

Monumental Life Insurance Company
Transamerica Financial Life Insurance Company
Transamerica Life Insurance Company
Western Reserve Life Assurance Co. of Ohio

AUTHORIZATION AND ADVISORY FEE LIQUIDATION FORM

Service Office and Mailing Address:
4333 Edgewood Rd. NE, Cedar Rapids IA 52499
Telephone: (800) 525-6205
Fax: (877) 355-4385

1. POLICY INFORMATION

Policy Owner Name

Policy Number

Policy Owner Address

City, State, Zip

Telephone Number

Social Security Number/TIN

2. AUTHORIZATION

I/We hereby acknowledge that all instructions given pursuant to these authorizations are subject to the conditions set forth in the prospectus and that the Insurance Company will not be liable for any loss, liability, cost or expense for acting in accordance with such instructions believed by them to be genuine in accordance with the procedures set forth in the prospectus.

I/We authorize the party below to transfer funds among the subaccounts and change future allocations. I/We also authorize the party below to obtain account and subaccount values, unit values, and interest rates. I/We agree to hold the Insurance Company harmless as to any action taken when a transfer request is received or for acting in accordance with such instructions believed by them to be genuine in accordance with the procedures set forth in the prospectus. I/We must furnish written notice to the Insurance Company to cancel this authorization. The party selected below, Policy Owner(s) or the Insurance Company may cancel this authorization at any time.

I/We authorize the Insurance Company to honor written, telephone, and Internet instructions from the Party listed below.

Investment Advisor

Third Party

Authorized Party

Authorized Party Signature

Date

Firm or Company Name

Mailing Address

City, State, Zip

Telephone Number

3. AUTHORIZATION FOR SYSTEMATIC PAYOUT OPTION CHANGES

I/We authorize the Insurance Company to recognize the Party identified in Section 2 of this form as authorized to make changes to existing Systematic Payout Options ("SPO") requests. Such changes may affect amount, payout frequency and payout date only. SPO payments affected by such changes must be payable to the Policy Owner/Joint Owner or deposited via Electronic Funds Transfer ("EFT") to an account held in the name of the Policy Owner/Joint Owner.

4. AUTHORIZATION TO PAY ADVISORY FEES

I/We authorize the Insurance Company to withdraw portions of the accumulated value of the policy in order to pay advisory fees pursuant to an advisory services agreement I/We have executed with the Advisor. I/We acknowledge that the Insurance Company is in no way responsible for determining that instructions it receives from the Advisor are in compliance with such advisory services agreement or for verifying that amounts requested to be withdrawn are in fact owed under such advisory services agreement.

Note: Owners of non-qualified policies who are under age 59 1/2 who use their policy values to pay advisory fees may incur a premature distribution penalty in addition to income tax. For this purpose, if the annuity is owned by joint owners, the Company will look to the age of the individual named as primary owner. Such persons should discuss the tax consequences and the potential for this penalty tax with a qualified tax advisor before agreeing to have advisory fees deducted from their non-qualified policy.

Advisory Fees Distributed Upon Request

Withdraw advisory fees in amounts specified in advisory fee invoices that the Insurance Company is to receive periodically via fax or mail from the Advisor.

Advisory Fees Distributed through Systematic Payouts

Withdraw an advisory fee of _____ % annually.

Quarterly

Semi-Annually

Annually

All advisory fees are deducted in arrears and at the beginning of the next quarter, half year, or year.

Example: If a policy is opened in February and the quarterly option is chosen, the first fee will be deducted on the first business day of April.

If you elect to have the advisory fee withdrawn on a percentage basis, the Insurance Company will calculate the amount so withdrawn on the basis of the accumulation value of the policy on the date the Insurance Company processes the withdrawal.

Example: The quarterly withdrawal of 1% annual advisory fee would be determined by multiplying the accumulated value by 0.25% each calendar quarter. The factor cannot exceed two decimal places.

Advisory Fee Payee Name

Firm or Company Name

Mailing Address

City, State, Zip

Telephone Number

See Section 8 for distribution instructions.

5. AGGREGATION OF ANNUITIES (FOR NON-QUALIFIED POLICIES ONLY)

All non-qualified deferred annuity policies that are issued by us (or our affiliates) to the same owner during any calendar year are treated as one annuity for purposes of determining the amount includable in the owner's income when a taxable distribution occurs.

1. Do you own any other annuity policies with any of the affiliates listed on page 4 of this form?

If yes, continue to question 2. Otherwise, continue to Section 6.

2. Were they purchased in the same calendar year as this policy?

If yes, continue to question 3. Otherwise continue to Section 6.

3. Please identify that policy or policies. _____

6. FEDERAL INCOME TAX TREATMENT OF ADVISORY FEE WITHDRAWALS (CHOOSE ONE)

IRA annuity or 403(b) annuity ("Qualified Policy"): I/We declare that the advisory fees are payable only out of assets withdrawable from the Qualified Policy and that I/We have executed an agreement with the Advisor to that effect. I/We and the Advisor agree that neither I/We nor the Insurance company shall have any liability for payment of the advisory fees. If the assets of the Qualified Policy should fail to be sufficient to pay the fee or if the fee should fail to be paid for any reason whatsoever, the Advisor shall have no right to collect the fee from either me/us or the Insurance Company. The Advisor shall have a cause of action only as to the Qualified Policy. I/We acknowledge that the Insurance Company will withdraw the advisory fees directly from the Qualified Policy and transmit the advisory fees directly to the Advisor. Under current tax laws/regulations, the Insurance Company agrees not to treat advisory fee withdrawals from the Qualified Policy as taxable income nor subject such withdrawals to income tax withholding or reporting.

Non-Qualified Policy: I/We acknowledge that (a) withdrawals of accumulated value from the Non-Qualified Policy that are used to pay advisory fees are considered taxable income to the extent of earnings on the Non-Qualified Policy, (b) withdrawals are taken first from earnings on the Non-Qualified Policy, (c) such earnings are subject to federal and state income taxation and (d) a premature distribution penalty tax applies if there is no known exception.

7. TAX WITHHOLDING

For fees paid in connection with non-qualified policies, federal tax law requires the Insurance Company to withhold income tax from any withdrawal or distribution that is subject to tax unless the Policy Owner(s) requests the Insurance Company not to withhold. If a box below is not marked, Federal Income Tax will be withheld at a rate of 10% (unless you ask us to withhold at a higher rate). Although some states require tax withholding, an election not to have federal income tax withheld is generally an election not to have state income tax withheld.

Please choose ONE of the following options:

Yes, I want to have income tax withheld from my distribution:

Federal _____ % (**Federal tax withholding must be 10% or greater**)

State _____ % (**State tax withholding must be the minimum percentage required by your state or greater**)

No, I do not want income tax withheld from my distribution.

8. DISTRIBUTION INSTRUCTIONS

Payout Method:

Direct Deposit (**Ownership on bank account must match Advisory Fee Payee for funds to be sent via Direct Deposit**)

Checking - Must include a voided check below Savings - Savings deposit slip is not valid

Send check in care of: Advisory Fee Payee

Financial Institution

Address

City, State, Zip

Telephone Number

Attention

ATTACH VOIDED CHECK HERE

9. PROVISIONS OF THE TELEPHONE/ INTERNET/ WRITTEN AUTHORIZATION PRIVILEGE

- Section 2 must be completed for any of the authorizations selected to be valid, but only authorizations that are actually selected will be valid.
- All requests must be received at the Insurance Company no later than 3:00 P.M. Central Time in order to assure same day pricing of the transaction.
- All telephone requests will be recorded on voice recorder equipment for the protection of the Policy Owner(s).
- Telephone/Internet privileges may be discontinued at any time by the Policy Owner(s) upon written request or by the Insurance Company.
- The Insurance Company is not liable for any loss, liability, cost, or expense for relying on any instructions that affect policy values pursuant to this Authorization. The Insurance Company's liability for erroneous transfers/allocation changes, unless clearly contrary to instructions received, will be limited to the correction of the allocation on a current basis. The Insurance Company's sole liability for erroneous transfers/allocations changes, which are clearly contrary to instructions received, will be limited to the difference between the policy value at the date the instructions were received and the policy value when the Policy Owner(s) receives confirmation of the transaction.
- The Policy Owner(s) must notify the Insurance Company immediately upon receipt of the confirmation if any discrepancy exists between the instructions and actual transaction made, as reflected by the confirmation.
- This will not authorize the party(ies) to annuitize or surrender the policy, transfer it to another policy or annuity account, designate or change policy annuitants or beneficiaries, make any other type of policy withdrawals, or make changes to any existing withholding election.

10. REQUIRED SIGNATURE SECTION

Policy Owner Signature Date

Joint Owner Signature Date

11. DISCLAIMERS AND INDEMNITY

I/We acknowledge that the Insurance Company has made no representation or warranty as to the state or federal tax treatment of the payment of advisory fees and shall have no liability for any taxes, penalties, or interest that may arise out of the authorizations given in this form. I/We agree to indemnify and hold harmless the Insurance Company from and against any and all claims, losses, liabilities, damages, costs, or expenses in connection with any action undertaken pursuant to the authorizations given in this form except to the extent caused by the willful misconduct of the Insurance Company or its employees in the processing of exchanges or withdrawals at the Advisor's request. I understand that failure to provide the Company with my correct name and Taxpayer Identification Number will result in the Company having to ignore my election out of income tax withholding. In addition, a 10% federal penalty tax may be imposed on withdrawals if I am not 59-1/2.

The authorizations given in this form remain in effect until I/We revoke such authorizations in a written notice received by the Insurance Company at its administrative offices.

AFFILIATES

- Merrill Lynch Life Insurance Company
- Merrill Lynch Life Insurance Company of New York
- Monumental Life Insurance Company
- Transamerica Financial Life Insurance Company
- Transamerica Life Insurance Company
- Western Reserve Life Assurance Co. of Ohio