



Transamerica Life Insurance Company  
Home Office: Cedar Rapids, IA

**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 sickness; or
2. Consulted, been examined or been treated by any 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) \_\_\_\_\_

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