

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 # TOA5561008T) (Required). ***Do not complete Part II: Section B.***
- Complete and sign the Auto-Pay Authorization (Form # TOA5581008T) (Required)
- Legible copy of a voided check for the Direct Deposit (Required)
- Current copy of all applicable license(s) (Required)
- Complete and sign the Website Authorization Form (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 # TOA5561008T) (Required).
- Complete and sign the Auto-Pay Authorization (Form # TOA5581008T) (Required)
- Legible copy of a voided check for the Direct Deposit (Required)
- Current copy of all applicable individual and corporate license(s) (Required)
- Complete and sign the Website Authorization Form (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.

- Please call on how to complete the forms.

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.***

Please forward all necessary forms to:

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



Transamerica Occidental Life Insurance Company
 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 agreement with:

Transamerica Occidental Life Insurance Company (TOLIC)
 Transamerica Life Insurance Company (TLIC)

I am requesting an appointment with TOLIC and TLIC, hereinafter referred to by company name and/or collectively known as "The Company".

(Please see Part VI for additional provisions regarding applicant's agreement to be bound by the Agent and/ or 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 _____

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 jurisdiction? 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 or Partnership, the questions apply to the firm and to each of its principals and officers. 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 Occidental Life Insurance Company and Transamerica Life Insurance Company**

Federal law requires you be advised that in connection with your application to represent Transamerica Occidental Life Insurance Company and 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 pages six (6) through nine (9) of this application, for my records.

Applicant Signature

_____, ____
Date

GA Signature

_____, ____
Date



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

Auto-Pay Authorization

AUTO-PAY AUTHORIZATION TO BE COMPLETED BY THE PRODUCER

GA Name: _____ Office ID: _____

This section authorizes Transamerica Occidental Life Insurance Company, Transamerica Life Insurance Company to deposit your bi-weekly commissions into your checking, money market or savings account. For a checking or money market account, please include a voided check or deposit slip. For a savings account, please include a deposit slip.

I hereby authorize Transamerica Occidental Life Insurance Company, Transamerica Life Insurance Company (hereafter called the Company) to initiate deposits (credits) and/or immediate/same day corrections to deposits, if processed in error, to the financial institution indicated below. The financial institution is authorized to credit and/or correct the amounts to my account. This authority is to remain in full force and effect until the Company has received written notification from me of its termination in such time and such manner as to afford the Company and Financial Institution a reasonable opportunity to act on it.

Note: The Company will not utilize this authorization to collect outstanding balances owed to the Company. Alternative repayment methods must be established between you and the Company in accordance with the terms of our contractual agreement.

Your Name: _____ Your Agent ID: _____

Social Security Number: _____ - _____ - _____

Preferred Address: _____
Street City State Zip Code

Preferred Phone # _____ E-mail Address: _____

Financial Institution Name: _____

Financial Institution Address: _____
Street City State Zip Code

Checking or Savings Account Number: _____ EFT Transit/ABA Number: _____

Account Types: Checking/Money Market Savings

Your Signature Date

* If the name on the bank account is different from the contracted person or entity, a signature from the accountholder or signing officer of the account (if a corporation/firm) is required.

Accountholder's Signature (If signing officer of corporation/firm) Date



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**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