

DOLLAR COST AVERAGING (DCA) REQUEST

Please check the appropriate box corresponding to the company that issued your life insurance policy or annuity contract. The selected insuring company will hereafter be referred to as "the Company."

Western Reserve Life Assurance Co. of Ohio
P.O. Box 5068, Clearwater, FL 33758-5068

Transamerica Occidental Life Insurance Company
P.O. Box 5068, Clearwater, FL 33758-5068

◆ **CURRENT POLICY/CONTRACT INFORMATION**

POLICY/CONTRACT NUMBER _____ OWNER _____
INSURED/ANNUITANT _____ JOINT OWNER (IF ANY) _____

Note: This option is not available if Asset Rebalancing is selected.

<p align="center">WRL Freedom Equity Protector® WRL Freedom Wealth Protector® WRL Freedom Attainer® WRL Freedom Bellwether® WRL Freedom Conqueror® WRL Freedom Variable Annuity® WRL Protector Plus Program</p> <p>◆ \$10,000 in each Subaccount or Fixed Account* is required and at least \$1,000 in the aggregate must be transferred each month (\$500 in NJ only).</p> <p>◆ For the WRL Freedom Bellwether, \$25,000 is required in each Subaccount or the Fixed Account, and at least \$1,000 in the aggregate must be transferred each month.</p>	<p align="center">WRL Financial Freedom Builder® WRL Freedom EliteSM WRL Freedom Wealth Creator® WRL Freedom AccessSM WRL Freedom Premier® WRL Freedom Premier® II WRL Freedom Premier® III Transamerica EliteSM WRL Freedom Elite BuilderSM WRL Freedom Elite Builder II_{SM} WRL Freedom Elite AdvisorSM WRL Freedom Enhancer® WRL Freedom Enhancer® II WRL XceleratorSM WRL Xcelerator FocusSM 1</p> <p>◆ \$5,000 in each Subaccount or Fixed Account* is required. ◆ At least \$100 in the aggregate must be transferred each month.</p>
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¹ Available after 1st year
 * No more than 1/10 of the amount in the Fixed Account at the beginning of the Dollar Cost Averaging can be transferred each month.
Please Note: The Fixed Account is not available in all states. AVIT funds are not available for Dollar Cost Averaging.

On the _____ day of the month (excluding the 29th, 30th and 31st) please transfer:

Transfer from:

\$ _____ \$ _____ \$ _____
 Bond Fixed Account* Money Market

Transfer to:

\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____

NOTE: The first transfer will take place the month following the receipt of this form by the Company at the Administrative Office.

I understand that DCA transfers do not guarantee a profit and do not protect against loss. I further understand and agree that: (1) the Company shall not be subjected to any claim, loss, liability, cost or expense if it acts in reliance upon the instructions contained in the authorization; (2) this authorization shall not affect the allocation of future net purchase payments; and (3) once elected, transfers will be processed monthly until the earlier of (a) the date the entire value of each Subaccount or the Fixed Account from which transfers are made is completely depleted; (b) the date the Company receives written instructions from me at the Administrative Office to cancel the monthly DCA transfers; or (c) the date the Company discontinues this DCA transfer privilege.

Signature of Policy/Contract Owner _____ Date _____
 Signature of Joint Owner _____ Date _____

Please Note: If you reside in one of the following community property jurisdictions you may wish to consult with your legal advisor. (AZ, CA, ID, LA, NM, NV, TX, WA & WI, Puerto Rico and Guam)

FOR CORPORATIONS ONLY:

If the Owner is a corporation, complete the following corporate acknowledgement and submit a copy of the resolution of the Board of Directors authorizing execution of this Dollar Cost Averaging.

STATE OF _____ County of _____ on this _____ day of _____, _____, before me personally came _____, who being by me duly sworn, did depose and say that he resides in _____, that s/he is the _____ of _____, the corporation described herein, and which executed this Dollar Cost Averaging; that s/he knows the seal of said corporation; the seal affixed to said Dollar Cost Averaging is such corporation; that it was affixed by order of the Board of Directors; and that s/he signed her/his name thereto.

My commission expires _____ Notary Public _____

Recorded at the Administrative Office of the Company on _____
 PS00508 - 06/04