

Notice of Information Practices

To our Policyholders, Applicants and Insureds:

This notice of information practices of Transamerica Life Insurance Company, Monumental Life Insurance Company, and your agent is being provided in accordance with the requirements of the Insurance Information and Privacy Protection Law in effect in your state of residence.

COLLECTION OF INFORMATION

In order to properly underwrite and administer your insurance coverage, we must collect a certain amount of necessary and helpful information. The amount and type of information collected may vary depending on the amount and type of coverage applied for, but in general we will be seeking information about your age, occupation, physical condition, health history, mode of living, avocations and other personal characteristics. In addition, your agent may collect information intended to aid in the updating and improvement of your insurance program.

You are our most important source of information, but we may also collect or verify information by contacting medical professionals and institutions which have provided care to you or members of your family proposed for coverage, employers and business associates, friends and neighbors, and other insurance companies to which you have applied. We may collect information by exchanges of correspondence, by phone, or by personal contact. In some cases, we may ask an insurance support organization to collect information and submit an investigative consumer report to us. That organization may retain a copy of the report and may disclose its contents to others for whom it performs such services.

DISCLOSURE OF INFORMATION

Information we collect about you will not generally be given to anyone without your consent, except when the disclosure is necessary for us to conduct our business. In that case we will share information about you without your prior consent to the extent permitted by federal and state privacy laws. Generally, information will be disclosed without your prior consent only to persons or organizations having a business interest in an insurance transaction involving you, having a contract with us to perform part of our insurance function, or having some other business relationship with us.

We must, for example, exchange some information about you with our agents, investigators, attorneys and other persons who are or will become involved in processing your application and servicing your policy or any claims you may make. We may also share information with persons or organizations who need the information to perform a business, professional or insurance function for us, such as businesses that help us with data processing or marketing. Information about you may also be given to other insurance companies, agents or consumer reporting agencies in connection with not only this application or policy but in connection with any application, policy or claim involving you. For example, we would share information about you with another company that may reinsure your policy or with other companies with whom you have had other insurance policies. We also routinely give out claim and other information about you to insurance support organizations that are established to collect such information for the purpose of detecting and preventing insurance crimes or fraudulent claims.

Information about you may be used by other persons or organizations in conducting scientific research or audits. In this case, you will not be individually identified in any report that results from the research, and material that we give to the person or organization performing the research will be returned to us or destroyed when it is no longer needed.

If you are covered under a group policy, we may release the information to the group policy holder reasonably necessary for purposes of reporting claims experience or conducting an audit. If we want to give information to persons not affiliated with us, we will give you an opportunity to indicate to us that you do not want information to be disclosed for this purpose.

There will be other occasions, even though they are infrequent, in which information about you may be disclosed without your prior authorization. If we find evidence of a medical condition that you may not know about, we may give this information to your doctor. We may give information to the State Insurance Departments in connection with their regulation of our business, and to other governmental or law enforcement authorities to protect our legal interest or in cases of suspected fraud or illegal activities. We would also disclose information if ordered by a subpoena, search warrant or other court order, and if otherwise required by any federal, state or local law.

HOW CAN YOU REVIEW RECORDED INFORMATION ABOUT YOU

You have the right to review recorded information about you contained in our files. If you have any questions about what information we may have on file, please write us. We will need your complete name, address, date of birth, and all policy numbers under which you are insured. Tell us what information you would like to receive. Within 30 days of receipt of your request, we will contact you and inform you of the nature of recorded information about you in our files. At that time, we will also tell you the identity of the persons or organizations to whom we have disclosed this information in the preceding two years. We will also give you the name and address of any consumer reporting agency who prepared a report about you in our files so that you can contact them to get a copy of that report.

Sometimes if your file contains medical information, we may ask you to name a doctor, licensed to treat the condition to which the medical information relates, to whom we can send such information so that he or she may explain it to you. There are some kinds of information, however, that we are not required to give you access to. This type of information is generally collected when we evaluate a claim under an insurance policy or when the possibility of a lawsuit exists.

IF YOU DISAGREE WITH OUR RECORDS

If, after reading the information in your file, you believe it is incorrect, please notify us. Tell us what is inaccurate and why. You have the right to request that we correct, amend or delete information that you feel is incorrect.

Upon receiving your request, we will reinvestigate the information you think is incorrect. If we agree with you, we will make the necessary corrections, amendments or deletions. We will also notify persons or organizations to whom we have previously disclosed the inaccurate information of the change. Insurance support organizations to whom we systematically reveal information will also be informed of the change.

If we disagree with you, we will notify you and give you our reasons for refusing to correct, amend or delete the information you feel is incorrect. If you are not satisfied by our refusal and reasons, you have the right to place a statement in our files explaining why you believe this information is incorrect. In that case, we will ask you to send us a concise statement of what you believe is the correct information and why you disagree with our refusal to correct it. When we receive your statement, we will place it in our file and send a copy of it to persons and organizations to whom we have previously disclosed or systematically disclose information. If we make any subsequent disclosure of information in your file, we will also disclose your statement.

YOUR PRIVACY IS OUR CONCERN

We gather information about our customers only in the interest of providing them with quality services at fair prices. We're committed to the careful handling of personal information. If, after reading this notice, you have any questions about what's in your file, contact us at:

Transamerica Life Insurance Company
Monumental Life Insurance Company

Sincerely,

Underwriting Department
PO Box 8063
Little Rock, Arkansas 72203-8063
(888) 763-7474

AUTHORIZATION

IMPORTANT NOTICE: Information regarding your insurability will be treated as confidential. The Company or its reinsurers may, however, make a brief report thereon to the Medical Information Bureau, a non-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members. If you apply to another Bureau member company for life or health insurance coverage, or submit a claim for benefits to such a company, the Bureau, upon request, will supply such company with the information in its file. Upon receipt of a request from you, the Bureau will arrange disclosure of any information it may have in your file. (Medical information will be disclosed only to your attending physician.) If you question the accuracy of information in the Bureau's file, you may contact the Bureau and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. The address of the Bureau's information office is 50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734, telephone number 866-692-6901 (TTY 866-346-3642 for hearing impaired).

The Company or its reinsurers may also release information in its file to other life insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted.

INVESTIGATIVE CONSUMER REPORTS NOTICE:

This is to inform you that as part of our procedure for processing your application an investigative consumer report may be prepared whereby information is obtained through personal interviews with your neighbors, friends, or others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics and mode of living. You have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of this investigation.

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