



Transamerica Life Insurance Company
 P.O. Box 8063
 Little Rock, AR 72203-8063
 Phone: 800-400-3042
 Fax: 800-235-4790

Agent and Commission Form

PRODUCT INFORMATION		
<input type="checkbox"/> UL - TransLegacy - High Face Amount	<input type="checkbox"/> Accident - AccidentAdvance	<input type="checkbox"/> GAP - TransConnect
<input type="checkbox"/> UL - TransLegacy - High Accumulation Value	<input type="checkbox"/> Accident - AccidentSelect	<input type="checkbox"/> GAP - TransConnect II
<input type="checkbox"/> Whole Life - Trans\$ure	<input type="checkbox"/> Accident - TransAccident	<input type="checkbox"/> GAP - HealthPak TransConnect
<input type="checkbox"/> Term Life - Trans Select Term	<input type="checkbox"/> Cancer - CancerSelect® Plus	<input type="checkbox"/> GAP - HealthPak TransConnect II
<input type="checkbox"/> Term Life - TAC\$-Advantage	<input type="checkbox"/> Critical Illness - CriticalAssistance Advance	<input type="checkbox"/> HIP - HospitalSelect II HSA
<input type="checkbox"/> Term Life - Voluntary Group Term (no advance)	<input type="checkbox"/> Critical Illness - CriticalAssistance Plus	<input type="checkbox"/> HIP - HospitalSelect II Non-HSA
<input type="checkbox"/> Term Life and Accident Combo - myPack	<input type="checkbox"/> Critical Illness - CriticalAssistance Select	<input type="checkbox"/> HIP - HealthPak HospitalSelect II
<input type="checkbox"/> Includes Accelerated Death Benefit - Long Term Care	<input type="checkbox"/> Critical Illness - HealthPak CI Select	<input type="checkbox"/> HIP - TransChoice Advance
<input type="checkbox"/> Self-Administered Basic Term Life	<input type="checkbox"/> Dental - TransSmile	<input type="checkbox"/> HIP - TransChoice Plus
<input type="checkbox"/> Self-Administered Critical Illness	<input type="checkbox"/> Disability - TransDI Plus	<input type="checkbox"/> HIP - TransChoice
<input type="checkbox"/> Self-Administered Short-Term Disability	<input type="checkbox"/> Disability - TransDI Plus Preferred	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Disability - TransDI Elite	

COMMISSION TYPE
<input type="checkbox"/> Standard Commissions <input type="checkbox"/> Level Commissions (Requires Home Office Approval) <input type="checkbox"/> Small Group

GROUP INFORMATION	
Enclosed are _____ applications that are part of a:	Oldest Application Date: _____
<input type="checkbox"/> New Group <input type="checkbox"/> Existing Group Re-enrollment <input type="checkbox"/> Existing Group New Location/Division <input type="checkbox"/> Existing Group New Product/Rider	
Group Name: _____	Group Number: _____
Location: _____	Requested Effective Date: _____

ENROLLMENT INFORMATION
Domicile State: _____ States where enrollment will take place: _____
Method of Solicitation: <input type="checkbox"/> Face to Face <input type="checkbox"/> Call Center <input type="checkbox"/> Web <input type="checkbox"/> Other _____
Method of Enrollment: (If electronic enrollment, refer to our Electronic Enrollment Guide for rules regarding electronic enrollments) <input type="checkbox"/> Paper <input type="checkbox"/> Electronic - vendor name _____
Will Signatures Be Captured Electronically? <input type="checkbox"/> No <input type="checkbox"/> Yes - Method of Signature: <input type="checkbox"/> PIN <input type="checkbox"/> Digitized Signature <input type="checkbox"/> Recorded Line
For Life Insurance enrollments only: Needs Analysis Pamphlets & Buyer's Guides will be distributed by: <input type="checkbox"/> Employer <input type="checkbox"/> Enroller

DELIVERY INFORMATION
Check only one box for each item.
Master Contracts: <input type="checkbox"/> Agency <input type="checkbox"/> Employer <input type="checkbox"/> TPA Administrative Kits: <input type="checkbox"/> Agency <input type="checkbox"/> Employer <input type="checkbox"/> TPA
Billing Statements: <input type="checkbox"/> Agency <input type="checkbox"/> Employer <input type="checkbox"/> TPA/PCA Policies/Certificates: Policy/Certificateholder, unless state requirements apply.
Special Instructions: _____

AGENT INFORMATION		
Account Service Schedule: <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually <input type="checkbox"/> Other (explain) _____		
Servicing Agency Name: _____	Servicing Agency Number: _____	Servicing Agency Contact: _____
Broker of Record: _____ (If other than the servicing agency)	Servicing Agent Number: _____	Servicing Agency Contact Phone Number: _____
Enrollment Company: _____	Enrollment Company Contact: _____	Enrollment Company Contact Phone Number: _____

	Last Name	First Name	Agent #	Premium Share % (must = 100%)
Commission Split	Agent 1			%
	Agent 2			%
	Agent 3			%
	Agent 4			%
	Agent 5			%

Broker of Record Name _____ Broker of Record Signature _____ Date _____

