Guidelines, and Foreign National Individual Taxpayer Identification Number guidelines.

DOCUMENTATION NEEDED

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

All Others: Copy of visa and proof of U.S. entry (passport stamp or I-94 document) are required. Additional supporting documents may be required.

[1] Not all visa types or immigration statuses are eligible. Note also that the Matricula Consular document is not recognized to be valid as a visa by the U.S. government.
[2] Only list "permanent resident" on the application if the client is a lawful permanent resident (also known as a green card holder)
[3] Green card holders need not submit a copy of their (valid) green card unless applying for the Living Benefit Riders (Chronic Illness and Critical Illness), or at Underwriter discretion. Please copy the front and back of the card when applying for these benefits.

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INITIAL UNDERWRITING REQUIREMENTS FOR NON-U.S. RESIDENTS

TRANSAMERICA FINANCIAL FOUNDATION IUL®
*TFLIC FINANCIAL FOUNDATION IUL®**

FACE AMOUNT	ISSUE AGE							
	0 –17**	18 – 40	41 – 50	51 – 60	61 – 70	71 – 75	76 – 80	81 - 85
$25,000 – $50,000* **	Nonmed	Nonmed MVR	Nonmed	Nonmed	Paramed BCP HOS	Paramed BCP HOS MVR	Paramed BCP HOS MVR	Medical BCP HOS ECG MVR
$50,001 – $75,000* **	Nonmed	Nonmed MVR	Nonmed	Nonmed	Paramed BCP HOS	Paramed BCP HOS MVR	Paramed BCP HOS MVR	Medical BCP HOS ECG MVR
$75,001 – $99,999* **	Nonmed	Nonmed MVR	Nonmed	Paramed BCP HOS	Paramed BCP HOS	Paramed BCP HOS MVR	Paramed BCP HOS MVR	Medical BCP HOS ECG MVR
$100,000 – $250,000* **	Nonmed	Paramed BCP HOS MVR	Paramed BCP HOS	Paramed BCP HOS	Paramed BCP HOS	Paramed BCP HOS CS MVR	Paramed BCP HOS CS MVR	Medical BCP HOS ECG CS MVR
$250,001 – $500,000	Nonmed	Paramed BCP HOS MVR	Paramed BCP HOS	Paramed BCP HOS	Paramed BCP HOS	Paramed BCP HOS CS MVR	Medical BCP HOS CS MVR	Medical BCP HOS ECG CS MVR
$500,001 – $1,000,000	†	Paramed BCP HOS MVR	Paramed BCP HOS	Paramed BCP HOS	Paramed BCP HOS	Paramed BCP HOS ECG CS MVR	Medical BCP HOS ECG CS MVR	Medical BCP HOS ECG CS MVR
$1,000,001 – $2,000,000	N/A	Paramed BCP HOS MVR	Paramed BCP HOS MVR	Paramed BCP HOS MVR	Paramed BCP HOS MVR	Paramed BCP HOS ECG CS PFS MVR	Medical BCP HOS ECG CS PFS MVR	Medical BCP HOS ECG CS PFS MVR
$2,000,001 – $3,500,000	N/A	Paramed BCP HOS PFS MVR	Paramed BCP HOS ECG PFS MVR	Paramed BCP HOS ECG PFS MVR	Paramed BCP HOS ECG PFS MVR	Medical BCP HOS ECG CS PFS MVR	Medical BCP HOS ECG CS PFS MVR	Medical BCP HOS ECG CS PFS MVR
$3,500,001 – $5,000,000	N/A	Paramed BCP HOS PFS MVR IR	Paramed BCP HOS ECG PFS MVR IR	Paramed BCP HOS ECG PFS MVR IR	Paramed BCP HOS ECG PFS MVR IR	Medical BCP HOS ECG CS PFS MVR IR	Medical BCP HOS ECG CS PFS MVR IR	Medical BCP HOS ECG CS PFS MVR IR
$5,000,001 – $10,000,000	N/A	Paramed BCP HOS PFS MVR IR	Paramed BCP HOS ECG PFS MVR IR	Paramed BCP HOS ECG PFS MVR IR	Paramed BCP HOS ECG PFS MVR IR	Medical BCP HOS ECG CS PFS MVR IR	Medical BCP HOS ECG CS PFS MVR IR	Medical BCP HOS ECG CS PFS MVR IR
$10,000,001 and higher	N/A	Medical BCP HOS ECG PFS MVR IR	Medical BCP HOS ECG PFS MVR IR	Medical BCP HOS ECG PFS MVR IR	Medical BCP HOS ECG PFS MVR IR	Medical BCP HOS ECG CS PFS MVR IR	Medical BCP HOS ECG CS PFS MVR IR	Medical BCP HOS ECG CS PFS MVR IR

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

Note: Nonmed is only available to residents of the United States and Puerto Rico. Nonmedical application (Part 2) and HIPAA notice required for all Nonmed business.

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

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

** Juvenile must reside in the U.S.

*** Available with $5,000 Minimum No Lapse Premium (MNLP) and higher

† For requirements, please see Determining Coverage Amounts — Juveniles on page 7 of this guide

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

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

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

Third-party financial verification for face amounts greater than $10 million and/or total line over jumbo limits.

Rx and Medical Data checks will be ordered on all applications.

For information on *Express Protect Underwriting*℠ see our *Transamerica Lifetime*℠.

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INITIAL UNDERWRITING REQUIREMENTS FOR NON-U.S. RESIDENTS

TRANSAMERICA FINANCIAL CHOICE IUL℠

FACE AMOUNT	ISSUE AGE							
	0 -17**	18 - 40	41 - 50	51 - 60	61 - 70	71 - 75	76 - 80	81 - 85
$250,000 - $500,000	Nonmed	Paramed BCP HOS MVR	Paramed BCP HOS	Paramed BCP HOS	Paramed BCP HOS	Paramed BCP HOS CS MVR	Medical BCP HOS CS MVR	Medical BCP HOS ECG CS MVR
$500,001 - $1,000,000	†	Paramed BCP HOS MVR	Paramed BCP HOS	Paramed BCP HOS	Paramed BCP HOS	Paramed BCP HOS ECG CS MVR	Medical BCP HOS ECG CS MVR	Medical BCP HOS ECG CS MVR
$1,000,001 - $2,000,000	N/A	Paramed BCP HOS MVR	Paramed BCP HOS MVR	Paramed BCP HOS MVR	Paramed BCP HOS MVR	Paramed BCP HOS ECG CS PFS MVR	Medical BCP HOS ECG CS PFS MVR	Medical BCP HOS ECG CS PFS MVR
$2,000,001 - $3,500,000	N/A	Paramed BCP HOS PFS MVR	Paramed BCP HOS ECG PFS MVR	Paramed BCP HOS ECG PFS MVR	Paramed BCP HOS ECG PFS MVR	Medical BCP HOS ECG CS PFS MVR	Medical BCP HOS ECG CS PFS MVR	Medical BCP HOS ECG CS PFS MVR
$3,500,001 - $5,000,000	N/A	Paramed BCP HOS PFS MVR IR	Paramed BCP HOS ECG PFS MVR IR	Paramed BCP HOS ECG PFS MVR IR	Paramed BCP HOS ECG PFS MVR IR	Medical BCP HOS ECG CS PFS MVR IR	Medical BCP HOS ECG CS PFS MVR IR	Medical BCP HOS ECG CS PFS MVR IR
$5,000,001 - $10,000,000	N/A	Paramed BCP HOS PFS MVR IR	Paramed BCP HOS ECG PFS MVR IR	Paramed BCP HOS ECG PFS MVR IR	Paramed BCP HOS ECG PFS MVR IR	Medical BCP HOS ECG CS PFS MVR IR	Medical BCP HOS ECG CS PFS MVR IR	Medical BCP HOS ECG CS PFS MVR IR
$10,000,001 and higher	N/A	Medical BCP HOS ECG PFS MVR IR	Medical BCP HOS ECG PFS MVR IR	Medical BCP HOS ECG PFS MVR IR	Medical BCP HOS ECG PFS MVR IR	Medical BCP HOS ECG CS PFS MVR IR	Medical BCP HOS ECG CS PFS MVR IR	Medical BCP HOS ECG CS PFS MVR IR

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

Note: Nonmed is only available to residents of the United States and Puerto Rico. Nonmedical application (Part 2) and HIPAA notice required for all Nonmed business.

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

** Juvenile must reside in the U.S.

† For requirements, please see Determining Coverage Amounts — Juveniles on page 7 of this guide

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

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

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

Third-party financial verification for face amounts greater than $10 million and/or total line over jumbo limits.

Rx and Medical Data checks will be ordered on all applications.

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INITIAL UNDERWRITING REQUIREMENTS FOR NON-U.S. RESIDENTS

*TRENDSETTER® SUPER**

FACE AMOUNT	ISSUE AGE					
	18 – 40	41 – 50	51 – 60	61 – 70	71 – 75	76 – 80
$25,000 – $50,000**	Nonmed	Nonmed	Nonmed	Nonmed	Paramed BCP HOS MVR	Paramed BCP HOS MVR
$50,001 – $99,999**	Nonmed	Nonmed	Nonmed	Paramed BCP HOS	Paramed BCP HOS MVR	Paramed BCP HOS MVR
$100,000 – $250,000**	Paramed BCP HOS MVR	Paramed BCP HOS	Paramed BCP HOS	Paramed BCP HOS	Paramed BCP HOS CS MVR	Paramed BCP HOS CS MVR
$250,001 – $500,000**	Paramed BCP HOS MVR	Paramed BCP HOS	Paramed BCP HOS	Paramed BCP HOS	Paramed BCP HOS CS MVR	Paramed BCP HOS CS MVR
$500,001 – $1,000,000**	Paramed BCP HOS MVR	Paramed BCP HOS	Paramed BCP HOS	Paramed BCP HOS	Paramed BCP HOS ECG CS PFS MVR	Paramed BCP HOS ECG CS PFS MVR
$1,000,001 – $2,000,000	Paramed BCP HOS MVR	Paramed BCP HOS MVR	Paramed BCP HOS MVR	Paramed BCP HOS PFS MVR	Paramed BCP HOS ECG CS PFS MVR	Medical BCP HOS ECG CS PFS MVR
$2,000,001 – $3,500,000	Paramed BCP HOS MVR	Paramed BCP HOS ECG MVR	Paramed BCP HOS ECG MVR	Paramed BCP HOS ECG PFS MVR	Paramed BCP HOS ECG CS PFS MVR	Medical BCP HOS ECG CS PFS MVR
$3,500,001 – $5,000,000	Paramed BCP HOS MVR	Paramed BCP HOS ECG MVR	Paramed BCP HOS ECG MVR	Paramed BCP HOS ECG PFS MVR	Medical BCP HOS ECG CS PFS MVR	Medical BCP HOS ECG CS PFS MVR
$5,000,001 – $10,000,000	Paramed BCP HOS PFS MVR	Paramed BCP HOS ECG PFS MVR	Paramed BCP HOS ECG PFS MVR	Paramed BCP HOS ECG PFS MVR	Medical BCP HOS ECG CS PFS MVR	Medical BCP HOS ECG CS PFS MVR
$10,000,001 and higher	Medical BCP HOS ECG PFS MVR IR	Medical BCP HOS ECG PFS MVR IR	Medical BCP HOS ECG PFS MVR IR	Medical BCP HOS ECG PFS MVR IR	Medical BCP HOS ECG CS PFS MVR IR	Medical BCP HOS ECG CS PFS MVR IR

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

Note: Nonmed is only available to residents of the United States and Puerto Rico. Nonmedical application (Part 2) and HIPAA notice required for all Nonmed business. RX and Medical Data check will be ordered by home office on all nonmed business.

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

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

* Use this chart for non-U.S. residents and non-permanent visa holders

** Available with $5,000 annualized premium and higher

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

Third-party financial verification for face amounts greater than $10 million or total line over jumbo limits.

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ELIGIBILITY BY EMPLOYEE AUTHORIZATION CARD CATEGORY CODE

CODE	DESCRIPTION	ELIGIBILITY				
		LIFE	LONG TERM CARE RIDER	CRITICAL ILLNESS RIDER	CHRONIC ILLNESS RIDER	JUVENILES [INCLUDES PARENT/ OWNER STATUS]
(a)(2)	Lawful temporary resident - Special Agricultural Workers	Up to best class	Yes	Yes	Yes	Yes
(a)(3)	Refugee	Up to best class	Yes	Yes	Yes	Yes
(a)(4)	Paroled refugee	Up to best class	Yes	Yes	Yes	Yes
(a)(5)	Asylee	Up to best class	Yes	Yes	Yes	Yes
(a)(6)	Fiancé(e) (K-1 or K-2 nonimmigrant)	Up to best class	Yes	Yes	Yes	Yes
(a)(7)	N-8 or N-9	Based on country of origin	Yes	Yes	Yes	Yes
(a)(8)	Citizen of Micronesia, Marshall Islands, or Palau	Up to best class	Yes	Yes	Yes	Yes
(a)(9)	K-3 or K-4	Up to best class	Yes	Yes	Yes	Yes
(a)(10)*	Withholding of deportation or removal granted	Eligible under the ITIN program	Yes	Yes	Yes	No
(a)(11)*	Deferred Enforced Departure	Decline	No	No	No	No
(a)(12)	Temporary Protected Status granted	Based on country of origin	Yes	Yes	Yes	Yes
(a)(13)	Family Unity Program (Section 301 of the Immigration Act of 1990)	Up to best class	Yes	Yes	Yes	Yes
(a)(14)	LIFE Legalization (Section 1504 of the Legal Immigrant Family Equity (LIFE) Act Amendments)	Up to best class	Yes	Yes	Yes	Yes
(a)(15)	V visa nonimmigrant	Based on country of origin	Yes	Yes	Yes	Yes
(a)(16)	T-1 nonimmigrant	Decline	No	No	No	No
(a)(17)	Spouse of an E nonimmigrant	Up to best class	Yes	Yes	Yes	Yes
(a)(18)	Spouse of an L nonimmigrant	Up to best class	Yes	Yes	Yes	Yes
(a)(19)	U-1 nonimmigrant	Decline	No	No	No	No
(a)(20)	U-2, U-3, U-4, or U-5 nonimmigrant	Decline	No	No	No	No
(c)(1)	Spouse/dependent of A-1 or A-2 visa nonimmigrant	Decline	No	No	No	No
(c)(2)	Spouse/dependent of Coordination Council for North American Affairs (E-1)/Taipei Economic and Cultural Representative Office (TECRO)	Up to best class	Yes	Yes	Yes	Yes
(c)(3)	F-1 student, pre-completion Optional Practical Training	Up to best class	Yes	Yes	Yes	Yes
(c)(4)	Spouse/dependent of G-1, G-3, or G-4	Based on country of origin	Yes	Yes	Yes	Yes
(c)(5)	J-2 spouse or child of J-1 exchange visitor	Based on country of origin	Yes	Yes	Yes	Yes
(c)(6)	M-1 student, Practical Training	Up to best class	Yes	Yes	Yes	Yes
(c)(7)	Dependent of NATO-1 through NATO-6	Based on country of origin	Yes	Yes	Yes	Yes
(c)(8)	Asylum application pending filed	Eligible under the ITIN program	Yes	Yes	Yes	No

* May be eligible for life coverage through ITIN program

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ELIGIBILITY BY EMPLOYEE AUTHORIZATION CARD CATEGORY CODE

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CODE	DESCRIPTION	ELIGIBILITY				
		LIFE	LONG TERM CARE RIDER	CRITICAL ILLNESS RIDER	CHRONIC ILLNESS RIDER	JUVENILES [INCLUDES PARENT/ OWNER STATUS]
(c)(9)	Pending adjustment of status under Section 245 of the Act	Up to best class	Yes	Yes	Yes	Yes
(c)(10)*	Suspension of deportation applicants (filed before April 1, 1997)	Decline	No	No	No	No
(c)(11)	Public Interest parolee	Based on country of origin	Yes	Yes	Yes	Yes
(c)(12)	Spouse of an E-2 CNMI investor	Up to best class	Yes	Yes	Yes	Yes
(c)(14)*	Deferred action	Eligible under the ITIN program	Yes	Yes	Yes	No
(c)(15)	Not in use	N/A	No	Yes	Yes	Yes
(c)(16)	Creation of record (adjustment based on continuous residence since January 1, 1972)	Up to best class	Yes	Yes	Yes	Yes
(c)(17)	B-1 domestic servant of certain nonimmigrants	Decline	No	No	No	No
(c)(18)*	Order of supervision	Decline	No	No	No	No
(c)(19)	Certain pending TPS applicants whom USCIS has determined are prima facie eligible for TPS and who may then receive an EAD as a "temporary treatment benefit" under 8 C.F.R. 244.10(a).	Based on country of origin	Yes	Yes	Yes	Yes
(c)(20)	Section 210 legalization (pending I-700) Special Agricultural Workers	Up to best class	Yes	Yes	Yes	Yes
(c)(21)	S visa nonimmigrant	Decline	No	No	No	No
(c)(22)	Section 245A legalization (pending I-687)	Up to best class	Yes	Yes	Yes	Yes
(c)(23)	Irish peace process (Q-2)	Up to best class	Yes	Yes	Yes	Yes
(c)(24)	LIFE legalization	Up to best class	Yes	Yes	Yes	Yes
(c)(25)	T-2, T-3, T-4, T-5, or T-6 nonimmigrant	Decline	No	No	No	No
(c)(26)	Spouse of an H-1B nonimmigrant	Up to best class	Yes	Yes	Yes	Yes
(c)(31)	VAWA self-petitioners with an approved Form I-360	Up to best class	Yes	Yes	Yes	Yes
(c)(33)*	Consideration of Deferred Action for Childhood Arrivals	Eligible under the ITIN program	Yes	Yes	Yes	No
(c)(35)	Principal beneficiary of an approved employment-based immigrant petition facing compelling circumstances	Up to best class	Yes	Yes	Yes	Yes
(c)(36)	Spouse or unmarried child of a principal beneficiary of an approved employment-based immigrant petition facing compelling circumstances	Up to best class	Yes	Yes	Yes	Yes

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ELIGIBILITY BY VISA TYPES

CODE	DESCRIPTION	DOCUMENTATION REQUIRED	ELIGIBILITY				
			LIFE	LONG TERM CARE RIDER	CRITICAL ILLNESS RIDER	CHRONIC ILLNESS RIDER	JUVENILES [INCLUDES PARENT/ OWNER STATUS]
A	Government Official	N/A	Decline	No	No	No	No
AS	Asylum	Proof of asylum approval (copy immigration court document or EAD category A5)	Up to best class	Yes	Yes	Yes	Yes
B	Visitor [B1, B2, B1/B2, BCC]	Copy of visa and proof of U.S. entry	Underwritten according to country of legal residence	No	No	No	No
C	Transit	N/A	Decline	No	No	No	No
D	Crewman	N/A	Decline	No	No	No	No
E	Investor[1]	Copy of visa	Up to best class	Yes	Yes	Yes	Yes
E	Employment Auth. Card	Copy of employee authorization card	Based on category code	See code chart	See code chart	See code chart	See code chart
F	Student/ academic	Copy of visa and I-20 from college	Up to best class	Yes	Yes	Yes	Yes
G	Representative to international organization	Copy of visa and proof of U.S. entry	Underwritten according to country of legal residence	Yes	Yes	Yes	No
GC	Green Card, Permanent Resident Card	Copy of Green Card	Up to best class	Yes	Yes	Yes	Yes
H	Work/occupation	Copy of visa	Up to best class	Yes	Yes	Yes	Yes
I	Media	N/A	Decline	No	No	No	No
J	Cultural Exchange	Copy of visa and proof of U.S. entry	Underwritten according to country of legal residence	Yes	Yes*	Yes*	No
K	Fiancée/fiancé	Copy of visa	Up to best class	Yes	Yes	Yes	Yes
L	Executive	Copy of visa	Up to best class	Yes	Yes	Yes	Yes
M	Vocational/non-academic	Copy of visa	Up to best class	Yes	Yes	Yes	Yes
MC	Matricula Consular ID	N/A	Decline	No	No	No	No
NATO	Government workers	Copy of visa and proof of U.S. entry	Underwritten according to country of legal residence	No	Yes	Yes	No
O	Science/art extraordinary ability	Copy of visa	Up to best class	Yes	Yes	Yes	Yes

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

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

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ELIGIBILITY BY VISA TYPES

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

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