



Transamerica Occidental Life Insurance Company
 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 To be completed by applicant. Please read carefully and answer all questions.

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

I am requesting an agreement with:

Transamerica Occidental Life Insurance Company (TOLIC)
 Transamerica Life Insurance Company (TLIC)

I am requesting an appointment with TOLIC and TLIC, hereinafter referred to by company name and/or collectively known as "The Company".

(Please see Part VI for additional provisions regarding applicant's agreement to be bound by the Agent and/ or 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 seven 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 _____

_____ City _____ State _____ Zip Code _____

_____ 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 seven 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 jurisdiction? 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 or Partnership, the questions apply to the firm and to each of its principals and officers. 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

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

Federal law requires you be advised that in connection with your application to represent Transamerica Occidental Life Insurance Company and 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.

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

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 TOLIC and 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.

I have been provided with pages six (6) through nine (9) of this application, for my records.

Applicant Signature

_____, ____
Date

GA Signature

_____, ____
Date



Transamerica Occidental Life Insurance Company
 Transamerica Life Insurance Company
 Home Office: 4333 Edgewood Road NE
 Cedar Rapids, IA 52499

Auto-Pay Authorization

AUTO-PAY AUTHORIZATION TO BE COMPLETED BY THE PRODUCER

GA Name: _____ Office ID: _____

This section authorizes Transamerica Occidental Life Insurance Company, Transamerica Life Insurance Company to deposit your bi-weekly commissions into your checking, money market or savings account. For a checking or money market account, please include a voided check or deposit slip. For a savings account, please include a deposit slip.

I hereby authorize Transamerica Occidental Life Insurance Company, Transamerica Life Insurance Company (hereafter called the Company) to initiate deposits (credits) and/or immediate/same day corrections to deposits, if processed in error, to the financial institution indicated below. The financial institution is authorized to credit and/or correct the amounts to my account. This authority is to remain in full force and effect until the Company has received written notification from me of its termination in such time and such manner as to afford the Company and Financial Institution a reasonable opportunity to act on it.

Note: The Company will not utilize this authorization to collect outstanding balances owed to the Company. Alternative repayment methods must be established between you and the Company in accordance with the terms of our contractual agreement.

Your Name: _____ Your Agent ID: _____

Social Security Number: _____ - _____ - _____

Preferred Address: _____
Street City State Zip Code

Preferred Phone # _____ E-mail Address: _____

Financial Institution Name: _____

Financial Institution Address: _____
Street City State Zip Code

Checking or Savings Account Number: _____ EFT Transit/ABA Number: _____

Account Types: Checking/Money Market Savings

Your Signature Date

* If the name on the bank account is different from the contracted person or entity, a signature from the accountholder or signing officer of the account (if a corporation/firm) is required.

Accountholder's Signature (If signing officer of corporation/firm) Date



* D C 5 4 *

The Applicant, hereinafter called the Assignor, for value received, assigns to Transamerica Occidental Life Insurance Company and Transamerica Life Insurance Company, and to any other company which is a subsidiary or affiliate of Transamerica Occidental Life Insurance Company and Transamerica Life Insurance Company. Transamerica Corporation or Transamerica Insurance Corporation of California, 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
- ◆ Copy of current resident license
- ◆ Copy of non-resident license(s)
- ◆ Supporting documentation, i.e., court records
- ◆ Voided check or savings deposit slip for Auto-Pay

Para informacion en espanol, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal of Your Rights Under the 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.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

- **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, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit 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.ftc.gov/credir 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

- **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 your 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.ftc.gov/credit.
- **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 choose 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-OPTOUT (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.
- Identify theft victims and active duty military personnel have additional rights. For more information, visit www.ftc.gov/credit.

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. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below.	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word “National” or initials “N.A.” appear in or after bank’s name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word “Federal” or initials “F.S.B.” appear in federal institution’s name.)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words “Federal Credit Union” appear in institution’s name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation, Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051



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 Home Office: 4333 Edgewood Road NE
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Auto-Pay Authorization

AUTO-PAY AUTHORIZATION TO BE COMPLETED BY THE PRODUCER

GA Name: _____ Office ID: _____

This section authorizes Transamerica Occidental Life Insurance Company, Transamerica Life Insurance Company to deposit your bi-weekly commissions into your checking, money market or savings account. For a checking or money market account, please include a voided check or deposit slip. For a savings account, please include a deposit slip.

I hereby authorize Transamerica Occidental Life Insurance Company, Transamerica Life Insurance Company (hereafter called the Company) to initiate deposits (credits) and/or immediate/same day corrections to deposits, if processed in error, to the financial institution indicated below. The financial institution is authorized to credit and/or correct the amounts to my account. This authority is to remain in full force and effect until the Company has received written notification from me of its termination in such time and such manner as to afford the Company and Financial Institution a reasonable opportunity to act on it.

Note: The Company will not utilize this authorization to collect outstanding balances owed to the Company. Alternative repayment methods must be established between you and the Company in accordance with the terms of our contractual agreement.

Your Name: _____ Your Producer ID: _____

Social Security Number: _____ - _____ - _____

Preferred Address: _____
Street City State Zip Code

Preferred Phone # _____ E-mail Address: _____

Financial Institution Name: _____

Financial Institution Address: _____
Street City State Zip Code

Checking or Savings Account Number: _____ EFT Transit/ABA Number: _____

Account Types: Checking/Money Market Savings

 Your Signature Date

* If the name on the bank account is different from the contracted person or entity, a signature from the accountholder or signing officer of the account (if a corporation/firm) is required.

 Accountholder's Signature (If signing officer of corporation/firm) Date

