

EXHIBIT 1

KANSAMERICA CAPITAL BUILDER Fixed Annuity Application
TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: Cedar Rapids, IA Mailing Address: 4333 Edgewood Road N.E., Cedar Rapids, IA 52499

Telephone: (800) 553-5957

 Policy Number: 02CBT 111634

network to 12542074

ANNUITANT FULL NAME Harry H. (DU)
 Residential Address: 1708 Broadfield LN Vienna, Va 22182
 Mailing Address: Same
 SSN: 556-87-1733 DOB: 2/08/37 Telephone Number: 703-476-7459 Sex: ☒ M ☐ F
 U.S. Citizen ☒ Yes ☐ No (Country of Citizenship: _____) ☐ Resident Alien ☐ Non-Resident Alien

PRIMARY OWNER ☒ Same as Annuitant

Full Name: _____
 Residential Address: _____
 Mailing Address: _____
 SSN: _____ DOB: _____ Telephone Number: _____ Sex: ☐ M ☐ F
 U.S. Citizen ☐ Yes ☐ No (Country of Citizenship: _____) ☐ Resident Alien ☐ Non-Resident Alien

JOINT OWNER Relationship to Primary Owner: _____

Full Name: _____
 Residential Address: _____
 SSN: _____ DOB: _____ Telephone Number: _____ Sex: ☐ M ☐ F
 U.S. Citizen ☐ Yes ☐ No (Country of Citizenship: _____) ☐ Resident Alien ☐ Non-Resident Alien

BENEFICIARY(IES) If there are more than two (2) beneficiaries, attach an Additional Beneficiary Form. (Must total 100%)

Full Name: YU LING
 Relationship to Annuitant: Relative cousin ☒ Primary ☐ Contingent 100 %
 SSN: n/a Sex: ☐ M ☐ F
 Full Name: _____
 Relationship to Annuitant: _____ ☐ Primary ☐ Contingent _____ %
 SSN: _____ Sex: ☐ M ☐ F

TOTAL PURCHASE AMOUNT \$ 1,000,000.00 ☒ Non-Qualified ☐ Qualified

☒ New Money Qualified Plan Type: _____ Contribution Year: _____
☐ Transfer From: ☐ 1035 Exchange ☐ Direct Transfer ☐ Roth Conversion Requested by: ☐ Agent/Client ☐ Carrier
☐ Rollover From (Type of Plan): _____ Transfer/Rollover Amount \$ _____

PRODUCT FEATURES

Guarantee Period Options (You must select only ONE option): ☒ 1 Year ☐ 5 Year

Optional Riders:

☐ Transamerica Guaranteed Lifetime Income (Issue Ages 0-80) Not available in WA ☐ Single ☐ Joint
 (If Joint is selected, the Joint Owner or Sole Beneficiary must be a spouse. Complete the appropriate sections, if applicable.)

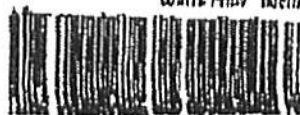
* Address must be completed and cannot be a P.O. Box. Entities should provide the principal place of business.
 * A Trustee Certification Form is required if a Trust is named as Owner or Beneficiary.

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WHITE COPY - INSURANCE COMPANY - YELLOW COPY - POLICYHOLDER - PINK COPY - AGENT

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Feb. 03 2009 03:45PM PS

FAX NO. :

FROM :

0009798.452.02/05/2009 09.10

SIGNATURE(S) OF AUTHORIZATION ACCEPTANCE - All questions in this section must be answered

- ☐ No ☒ Yes Did the agent present and leave the applicant insurer-approved sales material?
☒ No ☐ Yes Do you have any existing annuity policies/life insurance contracts?
☒ No ☐ Yes Will this annuity replace or change any existing annuity or life insurance? (Complete the information below.)

Company: _____

Policy #: _____

- Unless I have notified Transamerica Life Insurance Company of a community or marital property interest in this contract, Transamerica Life Insurance 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.
- 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.

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 Used in this application.

Signed at: Washington DC Date: 1/29/09
 Owner Signature: X Haley Date: 1/29/09
 Joint Owner Signature: X
 Assistant Signature (if not Owner): X

AGENT INFORMATION - All questions in this section must be answered

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

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

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.

I certify that I have truly and accurately recorded on the application the information that was provided to me by the applicant.

Agent Full Name: Abdial A. MarcAgent ID Number: 214P Agent Code: _____Solicitor Code: _____ General Agency Code: PNCTPhone Number: 202 957-1567 Email Address (Optional): _____Signature: X Abdial A. Marc

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After completing this application you must remove all copies and insert the customer's copy loosely into the policy.

Feb. 03 14:53 PM 2009

FROM X03

FROM