

TRANSAMERICA LIFE INSURANCE COMPANY

Home Office located at: 4333 Edgewood Road N.E., Cedar Rapids, Iowa 52499

STATEMENT OF GOOD HEALTH AND INSURABILITY

Proposed Owner

Proposed Insured

Please complete the questions listed below and return to the Home Office.

Since the date of your application for this Policy/Certificate for insurance with Transamerica Life Insurance Company:

- | | YES | NO |
|---|-------|-------|
| (1) Has there been any change in the health status of the Proposed Insured? | _____ | _____ |
| (2) Has the Proposed Insured made an application for insurance, been declined, postponed, or offered modified coverage? | _____ | _____ |
| (3) Has the Proposed Insured consulted or been examined by any physician or practitioner? | _____ | _____ |

Please supply details to any "yes" answers:

Dated at _____ day _____ month _____ year _____

{Proposed Owner}

Licensed Agent

{Proposed Insured If Other Than Proposed Owner
Or Parent/Legal Guardian If Proposed Insured Is A
Minor}

**PLEASE RETURN SIGNED COPY TO THE HOME OFFICE
NEW BUSINESS DEPARTMENT**