



Transamerica Life Insurance Company  
Home Office: Cedar Rapids, IA

**APPLICATION AMENDMENT**

Life Insured: **David Dammon**

The Application for Policy No. **43508586** is amended as follows:

Application Question 1 - Plan Name: **Guaranteed Whole Life**

I/We declare that I/we have, in an identical manner, completed and signed the copy of this amendment that is attached to and made part of the Policy/Certificate issued by the Company.

It is agreed that this amendment shall be part of the application for the policy.

Signed at S lidell, LA. on 8/30/2018  
Date

David Dammon  
Signature of Proposed Insured

Signature of Owner  
(Officer signature other than Proposed Insured,  
if owner is a corporation)

Signature of Other Proposed Insured

Welford G. Cate Jr.  
Witness (can be Licensed Producer)

Welford G. Cate Jr.  
Signature of Licensed Producer