



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

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

COMMISSION TYPE

- ☐ Standard Commissions ☐ Level Commissions (Requires Home Office Approval) ☐ Small Group

GROUP INFORMATION

Enclosed are _____ applications that are part of a:

Oldest Application Date: _____

- ☐ New Group ☐ Existing Group Re-enrollment ☐ Existing Group New Location/Division ☐ 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: ☐ Face to Face ☐ Call Center ☐ Web ☐ Other _____

Method of Enrollment: (If electronic enrollment, refer to our Electronic Enrollment Guide for rules regarding electronic enrollments)

- ☐ Paper ☐ Electronic - vendor name _____

Will Signatures Be Captured Electronically? ☐ No ☐ Yes - Method of Signature: ☐ PIN ☐ Digitized Signature ☐ Recorded Line

For Life Insurance enrollments only: Needs Analysis Pamphlets & Buyer's Guides will be distributed by: ☐ Employer ☐ Enroller

DELIVERY INFORMATION

Check only one box for each item.

Master Contracts: ☐ Agency ☐ Employer ☐ TPA

Administrative Kits: ☐ Agency ☐ Employer ☐ TPA

Billing Statements: ☐ Agency ☐ Employer ☐ TPA/PCA

Policies/Certificates: Policy/Certificateholder, unless state requirements apply.

Special Instructions: _____

AGENT INFORMATION

Account Service Schedule: ☐ Monthly ☐ Semi-Annually ☐ Annually ☐ 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 _____

LIST ALL PRODUCERS/SOLICITORS PARTICIPATING IN THIS ENROLLMENT AND WHICH STATES APPLY.
INDICATE TYPE OF ENROLLMENT IN THE STATE COLUMN USING FOLLOWING SYMBOLS:
F = Face to Face C = Call Center W = Web O = Other

[illegible]