



TOP AND TOP PLUS PROGRAMS¹ INTERACTIVE CHART

[Top Programs—Eligible Term Carriers](#)

[TOP and TOP Plus Programs Chart](#)

If clients have been sold a term policy within the past 5 years and have been fully underwritten by an eligible carrier **CLICK** on the buttons below to view Top and Top Plus eligibility.

What underwriting class were they previously issued?

Preferred or
Standard classes

Standard Plus or
Preferred Plus classes

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Insurance Products offered by Transamerica Life Insurance Company, Cedar Rapids, IA 52499.
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TOP AND TOP PLUS PROGRAMS¹ INTERACTIVE CHART

[Top Programs—Eligible Term Carriers](#)

[TOP and TOP Plus Programs Chart](#)

[Return to Start](#)

What age are they nearest?

[Age 60 or younger](#)

[Over age 60](#)

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Must be fully underwritten

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How long ago was the policy issued?

1 year or less

3 years or less

5 years or less

More than 5 years

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Top Programs—Eligible Term Carriers

TOP and TOP Plus Programs Chart

Return to Start

TOP Program

Can qualify for up to \$1M*

*Regardless of previously issued face amount.

Application Requirements

When submitting an application for TOP or TOP Plus, please make sure that the following items are included:¹

- Basic Application (APA-40) for new TransTermSM policy
A note in the remarks section of the application indicating that the policy is being applied for under "TOP" or "TOP Plus" should be included.
- Non-Medical Report — Part 2 (MPN-1)
- MIB Authorization
- All other signed state-specific authorizations and disclosures
- Face page of the previously fully underwritten policy from an eligible carrier. If the previously issued policy is from TLIC, only the policy number needs to be supplied in the remarks or cover letter.

These modified requirements remain as "initial" requirements and additional evidence may be requested as the Underwriter reviews the case.

10. Is any application for life insurance pending with any other company? Yes No
If yes, give company name, amount applied for and total amount to be placed.

11. Are there any life insurance policies on the life of the Proposed Insured that you do not own, including but not limited to any that you have sold or settled? Yes No If yes, give insurance company name, owner's name, and amount of insurance of each policy.

12. Mail Additional Premium Notice To: _____
Address: _____
City: _____ State: _____ Zip: _____ Country: _____

Yes No *Yes means any person proposed to be insured.

13. Have you ever participated in, or within the next two years do you intend to participate in, hang-gliding, sky diving, parachuting, ultralight flying, vehicle racing, scuba diving, mountain or rock climbing, ice/snow, competitive skiing or snowboarding, extreme sports or other hazardous activities? If yes, complete Sports and Recreational Activities Questionnaire.

14. Do you plan to travel in the next 12 months for business or pleasure to a destination outside the U.S., Canada, Western Europe, Hong Kong, Japan or New Zealand? If yes, complete Residency & Travel Questionnaire.

15. Have you used nicotine at any time? _____ Date Last Used: _____
 Cigarettes
 Cigar/Pipe/Chewing Tobacco
 Other: _____

16. Driver's License # _____ State: _____
In the past five years, have you been convicted of or pleaded guilty to:
 a. Moving violations? If yes, give dates and type.
 b. Driving under the influence of alcohol and/or other drugs? If yes, give dates.
 c. Reckless driving? If yes, give dates.

17. Except as a passenger on a regularly scheduled flight, has the Proposed Insured flown within the past 2 years, or does the Proposed Insured plan to fly in the future other than as a passenger? If yes, complete Flight Questionnaire.

18. Have you ever been convicted of a felony, misdemeanor or infraction, or had a traffic violation? If yes, provide full details including date.

19. Are you a member of the armed forces including reserves? Intend to become a member? Any deployment orders outside U.S.? If yes, provide full details including dates.

20. Is the Proposed Insured currently in bankruptcy or has the Proposed Insured been the subject of any voluntary or involuntary bankruptcy proceedings within the last 12 months? If yes, provide full details including Chapter 7, 11 or 13, date filed, and date of discharge and assets.

Remarks: Give details for any questions answered per _____

I, the Proposed Insured, and, the Owner if different, hereby represent that the statements and answers given in this application are true, complete and correctly recorded. I/we agree: (1) this application shall constitute Part 1, Part 2, and any required application supplement(s) (Questionnaire(s)), and shall be the basis for any contract issued on this application; (2) except as otherwise provided in the conditional receipt, if issued, with the same Proposed Insured as on this application, any contract issued on this application shall not take effect until after all of the following conditions have been met: (a) the full first premium is paid; (b) the Owner has personally received the contract during the lifetime of and while the Proposed Insured is in good health; and (c) all of the statements and answers given in this application must be true and complete as of the date of Owner's personal receipt of the contract and that the contract will not take effect if the facts have changed; (3) no waiver or modification shall be binding upon Transamerica Life Insurance Company (the Company) unless in writing and signed by the President or a Vice President and the Secretary or an Assistant Secretary.

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LPNA011008T1A

18. Have you ever been convicted of a felony, misdemeanor or infraction, or had a traffic violation? If yes, provide full details including date.

19. Are you a member of the armed forces including reserves? Intend to become a member? Any deployment orders outside U.S.? If yes, provide full details including dates.

20. Is the Proposed Insured currently in bankruptcy or has the Proposed Insured been the subject of any voluntary or involuntary bankruptcy proceedings within the last 12 months? If yes, provide full details including Chapter 7, 11 or 13, date filed, and date of discharge and assets.

Remarks: Give details for any questions answered per *TOP Program*

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Top Programs—Eligible Term Carriers

TOP and TOP Plus Programs Chart

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TOP Program

Can qualify for up to \$750K*

*Regardless of previously issued face amount.

Application Requirements

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- Basic Application (APA-40) for new TransTermSM policy
A note in the remarks section of the application indicating that the policy is being applied for under "TOP" or "TOP Plus" should be included.
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10. Is any application for life insurance pending with any other company? Yes No
If yes, give company name, amount applied for and total amount to be placed.

11. Are there any life insurance policies on the life of the Proposed Insured that you do not own, including but not limited to any that you have sold or settled? Yes No If yes, give insurance company name, owner's name, and amount of insurance of each policy.

12. Mail Additional Premium Notice To: _____
Address: _____
City: _____ State: _____ Zip: _____ Country: _____

Yes No *Yes means any person proposed to be insured.

13. Have you ever participated in, or within the next two years do you intend to participate in, hang-gliding, sky diving, parachuting, ultralight flying, vehicle racing, scuba diving, mountain or rock climbing, ice/snow, competitive skiing or snowboarding, extreme sports or other hazardous activities? If yes, complete Sports and Recreational Activities Questionnaire.

14. Do you plan to travel in the next 12 months for business or pleasure to a destination outside the U.S., Canada, Western Europe, Hong Kong, Japan or New Zealand? If yes, complete Residency & Travel Questionnaire.

15. Have you used nicotine at any time? _____ Date Last Used: _____
 Cigarettes
 Cigar/Pipe/Chewing Tobacco
 Other _____

16. Driver's License # _____ State: _____
In the past five years, have you been convicted of or pleaded guilty to:
 a. Moving violations? If yes, give dates and types.
 b. Driving under the influence of alcohol and/or other drugs? If yes, give dates.
 c. Reckless driving? If yes, give dates.

17. Except as a passenger on a regularly scheduled flight, has the Proposed Insured flown within the past 2 years, or does the Proposed Insured plan to fly in the future other than as a passenger? If yes, complete Flight Questionnaire.

18. Have you ever been convicted of a felony, misdemeanor or infraction which is a traffic violation? If yes, provide full details including date.

19. Are you a member of the armed forces including reserves? Intend to become a member? Any deployment orders outside U.S.? If yes, provide full details including dates.

20. Is the Proposed Insured currently in bankruptcy or has the Proposed Insured been the subject of any voluntary or involuntary bankruptcy proceedings within the last 12 months? If yes, provide full details including Chapter 7, 11, or 13, date filed, and date of discharge and assets.

Remarks: Give details for any questions answered per _____

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LPNA011008T1A

18. Have you ever been...
19. Are you a member of the...
20. Is the Proposed Insured currently in bankruptcy or has the Proposed Insured been the subject of any voluntary or involuntary bankruptcy proceedings within the last 12 months?
Remarks: Give details for any questions answered per
TOP Program

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Top Programs—Eligible Term Carriers

TOP and TOP Plus Programs Chart

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Can qualify for up to \$500K*

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11. Are there any life insurance policies on the life of the Proposed Insured that you do not own, including but not limited to any that you have sold or settled? Yes No If yes, give insurance company name, owner's name, and amount of insurance of each policy.

12. Mail Additional Premium Notice To: _____
Address: _____
City: _____ State: _____ Zip: _____ Country: _____

Yes No *Yes means any person proposed to be insured.

13. Have you ever participated in, or within the next two years do you intend to participate in, hang-gliding, sky diving, parachuting, ultralight flying, vehicle racing, scuba diving, mountain or rock climbing, rodeo, competitive skiing or snowboarding, extreme sports or other hazardous activities? If yes, complete Sports and Hobbies Activities Questionnaire.

14. Do you plan to travel in the next 12 months for business or pleasure to a destination outside the U.S., Canada, Western Europe, Hong Kong, Japan or New Zealand? If yes, complete Residency & Travel Questionnaire.

15. Have you used nicotine at any time? _____ Date Last Used: _____
 Cigarettes
 Cigar/Pipe/Chewing Tobacco
 Other _____

16. Driver's License # _____ State: _____
In the past five years, have you been convicted of or pleaded guilty to:
 a. Moving violations? If yes, give dates and type.
 b. Driving under the influence of alcohol and/or other drugs? If yes, give dates.
 c. Reckless driving? If yes, give dates.

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LPNA01100818A

18. Have you ever been convicted of a felony, misdemeanor or infraction, or had a traffic violation? If yes, provide full details including date.

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[TOP and TOP Plus Programs Chart](#)

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What age are they nearest?

[Age 50 or younger](#)

[Between 50 and 60](#)

[Over age 60](#)

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How long ago was the policy issued?

1 year or less

3 years or less

5 years or less

More than 5 years

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Yes No 13. Have you ever participated in, or within the next two years do you intend to participate in, hang-gliding, sky diving, parachuting, ultralight flying, vehicle racing, scuba diving, mountain or rock climbing, rodeo, competitive skiing or snowboarding, extreme sports or other hazardous activities? If yes, complete Sports and Recreational Activities Questionnaire.

14. Do you plan to travel in the next 12 months for business or pleasure to a destination outside the U.S., Canada, Western Europe, Hong Kong, Japan or New Zealand? If yes, complete Residency & Travel Questionnaire.

15. Have you used nicotine at any time? _____ Date Last Used: _____
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 Pipe/Chewing Tobacco _____
 Other _____

16. Driver's License # _____ State: _____
In the past five years, have you been convicted of or pleaded guilty to:
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 c. Reckless driving? If yes, give dates. _____

17. Except as a passenger on a regularly scheduled flight, has the Proposed Insured flown within the past 2 years, or does the Proposed Insured plan to fly in the future other than as a passenger? If yes, complete Specific Questionnaire.

18. Have you ever been convicted of a felony, misdemeanor or infraction other than a traffic violation? If yes, provide full details including date of conviction. _____

19. Are you a member of the armed forces including reserves? If so, provide full details including dates of service. _____

20. Is the Proposed Insured currently in bankruptcy or has the Proposed Insured been the subject of any voluntary or involuntary bankruptcy proceedings within the last 12 months? If yes, provide full details including Chapter 7, 11 or 13, date filed, and date of discharge and assets. _____

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ENR401/10/2014

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18. Have you ever been convicted of a felony, misdemeanor or infraction other than a traffic violation? If yes, provide full details including date of conviction, name of court, and date of discharge.

19. Are you a member of the armed forces including reserves? If so, provide full details including date of discharge, branch of service, and date of discharge.

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ENR401/10/2014

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