



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><b>Section 5</b></p> <p><b>Beneficiary Designation</b></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><b>Section 6</b></p> <p><b>Purchase Payment Information</b></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><b>Section 7</b></p> <p><b>Elections - Death Benefit</b></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><b>Section 8 &amp; 9</b></p> <p><b>Investment Selection – Asset Rebalancing &amp; DCA</b></p>	<p>This section is optional.</p> <p>If you wish to immediately invest all funds, skip to section 10.</p>
<p><b>Section 10</b></p> <p><b>Investment Allocations</b></p>	<p>Allocation cannot exceed 3 decimal places. (Ex: 33.333%).</p>
<p><b>Section 11</b></p> <p><b>Owner Replacement Information</b></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><b>Section 12</b></p> <p><b>Owner &amp; Annuitant Signatures and Acknowledgments</b></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>

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## 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.

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## 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.
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## 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.

<b>Surrendering Account Information</b>	<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>
<b>Liquidation / Transfer Option</b>	<p>Choose <u>one</u> option under each column.</p> <ul style="list-style-type: none"><li>• <b>Rollover or Transfer From:</b> This is the account type of the existing policy/account being transferred to Transamerica.</li><li>• <b>Rollover or Transfer To:</b> This is the account type of the new Transamerica Advisory Annuity.</li></ul> <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>
<b>Acceptance of 1035 Exchange / Trustee Transfer / Direct Rollover</b>	<p>Do not complete this section! This will be completed by Transamerica.</p>
<b>Required Signatures &amp; Certifications</b>	<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>

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## 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 <b>DO NOT</b> require a replacement form:	The following states <b>DO NOT</b> 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

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## 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](mailto: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](mailto: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, parent, civil union, domestic partner, 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 VIF Money 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® VIF Capital Growth Portfolio	____.0%
____.0%	Vanguard® VIF Conservative Allocation Portfolio	____.0%
____.0%	Vanguard® VIF Diversified Value Portfolio	____.0%
____.0%	Vanguard® VIF Equity Income Portfolio	____.0%
____.0%	Vanguard® VIF Equity Index Portfolio	____.0%
____.0%	Vanguard® VIF Global Bond Index Portfolio	____.0%
____.0%	Vanguard® VIF Growth Portfolio	____.0%
____.0%	Vanguard® VIF High Yield Bond Portfolio	____.0%
____.0%	Vanguard® VIF International Portfolio	____.0%
____.0%	Vanguard® VIF Mid-Cap Index Portfolio	____.0%
____.0%	Vanguard® VIF Moderate Allocation Portfolio	____.0%
____.0%	Vanguard® VIF Money Market Portfolio	____.0%
____.0%	Vanguard® VIF Real Estate Index Portfolio	____.0%
____.0%	Vanguard® VIF Short-Term Investment-Grade Portfolio	____.0%
____.0%	Vanguard® VIF Total Bond Market Index Portfolio	____.0%
____.0%	Vanguard® VIF Total International Stock Market Portfolio	____.0%
____.0%	Vanguard® VIF Total 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.

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**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