

EXHIBIT 2 – ANNUITY APPLICATION



Transamerica Landmark Variable Annuity Application

For use in all states except Florida, Massachusetts, New Jersey, North Carolina and Oregon

Mail the application and a check to:
Transamerica Life Insurance Company

Mailing Address:
4333 Edgewood Road NE
Cedar Rapids, IA 52499
Telephone: (800) 525-6205

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Fraud and Disclosure Statements

For Applicants in AZ

Upon your written request, the Company is required to provide, within a reasonable time, reasonable factual information concerning the benefits and provisions of the contract to you. If for any reason you are not satisfied with the contract, you may return it within thirty days after it is delivered and receive a refund equal to the premiums paid, including any policy or contract fees or other charges, less the amounts allocated to any separate accounts under the policy or contract, plus the value of any amounts allocated to any separate accounts under the policy or contract on the date the returned policy is received by the insurer.

For Applicants in AR, LA, WV

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.

For Applicants in CO

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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

For Applicants in DC

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.

For Applicants in KY

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

For Applicants in ME

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.

For Applicants in NM

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.

For Applicants in OH

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.

For Applicants in OK

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.

For Applicants in PA

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or 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 and subjects such person to criminal and civil penalties.

Must be returned with Completed Application

Fraud and Disclosure Statements (continued)

For Applicants in TN, VA

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.

For Applicants in WA

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.

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

Must be returned with Completed Application

100519 LK8

Transamerica Landmark Variable Annuity



Home Office: Cedar Rapids, IA
Mailing Address: Transamerica Life Insurance Company
4333 Edgewood Road NE, Cedar Rapids, IA 52499
Telephone: (800) 525-6205

1. ANNUITANT

Full Name: Patrick Garvey
Residential Address: [Redacted] City, State, Zip: Cranston, RI 02910
Mailing Address: [Redacted] City, State, Zip: [Redacted]
SSN/TIN: [Redacted] Date of Birth: [Redacted]
Telephone: [Redacted] E-mail Address: [Redacted]
Sex: [X] Male [] Female
Citizenship: [X] U.S. Citizen/Resident Alien [] Non-Resident Alien (Country of Residence: [Redacted])

*Residential Address must be completed and cannot be a P.O. Box.

2. OWNERSHIP

A. PRIMARY OWNER

[] Same as Annuitant Linking Number (if applicable):
Full Name: Estela Rodrigues
Residential Address: [Redacted] City, State, Zip: Barrington, RI 02806
Mailing Address: [Redacted] City, State, Zip: [Redacted]
SSN/TIN: [Redacted] Date of Birth: [Redacted]
Telephone: [Redacted] E-mail Address: [Redacted]
Sex: [] Male [X] Female
Citizenship: [X] U.S. Citizen/Resident Alien [] Non-Resident Alien (Country of Residence: [Redacted])

B. JOINT OWNER (if applicable)

Relationship to Primary Owner:
Full Name:
Residential Address: City, State, Zip:
Mailing Address: City, State, Zip:
SSN/TIN: Date of Birth:
Telephone: E-mail Address:
Sex: [] Male [] Female
Citizenship: [] U.S. Citizen/Resident Alien [] Non-Resident Alien (Country of Residence: [Redacted])

*Residential Address must be completed and cannot be a P.O. Box.

A Trustee Certification Form is required if a Trust is named as Owner.

3. BENEFICIARY DESIGNATION (If there are more than 3 beneficiaries, attach a separate sheet)

Full Name: Estela Rodrigues

Relationship: owner

Mailing Address: [REDACTED] City, State, Zip: [REDACTED]

SSN/TIN: [REDACTED] Date of Birth: [REDACTED]

Sex: Male Female Primary Contingent 100 %

Full Name: _____

Relationship: _____

Mailing Address: _____ City, State, Zip: _____

SSN/TIN: _____ Date of Birth: _____

Sex: Male Female Primary Contingent _____ %

Full Name: _____

Relationship: _____

Mailing Address: _____ City, State, Zip: _____

SSN/TIN: _____ Date of Birth: _____

Sex: Male Female Primary Contingent _____ %

Beneficiary designation(s) must total 100%.

A Trustee Certification Form is required if a Trust is named as Beneficiary.

4. INITIAL PURCHASE PAYMENT

Check/Wire Enclosed \$ 290,000.00

Carrier to request release of funds \$ _____

Agent/Client to request release of funds \$ _____

5. NON-QUALIFIED INFORMATION

New Money

1035 Exchange

CD/Mutual Fund Liquidation

6. QUALIFIED INFORMATION

IRA Roth IRA SEP/IRA 403(b) Other _____

Source of Funds:

New Money: Tax Year _____ (Defaults to Current Calendar Year)

Trustee to Trustee Transfer

Rollover From:

IRA

ROTH IRA - Date first established _____

SEP/IRA

403(b)

Converted ROTH - Date of conversion _____

Other _____

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7. GUARANTEED DEATH BENEFITS

If no option is specified, the Return of Premium Death Benefit will apply. Your selection cannot be changed after the policy has been issued.

The Living/Withdrawal Benefit Rider(s) in Section 8 are not available if you have chosen the Double Enhanced Death Benefit.

- Return of Premium Death Benefit (Issue Ages: 0 to 90)
- Annual Step-Up Death Benefit (Issue Ages: 0 to 75)
- Double Enhanced Death Benefit (Issue Ages: 0 to 75)

Additional Death Benefit Rider(s) - only one Additional Death Benefit can be elected:

- Additional Death Distribution (Issue Ages: 0 to 80) - Not available in MN and WA
- Additional Death Distribution + (Issue Ages: 0 to 75) - Not available in MN and WA

8. AVAILABLE LIVING/WITHDRAWAL BENEFIT RIDERS

For the description and applicable fees for the rider(s) listed below, check the prospectus. If a rider is not selected, it will not apply. Only one Living/Withdrawal Benefit can be elected.

- Guaranteed Principal Solution Rider (Issue Ages: 0 to 80)
- Retirement Income Choice Rider (Issue Ages: 0 to 85)
 - Single
 - Joint (Joint Owner in Section 2B or Sole Beneficiary in Section 3 must be a spouse).

Additional Retirement Income Choice Rider options (more than one option may be selected):

- Death Benefit
- Income Enhancement - Not available in CT

9. OTHER AVAILABLE RIDERS

For the description and applicable fees for the rider(s) listed below, check the prospectus. If a rider is not selected, it will not apply.

- Liquidity Rider (Issue Ages: 0 to 90)

10. PORTFOLIO INVESTMENT STRATEGY

Immediate Investment (Future Premium Allocations will be invested in this manner unless otherwise specified.)
 I elect to allocate 100% of my contributions according to the percentage(s) listed in "Immediate Investment Allocation". Complete Section 11. For CA Residents age 60 and over, please include the Immediate Investment Form.

Dollar Cost Averaging (DCA) Program
 I elect to allocate 100% of my contributions according to the percentage(s) listed in "Dollar Cost Averaging Program". Complete Section 12.

Combined: Immediate Investment and DCA Program
 Please complete Section 11 and Section 12.

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11. IMMEDIATE INVESTMENT/COMBINED ALLOCATION

Portion of Initial Premium to be allocated to Dollar Cost Averaging Program (if applicable):

___% Dollar Cost Averaging (\$500 minimum per transfer) - Please complete Section 12. ⁽¹⁾

Portion of Initial Premium to be immediately invested:

Fixed Accounts:*

___% 1 Year Fixed Guaranteed Period Option ⁽¹⁾ ___% 5 Year Fixed Guaranteed Period Option ⁽¹⁾
___% 3 Year Fixed Guaranteed Period Option ⁽¹⁾ ___% 7 Year Fixed Guaranteed Period Option ⁽¹⁾

Variable Sub-Accounts:

- | | |
|--|---|
| ___% 100.0% Transamerica Money Market ⁽¹⁾ | ___% International Moderate Growth Fund ⁽¹⁾ |
| ___% Asset Allocation - Conservative Portfolio ⁽¹⁾ | ___% PIMCO Total Return ⁽¹⁾ |
| ___% Asset Allocation - Moderate Portfolio ⁽¹⁾ | ___% Transamerica Balanced ⁽¹⁾ |
| ___% Asset Allocation - Moderate Growth Portfolio ⁽¹⁾ | ___% Transamerica U.S. Government Securities ⁽¹⁾ |
| ___% Asset Allocation - Growth Portfolio | ___% Marsico Growth |
| ___% AIM V.I. Basic Value Fund | ___% MFS High Yield |
| ___% AIM V.I. Capital Appreciation Fund | ___% MFS New Discovery Series |
| ___% AllianceBernstein Growth and Income Portfolio | ___% MFS International Equity |
| ___% AllianceBernstein Large Cap Growth Portfolio | ___% MFS Total Return Series |
| ___% American Century Large Company Value | ___% Mutual Shares Securities Fund |
| ___% BlackRock Large Cap Value | ___% Templeton Foreign Securities Fund |
| ___% Capital Guardian Global | ___% Templeton Transamerica Global |
| ___% Capital Guardian U.S. Equity | ___% Transamerica Convertible Securities |
| ___% Capital Guardian Value | ___% Transamerica Equity |
| ___% Clarion Global Real Estate Securities | ___% Transamerica Growth Opportunities |
| ___% Fidelity - VIP Contrafund [®] Portfolio | ___% Transamerica Science & Technology |
| ___% Fidelity - VIP Equity-Income Portfolio | ___% Transamerica Small/Mid Cap Value |
| ___% Fidelity - VIP Growth Portfolio | ___% T. Rowe Price Equity Income |
| ___% Fidelity - VIP Mid Cap Portfolio | ___% T. Rowe Price Growth Stock |
| ___% Fidelity - VIP Value Strategies Portfolio | ___% T. Rowe Price Small Cap |
| ___% Franklin Income Securities Fund | ___% Van Kampen Active International Allocation |
| ___% Janus Aspen - Mid Cap Growth Portfolio | ___% Van Kampen Large Cap Core |
| ___% Janus Aspen - Worldwide Growth Portfolio | ___% Van Kampen Mid-Cap Growth |
| ___% Jennison Growth | ___% Other _____ |
| ___% JPMorgan Enhanced Index | ___% Other _____ |
| ___% Legg Mason Partners All Cap | 100% |

*Guaranteed Period Option premium limits may apply.
Only the 1 year Guaranteed Period is available in the following states: CT, PA, VT, VA.
Guaranteed Period Options are not available in the following states: AL, KY, MD, MN, WA.

⁽¹⁾If either the Double Enhanced Death Benefit in Section 7 or the Retirement Income Choice Rider in Section 8 is elected, allocations are only allowed among these Designated Funds.

12. DOLLAR COST AVERAGING (DCA) PROGRAM

There is a minimum of \$500 for each DCA Transfer. The minimum length for a DCA Program is six (6) months .

Transfer from:

- DCA Fixed Account
- Transamerica Money Market
- Transamerica US Government Securities

Frequency:

- Monthly Quarterly

Number of Transfers:*

- 4 6 8 12 24 Other: _____

Transfer to Subaccounts:

- | | |
|--|---|
| ____.0% Transamerica Money Market ¹⁾ | ____.0% International Moderate Growth Fund ¹⁾ |
| ____.0% Asset Allocation - Conservative Portfolio ¹⁾ | ____.0% PIMCO Total Return ¹⁾ |
| ____.0% Asset Allocation - Moderate Portfolio ¹⁾ | ____.0% Transamerica Balanced ¹⁾ |
| ____.0% Asset Allocation - Moderate Growth Portfolio ¹⁾ | ____.0% Transamerica U.S. Government Securities ¹⁾ |
| | |
| ____.0% Asset Allocation - Growth Portfolio | ____.0% Marsico Growth |
| ____.0% AIM V.I. Basic Value Fund | ____.0% MFS High Yield |
| ____.0% AIM V.I. Capital Appreciation Fund | ____.0% MFS Total Return Series |
| ____.0% AllianceBernstein Growth and Income Portfolio | ____.0% MFS International Equity |
| ____.0% AllianceBernstein Large Cap Growth Portfolio | ____.0% MFS New Discovery Series |
| ____.0% American Century Large Company Value | ____.0% Mutual Shares Securities Fund |
| ____.0% BlackRock Large Cap Value | ____.0% Templeton Foreign Securities Fund |
| ____.0% Capital Guardian Global | ____.0% Templeton Transamerica Global |
| ____.0% Capital Guardian U.S. Equity | ____.0% Transamerica Convertible Securities |
| ____.0% Capital Guardian Value | ____.0% Transamerica Equity |
| ____.0% Clarion Global Real Estate Securities | ____.0% Transamerica Growth Opportunities |
| ____.0% Fidelity - VIP Contrafund [®] Portfolio | ____.0% Transamerica Science & Technology |
| ____.0% Fidelity - VIP Equity-Income Portfolio | ____.0% Transamerica Small/Mid Cap Value |
| ____.0% Fidelity - VIP Growth Portfolio | ____.0% T. Rowe Price Equity Income |
| ____.0% Fidelity - VIP Mid Cap Portfolio | ____.0% T. Rowe Price Growth Stock |
| ____.0% Fidelity - VIP Value Strategies Portfolio | ____.0% T. Rowe Price Small Cap |
| ____.0% Franklin Income Securities Fund | ____.0% Van Kampen Active International Allocation |
| ____.0% Janus Aspen - Mid Cap Growth Portfolio | ____.0% Van Kampen Large Cap Core |
| ____.0% Janus Aspen - Worldwide Growth Portfolio | ____.0% Van Kampen Mid-Cap Growth |
| ____.0% Jennison Growth | ____.0% Other _____ |
| ____.0% JPMorgan Enhanced Index | ____.0% Other _____ |
| ____.0% Legg Mason Partners All Cap | 100% |

*Washington applicants, DCA cannot exceed twelve months or four quarters.

¹⁾If either the Double Enhanced Death Benefit in Section 7 or the Retirement Income Choice Rider in Section 8 is elected, allocations are only allowed among these Designated Funds.

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13. ASSET REBALANCING

Rebalancing will not begin until completion of DCA Program, if applicable. Money invested in the Fixed Account is not included. More than one fund must be selected to participate in this program. If you would like to rebalance to a mix other than indicated in "Immediate Investment Allocation," please complete the Optional Services Form.

I elect Asset Rebalancing: No Yes

Rebalance the variable subaccounts according to my Immediate Investment Allocation using the frequency indicated below.

Monthly Quarterly Semi-Annually Annually

14. REPLACEMENT INFORMATION

All questions in this section must be answered.

A. Do you have any existing annuity policies or life insurance contracts?

No
 Yes

B. Will this annuity replace or change any existing annuity or life insurance?

No
 Yes (Complete the following information.)

Company: _____

Policy #: _____

15. APPLICANT INFORMATION

Check here if you want to be sent a copy of "Statement of Additional Information."

Did the agent or registered representative present and leave the applicant sales material?

No
 Yes

16. TELEPHONE AUTHORIZATION

Please complete this section to authorize you and/or your Agent of record to make transfer requests via our recorded telephone line or internet. If no option is selected, the authorization will default to the Owner(s).

Owner(s) Only Owner(s) and Owner's Agent of record

17. SIGNATURE(S) OF AUTHORIZATION ACCEPTANCE

- Unless I have notified the Company of a community or marital property interest in this contract, the Company will rely on good faith belief that no such interest exists and will assume no responsibility for inquiry.
- To the best of my knowledge and belief, all of my statements and answers on this application are correct and true.
- I am in receipt of a current prospectus for this variable annuity.
- I am in receipt of the privacy notice.
- This application is subject to acceptance by Transamerica Life Insurance Company. If this application is rejected for any reason, Transamerica Life Insurance Company will be liable only for return of purchase payment paid.
- I understand that federal law requires all financial institutions to obtain customer information, including the name, residential address, date of birth, Social Security Number or Tax Identification Number and any other information necessary to sufficiently identify each customer. I understand that failure to provide this information could result in the annuity contract not being issued, delayed or unprocessed transactions, or annuity contract termination.
- **For Applicants in all states except AL, CT, KY, MD, MN, PA, VT, VA, WA:** When funds are allocated to the Fixed Accounts in Section 11, policy values may increase or decrease in accordance with an Excess Interest Adjustment prior to the end of the Guaranteed Period.
- **Connecticut Applicants:** An illustration has been provided showing the minimum interest rate percentage applicable to the Fixed Account and I have reviewed it.

THE FIXED ACCOUNT OF THIS POLICY GUARANTEES A MINIMUM INTEREST PERCENTAGE OF 1.50. THIS RATE MAY BE LOWER THAN THE REQUIRED INTEREST RATE FOR CALCULATING MINIMUM SURRENDER VALUES. READ YOUR CONTRACT CAREFULLY.

I HAVE REVIEWED MY FINANCIAL OBJECTIVES AND INSURANCE NEEDS, INCLUDING ANY EXISTING ANNUITY COVERAGE, AND FIND THE ANNUITY BEING APPLIED FOR IS APPROPRIATE FOR MY NEEDS.

I have read the Fraud and Disclosure Statements listed on pages 3 and 4 of this application.

Account values when allocated to any of the subaccounts in Section 11 and Section 12 are not guaranteed as to fixed dollar amount.

Signed at: Cranston RI
City State

Date: 3/12/08

Owner(s) Signature: Estela Rodriguez

Joint Owner(s) Signature: X

Annuitant Signature (if not Owner): Patrick J. Barry

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18. REPRESENTATIVE/AGENT INFORMATION

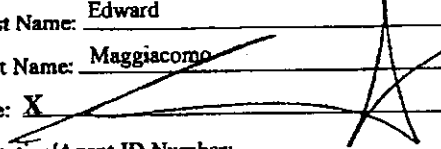
- A. Does the applicant have any existing annuity policies or life insurance contracts?
 No
 Yes
- B. Do you have any reason to believe the annuity applied for will replace or change any existing annuity or life insurance?
 No
 Yes
- C. Did you present and leave the applicant insurer-approved sales material?
 No
 Yes

REMINDER - If applicable, submit the appropriate state replacement form(s) if the Applicant's state has Replacement Regulations.


For Connecticut Applicants - I have provided an illustration showing the minimum interest rate percentage applicable to the Fixed Account and reviewed it with the Applicant.

I HAVE MADE REASONABLE EFFORTS TO OBTAIN INFORMATION CONCERNING THE CONSUMER'S FINANCIAL STATUS, TAX STATUS, INVESTMENT OBJECTIVES AND SUCH OTHER INFORMATION USED OR CONSIDERED TO BE REASONABLE IN MAKING THE ANNUITY RECOMMENDATION AND FIND THE ANNUITY BEING APPLIED FOR APPROPRIATE FOR HIS/HER NEEDS.

#1: Registered Representative/Licensed Agent

Print First Name: Edward
 Print Last Name: Maggiacomo
 Signature: 
 Representative/Agent ID Number: 178567
 Email Address (Optional):
 Phone Number: (484) 383-3955 585 424-5672
 Firm Name: LifeMark Securities Corp
 Firm Address: 400 West Metro Financial Center, Rochester, NY 14623

#2: Registered Representative/Licensed Agent

Print First Name: _____
 Print Last Name: _____
 Signature: 
 Representative/Agent ID Number: _____
 Email Address (Optional): _____
 Phone Number: _____

For Representative/Agent Use Only - Contact your home office for program information.

- Option A (not available with the Liquidity Rider)
 - Option B
 - Option C
- (Once selected, program cannot be changed)

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IMPORTANT NOTICE:
REPLACEMENT OF LIFE INSURANCE OR ANNUITIES
This document must be signed by the applicant and the producer, if there is one,
and a copy left with the applicant.

You are contemplating the purchase of a life insurance policy or annuity contract. In some cases this purchase may involve discontinuing or changing an existing policy or contract. If so, a replacement is occurring. Financed purchases are also considered replacements. A replacement occurs when a new policy or contract is purchased and, in connection with the sale, you discontinue making premium payments on the existing policy or contract, or an existing policy or contract is surrendered, forfeited, assigned to the replacing insurer, or otherwise terminated or used in a financed purchase. A financed purchase occurs when the purchase of a new life insurance policy involves the use of funds obtained by the withdrawal or surrender of or by borrowing some or all of the policy values, including accumulated dividends, of an existing policy, to pay all or part of any premium or payment due on the new policy. A financed purchase is a replacement. You should carefully consider whether a replacement is in your best interest. You will pay acquisition costs and there may be surrender costs deducted from your policy or contract. You may be able to make changes to your existing policy or contract to meet your insurance needs at less cost. A financed purchase will reduce the value of your existing policy and may reduce the amount paid upon the death of the insured. We want you to understand the effects of replacements before you make your purchase decision and ask that you answer the following questions and consider the questions on the back of this form.

1. Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating your existing policy or contract? YES NO
2. Are you considering using funds from your existing policies or contracts to pay premiums due on the new policy or contract? YES NO

If you answered "yes" to either of the above questions, list each existing policy or contract you are contemplating replacing (include the name of the insurer, the insured, and the contract number if available) and whether each policy will be replaced or used as a source of financing:

INSURER NAME	CONTRACT OR POLICY#	INSURED	REPLACED (R) OR FINANCING (F)
1. _____			
2. _____			
3. _____			

Make sure you know the facts. Contact your existing company or its agent for information about the old policy or contract. (If you request one, an in-force illustration, policy summary or available disclosure documents must be sent to you by the existing insurer.) Ask for and retain all sales material used by the agent in the sales presentation. Be sure that you are making an informed decision.

The existing policy or contract is being replaced because NO REPLACEMENT

30 DAY RIGHT TO CANCEL
If you are replacing the above coverage and for any reason you are not satisfied with the contract or policy, if issued by Company, you may return it to us within 30 days of the delivery of the contract or policy and receive an unconditional full refund of all premiums or considerations paid on it, including any contract fees or charges or, in the case of a variable or market value adjustment contract or policy, a payment of the cash surrender value provided under the contract or policy, plus the fees and other charges deducted from the gross premiums or considerations or imposed under such contract or policy. You may return it by delivering or mailing it to our Administrative Office, 4333 Edgewood Road NE, Cedar Rapids, IA 52499, or to the agent from whom you purchased this contract or policy.

I certify that the responses herein are, to the best of my knowledge, accurate:

Estela Rodriguez
Applicant's Signature and Printed Name

3/12/08
Date

Edward L. Maggiano Sr
Producer's Signature and Printed Name

3/12/08
Date

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I do not want this notice read aloud to me. _____ (Applicants must initial only if they do not want the notice read aloud.)

A replacement may not be in your best interest, or your decision could be a good one. You should make a careful comparison of the costs and benefits of your existing policy or contract and the proposed policy or contract. One way to do this is to ask the company or agent that sold you your existing policy or contract to provide you with information concerning your existing policy or contract. This may include an illustration of how your existing policy or contract is working now and how it would perform in the future based on certain assumptions. Illustrations should not, however, be used as a sole basis to compare policies or contracts. You should discuss the following with your agent to determine whether replacement or financing your purchase makes sense:

PREMIUMS:

- Are they affordable?
- Could they change?
- You're older - are premiums higher for the proposed new policy?
- How long will you have to pay premiums on the new policy? On the old policy?

POLICY VALUES:

- New policies usually take longer to build cash values and to pay dividends.
- Acquisition costs for the old policy may have been paid; you will incur costs for the new one.
- What surrender charges do the policies have?
- What expense and sales charges will you pay on the new policy?
- Does the new policy provide more insurance coverage?

INSURABILITY:

- If your health has changed since you bought your old policy, the new one could cost you more, or you could be turned down.
- You may need a medical exam for a new policy.
- (Claims on most new policies for up to the first two years can be denied based on inaccurate statements.
- Suicide limitations may begin anew on the new coverage.)

IF YOU ARE KEEPING THE OLD POLICY AS WELL AS THE NEW POLICY:

- How are premiums for both policies being paid?
- How will the premiums on your existing policy be affected?
- Will a loan be deducted from death benefits?
- What values from the old policy are being used to pay premiums?

IF YOU ARE SURRENDERING AN ANNUITY OR INTEREST SENSITIVE LIFE PRODUCT:

- Will you pay surrender charges on your old contract?
- What are the interest rate guarantees for the new contract?
- Have you compared the contract charges or other policy expenses?

OTHER ISSUES TO CONSIDER FOR ALL TRANSACTIONS:

- What are the tax consequences of buying the new policy?
- Is this a tax-free exchange? (See your tax advisor.)
- Is there a benefit from favorable "grandfathered" treatment of the old policy under the federal tax code?
- Will the existing insurer be willing to modify the old policy?
- How does the quality and financial stability of the new company compare with your existing company?

What Insurer-approved sales materials were presented and given to the applicant?

Description of Material (ex: brochure, folder, highlight sheet): _____

Identifying number given to the sales material (Usually found in the bottom corner): _____

What Insurer-approved sales materials were presented and given to the applicant?

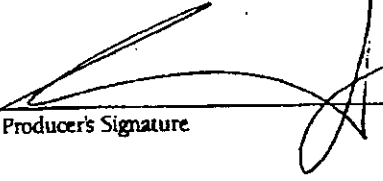
Description of Material (ex: brochure, folder, highlight sheet): _____

Identifying number given to the sales material (Usually found in the bottom corner): _____

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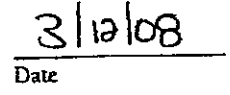
Identifying number given to the sales material (Usually found in the bottom corner): _____



Producer's Signature



Producer's Printed Name



Date