

Enhanced Due Diligence Questionnaire Procedures (Direct Response - Variable Deferred Annuity)

The attached Enhanced Due Diligence Questionnaire must be submitted for prior approval for any Deferred annuity policies with cumulative premiums over \$250,000*, for policies with the same Annuitant or Owner.

Prior approval for cumulative premiums are across all statutory companies. For the same Annuitant or Owner, cumulative premiums are based on total premiums for deferred annuities and for immediate annuities.

Requests for deferred annuity annuitization quotes or for cumulative premiums used to purchase an annuity under a 412(e)(3) pension plan do not require this questionnaire to be completed.

Please complete the questionnaire in its entirety and fax it to **(866) 247-2965**. Once you have received confirmation from Transamerica Life Insurance Company or one of its affiliates that the questionnaire has been approved, you may then submit the business.

If you do not obtain prior approval for premiums in excess of the dollar amounts listed above, the business will be deemed "not in good order." Questions may be directed to your appropriate sales desk contact.

We appreciate your patience as this is reviewed. The review process may take up to 10 days based on the complexity of the request. Thank you.

- * Due to a streamlined approval process, certain circumstances may not require completion of the questionnaire. Please refer to your sales desk contact for more information. Certain products and states have different maximum limits. Please refer to product prospectus for details.



Enhanced Due Diligence Questionnaire (Direct Response - Variable Deferred Annuity)

The following Transamerica Companies utilize this form:

(Hereinafter 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: (866) 247-2965

Phone: (800) PYRAMID 797-2643

Website: www.transamerica.com

The information provided on this form is used to determine whether we will issue an annuity policy and is part of our Know Your Customer Anti-Money Laundering Program and/or Actuarial Risk Analysis Process. We reserve the right to reject any application. Please complete all the requested information. Failure to provide information may slow the processing of your request. A questionnaire will be valid for 30 calendar days from the date of approval. This is for pre-approval only. Information will not be used in place of the application.

For Non-Resident Alien business, please submit a current, legible copy of the Client's and the Annuitant's Passport(s).

BIOGRAPHICAL INFORMATION

The information below must match the application.

Signed At/Issue State: _____ Product Name: _____
State

POLICY OWNER LEGAL NAME: _____

Residential Address **OR**

Principal Place of Business*: _____

SSN/TIN: _____ Date of Birth: _____

U.S. Citizen Yes No (Country of Citizenship: _____) Resident Alien Non-Resident Alien

Current occupation and place of employment: _____

Estimated Annual Gross Income: _____ Estimated Net Worth: _____

JOINT POLICY OWNER Relationship to Policy Owner: _____

Legal Name: _____

Residential Address **OR**

Principal Place of Business*: _____

SSN/TIN: _____ Date of Birth: _____

U.S. Citizen Yes No (Country of Citizenship: _____) Resident Alien Non-Resident Alien

ANNUITANT Same as Owner Relationship to Policy Owner: _____

Legal Name: _____

Residential Address*: _____

SSN/TIN: _____ Date of Birth: _____

U.S. Citizen Yes No (Country of Citizenship: _____) Resident Alien Non-Resident Alien

*** Cannot be a P.O. Box. Please include the City, State and Zip Code information. Entities may be required to provide additional documentation.**

SOURCE OF FUNDS

Will the premium(s) come from a U.S. financial institution? Yes No - please describe: _____

Name of financial institution: _____

Description of the economic activity which has generated the individual net worth and available funding for this policy such as employment, family business, etc. (Provide specific company names, titles, etc.)

What is the purpose of this annuity? _____

Complete only ONE section, A or B; whichever is applicable.

A. NON-QUALIFIED: 1035 Exchange CD/Mutual Fund Redemption New Money Other: _____

B. QUALIFIED: New Money Direct Transfer Rollover

PRODUCT INFORMATION

The information below must match the application.

Dollar Amount for Approval \$ _____

Death Benefits: ⁽¹⁾

Policy Value Death Benefit

Return of Premium Death Benefit

⁽¹⁾ **All Death Benefits and Riders may not be available for all products and subject to state availability.**

SIGNATURE SECTION

Are you working with a Registered Investment Advisor and/or listing a third party advisor?

No Yes. If yes, please provide name _____

At the time of this submission, to the best of my knowledge the above information is accurate and complete.

Owner Signature

Date

PLEASE NOTE: Depending on the circumstances of each individual case, documentation and additional information may be required prior to approval. Approval will be based upon review of the information provided. Information is held in strict confidence.

If information submitted on this form differs substantially from the application, a new Enhanced Due Diligence Questionnaire may be required.

Please fax the completed questionnaire to (866) 247-2965.