

RITA STEINER 09-98

ARNOLD STEINER

DAVID STEINER

8039 INAGUA LN. PH. 561-968-7660

WELLINGTON, FL 33414

INSURANCE COMPANY
2-17-2021

Pay to the order of Trans America Life

\$100,000.00

One hundred thousand and 00/100 dollars

Heat reactive ink →



Memo Annuity

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TRANSAMERICA SECURE RETIREMENT INDEX® II

Modified Single Premium Individual Annuity Application

TRANSAMERICA LIFE INSURANCE COMPANY (Hereafter referred to as the Company, we, our, or us)

Home Office: Cedar Rapids, IA Mailing Address: 4333 Edgewood Road N.E., Cedar Rapids, IA 52499

Telephone: (800) 553-5957

1. PRIMARY OWNER INFORMATION

Type of Owner:

If the Type of Owner is an Individual, there must be an immediate (spouse, domestic partner, parent, child, grandparent, grandchild or sibling) familial relationship between the Owner(s) and the Annuitant.

- Individual Trust (Trust Certification Form is Required) Custodial Account
- Corporate Company Qualified Plan (Profit Sharing Plan, Pension Plan, 401(k)) UGMA/UTMA

Complete Legal Name: David Steiner Living Trust

Residential Address: 8039 Inagua Way, Wellington, FL (33414-3435)
(Cannot be a P.O. Box)

Mailing Address: 8039 Inagua Way, Wellington, FL (33414-3435)

SSN/TIN: 055644726 Date of Birth: 7/8/1965 Telephone: 561-714-4317

Gender: Male U.S. Citizen/Entity Non-U.S. Citizen/Entity (Country: _____)
 Female Resident Alien Non-Resident Alien

2. JOINT OWNER INFORMATION

If no Joint Owner is listed, the Company will issue the policy with the Owner listed above.

Check here if the Joint Owner's Address is the same as the Primary Owner's Address.

Relationship to Owner: _____

Complete Legal Name: _____

Residential Address: _____
(Cannot be a P.O. Box)

Mailing Address: _____

SSN/TIN: _____

Date of Birth: _____ Telephone: _____

Gender: Male U.S. Citizen/Entity Non-U.S. Citizen/Entity (Country: _____)
 Female Resident Alien Non-Resident Alien

3. ANNUITANT INFORMATION

If no Annuitant is listed, the Company will issue the policy with the Primary Owner and Annuitant as the same.

If Type of Owner in Section 1 is an Individual, there must be an immediate (spouse, domestic partner, parent, child, grandparent, grandchild or sibling) familial relationship between the Owner(s) and the Annuitant.

Check here if the Annuitant's Address is the same as the Primary Owner's Address.

Relationship to Owner: Significant other

Complete Legal Name: Amanda Lynn Bishop

Residential Address: 8039 Inagua Ln, Wellington, FL 33414-3435
(Cannot be a P.O. Box)

Mailing Address: 8039 Inagua Ln, Wellington, FL 33414-3435

SSN/TIN: 591-44-3164 Date of Birth: 06/17/1978 Telephone: 561-385-2629

Gender: Male Female
Citizenship: U.S. Citizen Non-U.S. Citizen (Country: _____)
 Resident Alien Non-Resident Alien

4. BENEFICIARY DESIGNATION

The percentages assigned must be whole percentages and total 100% for each beneficiary type (primary and/or contingent). If the percentages do not total 100%, we will consider this designation incomplete until sufficient beneficiary information is received. If a designation is incomplete or there are no surviving beneficiaries at the time a claim is processed, proceeds will be payable per the terms of the policy.

- If the Beneficiary is to be restricted, the Beneficiary Designation with Restricted Payout Form must be received.
- If an Entity or Trust is named as Beneficiary, submit the Entity Certification or Trustee Certification Form.
- If the policy is a Custodial Account and a Joint Rider is selected in Section 6C, submit the Spousal Information for Custodial Accounts Form and return with the application.

Primary Allocation Percentage: 100 %

Is this an Irrevocable Beneficiary? Yes No Is this a Restricted Beneficiary? Yes No

Complete Legal Name: David Steiner Living Trust

Relationship to Annuitant: Self trust

Mailing Address: 8039 Inagua Way, Wellington, FL (33414-3435)

SSN/TIN: 055644726 Date of Birth: 2/8/1965 Telephone: 561-714-4317

Gender: Male Female
 Female
 Entity
 Trust
Citizenship: U.S. Citizen Non-U.S. Citizen (Country: _____)
 Resident Alien Non-Resident Alien

4. BENEFICIARY DESIGNATION - (continued)

Primary Contingent Allocation Percentage: _____%

Is this an Irrevocable Beneficiary? Yes No Is this a Restricted Beneficiary? Yes No

Complete Legal Name: _____

Relationship to Annuitant: _____

Mailing Address: _____

SSN/TIN: _____ Date of Birth: _____ Telephone: _____

Gender: Male Citizenship: U.S. Citizen Non-U.S. Citizen (Country: _____)
 Female Resident Alien Non-Resident Alien
 Entity
 Trust

Primary Contingent Allocation Percentage: _____%

Is this an Irrevocable Beneficiary? Yes No Is this a Restricted Beneficiary? Yes No

Complete Legal Name: _____

Relationship to Annuitant: _____

Mailing Address: _____

SSN/TIN: _____ Date of Birth: _____ Telephone: _____

Gender: Male Citizenship: U.S. Citizen Non-U.S. Citizen (Country: _____)
 Female Resident Alien Non-Resident Alien
 Entity
 Trust

Primary Contingent Allocation Percentage: _____%

Is this an Irrevocable Beneficiary? Yes No Is this a Restricted Beneficiary? Yes No

Complete Legal Name: _____

Relationship to Annuitant: _____

Mailing Address: _____

SSN/TIN: _____ Date of Birth: _____ Telephone: _____

Gender: Male Citizenship: U.S. Citizen Non-U.S. Citizen (Country: _____)
 Female Resident Alien Non-Resident Alien
 Entity
 Trust

Check here if there are more Beneficiaries. If more Beneficiaries are needed, please complete the Additional Beneficiary Form and return with the application.

5. PURCHASE PAYMENT INFORMATION

Type of Annuity Applying for (select only one):

If applying for a Qualified Plan (Profit Sharing Plan, Pension Plan, 401(k), or other), the Qualified Plan Certification and Acknowledgement Form and Plan Investment and Services Agreement is required.

- Non-Qualified Traditional IRA Roth IRA SEP IRA Simple IRA
- Profit Sharing Plan Pension Plan 401(k) Other: _____
- BENE IRA- Deceased Name: _____ Date of Death: _____
- Non-Qualified Stretch - Deceased Name: _____ Date of Death: _____
- 10-Year Delay - Deceased Name: _____ Date of Death: _____

Funding Options:

- Check Enclosed
- Wire

- The Company to request release of funds. The 1035 Exchange, Rollover or Transfer Request Form is required. Submit the appropriate state replacement form(s) if the Applicant has existing life insurance policies or annuity contracts.
- Agent/Client to request release of funds

Source of Funds:

- New Money / Contribution Money \$ 100,000.00 if Qualified Plan - Tax Year: _____
- Non-Qualified 1035 Exchange - Anticipated Premium Amount \$ _____
- CD/Mutual Fund Redemption - Anticipated Premium Amount \$ _____
- Direct Transfer - Anticipated Premium Amount \$ _____
- Rollover - Anticipated Premium Amount \$ _____

6A. PRODUCT SURRENDER CHARGE PERIOD

You must select one option:

- 5 Year Surrender Charge Period

6B. PREMIUM ALLOCATION

The percentages assigned must be whole percentages and the Fixed Account plus the subtotals under one of the Surrender Charge Periods must equal 100%.

Fixed Account:

_____ % Fixed Account (031)

5 Year Surrender Charge Period:

_____ % S&P PRISM Factor Index - 1 Year Crediting Period Strategy A (680)

_____ % S&P PRISM Factor Index - 1 Year Crediting Period Strategy B (681)

_____ % S&P PRISM Factor Index - 2.5 Year Crediting Period Strategy A (685)

_____ % S&P PRISM Factor Index - 2.5 Year Crediting Period Strategy B (686)

50 % S&P PRISM Factor Index - 5 Year Crediting Period (687)

_____ % NYSE® Expanded Opportunities™ Index - 1 Year Crediting Period Strategy A (651)

_____ % NYSE® Expanded Opportunities™ Index - 1 Year Crediting Period Strategy B (661)

_____ % NYSE® Expanded Opportunities™ Index - 2.5 Year Crediting Period Strategy A (653)

_____ % NYSE® Expanded Opportunities™ Index - 2.5 Year Crediting Period Strategy B (654)

50 % NYSE® Expanded Opportunities™ Index - 5 Year Crediting Period (665)

0 _____ =100% (Sum of Fixed Account Option and Index Account Options must total 100%)

6C. OPTIONAL BENEFIT

Transamerica Income Plus® Single Joint

(If Joint is selected, the Joint Owner or Sole Beneficiary must be a spouse. Complete the appropriate sections, if applicable.)

7A. OWNER ACKNOWLEDGEMENTS - DISCLOSURES

- Unless I have notified the Company of a community or marital property interest in this contract, the Company will rely on good faith belief that no such interest exists and will assume no responsibility for inquiry.
- To the best of my knowledge and belief, all of my statements and answers on this application are correct and true.
- This application is subject to acceptance by the Company. If this application is rejected for any reason, the Company will be liable only for return of purchase payment paid.
- I understand that federal law requires all financial institutions to obtain customer information, including the name, residential address, date of birth, Social Security Number or Tax Identification Number and any other information necessary to sufficiently identify each customer.
- I understand this policy is a Fixed Annuity Policy and have been reasonably informed of various features of the annuity. While values of the policy may be affected by an external index, the policy does not directly participate in any stock equity investment.
- All statements in this application made by or under the authority of the applicant are representations and not warranties.

7B. OWNER ACKNOWLEDGEMENTS - ELECTRONIC DOCUMENT DELIVERY

Skip to Section 7C if you are not initiating the process of Electronic Document Delivery.

By providing an email address in this section, I consent to initiate the process of receiving electronic documents and notices applicable to the Eligible Policy/Policies accessed through the Company website. These include, but are not limited to quarterly statements and immediate confirmations, privacy notices and other notices and documentation in electronic format when available instead of receiving paper copies of these documents by U.S. mail. I have access to the Internet for the purpose of accepting electronic delivery of documents. I consent to receive in electronic format any documents added in the future.

Please call (800) 553-5957 or visit the Company website if you would like to revoke your consent, wish to receive a paper copy of the information above, or need to update your email address.

Email Address: _____

Electronic Delivery Document notifications will be provided to only one email address. Any email provided above will override any existing email address, if applicable.

7C. OWNER ACKNOWLEDGEMENTS - TELEPHONE/ELECTRONIC AUTHORIZATION

As the Owner, you will receive this privilege automatically. If a policy has Joint Owners, each Owner may individually make telephone and/or electronic requests. If no option is selected, the authorization will default to Owner only.

Yes By checking "Yes," I am authorizing and directing the Company to act on telephone or electronic instructions from my Agent(s), Servicing Representative(s) or their Support Staff. This may include fund transfers, allocation changes and any other changes approved by the Company. The Company will use reasonable procedures to confirm that these instructions are authorized and genuine. As long as these procedures are followed, the Company and its affiliates and their Directors, Officers, Employees, Agent(s) will be held harmless for any claim, liability, loss or cost.

No By checking "No", I am not authorizing and directing the Company to act on telephone or electronic instructions from my Agent of record, Servicing Representative(s) or their Support Staff.

8. OWNER & AGENT - REPLACEMENT INFORMATION

Both the Owner Response and the Agent Response columns must be completed.

Submit the appropriate state replacement form(s) if the Applicant has existing life insurance policies or annuity contracts.

Check here if there are more than three (3) replacement policies. For more than three (3) policies, please complete the Additional Replacement Policy Form and return with the application.

Replacement Questions	Owner Response	Agent Response
Did the Agent present and leave only insurer-approved sales material with the Owner?	Not Applicable	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Does the Owner have any existing life insurance policies or annuity contracts?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Will this annuity replace or change any existing life insurance policies or annuity contracts? If yes - Company: _____ Policy #: _____ Company: _____ Policy #: _____ Company: _____ Policy #: _____	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

9. OWNER & ANNUITANT SIGNATURES

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

If the individuals signing below are signing as a POA, Guardian, Conservator, or Trustee, additional information is required.

I HAVE REVIEWED MY FINANCIAL OBJECTIVES AND INSURANCE NEEDS, INCLUDING ANY EXISTING ANNUITY COVERAGE, AND FIND THE ANNUITY BEING APPLIED FOR IS APPROPRIATE FOR MY NEEDS.

Signed at: Boca Raton Florida
City State

Date: 2/17/2021 Linking Number _____

Owner(s) Signature:
I am signing as Power of Attorney Guardian Conservator Trustee

Joint Owner(s) Signature: X
I am signing as Power of Attorney Guardian Conservator Trustee

Annuitant Signature (if not Owner): X a bishop

10. AGENT ACKNOWLEDGEMENTS & SIGNATURES

I certify that I have truly and accurately recorded on the application the information that was provided to me by the applicant.

If this is a replacement transaction, I confirm that I have reviewed the Company's written standard regarding the acceptability of replacements and that it meets the Company's standard.

I HAVE MADE REASONABLE EFFORTS TO OBTAIN INFORMATION CONCERNING THE CONSUMER'S FINANCIAL STATUS, TAX STATUS, INVESTMENT OBJECTIVES AND SUCH OTHER INFORMATION USED OR CONSIDERED TO BE REASONABLE IN MAKING THE ANNUITY RECOMMENDATION AND FIND THE ANNUITY BEING APPLIED FOR APPROPRIATE FOR HIS/HER NEEDS.

Primary Registered Agent

Print Full Name: Erika Wrabel
Florida Agent License Number: W547240 Commission Split: 100 %
Email Address (Optional): EWrabel@seemanholtz.com Phone Number: 954-842-0800
Firm Name: Seeman Holtz
Firm Address: 301 E Yamato Rd, Suite 2222, Boca Raton, 33431
Signature: E Wrabel

For Agent Use Only - Contact your home office for program information.

Commission options below are based on the surrender charge period selected.

Option A Option B Option C Option D

(Once selected, program cannot be changed)

Additional Agent(s)

The following Servicing Agent(s) must also meet all licensing, appointment and training required to solicit this policy. As a Servicing Agent the individual(s) listed below will have the same independent rights to access policy information and submit instructions as are granted to the Primary Agent of Record.

Print Full Name: _____ Commission Split: ⁽¹⁾ _____ %
Florida Agent License Number: _____ Commission Split: ⁽¹⁾ _____ %
Print Full Name: _____
Florida Agent License Number: _____ Commission Split: ⁽¹⁾ _____ %
Print Full Name: _____ Commission Split: ⁽¹⁾ _____ %
Florida Agent License Number: _____ Commission Split: ⁽¹⁾ _____ %

Check here if there are more than four (4) Agents. If there are more than four (4) Agents, please complete the Additional Insurance Producer Form.

⁽¹⁾ Must be in whole percentages. Total Commission Split in Section 10 and Additional Insurance Producer Form must equal 100%.



Transamerica Life Insurance Company
 4333 Edgewood Road NE
 Cedar Rapids, IA 52499
 www.transamerica.com
 (800) 553-5957

Transamerica Secure Retirement Index® II Annuity Statement of Understanding

Thank you for considering the Transamerica Secure Retirement Index® II Annuity from Transamerica Life Insurance Company. We have prepared this summary to help you understand some of the provisions of your annuity policy. Please read the following summary carefully, and refer to your policy for complete product details.

Once you have carefully read this summary, please verify your understanding of the annuity provisions described in the summary by signing the Acknowledgement and Confirmation at the end of this document.

TRANSAMERICA SECURE RETIREMENT INDEX® II

How does the Transamerica Secure Retirement Index® II Annuity work?

Transamerica Secure Retirement Index® II is a deferred **fixed indexed annuity**, which means interest credited is based on a fixed interest rate declared by the company and/or an Index Interest Rate which is based in part upon the change of a selected index(es) value. This annuity policy is not meant to be used to meet short-term financial goals.

Transamerica Secure Retirement Index® II is a **modified flexible premium annuity**, which allows premium payments any time during the first annuity policy year.

You can allocate your policy value to a Fixed Account and/or any combination of the following Index Account option: NYSE® Expanded Opportunities™ Index and S&P PRISM Factor Index.

Account Options	Crediting Period	Index Method
Fixed Account	1 Year	N/A
NYSE Index	1 Year	Point to Point
NYSE Index	2.5 Year	Point to Point
NYSE Index	5 Year	Point to Point
S&P PRISM Factor Index	1 Year	Point to Point
S&P PRISM Factor Index	2.5 Year	Point to Point
S&P PRISM Factor Index	5 Year	Point to Point

It is important to remember that any allocations to an Index Account are not directly invested in an index nor do they participate directly in any equities, commodities, fixed income or currencies. A FIXED INDEX ANNUITY IS NOT A SECURITY and fixed index annuity policies are not an investment in the stock market or in the indexes. Index account interest is based, in part, on index performance. Past performance of an index is not an indication of future performance. There is no guarantee that the index rate will be greater than zero percent. There is no guarantee that the company will declare a Fixed Account interest rate greater than the guaranteed minimum effective annual interest rate.

Premium payments allocated to Account Option(s), either the Fixed Account or Index Account(s), may only be transferred among the accounts at the end of the **crediting period** and prior to the **Annuity Commencement Date**.

During the crediting period the current rates for the premium allocated to an account option will not change and transfers out of an account option are prohibited. All premium allocation account options must total 100%. Your policy value is equal to the sum of the value of the Fixed Account and the Index Account(s).

Because Transamerica Secure Retirement Index® II is a deferred annuity, the interest credited is **tax-deferred**, which means you do not pay taxes on the interest credited until you begin taking withdrawals. Tax deferral is only available for policies owned by individuals and certain trusts. Withdrawals of taxable amounts are subject to ordinary income tax and may be subject to a 10% additional federal tax if withdrawn before age 59 ½.

INDEX DESCRIPTIONS

The NYSE® Expanded Opportunities™ Index (NYSEO)
 – This global, multi-asset index is based on a methodology designed by Morgan Stanley Investment Management and accesses broadly diverse asset classes in equities, fixed income and alternatives. It leverages their proprietary quantitative analysis to make daily asset allocations based on short-term forecast calculations and maintain a 5% daily volatility target. The index is maintained, calculated, and published by the Index Administrator ICE Data Indices, LLC.

S&P PRISM Factor Index (“Index”) – This is a product of S&P Dow Jones Indices LLC or its affiliates (“SPDJI”) and has been licensed for use by Transamerica Life Insurance Company (“Transamerica”). Standard & Poor’s® and S&P® are registered trademarks of Standard & Poor’s Financial Services LLC (“S&P”); Dow Jones® is a registered trademark of Dow Jones Trademark Holdings LLC (“Dow Jones”); and these trademarks have been licensed for use by SPDJI and sublicensed for certain purposes by Transamerica. Transamerica’s annuity product is not sponsored, endorsed, sold or promoted by SPDJI, Dow Jones, S&P, or their respective affiliates, and none of such parties

make any representation regarding the advisability of investing in such product(s) nor do they have any liability for any errors, omissions, or interruptions of the Index.

How will the value of my annuity grow?

The annuity's policy value grows based on the interest credited to the Fixed Account and/or the Index Account(s). Allocations to the Fixed Account are credited interest based upon a declared interest rate for a one-year crediting period starting on the date of the allocation. Interest is credited daily and compounded annually. The declared interest rate for the Fixed Account will never be less than the **Guaranteed Minimum Effective Annual Interest Rate** of 0.25%. During the surrender charge period only, however, the declared rate for the Fixed Account will never be less than the **Guaranteed Minimum Effective Annual Interest Rate** of 1.00%. Once your annuity policy is issued, the **Guaranteed Minimum Effective Annual Interest Rates** are guaranteed for the life of the annuity.

The interest credited to the Index Account(s) is only credited at the end of a crediting period and is guaranteed not to be less than zero. It is based upon the value of the Index Account at that time and the Index Interest Rate. Amounts withdrawn prior to the end of the crediting period, other than rider Benefit Fees and withdrawals up to a rider Benefit Withdrawal Amount, will not receive any interest.

The Index Interest Rate calculation may include a Cap, Participation Rate, and Spread. A **Cap** is the maximum rate of interest the Index Account(s) may receive during a particular crediting period. The **Participation Rate** is the percentage used to calculate the Index Interest Rate after the application of the Spread. The **Spread** is the rate deducted from the percentage change in the index value. The current Cap, Participation Rate, and Spread are set by the company at the beginning of each new crediting period and may vary depending upon the surrender charge period you have elected.

Account Options	Crediting Period	Guaranteed		
		Minimum Cap	Maximum Spread	Minimum Participation Rate
NYEO Index	1 Year	1%	8%	10%
NYEO Index	2.5 Year	1%	8%	10%
NYEO Index	5 Year	1%	15%	10%
S&P PRISM Factor Index	1 Year	1%	8%	10%
S&P PRISM Factor Index	2.5 Year	1%	8%	10%
S&P PRISM Factor Index	5 Year	1%	15%	10%

The **Guaranteed Minimum Cap** during the surrender charge period may be different from the **Guaranteed Minimum Cap** after the expiration of the surrender charge period.

Surrender Charge Period	Guaranteed Minimum Cap During The Surrender Charge Period	Guaranteed Minimum Cap After the Expiration of the Surrender Charge Period
5 Year	2%	1%

Because interest for amounts in an index account option is determined at the end of the crediting period, withdrawals during the period will not typically earn any interest regardless of the duration they were invested. However, if you have elected an optional **Guaranteed Lifetime Withdrawal Benefit (GLWB)** rider, interest may be credited to your policy value at the end of the crediting period for the time elapsed prior to a rider Benefit Fee deducted or withdrawals taken that were less than or equal to the permitted rider benefit withdrawal amount and that occurred during the prior crediting period. In addition to the Cap(s), Participation Rate, and Spread, the Index Interest Rate is used to determine the amount of interest credited.

The Index Interest Rate is determined using Index Values on the date the withdrawal or Benefit Fee is deducted and is adjusted by the Index Interest Vesting Percentage described in the table below.

Remaining Years in Crediting Period	Index Interest Vesting Percentage
4+	100%
3-4	100%
2-3	100%
1-2	100%
0-1	100%

The Index Interest Rate is the lesser of (1) or (2) shown below:

- (1) The Cap declared on the first day of the crediting period, if applicable, or
- (2) The rate determined by $[(A/B) - C - 1] \times D \times E$, where:

- A = the Index Value on the last day of the crediting period or, if the GLWB is elected, the Index Value on the day (1) of the withdrawal or (2) the Benefit Fee is deducted;
- B = the Index Value on the first day of the crediting period;
- C = the Spread declared on the first day of the crediting period;
- D = the Participation Rate declared on the first day of the crediting period; and
- E = the Index Interest Vesting Percentage.

Example: Index Interest Rate calculation at the end of a crediting period

- (1) Cap Rate = 2%;
- (2) A = Ending Index Value = 1,100;
- (2) B = Beginning Index Value = 1,000;
- (2) C = Spread = 0%;
- (2) D = Participation Rate = 100%.

Index Interest Rate = lesser of 2%, or $[(1100/1000) - 0% - 1] \times 100%$ = lesser of 2% or 10% = 2%.

The 2% Index Interest Rate will be multiplied by the Index Account value at the end of the crediting period to determine the credited interest to the Index Account.

Example: Index Interest Rate for Benefit Fees withdrawn prior to the end of the crediting period, assuming there are 2-3 years remaining in the crediting period:

- (1) Cap rate = 2%;
- (2) A = Ending Index Value = 1,050;
- (2) B = Beginning Index Value = 1,000;
- (2) C = Spread = 0%;
- (2) D = Participation Rate = 100%;
- (2) E = Index Interest Vesting Percentage = 80%.

Index Interest Rate = lesser of 2%, or $[(1050/1000) - 0% - 1] \times 100% \times 80%$ = lesser of 2% or 4% = 2%.

The 2% Index Interest Rate will be multiplied by the Benefit Fee at the time it was assessed and will be credited to the Index Account at the end of the crediting period. If you elect an optional GLWB rider, the Index Interest Rate is computed similarly for withdrawals up to the Benefit Withdrawal Amount.

Can I receive a premium enhancement?

Yes. A premium enhancement will be added to the policy value of your annuity when we receive your premium payment. The premium enhancement is equal to the premium enhancement percentage multiplied by the premium payment. The premium enhancement percentage may vary from premium to premium but will never be less than 0.25%. The premium enhancement amount will not be given to you if the annuity policy is cancelled pursuant to the **Right-to-Cancel** provision.

The premium enhancement may vary depending upon the surrender charge period you have elected. A larger premium enhancement may result in lower credited interest rates for the Fixed Account, less favorable Caps, Participation Rates and Spreads for the Index Accounts, higher surrender charges, or longer surrender charge periods than for annuities that do not include or has a smaller premium enhancement.

Example: Premium Enhancement

- The premium paid is \$40,000.
- The premium enhancement percentage is 2.0%.

Your premium enhancement would be equal to \$800.

SURRENDER CHARGES AND OTHER FEES

What happens if I take out some or all of the money from my annuity?

On or before the Annuity Commencement Date you may make withdrawals or surrender the policy. After the Annuity Commencement Date, you cannot withdraw any of the money from your annuity. Before the Annuity Commencement Date, however, you can make a written request to withdraw all (full surrender) or a portion (partial surrender) of the amount available under this policy.

The surrender charge-free amount each policy year is equal to 10% of the total premium payments, less the total surrender charge-free amount or earnings previously withdrawn in the same policy year. A surrender charge will not be assessed against earnings withdrawn from your policy.

Example: Surrender charge-free amount calculation

- The premium paid is \$40,000.
- The total surrender charge-free amount previously withdrawn in same policy year is \$3,000.
- Assume no earnings.

Your remaining surrender charge-free amount would be equal to $(10% \times \$40,000) - \$3,000 = \$1,000$.

At issue, you will elect a 5-year surrender charge schedule. The amount of your premium enhancement and the Caps, Spreads and Participation Rates for the index accounts may vary depending upon the surrender charge schedule you elect. Please review these differences with your agent. We will deduct a surrender charge from amounts you withdraw in excess of the surrender charge-free amount based on the surrender charge schedule you elect. The amount of this charge, if any, will be a percentage, shown on the following table, of the premium payments withdrawn from the policy value. If you surrender on or before the Annuity Commencement Date, the cash value is equal to the policy value less any applicable surrender charges and premium enhancement to be recaptured (if applicable). You may receive back less than your original premium if you incur surrender charges or fees in excess of the earnings credited to your policy. In no event, however, would you receive less than the Minimum Required Cash Value prescribed under law.

Surrender Charge Schedule	
# of Years Since Premium Payment Date	5-Year
0-1	7%
1-2	7%
2-3	6%
3-4	5%
4-5	4%
5+	0%

If you take a withdrawal(s) during a policy year that exceeds the surrender charge-free amount, we can recapture (deduct) a portion of the premium enhancement associated with the excess withdrawal on a pro rata basis using the following recapture percentage schedule:

Recapture Percentage Schedule*	
Policy Year	5-Year
1	100.0%
2	80.0%
3	60.0%
4	40.0%
5	20.0%
6+	0.0%

*Premium Enhancement Recapture does not apply in CT.

The amount of the premium enhancement to be recaptured due to an excess withdrawal is calculated as follows: $[(A \times B) - C] \times (\text{Lesser of } 1 \text{ or } (D / (E - F)))$ where:

- A = all premium enhancements credited to the policy;
- B = the applicable recapture percentage based upon the year of the withdrawal and the applicable table above;
- C = all premium enhancements previously recaptured;
- D = the amount of the excess withdrawal;
- E = the total premium payments less withdrawals deemed to be from premium (on the day of the withdrawal prior to the withdrawal); and
- F = the available surrender charge-free amount deemed to be from premium (i.e., surrender charge-free amount less earnings).

Example: Premium enhancement recapture and Surrender Charge calculation

- Premium paid = \$40,000.
- Premium enhancement percentage = 2.0%.
- Premium enhancement = \$800.
- Prior withdrawals = 0.
- Withdrawal taken in the third policy year = \$5,000.
- Surrender charge schedule = 5 year.
- Recapture percentage = 60%.
- Surrender charge percentage = 6%.
- The policy value on the withdrawal date = \$41,000.
- Earnings = policy value minus premium enhancement subject to recapture minus premium payments = \$41,000 – (\$800 x 60%) - \$40,000 = \$520.

Thus under the recapture formula:

- A = \$800;
- B = 60%;
- C = \$0;
- D = \$5,000 - (10% x \$40,000) = \$1,000;
- E = \$40,000 - \$0 = \$40,000;
- F = (10% x \$40,000) - \$520 = \$3,480.

Based on the formula above, the premium enhancement recaptured would be: $[(\$800 \times 60\%) - \$0] \times [\$1,000 / (\$40,000 - \$3,480)] = \13.14 .

The surrender charge is $[(\$5,000 - \$13.14) - \$4,000] \times 0.06\% = \59.21 .

Withdrawals in excess of the surrender charge-free amount may not be subject to surrender charges, when:

- (1) taken to satisfy Required Minimum Distribution (RMD). If this annuity is purchased in connection with an IRA, partial withdrawals taken to satisfy RMD with regard to this annuity under Section 401(a)(9) of the Internal Revenue Code; or
- (2) you or your spouse have satisfied the Nursing Care or Terminal Condition Waiver** requirements. If you are diagnosed with a terminal condition after the policy date, then beginning in the first policy year you may surrender or withdraw a portion of the policy value. A terminal condition is a condition resulting from an accident or illness which, as determined by a physician, has reduced life expectancy to not more than 12 months. The withdrawal request and proof of eligibility must be provided to us no later than one year following the diagnosis of the terminal condition. Additionally, the minimum amount you may withdraw under this option is \$1,000; or beginning in the first policy year, if you are confined in a nursing facility, you may withdraw a portion of your policy value subject to the following requirements: confinement must begin after the policy date and confinement must be for a period of at least 30 consecutive days; or
- (3) you or your spouse have satisfied the Unemployment Waiver*** requirements. Beginning in the first policy year, you may elect to surrender or withdraw a portion of your policy value. In order to qualify you (or your spouse): must have been employed full-time for at least two years prior to becoming unemployed, employed full-time on your policy date, and must have been unemployed for at least 60 consecutive days at the time of withdrawal. The minimum withdrawal under this waiver is \$1,000.

**CA & CT – Nursing Care or Terminal Condition Waiver is not available.
 ***CA, CT & FL – Unemployment Waiver is not available.

Optional Benefits Available

What optional benefits are available with the annuity?

Transamerica Income Plus® is an optional Guaranteed Lifetime Withdrawal Benefit (GLWB) rider available with Transamerica Secure Retirement Index® II Annuity for an additional cost. It guarantees you can withdraw up to a certain withdrawal percentage amount each benefit year, regardless of the policy value of your annuity.

Based on the GLWB rider design, the Growth Rate Percentage and withdrawal percentage are zero until the anniversary following your 50th birthday (or the youngest of you and your spouse for joint life option). However, the Benefit Fees will still apply.

How is the Benefit Withdrawal Amount calculated?

Your Benefit Withdrawal Amount is determined by multiplying your annual withdrawal percentage and your Withdrawal Base (WB). Your annual withdrawal percentage is determined by your attained age at the time of your first withdrawal after the anniversary following your 50th birthday. For joint life, it is based on the attained age of the younger of the living spouses.

Annual Withdrawal Percentage		
Attained Age	Single Life Option	Joint Life Option
0-49	0.00%	0.00%
50	3.00%	2.50%
51	3.05%	2.55%
52	3.10%	2.60%
53	3.15%	2.65%
54	3.20%	2.70%
55	3.25%	2.75%
56	3.40%	2.90%
57	3.55%	3.05%
58	3.70%	3.20%
59	3.85%	3.35%
60	4.00%	3.50%
61	4.20%	3.70%
62	4.40%	3.90%
63	4.60%	4.10%
64	4.80%	4.30%
65	5.00%	4.50%
66	5.10%	4.60%
67	5.20%	4.70%
68	5.30%	4.80%
69	5.40%	4.90%
70	5.50%	5.00%
71	5.60%	5.10%
72	5.70%	5.20%
73	5.80%	5.30%
74	5.95%	5.45%
75	6.05%	5.55%
76	6.15%	5.65%
77	6.30%	5.80%
78	6.35%	5.85%
79	6.45%	5.95%
80	6.55%	6.05%
81	6.65%	6.15%
82	6.65%	6.15%
83	6.75%	6.25%
84	6.75%	6.25%
85+	6.75%	6.25%

How is the Withdrawal Base calculated?

On your Benefit Issue Date, your initial WB is equal to your policy value. During any Benefit Year, the WB is increased by premium payments and premium enhancements (if any) and reduced by Excess Benefit Withdrawals. On each Benefit Anniversary, the WB is set to equal the greatest of the:

- 1) Current Withdrawal Base;
- 2) Policy Value on the Benefit Anniversary;
- 3) Current Withdrawal Base increased by the Growth Component Base multiplied by the Growth Rate Percentage. The Growth Rate Percentage will be zero in any Benefit Year a withdrawal has been taken, any year you (or your spouse if joint life option) are under age 50 and in all years after the 10th Benefit Year.

If the WB is increased due to #2 above, the increase is called an automatic step-up. Your withdrawal percentage will increase due to an automatic step-up if you have crossed an attained age band.

Example: Benefit Withdrawal Amount calculation at the time of first Withdrawal

- 1) Attained Age = 62.
- 2) Withdrawal Percentage (single life) = 5.00%.
- 3) Withdrawal Base = 100,000.
- 4) Benefit Withdrawal Amount = 5.00% x 100,000 = 5,000.

How are the Growth Component Base and Growth Rate Percentage calculated?

The Growth Component Base is equal to A + B - C, where:

- A = Initial WB less any premium enhancements subject to recapture, if any, on the benefit issue date.
- B = Total premium payments after the benefit issue date.
- C = Total Excess Benefit Withdrawal adjustments after the benefit issue date.

The Growth Rate Percentage is determined by the attained age on the Benefit Anniversary. For joint life, it is based on the attained age of the younger of the living spouses.

Growth Rate Percentage		
Attained Age	Single Life Option	Joint Life Option
0-49	0.00%	0.00%
50-54	8.00%	8.00%
55-59	8.00%	8.00%
60-64	8.00%	8.00%
65-69	8.00%	8.00%
70-74	8.00%	8.00%
75-79	8.00%	8.00%
80-84	8.00%	8.00%
85+	8.00%	8.00%

The Growth Rate Percentage will be zero up to the minimum benefit age and after the 10th Benefit Year. For example, assume that the attained age of the youngest spouse is 48 at time of issue. The Growth Rate Percentage will be zero until age 50 and then will be zero after age 58 since that is the 10th Benefit Year.

The automatic step-up and growth features do not affect policy value. The Growth Component Base is not an amount that can be withdrawn, but rather is used to calculate growth to be added to the WB. The WB is not an amount available for surrender, withdrawal, annuitization, or upon death.

Example: Withdrawal Base and Benefit Withdrawal Amount calculation on the third Benefit Anniversary

- Assume no withdrawals in Benefit Year.
- Current Attained Age = 65 (attained age at first withdrawal was 62).
- Withdrawal Percentage (single life) = 5.00%.
- Growth Rate Percentage (single life) = 5.50%.
- Growth Component Base = 100,000.
- Withdrawal Base is the greatest of:
 - 1) Current Withdrawal Base = 110,000.
 - 2) Policy Value = 109,000.
 - 3) Growth Component Base multiplied by Growth Rate Percentage = $100,000 \times 5.50\% = 5,500$.

Current WB is increased by growth to:
 $110,000 + 5,500 = 115,500$.

Benefit Withdrawal Amount = $115,500 \times 5.0\% = 5,775$.

Can Withdrawals adversely impact my GLWB benefits?

Gross partial Withdrawals, taken in a Benefit Year, less than or equal to the Benefit Withdrawal Amount will not reduce the WB, however, may restrict the growth of the WB for that year. Withdrawals taken prior to the youngest of you and your spouse attaining age 50 are considered Excess Benefit Withdrawals. Excess Benefit Withdrawals will reduce the WB and Growth Component Base by an adjustment amount which may be more than the dollar amount of the Excess Benefit Withdrawal.

Withdrawal Base Adjustment is the greater of 1 and 2:

- 1) Excess Benefit Withdrawal amount.
- 2) Result of $A \times B / C$, where:
 - A = Excess Benefit Withdrawal.
 - B = WB prior to the Excess Benefit Withdrawal amount.
 - C = Policy Value after the Benefit Withdrawal Amount has been withdrawn but prior to the Excess Benefit Withdrawal amount.

Growth Component Base Adjustment is the greater of 1 and 2:

- 1) Excess Benefit Withdrawal amount.
- 2) Result of $A \times B / C$, where:
 - A = Excess Benefit Withdrawal.
 - B = Growth Component Base prior to the Excess Benefit Withdrawal amount.
 - C = Policy Value after the Benefit Withdrawal Amount has been withdrawn but prior to the Excess Benefit Withdrawal amount.

Example: Impact of an Excess Benefit Withdrawal to the Withdrawal Base and Growth Component Base

- Benefit Withdrawal Amount = 5,775.
- Gross Withdrawal = 9,000.
- Excess Benefit Withdrawal = $9,000 - 5,775 = 3,225$.
- Withdrawal Base prior to withdrawal = 115,500.
- Growth Component Base prior to withdrawal = 100,000.
- Policy Value prior to Withdrawal = 110,000.
- Policy Value after the Benefit Withdrawal Amount = $110,000 - 5,775 = 104,225$.

Withdrawal Base Adjustment is the greater of 1 and 2:

- 1) 3,225.
 - 2) $3,225 \times 115,500 / 104,225 = 3,574$.
- New Withdrawal Base = $115,500 - 3,574 = 111,926$.

Growth Component Base Adjustment is the greater of 1 and 2:

- 1) 3,225.
 - 2) $3,225 \times 100,000 / 104,225 = 3,094$.
- New Growth Component Base = $100,000 - 3,225 = 96,775$.

Any withdrawals, including those permitted under the benefit, reduce your policy value, death benefits, and other values. If your policy value equals zero, you may continue to receive payments for life equal to your Benefit Withdrawal Amount. However, if an excess withdrawal causes your WB to reach zero, your policy and rider will be terminated and no payments will be made.

How much does the GLWB cost?

The initial Benefit Fee is 1.15% of the WB divided by four, calculated and deducted each benefit quarter in arrears. A pro rata Benefit Fee is assessed at benefit termination and upon full surrender. The Benefit Fee percentage may increase beginning with the first Benefit Anniversary upon an automatic step-up. You have 30 days after the Benefit Anniversary to reject an automatic step-up, and retain the right to all future automatic step-ups. Because the Benefit Fee is a percentage of the WB, the fee amount changes as the WB increases and decreases. The maximum Benefit Fee Percentage will never be more than 0.75% above the Benefit Fee Percentage on the benefit issue date.

Example: Quarterly Benefit Fee calculation

WB = 100,000.

Benefit Fee = 1.15%.

Fee at Benefit Quarter = $100,000 \times 1.15\% / 4 = 287.50$.

For policies without a GLWB, there is no Benefit Fee.

Will withdrawals equal to or less than the Benefit Withdrawal Amount or Benefit Fees withdrawn from the policy be eligible to earn interest?

- For allocations withdrawn equal to or less than the Benefit Withdrawal Amount or Benefit Fees paid from an Index Account option, interest will be determined based upon the change of the index on that day. Interest will be calculated and applied to the policy value at the end of the crediting period, subject to the Index Interest Vesting Percentage.
- For allocations withdrawn equal to or less than the Benefit Withdrawal Amount or Benefit Fees paid from the Fixed Account option, interest will be calculated each day up until the day a withdrawal is taken or the Benefit Fee is paid.

Will Surrender Charges or Premium Enhancement Recapture be assessed when taking my Benefit Withdrawal Amount or paying the Benefit Fee?

- They will not be assessed a premium enhancement recapture.
- They will not be assessed a surrender charge if the withdrawal is greater than the surrender charge free amount.

INCOME OPTIONS

How do I receive income from my annuity?

The Annuity Commencement Date is the date you select an income option, all necessary paperwork is received by the company and the company issues you a supplemental contract outlining the income option you selected. In no event can it be earlier than the third policy anniversary or later than the policy anniversary on or following your 99th birthday. Your Income Options are:

- (1) **Income for a Specified Period** - We will make guaranteed level payments only for the specific period you choose. Payments must be made for at least 120 months and may not exceed your life expectancy. No funds will remain at the end of the specified period.
- (2) **Life Income** - You may choose one of the following:
 - a. **Life Only** – We will make guaranteed level payments only during the Annuitant's lifetime*;
 - b. **Life 10 Years Period Certain** – We will make guaranteed level payments for the longer of:
 1. The Annuitant's lifetime; or
 2. 10 years.
 - c. **Guaranteed Return of policy proceeds** – We will make guaranteed level payments for the longer of:

1. The Annuitant's lifetime; or
2. Until the total dollar amount of all income payments made to you equals the amount applied to this option.

*Option 2(a) is not available for adjusted ages greater than 85.

(3) **Income of a Specified Amount** - Payments are made for any specified amount until the amount, with interest, is exhausted. Payments must be made for at least 120 months and may not exceed your life expectancy. This will be a series of level payments followed by a smaller final payment.

(4) **Joint and Survivor Annuity** - You may choose one of the following:

- a. **Life Only** – We will make guaranteed level payments only during the Annuitants' lifetimes; ** or
- b. **Life and 10 Years Period Certain** – We will make guaranteed level payments for the longer of:

1. The Annuitant's lifetime and a joint Annuitant of your selection's lifetime; or
2. 10 years.

**Option 4(a) is not available for adjusted ages greater than 85.

Refer to the Income Options section of the policy for more information about your options (see pages 16-17 of the policy).

Once you begin receiving income payments, you cannot change the option elected or surrender (cancel) your annuity.

Index Account - Once you start to receive income from your annuity, the policy value can no longer be allocated to an Index Account and will not earn interest based on an indexed interest rate.

TAXES

Please consult your legal and/or tax advisors regarding your specific circumstances as they relate to the tax and legal matters discussed herein.

How will income payments and withdrawals from my annuity be taxed?

This annuity is tax-deferred, which means an individual owner will not be taxed on any earnings until the money is paid or otherwise distributed (e.g., assignments). When you select an income option or take a withdrawal, all or a portion of the amount distributed will be subject to ordinary income tax. The taxable portion of a distribution may also be subject to a 10% penalty tax if you are not at least 59½ at the time of withdrawal unless an exception to the penalty tax applies.

Can an annuity be exchanged tax-free?

For tax purposes, an assignment or transfer of the annuity may represent a taxable distribution, unless you make an exchange pursuant to Section 1035 of the Internal Revenue Code which allows an exchange of one tax-

deferred annuity for another without paying taxes on the earnings when you make the exchange. Before you do the exchange, compare the benefits, features and costs of the two annuities. You may pay a surrender charge if you make the exchange during the first 5 years you own the annuity.

Do premium taxes apply to my annuity?

Some states assess premium taxes on premium payments you make. State premium taxes may vary depending on the state. We currently do not deduct for these taxes at the time you make a premium payment. However, we will deduct the total amount of premium taxes, if any, from the policy when: you begin receiving annuity payments, you surrender your annuity, or a death benefit is paid.

Does buying an annuity in a retirement plan provide extra tax benefits?

If this annuity is used in connection with a qualified retirement plan arrangement, including an IRA, 401K or other tax deferred retirement plan, your tax benefits will not be doubled. In other words, this annuity will not provide any additional tax-deferred treatment of interest beyond what is provided by the qualified plan/arrangement.

depending on the type of income option you chose, we will pay the remaining income payments, if any, to your beneficiary.

Other rules may apply depending upon the relationships between the owner, Annuitant and beneficiary. Please see pages 14 and 15 of the "Death Proceeds" section of the policy for more information.

When will my annuity be issued?

Your annuity will be issued on the next available policy issue date following receipt of your initial premium and after all necessary documentation is received and approved by us.

Transamerica Secure Retirement Index® II Annuity policies are issued on the 1st, 8th, 15th, and 22nd of each month. If the date falls on a weekend or any other day the Index Value is not reported, the issue date will remain on the 1st, 8th, 15th, or 22nd of the month, but the Index Value used to compute the Index Interest Rate will be the next business day in which the Index Value is reported. Premium payments received will be held in the company's general account until the policy is issued and will not accrue interest until the policy is issued.

Are transfers between account options allowed?

Yes. You may request a transfer of amounts between account options only at the end of a crediting period subject to the Transfers provision in your annuity policy.

What is the minimum initial payment?

The Transamerica Secure Retirement Index® II Annuity requires a minimum initial premium payment of \$10,000 and minimum subsequent premium payments of \$1,000. You may allocate your premiums between any of the fixed or indexed account options available. The maximum total premium payments we will accept without prior company approval is \$1,000,000.

Do I pay any additional fees or charges?

If applicable, on each Policy Anniversary prior to the Annuity Commencement Date and at the time of surrender, an annual service charge may be deducted from the policy value. There will be a Benefit Fee, discussed above, if the Guaranteed Lifetime Withdrawal Benefit Rider is elected.

What if I have a Qualified Retirement Plan?

If you currently have a qualified retirement plan/arrangement, you can move funds held with the plan/arrangement to the Transamerica Secure Retirement Index® II Annuity and retain their tax-qualified status.

ADDITIONAL INFORMATION

What else do I need to know?

- **Changes to Your Annuity Policy** - We may change your annuity from time to time to comply and/or maintain compliance with federal or state laws and regulations. If we do, we will tell you about the changes in writing.
- **Compensation** - We pay the agent, broker or firm for selling the annuity to you.
- **Right to Cancel** - You have 10 days after you receive your annuity policy to review it. If you decide during that time you do not want it, you can return the annuity policy and your premium payments, less any withdrawals, will be paid to you. If this policy is a replacement of another annuity or life insurance policy, the Right-to-Cancel period is extended to 30 days. The free look provision may vary by state. Please read the face page of your policy to learn about your Right-to-Cancel period.
- **Contract Summary** – You will receive a contract summary if you are a resident of GA, MD, NH, WA and WI.
- **What Happens if I Pass Away?**
If the Annuitant passes away before the income payments begin, we pay the death benefit of your annuity to your beneficiary. The amount of the death benefit will be the greater of the Policy Value or the Minimum Required Cash Value. If you pass away after the income payments start,

Please be aware that your current provider may impose surrender charges that would reduce values currently held in your qualified plan, depending on its rules for transferring policy values to the Transamerica Secure Retirement Index® II Annuity. There is no additional tax-deferral benefit derived from placing IRA or other tax-qualified funds into an annuity. Features other than tax-deferral should be considered in the purchase of a qualified annuity.

Will I receive any statements?

Yes. We will provide you an **Annual Report** showing your interest credited, withdrawals, premiums received, the value of each account, the cash value, death benefit, benefit withdrawal amount, and other information used to determine the values.

What should I know about the insurance company?

Transamerica Life Insurance Company offers a wide variety of retirement and financial security products, including life insurance, annuities, long-term care and disability income insurance.

Transamerica Life Insurance Company
4333 Edgewood Road NE
Cedar Rapids, IA 52499
www.transamerica.com
phone: (800) 553-5957

Policy form #: ICC14 FIA0214 (may vary by state)

Rider form #: ICC14 RGMB470214(IS) or
ICC14 RGMB470214(IJ)
(may vary by state).

This is a summary document and is not part of your annuity policy with Transamerica Life Insurance Company. The values and rates used in the examples are hypothetical.

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Transamerica Secure Retirement Index® II Annuity Acknowledgement and Confirmation

This form must be detached and returned to Transamerica Life Insurance Company, 4333 Edgewood Road NE, Cedar Rapids, IA 52499.

By initialing and signing below, I acknowledge that:

- I have received and read the Transamerica Secure Retirement Index® II Annuity Statement of Understanding, and I understand the descriptions of the annuity and the Guaranteed Lifetime Withdrawal Benefit.
- I have reviewed my financial needs and objectives with my financial professional, and I have determined that the Transamerica Secure Retirement Index® II Annuity and Transamerica Income Plus® (if applicable) are appropriate for my financial needs and objectives.
- No statements made by my financial professional differ from the information contained in the Statement of Understanding.
- Other than the Minimum Required Cash Value, which is equal to 87.5% of premiums, less prior requested withdrawals, less a \$50 deduction at the beginning of each Policy Year, all accumulated at the minimum non-forfeiture interest rate shown in my policy, no promises or assurances have been made about the future values of the annuity.
- This annuity is intended for funds that I do not need for current expenses, as withdrawals may be subject to surrender charges and a 10% IRS penalty.
- For allocations to an Index Account, the Index Interest Rate used to determine the interest credited will be less than the actual percentage increase in the index, because of the applicable Cap, Participation Rate and Spread.
- Transamerica Secure Retirement Index® II Annuity policies are issued on the 1st, 8th, 15th, and 22nd of each month. Initial premium payments received are held by the company until the policy is issued. Premium payments received after the policy issue date will also be held by the company until the next following 1st, 8th, 15th, and 22nd of the month. Interest will not be credited to premium payments while they are held by the company awaiting issue or allocation to a policy.
- If I allocate any portion of my policy value to one or more Index Account options and take a withdrawal I may forfeit all interest associated with the amount of the withdrawal that would have otherwise been credited to the Index Account at the end of the crediting period.
- Withdrawals that are in excess of the Benefit Withdrawal Amount or that are made prior to the minimum benefit age will reduce the Transamerica Income Plus® guarantees.
- Withdrawals taken during the surrender charge period may be subject to a surrender charge and premium enhancement recapture (deduction), if applicable.
- The Index Account Cap, Participation Rate, Spread and the Fixed Account initial guaranteed effective annual interest rate will be determined on the date my policy is issued and at the time I allocate any subsequent premiums or allocations to the Index Account.

REPLACEMENTS ONLY: To replace includes to surrender, reduce, withdraw or borrow from an existing policy to pay the initial premium on the new policy. If I intend to replace another policy, I should consider the impact of surrender charges and the loss of product features on my prior policies, as well as any tax consequences of the exchange and have determined the replacement is appropriate for my needs and objectives.

TAX-QUALIFIED RETIREMENT PLANS ONLY: If this annuity is being purchased as part of a qualified retirement plan/arrangement, including an IRA. I understand this annuity will not provide any additional tax-deferred treatment of interest beyond what is provided by the qualified retirement plan. I have consulted with my tax advisor concerning the benefits provided under this annuity under current tax laws applicable to qualified retirement plan/arrangement. I acknowledge receipt of the following documents:


- Transamerica Secure Retirement Index® II Annuity Statement of Understanding
- Buyer's Guide


Applicant Signature

2/17/2021
Date

Joint Applicant Signature _____ Date _____

I have reviewed the Transamerica Secure Retirement Index® II Annuity Statement of Understanding with the applicant and did not describe the Transamerica Secure Retirement Index® II Annuity or Transamerica Income Plus® in a manner that is inconsistent with the Statement of Understanding.


Agent/Registered Financial Professional

2/17/2021
Date



TRANSAMERICA®

(Hereinafter referred to as the Company, we, our, or us)

Fixed Annuity Suitability Questionnaire

The following Transamerica Companies utilize this form:

Transamerica Life Insurance Company Transamerica Financial Life Insurance Company

✉ 4333 Edgewood Rd NE, Cedar Rapids, IA 52499

☎ Fax: (877) 355-4385

🌐 Website: www.transamerica.com

A copy of this form should be provided to the applicant and the original submitted with the completed application.

Personal Information

OWNER/APPLICANT FULL NAME: _____

Employment Status: Employed Unemployed Retired Other _____

Social Security Number: 055 64 4726

Current Occupation: Car Sales

Marital Status: Single Married Divorced Widowed

Number of Dependents and Ages: _____

JOINT OWNER/APPLICANT FULL NAME: _____

Employment Status: Employed Unemployed Retired Other _____

Social Security Number: _____

Current Occupation: _____

Marital Status: Single Married Divorced Widowed

Number of Dependents and Ages: _____

Recommended Product

Annuity Type (select one):

Fixed Index Annuity

Financial Situation and Needs

Primary Purpose of Annuity: Capital Preservation Accumulate for Beneficiaries/Wealth Transfer

Asset Accumulation

Tax Deferred Growth Avoid Cost or Delay of Probate

Reduced Estate Tax Liability Immediate Income Future Retirement Income

Guaranteed Interest Rate Other _____

Financial Situation and Needs (continued)

Source of Funds (Check all that apply)

- CD / Savings / Checking Rollover/Transfer from a Tax Qualified Account Loans
- Qualified Plan Distribution Cash Value from Annuity or Life Insurance ⁽¹⁾ Inheritance
- Death Benefit Proceeds Liquidation of Investments Current Income
- Other _____

⁽¹⁾ **If the proposed annuity is intended to replace an existing annuity or life insurance policy, additional replacement and policy comparison forms must be completed.**

Financial Experience: Limited Moderate Extensive None

Fees, Charges or Penalties (on Source of Funds): None Yes, in the amount of \$ _____

Investment Objective for these assets: Income Growth & Income Growth Aggressive Growth

Risk Tolerance for these assets: Conservative Moderate Aggressive

Time Horizon for accessing these assets (not including Rider Withdrawals):

- Less than 2 years 2 to 5 years 6 to 10 years 11 + years

Does the consumer intend to apply for means-tested government benefits, including, but not limited to, Medi-Cal or the veterans' aid and attendance benefit?

- Yes No

For recommendations in Massachusetts, any existing policies or contracts previously sold by the same producer to the same consumer? _____

Liquidity Needs:

Is there a foreseeable need to access earnings or principal during the surrender charge period?

- Yes No

If yes, describe when, how much and for what purpose: _____

Does the customer expect to have sufficient other liquid assets to cover living expenses and any emergencies that may arise during the Time Horizon noted above?

- Yes No

If no, please explain: _____

Financial Information

Annual Household Gross Income:

- \$0 - \$29,999 \$30,000 - \$49,999 \$50,000 - \$74,999 \$75,000 - \$99,999
- \$100,000 - \$149,999 \$150,000 - \$249,999 \$250,000 - \$399,999 \$400,000 and over

Source of Income: (Check all that apply) Current Wages Investments Social Security

Retirement Plan Other _____

Estimated Federal Income Tax Bracket (Check one) 10% 15% 25% 28% 33% 35%

Amount of this Annuity: \$ 100,000.00

Current Assets

Please list the amount for each asset class noted below. This should exclude personal property, home, automobiles or assets that you intend to liquidate to purchase this annuity:

Checking or Savings: \$ 250,000 Other Fixed Annuities: \$ 315,000
Money Market Accounts: \$ _____ Other Variable Annuities: \$ _____
Stocks and Bonds: \$ 185,000 401k Plan: \$ _____
Certificates of Deposit: \$ _____ Pension Plan: \$ _____
Mutual Funds: \$ _____ Life Insurance: \$ _____

Other: (provide description) Structured Settlements \$ 650,000

Is there a Reverse Mortgage? Yes No

Monthly Household Income: \$ 12,500

Monthly Expenses: \$ 5,000

Total Liquid Net Worth: \$ 435,000

Total Liquid Net Worth should include all assets which are readily convertible to cash, less any unsecured debt (this should exclude personal property, home, and automobiles). For example, checking accounts, savings accounts, CDs and mutual funds are often times readily convertible to cash. Credit card debt is an example of unsecured debt.

Additional Information Considered

Illustration Notice

If an illustration was used, please provide a copy.

Tax Notice

The purchase or exchange of an annuity may have tax consequences. Contact your tax advisor for information regarding how this transaction may impact your specific tax situation.

Owner's Acknowledgement and Signature

To the best of my knowledge the information provided in this questionnaire is accurate. I understand that an annuity is a long term investment and my agent has reviewed the features and benefits of this annuity as well as any applicable fees and surrender charge schedule with me. I believe that the purchase of this annuity product is suitable for my financial needs and objectives.

Owner/Applicant Signature

2/17/2021

Date

Joint Owner/Applicant Signature

Date

Financial Professional's Acknowledgement and Signature

I certify that I have truly and accurately recorded the information that was provided to me by the applicant. If this is a replacement transaction, I confirm that I have reviewed the Company's written standard regarding the acceptability of replacements and that it meets the Company's standard.

Furthermore, I agree to maintain and make available upon request to the insurer or the insurance commissioner, records of the information collected, including any additional needs analysis forms, and other information used as the basis for this annuity recommendation for the number of years required by state laws or regulations.

Erika Wrobel

Financial Professional Name (please print)

Financial Professional Signature

2/17/2021

Date



TRANSAMERICA
LIFE INSURANCE COMPANY

ANNUITY SUITABILITY QUESTIONNAIRE

(Hereafter referred to as the Company, we, our, or us)

☐ 4333 Edgewood Rd NE, Cedar Rapids, IA 52499 ☐ Fax: (877) 355-4385 ☐ Website: www.transamerica.com

Owner: Last David steiner Living Trust First David Middle steiner

Date of Birth: 02 108 1965 Age: 56 Sex: M

Entity: Trust

Tax Status: _____ Relationship to Annuitant(s): Self trust

Form of Ownership: Self trust

Supporting documents: (list) _____

Annual Income:		\$150,000
Source of Income:		Current wages
Annual Household Income:		\$150,000
Existing Assets:		
Stocks and Bonds:	\$ 185,000	Checking or Savings: \$ 250,000
Other Fixed Annuities:	\$ 315,000	Other Variable Annuities: \$ _____
Money Market Accounts:	\$ _____	401k Plan: \$ _____
Certificates of Deposit:	\$ _____	Pension Plan: \$ _____
Mutual Funds:	\$ _____	
Other: (provide description)	Structured Settlements \$ 650,000	
Existing Liquid Net Worth:		\$ 435,000
Monthly Discretionary Income:		\$ 7,500
Is there a Reverse Mortgage?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Do you currently own any annuities? Please List:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Allianz 150k Athene 135k Allianz 30k		
Do you currently own life insurance? Please List:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Signature of Owner/Applicant [Signature] Date Signed 02/17/2021

Does your income cover all your living expenses including medical?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Do you expect changes to your living expenses?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Do you anticipate changes in your out-of-pocket medical expenses?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is your income sufficient to cover future changes in your living and/or out-of-pocket medical expenses during the surrender charge period?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Do you have an emergency fund for unexpected expenses?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Why are you purchasing this annuity? Asset accumulation capital preservation
tax deferred growth

What are your financial objectives for this purchase? (check all that apply)

- Income Growth (long term) Safety of Principal and Income
 Safety of Principal and Growth Pass assets to a beneficiary or beneficiaries at death
 Other: _____

Describe your risk tolerance:

- Conservative Moderately conservative Moderate Moderately aggressive
 Aggressive Other: _____

Comments: _____

Describe your investment experience by type and length of time: 25 years stocks and
bonds, 15 years annuities.

What is the source of the funds for the purchase of the proposed annuity? Savings account

How many years from today will you need access to your funds without a penalty? 11 +

Will the proposed annuity replace any product? Yes No

If yes, will you pay a penalty or other charge to obtain these funds? Yes No

If yes, the amount of the charge or penalty \$ _____

Additional Information:



Signature of Owner/Applicant

02/17/2021
Date Signed

Note: The following three sections to be completed by the agent, insurer, or Managing General Agent proposing purchase; each section requires a response; no section may be left blank or contain a response consisting of "None" or "N/A".

Advantages of purchasing the proposed annuity:

Asset accumulation, capital preservation,
tax deferred growth

Disadvantages of purchasing the proposed annuity:

Surrender charge fees

The basis for my recommendation to purchase the proposed annuity or to replace or exchange your existing annuity(ies):

Asset accumulation, capital preservation,
tax deferred growth

S. Swobed _____ 02/17/2021
Signature of Agent Date Signed

Note: No questions or response areas are to be left blank when offered to the Owner for signature. If any information requested is unavailable, not applicable or unknown, the insurance agent or insurer must indicate that.

ACKNOWLEDGEMENTS AND SIGNATURES

I understand that should I decline to provide the requested information or should I provide inaccurate information, I am limiting the protection afforded me by the Florida Statutes regarding the suitability of this purchase.

- I REFUSE to provide this information at this time.
- I have chosen to provide LIMITED information at this time.
- My annuity purchase IS NOT BASED on the recommendation of this agent or the insurer.
- My annuity purchase IS BASED on the recommendation of this agent or insurer.

APPLICANT:

DO NOT SIGN THIS FORM IF ANY ITEM HAS BEEN LEFT BLANK, BEFORE CAREFULLY REVIEWING THE INFORMATION RECORDED, OR IF ANY OF THE INFORMATION RECORDED IS NOT TRUE AND CORRECT TO THE BEST OF YOUR KNOWLEDGE.

THE OWNER MAY SUBSTITUTE THEIR INITIALS FOR SIGNATURES ON ALL FORM PAGES WITH THE EXCEPTION OF THE SIGNATURES BELOW, WHICH ARE REQUIRED.

[Signature] _____ 02/17/2021
Signature of Owner/Applicant Date Signed

EXPLANATION OF TERMS

"**Age**" is the natural person's attained age on the day the form is completed.

"**Tax Status**" is the owner's Federal Income Tax filing status such a "single" or "married filing jointly"; if "Exempt" so state.

"**Form of Ownership**" is the type of entity, other than a natural person, including a corporation, trust, partnership, limited liability company, or other business or not-for-profit entity.

"**Supporting documents**" are the documents that provide a basis for the relationship between the Proposed Annuitant, and the Owner as it may exist.

"**Annual income**" is income received during a calendar year, whether earned or unearned.

"**Source of annual income**" is the income-generating source, such a pension income, dividends, or earned income etc.

"**Annual household income**" is the combined annual income received by all household members each calendar year.

"**Existing Assets**" are financial assets including life insurance and annuities.

"**Existing Liquid Net Worth**" is applicable to those net assets that can readily be converted into their cash equivalent, without loss of principal after all surrender charges or other deductions have been taken.

"**Financial Objectives**" are the owner's stated goals as described to the insurance agent or insurer, if no insurance agent is involved. these may include but are not limited to the following; (1) Income, (2) Growth (long term capital appreciation), (3) Safety of Principal and Income, (4) Safety of Principal and Growth, (5) To pass the investment to a beneficiary or beneficiaries at death.

"**Risk Tolerance**" means the degree of uncertainty that an investor can reasonably tolerate with regard to a negative change in his or her investments. Examples of risk tolerance levels may include the following: (1) Conservative (prefer little or no risk), (2) Moderately conservative (some risk, reduced safety of principal), (3) Moderate (average risk with potential losses and potentially higher returns), (4) Moderately aggressive (above average risk with potential losses, risk of principal and potentially higher returns), (5) Aggressive (willing to sustain losses or loss of principal in pursuit of higher returns).

"**Source of the funds**" to be used to purchase the proposed annuity means from where the funds will come to purchase the annuity, and may include but are not limited to; (1) An existing annuity or life insurance contract, (2) Liquid Assets, including but no limited to, cash in banks, maturing certificates of deposit, and money market accounts, (3) Personal Loans, (4) Equity Loans, (5) Mortgages, Reverse Mortgages, (6) Death Benefit Proceeds, (7) Funds received upon retirement from employment, including but not limited to, 401(k) accounts, pensions, and other tax-sheltered funds, (8) Equities, mutual funds, or bonds. (9) Proceeds from real estate transactions.



Signature of Owner/Applicant

02/17/2021
Date Signed

NOTICE TO APPLICANT REGARDING REPLACEMENT OF LIFE INSURANCE
EXHIBIT A

Transamerica Life Insurance Company
Administrative Office: 4333 Edgewood Rd. NE, Cedar Rapids, IA 52499, (319) 355-8511

A decision to buy a new policy and discontinue or change an existing policy may be a wise choice or a mistake.

Get all the facts. Make sure you fully understand both the proposed policy and your existing policy or policies. New policies may contain clauses which limit or exclude coverage of certain events in the initial period of the contract, such as the suicide and incontestable clauses which may have already been satisfied in your existing policy or policies.

Your best source for facts on the proposed policy is the proposed company and its agent. The best source on your existing policy is the existing company and its agent.

Hear from both before you make your decision. This way you can be sure your decision is in your best interest.

If you indicate that you intend to replace or change an existing policy, Florida regulations require notification of the company that issued the policy.

Florida regulations give you the right to receive a written Comparative Information Form which summarizes your policy values. Indicate whether or not you wish a Comparative Information Form from the proposed company and your existing insurer or insurers by placing your initials in the appropriate box below.

YES NO

DO NOT TAKE ACTION TO TERMINATE YOUR EXISTING POLICY UNTIL YOUR NEW POLICY HAS BEEN ISSUED AND YOU HAVE EXAMINED IT AND FOUND IT ACCEPTABLE.

I have read this notice and received a copy of it.



Applicant Signature

02/17/2021

Date



Agent Signature

02/17/2021

Date

Erika Wrobel
Agent Name (Printed or Typed)

301 E Yamato Rd, Suite 2222, Boca Raton
Agent Address (Printed or Typed) FL 33431

Seeman Holtz
Agent Company (Printed or Typed)

Information on Policies which may be replaced:

Company Name

Policy Number

Name of Insured

NOTICE TO APPLICANT REGARDING REPLACEMENT OF LIFE INSURANCE
EXHIBIT A

Transamerica Insurance Company
Administrative Office: 4333 Edgewood Rd. NE, Cedar Rapids, IA 52499, (319) 355-8511

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Florida regulations give you the right to receive a written Comparative Information Form which summarizes your policy values. Indicate whether or not you wish a Comparative Information Form from the proposed company and your existing insurer or insurers by placing your initials in the appropriate box below.

YES NO

DO NOT TAKE ACTION TO TERMINATE YOUR EXISTING POLICY UNTIL YOUR NEW POLICY HAS BEEN ISSUED AND YOU HAVE EXAMINED IT AND FOUND IT ACCEPTABLE.

I have read this notice and received a copy of it.

 _____ Date 02/17/2021

 _____ Date 02/17/2021

Erika Wrobel 301 E Yamato Rd, Suite 2722, Boca Raton
Agent Name (Printed or Typed) Agent Address (Printed or Typed) FL, 33431

Agent Company (Printed or Typed) _____

Information on Policies which may be replaced:

Company Name _____ Policy Number _____ Name of Insured _____

CERTIFICATE OF TRUST

I. Trust Name and Date. The following trust (referred to herein as the "Trust") is the subject of this Certificate of Trust:

THE DAVID STEINER LIVING TRUST, dated August 7th, 2017
(referred to herein as the "Trust Agreement")

The Trust currently exists and is in full force and effect.

II. Grantor and Trustee. The grantor (referred to herein as the "Grantor") of the Trust is:

DAVID STEINER

The Trust is currently being managed by the following trustee (referred to herein as the "Trustee"):

DAVID STEINER, 8039 INAGUA LANE, WELLINGTON, FL 33414

The following is a summary of the successor trustee provisions found in the Trust Agreement:

IF DAVID STEINER dies, resigns, becomes incapacitated, or otherwise ceases to serve as Trustee of the Trust, then AMANDA BISHOP shall become Trustee of such trust. If AMANDA BISHOP fails to qualify, dies, resigns, becomes incapacitated, or otherwise ceases to serve as Trustee of the Trust, then JOHN LAWRENCE DELISA shall become Trustee of such trust.

III. Powers of Trustee. The Trustee of the Trust is authorized to acquire, sell, convey, encumber, lease, borrow, manage, and otherwise deal with interests in real and personal property in the name of the Trust. All powers of the Trustee are fully set forth in the Trust Agreement.

IV. Revocability. The Grantor may alter, amend, revoke or terminate the Trust. The Trust has not terminated or been revoked, modified, or amended in any manner that would cause the representations contained in this Certification of Trust to be incorrect, and there have been no amendments limiting the powers of the Trustee over the property of the Trust.

V. Authority of Multiple Trustees. When multiple trustees are serving, each such trustee shall have the authority to act alone and independently of the other trustees then serving, without the necessity of consultation with or approval of any other co-trustee or co-trustees. Any writing signed by a co-trustee with the authority to act alone and independently shall be valid and effective for all purposes as if signed by all such trustees.

VI. Manner In Which Title Should Be Taken. The full legal name of the Trust for purposes of transferring assets into the Trust, holding title of assets, and conducting business for and on behalf of the Trust, is:

"DAVID STEINER, Trustee of the DAVID STEINER LIVING TRUST"

VII. Personal Nature of Trust. The Trust provisions are not attached to this Certificate of Trust because they are of a personal nature and set forth the distribution of Trust property. They do not modify the powers of the Trustee. The signatory of this Certificate of Trust is currently the acting Trustee of the Trust and declares that the foregoing statements are true and correct, under penalty of perjury.

VIII. Validity of Copies of This Certificate of Trust. A copy of this Certificate of Trust shall be just as valid as the original.

IN WITNESS WHEREOF, the Grantor and the Trustee have hereunto set their hands as of the date of the notary's acknowledgment below.



DAVID STEINER, Grantor



DAVID STEINER, Trustee

We, the undersigned witnesses, certify that the foregoing instrument was signed by the Grantor in our presence as of the date of the notary's acknowledgment below, and declared by him to be his Certificate of Trust, and such instrument was signed by the Trustee in our presence as of the date of the notary's acknowledgment below, and we, the undersigned witnesses, sign our names hereunto as witnesses at the request and in the presence of the Grantor and the Trustee, and in the presence of each other, on the 7th day of August, in the year 2017.



Witness Signature



Witness Signature

STATE OF FLORIDA
COUNTY OF BROWARD

§
§
§

WE, the undersigned, being the Grantor, the Trustee, and the witnesses, respectively, whose names are signed to the attached or foregoing instrument, having been sworn, declared to the undersigned officer that the Grantor and the Trustee, in the presence of witnesses, signed the instrument as the Grantor's Certificate of Trust, that such Grantor and Trustee signed such instrument, that the Grantor and the Trustee signed such instrument willingly, and that each of the witnesses, in the presence of the Grantor and the Trustee and in the presence of each other, signed the Certificate of Trust as a witness.



DAVID STEINER, Grantor and Trustee



Witness Signature

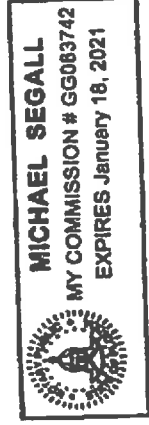


Witness Signature

SUBSCRIBED AND SWORN TO before me by DAVID STEINER, Grantor and Trustee, who produced a driver's license issued by Florida that contained his photograph and signature as identification thereby proving him to be the person whose name is subscribed to the foregoing instrument as Grantor and as Trustee, by Pamela Pelletier, a witness who is personally known to me, and by Christine Schaefer, a witness who is personally known to me, on the 7th day of August, in the year 2017.



Notary Public, State of Florida



Florida *Sunshine State*

DRIVER LICENSE CLASS E
S356-160-65-048-0



DAVID
STEINER
8039 MAGNIA WAY
WELLINGTON, FL 33414-3435
DOB: 02-08-1965 SEX: M
ISSUED: 11-19-2013 HGT: 6-00
EXPIRES: 02-08-2022

BEST A
ENDORSE

81 43

SAFE DRIVER

Operation of a motor vehicle constitutes consent to any liability not required by law.

Florida



Handwritten signature

USA



DRIVER LICENSE

9 CLASS E

B210-012-78-717-0

4d DLN

1 BISHOP
2 AMANDA LYNN
8 8039 INAGUA LN
WELLINGTON, FL 33414-3435

SAFE DRIVER

3 DOB 06/17/1978 15SEX F 16HGT 5'-04"
4b EXP 06/17/2026 9a END NONE
12 REST A



4a ISS 07/24/2018

5DD P761607240081

Operation of a motor vehicle constitutes consent to any sobriety test required by law.



TRANSAMERICA®

(Hereafter referred to as the Company, we, our or us)

✉ 4333 Edgewood Rd NE, Cedar Rapids, IA 52499

Trustee Certification of Trust Document and Trustee Powers

The following Transamerica Companies utilize this form:
Transamerica Life Insurance Company Transamerica Financial Life Insurance Company
Transamerica Premier Life Insurance Company

☎ Fax: (877) 355-4385

🌐 Website: www.transamerica.com

Refer to the definitions in Section 4 to help you determine the information we are requesting.

1. POLICY INFORMATION

Policy Owner/Trust Name(s) David Steiner Living Trust

Policy Number(s) (if known) Pending

Annuitant Name Amanda Lynn Bishop

Relationship of Annuitant to Trust: Trustor/Grantor/Settlor Beneficiary of the Trust Trustee

2. INFORMATION FROM YOUR TRUST

The information provided on this form must match the application or any subsequent form(s) submitted by the Owner(s) or Claimant. Complete every line; if not applicable indicate with N/A.

Please answer all of the following questions. If any of the responses to questions 1-5 are marked "No", approval is needed from our Annuity Anti-Money Laundering (AML) Compliance Unit. This approval may require additional paperwork.

We recommend you seek the advice of your tax and/or legal counsel with any questions you may have concerning your trust. The Company reserves the right to request, when deemed necessary, a copy of the Trust Document in addition to this executed form.

Full Title or Name of the Trust David Steiner Living Trust

Date of the Trust 8/7/2017

055 64 4726

6/5/2019

Taxpayer Identification Number (TIN)/Social Security Number (SSN) used for the Trust

Date of the latest Trust Amendment

David Steiner

2/08/1965

Beneficial/Taxable Owner of the Trust

055 64 4726

2/08/1965

Social Security Number

Date of Birth

1. Is the Trust established under U.S. law? Yes No Country/U.S. Territory Established: _____
2. Does the Trust have a bank account? Yes No If yes, Country bank account is located: _____
3. Are all Trustee(s) U.S. Citizen(s)? Yes No
4. Is the Trustor/Grantor/Settlor a U.S. Citizen or legal entity established under U.S. law? Yes No
5. Are all Beneficial Owner(s) a U.S. Citizen(s) or legal entity established under U.S. law? Yes No

6. The Trust is: Revocable Irrevocable

7. The Trustee(s) may act: Singly Jointly

8. Are any of the following components of the Trust a non-natural entity (i.e., Corporation, Charity, etc.): Trustor(s), Grantor(s), Settlor(s), or Beneficiary(ies)?

Yes - If this box is not checked, we will assume these trust components are for a natural person.

It is important to note if any component of the Trust is a non-natural entity. If so, the annuity will not retain tax deferred status. We recommend you seek the advice of your tax and/or legal counsel prior to purchasing an annuity or requesting any ownership change.

3. TRUSTEES / REQUIRED SIGNATURES

You must attach a copy of the first page (title page) and the signature page of the Trust Document.


If the Trustee is an entity, please provide corporate resolution indicating authorized signees.

The Company is authorized to accept instructions, including policy changes and distribution privileges, from the Trustee(s) listed below.

- I/We certify the proposed transactions are within the powers of the Trust Agreement, and there are no Trustees of the Trust other than the undersigned.
- I/We agree to inform the Company in writing of any amendment to the Trust, any change in the composition of the Trustees, or any other event which could materially alter the Certifications made.
- I/we the undersigned Trustee(s), certify the information on this form is complete and accurate.
- We, the Trustees, jointly and severally indemnify the Company and hold the Company harmless from any liability for effecting transactions of the types specified, if the Company acts pursuant to instructions given by any of the Authorized Individuals listed below. It is understood and agreed the Company shall not be responsible for the application or disposition of the proceeds by the Trustee and the payment of the proceeds to the Trustee shall fully and finally discharge the Company from all liability under the Policy.
- I/We have received and understand the terms of this document and have not relied on any representation or advice by the Company or its representatives regarding the legal or tax effects of this Certification.
- I/We hereby certify under penalty of perjury the undersigned are all the Trustees. (All Trustees must sign. Attach an extra page if necessary.)

The following certification does not apply if this form is being used to make claim under the annuity:

- I/We certify the Trust and applicable Beneficiaries of the Trust have an insurable interest in the Annuitant of the Annuity. The Annuitant of the Annuity is permitted under state laws governing the Trust.

 _____
Signature of Trustee *

_____ 2/17/2021
Date

David Steiner TIEE
Trustee Name / Title (Please Print)

_____ _____
Signature of Trustee Date

_____ _____
Trustee Name / Title (Please Print)

* Should only one person execute this agreement, it shall constitute a representation that the signatory is the Sole Trustee.

DEFINITIONS

Beneficial Owner: For the purposes of this form, Beneficial Owner shall mean the natural person who ultimately owns or controls a client/entity and or the person on whose behalf a transaction is being conducted, and includes a person who exercises ultimate effective control over a legal person or arrangement. Essentially, the Beneficial Owner is the individual or entity that enjoys the benefits of owning an asset, regardless of whose name the title of the property or security is in.

Trustee: The individual or institution named by the Trustor/Grantor/Settlor to act on behalf of the trust according to the terms as outlined in the Trust Document.

Trustor/Grantor/Settlor: The individual who creates a trust and who gives (transfers) property to the Trust.

Clear

**IMPORTANT NOTICE:
REPLACEMENT OF LIFE INSURANCE OR ANNUITIES**

This document must be signed by the applicant and the producer, if there is one, and a copy left with the applicant.

You are contemplating the purchase of a life insurance policy or annuity contract. In some cases this purchase may involve discontinuing or changing an existing policy or contract. If so, a replacement is occurring. Financed purchases are also considered replacements.

A replacement occurs when a new policy or contract is purchased and, in connection with the sale, you discontinue making premium payments on the existing policy or contract, or an existing policy or contract is surrendered, forfeited, assigned to the replacing insurer, or otherwise terminated or used in a financed purchase.

A financed purchase occurs when the purchase of a new life insurance policy involves the use of funds obtained by the withdrawal or surrender of or by borrowing some or all of the policy values, including accumulated dividends, of an existing policy, to pay all or part of any premium or payment due on the new policy. A financed purchase is a replacement.

You should carefully consider whether a replacement is in your best interests. You will pay acquisition costs and there may be surrender costs deducted from your policy or contract. You may be able to make changes to your existing policy or contract to meet your insurance needs at less cost. A financed purchase will reduce the value of your existing policy and may reduce the amount paid upon the death of the insured.

We want you to understand the effects of replacements before you make your purchase decision and ask that you answer the following questions and consider the questions on the back of this form.

- 1 Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating your existing policy or contract? Yes No
- 2 Are you considering using funds from your existing policies or contracts to pay premiums due on the new policy or contract? Yes No


If you answered "yes" to either of the above questions, list each existing policy or contract you are contemplating replacing (include the name of the insurer, the insured or annuitant, and the policy or contract number if available) and whether each policy or contract will be replaced or used as a source of financing.

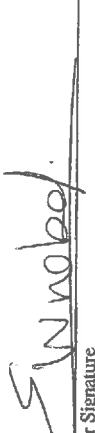
INSURER NAME	CONTRACT OR POLICY #	INSURED OR ANNUITANT	REPLACED (R) OR FINANCING (F)
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Make sure you know the facts. Contact your existing company or its agent for information about the old policy or contract. If you request one, an in-force illustration, policy summary or available disclosure documents must be sent to you by the existing insurer. Ask for and retain all sales material used by the agent in the sales presentation. Be sure that you are making an informed decision.

The existing policy or contract is being replaced because _____

I certify that the responses herein are, to the best of my knowledge, accurate:

 _____ Applicant Printed Name David Steiner Date 2/17/2021

 _____ Producer Printed Name Erica Wrobel Date 2/17/2021

I do not want this notice read aloud to me. _____ (Applicants must initial only if they do not want the notice read aloud.)
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