



Transamerica Occidental
 Life Insurance Company
 1100 Walnut St., Suite 2400
 Kansas City, Missouri 64106-2152

Mailing Address
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 Kansas City, MO 64141-6521
 816 855-5000

**PERSONAL SUPPLEMENT
 TO APPLICATION FOR
 LIFE INSURANCE**

Date of Birth: _____ Name First Proposed Insured: _____

Date Of Birth: _____ Second Proposed Insured: _____

Section A. PURPOSE OF INSURANCE

- #1 Personal Income Replacement Estate Planning
- #2 Business Keyperson Stock Repurchase Buy-Sell Creditor Amount of Loan \$ _____
 Yes No Is Insurance required by the Creditor?

#3 How was the amount of insurance arrived at? _____

(If applying for personal insurance, proceed to questions #7, 8, 9 & 10.)

Section B. BUSINESS INFORMATION

#4 Yes No Are other Corporate Officers or Partners insured or being insured?

Give details and explanation _____

#5 Percent of corporation or partnership owned by first Proposed Insured? ____% Second Proposed Insured? ____%

#6 Corporation or Partnership's:

	Estimated Current Year	Past Year
Net Worth \$		
Gross Sales \$		
Net Income \$		



FINANCIAL INFORMATION

If a joint policy is being applied for, complete questions 7 through 10 jointly for both Proposed Insureds.

#7

	Estimated Current Year	Past Year		Estimated Current Year	Past Year
ANNUAL INCOME					
Earned Income			ASSETS		
Annual Salary or Wages	\$	\$	Cash	\$	\$
Bonuses	\$	\$	Real Estate	\$	\$
Other Earned Income	\$	\$	Stocks & Bonds	\$	\$
Total Earned Income	\$	\$	Autos	\$	\$
			Personal	\$	\$
Unearned Income			Business Equity	\$	\$
Dividends & Interest	\$	\$	Other	\$	\$
Net Real Estate Income	\$	\$	Total Assets	\$	\$
Net Business Investment Income	\$	\$			
Other:	\$	\$	LIABILITIES		
Other:	\$	\$	Mortgages	\$	\$
Total Unearned Income	\$	\$	Business	\$	\$
			All Other Personal	\$	\$
TOTAL ANNUAL INCOME	\$	\$	Total Liabilities	\$	\$

#8 Estimated Net Worth \$ _____

Yes No

#9 At this time do you have an undischarged bankruptcy?
If yes, give type and details. _____

#10 Do you have a prepared financial statement?
If yes, please attach a copy.

It is represented that the statements and answers given in this supplement to the application are true, complete and correctly recorded to the best of my knowledge and belief. It is agreed that this supplement shall be a part of the application to the Company for insurance on the life of the Proposed Insured, and shall be the basis for any policy issued on this application.

Signed at _____ on _____, _____

Witness

Proposed Insured

Witness

Second Proposed Insured

AGREEMENT OF OWNER IF OTHER THAN PROPOSED INSURED

The Owner agrees to be bound by all statements, answers, and agreements made by the Proposed Insured in this supplement to the application.

Signed at _____ on _____, _____

Witness

Owner

If Owner is a corporation, an authorized officer, other than the Proposed Insured must sign as owner, give Corporate title and full name of Corporation. Corporation Name: _____