

**Monumental Life Insurance Company**  
Home Office: Cedar Rapids, IA

**Stonebridge Life Insurance Company**  
Home Office: Rutland, VT

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

**Western Reserve Life Assurance Co. of Ohio**  
Home Office: Columbus, OH

## Addendum to Application for Life Insurance Coverage

Administrative Office: 4333 Edgewood Road NE, Cedar Rapids, IA 52499

### Check appropriate company - referred to hereafter as "The Company".

Ohio Law requires that this addendum be completed and approved by the Company prior to (a) the issuance of any Whole Life or Universal Life insurance policy with a face amount of \$50,000 or greater and not owned by a qualified retirement plan, including conversions to such policies from existing term policies; (b) changes to such policies; and (c) reinstatements of such policies. This document serves as an addendum to the life insurance application(s) used in those circumstances.

Please answer the following questions by checking either yes or no, and provide details for any yes answers.

1.  Yes  No Has anyone offered or provided to anyone any inducement - such as cash or other compensation - in relation to the application for, conversion of, or changes to this life insurance policy (existing or applied for)? If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2.  Yes  No Is there any plan to sell or transfer any interest in the existing or applied for life insurance policy? If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3.  Yes  No If an entity will own the existing or applied for policy, is there a plan to sell or transfer any beneficial interest in the entity? If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4.  Yes  No Will premiums for the existing or applied for life insurance policy be borrowed or financed? If yes, please explain (including details of loan guarantee, if any): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5.  Yes  No If you answered yes to question 4, can the loan be repaid by the transfer of this policy to the lender or any other person affiliated with the lender? If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6.  Yes  No If you answered yes to question 4, will the amount of any loan or loans, or the borrower's payment obligation, on termination of the financing exceed the amount needed to pay life insurance policy premiums on the existing or applied for policy, plus, loan interest, and loan fees? If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I understand that any arrangement for borrowing funds for the payment of policy premiums is a matter between the lender and the borrower. The Company is not a party to any such arrangement and will not become a party to any such arrangement.**

I also understand that neither The Company nor any person acting on its behalf has furnished legal or tax advice upon which I/we may rely. The financing of life insurance premiums involves important tax and other considerations. The Company strongly recommends that you seek advice from your own qualified advisors.

It is represented that the statements and answers given in this Addendum to the application are true, complete and correctly recorded. It is agreed that this Addendum shall be a part of the application to The Company for insurance on the life of the Proposed Insured, and shall be the basis for any policy issued on this application. I understand that the statements and answers given in this Addendum are material to The Company's decision regarding this application, and that The Company would not issue, reinstate, or change the policy as applied for if the statements and answers given on the subject matters covered in this Addendum are not true, complete and correctly reported.

Signed at \_\_\_\_\_  
City, State

\_\_\_\_\_  
(Proposed) Insured(s) Name(s) - Please print

\_\_\_\_\_  
(Proposed) Insured(s) Signature(s)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

Signed at \_\_\_\_\_  
City, State

\_\_\_\_\_  
(Proposed) Owner(s) Name(s) - Please print  
(If different from Insured(s))

\_\_\_\_\_  
(Proposed) Owner(s) Signature(s)  
(If different from Insured(s))

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date