

- Transamerica Life Insurance Company
- Transamerica Premier Life Insurance Company

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

Supplement to Application dated _____

Disability Income Rider Questionnaire

Name of Proposed Insured	Date of Birth
Name of employer and line of business:	
How long at current employer; if less than 1 year, how long in this type of occupation?	
What are your specific job duties?	
What is the number of hours you work per week?	
If Self-Employed: Name/Type of business?	
What are your specific job duties?	
How long have you been self-employed; if less than 1 year, how long in this type of occupation?	
Is your business operated from home; if so, percentage of time spent in home office?	
Number of employees?	
Have you ever had any major financial problems such as bankruptcy, judgments, or liens? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.	
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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.

I hereby represent, to the best of my knowledge and belief, that all the above statements are complete and true, and I agree that they shall form a part of the application and become a part of any contract of insurance issued on such application.

Dated at _____ this _____ day of _____, 2_____.

Signature of Proposed Insured

Signature of Agent