

Transamerica Life Insurance Company
Transamerica Advisors Life Insurance Company
Western Reserve Life Assurance Co. of Ohio
(Hereafter referred to as the Company)

INCOME ENHANCEMENTSM ELECTION & PROOF OF CONFINEMENT QUESTIONNAIRE

Service Office and Mailing Address:
4333 Edgewood Rd. NE, Cedar Rapids IA 52499
Telephone: (800) 525-6205
Fax: (877) 355-4385

1. OWNER ELECTION (Completed by Owner)

Policy Owner Name

Policy Number

Name of Confined Individual

_____ (Owner initials) I hereby elect to activate the Income EnhancementSM benefit due to confinement in a hospital or Nursing Facility, as defined in the rider, for medical necessity. I understand that the rider withdrawal percentage will increase to double the maximum annual withdrawal percentage otherwise allowed under the rider. The rider with the Income EnhancementSM benefit was issued more than one year ago and the individual has been confined to the facility for a total of 180 days out of the last 365 days.

_____ (Owner initials) I understand that this is a conditional election, meaning upon discharge from the hospital or Nursing Facility the allowable withdrawal percentage will decrease to be the percentage in effect prior to activation of the Income EnhancementSM benefit. Further, if the Company determines that the individual is no longer confined or was not in a qualifying facility, then any withdrawals taken during the time that the individual did not qualify to receive the Income Enhancement benefit may be considered an "excess withdrawal" and may reduce the rider benefit available to the Owner.

_____ (Owner initials) I understand that if I am currently receiving systematic withdrawals then the systematic withdrawal amount will increase as a result of this election according to the terms of the rider. I understand my existing income tax withholding will remain the same but will be calculated based on the higher amount. If the Income EnhancementSM benefit is deactivated, which may occur upon, an Owner's written request, a determination by the Company that the facility is not a qualifying facility or the individual being no longer confined, my withdrawal percentage will return to the percentage in effect prior to the activation of this benefit.

By signing below, I acknowledge that the above statements are accurate and truthful. I understand the answers to these questions will be relied upon to provide withdrawals under an insurance or annuity policy, and I have read the Fraud and Disclosure Statements attached. I also understand proof of confinement is required by the Company annually.

Policy Owner Signature

Date

Joint Owner Signature

Date

2. HOSPITAL OR NURSING FACILITY INFORMATION (Completed by Facility Administrator/Physician)

To be completed by a Facility Administrator for a Nursing Facility or a Physician for a hospital.

Name of Confined Individual

Facility/Institution License Number*

Facility/Institution Name (as it appears on the facility's license or certification)

Facility/Institution Phone Number

Facility/Institution Address

Facility/Institution City, State, Zip

Facility/Institution Website

Facility/Institution Fax Number

***Please provide a copy of the facility license applicable to the confined individual's specific level of care. For example, if there are multiple wings/wards/units/floors/swing-beds, please provide the license for the assigned bed/room of the confined individual.**

3. FACILITY ADMINISTRATOR/PHYSICIAN QUESTIONNAIRE

Is the individual named in Section 2 currently confined to the facility named in Section 2?

- Yes - please provide date Confinement Commenced _____
- No - please provide beginning _____ and ending _____ Confinement dates.

Has the individual been confined to the facility named in Section 2 for a total of 180 days within the last 365 days?

- Yes No

Has the confinement for the individual named in Section 2 been prescribed by a physician based on the individual's inability to sustain himself or herself outside of the facility named above due to physical or cognitive ailments? Yes No

Please check the appropriate facility and answer the questions for that facility as they apply to the confined individual's specific level of care.

NURSING FACILITY

- A nursing facility may be either a freestanding facility or a distinct part of facility such as a ward, wing, unit or swing bed of a hospital or other institution. If the facility complex to which an insured person is confined consists of wards, wings, floors, units or swing beds, the area of the facility in which such insured person is confined must be licensed as a nursing facility and the insured person's assigned bed must be included as such license.
 - PLEASE NOTE: The term "Nursing Facility" does not include, for example: 1) a hospital (except as allowed in the HOSPITAL section on the following page); 2) a rehabilitation hospital; 3) a place which is primarily for treatment of mental or nervous disorders, drug addiction or alcoholism; 4) a home for the aged; 5) a rest home, community living center or place that provides domestic, resident, retirement or educational care; 6) assisted living facilities; 7) personal care homes; 8) residential care facilities; 9) adult foster care facilities; 10) congregate care facilities; 11) family and group assisted living facilities; 12) personal care boarding homes; 13) domiciliary care homes; 14) basic care facilities; or 15) similar facilities.
- Is the facility named in Section 2 licensed to operate as a nursing facility pursuant to the laws and regulations of the state in which it is located? Yes No
- Is the confined individual in a location within the Nursing Facility that provides care prescribed by a physician and performed or supervised by a registered graduate nurse, in addition to room and board accommodations? Yes No
 - If yes, are nursing services provided to the individual by an on-site Registered Nurse 24-hours a day, 7 days a week? Yes No
- Is the confined individual in a location within the Nursing Facility that has a planned program of policies and procedures developed with the advice of, and periodically reviewed by, at least one Doctor? Yes No
 - If yes, please provide the date of the last update of the policies and procedures _____
- Is the confined individual in a location within the Nursing Facility that maintains a clinical record of each patient? Yes No
 - If yes, how often are the clinical records updated? _____

3. FACILITY ADMINISTRATOR/PHYSICIAN QUESTIONNAIRE (continued)

ALZHEIMER'S DISEASE FACILITY

- Is the facility named in Section 2 licensed to operate as an Alzheimer's disease facility pursuant to the laws and regulations of the state in which it is located? Yes No
 - If yes, is the confined individual assigned to a bed in the Alzheimer's unit/facility? Yes No
 - If yes, has the confined individual been diagnosed with Alzheimer's/cognitive disorder? Yes No
- Is the confined individual in a location within the Alzheimer's Disease Facility that provides care prescribed by a physician and performed or supervised by a registered graduate nurse, in addition to room and board accommodations? Yes No
 - If yes, are nursing services provided to the individual by an on-site Registered Nurse 24-hours a day, 7 days a week? Yes No
- Is the confined individual in a location within the Alzheimer's Disease Facility that has a planned program of policies and procedures developed with the advice of, and periodically reviewed by, at least one Doctor? Yes No
 - If yes, please provide the date of the last update of the policies and procedures _____
- Is the confined individual in a location within the Nursing Facility that maintains a clinical record of each patient? Yes No
 - If yes, how often are the clinical records updated? _____

HOSPITAL

- Is the confined individual in an institution which operates pursuant due to the jurisdiction in which it is located as a hospital? Yes No
- Is the confined individual's bed in a location within the institution which operates primarily for the care and treatment of sick and injured persons on an inpatient basis? Yes No
- Is the confined individual's bed in a location within the institution which provides 24-hour on-site nursing service by or under the supervision of registered graduate professional nurses? Yes No
- Is the confined individual's bed in a location within the institution which is supervised by a staff of one or more licensed physicians? Yes No
- Is the confined individual's bed in a location within the institution which has medical, surgical and diagnostic facilities or access to such facilities? Yes No

By signing below, I acknowledge that the above statements are accurate and truthful and I am an authorized individual of the facility. I understand the answers to these questions will be relied upon to provide withdrawals under an insurance or annuity policy, and I have read the Fraud and Disclosure Statements attached.

Facility Administrator/Physician Name*

Facility Administrator/Physician Signature

Date

Notary Public Stamp

Notary Signature: _____

***A Corporate Resolution, Certificate of Incumbency or Articles of Incorporation showing the administrator is authorized to sign on behalf of the facility is required by the Company for nursing facilities or alzheimer's disease facilities.**

4. FRAUD AND DISCLOSURE STATEMENTS

ALASKA:

A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

ARKANSAS, LOUISIANA, RHODE ISLAND, TEXAS:

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

ARIZONA:

For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

CALIFORNIA:

For your protection California law requires the following statement to appear on this form. Any person who knowingly presents false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

COLORADO:

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

DELAWARE, INDIANA:

Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

DISTRICT OF COLUMBIA:

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

FLORIDA:

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree.

IDAHO:

Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

KENTUCKY:

Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

MAINE:

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

MARYLAND:

Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fine and confinement in prison.

MINNESOTA:

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NEW HAMPSHIRE:

Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

4. FRAUD AND DISCLOSURE STATEMENTS (continued)

NEW JERSEY:

Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

NEW MEXICO:

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

NEW YORK:

New York Law provides that same-sex marriages shall have all of the same benefits, protections and responsibilities under New York Law as are granted to spouses in a marriage.

Pursuant to Section 3 of the federal Defense of Marriage Act ("DOMA"), same-sex marriages currently are not recognized for purposes of federal law. Therefore, the favorable income-deferral options afforded by federal tax law to an opposite-sex spouse under Internal Revenue Code sections 72(s) and 401(a)(9) are currently NOT available to a same-sex spouse. Same-sex spouses who own or are considering the purchase of annuity products that provide benefits based upon status as a spouse should consult a tax advisor. To the extent that an annuity contract or certificate accords to spouses other rights or benefits that are not affected by DOMA, same-sex spouses remain entitled to such rights or benefits to the same extent as any annuity holders's spouse.

The Federal Government or another State Government may not recognize the benefits granted by New York Law. Individuals in a same-sex partnership may lose tax-deferral benefits in the event of an owner's death. You should seek expert tax advice to determine your rights.

OHIO:

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OKLAHOMA:

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

PUERTO RICO:

Any person who knowingly, and with the intention to defraud, includes false information in an application for insurance or files, assists or abets in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony, and if found guilty, shall be punished for each violation with a fine of no less than five thousand dollars (\$5000), not to exceed ten thousand dollars (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.

TENNESSEE, VIRGINIA:

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

WASHINGTON:

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Under the Washington Uniform Transfers to Minors Act, extending custodianship to age twenty-five may cause you to lose your annual exclusion from Gift Tax. We recommend you seek the advice of your tax counsel prior to making this election.

WEST VIRGINIA:

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.