



Contracting Checklist

Independent Producer (Individuals or Business Entity)

For completion:

- Contract Application (form **TOA556** and/or **TOA556NY** - *Direct Deposit form included*)
**If completing paperwork as a Business Entity please Complete Section A for the signing officer and Section B for the business entity*
- Anti-Money Laundering Acknowledgement Form
- Amendment to all Agreements HIPAA BAA (*Required for the LTC Rider*)

Solicitors

For completion:

- Request for Solicitor Status (form **TOA560**)
- Anti-Money Laundering Acknowledgement Form
- Amendment to all Agreements HIPAA BAA (*Required for the LTC Rider*)

Documents to be read and retained by agent for future reference:

- Anti-Money Laundering Training for Agents
- Fair Credit Reporting Act Disclosure
- A Summary of Your Rights Under the Fair Credit Reporting Act
- 1994 Crime Act Notice

To Be Completed by Recruiter:

Required with Submission:

- If Requesting Independent Producer or Business Entity Status: Completed Producer Commission Rate Form (TLIC) and/or Producer ERA Rate Form (TFLIC)- form **TOA557** and/or **TOA557NY**- Fixed Life)
- Please list any nonresident appointments being requested: _____

- Please note any applicable state nonresident appointment fees will be debited from the commission account.

- Policy Pending and/or Client Name# _____
- No New Business at this Time

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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 Please read carefully and answer all questions.

Applicant is: An Individual A Corporation A Partnership Limited Liability Company

I am requesting an appointment and agreement with Transamerica Life Insurance Company (TLIC), hereinafter referred to by company name or as "The Company".

(Please see Part VIII for additional provisions regarding applicant's agreement to be bound by the 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 five 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 five 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 states? 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, Partnership or LLC., the questions apply to the firm and to each of its principals, partners, officers, and members of the firm. 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

The Applicant, hereinafter called the Assignor, for value received, hereby assigns to Transamerica Financial Life Insurance Company, Transamerica Life Insurance Company and Transamerica Life (Bermuda) LTD., 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.

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 EIN. 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.
- **Corporations, Partnerships, and LLCs:** Provide us the name and EIN of the firm.

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).

Attachments/Enclosures

- ◆ Additional information to any “Yes” answers, including supporting documentation, i.e., court records
- ◆ Copy of current resident license

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

Federal law requires you be advised that in connection with your application to represent 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. The above authorization and release apply on behalf of any above named applicant as well as to any individual signing officer, principal, partner, and member of the firm.

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 V and the acknowledgement authorizations and releases set forth in Part VII.

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 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. If requested by you or your General Agent, Transamerica is authorized to set up the signing officer listed in Section A of this Contract as an individual.

I have been provided with a Notice and Release informational copy as set forth in this contract application, along with information concerning my rights under the Fair Credit Reporting Act.

Applicant Signature

_____/_____/_____
Date

Applicant Signature in Personal Capacity as Individual

_____/_____/_____
Date

GA Signature

_____/_____/_____
Date



AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

Fax: # 888-837-2820 Email: ascl@transamerica.com

I hereby authorize deposits and/or immediate/same day corrections to deposits, if processed in error, to the financial institution indicated below. This authorization is to remain in full force and effect until the affiliated companies of Transamerica Life and Protection receive written notification of its termination and have reasonable opportunity to act on it.

Note:

All requested information below must be completed or the request will not be processed.

The Company will not be responsible for deposits if incorrect information is provided. NOTIFY THE COMPANY IMMEDIATELY IF YOU CLOSE OR CHANGE BANK ACCOUNTS.

All agent codes under the Federal Tax ID Number or Social Security Number listed below will be updated unless otherwise requested.

- Change account information for all Transamerica Life and Protection Companies.
- Only change account information on the agent number(s) listed below.

Please include a copy of a void check or bank letter indicating the account and routing numbers.

Name

Type of Account: Checking
 Savings

Agent Number

Name of Financial Institution

Tax ID/Social Security Number

Name of Account Holder

Signature (Required)

Routing/ACH Number

Account Number

Notice and Release

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

Federal law requires you be advised that in connection with your application to represent 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. The above authorization and release apply on behalf of any above named applicant as well as to any individual signing officer, principal, partner, and member of the firm.

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.



FAIR CREDIT REPORTING ACT DISCLOSURE AND AUTHORIZATION OF CONSUMER REPORT/INVESTIGATIVE CONSUMER REPORT DISCLOSURE

Federal law requires you be advised that in connection with your application for appointment with Transamerica Casualty Insurance Company, Transamerica Financial Life Insurance Company, Transamerica Life Insurance Company, and/or Transamerica Premier Life Insurance Company, (each individually referred to as “the 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, previous employers, and regulatory, state and local law enforcement databases and others. Such information is used along with other criteria to help evaluate suitability for representing the Company’s products.

You have a right to request disclosure of the nature and scope of the investigation upon written request to our Administrative 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.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal 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.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **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, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore 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.consumerfinance.gov/learnmore 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 that are more than 10 years old.
- **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 an 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.consumerfinance.gov/learnmore.
- **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 chose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-567-8688.
- **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.

- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

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. For information about your federal rights contact:

TYPE OF BUSINESS:	CONTACT
1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates. b. Such affiliates that are not banks, savings associations, or credit unions also should list in addition to the CFPB:	a. Consumer Finance Protection Bureau 1700 G Street NW Washington, DC 20552 b. Federal Trade Commission: Consumer Response Center-FCRA Washington, DC 20580 (877) 382-4357
2. To the extent not included in item 1 above: a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and insured state branches of foreign banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations d. Federal Credit Unions	a. Office of the Comptroller of the Currency Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050 b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480 c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106 d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314
3. Air Carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590
4. Creditors Subject to Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 395 E. Street, S.W. Washington, DC 20423
5. Creditors Subject to Packers and Stockyards Act	Nearest Packers and Stockyards Administration area supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., 8 th Floor Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F St. N.E. Washington, DC 20549
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 (877) 382-4357

Business Information Group, Inc.
A Vertical Screen® Company
Attn: Consumer Disclosure
P.O. Box 541, Southampton, PA 18966
Toll-free phone – 800-260-1680

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ANTI-MONEY LAUNDERING TRAINING FOR AGENTS

TRANSAMERICA LIFE & PROTECTION

Division of the following Statutory Companies:

TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY
TRANSAMERICA LIFE INSURANCE COMPANY
TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
TRANSAMERICA CASUALTY INSURANCE COMPANY
(Collectively referred to as "Transamerica")











Note: This training is intended for agents who are not employees of the listed statutory companies (referred to herein as "Transamerica").

Anti-Money Laundering Policies and Procedures

If you have any questions about the Anti-Money Laundering Policy and Procedures or any concerns regarding suspicious activity please contact your AML Compliance Officer.

EXAMPLES OF SUSPICIOUS ACTIVITY

When working with prospective clients you should be on the alert for any signs of unusual activity which might indicate intent to launder money. Here are examples of “red flags” that you should report:

-  Customers exhibiting unusual concern with Transamerica’s obligations to file reports of certain transactions with U.S. government agencies, or refusal to provide information required to prepare such reports.
-  Customers who request that a transaction be processed in such a manner so as to avoid Transamerica’s normal documentation requirements.
-  Customers who provide suspect or unverifiable identification or are hesitant to supply identifying information.
-  Customers who provide incomplete or confusing descriptions of the nature of their business.
-  Customers who wish to purchase multiple policies or who indicate funds will be deposited from multiple sources.
-  Large overpayment of premiums not consistent with the customer’s past payments. This is particularly suspicious if the customer requests a disbursement shortly after the payment.
-  Customers who make multiple payments, followed shortly thereafter by a request to surrender the policy.
-  Customer policy purchased in amounts considered beyond customer’s apparent means.
-  Payments submitted by an unrelated third-party.
-  Customers who have an association with, or have accounts in, a country identified as a haven for money laundering require extra due diligence.

WHERE TO REPORT SUSPICIOUS ACTIVITY

You may report suspicious activity to your Manager or directly to the Transamerica Financial Crimes toll free hotline number, (866) 622-5004.

Overview

BACKGROUND

The USA PATRIOT Act (the "Act") was enacted by U.S. Congress and signed into law by President George W. Bush on October 26, 2001. The Act is an acronym for Uniting and Strengthening America by Providing Appropriate Tools Required to Intercept and Obstruct Terrorism. This law, enacted in response to the terrorist attacks of September 11, 2001, strengthens our nation's ability to combat terrorism and prevent and detect money-laundering activities.

In 2006, the U.S. Treasury Department mandated that all insurance companies implement an AML Compliance program for the company's "covered products," which includes any permanent life insurance policy (other than group), any annuity contract (other than group), or any other insurance product with features of cash value or investment.

In addition to the AML program, insurers are required to file Suspicious Activity Reports (SAR). The purpose of reporting a SAR is to assist law enforcement in the detection and prevention of money laundering and terrorist financing. The type of transactions this rule pertains to are those transactions that an insurance company knows, suspects or has reason to suspect involve funds that are derived from an illegal activity. Other transactions may include those designed to evade reporting requirements, or has no business or apparent lawful purpose and involves the use of the insurance company to facilitate criminal activity, including terrorist financing.

It is Transamerica's policy to comply with all laws and regulations designed to prevent the laundering of proceeds from illegal or criminal activity through legitimate financial institutions. Transamerica has established policies and procedures designed to reasonably prevent the laundering or facilitating of laundering of money from criminal activity. Transamerica monitors transactions for suspicious activity, which may indicate the existence of a crime. Transamerica must file reports to assist the government in investigating and prosecuting money laundering and terrorist financing activities.

As our sales agents, you play an important role in our prevention efforts by ensuring that we secure the proper information from applicants and by remaining alert for any signs that the applicants are engaging in money laundering or terrorist financing activities. Failure to comply with laws prohibiting money laundering or terrorist financing may result in significant criminal, civil or regulatory penalties or reputation harm that could ensue from any association with money laundering or terrorist financing activities.

MONEY LAUNDERING AND TERRORIST FINANCING DEFINED

Money laundering is a process through which the proceeds from illegal activity are 'washed' to legitimize them or disguise their true source. There are two basic definitions of money laundering within the federal government and the IRS:

- Taking the proceeds from an illegal activity and making them appear to be from a legal activity.
- Taking the proceeds from an illegal activity and hiding them or placing them beyond the reach of the government.

Terrorist financing involves the use of money, which may be lawfully obtained, to fund illegal activities. Because the transactions often have a legitimate origin and can often involve small amounts of money, terrorist financing can be more difficult to identify than money-laundering activities. However, an effective anti-money laundering program can help prevent the use of legal funds for terrorism activities.

THREE STAGES OF MONEY LAUNDERING

The basic money laundering process is accomplished via a three-stage method. These stages are known as placement, layering, and integration.

1. Placement Stage

During the placement stage of money laundering, the proceeds from illegal activity are first introduced into the financial system. The criminal or accomplice may make a single deposit, perhaps into a single premium life insurance policy or single premium deferred annuity, may pay premiums for a policy a year or more in advance, or break up large amounts of cash into less conspicuous smaller sums, typically less than \$10,000. A series of monetary instruments (cashier checks, money orders, etc.) or a combination of cash and monetary instruments may also be deposited into an account at a financial institution or used to purchase a policy.

2. Layering Stage

The layering stage takes place after the funds have entered the financial system. In this stage the criminal or his accomplice tries to separate or distance the proceeds of the criminal activity from their origin through the use of complex financial transactions, such as converting cash into traveler's checks, money orders, wire transfers, letters of credit, stocks, bonds or by purchasing valuable assets, such as art or jewelry.

3. Integration Stage

The integration stage involves the use of apparently legitimate transactions to disguise the illicit proceeds, allowing the laundered funds to be disbursed back to the criminal. At this stage, the funds are moved back into mainstream economic activities. Following are three types of transactions typically used to accomplish integration:

- Loans or withdrawals from a life insurance or annuity;
- Surrendering of a life insurance or annuity;
- Cancellation of a life insurance policy during the free look period, especially where the policy was paid for with cash or a cash equivalent (money order, cashier's check, travelers check, or credit card).

MONEY LAUNDERING AND TERRORIST FINANCING EXAMPLES

Insurance companies can be used in all phases of money laundering schemes. The following are examples of money laundering and terrorist financing.

Example 1

A successful businessman contacted an insurance agent and stated that he owned a restaurant and had recently inherited a large sum of money from his grandmother. The businessman did not express a particular interest in the product features, but promised the agent substantial future business. Communication with the businessman was difficult because he was not available on the cell phone number he provided and he always had to return the agent's call. When pressed, the businessman was reluctant to provide information such as his personal address. To open the account the businessman stated that he would have the funds wired to the insurance company. The insurance company received a wire for \$2,200,000 to fund a life insurance policy and three variable annuities. Two weeks later the insurance company received a request for a full surrender of the life insurance and annuities with the funds to be wired to another bank.

Example 2

Local police authorities were investigating the placement of cash by an illegal drug trafficker. The funds were deposited into several bank accounts and then transferred to an offshore account. The drug trafficker then purchased a \$75,000 life insurance policy. Two separate wire transfer payments were made into the policy from the offshore accounts. The funds used for payment were purportedly the proceeds of overseas investments. At the time of the drug trafficker's arrest, the insurance company had received instructions for an early surrender of the policy.

Example 3

A terrorist group may establish a charity as a front for financing terrorist activity and open an annuity or key employee life contract with the charity as the owner. Funds can be moved in and out of the contracts under the guise of an investment for the charity, while funds are really being channeled towards a terrorist operation.

ANTI-MONEY LAUNDERING PROGRAM REQUIREMENTS

The AML compliance program, at a minimum, must include the following:

1. Incorporate policies, procedures, and internal controls based upon Transamerica Life & Protection's assessment of the money laundering and terrorist financing risks associated with its covered products;
2. The designation of an AML Compliance Officer who will be responsible for ensuring that the AML program is being implemented effectively, including monitoring compliance of its agents and brokers, that the AML program is updated and appropriate persons are educated and trained regarding AML issues;
3. Provide for ongoing training of appropriate persons (including employees and independent agents/brokers) concerning their responsibilities under the program; and
4. Provide for independent testing to monitor and maintain an adequate program.

CASH AND CASH EQUIVALENT TRACKING, MONITORING AND REPORTING

Cash and cash equivalents can be used to launder money from illegal activities. The government can often trace this laundered money through the reports of cash and cash equivalent required of businesses. Cash is defined as U.S. coin or currency. Cash equivalents are defined as cashier's check, bank draft, traveler's check, or money order having a face amount of \$10,000 or less, that is received either in a "designated reporting transaction" or in any transaction in which the recipient knows that the instrument is being used to avoid reporting of the transaction.

Transamerica maintains a database where payment by cash equivalents are entered and monitored for suspicious activity and reported to FinCEN via a SAR if appropriate.

KNOW YOUR CUSTOMER

One of the best defenses in any AML program is to "Know Your Customer". The full identification of our customer's and their business entities is important. Obtaining information of the source of funds used in a transaction and the source of a customer's wealth will help determine whether the customer transactions are within the scope of his/her capabilities or if they are suspicious. Identifying a customer's needs to determine the appropriateness of a product can help in this process. At this point, the application will be used to obtain the necessary information. If a customer attempts to circumvent any of the rules, the case should be evaluated with a more cautious eye.

OFFICE OF FOREIGN ASSETS CONTROL

The Office of Foreign Assets Control ("OFAC") of the U.S. Department of Treasury administers and enforces economic and trade sanctions against targeted foreign countries, terrorism sponsoring organizations and international narcotics traffickers based on U.S. foreign policy and national security goals.

All U.S. persons or "persons subject to the jurisdiction of the U.S." must comply with OFAC regulations. This includes: 1) U.S. citizens and lawful permanent residents, wherever they are located; 2) people, companies, and other entities located in the U.S. (including foreign branches, agencies and offices of overseas companies located in the U.S.); and 3) all US companies (including insurance companies, broker-dealers, reinsurers, investment companies and other financial institutions), including their foreign branches. Some of the existing sanctions (such as those pertaining to Trading with the Enemy Act), also require compliance by all foreign subsidiaries of US companies.

OFAC regulations provide that all insurance contracts, securities accounts or assets in which there is a direct/indirect interest by Specially Designated Nationals ("SDN"), blocked persons, or individuals/entities from countries covered by applicable sanctions must be "blocked" or "frozen" against further withdrawals, transfers, changes in beneficiary, etc. "Blocked" accounts must be segregated by the broker-dealer or held in a separate account from the general account of an insurer, reported to Treasury within 10 days of discovery and, going forward, credited interest at a rate comparable to an interest bearing account at a bank with a similar deposit and duration. Rights in these policies may not be transferred without authorization from OFAC this includes changes in beneficiaries, assignments or pledges of an insured's interest under a blocked policy.

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ANTI-MONEY LAUNDERING TRAINING ACKNOWLEDGEMENT

I, _____ acknowledge that I have read and understand the Anti-Money Laundering Training for Agents materials provided by Transamerica Life & Protection. I agree to report any suspicious activity to my manager or directly to Transamerica.

(Agent Name – please print)

(Signature of Agent)

(Date)

XXX - XX- ____ ____ ____ ____
(Social Security Number – last four digits only)

TRANSAMERICA LIFE & PROTECTION

Division of the following Statutory Companies:

TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY
TRANSAMERICA LIFE INSURANCE COMPANY
TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
TRANSAMERICA CASUALTY INSURANCE COMPANY
(Collectively referred to as "Transamerica")

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AMENDMENT TO AGREEMENT(S)

This Amendment modifies each and every contract or agreement you have with Transamerica Financial Life Insurance Company, Transamerica Life Insurance Company, and/or Transamerica Premier Life Insurance Company, or any of their predecessors (each individually referred to as “the Company”) regarding the sale of insurance or financial services products or services. The following provisions are hereby added to such Agreement(s);

A. Privacy and Confidentiality Generally

- (i) Except to the extent directly required to perform your services under this Agreement, you shall hold in strictest confidence and not disclose to any Person or use, at any time, whether during or after the termination of this Agreement, any information that we disclose or make available to you that is confidential or proprietary (“Information”). Without limiting your obligations under the previous sentence, you shall apply at least the same standard of care to protect the confidentiality of the Information as you use to protect your own confidential information. Upon termination of this Agreement, you shall return or securely destroy all Information without retaining any copies and shall provide us with your written and signed certification to that effect. All Information is our sole and exclusive property.
- (ii) If you are requested to disclose Information pursuant to a subpoena or order from a governmental authority (including any department of insurance), you shall (A) notify us as promptly as possible, and in any event prior to responding thereto, of the terms of and circumstances relating to such request, (B) consult with us on the advisability of attempting to resist or narrow such request, and (C) if disclosure of Information is required, furnish only such Information as our counsel advises us you are legally obligated to disclose and cooperate with us to obtain assurance that the disclosed Information will be held in confidence. You also shall comply with our privacy and security rules that we have provided to you in writing.

B. Compliance with GLBA – You shall comply with the privacy requirements of the Gramm-Leach-Bliley Act and its rules and regulations as any of the same may be amended or superseded from time to time (“GLBA”). Compliance with GLBA includes the following:

- (i) You may use or disclose Nonpublic Personal Financial Information only to perform your services under this Agreement, as specifically provided in Section F(iii) below, or as required by law. “Nonpublic Personal Financial Information” means personally identifiable financial information and includes any list, description, or other grouping of consumers (and publicly available information pertaining to them) that is derived using any nonpublic personal information; provided, however, that the above definition shall be superseded and replaced to the extent that the definition of Nonpublic Personal Financial Information under Title V of Public Law 106-102, Section 509, subsection (4), as the same may be amended or superseded from time to time, differs from this definition.
- (ii) You shall maintain appropriate administrative, physical and technical safeguards to prevent prohibited uses or disclosures of Nonpublic Personal Financial Information.
- (iii) You shall require that your sub-agents, directors, officers, and employees who have access to Nonpublic Personal Financial Information agree in writing to the same restrictions and conditions that apply to you.

C. ACE Designation under HIPAA – You acknowledge that the health care components of the Companies (such health care components collectively, the “Covered Entity”), have elected to adopt Affiliated Covered Entity (“ACE”) status, as defined and permitted under the Health Insurance Portability and Accountability Act of 1996 and its rules and regulations as any of the same may be amended or superseded from time to time (“HIPAA”), such designation has been appropriately adopted and documented, and any Company is authorized to enter into a Business Associates Agreement on behalf of some or all other members of such ACE. To the extent the HIPAA covered health care component of any such member of the ACE merges with another affiliate or undergoes a corporate name change, this Agreement shall apply to any such merged and/or renamed component/company.

D. Compliance with HIPAA – You shall comply with the privacy and security requirements of HIPAA. Compliance with HIPAA includes the following:

- (i) You may use or disclose Protected Health Information only to perform your services under this Agreement, for the proper management and administration of your business (other than for cross-marketing and/or cross-selling of other policies or products, which are prohibited except to the extent specifically provided in Section F(iii) below), to carry out your legal responsibilities, or otherwise as required by law. "Protected Health Information" has the same meaning as the term "protected health information" in 45 C.F.R. §164.501 (as the same may be amended or superseded from time to time), limited to information that you create or that you receive from us or on our behalf, and includes information that relates to the past, present, or future physical or mental health or condition of a Policyholder, to the provision of health care to a Policyholder, or to the past, present, or future payment for the provision of health care to a Policyholder, and that identifies the Policyholder or for which there is a reasonable basis to believe that the information can be used to identify the Policyholder, in each case regardless of whether the Policyholder is living or deceased. By way of illustration only, the following information shall constitute Protected Health Information with respect to a Policyholder: (A) name, (B) street address, city, county, precinct, and zip code, (C) dates directly related to the Policyholder, including birth date, admission date, discharge date, and date of death, (D) telephone numbers, fax numbers, and electronic mail addresses, (E) social security number, (F) medical record numbers, (G) health plan beneficiary numbers, (H) account numbers, (I) certificate/license numbers, (J) vehicle identifiers and serial numbers, including license plate numbers, and (K) any other unique identifying numbers, characteristics, or codes.
- (ii) You may not use or disclose Protected Health Information in any manner that would constitute a violation of 45 C.F.R. Parts 160 and 164 if we used or disclosed the information in the same manner.
- (iii) You shall comply with our request to accommodate a Policyholder's access to his or her Protected Health Information as provided by 45 C.F.R. §164.524.
- (iv) You shall comply with our request to amend Protected Health Information in accordance with a Policyholder's request as provided by 45 C.F.R. § 164.526.
- (v) You shall keep a record of disclosures of or access to Protected Health Information that must be provided under HIPAA to an individual to whom the Protected Health Information relates. You shall comply with any request that we make to provide us with information pertaining to such disclosures or access in such format as we reasonably may request. Such provided information shall include the content as required under HIPAA.
- (vi) You shall make your internal practices, books, and records relating to uses and disclosures of Protected Health Information available to us (or to our designee) and to the Secretary of the U.S. Department of Health and Human Services (the "Secretary"), or to the Secretary's designee, for the purpose of confirming your compliance and/or our compliance with 45 C.F.R. Parts 160 and 164.
- (vii) Upon termination of this Agreement, if feasible, you shall return or destroy all Protected Health Information without retaining any copies and shall provide us with your written and signed certification to that effect. If such return or destruction is not feasible, you shall limit all further uses and disclosures to those purposes that make such return or destruction of the Protected Health Information not feasible.
- (viii) You shall maintain appropriate administrative, physical and technical safeguards to prevent prohibited uses or disclosures, and to protect the confidentiality, integrity and availability, of any Protected Health Information that you create, receive, maintain or transmit. Such safeguards shall include development, implementation, and maintenance of a comprehensive written information security program compliant with applicable laws and designed to (A) protect the integrity and confidentiality of Protected Health Information, (B) protect against anticipated threats or hazards to the security, confidentiality and/or integrity of Protected Health Information, (C) protect against any unauthorized disclosure or use of Protected Health Information, (D) address computer and network security, (E) address physical security, and (F) provide for the secure disposal and destruction of Protected Health Information.
- (ix) You shall ensure that any subcontractors (as defined in 45 C.F.R. § 160.101) that create, receive, maintain, or transmit Protected Health Information on your behalf agree to the same restrictions and conditions that apply to you with respect to such information. You agree to enter into appropriate written agreements outlining these obligations and to obtain

satisfactory assurances (as that term is contemplated in HIPAA) of such compliance by all subcontractors. To the extent you make disclosures under 45 C.F.R. § 164.504(e)(4), you will obtain reasonable assurances that PHI will be held in confidence and will not be used or disclosed outside of the intended purpose.

- (x) To the extent that we may require you to carry out ACE Entities' obligations in accordance with the Agreement, under 45 C.F.R. § 164 Subpart E, you will comply with the requirements of that Subpart which apply to ACE Entities in the performance of such obligations.
- (xi) You shall require that your directors, officers, and employees who have access to Protected Health Information agree to the same restrictions and conditions that apply to you with respect to such information.

E. Compliance with HITECH Act

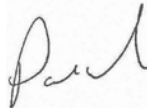
- (i) You agree and acknowledge that you are directly subject to HIPAA as amended by the HITECH Act, including, without limitation, Sections 164.308, 164.310, 164.312 and 164.316 thereof, including its provisions relating to security and privacy of Protected Health Information as well as its enforcement and penalty provisions. You agree that you will (A) comply with all applicable security and privacy provisions of HIPAA as amended by the HITECH Act and as it may be amended from time to time; (B) not act in any way to interfere with or hinder the ACE Entities' ability to comply with HIPAA as amended by the HITECH Act and as it may be amended from time to time; and (C) use your best efforts to notify the ACE Entities without unreasonable delay and in any event within three (3) business days of discovering a "breach," as the term "breach" is defined in 45 C.F.R. § 164.402, and as the terms "breach" and "discover" are further described in 45 C.F.R. § 164.410(a)(2).
- (ii) In the event either party learns of a pattern of activity or practice of the other party that constitutes a material breach or violation of its obligations relating to Protected Health Information under the Agreement, the non-breaching party will take reasonable steps to cure the breach or end the violation. If such steps are unsuccessful, the non-breaching party will terminate the Agreement, if feasible, or if termination is not feasible, report the problem to the Secretary. We reserve the right, in our sole discretion, to terminate this Agreement immediately upon notice in the event of any such material breach or security incident.
- (iii) You acknowledge and agree to adhere to any limitations on the disclosure and/or sale of Protected Health Information as required under 45 C.F.R. § 164.508(d) and/or under HIPAA.

F. Additional Provisions Relating to Confidentiality Generally, GLBA, and HIPAA

- (i) In response to an unsolicited direct Policyholder, Certificateholder, or Consumer inquiry, you may disclose Nonpublic Personal Financial Information and Protected Health Information directly to, and may discuss such information directly with, the Policyholder, Certificateholder, or Consumer to whom such information pertains, provided that such disclosure would not violate HIPAA if we made it.
- (ii) We acknowledge that you may have relationships with affinity groups and associations and that, as a result, you may receive information ("Group Member Information") relating to their members (each a "Group Member") that constitutes Nonpublic Personal Financial Information and/or Protected Health Information. You and we agree that a Group Member's Group Member Information shall constitute Nonpublic Personal Financial Information and/or Protected Health Information only from and after the time that a Group Member applies for a Policy.
- (iii) You may use Information, Nonpublic Personal Financial Information and/or Protected Health Information for cross-marketing and/or cross-selling of other policies or products to the extent, but only to the extent, that the Policyholder to whom such information pertains has authorized you specifically in a writing that complies with HIPAA to do so and such marketing and selling is conducted in adherence with the restrictions on marketing and sale of PHI as provided under HIPAA.
- (iv) Any ambiguity in this Agreement shall be resolved in favor of a meaning that permits compliance with GLBA and HIPAA.

- (v) You shall notify us in writing without unreasonable delay and in any event within three (3) business days after becoming aware of a violation of Sections B, E, or F of this Agreement, or of the occurrence of a "security incident," as defined in 45 C.F.R. §164.304. You agree to cooperate fully with us in any security-incident investigation or resolution and agree that no notifications or communications to any individual(s), media outlets, state or federal regulatory authorities, or other third parties regarding the incident shall be made without in each instance our specific prior written consent.
- (vi) You shall comply with all applicable state and local laws and regulations enacted to protect the privacy of individual personal information.
- (vii) We can further amend this Amendment to Agreement without your consent to reflect (i) future amendments of GLBA or HIPAA, or (ii) court orders interpreting the application of GLBA or HIPAA, or (iii) a material change in our business practices, but any such amendment shall be enforceable against you only after we have notified you.

**Transamerica Financial Life Insurance Company
 Transamerica Life Insurance Company
 Transamerica Premier Life Insurance Company**



**Patrick Melchert
 Vice President**

ACKNOWLEDGEMENT

I acknowledge that I have read, understood, and accept the provisions of this Amendment. Except as expressly supplemented by this Amendment, all other terms and conditions contained in the Agreement remain in full force and effect.

COMPLETE SECTION 1 OR 2 OF THE FOLLOWING:

1. INDIVIDUAL PRODUCER

2. NON-INDIVIDUAL PRODUCER
 (Corporation, Agency, etc.)

 Printed Name

 Signature

 Agent Number

 Date

 Name of Entity

 Printed Name of Authorized Officer

 Signature of Authorized Officer

 Title

 Entity Agent Number

 Date

To: Brokerage 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 _____ to this General Agent effective ____ / ____ / ____.
(GA name / Office ID) (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:

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)