



Transamerica Life Insurance Company  
Home Office: Cedar Rapids, IA 52499

**APPLICATION AMENDMENT**

Life Insured:

The Application for Policy No. \_\_\_\_\_ is amended as follows:

I represent to the best of my knowledge and belief, that since the date of the Application for the policy no person to be covered by the policy has, except as stated below,

1. Had a change in health due to injury or due to a sickness for which you consulted or sought consultation from a licensed member of the medical profession.
2. Consulted, been examined or been treated by an physician or practitioner; or
3. Changed occupation, aviation or military status; or
4. Had any life or accident and sickness, or medical service benefits declined, modified, canceled, or been refused issue, renewal or reinstatement of such insurance or benefits; or
5. Applied for issuance or reinstatement of any insurance providing income during disability or providing hospital or medical expense benefits.

The only exceptions are: **(State "none" if there are no exceptions)** \_\_\_\_\_

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.

I/We declare that I/we have, in an identical manner, completed and signed the copy of this amendment that is attached to and made part of the Policy/Certificate issued by the Company.

It is agreed that this amendment shall be part of the application for the policy.

Signed at \_\_\_\_\_ on \_\_\_\_\_  
(City, State) Date (mm/dd/yyyy)

\_\_\_\_\_  
Signature of Proposed Insured

\_\_\_\_\_  
Signature of Owner  
(Officer signature other than Proposed Insured,  
If owner is a corporation)

\_\_\_\_\_  
Signature of Other Proposed Insured

\_\_\_\_\_  
Witness (can be Licensed Producer)

\_\_\_\_\_  
Signature of Licensed Producer