

TRANSAMERICA LIFE INSURANCE COMPANY - NAIC 86231

LTC Individual - Comprehensive - Tax Qualified

Male

POLICY FORM: TLC 3-P CA 0313M

1. Maximum Policy Benefit (MPB) = In year(s). Enter the number of days in Company Notes.

| 1Yr | 2Yrs | 3Yrs | 4Yrs | 5Yrs | 6Yrs | 7Yrs | Lifetime | Other |
|-----|------|------|------|------|------|------|----------|-------|
| YES | YES | YES | YES | YES | YES | NO | NO | YES |

MPB Company Notes: 365, 730, 1095, 1460, 1825, 2190 (Number of Days) times the Nursing Facility Daily Benefit = 36500, 73000, 109500, 146000, 182500, 219000. Other Notes: Insured may select any policy maximum up to an equivalent of 6 years with a minimum of 1 year. For example, a daily benefit of \$200 with a maximum benefit of \$250,000 may be selected and will provide \$200 per day for 1250 days.

2. Nursing Home/Facility Daily Benefit Amounts (NHB) - There is a minimum and maximum amount offered in dollar increments.

| Minimum | Maximum | Increment | Day | Week | Month | None | Other |
|---------|---------|-----------|-----|------|-------|------|-------|
| \$50 | \$500 | \$10 | YES | NO | NO | NO | NO |

NHB Company Notes: Enter Notes: None reported by the company.

3. Residential Care Facility Daily Benefit (RCFE) - Represents the RCFE percentage of the Nursing Facility Limit.

| 100% | 90% | 80% | 75% | 70% | Other |
|------|-----|-----|-----|-----|-------|
| NO | NO | NO | NO | NO | NO |

RCFE Company Notes: RCFE is included in the Facility definition in states that use the RCF definition rather than ALF.

4. Home Care Benefit Amounts (HCB) - Represents the percentage of Home Care Benefit Amount for Comprehensive Policies.

| 100% | 90% | 80% | 75% | 70% | 60% | 50% | None | Other |
|------|-----|-----|-----|-----|-----|-----|------|-------|
| YES | NO | NO | NO | NO | NO | NO | NO | NO |

HCB Company Notes: Enter Notes: None reported by the company.

5. Home Care Only Benefit Amounts (HCBO) - There is a minimum and maximum amount offered in dollar increments.

| Minimum | Maximum | Increment | Day | Week | Month | None | Other |
|---------|---------|-----------|-----|------|-------|------|-------|
| | | | | | | YES | |

HCBO Company Notes: Not Applicable: This LTC policy form is not a Home Care Only policy.

6. Qualification for Benefits (QB)

| QB_2_OF_6 | QB_2_OF_7 | QB_OTH1 | QB_MN | QB_CI | QB_90DR | QB_OTH2 |
|-----------|-----------|---------|-------|-------|---------|---------|
| YES | NO | NO | NO | NO | NO | NO |

QB Company Notes: The need for human assistance or continual supervision to perform at least 2 of 6 Activities of Daily Living.

7. Elimination Period (EP) = In days Select all that applies.

| 0 | 20 | 30 | 60 | 90 | 100 | CALENDAR | SERVICE | Other |
|-----|----|-----|-----|-----|-----|----------|---------|-------|
| YES | NO | YES | YES | YES | NO | NO | YES | YES |

EP Company Notes: Enter Notes: 180 day EP available

8. Inflation Protection (IP)

| IP Methodology | 5% Compound | 5% Simple | Guaranteed Purchase Option | Other |
|---|-------------|-----------|----------------------------|-------|
| Explain IP Methodology: Compound Inflation: On each anniversary of the effective date of this rider, the maximum benefit and the daily benefit will be increased by 3% or 5%. The premium will not increase. Step-rated Compound Inflation: On each anniversary of the effective date of this rider, the maximum benefit, the daily benefit, and the premium will be increased by 3% or 5%. Tailored Inflation: On each anniversary of the effective date of this rider up to an including the one prior to your 61st birthday, the maximum benefit and daily benefit will be increased by 5%. Starting with the anniversary of the effective date of this rider on or after your 61st birthday, the maximum benefit and daily benefit will be increased by 3%. Starting with the anniversary of the effective date of this rider on or after your 76th birthday, there will be no more increases under this rider. | YES | NO | NO | YES |
| IP Company Notes: Tailored, 5% Compound, 3% and 5% Step Rated Compound. | | | | |

9. Waiver of Premium (WAVP)

Enter Notes: If you are receiving benefits under the Facility or Home Health Care provisions, or if you are receiving the cash benefit.

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Long Term Care Insurance Rates

POLICY FORM: TLC 3-P CA 0313M

MALE

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| ISSUE AGE | 30 Day Elimination Period - Service | | | | 90 Day Elimination Period - Service | | | |
|-----------|---|---|--|--|---|---|--|--|
| | 3 YEAR MAXIMUM POLICY BENEFIT - NO INFLATION PROTECTION | 3 YEAR MAXIMUM POLICY BENEFIT - WITH INFLATION PROTECTION | LIFETIME BENEFIT - NO INFLATION PROTECTION | LIFETIME BENEFIT - WITH INFLATION PROTECTION | 3 YEAR MAXIMUM POLICY BENEFIT - NO INFLATION PROTECTION | 3 YEAR MAXIMUM POLICY BENEFIT - WITH INFLATION PROTECTION | LIFETIME BENEFIT - NO INFLATION PROTECTION | LIFETIME BENEFIT - WITH INFLATION PROTECTION |
| 40 | \$551 | \$3,120 | | | \$469 | \$2,655 | | |
| 45 | \$639 | \$3,240 | | | \$544 | \$2,757 | | |
| 50 | \$764 | \$3,263 | | | \$650 | \$2,777 | | |
| 55 | \$902 | \$3,347 | | | \$768 | \$2,848 | | |
| 60 | \$1,240 | \$3,634 | | | \$1,056 | \$3,093 | | |
| 65 | \$1,817 | \$4,142 | | | \$1,546 | \$3,525 | | |
| 70 | \$2,781 | \$5,229 | | | \$2,367 | \$4,450 | | |
| 75 | \$4,535 | \$7,302 | | | \$3,860 | \$6,214 | | |
| 80 | | | | | | | | |

Customer Service Telephone Number: (800) 338 - 0257