

Transamerica Premier Insurance Company
Baltimore, Maryland

ACCIDENTAL DEATH AND DISMEMBERMENT CERTIFICATE OF INSURANCE

SCHEDULE

Policyholder: Veterans of Foreign Wars of the United States **Group Policy Number:** VF100
Group Policy Effective Date: September 1, 2006

Amount of Insurance: \$1,000 **Amount of Insurance – Common Carrier:** \$1,500

Benefits reduce 50% upon your attainment of age 70 and an additional 50% at age 75.

We certify that, subject to the terms of the Group Policy, the Member to whom this Certificate is issued (referred to as you, your and yours) is insured for the benefits described in this Certificate on and following the effective date on which he is eligible. In this Certificate Transamerica Premier Life Insurance Company will be called we, our or us. This Certificate summarizes certain provisions of the Group Policy. All coverage and provisions are subject to those in the Group Policy issued to the Policyholder.

DEFINITIONS

The use of any personal pronoun includes both genders.

INJURY means bodily injury caused by an accident. The accident must occur while your insurance is in force under the Group Policy. The Injury must be the direct cause of the loss and must be independent of all other causes. The Injury must not be caused by or contributed to by Sickness.

MEMBER means an active member of the Policyholder on or after the Group Policy Effective Date.

PHYSICIAN means a person licensed by the state in which he is resident to practice the healing arts. He must be practicing within the scope of his license for the service or treatment given. The Physician may not be you or a member of your immediate family. (In South Dakota, this exclusion does not apply in those areas in which the immediate family member is the only Physician in the area and is acting within the scope of his normal employment.)

SICKNESS means an illness or disease which results in a covered Loss while your insurance is in force under the Group Policy.

ACCIDENTAL DEATH BENEFIT

When we receive due proof that you die, we will pay the benefit (Amount of Insurance shown on the Schedule) to your named Beneficiary; provided: death occurs as a direct result of an Injury; and death occurs within 365 days of the accident causing the Injury.

DISMEMBERMENT BENEFIT

When we receive due proof that you suffer a loss shown in the table below, we will pay the benefit shown in the table below; provided: the loss occurs as a direct result of an Injury; and the loss occurs within 365 days of the accident causing the Injury.

- Loss of Both Hands or Both Feet or Sight of Both Eyes 100% of the Amount of Insurance
- Loss of One Hand or One Foot or Sight of One Eye 50% of the Amount of Insurance
- Loss of Thumb and Index Finger of Same Hand 25% of the Amount of Insurance

Loss is defined as follows: Loss of Hand is the complete severance at or above the wrist joint; Loss of Foot is the complete severance at or above the ankle joint; Loss of Sight is the total and irrecoverable loss of sight; Loss of Thumb and Index Finger is the complete severance at or above the metacarpophalangeal joint. Loss of sight must be certified by a licensed Physician specializing in ophthalmology and certified by the American Board of Ophthalmology. Any amount paid for any of the above losses will be deducted from any benefit payable for loss of life resulting from the same accident. If you sustain more than one loss from one accident, we will pay for the loss which has the greatest benefit. Payment will be made only for the loss that results from that accident, without regard to any loss from a prior accident.

COMMON CARRIER ACCIDENTAL DEATH BENEFIT

When we receive due proof that you die, we will pay the benefit (Amount of Insurance – Common Carrier shown on the Schedule) to your named Beneficiary; provided: death occurs as a direct result of an Injury; death occurs within 365 days of the accident causing the Injury; and the accident causing the Injury occurs while riding as a fare paying passenger in or on a licensed public conveyance operated by a common carrier for the regular transport of passengers. This benefit is paid in addition to the Accidental Death Benefit.

EXCLUSIONS

We will not pay a benefit for a Loss which is caused by, results from, or contributed to by (in Illinois, caused by or results from):

1. suicide, attempted suicide or intentionally self-inflicted injury, while sane or insane (in Missouri while sane);
2. declared or undeclared war or any act of war;
3. participating in a riot; committing or attempting to commit an assault (except in California and Minnesota) or felony, or being engaged in an illegal activity;
4. Sickness, or medical or surgical treatment including diagnosis (except bacterial infections which result from an Injury);
5. operating or riding in any kind of aircraft except as a fare-paying passenger on a regularly scheduled commercial flight;
6. alcohol intoxication, as defined in the state where the accident causing the Injury occurred (except in Michigan, Minnesota, South Carolina, and South Dakota);
7. taking of any drug, medication, narcotic or hallucinogen, unless as prescribed by a Physician (except in Michigan, South Carolina and South Dakota);
8. taking of alcohol in combination with any drug, medication or sedative (except in Michigan, Minnesota, South Carolina, and South Dakota; in Missouri, the medication or sedative must be prescribed by a Physician);
9. voluntary gas inhalation or poison voluntarily taken, administered or inhaled (except in Michigan);
10. riding or driving as a professional in any kind of race for prize money or profit.

WHEN COVERAGE ENDS

Your insurance automatically ends on the first of the following dates: the premium due date after you are no longer a Member of the Policyholder; or the date the Group Policy is terminated. The Policyholder or us may change or terminate the Group Policy at any time by written agreement. Termination of the Group Policy will not prejudice any claim originating prior to termination subject to all other terms of the Group Policy.

GENERAL PROVISIONS

BENEFICIARY Your Beneficiary shall be the person or entity named by you, on forms and in the manner approved by us, to receive benefits.

BENEFICIARY CHANGES You may change your beneficiary at any time. When we receive and record the change request, it will take effect as of the date you signed it. If you die prior to the date we receive and record the change, any payment we make to the new beneficiary will be valid. The prior beneficiary's interest ends the date the new designation takes effect. If more than one beneficiary is named without stating their respective interests, they will share equally. If a beneficiary dies before you die, that interest ends. The beneficiaries that survive will share equally unless you make a written request to the contrary.

WHEN THERE IS A CLAIM

PAYMENT OF CLAIMS Claims for benefits provided by the Group Policy will be paid as soon as written proof is received. You are free to be treated by any Physician you choose. Benefits for loss of life will be paid in accordance with the Beneficiary designation in effect at the time of payment. All other benefits are paid directly to you. If a Beneficiary is a minor and there is no parent or legal guardian, or if he cannot give a valid release, the benefit will be paid as follows: to the person or institution we decide has assumed custody or support of the Beneficiary. Any payment that we make in good faith will fully discharge us to the extent of that payment.

PHYSICAL EXAMINATION AND AUTOPSY At our expense, we have the right to have you examined as often as necessary while a claim is pending. At our expense, we may require an autopsy unless the law forbids it. (In South Carolina, the autopsy must be performed in that state.)

LEGAL ACTIONS No legal action may be brought to recover against the Group Policy within 60 days after written proof of loss has been given. No such action will be brought after three years (in Kansas, five years) from the time written proof of loss is required to be given. If a time limit of the Group Policy is less than allowed by the laws of the state where you live, the limit is extended to meet the minimum time allowed by such law. (In Florida, no legal action will be brought after the required time of proof of loss prescribed by Florida's statute of limitations has expired.)

(Coverage in CA provided under Certificate Form AD2000GCM and Amendment AD1000AM.CA(4/96). Coverage in FL provided under Certificate Form AD2000GCM and Amendment AD1000AM.FL. Coverage in IL provided under Certificate Form AD2000GCM and Amendment AD1000AM.IL. Coverage in KS provided under Certificate Form AD2000GCM.KS. Coverage in MI provided under Certificate Form AD2000GCM and Amendment AD1000AM.MI. Coverage in MN provided under Certificate Form AD2000GCM and Amendment AD1000AM.MN. Coverage in MO provided under Certificate Form AD2000GCM and Amendment AD1000AM.MO. Coverage in NH provided under Certificate Form AD2000GCM.NH. Coverage in SC provided under Certificate Form AD2000GCM and Amendment AD1000AM.SC. Coverage in SD provided under Certificate Form AD2000GCM.SD.)