

SUPPLEMENT TO THE LIFE INSURANCE APPLICATION

UNIVERSAL LIFE

Policy No. _____

 300 Consilium Place
 Toronto, ON M1H 3G2

1. PLAN SPECIFICS
Plan

-
- Wealth*
- ADVANTAGE
-
-
- Estate*
- ADVANTAGE

Death Benefit Option

-
- Level
-
-
- Increasing

Optimizer Option
 Yes No

Optimizer Start Year (no earlier than policy year 6) _____

Optimizer Minimum Face Amount \$ _____

Payout Options
For One Joint-Last-To-Die Universal Life Coverage Only

-
- Fund Value Payout on last death (default option)
-
-
- Fund Value Payout on each death

For Multiple Universal Life Coverages

-
- Proportionate Fund Value Payout (default option)
-
-
- Fund Value Payout on last death
-
-
- Fund Value Payout on each death

TRANSLink

-
- A Linked Guaranteed Investment Fund Application is attached

2. UNIVERSAL LIFE (UL) COVERAGES

Name(s) of Primary Life Insured(s)	Cost of Insurance (ART to 100 available with <i>Wealth</i> ADVANTAGE only)			Face Amount (BGIO = Business Guaranteed Insurability Option and is not available with Joint Last to Die) UL Coverage		Coverage Structure Per UL Coverage Face Amount			
	Level to 100	ART to 85/20	ART to 100	UL Coverage	BGIO	Single Life	Joint First to Die	Joint Last to Die Deductions to:	
								Last Death	First Death
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. UNIVERSAL LIFE INCREASING AND LEVEL TERM RIDERS

Name(s) of Life Insured(s)	Cost of Insurance		Face Amount	Coverage Structure (Select one type per Face Amount)		
	Level (to 100)	Increasing (ART to 85/20)		Single Life	Joint First to Die	Joint Last to Die
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. TERM^{Select} ADDITIONAL COVERAGE RIDERS

Name(s) of Life Insured(s)	Coverage Period (Years)			Face Amount	Conversion Option		Coverage Structure (Select one type per Face Amount)		
	5	10	20		Convertible	Non-Convertible	Single Life	Joint First To Die	Joint Last To Die
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. ADDITIONAL BENEFITS

	Benefit Face Amount	Rider Life Insured	Benefit Face Amount	Rider Life Insured
<input type="checkbox"/> Accidental Death and Dismemberment	\$ _____	_____	\$ _____	_____
<input type="checkbox"/> Children's Insurance Rider (Life 1 only)*	\$ _____	_____		
<input type="checkbox"/> Waiver of Monthly Deductions		_____		_____
<input type="checkbox"/> Waiver of Planned Premiums	\$ _____/Year	_____	\$ _____	_____
<input type="checkbox"/> Payor Waiver of Monthly Deductions**		_____	(Payor)	_____
<input type="checkbox"/> Payor Waiver of Planned Premiums**	\$ _____/Year	_____	(Payor)	_____

* Complete sections 23-31 of the Life Insurance Application.
 ** The Payor must complete and attach sections 1-6, 32-50 and sign page 10 of the Life Insurance Application or the Non-Medical Form (Form# UW-NMED363)

6. INTEREST OPTIONS (for premium allocation instructions)

Treasury Bill Interest Option (no minimum)	%
Fixed Rate Interest Options (Can choose only one) <i>(A \$500 minimum applies to the Fixed Rate Interest Options)</i>	
5 Year Fixed Rate	%
10 Year Fixed Rate	%
25 Year Fixed Rate	%

Passive Interest Options

Index Allocation Interest Options (Can choose only one)	
Aggressive Growth	%
Growth	%
Balanced	%
Conservative	%

Index Interest Options
(A minimum 5 per cent allocation per Index Interest Options)

Canadian Equity Total Return	%
Canadian Bond II	%
U.S. Large Capitalization Total Return	%
GROWSafe ³ Can-U.S. Large Capitalization	%
U.S. New Technologies Total Return	%
GROWSafe ³ Can. U.S. 21 st Century	%
European Equity Total Return	%
GROWSafe ³ Can-European	%
Japanese Equity Total Return	%
GROWSafe ³ Can-Asian	%

Managed Interest Options

imaxx TOP Portfolio Index Interest Options (Can choose only one)	
imaxx TOP Aggressive Growth Portfolio	%
imaxx TOP Growth Portfolio	%
imaxx TOP Balanced Portfolio	%
imaxx TOP Conservative Portfolio	%
Managed Index Interest Options <i>(A minimum 5 per cent allocation per Index Interest Options)</i>	
imaxx Canadian Bond Index	%
imaxx Canadian Fixed Pay Index	%
imaxx Canadian Equity Growth	%
imaxx Canadian Equity Value	%
imaxx U.S. Equity Growth	%
imaxx U.S. Equity Value	%
imaxx Global Companies	%
imaxx Global Sectors	%
Total	100%

7. WITHDRAWAL ORDER FOR MONTHLY DEDUCTIONS
 Monthly Deduction Interest Option: _____
 (specify Index Interest Option)

The Default Withdrawal Order applies if no Monthly Deduction Interest Option is specified.

8. AUTOMATIC TRANSFER TO FIXED RATE INTEREST OPTION
 No Yes (If "yes" complete below)

All monies held under the above-noted policy pursuant to the Treasury Bill Interest Option are to be transferred to a Fixed Rate Interest Option having a Fixed Rate Interest Option Term of _____ years, whenever the balance held pursuant to such Treasury Bill Interest Option exceeds \$499.99.

9. NOTE TO POLICY OWNER

Commencing on the later of the Policy Date and the date upon which Transamerica receives the first Premium at the Head Office, the Total Fund Value will bear interest in accordance with the Interest Options chosen by the Owner in this application. If no Interest Option is chosen and there are no outstanding delivery requirements, then any Premium received will earn interest in accordance with the Treasury Bill Interest Option until a completed allocation form is received. The allocation contained in this supplement shall continue in full force and effect until Transamerica receives at its Head Office a subsequent duly completed authorization and direction on its approved form.

Application for the universal life insurance policy will also constitute a request for the Side Account and an acknowledgement of the automatic fund transfers that may occur between my universal life Insurance policy and the Side Account.

10. DECLARATION & AGREEMENT

This Supplement forms a part of the applicable Life Insurance Application and provides the details of the life insurance for which I am applying.

Signed at _____

LIFE 1 (Parent or legal guardian, if Proposed Life Insured is minor)

X

Witness to Signature(s) (Transamerica Representative)

X

on D D / M M / Y Y Y Y

LIFE 2 (Parent or legal guardian, if Proposed Life Insured is minor)

X

Owner, if other than Proposed Life Insured(s)

X

 Print name and title if corporation

If the Owner is a corporation, the signature name and title of the authorized signing officers thereof are required, as stated in the by-laws of the corporation, together with the full legal name of the corporation. If the Owner is a corporation, please attach articles of incorporation/amendment showing its correct legal name.