



SUPPLEMENT TO THE LIFE INSURANCE APPLICATION UNIVERSAL LIFE

Policy No. _____

5000 Yonge Street
Toronto, ON M2N 7J8
www.transamerica.ca

1. PLAN SPECIFICS

Plan

- Wealth*ADVANTAGE
- Estate*ADVANTAGE (Accumulation Bonus)
- Estate*ADVANTAGE (Low Fee)

Death Benefit Option

- Level
- Increasing

Term Conversion

Policy # _____

Optimizer Option

Yes No

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

Optimizer Minimum Face Amount \$ _____

Payout Options (only available with Increasing Death Benefit option)

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

2. UNIVERSAL LIFE (UL) COVERAGES

Cost of Insurance

Face Amount

Coverage Structure

(Select one type per UL Coverage Face Amount)

Name(s) of Primary Life Insured(s)	Cost of Insurance			Face Amount	Coverage Structure			
	Level to 100	ART to 85/20	ART to 100		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. LEVEL COST RIDER - (Death Benefit must be level)

Name(s) of Life Insured(s)

Face Amount

(Refer to Product Guide for Face Amount minimums and maximums.)

Coverage Structure

(Select one type per Face Amount)

Name(s) of Life Insured(s)	Face Amount	Coverage Structure		
		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"/>

4. TERM Select ADDITIONAL COVERAGE RIDERS

Coverage Period (Years)

Face Amount

Coverage Structure

(Select one type per Face Amount)

Name(s) of Life Insured(s)	Coverage Period (Years)			Face Amount	Coverage Structure		
	10	20	30		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"/>

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**		_____		
<input type="checkbox"/> Payor Waiver of Planned Premiums**	\$ _____/Year	_____		

(Payor) * Complete sections 48-57 of the Life Insurance Application.
 (Payor) ** The Payor must complete and attach sections 8-13, 28-47 and sign page 14 of the Life Insurance Application



LP343 4/12

6. INTEREST OPTIONS (for premium allocation instructions) For all interest options, a 5% minimum allocation is required.

Treasury Bill Interest Option (no minimum)	%
Fixed Rate Interest Options <i>(A \$500 minimum applies to the Fixed Rate Interest Options)</i>	
1 Year Fixed Rate	%
5 Year Fixed Rate	%
10 Year Fixed Rate	%
Passive Interest Options	
Index Allocation Interest Options	
Aggressive Growth	%
Growth	%
Balanced	%
Conservative	%
Index Interest Options	
Canadian Equity Total Return	%
Canadian Bond II	%
U.S. Large Capitalization Total Return	%
Can-U.S. Large Capitalization	%
U.S. New Technologies Total Return	%
Can-U.S. 21 st Century	%
European Equity Total Return	%
Can-European	%
Japanese Equity Total Return	%
Can-Asian	%

Managed Interest Options

imaxx™ TOP Portfolio Index Interest Options	
imaxx TOP Aggressive Growth Portfolio	%
imaxx TOP Growth Portfolio	%
imaxx TOP Balanced Portfolio	%
imaxx TOP Conservative Portfolio	%
Managed Index Interest Options	
imaxx Canadian Bond Index	%
imaxx Canadian Fixed Pay Index	%
imaxx Canadian Equity Growth	%
imaxx Global Equity Growth	%
Dynamic Value Fund of Canada	%
AGF American Growth Class	%
CI American Value	%
Dynamic Global Discovery	%
Mackenzie Cundill Canadian Balanced	%
Fidelity Canadian Balance	%
TD Dividend Growth	%
CI Signature Select Canadian	%
Fidelity Canadian Disciplined Equity®	%
CI Canadian Small/Mid Cap	%
Mutual Beacon	%
CI Value Trust Corporate Class	%
AGF International Stock Class	%
Invesco International Growth Class	%
Mackenzie Cundill Value	%
Fidelity North Star®	%
Total	100%

7. WITHDRAWAL ORDER FOR MONTHLY DEDUCTIONS

Monthly Deduction Interest Option: _____ (specify Interest Option)
The Default Withdrawal Order applies if no Monthly Deduction Interest Option is specified.

8. AUTOMATIC TRANSFER TO FIXED RATE INTEREST OPTION

I understand that all amounts allocated to the Fixed Rate Interest Option Term of _____ years will be held in the Treasury Bill Interest Option until such amount exceeds \$499.99 at which time the balance in the Treasury Bill Interest Option will be transferred to the selected Fixed Rate Interest Option Term. The Treasury Bill Interest Option is not available if the Automatic Transfer Option is selected.

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 Supplement. If no Interest Option is chosen and there are no outstanding delivery requirements, 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 the 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. The Owner acknowledges and agrees that the interest rate applicable to the Index Interest Options may be either positive or negative depending on the performance of the particular Designated Index. A negative interest rate will reduce the Total Fund Value, the Cash Surrender Value, the Net Cash Surrender Value, the maximum Benefit Amount for a Living Benefit and the Death Benefit.

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 _____

If the Owner is a corporation, the signature name and title of the authorized signing officers thereof, as stated in the by-laws of the corporation, are required 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.

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Print name and title if corporation