



Transamerica Financial Life Insurance Company  
 Home Office: 4 Manhattanville Road, Suite 3  
 Purchase, NY 10577  
 Administrative Office: P.O. Box 419521  
 Kansas City, MO 64141-6521  
 Mailing Address: 4333 Edgewood Road NE  
 Cedar Rapids, IA 52499

## Contracting & Licensing Application

**PLEASE NOTE: By signing this Application, you agree to be bound by the contract for which you hereby apply. If your application is approved, you will be bound by such contract without any further signature from you. Please see Part IX, Application and Signature, below.**

**Application For:**

- Independent Producer Contract. (Contract Form #NYC 550 ED. 8-03)
- Sales Director (Application required for individuals not currently contracted with Transamerica Financial Life Insurance Company.)

General Agent Name: \_\_\_\_\_ GA Code: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Applicant is:  An Individual  A Corporation  A Partnership

I am also requesting the company make an application to the Department(s) of Insurance for the issuance of a license and/or appointment authorizing the solicitation of applications on behalf of Transamerica Financial Life Insurance Company. I understand that I may not solicit applications until I am properly licensed and appointed.

**Part II Application Name and Address Information**

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

Name: \_\_\_\_\_  Mr.  Mrs.  Ms.  
Last First Middle  
 D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN: \_\_\_\_-\_\_\_\_-\_\_\_\_ Driver's License # \_\_\_\_\_ State: \_\_\_\_\_  
 Home Phone # ( ) \_\_\_\_\_ Business Phone # ( ) \_\_\_\_\_ Fax # ( ) \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Cell Phone # ( ) \_\_\_\_\_

Please list any professional designation(s) (insurance-related)

Provide Tax ID Number for an Individual, Corporation or Partnership \_\_\_\_\_ and Control Code \_\_\_\_\_

Business Address: \_\_\_\_\_  
Street City State Zip Code  
 Mailing Address: \_\_\_\_\_  
Street City State Zip Code  
 Residence Address: \_\_\_\_\_  
Street City State Zip Code

How long at this residence address? \_\_\_\_ Years \_\_\_\_ Months **Important:** If less than five years, or if you have changed addresses more than three times in the past five years, please attach residence history for the past five years.



**Section B:** (If applicant is a corporation or partnership, complete section B only.)

Partnership or Corporation Firm Name: \_\_\_\_\_

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 3 Part V for general instructions concerning Taxpayer Identification Number (TIN) Information)

Business Phone # ( ) \_\_\_\_\_ - \_\_\_\_\_ Business Fax # ( ) \_\_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_

Business Address: \_\_\_\_\_  
Street City State Zip Code

Mailing Address: \_\_\_\_\_  
Street (If different from business address) City State Zip Code

Please provide Tax ID Number for an Individual, Corporation or Partnership \_\_\_\_\_ and Control Code \_\_\_\_\_

Name of person who will sign as principal of this organization: \_\_\_\_\_

(Please complete Part II, Section A for principal.)

(A Solicitor Application form, must be completed for additional principals and signing officers).

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

3) Do you plan to have any of your employee soliciting business on your behalf?  
If so, please have every employee soliciting business complete the Solicitor Request Form.  Yes  No

**Part IV Background Information (Confidential Data)**

The following questions must be answered by the applicant. If the applicant is a Corporation or Partnership, the question 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 to, pled no lo contendere to (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) 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

3) Have you ever had any license denied, suspended or revoked, or been the subject of a disciplinary action which resulted in a fine, penalty or restricted license status? "License" shall include the following: a license issued by a state insurance department, a state securities agency, the NASD, the SEC, or any other regulatory agency.  Yes  No

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

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

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

7) 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, assigns to Transamerica Financial Life Insurance Company, Transamerica Occidental Life Insurance Company and Transamerica Life Insurance and Annuity Company and to any other company which is a subsidiary or affiliate of Transamerica Financial Life Insurance Company, Transamerica Occidental Life Insurance Company, or Transamerica Life Insurance and Annuity Company, 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.

In the conduct of our business, it is necessary to obtain and use information regarding individuals with whom we do business. To protect the individual from misuse of personal information, we must continually weigh carefully our need for such information against the individual's right to privacy. The following Principles govern the collection, custody, use and dissemination of personal information concerning those with whom we do business, specifically those to whom we provide insurance coverage and other services, and our own agents and employees.

1. Observe and obey applicable laws and regulations regarding the collection, custody, use and dissemination of personal information including (but not limited to) the Gramm-Leach-Bliley Act ("GLBA"), Securities & Exchange Commission (SEC) Regulation S-P, the rules and regulations thereunder, and relevant state laws and regulations adopted or enacted pursuant there to (e.g., NAIC Model Laws).
2. Transamerica Financial Life Insurance Company shall, at the start of each customer relationship and at least once annually thereafter, inform customers in writing of Transamerica Financial Life Insurance Company's privacy policies, including its policies for collecting, protecting, and sharing personal financial information. Transamerica Financial Life Insurance Company and its officers, employees, general agents, independent producers, third-party administrators, service providers and representatives (including Registered Representatives and Investment Advisor Representatives) shall faithfully follow and adhere to the privacy policies as disclosed to customers.
3. All general agents, independent producers, representatives and other unaffiliated third-parties acting on our behalf agree that if Transamerica Financial Life Insurance Company discloses any nonpublic personal information of any individual, the confidentiality of such information shall be maintained and is prohibited from being used other than to carry out the purpose for which such information was disclosed (such as to market our products or joint products or provide the products and services the individual contracted us to provide).
4. Make every reasonable effort to ensure that information collected, maintained and acted upon is accurate, relevant, timely and complete.
5. Upon their request, inform individuals what general uses are made of their personal information.
6. Upon their request, inform individuals of the information acted upon in making determinations adverse to them, to the extent permitted by legal or medical prohibitions.
7. Provide an opportunity for an individual to correct or clarify personal information contained in our file regarding that individual.
8. Restrict access to any personal record to those who have a proper authorization or legitimate business, regulatory or legal reason.
9. Willful violation of these Principles by an officer, employee, general agent, independent producer, third-party administrator, service provider and representative will be cause for disciplinary action which could include termination.
10. We expect all officers, employees, general agents, independent producers, third-party administrators, service providers and representatives and other persons acting in our behalf, to conform to these Principles as to the confidentiality of personal information held by such individuals or by Transamerica Financial Life Insurance Company.

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 EINS. 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.
- **Corporation and Partnerships:** Provide us the name and EIN of the partnership or corporation.

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).

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

Federal law requires you to be advised that in connection with your application to represent Transamerica Financial Life Insurance Company 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. Subsequent consumer reports and/or investigative consumer reports may be obtained to update our files. 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 furnished herewith. Each person signing this application hereby authorizes the obtaining of consumer reports and/or investigative reports regarding such person.

**Authority for Release of Information**

To Whom It May Concern:

I hereby authorize Transamerica Financial Life Insurance Company 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 Financial Life Insurance Company or its legal representative. I understand that Transamerica Financial Life Insurance Company 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 valid as the original.



*Para informacion en espanol, visite [www.ftc.gov/credit](http://www.ftc.gov/credit) o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580*

### A Summary of Your Rights Under the Fair Credit Reporting Act

The federal of Your Rights Under the Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to [www.ftc.gov/credit](http://www.ftc.gov/credit) or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment— or to take another adverse action against — you must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if;
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identify theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.ftc.gov/credir](http://www.ftc.gov/credir) for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies

- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.ftc.gov/credit](http://www.ftc.gov/credit).
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identify theft victims and active duty military personnel have additional rights.** For more information, visit [www.ftc.gov/credit](http://www.ftc.gov/credit).

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below.	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word “National” or initials “N.A.” appear in or after bank’s name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word “Federal” or initials “F.S.B.” appear in federal institution’s name.)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words “Federal Credit Union” appear in institution’s name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation, Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051





PRODUCER TRANSFER / MULTIPLE GA RELATIONSHIP REQUEST

To: TIIG Contract and Licensing
Phone: (800) 256-7971

Fax: (888) 837-2820
E-mail: ascl@transamerica.com

(Producer Name) (Social Security # / Tax ID) (Producer ID)

1. Proof of New Business is required for either producer transfer or multiple GA request. Please provide Policy # or Client name and Date of Birth: / /

2. Request Transfer OR Multiple GA Relationship

TRANSFER

I do NOT wish to keep my existing agreement through a different GA office. In accordance with the Company's Producer Transfer Guidelines, please transfer this Individual/corp. producer contract from (GA name / Office ID) to this General Agent effective (Date).

NOTE: If a transfer, inforce business will be coded, for servicing, to a new GA.

MULTIPLE GA RELATIONSHIP

I wish to keep my existing agreement through a different GA office. In accordance with the Company's Producer Multiple GA Relationship Guidelines, please dual this Individual/corp. producer contract effective (Date).

List existing GA Relationships, including producer ID and Office ID/GA Name:

(Blank lines for listing GA Relationships)

Note: If a multiple GA relationship, inforce business will remain coded, for servicing, to the GA which the business was produced through.

3. Either request must be accompanied by:

- GA must complete Commission Rate Schedule (Form TOA557 or TOA557NY)
If changing/adding a contract type, the completed solicitor or IPC paperwork must be included

This producer has unique handling required for his/her commission account (assignment; special payee), as noted here:

(Signature of Requesting Individual Producer or Signing Officer of Corp.)

(Date Signed) / /

(Signature of Requesting GA)

(Office ID)

(Date Signed) / /

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**AUTO-PAY AUTHORIZATION  
TO BE COMPLETED BY THE PRODUCER**

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GA Name: \_\_\_\_\_

GA Code: \_\_\_\_\_

**This section authorizes Transamerica to deposit your monthly compensation into your checking, money market or savings account. For checking or money market account, please include a voided check. For savings account, please include a deposit slip.**

**I hereby authorize Transamerica Occidental Life Insurance Company (TOLIC) and Transamerica Life Insurance and Annuity Company (TALIAC) (hereafter called the Company) to initiate deposits (credits) and/or corrections to the previous credits 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 the financial institution a reasonable opportunity to act on it.**

Your Name: \_\_\_\_\_

Your Control Code: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

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

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date