

# REV UP YOUR ROUTINE

## **A FIELD GUIDE TO UNDERWRITING:**

*Trendsetter® Super, Trendsetter® LB,  
Transamerica Financial Foundation IUL® II,  
Transamerica Financial Foundation IUL®,  
Transamerica Financial Choice IUL<sup>SM</sup> II,  
**AND** Transamerica Financial Choice IUL<sup>SM</sup>*

THE FAST TRACK TO FASTER SALES.



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# DIGITAL UNDERWRITING SOLUTION

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## DIGITAL UNDERWRITING SOLUTION

Transamerica is proud to introduce our digital underwriting solution for term and index universal life policies. By leveraging automation, we expect this streamlined process to reduce underwriting and issue times for you and your clients, improving your overall new business submission experience.

## DIGITAL UNDERWRITING

No one likes surprises when they're writing business. In an ever-changing landscape, you need tools that can quickly and efficiently help clients obtain the protection they need. That's why we've introduced our digital application to help collect more information upfront, reduce the need to request traditional underwriting requirements, and significantly increase the number of applications submitted in good order.

## iGO e-APP

Our electronic application, the iGO® e-App, provides guidance and prompts to assist you with a client's application process and helps ensure good order before submission to the home office. The application features LexisNexis data prefill to prepopulate fields and help with the client verification process. Reflexive questions only ask questions when applicable to the proposed insured and help us obtain additional details about a client's medical history. The personalized application captures information upfront for faster underwriting decisions and coverage. As a result, clients may receive a digital underwriting decision within minutes of submission.

## CLIENT-DRIVEN PART II

We understand discussing sensitive information with another person is not always easy for the client and, at times, can limit the amount of information the proposed insured is willing to disclose. But we also know that field underwriting is still needed to ensure you are setting the correct expectations with the client.

The client collaboration process helps ensure the required application information is received. This optional process allows the proposed insured or their legal guardian (if the proposed insured is a juvenile) to complete the personal and medical history Part II, without having specifics of medical and nonmedical conditions disclosed with someone else. The client collaboration feature may be helpful when working with clients who are uncomfortable or ill-prepared to discuss their medical history. Providing clients this option may reduce your face-to-face time with the client and encourage more thorough and candid responses from clients.

## FRAUD WARNING

Any person who knowingly represents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Transamerica may complete Post Issue Audits on cases to validate our underwriting assessments. If we develop material misrepresentation, we reserve the right to rescind the policy within the contestable period and deny future coverage.

# UNDERWRITING REQUIREMENTS

**All requirements will be ordered through Transamerica and administered through Transamerica-approved vendors.**

As we move to a new world of an enhanced consumer experience, there will be times when not all the traditional evidence will be necessary to determine your customer's insurability. As a result, Transamerica will order all necessary underwriting evidence for your customer, reducing the burden as well as ensuring we only get the necessary information to understand your customer's risk profile. This change in process will allow us to help expedite the ordering of the most relevant information the first time and drive down the time it takes to make a decision.

## **VITALS AND PARAMED PHYSICAL FINDINGS**

When required, paramed physical findings are ordered by home office and are completed by an approved third-party vendor. The process includes a qualified examiner completing proper paperwork/forms, taking vitals (height, weight, blood pressure, pulse), collecting fluids (blood and urine), and administering ECGs (if applicable).

## **HOME OFFICE SPECIMEN (HOS)**

A home office specimen is a urine sample collected during the paramed physical findings visit and sent to a laboratory for analysis.

## **BLOOD CHEMISTRY PROFILE (BCP)**

A blood chemistry profile is a venous blood draw collected during the paramed physical findings visit and sent to a laboratory for analysis.

AccessMyHealth™ is a web portal that allows clients to access the results of their blood, urine, and paramed physical findings tests, taken in connection with their life insurance application. When the client completes their labs or paramed physical findings test, they can opt in to receiving text message notifications.\* Once their results are ready to be accessed (up to seven days after completion for labs), the client will receive a text message with a link to the AccessMyHealth™ web portal. From there, the client can register to obtain their results using their phone number and date of birth.

Visit AccessMyHealth: [transamerica.accessmyhealth.com](https://transamerica.accessmyhealth.com)

\* AccessMyHealth™ does not have the ability to call international phone numbers.  
Lab report is available for 12 months from the date the sample was received at the laboratory.



### **RESTING ELECTROCARDIOGRAM (ECG)**

During an electrocardiogram (when required), small patches are placed on the chest, arms, and legs to record the electrical activity and rhythm of the heart. If normal resting ECG records are available from a test conducted within the last 12 months, the test does not need to be repeated upon provision of the test results.

### **MINNESOTA COGNITIVE ACUITY SCREEN (CS)**

The Minnesota Cognitive Acuity Screen is a telephone interview conducted by a registered nurse (RN), who is specifically trained to administer the test. The purpose of this test is to screen for potential early cognitive impairment. Proposed insureds age 70 and older that are also applying for the LTC rider will be required to complete a face to face CS.

It is important your client realizes the significance of the interview and concentrate to do as well as they can. Your client should be in an environment that is free of distractions. If they wear a hearing aid, they should have it on during the interview. The telephone interview usually takes 15–20 minutes.

Family, friends, or agent can be present, but they must be in a separate room during the cognitive interview, not interacting at all with the proposed insured in any way during the CS.

### **INSPECTION REPORTS (IR, BBIR, EIR)**

Inspection Reports provide a holistic view of the proposed insured's public record, including such information as financials, criminal records history, properties owned, and bankruptcies. Inspection

reports may be completed as a telephone interview or by online database searches, depending on the amount being applied for.

### **PERSONAL FINANCIAL STATEMENTS (PFS)**

A Financial Supplement to Application for Life Insurance (also known as a Confidential Financial Questionnaire) will be requested on larger face amounts or/if:

- The income and net worth of proposed insured is not provided on the application
- The company finds the financial information unclear, inconsistent, or additional details are needed
- Or/if the insurance is being used for business coverage on amounts of \$5 million and higher, including Buy-Sell, Loan, and Key Person applications

### **MOTOR VEHICLE REPORTS**

A motor vehicle report (MVR) is a record of a proposed insured's driving history.

### **CRIMINAL BACKGROUND CHECK**

A criminal history background check may be ordered and is a database search of court records.

### **PRESCRIPTION AND MEDICAL DATA CHECK**

A prescription and medical data check will be ordered on every application and includes details on prescriptions filled, medical diagnoses, hospital and physician procedures, inpatient and clinic administered medications, and medical equipment information — as well as prescribing physician's information. Your client can request a copy of their report at [www.rxhistories.com](http://www.rxhistories.com).

## IDENTITY VERIFICATION

An identity verification is primarily used to verify the identities of our customers and ensure our quality of business, manage identity risk, prevent identity fraud, and comply with obligations under the USA Patriot Act. In some instances, we may request a copy of the individual's Social Security card, driver's license or other state-issued ID, or utility bill to help verify an individual's identity.

## TAX RETURN TRANSCRIPT

IRS Form 4506-C is an Internal Revenue Service (IRS) form that gives permission for Transamerica to receive a transcript of previously filed tax returns directly from the IRS. This pre-filled form is obtained through your agent portal or through the application submission process to expedite processing.

## ATTENDING PHYSICIAN STATEMENTS (APS)

An attending physician statement is a copy of the proposed insured's medical records obtained from their attending physician or healthcare provider. APS may be required based on age and/or face amount.

## TRANSAMERICA ORDERS ALL REQUIREMENTS

Please refer to age and face amount chart on the next pages. Transamerica will order all requirements through Transamerica-approved vendors.

Application will close in iPipeline® at 45 days. The agent receives an email to finalize the case four times prior to the case closing.

## AN APPLICATION IS VALID FOR 180 DAYS

Cases will close after 45 days if there are outstanding requirements. A new application will be needed after 180 days.

## HOW LONG ARE UNDERWRITING REQUIREMENTS VALID?

| REQUIREMENTS   | UP TO AGE 70      | AGE 71 AND OLDER   |
|--|-------------------|--------------------|
| Paramed-Physical Findings                              | Valid for 1 year  | Valid for 6 months |
| Teleinterview <sup>1</sup>                             | Valid for 90 days | Valid for 90 days  |
| Resting Electrocardiogram (ECG)                        | Valid for 1 year  | Valid for 1 year   |
| Inspection Report (IR)                                 | Valid for 1 year  | Valid for 1 year   |
| Financial Supplement to Application for Life Insurance | Valid for 1 year  | Valid for 1 year   |
| Home Office Urine Specimen (HOS)                       | Valid for 1 year  | Valid for 6 months |
| Blood Chemistry Profile (BCP)                          | Valid for 1 year  | Valid for 6 months |
| Minnesota Cognitive Acuity Screen (CS)                 | N/A               | Valid for 6 months |

<sup>1</sup> Only ordered on paper applications

## APS GUIDELINES ARE AS FOLLOWS:

| FACE AMOUNTS |   |  |  |
|--------------|---|--|--|
| Age          | Up to and including \$1 million   | > \$1 million to \$3 million   | Over \$3 million   |
| 18-50        | NOT ROUTINELY<br>(for cause or for exam within the past 3 months not marked within normal limits) <sup>1</sup>  | NOT ROUTINELY<br>(for cause or for exam within the past 3 months not marked within normal limits) <sup>1</sup> | YES<br>Will be required on all applications <sup>2</sup>   |
| 51-60        | NOT ROUTINELY<br>(for cause or for exam within the past 3 months not marked within normal limits) <sup>1</sup>  | NOT ROUTINELY<br>(for cause or for exam within the past 3 months not marked within normal limits) <sup>1</sup> | YES<br>Will be required on all applications  |
| 61-69        | NOT ROUTINELY<br>(for cause or for exam within the past 12 months not marked within normal limits) <sup>1</sup> | YES<br>Within the last 5 years for preferred classes and has an established primary care physician             | YES<br>Within the last 5 years for preferred classes and has an established primary care physician |
| 70 and older | YES <sup>3</sup>  | YES <sup>3</sup>   | YES <sup>3</sup>   |

<sup>1</sup> An APS is not needed on routine screening or annual exams if noted to be within normal limits, unless needed due to medical history.

<sup>2</sup> Individual consideration up to and including \$5 million (and under age 50) if applicant has not seen an M.D. for more than three years.

<sup>3</sup> Ages 70-79, all rate classes available if seen in the last 24 months by primary care physician, otherwise limited to standard at best.

All third-party requirements will be ordered by Transamerica.



# AGE AND FACE AMOUNT REQUIREMENTS

**Trendsetter® Super and Trendsetter® LB**

| FACE AMOUNTS <sup>1,2,3,4</sup> |              | ISSUE AGE <sup>5,6,7,8,9,10</sup> |                                  |                                  |                                  |                                  |  |  |
|---------------------------------|--------------|-----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|--|--|
| Min.                            | Max.         | 18-40 <sup>11</sup>               | 41-45                            | 46-55                            | 56-60                            | 61-70                            | 71-75                                  | 76-80                                  |
| \$25,000                        | \$50,000     | *                                 | *                                | *                                | *                                | *                                | Vitals BCP<br>HOS MVR                  | Vitals BCP<br>HOS MVR                  |
| \$50,001                        | \$99,999     | *                                 | *                                | *                                | *                                | Vitals<br>BCP HOS                | Vitals BCP<br>HOS MVR                  | Vitals BCP<br>HOS MVR                  |
| \$100,000                       | \$249,999    | *<br>MVR                          | *                                | *                                | Vitals<br>BCP HOS                | Vitals<br>BCP HOS                | Vitals BCP<br>HOS CS MVR               | Vitals BCP<br>HOS CS MVR               |
| \$250,000                       | \$500,000    | *<br>MVR                          | *<br>MVR                         | *<br>MVR                         | Vitals BCP<br>HOS MVR            | Vitals BCP<br>HOS MVR            | Vitals BCP<br>HOS CS MVR               | Vitals BCP<br>HOS CS MVR               |
| \$500,001                       | \$1,000,000  | *<br>MVR                          | *<br>MVR                         | *<br>MVR                         | Vitals BCP<br>HOS MVR            | Vitals BCP<br>HOS MVR            | Vitals BCP HOS<br>CS PFS MVR           | Vitals BCP HOS<br>CS PFS MVR           |
| \$1,000,001                     | \$2,000,000  | *<br>MVR                          | *<br>MVR                         | Vitals BCP<br>HOS MVR            | Vitals BCP<br>HOS MVR            | Vitals BCP<br>HOS PFS MVR        | Vitals BCP HOS<br>CS PFS MVR           | Vitals BCP HOS<br>ECG CS PFS<br>MVR    |
| \$2,000,001                     | \$3,500,000  | Vitals BCP<br>HOS MVR             | Vitals BCP<br>HOS MVR            | Vitals BCP<br>HOS MVR            | Vitals BCP<br>HOS MVR            | Vitals BCP<br>HOS PFS MVR        | Vitals BCP HOS<br>CS PFS MVR           | Vitals BCP HOS<br>ECG CS PFS<br>MVR    |
| \$3,500,001                     | \$5,000,000  | Vitals BCP<br>HOS MVR             | Vitals BCP<br>HOS MVR            | Vitals BCP<br>HOS MVR            | Vitals BCP<br>HOS MVR            | Vitals BCP<br>HOS PFS MVR        | Vitals BCP HOS<br>CS PFS MVR           | Vitals BCP HOS<br>ECG CS PFS<br>MVR    |
| \$5,000,001                     | \$10,000,000 | Vitals BCP<br>HOS PFS MVR         | Vitals BCP<br>HOS PFS MVR        | Vitals BCP<br>HOS PFS MVR        | Vitals BCP<br>HOS PFS MVR        | Vitals BCP<br>HOS PFS MVR        | Vitals BCP HOS<br>ECG CS PFS<br>MVR    | Vitals BCP HOS<br>ECG CS PFS<br>MVR    |
| \$10,000,001                    | and higher   | Vitals BCP HOS<br>ECG PFS MVR IR  | Vitals BCP HOS<br>ECG PFS MVR IR | Vitals BCP HOS<br>ECG PFS MVR IR | Vitals BCP HOS<br>ECG PFS MVR IR | Vitals BCP HOS<br>ECG PFS MVR IR | Vitals BCP HOS<br>ECG CS PFS<br>MVR IR | Vitals BCP HOS<br>ECG CS PFS<br>MVR IR |

\* Highlighted cells indicate potential eligibility for fluidless processing.

<sup>1</sup> CS required at age 70 for face amounts \$100,000 and higher.

<sup>2</sup> IRS Form 4506-C is required with all applications \$5 million and above or at Underwriter discretion.

<sup>3</sup> PFS required on business coverage amounts of \$5 million and higher.

<sup>4</sup> Cover Letters are recommended at amounts of \$10 million and higher.

<sup>5</sup> Term lengths are not available at all ages.

<sup>6</sup> Applicants receiving a digital underwriting decision will not be reconsidered for a better rate classification.

<sup>7</sup> Some medical impairments and/or nicotine use may trigger additional requirements.

<sup>8</sup> International Underwriting not eligible for straight through and fluidless processing.

<sup>9</sup> Transamerica reserves the right to request additional evidence of insurability at Underwriter discretion.

<sup>10</sup> Requests to reduce face amount received during underwriting will not alter the medical requirement.

<sup>11</sup> Trendsetter LB band one (\$25,000-\$99,000) is not available for ages 18-22.



# AGE AND FACE AMOUNT REQUIREMENTS

Transamerica Financial Choice IUL<sup>SM</sup> | Transamerica Financial Choice IUL<sup>SM</sup> II

| FACE AMOUNTS <sup>1,2,3</sup> |              | ISSUE AGE <sup>4,5,6,7,8,9</sup> |                                     |                                     |                                     |                                     |                                     |  |  |  |
|-------------------------------|--------------|----------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--|--|--|
| Min.                          | Max.         | 0-17 <sup>10</sup>               | 18-40                               | 41-45                               | 46-55                               | 56-60                               | 61-70                               | 71-75                                  | 76-80                                  | 81-85                                  |
| \$250,000                     | \$500,000    | *                                | *<br>MVR                            | *<br>MVR                            | *<br>MVR                            | Vitals BCP<br>HOS MVR               | Vitals BCP<br>HOS MVR               | Vitals HOS<br>CS MVR                   | Vitals BCP<br>HOS CS<br>MVR            | Vitals BCP<br>HOS CS<br>MVR            |
| \$500,001                     | \$1,000,000  | *                                | *<br>MVR                            | *<br>MVR                            | *<br>MVR                            | Vitals BCP<br>HOS MVR               | Vitals BCP<br>HOS MVR               | Vitals BCP<br>HOS CS<br>MVR            | Vitals BCP<br>HOS CS<br>MVR            | Vitals BCP<br>HOS CS<br>MVR            |
| \$1,000,001                   | \$2,000,000  | *                                | *<br>MVR                            | *<br>MVR                            | Vitals BCP<br>HOS MVR               | Vitals BCP<br>HOS MVR               | Vitals BCP<br>HOS MVR               | Vitals BCP<br>HOS PFS CS<br>MVR        | Vitals BCP<br>HOS CS PFS<br>MVR        | Vitals BCP<br>HOS ECG CS<br>PFS MVR    |
| \$2,000,001                   | \$3,500,000  | N/A                              | Vitals BCP<br>HOS PFS<br>MVR        | Vitals BCP<br>HOS PFS<br>MVR        | Vitals BCP<br>HOS PFS<br>MVR        | Vitals BCP<br>HOS PFS<br>MVR        | Vitals BCP<br>HOS PFS<br>MVR        | Vitals BCP<br>HOS CS<br>MVR            | Vitals BCP<br>HOS CS PFS<br>MVR        | Vitals BCP<br>HOS ECG CS<br>PFS MVR    |
| \$3,500,001                   | \$5,000,000  | N/A                              | Vitals BCP<br>HOS PFS<br>MVR IR     | Vitals BCP<br>HOS PFS<br>MVR IR     | Vitals BCP<br>HOS PFS<br>MVR IR     | Vitals BCP<br>HOS PFS<br>MVR IR     | Vitals BCP<br>HOS PFS<br>MVR IR     | Vitals BCP<br>HOS CS PFS<br>MVR IR     | Vitals BCP<br>HOS CS PFS<br>MVR IR     | Vitals BCP<br>HOS ECG CS<br>PFS MVR IR |
| \$5,000,001                   | \$10,000,000 | N/A                              | Vitals BCP<br>HOS PFS<br>MVR IR     | Vitals BCP<br>HOS PFS<br>MVR IR     | Vitals BCP<br>HOS PFS<br>MVR IR     | Vitals BCP<br>HOS PFS<br>MVR IR     | Vitals BCP<br>HOS PFS<br>MVR IR     | Vitals BCP<br>HOS CS PFS<br>MVR IR     | Vitals BCP<br>HOS ECG CS<br>PFS MVR IR | Vitals BCP<br>HOS ECG CS<br>PFS MVR IR |
| \$10,000,001                  | and higher   | N/A                              | Vitals BCP<br>HOS ECG<br>PFS MVR IR | Vitals BCP<br>HOS ECG<br>PFS MVR IR | Vitals BCP<br>HOS ECG<br>PFS MVR IR | Vitals BCP<br>HOS ECG<br>PFS MVR IR | Vitals BCP<br>HOS ECG<br>PFS MVR IR | Vitals BCP<br>HOS ECG CS<br>PFS MVR IR | Vitals BCP<br>HOS ECG CS<br>PFS MVR IR | Vitals BCP<br>HOS ECG CS<br>PFS MVR IR |

\* Highlighted cells indicate potential eligibility for fluidless processing.

<sup>1</sup> IRS Form 4506-C is required with all applications \$5 million and above or at Underwriter discretion.

<sup>2</sup> PFS required on business coverage amounts of \$5 million and higher.

<sup>3</sup> Cover Letters are recommended at amount of \$10 million and higher.

<sup>4</sup> CS required at age 70.

<sup>5</sup> Applicants receiving a digital underwriting decision will not be reconsidered for a better rate classification.

<sup>6</sup> Some medical impairments and/or nicotine use may trigger additional requirements.

<sup>7</sup> International Underwriting not eligible for straight through and fluidless processing.

<sup>8</sup> Transamerica reserves the right to request additional evidence of insurability at Underwriter discretion.

<sup>9</sup> Requests to reduce face amount received during underwriting will not alter the medical requirement.

<sup>10</sup> Juvenile must reside in the U.S. for consideration.

# AGE AND FACE AMOUNT REQUIREMENTS

Transamerica Financial Foundation IUL® | Transamerica Financial Foundation IUL® II

TFLIC Financial Foundation IUL® | TFLIC Financial Foundation IUL® II

| FACE AMOUNTS <sup>1,2,3,4</sup> |              | ISSUE AGE <sup>5,6,7,8,9</sup> |                                     |                                     |                                     |                                     |                                     |  |  |  |
|---------------------------------|--------------|--------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--|--|--|
| Min.                            | Max.         | 0-17 <sup>10</sup>             | 18-40                               | 41-45                               | 46-55                               | 56-60                               | 61-70                               | 71-75                                  | 76-80                                  | 81-85                                  |
| \$25,000                        | \$50,000     | *                              | *<br>MVR                            | *                                   | *                                   | *                                   | Vitals BCP<br>HOS                   | Vitals BCP<br>HOS MVR                  | Vitals BCP<br>HOS MVR                  | Vitals BCP<br>HOS MVR                  |
| \$50,001                        | \$75,000     | *                              | *<br>MVR                            | *                                   | *                                   | *                                   | Vitals BCP<br>HOS                   | Vitals BCP<br>HOS MVR                  | Vitals BCP<br>HOS MVR                  | Vitals BCP<br>HOS MVR                  |
| \$75,001                        | \$99,999     | *                              | *<br>MVR                            | *                                   | *                                   | Vitals BCP<br>HOS                   | Vitals BCP<br>HOS                   | Vitals BCP<br>HOS MVR                  | Vitals BCP<br>HOS MVR                  | Vitals BCP<br>HOS MVR                  |
| \$100,000                       | \$249,999    | *                              | *<br>MVR                            | *                                   | *                                   | Vitals BCP<br>HOS                   | Vitals BCP<br>HOS                   | Vitals BCP<br>HOS CS<br>MVR            | Vitals BCP<br>HOS CS<br>MVR            | Vitals BCP<br>HOS CS<br>MVR            |
| \$250,000                       | \$500,000    | *                              | *<br>MVR                            | *<br>MVR                            | *<br>MVR                            | Vitals BCP<br>HOS MVR               | Vitals BCP<br>HOS MVR               | Vitals BCP<br>HOS CS<br>MVR            | Vitals BCP<br>HOS CS<br>MVR            | Vitals BCP<br>HOS CS<br>MVR            |
| \$500,001                       | \$1,000,000  | *                              | *<br>MVR                            | *<br>MVR                            | *<br>MVR                            | Vitals BCP<br>HOS MVR               | Vitals BCP<br>HOS MVR               | Vitals BCP<br>HOS CS<br>MVR            | Vitals BCP<br>HOS CS<br>MVR            | Vitals BCP<br>HOS CS<br>MVR            |
| \$1,000,001                     | \$2,000,000  | *                              | *<br>MVR                            | *<br>MVR                            | Vitals BCP<br>HOS MVR               | Vitals BCP<br>HOS MVR               | Vitals BCP<br>HOS MVR               | Vitals BCP<br>HOS CS PFS<br>MVR        | Vitals BCP<br>HOS CS PFS<br>MVR        | Vitals BCP<br>HOS ECG CS<br>PFS MVR    |
| \$2,000,001                     | \$3,500,000  | N/A                            | Vitals BCP<br>HOS PFS<br>MVR        | Vitals BCP<br>HOS PFS<br>MVR        | Vitals BCP<br>HOS PFS<br>MVR        | Vitals BCP<br>HOS PFS<br>MVR        | Vitals BCP<br>HOS PFS<br>MVR        | Vitals BCP<br>HOS CS PFS<br>MVR        | Vitals BCP<br>HOS CS PFS<br>MVR        | Vitals BCP<br>HOS ECG CS<br>PFS MVR    |
| \$3,500,001                     | \$5,000,000  | N/A                            | Vitals BCP<br>HOS PFS<br>MVR IR     | Vitals BCP<br>HOS PFS<br>MVR IR     | Vitals BCP<br>HOS PFS<br>MVR IR     | Vitals BCP<br>HOS PFS<br>MVR IR     | Vitals BCP<br>HOS PFS<br>MVR IR     | Vitals BCP<br>HOS CS PFS<br>MVR IR     | Vitals BCP<br>HOS CS PFS<br>MVR IR     | Vitals BCP<br>HOS ECG CS<br>PFS MVR IR |
| \$5,000,001                     | \$10,000,000 | N/A                            | Vitals BCP<br>HOS PFS<br>MVR IR     | Vitals BCP<br>HOS PFS<br>MVR IR     | Vitals BCP<br>HOS PFS<br>MVR IR     | Vitals BCP<br>HOS PFS<br>MVR IR     | Vitals BCP<br>HOS PFS<br>MVR IR     | Vitals BCP<br>HOS CS PFS<br>MVR IR     | Vitals BCP<br>HOS ECG CS<br>PFS MVR IR | Vitals BCP<br>HOS ECG CS<br>PFS MVR IR |
| \$10,000,001                    | and higher   | N/A                            | Vitals BCP<br>HOS ECG<br>PFS MVR IR | Vitals BCP<br>HOS ECG<br>PFS MVR IR | Vitals BCP<br>HOS ECG<br>PFS MVR IR | Vitals BCP<br>HOS ECG<br>PFS MVR IR | Vitals BCP<br>HOS ECG<br>PFS MVR IR | Vitals BCP<br>HOS ECG CS<br>PFS MVR IR | Vitals BCP<br>HOS ECG CS<br>PFS MVR IR | Vitals BCP<br>HOS ECG CS<br>PFS MVR IR |

\* Highlighted cells indicate potential eligibility for fluidless processing.

<sup>1</sup> CS required at age 70 for face amounts \$100,000 and higher. If LTC rider is applied for, the CS is a face to face assessment.

<sup>2</sup> IRS Form 4506-C is required with all applications \$5 million and above or at Underwriter discretion.

<sup>3</sup> PFS required on business coverage amounts of \$5 million and higher.

<sup>4</sup> Cover Letters are recommended at amounts of \$10 million and higher.

<sup>5</sup> Applicants receiving a digital underwriting decision will not be reconsidered for a better rate classification.

<sup>6</sup> Some medical impairments and/or nicotine use may trigger additional requirements.

<sup>7</sup> International Underwriting not eligible for straight through and fluidless processing.

<sup>8</sup> Transamerica reserves the right to request additional evidence of insurability at Underwriter discretion.

<sup>9</sup> Requests to reduce face amount received during underwriting will not alter the medical requirement.

<sup>10</sup> Juvenile must reside in the U.S. for consideration.

# AVAILABLE RIDERS AND BENEFITS BY PRODUCT

| PRODUCT                  | ACCIDENTAL DEATH BENEFIT (ADB) RIDER | BASE INSURED RIDER (BIR) <sup>1,2</sup> | CHILDREN'S BENEFIT RIDER/ CHILDREN'S INSURANCE RIDER (CBR/CIR) <sup>1</sup> | CHRONIC ILLNESS RIDER <sup>1</sup> | CRITICAL ILLNESS RIDER <sup>1</sup> | DISABILITY WAIVER OF PREMIUM (DWP) RIDER <sup>1</sup> |
|--------------------------|--------------------------------------|---|---|------------------------------------|-------------------------------------|---|
| <i>Trendsetter Super</i> | Yes                                  | N/A                                     | Yes   | N/A                                | N/A                                 | Yes   |
| <i>Trendsetter LB</i>    | Yes                                  | N/A                                     | Yes   | Yes <sup>3</sup>                   | Yes <sup>3</sup>                    | Yes   |
| FFIUL II/FFIUL           | Yes                                  | Yes                                     | Yes   | Yes                                | Yes                                 | Yes   |
| FCIUL II/FCIUL           | Yes                                  | Yes                                     | Yes   | Yes                                | Yes                                 | Yes   |

| PRODUCT                  | ADDITIONAL SERVICES RIDER <sup>4</sup> / EVEREST | GUARANTEED INSURABILITY (GIR) RIDER | INCOME PROTECTION OPTION (IPO) RIDER | LONG TERM CARE (LTC) RIDER <sup>1</sup> | MONTHLY DISABILITY INCOME (MDI) <sup>1</sup> | TERMINAL ILLNESS RIDER/ ACCELERATED DEATH BENEFIT | DISABILITY WAIVER OF MONTHLY DEDUCTIONS RIDER <sup>1</sup> |
|--------------------------|--|-------------------------------------|--------------------------------------|---|--|---|--|
| <i>Trendsetter Super</i> | N/A  | N/A                                 | Yes                                  | N/A                                     | N/A  | Yes <sup>3</sup>                                  | N/A  |
| <i>Trendsetter LB</i>    | N/A  | N/A                                 | Yes                                  | N/A                                     | Yes  | Yes <sup>3</sup>                                  | N/A  |
| FFIUL II/FFIUL           | Yes  | Yes                                 | Yes                                  | Yes                                     | N/A  | Yes <sup>3</sup>                                  | Yes  |
| FCIUL II/FCIUL           | Yes  | N/A                                 | Yes                                  | N/A                                     | N/A  | Yes <sup>3</sup>                                  | Yes  |

<sup>1</sup> Additional Underwriting may be required.

<sup>2</sup> Amount of Base Insured Rider (BIR) should be added to the base face amount to determine initial age/amount requirements.

<sup>3</sup> Rider is inherent in product.

<sup>4</sup> In California and Florida this is known as the Additional Services Benefit.

Note: Not all riders are available in every state.



# ADDITIONAL RIDER INFORMATION

## ACCIDENTAL DEATH BENEFIT RIDER (ADB)

Provides an additional death benefit if the primary insured dies as a result of an accident, or if the death occurs within 180 days of accidental bodily injury.

| ISSUE AGES:                           | ISSUE LIMITS:  |
|---------------------------------------|--|
| 15-55 years (IUL); 18-55 years (term) | <ul style="list-style-type: none"><li>- Not available if base is higher than Table D</li><li>- Total benefit in force cannot exceed \$300,000 with all Transamerica policies</li></ul> |

## ADDITIONAL SERVICES RIDER

Marketed as the *Concierge Planning Rider*<sup>SM</sup>, this rider provides funeral concierge services through an independent, third-party service provider, Everest Funeral Package, LLC (Everest<sup>1</sup>). Availability of the additional services rider is subject to state approval and it is not available in all states. In California and Florida, this benefit is called the *Concierge Planning Benefit*<sup>SM</sup>. In those states, the benefits services are not provided through a contractual rider; they are offered outside of the life insurance policy.

| ISSUE AGES:         | ISSUE LIMITS:  |
|---------------------|--|
| Same as base policy | <ul style="list-style-type: none"><li>- Minimum face amount \$250,000</li><li>- No maximum face amount. Expedited claims payout process not qualified at \$2 million and above</li></ul> |

## BASE INSURED RIDER (BIR)

Provides additional level term insurance coverage at term insurance rates on the primary insured

| ISSUE AGES:   | ISSUE LIMITS:   |
|---|---|
| 18-85 years, varies by rate class and writing state | <ul style="list-style-type: none"><li>- Available at time of issue, may be added after issue if no Long Term Care Rider is present, subject to Underwriting</li><li>- Minimum face amount \$100,000</li><li>- Maximum face amount varies depending on LTC Rider</li></ul> |

## CHILDREN'S BENEFIT RIDER/CHILDREN'S INSURANCE RIDER (CBR/CIR)

Pays level death benefit upon death of any children of the insured. Rider is not rated

| ISSUE AGES:  | ISSUE LIMITS:  |
|--|--|
| 15 days to 18 years old (actual age of child)<br>18-80 years old insured | <ul style="list-style-type: none"><li>- Children with a risk profile greater than Table B at issue will not be considered</li><li>- Minimum \$1,000 CIR/CBR; max lesser of \$99,000 or total coverage on the primary insured</li></ul> |

## CHRONIC ILLNESS RIDER

If the insured becomes chronically ill, they may elect to receive a portion of the death benefit that can be accelerated in advance of death. The insured must have the inability to perform at least two of the six activities of daily living for a period of 90 consecutive days or have a severe cognitive impairment.

| ISSUE AGES:                                    | ISSUE LIMITS:  |
|--|--|
| Varies by risk class, product, and issue state | <ul style="list-style-type: none"><li>- Not available if base is higher than Table D</li><li>- Not available if base is rated higher than \$2.50 flat extra</li><li>- The sum of all living benefit coverages (including chronic illness rider), under all Transamerica policies, cannot exceed the lesser of 90% of the available death benefit or \$1,500,000</li><li>- Electable at issue, not automatically attached to the base product</li><li>- Must pass UW review</li><li>- Underwriting reserves the right to decline applicants based on preexisting conditions and knock-out diseases</li><li>- Not available with the LTC Rider</li></ul> |

## CRITICAL ILLNESS RIDER

If the insured suffered a critical health condition (state specific) while the policy and rider are in effect, they may elect to receive an accelerated death payment subject to certain provisions.

| ISSUE AGES:                               | ISSUE LIMITS:   |
|---|---|
| May vary by risk, product, and issue date | <ul style="list-style-type: none"><li>- Not available if base is higher than Table D</li><li>- Not available if base is rated higher than \$2.50 flat extra</li><li>- The sum of all living benefit coverages (including chronic illness rider), under all Transamerica policies, cannot exceed the lesser of 90% of the available death benefit or \$1,500,000</li><li>- Electable at issue, not automatically attached to the base product</li><li>- Must pass UW review</li><li>- Underwriting reserves the right to decline applicants based on preexisting conditions and knock-out diseases</li><li>- Not available in New York</li></ul> |

<sup>1</sup> All services are offered by Everest, which is not an affiliate of Transamerica.

# ADDITIONAL RIDER INFORMATION

## DISABILITY WAIVER OF MONTHLY DEDUCTIONS

The benefit waives monthly deductions for the base and all riders if the base insured is disabled prior to age 65.

| ISSUE AGES: | ISSUE LIMITS:   |
|-------------|---|
| 18-55 years | <ul style="list-style-type: none"><li>- Not available if base is rated higher than Table D</li><li>- Flat extras are allowed up to \$2.50</li><li>- Not available in Guam, Virgin Islands, or Puerto Rico</li></ul> |

## DISABILITY WAIVER OF PREMIUM (DWP) RIDER

Provides premium into the policy if the base insured becomes totally disabled and remains totally disabled for at least six months. A retroactive payment will be made for the number of months following the date of total disability for up to one year.

| ISSUE AGES: | ISSUE LIMITS:  |
|-------------|--|
| 18-55 years | <ul style="list-style-type: none"><li>- Not available if base is rated higher than Table D</li><li>- Flat extras up to \$2.50 allowed</li><li>- \$5 million maximum aggregate face amount across all Transamerica policies</li><li>- Not available in Guam, Virgin Islands, or Puerto Rico</li></ul> |

## GUARANTEED INSURABILITY RIDER (GIR)

This benefit provides the opportunity to buy a new policy or increase a specified amount at certain defined ages and/or events with no underwriting.

| ISSUE AGES:   | ISSUE LIMITS:   |
|---|---|
| 0-37 years old; issue age must be at least 15 days old. | <ul style="list-style-type: none"><li>- Not available if base is rated.</li><li>- Not available in Guam, Virgin Islands, or Puerto Rico</li></ul> |

## INCOME PROTECTION OPTION (IPO)

The owner can choose to have the death benefit paid out in any combination of an initial lump sum, monthly payments, and a final lump sum (after the monthly payments). If the policy's death benefit at the time of death is greater than the Total Face Amount, the excess will be paid as a lump sum in addition to any initial lump-sum payment amount. If the death benefit is less than the Total Face Amount, all designated payment amounts will be proportionately reduced.

## LONG TERM CARE (LTC) RIDER

Designed to accelerate payment of the face amount of the base policy to provide policy owners with certain benefits to help offset expenses that arise in connection with long term care for the insured. Provides a benefit for long term care equal to the base face amount. See the LTC Rider Agent guide for additional details.

| ISSUE AGES:                                       | ISSUE LIMITS:   |
|---|---|
| 18-75 years, subject to policy issue age maximums | <ul style="list-style-type: none"><li>- Not available if base is rated over Table D</li><li>- Available only at time of issue</li><li>- Minimum face amount \$100,000</li><li>- Maximum face amount varies depending on Base Insured Rider elected</li><li>- Not available with the Chronic Illness Rider</li></ul> |

| ISSUE AGES: | INITIAL LTC U/W REQUIREMENTS:   |
|-------------|---|
| 60-65       | Medical Information Bureau (MIB), LTC Phone Interview, Prescription History (RX)                            |
| 66-69       | Medical Information Bureau (MIB), Medical Records, LTC Phone Interview, Prescription History (RX)           |
| 70-75       | Face-to-Face Assessment (F2F), Medical Information Bureau (MIB), Medical Records, Prescription History (RX) |

## MONTHLY DISABILITY INCOME (MDI) RIDER

Provides a monthly income to the insured in the event the insured becomes totally disabled

| ISSUE AGES: | ISSUE LIMITS:  |
|-------------|--|
| 18-50 years | <ul style="list-style-type: none"><li>- Not available if base is rated</li><li>- Available only at time of issue</li><li>- Offers up to \$2,000 per month in disability income protection with a 2-year benefit period</li><li>- Certain occupations are ineligible for coverage</li></ul> |

## TERMINAL ILLNESS ACCELERATED DEATH BENEFIT RIDER

While the policy is in force and conditions are met, we will pay an Accelerated Death Benefit (Terminal Illness only) upon request (life expectancy less than 12 months), minus the loan balance, minus an administrative charge, and minus any amount necessary to provide insurance to the date of the Accelerated Death Benefit payment if we make the payment during a grace period.

This rider is automatically attached to all new issues and is not rated.

# BLENDED BODY MASS INDEX (BMI) CHARTS

| AGES 16-59      |                                     |                                  | AGES 60+        |                                     |                                  |
|-----------------|-------------------------------------|----------------------------------|-----------------|-------------------------------------|----------------------------------|
| BMI RANGE       | TRENDSETTER SUPER<br>TRENDSETTER LB | FFIUL II/FFIUL<br>FCIUL II/FCIUL | BMI RANGE       | TRENDSETTER SUPER<br>TRENDSETTER LB | FFIUL II/FFIUL<br>FCIUL II/FCIUL |
| </= 16          | Decline                             | Decline                          | </= 16          | Decline                             | Decline                          |
| 16.0001-17.0000 | Standard (S/NS)                     | Nontobacco & Tobacco             | 16.0001-18.0000 | Individual Consideration            | Individual Consideration         |
| 17.0001-28.0000 | Preferred Plus                      | Preferred Elite                  | 18.0001-28.0000 | Preferred Plus                      | Preferred Elite                  |
| 28.0001-30.0000 | Preferred (S/NS)                    | Preferred Plus/Preferred Tobacco | 28.0001-30.0000 | Preferred (S/NS)                    | Preferred Plus/Preferred Tobacco |
| 30.0001-32.0000 | Standard Plus                       | Preferred                        | 30.0001-32.0000 | Standard Plus                       | Preferred                        |
| 32.0001-35.0000 | Standard (S/NS)                     | Nontobacco & Tobacco             | 32.0001-35.0000 | Standard (S/NS)                     | Nontobacco & Tobacco             |
| 35.0001-37.0000 | Table A                             | Table A                          | 35.0001-37.0000 | Table A                             | Table A                          |
| 37.0001-39.0000 | Table B                             | Table B                          | 37.0001-39.0000 | Table B                             | Table B                          |
| 39.0001-41.0000 | Table C                             | Table C                          | 39.0001-41.0000 | Table C                             | Table C                          |
| 41.0001-42.0000 | Table D                             | Table D                          | 41.0001-42.0000 | Table D                             | Table D                          |
| 42.0001-43.0000 | Table E                             | Table E                          | 42.0001-43.0000 | Table E                             | Table E                          |
| 43.0001-44.0000 | Table F                             | Table F                          | 43.0001-44.0000 | Table F                             | Table F                          |
| 44.0001-46.0000 | Table H                             | Table H                          | 44.0001-46.0000 | Table H                             | Table H                          |
| >46             | Decline                             | Decline                          | >46             | Decline                             | Decline                          |

In order to calculate Adult BMI, please [click here](#).

## JUVENILE — AGES 2 THROUGH 15\*

| AGE | JUVENILE TABLE B<br>(UNDERWEIGHT) | JUVENILE STANDARD | JUVENILE TABLE B<br>(OVERWEIGHT) | JUVENILE TABLE D<br>(OVERWEIGHT) |
|-----|-----------------------------------|-------------------|----------------------------------|----------------------------------|
| 2   | 13.9-14.4                         | 14.5-19.5         | 19.6-24.9                        | 25.0-30.0                        |
| 3   | 13.9-14.4                         | 14.5-19.0         | 19.1-23.9                        | 24.0-29.0                        |
| 4   | 12.9-13.4                         | 13.5-18.5         | 18.6-23.9                        | 24.0-29.0                        |
| 5   | 12.9-13.4                         | 13.5-18.5         | 18.6-23.9                        | 24.0-29.0                        |
| 6   | 12.9-13.4                         | 13.5-19.0         | 19.1-23.9                        | 24.0-29.0                        |
| 7   | 12.9-13.4                         | 13.5-20.0         | 20.1-24.9                        | 25.0-30.0                        |
| 8   | 12.9-13.4                         | 13.5-21.0         | 21.1-25.9                        | 26.0-31.0                        |
| 9   | 12.9-13.4                         | 13.5-22.5         | 22.6-26.9                        | 27.0-32.0                        |
| 10  | 12.9-13.4                         | 13.5-23.5         | 23.6-27.9                        | 28.0-33.0                        |
| 11  | 13.9-14.4                         | 14.5-24.5         | 24.6-28.9                        | 29.0-34.0                        |
| 12  | 13.9-14.4                         | 14.5-26.0         | 26.1-29.9                        | 30.0-35.0                        |
| 13  | 14.9-15.4                         | 15.5-29.5         | 29.6-30.0                        | 30.1-36.0                        |
| 14  | 14.9-15.4                         | 15.5-32.5         | 32.6-34.0                        | 34.1-37.0                        |
| 15  | 15.9-16.4                         | 16.5-34.5         | 34.6-35.0                        | 35.1-38.0                        |

In order to calculate Juvenile BMI, please [click here](#).

\* Ages under two years old generally okay unless premature. Ages over 15 — see adult body mass index charts.

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# UNDERWRITING TIPS

## LIVING BENEFIT COVERAGE

Certain medical conditions will impact an individual's eligibility for living benefits coverage, and Transamerica reserves the right to decline living benefit riders or products based on an individual's medical history.

The following are some conditions that may not be eligible for chronic illness and/or critical illness living benefit coverage (this list is not all-inclusive):

- Drug and alcohol abuse
- Cancer (other than nonmelanoma skin cancer)
- Coronary artery disease
- Diabetes with insulin use
- Inability to perform activities of daily living (ADL's)
- Motor neuron disease
- Multiple sclerosis
- Muscular dystrophy
- Parkinson's disease
- Pregnancy - current through three months postpartum
- Stroke or transient ischemic attack
- Systemic lupus erythematosus



# DETERMINING COVERAGE AMOUNTS FOR INDIVIDUALS

| PURPOSE            | FORMULA |                          | REQUIREMENTS  |
|--------------------|---------|--------------------------|---|
| Income Replacement | Ages    | Income Factor            | <ul style="list-style-type: none"> <li>Income stated must be reasonable for the profession or occupation stated.</li> <li>Income source considered will be that of the proposed insured, not the household income or that of the owner.</li> <li>Earned income includes salary, bonuses, commissions, and deferred compensation and excludes income from investments.</li> <li>The unemployed spouse may be considered for a percentage of the employed spouse's income.</li> <li>College students can be considered for up to \$1 million.</li> <li>IRS Form 4506-C is required on applications of \$5 million and up or at underwriter discretion. This form may be obtained through your agent portal.</li> </ul>  |
|                    | 18-35   | Up to 30                 |   |
|                    | 36-45   | 25                       |   |
|                    | 46-50   | 20                       |   |
|                    | 51-55   | 15                       |   |
|                    | 56-65   | 10                       |   |
|                    | 66-70   | 5                        |   |
| Estate Planning    | 71+     | Individual Consideration | <p>Projected future estate tax liability</p> <p><b>Note:</b> A 7% annual growth rate over the applicant's life expectancy is used for illustration purposes. This estate appreciation rate should be adjusted, up or down, taking under consideration what is a reasonable growth factor in the current environment. Typically, this has been in the 5 - 10% range.</p> <p>A cover letter must be provided that includes:</p> <ul style="list-style-type: none"> <li>The purpose of the insurance</li> <li>A current value of the applicant's estate, which includes a personal balance sheet listing all assets and liabilities and an estate analysis</li> <li>Third-party financial verification for face amounts greater than \$10 million or total line over jumbo limits</li> </ul> |
|                    |         |                          |   |

Electronic Inspection Report ordered for all coverage greater than \$3.5 million through \$10 million. Full Inspection Report ordered for all coverage greater than \$10 million.

| PURPOSE   | FORMULA                  |   | REQUIREMENTS   |
|---|--------------------------|---|--|
| Juvenile Coverage   | Ages                     | Face Amount   |  |
| Total juvenile insurance coverage with all carriers cannot exceed \$1 million. Amounts over \$1 million will not be considered. | 15 days through 17 years | Amounts through \$250,000   | <p><b>Underwriting Requirements</b></p> <ul style="list-style-type: none"> <li>Coverage on all siblings should be similar.</li> <li>Parent(s) or guardian(s) must witness the applications and complete the nonmedical declarations.</li> <li>The owner of the policy must be the parent, legal guardian, or grandparent. For legal guardianship where the guardian is not the parent, we require a copy of guardianship papers.</li> <li>The parent/legal guardian, juvenile, and owner must be residing in the U.S. permanently either as a U.S. citizen or a visa type that is not considered temporary or uninsurable based on our international underwriting guidelines.</li> </ul> |
|   |                          | \$250,001 - \$1,000,000   | <p><b>All requirements as indicated above for face amounts through \$250,000, plus:</b></p> <ul style="list-style-type: none"> <li>Equal coverage* for parent(s) or legal guardian is allowed up to \$1 million.**</li> </ul> <p><b>For amounts \$500,000 and greater:</b></p> <ul style="list-style-type: none"> <li>Underwriting will obtain the child's medical records.</li> <li>Minimum household income must be \$100,000 or greater.</li> </ul>   |
| Washington State  | 15 days through 17 years | Total line of coverage cannot exceed U.S. household income  | <p><b>All requirements as indicated above for the appropriate face amount, plus:</b></p> <ul style="list-style-type: none"> <li>Juveniles 15 years or older must sign the application.</li> </ul>  |
| New York State  | Under 4½ years           | Maximum face amount is greater of \$50,000 or 25% of the amount of insurance in force on the parent/owner | <p><b>All requirements as indicated above for the appropriate face amount, plus:</b></p> <ul style="list-style-type: none"> <li>The parent designated as the owner must have adequate coverage as described.</li> <li>Not all children from the same family will be eligible for the same face amount if they fall within the two different age brackets.</li> <li>Neither accidental death and dismemberment insurance nor credit card insurance should be counted in determining whether the family head has sufficient coverage to qualify the minor for the amount of insurance requested.</li> </ul>  |
|   | 4½ years to 14½          | Maximum face amount is the greater of \$50,000 or 50% of the amount in force on the parent/owner          |  |

\* Group coverage, accidental death and dismemberment insurance, and credit card insurance should not be counted in determining the parent/owner's total coverage.

\*\* Available in all states except New York and Washington State. In NY and WA, state-specific laws take precedence over company guidelines.



# PREMIUM TO INCOME GUIDELINES

While each of your clients have different financial needs, these guidelines are intended to provide a general formula to help calculate suggested maximum amounts of life insurance.

- What does the client do for a living?
- What is their annual income and net worth?
- Do they already own a life insurance policy?
- If so, what is the face amount? Is it being replaced?
- What is the purpose of the life insurance being applied for?
- Do they have any medical issues that may result in a higher premium?

| PURPOSE                  | FORMULA   |                   | REQUIREMENTS   |
|--------------------------|---|-------------------|--|
| Affordability Guidelines | Below Formula – Annual premium for all policies ÷ Annual income = %. The premium to income ratio should not exceed the percentages below. |                   | <ul style="list-style-type: none"><li>▪ There should not be a significant adverse change in financial status or financial flexibility as a result of the purchase of the policy(ies).</li><li>▪ For annual incomes less than \$15,000, details supporting the need and purpose of the insurance may be necessary. Adjustments (upwards) for family size (when known) should be considered to align with U.S. Federal Poverty Guidelines published by the U.S. Department of Health &amp; Human Services.</li><li>▪ Premium affordability should be demonstrated for the total premiums being paid on all policies, by the payer(s). This includes all policies on the payer(s) life and all policies on the lives of others for which they are paying.</li></ul> |
|                          | Annual Income   | Premium to Income |  |
|                          | ≤ \$30,000  | 15%               |  |
|                          | > or = \$30,001   | 20%               |  |

## HIGH NET WORTH APPLICANTS

In circumstances where the premiums exceed the above guidelines, such as a client with demonstrable high liquid assets and low/moderate income, further consideration beyond the guidelines may be given. A cover letter of explanation and supporting financial evidence will be required for face amounts \$3 million and higher.

# DETERMINING COVERAGE AMOUNTS FOR BUSINESS PLANNING

| PURPOSE                        | FORMULA   |  | REQUIREMENTS  |
|--------------------------------|---|--|---|
| Key Person                     | Ages  | Factor x Income                        | <p>A cover letter must be provided explaining:</p> <ul style="list-style-type: none"> <li>The key person's value to the company</li> <li>How the coverage amount was determined</li> <li>Whether the key person has ownership in the company and the percentage of ownership</li> <li>A list of all other key persons, the amount of key person coverage, and percentage ownership for each key person</li> </ul>   |
|                                | To age 65<br>Age 66-70<br>Age 70+                     | 10<br>5<br>Individual<br>Consideration |   |
| Buy-Sell/Business Continuation | % Ownership x Corporate Value                         |  | <p>A cover letter must be provided explaining:</p> <ul style="list-style-type: none"> <li>The fair market value of the business and how the amount of insurance was determined</li> <li>A copy of the buy-sell agreement or the details of the buy-sell agreement</li> <li>The proposed insured's ownership percentage, the number of other partners, and their ownership percentage</li> <li>The amount of buy-sell coverage on each partner and the amount and purpose of all in force business coverage</li> </ul> <p>All partners must apply for or have in force buy-sell coverage. The underwriter will need the last two years' corporate balance sheets and income statements, including notes.</p> |
| Business Loan                  | An amount up to the outstanding principal of the loan |  | <ul style="list-style-type: none"> <li>The business must be the owner of the policy.</li> <li>Cover letter must include the purpose, duration of the loan, collateral pledged, its value, and the loan interest rate.</li> <li>The term of the loan must be five years or more.</li> <li>If creditor is designated beneficiary, it should be stated "as its interest may appear" with balance of proceeds to go to another designated personal beneficiary. A collateral assignment would also be acceptable.</li> </ul>  |

Business Beneficiary Inspection Report (BBIR) ordered for business coverage over \$2 million.

Electronic Inspection Report ordered for all coverage greater than \$3.5 million through \$10 million. Full Inspection Report ordered for all coverage greater than \$10 million.

# LIFESTYLE AND HEALTH HISTORY

## Impact on Risk Class

| <i>Trendsetter® Super</i><br><i>Trendsetter® LB</i>  | Preferred Plus   | Preferred Nonsmoker   | Standard Plus   | Nonmed Standard Nonsmoker<br>( <i>Trendsetter LB</i> Bands 1&2 Only)                                    | Standard Nonsmoker  | Preferred Smoker                              | Nonmed Standard Smoker<br>( <i>Trendsetter LB</i> Bands 1 & 2) | Standard Smoker   |
|--|--|---|---|---|---|---|--|-------------------|
| FFIUL II, FFIUL, TFLIC<br>FFIUL, FCIUL II & FCIUL  | Preferred Elite  | Preferred Plus  | Preferred   | N/A   | Nontobacco  | Preferred Tobacco                             | N/A  | Tobacco           |
| <b>Tobacco Usage<sup>1</sup></b>   | None in the past 5 years   | None in the past 2 years  | None in the past 2 years  | None in the past year   | None in the past 2 years  | Tobacco permitted                             | Tobacco permitted  | Tobacco permitted |
| <b>Incidental cigar usage</b>  | Available subject to:<br>-Admitted on application<br>-HOS neg for cotinine<br>-No more than 1 per month  | Available subject to:<br>-Admitted on application<br>-HOS neg for cotinine<br>-No more than 1 per month | Available subject to:<br>-Admitted on application<br>-HOS neg for cotinine<br>-No more than 1 per month | Available subject to:<br>-Admitted on application<br>-HOS neg for cotinine<br>-No more than 1 per month | Available subject to:<br>-Admitted on application<br>-HOS neg for cotinine<br>-No more than 1 per month | Permitted                                     | Permitted  | Permitted         |
| <b>Cholesterol with or without treatment</b>   | 230  | 260   | 300   | N/A   | N/A   | 260   | N/A  | N/A               |
| <b>Chol/HDL</b>  | 5.0 for ages ≤70   | 5.5 for ages ≤70  | 6.2 for ages ≤70  | N/A   | 7.0 for ages ≤70  | 5.5 for ages ≤70                              | N/A  | 7.0 for ages ≤70  |
|  | 5.5 for ages 71+   | 6.0 for ages 71+  | 6.7 for ages 71+  |   | 7.5 for ages 71+  | 6.0 for ages 71+                              |  | 7.5 for ages 71+  |
| <b>Blood pressure</b>  | 135/85 for ages ≤70  | 145/85 for ages ≤70   | 148/88 for ages ≤70   | N/A   | N/A   | 145/85 for ages ≤70                           | N/A  | N/A               |
|  | 145/85 for ages 71+  | 150/90 for ages 71+   | 152/88 for ages 71+   | N/A   | N/A   | 150/90 for ages 71+                           |  | N/A               |
| <b>Treatment for blood pressure</b>  | <u>Through age 49:</u><br>Without treatment<br><u>Ages 50-80:</u><br>With treatment, as long as readings fit criteria above<br><u>Ages 81+:</u><br>Without treatment | With or without treatment   | With or without treatment   | N/A   | N/A   | With or without treatment                     | N/A  | N/A               |
| <b>Family history<sup>2</sup></b><br>Ages 18-64<br>- Includes cardiovascular disease or the following cancers: breast, ovarian, melanoma, prostate, and colon<br>- Some cancers may require evidence of routine surveillance screening | No Death in Parent or Sibling prior to age 60  | No Death in Parent or Sibling prior to age 60   | No more than one Parent or sibling death prior to age 60  | N/A   | N/A   | No Death in Parent or Sibling prior to age 60 | N/A  | N/A               |

<sup>1</sup> Tobacco usage is defined as using any tobacco products (cigarettes, cigars, chewing tobacco, nicotine patch/lozenge/gum, e-cigarettes, vapes (with or without nicotine)), etc., within the past 24 months.

<sup>2</sup> Some gender-specific cancers may qualify for preferred rates.

# LIFESTYLE AND HEALTH HISTORY

## Lifestyle and Health History — Impact on Risk Class

| <i>Trendsetter® Super<br/>Trendsetter® LB</i>     | Preferred Plus  | Preferred Nonsmoker  | Standard Plus  | Nonmed Standard Nonsmoker<br>( <i>Trendsetter LB</i> Bands 1&2 Only) | Standard Nonsmoker                               | Preferred Smoker   | Nonmed Standard Smoker<br>( <i>Trendsetter LB</i> Bands 1 & 2) | Standard Smoker                                  |
|---|---|--|--|--|--|--|--|--|
| FFIUL II, FFIUL, TFLIC<br>FFIUL, FCIUL II & FCIUL | Preferred Elite   | Preferred Plus   | Preferred  | N/A  | Nontobacco                                       | Preferred Tobacco  | N/A  | Tobacco  |
| Personal history                                  | No heart or vascular disease, diabetes, or cancer (except some skin cancers)  | No heart or vascular disease, diabetes, or cancer (except some skin cancers) | No heart or vascular disease, diabetes, or cancer (except some skin cancers) | N/A  | No ratable impairments                           | No heart or vascular disease, diabetes, or cancer (except some skin cancers) | N/A  | No ratable impairments                           |
| Driving history<br>(DUI/reckless driving)         | None in the past 5 years  |  |  | N/A  | N/A  | None in past 5 years   | N/A  | N/A  |
| MVR-serious violations                            | No more than 1 serious violation in the past 3 years and NONE in the past 12 months   | No more than 1 serious violation in past 3 years                             |  | N/A  | N/A  | No more than 1 serious violation in past 3 years                             | N/A  | N/A  |
| MVR-minor violations                              | Up to 2 minor violations within the last year   |  |  | N/A  | N/A  | Up to 2 minor violations within the last year                                | N/A  | N/A  |
| Private aviation                                  | N/A   | Preferred can be offered with or without ratable aviation                    | Can be offered with or without ratable aviation                              | N/A  | Available as qualifies                           | Preferred can be offered with or without ratable aviation                    | N/A  | Available as qualifies                           |
| Avocation (hazardous) <sup>1</sup>                | No participation in activities listed below   | No participation in activities listed below                                  | No participation in activities listed below                                  | N/A  | Can be offered with or without ratable avocation | No participation in activities listed below                                  | N/A  | Can be offered with or without ratable avocation |
| Alcohol/substance abuse                           | No history or treatment at any time   | No history or treatment at any time  | No history or treatment in the past 10 years                                 | N/A  | No history or treatment in the past 7 years      | No history or treatment at any time  | N/A  | No history or treatment in the past 7 years      |
| Citizenship/residence                             | U.S. citizen or legal permanent resident/green card residing in the U.S. — all others, contact Underwriting for individual consideration.                 |  |  |  |  |  |  |  |
| Foreign travel (high risk) <sup>2</sup>           | No traveling to dangerous areas of the world where the State Department has issued travel advisories.   |  |  |  |  |  |  |  |
| Military <sup>3</sup>                             | Active military duty is acceptable provided the proposed insured is not serving in a hazardous area or does not have orders to serve in a hazardous area. |  |  |  |  |  |  |  |

<sup>1</sup> Avocation: Prohibited activities involving aeronautics (e.g., hang gliding, ultralight, soaring, skydiving, ballooning, etc.), power racing, competitive vehicles, mountain climbing, rodeos, competitive skiing, or scuba/skin diving at a depth greater than 75 feet. Individual consideration on a case-by-case basis — may or may not be eligible.

<sup>2</sup> Foreign travel: Unless otherwise prohibited by statute

<sup>3</sup> Military: Unless otherwise prohibited by statute

# MEDICAL IMPAIRMENTS

| IMPAIRMENT                                    | BEST POSSIBLE RATE CLASS AVAILABLE |                          |         | RIDER AVAILABILITY     |  |
|---|------------------------------------|--------------------------|---------|------------------------|--|
|   | PREFERRED RATE CLASS               | STANDARD RATE CLASS      | DECLINE | CRITICAL ILLNESS RIDER | CHRONIC ILLNESS RIDER / LONG TERM CARE RIDER |
| Impacted ADL's                                | Yes                                |                          |         |                        |  |
| ADD/ADHD (age 8 and under)                    |                                    |                          | Yes     |                        |  |
| AIDS  |                                    |                          | Yes     |                        |  |
| Alcoholism                                    |                                    |                          | Yes     |                        |  |
| ALS (Lou Gehrig's Disease)                    |                                    |                          | Yes     |                        |  |
| Alzheimer's Disease /Dementia                 |                                    |                          | Yes     |                        |  |
| Amputations, not due to disease               | Yes                                |                          |         | ✓                      | ✓  |
| Anemia  | Yes                                |                          |         | ✓                      | ✓  |
| Aneurysm                                      |                                    | Yes                      |         |                        |  |
| Anxiety                                       | Yes                                |                          |         | ✓                      | ✓  |
| Arthritis, osteo                              | Yes                                |                          |         | ✓                      | ✓  |
| Arthritis, rheumatoid                         |                                    | Yes                      |         | ✓                      | ✓  |
| Asthma  | Yes                                |                          |         | ✓                      | ✓  |
| Atrial Fibrillation                           |                                    | Yes                      |         | ✓                      | ✓  |
| Autism  |                                    | Individual consideration |         | ✓                      |  |
| Barrett's esophagus                           |                                    | Yes                      |         | ✓                      | ✓  |
| Bell's palsy                                  | Yes                                |                          |         | ✓                      | ✓  |
| Bipolar disorder                              |                                    | Yes                      |         |                        |  |
| Blindness                                     | Yes                                |                          |         |                        |  |
| Benign Prostatic Hypertrophy (BPH)            | Yes                                |                          |         | ✓                      | ✓  |
| Broken bone                                   | Yes                                |                          |         | ✓                      | ✓  |
| Bronchitis, chronic (COPD)                    |                                    | Yes                      |         |                        | ✓  |
| Bundle branch block, right                    | Yes                                |                          |         | ✓                      | ✓  |
| Bundle branch block, left                     |                                    | Yes                      |         | ✓                      | ✓  |
| Cancer (internal organ)                       |                                    | Yes                      |         |                        | ✓  |
| Cancer, skin (not melanoma)                   | Yes                                |                          |         | ✓                      | ✓  |
| Cancer (undergoing treatment)                 |                                    |                          | Yes     |                        |  |
| Cardiomyopathy                                |                                    | Yes                      |         |                        |  |
| Cerebral palsy                                |                                    | Yes                      |         |                        |  |
| Cerebrovascular accident, stroke (CVA)        |                                    | Yes                      |         |                        |  |
| Chronic fatigue syndrome                      | Yes                                |                          |         | ✓                      | ✓  |
| Chronic obstructive pulmonary disorder (COPD) |                                    | Yes                      |         |                        | ✓  |
| Chronic pain                                  |                                    | Yes                      |         | ✓                      |  |
| Cirrhosis                                     |                                    |                          | Yes     |                        |  |
| Colitis, ulcerative                           |                                    | Yes                      |         |                        |  |
| Colitis, other than ulcerative                | Yes                                |                          |         | ✓                      | ✓  |
| Concussion (head injury)                      | Yes                                |                          |         | ✓                      | ✓  |

Rate classes shown are not guaranteed but are a best case scenario. Actual offer is subject to underwriting and may vary based on age, date of diagnosis and severity of condition. Potential morbidity assessments may differ.

MDIR - some conditions for monthly disability income rider may require an exclusion for that condition.

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# MEDICAL IMPAIRMENTS

| IMPAIRMENT   | BEST POSSIBLE RATE CLASS AVAILABLE |                     |         | RIDER AVAILABILITY     |  |
|--|------------------------------------|---------------------|---------|------------------------|--|
|  | PREFERRED RATE CLASS               | STANDARD RATE CLASS | DECLINE | CRITICAL ILLNESS RIDER | CHRONIC ILLNESS RIDER / LONG TERM CARE RIDER |
| Congestive heart failure (CHF)                     |                                    |                     | Yes     |                        |  |
| Coronary artery disease                            |                                    | Yes                 |         |                        | ✓  |
| Criminal activity                                  | Yes                                |                     |         | ✓                      | ✓  |
| Crohn's disease                                    |                                    | Yes                 |         |                        |  |
| Cystic fibrosis                                    |                                    |                     | Yes     |                        |  |
| Depression   | Yes                                |                     |         | ✓                      | ✓  |
| Diabetes   |                                    | Yes                 |         | ✓                      | ✓  |
| Down syndrome                                      |                                    |                     | Yes     |                        |  |
| Emphysema  |                                    | Yes                 |         | ✓                      | ✓  |
| Endocarditis                                       |                                    | Yes                 |         | ✓                      | ✓  |
| Epilepsy (greater than age 3)                      |                                    | Yes                 |         | ✓                      | ✓  |
| Fibromyalgia, fibrositis                           | Yes                                |                     |         | ✓                      | ✓  |
| Gastric banding, sleeve or bypass surgery          | Yes                                |                     |         | ✓                      | ✓  |
| Gastroesophageal reflux disease (GERD)             | Yes                                |                     |         | ✓                      | ✓  |
| Glomerulonephritis                                 |                                    | Yes                 |         | ✓                      | ✓  |
| Headache, migraine or tension                      | Yes                                |                     |         | ✓                      | ✓  |
| Heart attack                                       |                                    | Yes                 |         |                        | ✓  |
| Heart, lung, or liver transplant                   |                                    |                     | Yes     |                        |  |
| Heart valve surgery                                |                                    | Yes                 |         |                        | ✓  |
| Hepatitis B  |                                    | Yes                 |         |                        |  |
| Hepatitis C  |                                    | Yes                 |         |                        |  |
| Hernia   | Yes                                |                     |         | ✓                      | ✓  |
| High blood pressure /hypertension                  | Yes                                |                     |         | ✓                      | ✓  |
| Histoplasmosis                                     |                                    | Yes                 |         |                        |  |
| Hodgkin's disease                                  |                                    | Yes                 |         |                        | ✓  |
| Huntington's disease                               |                                    |                     | Yes     |                        |  |
| Hydronephrosis                                     |                                    | Yes                 |         | ✓                      | ✓  |
| Kidney failure, dialysis                           |                                    |                     | Yes     |                        |  |
| Kidney removal                                     | Yes                                |                     |         | ✓                      | ✓  |
| Leukemia   |                                    | Yes                 |         |                        |  |
| Lou Gehrig's disease (ALS)                         |                                    |                     | Yes     |                        |  |
| Lupus  |                                    | Yes                 |         |                        |  |
| Marijuana use                                      | Yes                                |                     |         | ✓                      | ✓  |
| Melanoma (less than 2, including melanoma in situ) |                                    | Yes                 |         |                        | ✓  |
| Meniere's disease                                  | Yes                                |                     |         | ✓                      | ✓  |
| Meningioma   | Yes                                |                     |         | ✓                      | ✓  |
| Meningitis, history of                             | Yes                                |                     |         |                        | ✓  |

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# MEDICAL IMPAIRMENTS

| IMPAIRMENT  | BEST POSSIBLE RATE CLASS AVAILABLE |                     |         | RIDER AVAILABILITY     |  |
|---|------------------------------------|---------------------|---------|------------------------|--|
|   | PREFERRED RATE CLASS               | STANDARD RATE CLASS | DECLINE | CRITICAL ILLNESS RIDER | CHRONIC ILLNESS RIDER / LONG TERM CARE RIDER |
| Mental retardation and/or intellectual disability |                                    | Yes                 |         |                        |  |
| Mitral insufficiency, Mitral valve prolapse (MVP) |                                    | Yes                 |         | ✓                      | ✓  |
| Mitral stenosis                                   |                                    | Yes                 |         | ✓                      | ✓  |
| Multiple sclerosis (MS)                           |                                    | Yes                 |         |                        |  |
| Muscular dystrophy                                |                                    | Yes                 |         |                        |  |
| Myasthenia gravis                                 |                                    | Yes                 |         |                        |  |
| Myocarditis                                       |                                    | Yes                 |         | ✓                      | ✓  |
| Nephrectomy                                       | Yes                                |                     |         | ✓                      | ✓  |
| Non-Hodgkin's lymphoma                            |                                    | Yes                 |         |                        | ✓  |
| Occupations with special hazards                  | Yes                                |                     |         | ✓                      | ✓  |
| Pacemaker   |                                    | Yes                 |         | ✓                      | ✓  |
| Pancreatitis (resolved)                           |                                    | Yes                 |         | ✓                      | ✓  |
| Paralysis, spinal cord injury                     |                                    | Yes                 |         |                        |  |
| Parkinson's disease                               |                                    | Yes                 |         |                        |  |
| Pericarditis                                      |                                    | Yes                 |         | ✓                      | ✓  |
| Peripheral vascular disease (PVD)                 |                                    | Yes                 |         |                        |  |
| Phlebitis, thrombosis, blood clot                 |                                    | Yes                 |         | ✓                      | ✓  |
| Pituitary adenoma                                 |                                    | Yes                 |         | ✓                      | ✓  |
| Pleurisy  | Yes                                |                     |         | ✓                      | ✓  |
| Pregnancy, no history of or current complications | Yes                                |                     |         | ✓                      | ✓  |
| Prostatitis, with normal PSA                      | Yes                                |                     |         | ✓                      | ✓  |
| Psychosis   |                                    | Yes                 |         |                        |  |
| Pulmonary fibrosis                                |                                    |                     | Yes     |                        |  |
| Pyelonephritis, acute                             | Yes                                |                     |         | ✓                      | ✓  |
| Pyelonephritis, chronic                           |                                    | Yes                 |         | ✓                      |  |
| Rheumatic fever, no heart complications           | Yes                                |                     |         | ✓                      | ✓  |
| Sarcoidosis                                       |                                    | Yes                 |         | ✓                      |  |
| Schizophrenia                                     |                                    | Yes                 |         |                        |  |
| Sleep apnea                                       | Yes                                |                     |         | ✓                      | ✓  |
| Stroke  |                                    | Yes                 |         |                        |  |
| Suicide attempt (more than 2 years ago)           |                                    | Yes                 |         |                        |  |
| Terminal illnesses                                |                                    |                     | Yes     |                        |  |
| Thyroid disorder                                  | Yes                                |                     |         | ✓                      | ✓  |
| Transient ischemic attack (TIA)                   |                                    | Yes                 |         |                        |  |
| Tuberculosis, recovered                           | Yes                                |                     |         | ✓                      | ✓  |
| Tumors, benign                                    | Yes                                |                     |         | ✓                      | ✓  |
| Tumors, malignant, history of                     |                                    | Yes                 |         |                        | ✓  |

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# MEDICAL IMPAIRMENTS

| IMPAIRMENT                      | BEST POSSIBLE RATE CLASS AVAILABLE |                     |         | RIDER AVAILABILITY     |  |
|---------------------------------|------------------------------------|---------------------|---------|------------------------|--|
|                                 | PREFERRED RATE CLASS               | STANDARD RATE CLASS | DECLINE | CRITICAL ILLNESS RIDER | CHRONIC ILLNESS RIDER / LONG TERM CARE RIDER |
| Ulcerative colitis              |                                    | Yes                 |         |                        |  |
| Ulcer, stomach                  | Yes                                |                     |         | ✓                      | ✓  |
| Vascular Ehlers-Danlos syndrome |                                    |                     | Yes     |                        |  |
| Wasting syndrome                |                                    |                     | Yes     |                        |  |





THE FAST TRACK TO FASTER SALES.

## CASE SCENARIOS

**Henry, a 55-year-old male,** was diagnosed with high blood pressure three years ago and has since been prescribed Ramipril. At his last doctor's appointment, he was 5 foot, 10 inches and 199 pounds, and he had a blood pressure reading of 136/86. He had a speeding ticket within the last year for driving 10 mph over the limit. Henry applied for a \$1 million FFIUL II with Accidental Death Benefit and Disability Waiver of Premium Riders. He qualified for Preferred Elite.

**Tina, a 37-year-old accountant,** had a physical two years ago where her labs were drawn. The lab results showed high cholesterol and high triglycerides. She has since been diagnosed with hypercholesterolemia and was prescribed Atorvastatin. Tina is 5 foot, 7 inches and 192 pounds. She applied for a \$75K 30-year *Trendsetter Super* policy and got approved at Standard Plus due to her BMI of 30.1.

**Phil, a 72-year-old male,** was prescribed Donepezil for dementia treatment five years ago. He lives alone, requires no assistance, and has a clear driving record. He is 5 foot, 6 inches and 142 pounds. Phil applied for a \$250K FFIUL II policy, but he was declined due to dementia treatment.

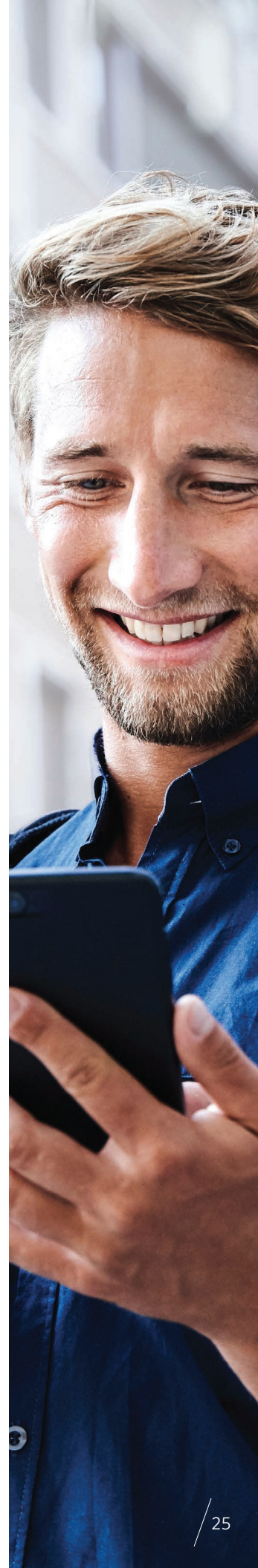
**Kim, a 23-year-old nurse,** was recently diagnosed with iron deficient anemia. The doctor was not concerned, thought it was due to her menstrual cycle and she was advised to take an iron supplement. Kim's on the smaller side at 5 feet, 3 inches and 120 pounds. She applied for a \$1.5 million FCIUL II policy and got approved at a Preferred Elite risk class.

# SUBSTANDARD TABLE RATINGS

Substandard ratings may be attributable to health, occupation, or avocation characteristics that result in higher than average mortality risks.

Our competitive underwriting allows us to offer substandard table ratings using the following guide:

| TABLE RATING GUIDE |
|--------------------|
| Standard = 100%    |
| 1/A = 125%         |
| 2/B = 150%         |
| 3/C = 175%         |
| 4/D = 200%         |
| 5/E = 225%         |
| 6/F = 250%         |
| 8/H = 300%         |



# WHAT IF THE CLIENT IS NOT A U.S. CITIZEN?

A client who is not a U.S. citizen may still qualify for life insurance coverage if they meet certain special requirements and comply with all relevant items (which may vary based on their status) listed below:

- The client must have significant business and/or financial ties to the United States;
- The client must present either a(n): Social Security number (SSN); Individual Tax Identification Number (ITIN/TIN); appropriate version of IRS Form W8 for those without an SSN or TIN; or (for the ITIN Program) IRS ITIN letter issued as a result of a W-7 Application;
- The client must be physically present in the United States at the time of application;
- ITIN applicants will require ITIN forms (CP565) or social security card. Submit copy with the file;
- Visa holders: indicate the specific visa type (e.g., H1, F1, etc.) or exact immigration status (e.g., refugee, asylum, etc.) on the application and submit a copy of the valid visa;<sup>2</sup>
- Employment Authorization Card (“EAC”) holders: compare the category code, located in the center of the EAC to determine if the candidate is eligible to apply for insurance and submit a copy of the valid EAC;
- Immigration documents pending expiration within 60 days of the application date may affect insurability or delay processing while we confirm renewal;
- Fully expired visas must show proof of renewal or extension (I-797, I-797A, or other confirmation document from USCIS that is acceptable to Underwriting);
- EB-5 visa holders transitioning to a green card status may be asked for additional documentation to confirm that process;
- A copy of all required documentation will be asked for in iGO at the time of application. For paper applications, use the image upload tool on the agent portals to submit copies of images, and indicate this in the agent comments section;
- The Living Benefit Riders (Chronic/Critical Illness) are available only to legal U.S. residents (i.e., nonresidents and ITIN candidates are not eligible);
- A separate international underwriting guide is available for information on submitting nonresident foreign national and U.S. expatriate business. All international risk guidelines are subject to change without prior notice.

For further details, please refer to our Resident Foreign Nationals Travel Guidelines flyer, HNWN Nonresident FN UW Guidelines (111955), and Foreign National Individual Taxpayer Identification Number Guidelines (117754).

<sup>1</sup> Not all visa types or immigration statuses are eligible. Note also that the Matricula Consular document is not recognized to be valid as a visa by the U.S. government.

<sup>2</sup> Only list “permanent resident” on the application if the client is a lawful permanent resident (also known as a green card holder)

<sup>3</sup> Green card holders need not submit a copy of their (valid) green card unless applying for the Living Benefit Riders (Chronic Illness and Critical Illness), or at Underwriter discretion. Please copy the front and back of the card when applying for these benefits.

# INITIAL UNDERWRITING REQUIREMENTS FOR NON-U.S. RESIDENTS

**Transamerica Financial Foundation IUL® II<sup>1,2</sup>**

**Transamerica Financial Foundation IUL®<sup>1,2</sup>**

**TLFIC Financial Foundation IUL®<sup>1,2</sup>**

| FACE<br>AMOUNT <sup>3,4,5,6</sup>   | ISSUE AGE <sup>7,8</sup> |                                 |                                 |                                 |                                 |                                    |                                    |                                    |
|-------------------------------------|--------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|------------------------------------|------------------------------------|------------------------------------|
|                                     | 0 - 17 <sup>9</sup>      | 18 - 40                         | 41 - 50                         | 51 - 60                         | 61 - 70                         | 71 - 75                            | 76 - 80                            | 81 - 85                            |
| \$25,000 - \$50,000 <sup>10</sup>   | N/A                      | *                               | *                               | *                               | Vitals BCP<br>HOS               | Vitals BCP<br>HOS                  | Vitals BCP<br>HOS                  | Vitals BCP<br>HOS                  |
| \$50,001 - \$75,000 <sup>10</sup>   | N/A                      | *                               | *                               | *                               | Vitals BCP<br>HOS               | Vitals BCP<br>HOS                  | Vitals BCP<br>HOS                  | Vitals BCP<br>HOS                  |
| \$75,001 - \$99,999 <sup>10</sup>   | N/A                      | *                               | *                               | Vitals BCP<br>HOS               | Vitals BCP<br>HOS               | Vitals BCP<br>HOS                  | Vitals BCP<br>HOS                  | Vitals BCP<br>HOS                  |
| \$100,000 - \$250,000 <sup>10</sup> | N/A                      | Vitals BCP<br>HOS               | Vitals BCP<br>HOS               | Vitals BCP<br>HOS               | Vitals BCP<br>HOS               | Vitals BCP<br>HOS CS               | Vitals BCP<br>HOS CS               | Vitals BCP<br>HOS CS               |
| \$250,001 - \$500,000               | N/A                      | Vitals BCP<br>HOS               | Vitals BCP<br>HOS               | Vitals BCP<br>HOS               | Vitals BCP<br>HOS               | Vitals BCP<br>HOS CS               | Vitals BCP<br>HOS CS               | Vitals BCP<br>HOS CS               |
| \$500,001 - \$1,000,000             | N/A                      | Vitals BCP<br>HOS               | Vitals BCP<br>HOS               | Vitals BCP<br>HOS               | Vitals BCP<br>HOS               | Vitals BCP<br>HOS CS               | Vitals BCP<br>HOS CS               | Vitals BCP<br>HOS CS               |
| \$1,000,001 - \$2,000,000           | N/A                      | Vitals BCP<br>HOS               | Vitals BCP<br>HOS               | Vitals BCP<br>HOS               | Vitals BCP<br>HOS               | Vitals BCP<br>HOS CS PFS           | Vitals BCP<br>HOS CS PFS           | Vitals BCP HOS<br>ECG CS PFS       |
| \$2,000,001 - \$3,500,000           | N/A                      | Vitals BCP<br>HOS PFS           | Vitals BCP<br>HOS PFS           | Vitals BCP<br>HOS PFS           | Vitals BCP<br>HOS PFS           | Vitals BCP<br>HOS CS PFS           | Vitals BCP<br>HOS CS PFS           | Vitals BCP<br>HOS ECG<br>CS PFS    |
| \$3,500,001 - \$5,000,000           | N/A                      | Vitals BCP<br>HOS PFS IR        | Vitals BCP<br>HOS PFS IR        | Vitals BCP<br>HOS PFS IR        | Vitals BCP<br>HOS PFS IR        | Vitals BCP<br>HOS CS PFS IR        | Vitals BCP<br>HOS CS PFS IR        | Vitals BCP<br>HOS ECG CS<br>PFS IR |
| \$5,000,001 - \$10,000,000          | N/A                      | Vitals BCP<br>HOS PFS IR        | Vitals BCP<br>HOS PFS IR        | Vitals BCP<br>HOS PFS IR        | Vitals BCP<br>HOS PFS IR        | Vitals BCP<br>HOS CS<br>PFS IR     | Vitals BCP<br>HOS ECG CS<br>PFS IR | Vitals BCP<br>HOS ECG<br>CS PFS IR |
| \$10,000,001 and higher             | N/A                      | Vitals BCP<br>HOS ECG<br>PFS IR | Vitals BCP<br>HOS ECG<br>PFS IR | Vitals BCP<br>HOS ECG<br>PFS IR | Vitals BCP<br>HOS ECG<br>PFS IR | Vitals BCP<br>HOS ECG CS<br>PFS IR | Vitals BCP<br>HOS ECG CS<br>PFS IR | Vitals BCP<br>HOS ECG<br>CS PFS IR |

\* Highlighted cells indicate potential eligibility for fluidless processing.

<sup>1</sup> Use this chart for non-U.S. residents and nonpermanent visa holders.

<sup>2</sup> The Long Term Care (LTC) Rider is only available on FFIUL II/FFIUL/TLFIC FFIUL to U.S. citizens and to green card holders living in the U.S. For full underwriting specifications, please refer to the appropriate LTC Underwriting Guide.

<sup>3</sup> CS required at age 70 for face amounts \$100,000 and higher.

<sup>4</sup> Business Beneficiary Inspection Report (BBIR) ordered for business coverage over \$2 million.

<sup>5</sup> IRS Form 4506-C is required with all applications \$5 million and above or at Underwriter discretion.

<sup>6</sup> Third-party financial verification for face amounts greater than \$3 million and/or total line over jumbo limits.

<sup>7</sup> Transamerica reserves the right to request other evidence of insurability as it deems necessary. For requirements, please see Determining Coverage Amounts on page 15 of this guide.

<sup>8</sup> Requests to reduce face amount received during underwriting will not alter the medical requirements.

<sup>9</sup> Juvenile must reside in the U.S.

<sup>10</sup> Available with \$5,000 Minimum No Lapse Premium (MNLP) and higher.

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# INITIAL UNDERWRITING REQUIREMENTS FOR NON-U.S. RESIDENTS

*Transamerica Financial Choice IUL II<sup>SM</sup>*

*Transamerica Financial Choice IUL<sup>SM</sup>*

| FACE AMOUNTS <sup>1,2,3</sup> | ISSUE AGE <sup>4,5</sup> |                                 |                                 |                                 |                                 |                                    |                                    |                                    |
|-------------------------------|--------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|------------------------------------|------------------------------------|------------------------------------|
|                               | 0 - 17 <sup>6</sup>      | 18 - 40                         | 41 - 50                         | 51 - 60                         | 61 - 70                         | 71 - 75                            | 76 - 80                            | 81 - 85                            |
| \$250,000 - \$500,000         | N/A                      | Vitals BCP<br>HOS               | Vitals BCP<br>HOS               | Vitals BCP<br>HOS               | Vitals BCP<br>HOS               | Vitals BCP<br>HOS CS               | Vitals BCP<br>HOS CS               | Vitals BCP<br>HOS CS               |
| \$500,001 - \$1,000,000       | N/A                      | Vitals BCP<br>HOS               | Vitals BCP<br>HOS               | Vitals BCP<br>HOS               | Vitals BCP<br>HOS               | Vitals BCP<br>HOS CS               | Vitals BCP<br>HOS CS               | Vitals BCP<br>HOS CS               |
| \$1,000,001 - \$2,000,000     | N/A                      | Vitals BCP<br>HOS               | Vitals BCP<br>HOS               | Vitals BCP<br>HOS               | Vitals BCP<br>HOS               | Vitals BCP<br>HOS CS PFS           | Vitals BCP<br>HOS CS PFS           | Vitals BCP<br>HOS ECG<br>CS PFS    |
| \$2,000,001 - \$3,500,000     | N/A                      | Vitals BCP<br>HOS PFS           | Vitals BCP<br>HOS PFS           | Vitals BCP<br>HOS PFS           | Vitals BCP<br>HOS PFS           | Vitals BCP<br>HOS CS PFS           | Vitals BCP<br>HOS CS PFS           | Vitals BCP<br>HOS ECG<br>CS PFS    |
| \$3,500,001 - \$5,000,000     | N/A                      | Vitals BCP<br>HOS PFS IR        | Vitals BCP<br>HOS PFS IR        | Vitals BCP<br>HOS PFS IR        | Vitals BCP<br>HOS PFS IR        | Vitals BCP<br>HOS CS<br>PFS IR     | Vitals BCP<br>HOS CS<br>PFS IR     | Vitals BCP<br>HOS ECG<br>CS PFS IR |
| \$5,000,001 - \$10,000,000    | N/A                      | Vitals BCP<br>HOS PFS IR        | Vitals BCP<br>HOS PFS IR        | Vitals BCP<br>HOS PFS IR        | Vitals BCP<br>HOS PFS IR        | Vitals BCP<br>HOS CS<br>PFS IR     | Vitals BCP<br>HOS ECG<br>CS PFS IR | Vitals BCP<br>HOS ECG<br>CS PFS IR |
| \$10,000,001 and higher       | N/A                      | Vitals BCP<br>HOS ECG<br>PFS IR | Vitals BCP<br>HOS ECG<br>PFS IR | Vitals BCP<br>HOS ECG<br>PFS IR | Vitals BCP<br>HOS ECG<br>PFS IR | Vitals BCP<br>HOS ECG<br>CS PFS IR | Vitals BCP<br>HOS ECG<br>CS PFS IR | Vitals BCP<br>HOS ECG<br>CS PFS IR |

<sup>1</sup> Business Beneficiary Inspection Report (BBIR) ordered for business coverage over \$2 million.

<sup>2</sup> Third-party financial verification for face amounts greater than \$3 million and/or total line over jumbo limits.

<sup>3</sup> CS required at age 70.

<sup>4</sup> Transamerica reserves the right to request other evidence of insurability as it deems necessary. For requirements, please see Determining Coverage Amounts on page 15 of this guide.

<sup>5</sup> Requests to reduce face amount received during underwriting will not alter the medical requirements.

<sup>6</sup> Juvenile must reside in the U.S.

# INITIAL UNDERWRITING REQUIREMENTS FOR NON-U.S. RESIDENTS

**Trendsetter® Super<sup>1</sup>**

| FACE AMOUNT <sup>2,3</sup>           | ISSUE AGE <sup>4,5</sup>  |                           |                           |                           |                              |                              |
|--------------------------------------|---------------------------|---------------------------|---------------------------|---------------------------|------------------------------|------------------------------|
|                                      | 18 - 40                   | 41 - 50                   | 51 - 60                   | 61 - 70                   | 71 - 75                      | 76 - 80                      |
| \$25,000 - \$50,000 <sup>6</sup>     | *                         | *                         | *                         | *                         | Vitals BCP HOS               | Vitals BCP HOS               |
| \$50,001 - \$99,999 <sup>6</sup>     | *                         | *                         | *                         | Vitals BCP HOS            | Vitals BCP HOS               | Vitals BCP HOS               |
| \$100,000 - \$250,000 <sup>6</sup>   | Vitals BCP HOS            | Vitals BCP HOS            | Vitals BCP HOS            | Vitals BCP HOS            | Vitals BCP HOS CS            | Vitals BCP HOS CS            |
| \$250,001 - \$500,000 <sup>6</sup>   | Vitals BCP HOS            | Vitals BCP HOS            | Vitals BCP HOS            | Vitals BCP HOS            | Vitals BCP HOS CS            | Vitals BCP HOS CS            |
| \$500,001 - \$1,000,000 <sup>6</sup> | Vitals BCP HOS            | Vitals BCP HOS            | Vitals BCP HOS            | Vitals BCP HOS            | Vitals BCP HOS CS PFS        | Vitals BCP HOS CS            |
| \$1,000,001 - \$2,000,000            | Vitals BCP HOS            | Vitals BCP HOS            | Vitals BCP HOS            | Vitals BCP HOS PFS        | Vitals BCP HOS CS PFS        | Vitals BCP HOS ECG CS PFS    |
| \$2,000,001 - \$3,500,000            | Vitals BCP HOS            | Vitals BCP HOS            | Vitals BCP HOS            | Vitals BCP HOS PFS        | Vitals BCP HOS CS PFS        | Vitals BCP HOS ECG CS PFS    |
| \$3,500,001 - \$5,000,000            | Vitals BCP HOS            | Vitals BCP HOS            | Vitals BCP HOS            | Vitals BCP HOS PFS        | Vitals BCP HOS CS PFS        | Vitals BCP HOS ECG CS PFS    |
| \$5,000,001 - \$10,000,000           | Vitals BCP HOS PFS        | Vitals BCP HOS PFS        | Vitals BCP HOS PFS        | Vitals BCP HOS PFS        | Vitals BCP HOS ECG CS PFS    | Vitals BCP HOS ECG CS PFS    |
| \$10,000,001 and higher              | Vitals BCP HOS ECG PFS IR | Vitals BCP HOS ECG PFS IR | Vitals BCP HOS ECG PFS IR | Vitals BCP HOS ECG PFS IR | Vitals BCP HOS ECG CS PFS IR | Vitals BCP HOS ECG CS PFS IR |

\* Highlighted cell(s) indicate potential eligibility for fluidless processing.

<sup>1</sup> Use this chart for non-U.S. residents.

<sup>2</sup> CS required at age 70 for face amounts \$100,000 and higher.

<sup>3</sup> Third-party financial verification for face amounts greater than \$3 million or total line over jumbo limits.

<sup>4</sup> Transamerica reserves the right to request other evidence of insurability as it deems necessary. For requirements, please see Determining Coverage Amounts on page 15 of this guide.

<sup>5</sup> Requests to reduce face amount received during underwriting will not alter the medical requirements.

<sup>6</sup> Available with \$5,000 annualized premium and higher.



### **DOCUMENTATION NEEDED FOR NON US CITIZENS**

Your client will need to provide on the application their resident status, Country of Citizenship, Date of entry into US (mm/yyyy) and Green card expiration date. Copies of Visas and Employment Authorization Cards (EAC) should be uploaded. Please see the Visa or EAC category code/type for potential rates (see pages 31-34). Green Cards are not routinely needed but may be requested at Underwriter discretion.

# ELIGIBILITY BY EMPLOYEE AUTHORIZATION CARD CATEGORY CODE

| CATEGORY CODE | DESCRIPTION  | ELIGIBILITY                     |                      |                        |                       |  |
|---------------|--|---------------------------------|----------------------|------------------------|-----------------------|--|
|               |  | LIFE                            | LONG TERM CARE RIDER | CRITICAL ILLNESS RIDER | CHRONIC ILLNESS RIDER | JUVENILES (INCLUDES PARENT/OWNER STATUS) |
| A2            | Lawful temporary resident - Special Agricultural Workers   | Up to best class                | Yes                  | Yes                    | Yes                   | Yes                                      |
| A3            | Refugee  | Up to best class                | Yes                  | Yes                    | Yes                   | Yes                                      |
| A4            | Paroled refugee  | Up to best class                | Yes                  | Yes                    | Yes                   | Yes                                      |
| A5            | Asylee   | Up to best class                | Yes                  | Yes                    | Yes                   | Yes                                      |
| A6            | Fiancé(e) (K-1 or K-2 nonimmigrant)  | Up to best class                | Yes                  | Yes                    | Yes                   | Yes                                      |
| A7            | N-8 or N-9   | Based on country of origin      | Yes                  | Yes                    | Yes                   | Yes                                      |
| A8            | Citizen of Micronesia, Marshall Islands, or Palau  | Up to best class                | Yes                  | Yes                    | Yes                   | Yes                                      |
| A9            | K-3 or K-4   | Up to best class                | Yes                  | Yes                    | Yes                   | Yes                                      |
| A10           | Withholding of deportation or removal granted  | Eligible under the ITIN program | Yes                  | Yes                    | Yes                   | Yes                                      |
| A11           | Deferred Enforced Departure  | Decline                         | No                   | No                     | No                    | No                                       |
| A12           | Temporary Protected Status granted   | Based on country of origin      | Yes                  | Yes                    | Yes                   | Yes                                      |
| A13           | Family Unity Program (Section 301 of the Immigration Act of 1990)  | Up to best class                | Yes                  | Yes                    | Yes                   | Yes                                      |
| A14           | LIFE Legalization (Section 1504 of the Legal Immigrant Family Equity (LIFE) Act Amendments)  | Up to best class                | Yes                  | Yes                    | Yes                   | Yes                                      |
| A15           | V visa nonimmigrant  | Based on country of origin      | Yes                  | Yes                    | Yes                   | Yes                                      |
| A16           | T-1 nonimmigrant   | Decline                         | No                   | No                     | No                    | No                                       |
| A17           | Spouse of an E nonimmigrant  | Up to best class                | Yes                  | Yes                    | Yes                   | Yes                                      |
| A18           | Spouse of an L nonimmigrant  | Decline                         | Yes                  | Yes                    | Yes                   | Yes                                      |
| A19           | U-1 nonimmigrant   | Decline                         | No                   | No                     | No                    | No                                       |
| A20           | U-2, U-3, U-4, or U-5 nonimmigrant   | Decline                         | No                   | No                     | No                    | No                                       |
| C1            | Spouse/dependent of A-1 or A-2 visa nonimmigrant   | Decline                         | No                   | No                     | No                    | No                                       |
| C2            | Spouse/dependent of Coordination Council for North American Affairs (E-1)/Taipei Economic and Cultural Representative Office (TECRO) | Up to best class                | Yes                  | Yes                    | Yes                   | Yes                                      |
| C3            | F-1 student, pre-completion Optional Practical Training  | Up to best class                | Yes                  | Yes                    | Yes                   | Yes                                      |
| C4            | Spouse/dependent of G-1, G-3, or G-4   | Based on country of origin      | Yes                  | Yes                    | Yes                   | Yes                                      |
| C5            | J-2 spouse or child of J-1 exchange visitor  | Based on country of origin      | Yes                  | Yes                    | Yes                   | Yes                                      |
| C6            | M-1 student, Practical Training  | Up to best class                | Yes                  | Yes                    | Yes                   | Yes                                      |
| C7            | Dependent of NATO-1 through NATO-6   | Based on country of origin      | Yes                  | Yes                    | Yes                   | Yes                                      |
| C8            | Asylum application pending filed   | Eligible under the ITIN program | Yes                  | Yes                    | Yes                   | Yes                                      |

# ELIGIBILITY BY EMPLOYEE AUTHORIZATION CARD CATEGORY CODE

> Continued from previous page

| CATEGORY CODE | DESCRIPTION  | ELIGIBILITY                     |                      |                        |                       |  |
|---------------|--|---------------------------------|----------------------|------------------------|-----------------------|--|
|               |  | LIFE                            | LONG TERM CARE RIDER | CRITICAL ILLNESS RIDER | CHRONIC ILLNESS RIDER | JUVENILES (INCLUDES PARENT/OWNER STATUS) |
| C9            | Pending adjustment of status under Section 245 of the Act  | Up to best class                | Yes                  | Yes                    | Yes                   | Yes                                      |
| C10           | Suspension of deportation applicants (filed before April 1, 1997)  | Eligible under the ITIN program | Yes                  | Yes                    | Yes                   | Yes                                      |
| C11           | Public Interest parolee  | Based on country of origin      | Yes                  | Yes                    | Yes                   | Yes                                      |
| C12           | Spouse of an E-2 CNMI investor   | Up to best class                | Yes                  | Yes                    | Yes                   | Yes                                      |
| C14           | Deferred action  | Eligible under the ITIN program | Yes                  | Yes                    | Yes                   | Yes                                      |
| C15           | Not in use   | N/A                             | No                   | Yes                    | Yes                   | Yes                                      |
| C16           | Creation of record (adjustment based on continuous residence since January 1, 1972)  | Up to best class                | Yes                  | Yes                    | Yes                   | Yes                                      |
| C17           | B-1 domestic servant of certain nonimmigrants  | Decline                         | No                   | No                     | No                    | No                                       |
| C18           | Order of supervision   | Decline                         | No                   | No                     | No                    | No                                       |
| C19           | Certain pending TPS applicants whom USCIS has determined are prima facie eligible for TPS and who may then receive an EAD as a "temporary treatment benefit" under 8 C.F.R. 244.10(a). | Based on country of origin      | Yes                  | Yes                    | Yes                   | Yes                                      |
| C20           | Section 210 legalization (pending I-700) Special Agricultural Workers  | Up to best class                | Yes                  | Yes                    | Yes                   | Yes                                      |
| C21           | S visa nonimmigrant  | Decline                         | No                   | No                     | No                    | No                                       |
| C22           | Section 245A legalization (pending I-687)  | Up to best class                | Yes                  | Yes                    | Yes                   | Yes                                      |
| C23           | Irish peace process (Q-2)  | Up to best class                | Yes                  | Yes                    | Yes                   | Yes                                      |
| C24           | LIFE legalization  | Up to best class                | Yes                  | Yes                    | Yes                   | Yes                                      |
| C25           | T-2, T-3, T-4, T-5, or T-6 nonimmigrant  | Decline                         | No                   | No                     | No                    | No                                       |
| C26           | Spouse of an H-1B nonimmigrant   | Up to best class                | Yes                  | Yes                    | Yes                   | Yes                                      |
| C31           | VAWA self-petitioners with an approved Form I-360  | Up to best class                | Yes                  | Yes                    | Yes                   | Yes                                      |
| C33           | Consideration of Deferred Action for Childhood Arrivals  | Eligible under the ITIN program | Yes                  | Yes                    | Yes                   | Yes                                      |
| C35           | Principal beneficiary of an approved employment-based immigrant petition facing compelling circumstances   | Up to best class                | Yes                  | Yes                    | Yes                   | Yes                                      |
| C36           | Spouse or unmarried child of a principal beneficiary of an approved employment-based immigrant petition facing compelling circumstances  | Up to best class                | Yes                  | Yes                    | Yes                   | Yes                                      |

The purpose of this document is to outline risks that are considered uninsurable based on immigration status. It is not possible to include every scenario and the contents of this document are subject to change without notice. This is not an offer guaranteeing any predetermined rate for any applicant.

# ELIGIBILITY BY VISA TYPES

| CATEGORY CODE | DESCRIPTION                                  | DOCUMENTATION REQUIRED  | ELIGIBILITY  |                      |                        |                       |  |
|---------------|--|---|--|----------------------|------------------------|-----------------------|--|
|               |  |   | LIFE   | LONG TERM CARE RIDER | CRITICAL ILLNESS RIDER | CHRONIC ILLNESS RIDER | JUVENILES (INCLUDES PARENT/OWNER STATUS) |
| <b>A</b>      | Government Official                          | N/A   | Decline  | No                   | No                     | No                    | No                                       |
| <b>AS</b>     | Asylum                                       | Proof of asylum approval (copy immigration court document or EAD category A5) | Up to best class                                     | Yes                  | Yes                    | Yes                   | Yes                                      |
| <b>B</b>      | Visitor (B1, B2, B1/B2, BCC)                 | Copy of visa and proof of U.S. entry  | Underwritten according to country of legal residence | No                   | No                     | No                    | No                                       |
| <b>C</b>      | Transit                                      | N/A   | Decline  | No                   | No                     | No                    | No                                       |
| <b>D</b>      | Crewman                                      | N/A   | Decline  | No                   | No                     | No                    | No                                       |
| <b>E</b>      | Investor <sup>1</sup>                        | Copy of visa  | Up to best class                                     | Yes                  | Yes                    | Yes                   | Yes                                      |
| <b>E</b>      | Employment Auth. Card                        | Copy of employee authorization card   | Based on category code                               | See code chart       | See code chart         | See code chart        | See code chart                           |
| <b>F</b>      | Student/academic                             | Copy of visa and I-20 from college  | Up to best class                                     | Yes                  | Yes                    | Yes                   | Yes                                      |
| <b>G</b>      | Representative to international organization | Copy of visa and proof of U.S. entry  | Underwritten according to country of legal residence | Yes                  | Yes                    | Yes                   | No                                       |
| <b>GC</b>     | Green Card, Permanent Resident Card          | Copy of Green Card  | Up to best class                                     | Yes                  | Yes                    | Yes                   | Yes                                      |
| <b>H</b>      | Work/occupation                              | Copy of visa  | Up to best class                                     | Yes                  | Yes                    | Yes                   | Yes                                      |
| <b>I</b>      | Media  | N/A   | Decline  | No                   | No                     | No                    | No                                       |
| <b>J</b>      | Cultural Exchange                            | Copy of visa and proof of U.S. entry  | Underwritten according to country of legal residence | Yes                  | Yes*                   | Yes*                  | No                                       |
| <b>K</b>      | Fiancée/fiancé                               | Copy of visa  | Up to best class                                     | Yes                  | Yes                    | Yes                   | Yes                                      |
| <b>L</b>      | Executive                                    | Copy of visa  | Up to best class                                     | Yes                  | Yes                    | Yes                   | Yes                                      |
| <b>M</b>      | Vocational/non-academic                      | Copy of visa  | Up to best class                                     | Yes                  | Yes                    | Yes                   | Yes                                      |
| <b>MC</b>     | Matricula Consular ID                        | N/A   | Decline  | No                   | No                     | No                    | No                                       |
| <b>NATO</b>   | Government workers                           | Copy of visa and proof of U.S. entry  | Underwritten according to country of legal residence | No                   | Yes                    | Yes                   | No                                       |
| <b>O</b>      | Science/art extraordinary ability            | Copy of visa  | Up to best class                                     | Yes                  | Yes                    | Yes                   | Yes                                      |

\* J1 visa holders with plans on leaving the U.S. within a year cannot apply for the Critical Illness Rider and/or Chronic Illness Rider.

<sup>1</sup> Effective November 2019 the EB-5 "Golden Visa" investment minimum will increase from \$500,000 to \$900,000.

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# ELIGIBILITY BY VISA TYPES


> Continued from previous page

| CATEGORY CODE | DESCRIPTION                             | DOCUMENTATION REQUIRED                     | ELIGIBILITY   |                      |                        |                       |  |
|---------------|---|--|---|----------------------|------------------------|-----------------------|--|
|               |   |  | LIFE  | LONG TERM CARE RIDER | CRITICAL ILLNESS RIDER | CHRONIC ILLNESS RIDER | JUVENILES (INCLUDES PARENT/OWNER STATUS) |
| <b>P</b>      | Professional athlete/entertainer        | Copy of visa                               | Up to best class                                      | Yes                  | Yes                    | Yes                   | Yes                                      |
| <b>Q</b>      | Cultural exchange                       | Copy of visa and proof of U.S. entry       | Underwritten according to country of legal residence  | Yes                  | Yes                    | Yes                   | No                                       |
| <b>R</b>      | Religious                               | Copy of visa and proof of U.S. entry       | Underwritten according to country of legal residence  | Yes                  | Yes                    | Yes                   | No                                       |
| <b>RE</b>     | Refugee                                 | Proof of refugee status (I-94)             | Up to best class                                      | Yes                  | Yes                    | Yes                   | Yes                                      |
| <b>S</b>      | Witness/informant                       | N/A  | Decline   | No                   | No                     | No                    | No                                       |
| <b>T</b>      | Victims of trafficking                  | N/A  | Decline   | No                   | No                     | No                    | No                                       |
| <b>TN/TD</b>  | Trades (NAFTA )                         | Copy of visa                               | Up to best class                                      | Yes                  | Yes                    | Yes                   | Yes                                      |
| <b>TPS</b>    | Temporary protection status             | Proof of status (I-94)                     | Underwritten according to country of legal residence  | Yes                  | Yes                    | Yes                   | No                                       |
| <b>TWOV</b>   | Transit without a visa                  | N/A  | Decline   | No                   | No                     | No                    | No                                       |
| <b>U</b>      | Victims of certain criminal activity    | Valid current visa and proof of U.S. entry | Underwritten according to country of legal residence. | Yes                  | Yes                    | Yes                   | No                                       |
| <b>V</b>      | Certain second preference beneficiaries | Copy of passport and proof of U.S. entry   | Underwritten according to country of legal residence  | Yes                  | Yes                    | Yes                   | No                                       |
| <b>VWP</b>    | Visa Waiver Program                     | Copy of passport and proof of U.S. entry   | Underwritten according to country of legal residence  | No                   | No                     | No                    | No                                       |

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