



Thank you for choosing Transamerica for your retirement needs.

This document outlines the best practices to avoid processing delays and rejections.

Required Forms

The following forms are required based on how your Transamerica Advisory Annuity will be funded.

For policies being opened with cash (no transfer from an existing annuity):

- Transamerica Advisory Annuity - Application
• Transamerica Advisory Annuity - Assessment & Disclosure Form
• Transamerica Advisory Annuity - Enhanced Due Diligence Questionnaire (for premium of \$250,000 or greater)

For policies being opened with a transfer from an existing annuity and/or life insurance policy:

- Transamerica Advisory Annuity - Application
• Transamerica Advisory Annuity - Assessment & Disclosure Form
• 1035 Exchange, Rollover or Transfer Request Form
• Replacement Form (state specific) *
• Transamerica Advisory Annuity - Enhanced Due Diligence Questionnaire (for premium of \$250,000 or greater)

* Depending on the regulations in your state a Replacement Form may or may not be required. Please contact our Education Desk for assistance.

Transamerica Advisory Annuity Application

- Applications are state specific. Please choose the application that is applicable for your residence state.
• Complete all sections in their entirety.
• Ensure that your handwriting is legible.

Below are tips to avoid some of the most common issues that cause processing delays or rejections:

Table with 2 columns: Section and Description. Row 1: Section 2 & 3 Primary Owner Information / Joint Owner Information. Row 2: Section 4 Annuitant Information.

<p>Section 5</p> <p>Beneficiary Designation</p>	<p>Each policy must have at least one primary beneficiary.</p> <p>If there are multiple beneficiaries, ensure the Allocation Percentage equals 100%. Allocations must be in whole percentages.</p> <p>All information must be completed for <u>each</u> beneficiary.</p>
<p>Section 6</p> <p>Purchase Payment Information</p>	<p>You must choose the type of annuity for your Transamerica Advisor Annuity policy (Type of Annuity Applying For), as well as how the annuity will be funded (Funding Options and Source of Funds).</p> <p>If the type of annuity is a Qualified Plan (Profit Sharing Plan, Pension Plan, 401(k) or other), additional forms are required. Please contact the Education Desk for assistance.</p>
<p>Section 7</p> <p>Elections - Death Benefit</p>	<p>You must select <u>one</u> option.</p> <p>Policy Value Death Benefit is available through age 95. Return of Premium Death Benefit is available through age 75.</p> <p>If owner and annuitant are different, or there are multiple owners, the age requirement applies to all individuals.</p>
<p>Section 8 & 9</p> <p>Investment Selection – Asset Rebalancing & DCA</p>	<p>This section is optional.</p> <p>If you wish to immediately invest all funds, skip to section 10.</p>
<p>Section 10</p> <p>Investment Allocations</p>	<p>Allocation cannot exceed 3 decimal places. (Ex: 33.333%).</p>
<p>Section 11</p> <p>Owner Replacement Information</p>	<p>Both questions must be answered with either yes or no. If both questions are not answered it will cause delays in processing or a rejection.</p> <p>If the new Transamerica Advisor Annuity is being funded by surrendering an existing life insurance or annuity, the company name(s) and policy number(s) of those surrendering policies need to be included.</p>
<p>Section 12</p> <p>Owner & Annuitant Signatures and Acknowledgments</p>	<p>Complete the city and state where you are signing the application.</p> <p>All owners and the annuitant (if different) must sign and date.</p>

Transamerica Advisory Annuity Assessment and Disclosure Form

Please read each statement on this form in its entirety. If you have questions, please contact the Education Desk.

If you agree with each of the statements, acknowledge your understanding by signing in the “Required Signatures” section on page 2.

- If there are multiple owners, each owner must print their name, sign and date.
- The “Signed at City/State” is the location where the form is being signed.

Enhanced Due Diligence Questionnaire

This form is required if the premium amount is \$250,000 or greater.

- The information provided on this form must match the information provided on the application.
 - Complete all sections in their entirety, **including the current occupation, employer, annual gross income, and net worth of the owner.** Missing information could cause processing delays or a rejection.
-

1035 Exchange, Rollover or Transfer Request Form

This form is required if you are funding your new Transamerica Advisory Annuity with an existing policy/account at another company.

- If your Transamerica Advisory Annuity is being funded by multiple policies/accounts, you must complete a 1035 Exchange, Rollover or Transfer form for each account.
- Please ensure this form is completed in its entirety. Missing information could cause processing delays or a rejection.

Surrendering Account Information	<p>Provide the approximate value of the account being transferred. If only a partial amount is being transferred, list the amount being transferred.</p> <p>We need the full company name and address where the existing policy is held. This is where the form will be sent for processing.</p> <p>Provide the owner and annuitant information for the existing policy/account. This information <u>must</u> match the new Transamerica Advisory Annuity. If you are unsure of the owner or annuitant information, please contact the other company before completing the form.</p>
Liquidation / Transfer Option	<p>Choose <u>one</u> option under each column.</p> <ul style="list-style-type: none">• Rollover or Transfer From: This is the account type of the existing policy/account being transferred to Transamerica.• Rollover or Transfer To: This is the account type of the new Transamerica Advisory Annuity. <p>If you are unsure of the existing policy/account type, please contact the other company before completing the form. If the wrong account type is chosen, it could cause processing delays or a rejection.</p>
Acceptance of 1035 Exchange / Trustee Transfer / Direct Rollover	<p>Do not complete this section! This will be completed by Transamerica.</p>
Required Signatures & Certifications	<p>All owners and the annuitant must sign, date, and provide their contact information.</p> <p>Some companies may require signatures be notarized or a Medallion Signature Guarantee before releasing the funds to Transamerica. If you are unsure of the other company's requirements, please contact them prior to signing the form.</p>

Replacement Form

A replacement form may be required if the new Transamerica Advisory Annuity is being funded by another annuity or life insurance policy. This is based on the state where the application is signed.

- Replacement forms are state specific. Ensure that you have the correct form based on where the application is being signed.
- Please complete the form in its entirety. Missing information will cause processing delays or a rejection.
- The information on the replacement form must match the information in **Section 11 (Owner Replacement Information)** of the Transamerica Advisory Annuity Application.
- The owner must sign and date the form. The owner's signature must be on the same date or before the application is signed.

The following states DO NOT require a replacement form:	The following states DO NOT require the replacement form to be returned with your applications and forms packet:
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- Illinois
- Michigan
- North Dakota
- Washington DC

- California
- Indiana
- Massachusetts

Contact Information

Please mail all completed forms using one of the below methods.

Regular Mail/Overnight Mail

Transamerica Life Insurance Co.
6400 C Street SW
Cedar Rapids, IA 52499

Fax

Attn: Annuity New Business
877-355-4385

Email

annuitynewbusiness@transamerica.com

Do you need assistance or have questions while trying to complete your application and forms?

Transamerica's Education Desk is available to help your during normal market hours.

Phone

866-799-6442

Email

educationdesk@transamerica.com



Individual Variable Deferred Annuity Application

Transamerica Life Insurance Company

Home Office: 6400 C Street SW, Cedar Rapids, IA 52499

Telephone: (800) 525-6205

Hereafter referred to as the Company, we, our, or us. Unless otherwise stated, "You" refers to the Owner



By providing an email address below, I consent to receive an email that will initiate the process of receiving electronic documents and notices applicable to the Eligible Policy/Policies accessed through the Company website. A link within the email will direct you to the Company e-delivery terms and conditions as well as our registration and consent process. I have access to the Internet for the purpose of accepting electronic delivery of documents.

Email Address: _____

Electronic Delivery Document notifications will be provided to only one email address. Any email provided above will override any existing email address, if applicable.

1. PRODUCT INFORMATION

Product: Transamerica Advisory Annuity

2. PRIMARY OWNER INFORMATION

Type of Owner: If the Type of Owner is an Individual, there must be an immediate (self, spouse, civil union, domestic partner, parent, child, grandparent, grandchild or sibling) familial relationship between the Owner(s) and the Annuitant.

- Individual, Trust, Qualified Custodial Account, Entity, Company Qualified Plan, UGMA/UTMA

Complete Legal Name: _____

Residential Address: _____ (Cannot be a P.O. Box) Street Address

City State Zip Code Country

Mailing Address: _____ Street Address

City State Zip Code Country

SSN/TIN: _____ Date of Birth: _____ Telephone: _____

Citizenship: U.S. Citizen/Entity, Non-U.S. Citizen/Entity, Resident Alien, Non-Resident Alien

Gender: Male Female

- Trustee Certification Form is Required, Entity Certification Form is Required, Profit Sharing Plan, Pension Plan, 401(k), etc. Qualified Plan Certification Form is Required.

3. JOINT OWNER INFORMATION

If no Joint Owner is listed, the Company will issue the policy with the Primary Owner listed in Section 2.

If Type of Owner in Section 2 is an Individual; there must be an immediate (self, spouse, civil union, domestic partner, parent, child, grandparent, grandchild or sibling) familial relationship between the Owner(s) and the Annuitant.

Check here if the Joint Owner's Address is the same as the Primary Owner's Address.

Relationship to Owner: _____

Complete Legal Name: _____

Residential Address: _____
(Cannot be a P.O. Box) Street Address

City State Zip Code Country

Mailing Address: _____
Street Address

City State Zip Code Country

SSN/TIN: _____ Date of Birth: _____ Telephone: _____

Citizenship: U.S. Citizen/Entity Non-U.S. Citizen/Entity (Country: _____)
 Resident Alien Non-Resident Alien

Gender: Male Female

4. ANNUITANT INFORMATION

If no Annuitant is listed, the Company will issue the policy with the Primary Owner and Annuitant as the same.

If Type of Owner in Section 2 is an Individual; there must be an immediate (self, spouse, civil union, domestic partner, parent, child, grandparent, grandchild or sibling) familial relationship between the Owner(s) and the Annuitant.

Check here if the Annuitant's Address is the same as the Primary Owner's Address.

Relationship to Owner: _____

Complete Legal Name: _____

Residential Address: _____
(Cannot be a P.O. Box) Street Address

City State Zip Code Country

Mailing Address: _____
Street Address

City State Zip Code Country

SSN/TIN: _____ Date of Birth: _____ Telephone: _____

Citizenship: U.S. Citizen Non-U.S. Citizen (Country: _____)
 Resident Alien Non-Resident Alien

Gender: Male Female

5. BENEFICIARY DESIGNATION

The percentages assigned must be whole percentages and total 100% for each beneficiary type (primary and/or contingent). If the percentages do not total 100%, we will consider this designation incomplete until sufficient beneficiary information is received. If a designation is incomplete or there are no surviving beneficiaries at the time a claim is processed, proceeds will be payable per the terms of the policy.

- If the Beneficiary is to be restricted, the Beneficiary Designation with Restricted Payout Form must be received.

Primary Allocation Percentage: _____% Is this an Irrevocable Beneficiary? Yes No
Relationship to Annuitant: _____
Complete Legal Name: _____
Residential Address: _____
(Cannot be a P.O. Box) Street Address
City State Zip Code Country
SSN/TIN: _____ Date of Birth: _____ Telephone: _____
Citizenship: U.S. Citizen Non-U.S. Citizen (Country: _____)
 Resident Alien Non-Resident Alien
Gender: Male Female Entity Trust Qualified Plan Other: _____

Primary Contingent Allocation Percentage: _____% Is this an Irrevocable Beneficiary? Yes No
Relationship to Annuitant: _____
Complete Legal Name: _____
Residential Address: _____
(Cannot be a P.O. Box) Street Address
City State Zip Code Country
SSN/TIN: _____ Date of Birth: _____ Telephone: _____
Citizenship: U.S. Citizen Non-U.S. Citizen (Country: _____)
 Resident Alien Non-Resident Alien
Gender: Male Female Entity Trust Qualified Plan Other: _____

Primary Contingent Allocation Percentage: _____% Is this an Irrevocable Beneficiary? Yes No
Relationship to Annuitant: _____
Complete Legal Name: _____
Residential Address: _____
(Cannot be a P.O. Box) Street Address
City State Zip Code Country
SSN/TIN: _____ Date of Birth: _____ Telephone: _____
Citizenship: U.S. Citizen Non-U.S. Citizen (Country: _____)
 Resident Alien Non-Resident Alien
Gender: Male Female Entity Trust Qualified Plan Other: _____

Check if there are more Beneficiaries and complete the Additional Beneficiary Form and return with the application.

6. PURCHASE PAYMENT INFORMATION

Type of Annuity Applying for (select only one): If applying for a Qualified Plan (Profit Sharing Plan, Pension Plan, 401(k), or other), the Qualified Plan Certification and Acknowledgement Form and Plan Investment and Services Agreement is required.

- Non-Qualified Traditional IRA Roth IRA SEP IRA SIMPLE IRA
 Profit Sharing Plan Pension Plan 401(k) Other: _____
 Beneficiary IRA - Deceased Name: _____ Date of Death: _____
 Non-Qualified Stretch - Deceased Name: _____ Date of Death: _____
 10-Year Delay - Deceased Name: _____ Date of Death: _____

Funding Options:

- Check Enclosed
 Wire
 Client to request release of funds
 The Company to request release of funds. The 1035 Exchange, Rollover or Transfer Request Form is **required**. Submit the appropriate state replacement form(s) if the Applicant has existing life insurance policies or annuity contracts.

Source of Funds:

- New Money / Contribution Money \$ _____ if Qualified Plan - Tax Year: _____
 Non-Qualified 1035 Exchange - Anticipated Premium Amount \$ _____
 CD/Mutual Fund Redemption - Anticipated Premium Amount \$ _____
 Direct Transfer - Anticipated Premium Amount \$ _____
 Rollover - Anticipated Premium Amount \$ _____

7. ELECTIONS - DEATH BENEFIT

You must select only one Death Benefit option. Your selection cannot be changed after the policy has been issued.

- Policy Value Death Benefit
 Return of Premium Death Benefit

8. INVESTMENT SELECTION - ASSET REBALANCING PROGRAM

More than one Investment Option must be allocated to participate in this program. If you would like to rebalance to a mix other than indicated in Section 10, please complete the Optional Services Form.

- I elect Asset Rebalancing of the variable investment options according to allocations indicated in Section 10 using the frequency of:
 Monthly Quarterly Semi-Annually Annually

9. INVESTMENT SELECTION - DOLLAR COST AVERAGING (DCA) PROGRAM

If immediately investing all funds, proceed to Section 10.

If any funds are to be allocated to the DCA Program:

- Complete this section,
- Indicate the portion of premium to be allocated into the DCA Program in the "Initial Investment for DCA Program" in Section 10, **and**
- Indicate the resulting allocation out of the DCA Program in the "Dollar Cost Averaging Transfer To" column in Section 10.

If DCA Start Date is blank, the DCA transfers will begin one day after money is received. If the DCA Start Date has passed before the money is received, the DCA will start the next month or next quarter.

DCA Start Date: _____

Transfer from: (maximum caps may apply)

Vanguard VIFMoney Market Portfolio

Frequency and Number of Transfers: (\$500 minimum for each transfer)

Monthly: 6 10 12 24 Other: _____ (minimum 6 months/maximum 24 months)

Quarterly: 4 8

10. INVESTMENT ALLOCATIONS

Ⓜ Some subaccounts have restrictions depending on your policy elections. All allocations must be entered in whole percentages.

DCA Program - If you elected the DCA program in Section 9, enter the percentage of your premium you would like allocated to the DCA program. Your DCA allocations should be entered in the "Dollar Cost Averaging Transfer To:" column below **and must total 100%**.

Initial Investment for DCA Program _____ .0%

If you did not elect the DCA program, or your DCA investment is less than 100% of your premium, allocate the remaining premium in the "Premium Allocation" column below. **The allocation to the Premium Allocation must total 100%.**

Premium Allocation	Subaccount Name	Dollar Cost Averaging Transfer To:
_____ .0%	DFA VA Equity Allocation Portfolio	_____ .0%
_____ .0%	DFA VA Global Bond Portfolio	_____ .0%
_____ .0%	DFA VA Global Moderate Allocation Portfolio	_____ .0%
_____ .0%	DFA VA International Small Portfolio	_____ .0%
_____ .0%	DFA VA International Value Portfolio	_____ .0%
_____ .0%	DFA VA Short-Term Fixed Portfolio	_____ .0%
_____ .0%	DFA VA U.S. Large Value Portfolio	_____ .0%
_____ .0%	DFA VA U.S. Targeted Value Portfolio	_____ .0%
_____ .0%	TA S&P 500 Index	_____ .0%
_____ .0%	Vanguard® VIF Balanced Portfolio	_____ .0%
_____ .0%	Vanguard® VIFCapital Growth Portfolio	_____ .0%
_____ .0%	Vanguard® VIF Conservative AllocationPortfolio	_____ .0%
_____ .0%	Vanguard® VIFDiversified Value Portfolio	_____ .0%
_____ .0%	Vanguard® VIFEquity Income Portfolio	_____ .0%
_____ .0%	Vanguard® VIFEquity Index Portfolio	_____ .0%
_____ .0%	Vanguard® VIFGlobal Bond Index Portfolio	_____ .0%
_____ .0%	Vanguard® VIFGrowth Portfolio	_____ .0%
_____ .0%	Vanguard® VIFHigh Yield Bond Portfolio	_____ .0%
_____ .0%	Vanguard® VIFInternational Portfolio	_____ .0%
_____ .0%	Vanguard® VIFMid-Cap Index Portfolio	_____ .0%
_____ .0%	Vanguard® VIFModerate Allocation Portfolio	_____ .0%
_____ .0%	Vanguard® VIFMoney Market Portfolio	_____ .0%
_____ .0%	Vanguard® VIFReal Estate Index Portfolio	_____ .0%
_____ .0%	Vanguard® VIFShort-Term Investment-Grade Portfolio	_____ .0%
_____ .0%	Vanguard® VIFTotal Bond Market Index Portfolio	_____ .0%
_____ .0%	Vanguard® VIFTotal International Stock Market Portfolio	_____ .0%
_____ .0%	Vanguard® VIFTotal Stock Market Index Portfolio	_____ .0%

_____ .0% **The sum of the allocation percentages must total 100%** _____ .0%

11. OWNER REPLACEMENT INFORMATION

The Owner Response column must be completed.

Submit the appropriate state replacement form(s) if the Applicant has existing life insurance policies or annuity contracts.

- Check here if there are more than three (3) replacement policies, complete the Additional Replacement Policy Form and return with the application.

Replacement Questions	Owner Response
Does the Owner have any existing life insurance policies or annuity contracts?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Will this annuity replace, discontinue or change any existing life insurance policies or annuity contracts? If yes - Company: _____ Policy #: _____ Company: _____ Policy #: _____ Company: _____ Policy #: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes

12. OWNER ACKNOWLEDGEMENTS - CALIFORNIA APPLICANTS AGE 60 OR OLDER ONLY

Complete this section if the issue state is California and you are age 60 or older.

Under California law, there is a 30 Day Right to Review your policy. The amount that will be returned to you if you cancel your policy during this 30 day period will depend on the election below which designates where your payments will be allocated during the Right to Review period. Please check one of the following boxes. **If you do not check one of these boxes, we will allocate your payment to the Money Market portfolio for a period of 35 calendar days.**

- I/We wish to immediately invest in the variable investment options selected in Section 10. If my/our policy is canceled within 30 days, the policy value will be returned to me/us. I/we understand that the policy value could be less than the premium I/we paid for the policy.
- I/We authorize the company to allocate the payment to the Money Market portfolio for a period of 35 calendar days. On the 35th day (or next business day) transfer the policy value to the investment options selected on the rider investment forms. If I/we cancel the policy within 30 days, any payments will be returned.

13. OWNER & ANNUITANT SIGNATURES AND ACKNOWLEDGEMENTS

- I hereby expressly consent to receive calls about my application from the Company or its representatives that involve the use of an automatic telephone dialing system and/or an artificial or prerecorded voice.
- Unless I have notified the Company of a community or marital property interest in this policy, the Company will rely on good faith belief that no such interest exists and will assume no responsibility for inquiry.
- To the best of my knowledge and belief, all of my statements and answers on this application are correct and true.
- This application is subject to acceptance by the Company. If this application is rejected for any reason, the Company will be liable only for return of purchase payment paid.
- I understand that federal law requires all financial institutions to obtain customer information, including the name, residential address, date of birth, Social Security Number or Taxpayer Identification Number and any other information necessary to sufficiently identify each customer.
- All statements in this application made by or under the authority of the applicant are representations and not warranties.

For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of loss is guilty of a crime and may be subject to fines and confinement in state prison.

Account values when allocated to any of the options in Section 10 are not guaranteed as to fixed dollar amount and will increase or decrease with investment experience.

If the individuals signing below are signing as a Power of Attorney, Guardian, Conservator, Authorized Representative, or Trustee, additional information is required.

Signed at: _____
City State

Date: _____ Linking Number: _____

☞ Owner(s) Signature: X
I am signing as: Power of Attorney Guardian Conservator Authorized Representative Trustee

☞ Joint Owner(s) Signature: X
I am signing as: Power of Attorney Guardian Conservator Authorized Representative Trustee

☞ Annuitant Signature (if not Owner): X



Transamerica Advisory Annuity Assessment and Disclosure Form

The following Transamerica Companies utilize this form:

(Hereafter referred to as the Company, we, our, or us) Transamerica Financial Life Insurance Company Transamerica Life Insurance Company

6400 C Street SW, Cedar Rapids, IA 52499

Fax: (844) 252-1057

Phone: (800) PYRAMID 797-2643

Website: www.transamerica.com

Use this form to ensure that a Transamerica Advisory Annuity is appropriate for your needs.

You are required, as the prospective owner (and joint owner, if applicable) to read each statement on this form and sign and date the form to document your review and understanding of each applicable statement.

In considering the purchase of a Transamerica Advisory Annuity contract:

- I believe that the Transamerica Advisory Annuity is appropriate for my insurance needs and financial objectives, considering my tax bracket, investments, and financial status.
- I understand that the Transamerica Advisory Annuity is a deferred annuity and that I may not see a benefit from tax-deferred compounding for ten years or more.
- I understand that withdrawals from the annuity before I reach age 59 1/2, like early withdrawals from other tax deferred products, may be subject to a 10% federal penalty tax.
- I understand that an annuity's expenses (including underlying portfolio expenses) can outweigh the benefits of tax-deferred compounding for investors in lower tax brackets. Those investors may be able to earn higher total returns by investing in mutual funds outside of an annuity.
- I understand that a variable annuity, like other securities, is subject to market risk and that the contract does not protect me from losing money.
- I understand that accumulation values fluctuate and that the contract I am applying for doesn't guarantee a fixed dollar value for my assets.
- I understand the risks associated with the portfolios I have chosen to invest in. I believe that these portfolios suit my investment objective.
- I understand that investment in stock portfolios generally carry a greater possibility of fluctuations in value or loss of value than investments in fixed income or cash portfolios.
- I understand that portfolios that invest in a narrow segment of the stock market ("sector funds") may carry even greater risks.
- The Transamerica Advisory Annuity is sold through direct response solicitation and cannot be purchased on the advice or recommendation of Transamerica or other financial professionals.

ASSESSMENT AND DISCLOSURES

If the annuity is being purchased with new non-qualified retirement assets/investments:

- I am purchasing this annuity with funds that I do not need for current expenses.
- I understand that I should invest in a variable annuity only after contributing the maximum amount to qualified plans (such as IRAs and 401(k) plans) that are available to me. Qualified plans may feature tax-deductible contributions, often offer more investment options than annuity contracts, and don't charge the mortality and expense risk charges and administrative fees that annuities do.

If you are purchasing the annuity by transferring an existing annuity via a 1035 exchange:

- I understand that if I replace an existing annuity or life insurance policy with a Transamerica Advisory Annuity contract, the death benefit promised under the existing policy (including any guarantee that my beneficiary will receive more than the annuity's current market value) won't transfer to my new annuity.

REQUIRED SIGNATURE

Please send the completed form to Transamerica with the Application and other necessary paperwork.

Print in capital letters and use black ink.

By signing below, I acknowledge that:

- I understand that I am purchasing the Transamerica Advisory Annuity directly from the Company. It was not purchased as a result of a solicitation or negotiation and was not based on the advice or recommendation of another person or company.
- By purchasing this product on a direct sales basis, I understand that I may lose certain protections available under state insurance laws that cover products purchased based on a recommendation.
- I have read, understand, and agree with all of the statements above.
- I have received, read, and understand the Transamerica Advisory Annuity prospectus.
- I understand that annuities are long-term investments intended primarily for retirement planning.

Owner's Name (Printed)



Owner Signature

Date

Joint Owner's Name (Printed if applicable)



Joint Owner Signature (if applicable)

Date

Signed at City/State

MAILING INFORMATION

Mail ALL pages of this form in the enclosed postage-paid envelope.

If you don't have a postage-paid envelope, mail to: Transamerica 6400 C Street SW Cedar Rapids, IA 52499

For registered or certified mail, or overnight delivery, mail to: Transamerica 6400 C Street SW Cedar Rapids, IA 52499

For email delivery, scan to a PDF format and send to : annuitynewbusiness@transamerica.com

For fax delivery, fax to: (844) 252-1057