

TransAmerica Contracting Instructions

Some of these forms will be used for some situations and not for others. Please follow the instructions below that pertain to your situation, and remember, "required" means that the forms must be submitted for your contract to be processed.

Individual Contract - a contract in which commissions are paid directly to an agent.

- Complete and sign the Contract Application (Form # TOA5560309T) (Required). ***Do not complete Part II: Section B.***
- Complete and sign the Auto-Pay Authorization (Form # TOA5580309T) (Required)
- Legible copy of a voided check for the Direct Deposit (Required)
- Complete and sign the Website Authorization Form (Required)
- Current copy of all applicable individual license(s) (Required)

Corporate Contract – a contract in which all commissions are paid to the corporation and the corporation distributes commissions from within.

- Complete and sign the Contract Application (Form # TOA5560309T) (Required).
- Complete and sign the Auto-Pay Authorization (Form # TOA5580309T) (Required)
- Legible copy of a voided check for the Direct Deposit (Required)
- Complete and sign the Website Authorization Form (Required)
- Current copy of all applicable individual and corporate license(s) (Required)

Licensed-Only Contract – a contract in which the corporation receives all the commissions and credits from every sale. The agent will not be paid by the home office.

- Complete and sign Request For Solicitor Status form (Form #TOA5600309T) (Required)
- Current copy of individual license (Required)

Transfers – Agents can "Dual Contract" with this carrier. Agents must complete/sign the Producer Transfer/Multiple GA Relationship Request Form. ***New Business must accompany all dual contract requests.***

New York Contract – Please contact the recruiting entity who supplied you with these documents for questions on how to contract with Transamerica in New York.

Please forward all necessary forms to:

**THE RECRUITING ENTITY WHO SUPPLIED
YOU WITH THESE DOCUMENTS**



Transamerica Life Insurance Company
 Home Office: 4333 Edgewood Road NE
 Cedar Rapids, IA 52499

CONTRACT APPLICATION FOR:
Independent Producer Contract (Broker)
Sales Director (Application required for
 individuals not currently contracted with
 Transamerica)

Requesting GA Name: _____ Office ID: _____ Date: ____ / ____ / ____

PART I To be completed by applicant. Please read carefully and answer all questions.

Applicant is: An Individual A Corporation A Partnership Limited Liability Company

I am requesting an appointment and agreement with Transamerica Life Insurance Company (TLIC), hereinafter referred to by company name or as "The Company".

(Please see Part VI for additional provisions regarding applicant's agreement to be bound by the IPC contract or contracts).

PART II Applicant Name and Address Information

Section A: (If applicant is an individual, complete section A only.)

Last Name: _____ First Name: _____ Middle Name: _____

Social Security Number: _____ - _____ - _____. Do you plan to market using a DBA? Yes No If so, please provide the supporting documentation, i.e., approval of required jurisdiction(s), DBA Name: _____
 (See page seven for general instructions concerning Taxpayer Identification Number (TIN) Information.)

Home Phone #: () _____ Cell Phone #: () _____ Pager #: () _____

Business Phone #: () _____ Fax #: () _____ Email Address: _____

Mr. Mrs. Ms. D.O.B. ____ / ____ / ____ Driver's License # _____ State: _____

Business/Alternate Address:

Mailing/Primary Address: Street _____ City _____ State _____ Zip Code _____

Residence Address: Street _____ City _____ State _____ Zip Code _____

Street _____ City _____ State _____ Zip Code _____

How long at this residence address? ____ Years ____ Months If less than five years, please provide past five years below:

Residence Address: Street _____ City _____ State _____ Zip Code _____

_____ City _____ State _____ Zip Code _____

_____ City _____ State _____ Zip Code _____

Section B: (If applicant is a corporation, partnership, or LLC, please complete section B.) Please complete Part II, Sec. A for the signing officer, principal, partner, or member of the firm.

Firm Name: _____ EIN: _____
 (SEE PAGE 7 FOR INSTRUCTIONS)

Do you plan to do business as a DBA? Yes No If so, please provide the supporting documentation, i.e., approval of required jurisdiction(s), DBA Name: _____, and EIN for DBA if acquired _____ - _____
 (See page seven for general instructions concerning Taxpayer Identification Number (TIN) Information)

Business Phone #: () _____ Fax #: () _____ Email Address: _____

Business/Alternate Address: Street _____ City _____ State _____ Zip Code _____

Mailing/Primary Address: (if different from Business Address) _____, _____, _____, _____

Name of person who will sign as principal, officer, partner, or member of this firm: _____
Title _____

(A Solicitor Application form TOA 560, must be completed for additional principals, officers, partners, or members of the firm.)
For firms, give names of all officers, principals, partners, or members, and their titles. If necessary, please continue on a separate sheet of paper.
(Please complete a Solicitor Application form for each person who will solicit Transamerica business on behalf of the firm.)

<u>NAME</u>	<u>TITLE</u>	<u>NAME</u>	<u>TITLE</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PART III Employment/Appointment History

1) How long have you been an insurance agent or broker? _____
Below, please list the companies that you currently represent:

Company Name: _____	Effective Date: _____
_____	_____
_____	_____

2) If this information covers less than five years, please provide details of employment history to complete the five-year period in the following section.

Employer	Address	Position	From	To
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

3) Are you now or have you ever been contracted with any Transamerica company? Yes No
If yes, with which agency? _____

4) Please provide a copy of your individual and/or corporate resident license (and/or a copy of your Letter of Certification, if your resident state requires such).

5) Do you plan to solicit Transamerica business in other states? Yes No If so, are you currently licensed in those states? Yes No If yes, please provide details including copy(ies) of license(s) for those states.
(Please provide copy(ies) of non-resident license(s) and send non-resident fees). If not, please be aware that no solicitation of business may occur until you are properly licensed and appointed as required in those states.

6) Do you plan to have any of your employees solicit Transamerica business on your behalf? Yes No. If so, please have every employee soliciting Transamerica business complete a Solicitor Application form.

The following questions must be answered by the applicant. If the applicant is a Corporation, Partnership or LLC., the questions apply to the firm and to each of its principals, partners, officers, and members of the firm. If you answer "YES" to any questions, please provide complete details and explanations on a separate sheet of paper and provide supporting documentation (i.e. court documents).

- 1) Have you ever been arrested for or convicted of, pled guilty, or no contest, or received deferred adjudication for any felony or misdemeanor? Note: You may omit misdemeanor convictions for possession of marijuana that occurred more than two years ago. Yes No
- 2) Is there any criminal indictment or criminal proceeding pending against you? Yes No
- 3) Have you ever been a plaintiff or defendant in any court proceeding within the last seven years? Note: You may omit actions involving matters of family law. Yes No
- 4) Have you, or any business of which you were or presently are a principal, been involved in a bankruptcy action within the last five years? Yes No
- 5) Have you ever been discharged or requested to resign from any employment, or have you ever been barred or suspended from any employment by any legal authority, insurance regulator, the NASD or SEC? Yes No
- 6) Have you had your appointment terminated by any insurance company for cause, wrongful act or any other reason? Yes No
- 7) Are there any outstanding judgments, collections, liens or garnishments against you? Yes No
- 8) Do you have any unresolved matters pending with the Internal Revenue Service or other taxing authority? Yes No
- 9) Does any insurer, general agent, broker dealer, agent, or broker claim you are indebted to it for unpaid premiums, mishandling collateral, losses sustained or any other reason? Yes No

The Applicant, hereinafter called the Assignor, for value received, hereby assigns to Transamerica Financial Life Insurance Company, Transamerica Life Insurance Company and Transamerica Life (Bermuda) LTD., individually and collectively referred to herein as Assignee or Assignees, their successors and assigns, all of the Assignor's rights, title and interest in and to any and all commissions and other compensation of any nature whatsoever now due and payable or hereafter to become due and payable under the terms of any and all agency contracts and commission agreements, now or hereafter existing, between the Assignor and each Assignee.

This Assignment is given to secure the payment of any present or future debit balance in the Assignor's account with each Assignee and any other present or future indebtedness of the Assignor to each Assignee. Notwithstanding anything to the contrary in any other agreement heretofore or hereafter executed between the Assignor and any Assignee, it is expressly agreed, but not by way of limitation, that the foregoing includes repayment of advances against commissions heretofore or hereafter given to the Assignor by any Assignee toward repayment of such advances and interest.

This Assignment shall be subject without exception to the terms, limitations and conditions of said agency contracts and commission agreements and to all rights thereunder of the Assignees, their successors and assigns. Notwithstanding this Assignment there is reserved to each Assignee, its successors and assigns, the right to offset against said commissions and other compensation any and all advances from the Assignees to the Assignor and any indebtedness without exception of the Assignor to any Assignee now existing and such other and future indebtedness which any Assignee, its successors and assigns, would have been authorized to deduct from or offset against said commissions or other compensation payable to the Assignor if this Assignment had not been made. If the Assignor is or hereafter becomes insured under or covered by any group insurance, pension, retirement, deferred compensation or other benefits plan, or any policy plan providing errors and omissions protection or similar insurance, provided by any Assignee for its agents or utilizing any Assignee's accounting facilities, the Assignor reserves the right to authorize any Assignee, or to continue any existing authorization, to deduct from said commissions and other compensation the Assignor's premium or other contributions to or for such plans and policies and to authorize increases in the amount of such deductions.

It is the intent of this Assignment that any Assignee receive and retain the commissions and other compensation which are the subject of this Assignment only to the extent necessary to secure repayment of any present or future debit balance in the Assignor's account with such Assignee and any other present or future indebtedness of the Assignor to such Assignee. Therefore, notwithstanding anything to the contrary herein, each Assignee is hereby authorized and directed to pay all commissions and other compensation in the Assignor's account with such Assignee to the Assignor for his/her own use and purpose unless and until an Assignee determines that it is necessary to enforce the terms of this Assignment to protect its interest in such debit balances and other indebtedness within the intent of this Assignment.

Each Assignee is hereby authorized and directed to pay all commissions and other compensation hereby assigned directly to any other Assignee, unless and until it receives a written release of this Assignment.

All Assignees are hereby authorized to receive any moneys now due and payable and which may become due and payable under the above indicated agency contracts and commission agreements. The Assignor hereby ratifies any acts that any Assignee may make in connection with this Assignment.

It is intended that the provisions of this Agreement be construed in the same manner as if the Assignor had executed separate assignments in favor of each of the companies that constitute an Assignee hereunder.

Under current tax laws, you are required to give us your correct TIN (either a Social Security Number (SSN) or Employer Identification Number (EIN)).

The Internal Revenue Services (IRS) uses the TIN for identification purposes and to help verify the accuracy of your tax return. You must provide your TIN whether or not you are required to file a tax return.

Transamerica must generally withhold 31% of your commission payments if you do not give us a correct TIN. Certain penalties may also apply. Following are some general guidelines:

- **Individuals:** If you are an individual, you must provide the name shown on your social security card. However, if you have changed your last name (e.g. due to marriage) without informing the Social Security Administration, please enter your first name, the last name shown on your social security card and your new last name.
- **Sole Proprietors:** You (the owner) must provide your individual name as it appears on your social security card. You may also provide your “doing business as” name. You may use either your SSN or EIN. Show the name that appears on your social security card and the business name as it was used to apply for your EIN or Form SS-4. Please note that use of an EIN may result in unnecessary IRS notices being sent to Transamerica by the IRS.
- **Corporations, Partnerships, and LLCs:** Provide us the name and EIN of the firm.

If you do not have a TIN, you must request one from the Social Security Administration by using Form SS-4 (for EINs) or SS-5 (for SSNs).

Attachments/Enclosures

- ◆ Additional information to any “Yes” answers
- ◆ Copy of current resident license
- ◆ Copy of non-resident license(s)
- ◆ Supporting documentation, i.e., court records
- ◆ Checking or money market account voided check or savings account deposit slip for Auto-Pay

Notice to Persons Applying for Sales Representative Positions with Transamerica Life Insurance Company

Federal law requires you be advised that in connection with your application to represent Transamerica Life Insurance Company (referred to as "Transamerica") for the purpose of selling its products, a consumer report and/or investigative consumer report may be prepared whereby information is obtained through credit reporting agencies and/or personal interviews with your neighbors, friends, or others with whom you are acquainted. Such reports are usually part of the process of evaluating suitability for a sales representative position. Inquiry may be made into your character, general reputation, personal characteristics, and mode of living and credit information. It is possible that a representative of a firm employed to make such reports may call upon you in person.

You have a right to request disclosure of the nature and scope of the investigation upon written request to our Home Office made within a reasonable time after the receipt of this notice. A summary of your rights under the Fair Credit Reporting Act is attached hereto.

Authority for Release of Information

To Whom It May Concern:

I hereby authorize Transamerica or its legal representative to obtain any information from former or current employers, criminal justice agencies, consumer reporting agencies, or individuals, relating to my activities. This information may include, but is not limited to achievement, performance, attendance, personal history, credit and conviction records. I hereby direct you to release such information upon request to Transamerica or its legal representative. I understand that Transamerica or its legal representative may be required by law to release information obtained to government agencies.

I hereby release all persons and entities, including record custodians, from any and all liability for damages of whatever kind or nature which may at any time result to me on account of compliance, or any attempts to comply, with this authorization. A photocopy of this release shall be as valid as the original.

I have thoroughly reviewed this application and have answered all questions to the best of my knowledge. By signing below, I hereby agree to all matters set forth above and below, including, a multi-company assignment of commissions set forth in Part VIII and the acknowledgement authorizations and releases set forth in Part V.

I hereby agree that if and when any or all of the companies issue to me any Contract(s) for which I hereby apply, I will be bound by such Contract(s) (Independent Producer Contract on form number CNT-550 for TOLIC and TLIC, that my supervising office has specimen forms of the Contract(s) on file and I have had the opportunity to review such Contract(s). My submitting to the company any application for an insurance policy or annuity contract shall constitute my agreement to such Contract(s), and all of the terms, conditions, and provisions set forth therein. I acknowledge that by signing this Contract Application and by submitting any such insurance application for an insurance policy or annuity contract, I have so agreed to the Contract(s) and no further signature by me shall be necessary.

I have been provided with a Notice and Release informational copy as set forth in this contract application, along with information concerning my rights under the Fair Credit Reporting Act.

Applicant Signature

_____/_____/_____
Date

GA Signature

_____/_____/_____
Date

**AUTHORIZATION FOR
AGENT ACCESS TO TRANSAMERICA WEBSITE

WWW.TATRANSACT.COM**

This request will authorize you to view your pending business, your commissions, interest rates, product info, forms and other important information. Once you are assigned an **Agent ID**, log on to www.TATransact.com to register for a username and password.

This letter **MUST** be signed in order for you to gain access and view your **personal** pending business. *Please return this form with your Transamerica contracting paperwork.*

Agent Name (Print)

Date

Agent Signature

Date

General Agent Signature

Date



Transamerica Life Insurance Company
 Home Office: 4333 Edgewood Road NE
 Cedar Rapids, IA 52499

Request For Solicitor Status

Requesting GA Name: _____ Office ID: _____ Date: _____ / _____ / _____

Name of Firm: _____ Producer ID: (if known) _____

I am requesting a Solicitor status and appointment with Transamerica Life Insurance Company (TLIC) , hereinafter referred to by company name or as "The Company".

This Request For Solicitor Status is for Transamerica Life Insurance Company (TLIC)

PART I PERSONAL INFORMATION (To be completed by solicitor. Please read carefully and answer all questions.)

Solicitor Name:		Social Security No.: — —	Date of Birth:	
Business Phone Number: ()	Pager Number: ()	Email Address:		
Cell Phone Number: ()	Fax Number: ()	Home Number: ()		
Driver's License Number		Issuing State:		
Name and address of the individual, corporation, partnership, or LLC you will represent when soliciting business: (Please provide firm's Tax ID or its Transamerica Producer ID Code.)				
Mailing Address:	Street	City	State	Zip Code
If the producer is a corporation, partnership, or LLC: Are you an officer, principal, partner, or member of the firm? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," will you personally solicit business? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Solicitor Business/Alternate Address: Street		City	State	Zip Code
Solicitor Mailing/Primary Address: Street		City	State	Zip Code
Solicitor Residence Address:	Street	City	State	Zip Code
How long at this residence address?	Years	Months	If less than five years, please provide past five years below.	
Residence Address:	Street	City	State	Zip Code



* D C 1 2 *

PART II

EMPLOYMENT HISTORY

1) How long have you been an insurance agent or broker? _____

Please list the companies that you currently represent:

Company Name: _____

Effective Date: _____

2) If this information covers less than five years, please provide details of employment history to complete the five-year period in the following section.

Employer	Address	Position	From	To
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

3) Are you now or have you ever been contracted with any of the Transamerica companies? Yes No

If yes, with which agency? _____

4) Please provide a copy of your individual and/or corporate resident license (and/or a copy of your Letter of Certification, if your state requires such).

5) Do you plan to solicit Transamerica business in other states? Yes No If YES, are you currently licensed in those states? Yes No If YES, please provide details including copy(ies) of license(s) for those states. If not, please be aware that no solicitation of business may occur until you are properly licensed and appointed as required in those states. (Please provide copy(ies) of non-resident license(s).)

PART III

BACKGROUND INFORMATION / CONFIDENTIAL DATA

The following questions must be answered by the applicant. If the applicant is a Corporation, Partnership, or LLC, the questions apply to the firm and to each of its officers, principals, partners, or members. If you answer "YES" to any questions, please provide complete details and explanations on a separate sheet of paper and provide supporting documentation (i.e. court documents).

1) Have you ever been arrested for or convicted of, pled guilty, or no contest, or received deferred adjudication for any felony or misdemeanor? Note: You may omit misdemeanor convictions for possession of marijuana that occurred more than two years ago. Yes No

2) Is there any criminal indictment or criminal proceeding pending against you? Yes No

3) Have you ever been a plaintiff or defendant in any court proceeding within the last seven years? Note: You may omit actions involving matters of family law. Yes No

4) Have you, or any business of which you were or presently are a principal, been involved in a bankruptcy action within the last five years? Yes No

5) Have you ever been discharged or requested to resign from any employment, or have you ever been barred or suspended from any employment by any legal authority, insurance regulator, the NASD or SEC? Yes No

6) Have you had your appointment terminated by any insurance company for cause, wrongful act or any other reason? Yes No

7) Are there any outstanding judgments, collections, liens or garnishments against you? Yes No

8) Do you have any unresolved matters pending with the Internal Revenue Service or other taxing authority? Yes No

9) Does any insurer, general agent, broker dealer, agent, or broker claim you are indebted to it for unpaid premiums, mishandling collateral, losses sustained or any other reason? Yes No

Notice to Persons Applying for Sales Representative Positions with Transamerica Life Insurance Company

Federal law requires you be advised that in connection with your application to represent Transamerica Life Insurance Company (referred to as "Transamerica"), for the purpose of selling its products, a consumer report and/or investigative consumer report may be prepared whereby information is obtained through credit reporting agencies and/or personal interviews with your neighbors, friends, or others with whom you are acquainted. Such reports are usually part of the process of evaluating suitability for a sales representative position. Inquiry may be made into your character, general reputation, personal characteristics, and mode of living and credit information. It is possible that a representative of a firm employed to make such reports may call upon you in person.

You have a right to request disclosure of the nature and scope of the investigation upon written request to our Home Office made within a reasonable time after the receipt of this notice. A summary of your rights under the Fair Credit Reporting Act is attached hereto.

Authority for Release of Information

To Whom It May Concern:

I hereby authorize Transamerica or its legal representative to obtain any information from former or current employers, criminal justice agencies, consumer reporting agencies, or individuals, relating to my activities. This information may include, but is not limited to achievement, performance, attendance, personal history, credit and conviction records. I hereby direct you to release such information upon request to Transamerica or its legal representative. I understand that Transamerica or its legal representative may be required by law to release information obtained to government agencies.

I hereby release all persons and entities, including record custodians, from any and all liability for damages of whatever kind or nature which may at any time result to me on account of compliance, or any attempts to comply, with this authorization. A photocopy of this release shall be as valid as the original.

I have thoroughly reviewed this application for a solicitor status and have answered all questions to the best of my knowledge.

I understand that TLIC shall be not in any way responsible for payment of commission or other compensation to me.

I have been provided with a Notice of Release informational copy as set forth in this contract application, along with information concerning my rights under the Fair Credit Reporting Act.

PRIVACY

You agree to comply with all applicable laws and governmental regulations requiring that you protect the privacy of nonpublic information (including, but not limited to "nonpublic personal information" as defined in the Gramm-Leach-Bliley Act, 18 USC Sections 6801-6909) that you have about an applicant, owner, insured, annuitant, beneficiary or other person who seeks to obtain, obtains or has obtained a product or service from the Company. If you receive any such nonpublic information from the Company, you shall maintain the confidentiality of such information and you are prohibited from using such information other than to carry out the purpose for which such information was disclosed to you. You agree to take reasonable measures to secure and safeguard such nonpublic information in your possession (including appropriate destruction and disposal methods).

ANTI-MONEY LAUNDERING

The Company has implemented an anti-money laundering program which includes providing anti-money laundering training to the Company's employees, insurance agents, and insurance brokers. You agree to observe and comply with the Company's requirements regarding the anti-money laundering training of your solicitors and producers including training regarding requirements for reporting suspicious activities that may involve money-laundering. Failure to comply with the Company's AML training and suspicious activity reporting requirements may result in termination of your appointment.

SUITABILITY

You agree to comply with all applicable laws, governmental regulations, and Company policies pertaining to requirements that products be suitable for the purchaser.

DISCLOSURE OF COMPENSATION

You agree to comply with laws and governmental regulations pertaining to requirements that persons soliciting applications for the sale of life insurance policies or annuity contracts disclose compensation arrangements if applicable to your activities under this agreement.

You agree to provide to customers any disclosures regarding compensation arrangements that you may be required to provide under state or federal law or any applicable governmental regulation. To the extent required by law or governmental regulation, you agree to provide such disclosures in writing to each potential policyholder or contract holder, employer, union, or professional association and their employees and/or members in advance of the purchase of a policy or contract. The disclosure of compensation arrangements shall include such details regarding the nature and amount of compensation and regarding your relationship with us as may be required by law or governmental regulations. You agree to maintain copies of all disclosures for the duration of this agreement and to produce such records upon the request of any regulator.

Applicant Signature

_____/_____/_____
Date

GA Signature
TOA5600309T

_____/_____/_____
Date