

**NOTICE TO APPLICANT REGARDING REPLACEMENT OF
ACCIDENT INSURANCE**

According to your application, you intend to lapse or otherwise terminate existing Accident Insurance and replace it with another Accident Insurance policy with Transamerica Life Insurance Company. For your own information and protection, you should be aware of and seriously consider certain factors which may affect the insurance protection available to you under the new policy.

Credit for the length of time you have been covered under the existing policy will be applied to the pre-existing condition limitation under the new policy.

You may wish to secure the advice of your insurance agent regarding the proposed replacement of your existing policy. This is not only your right, but it is also in your best interest to make sure you understand all of the relevant factors involved in replacing your present coverage.

If after due consideration, you still wish to terminate your present policy and replace it with the new policy, be certain that you have answered all questions on your application concerning your medical/health history. Failure to include all material medical information on an application may provide a basis for the Company to deny any future claims and to refund your premium as though your policy had never been in force.

In the event that you do not want to replace your present policy and request that your application for the new policy be withdrawn, please so indicate below. The Company will then change your premium billing from payroll deduction and begin to bill you directly on a monthly basis.

This Notice has been read and is understood by me on _____.
(Date)

I wish to replace my present Accident policy yes no

(Applicant's Signature)

**Please return to your insurance agent or directly to Transamerica Life Insurance
Company**