

ANTI-MONEY LAUNDERING TRAINING FOR AGENTS

TRANSAMERICA LIFE & PROTECTION

Division of the following Statutory Companies:

TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY
TRANSAMERICA LIFE INSURANCE COMPANY
WESTERN RESERVE LIFE ASSURANCE CO. OF OHIO
STONEBRIDGE LIFE INSURANCE COMPANY
MONUMENTAL LIFE INSURANCE COMPANY











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

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 the Company’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 the Company’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 Anti-Money Laundering Compliance Officer. For independent agents contact Steve Buhr either by phone: 319-355-8755 or by email: steve.buhr@transamerica.com. For Monumental MSA agents, please contact Stacey Boyer through Monumental Life Insurance Company’s AML Hotline phone number: (877) 273-4781.

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 the Company'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. The Company has established policies and procedures designed to reasonably prevent the laundering or facilitating of laundering of money from criminal activity. The Company monitors transactions for suspicious activity, which may indicate the existence of a crime. The Company 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.

The Company 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.

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 the Company.

(Agent Name – please print)

(Signature of Agent)

(Date)

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

TRANSAMERICA LIFE & PROTECTION

Division of the following Statutory Companies:

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TRANSAMERICA LIFE INSURANCE COMPANY
WESTERN RESERVE LIFE ASSURANCE CO. OF OHIO
STONEBRIDGE LIFE INSURANCE COMPANY
MONUMENTAL LIFE INSURANCE COMPANY

Requesting GA Name: _____ Office ID: _____ Date: _____ / _____ / _____

Applicant Name: _____

The attached application is for a/an:

- Independent Producer Contract (Broker):** Submit to Contract & Licensing dept., 4333 Edgewood Road NE, Cedar Rapids, IA 52499, fax (888) 837-2820
- Solicitor Status:** Submit to Contract & Licensing dept., 4333 Edgewood Road NE, Cedar Rapids, IA 52499, fax (888) 837-2820
- Sales Director Contract:** Submit Sales Director applications to your Regional Marketing Center

For the following company: **Transamerica Life Insurance Company (TLIC)**

All of the following requirements **must** be completed and submitted together.

Contract Requirements

- Contract Application (form TOA 556 - Autopay form included)
- Producer Commission Rates (form TOA 557 - Fixed Life; TOA 564 - Fixed Annuities)
- Auto-Pay Authorization (form TOA 558) - optional
- A copy of current E & O coverage (AGENT applicant only)
Inspection Report (include a copy of the order form); refer to the current Agency Managers' Bulletin regarding ordering Inspection Reports.
 - An Inspection Report is required for all agents and sales directors.
- Copy(ies) of license(s), i.e., individual, corporate, resident and non-resident (and/or a Letter of Certification, for states requiring such); **for non-residential licensing, please include the non-resident appointment fee.** Call the Contracting and Licensing department for license fee information at (800) 256-7971.

Solicitor Requirements

- Request for Solicitor Status (form TOA 560)
 - Required for the signing partner/officer of a partnership or corporation and for each solicitor under an Independent Producer Contract (IPC), corporation or partnership
- Inspection Report (include a copy of the order form)
- Copy(ies) of license(s), i.e., individual, corporate, resident, and non-resident (and/or a Letter of Certification, for states requiring such). **For non-resident licensing, please include the non-resident appointment fee.** Call the Contracting & Licensing department for license fee information at (800) 256-7971.

Agency Manager's Recommendation/Comments

- What contract effective date are you requesting? _____
Please explain in REMARKS section if requesting that contracts be backdated. *Contracts cannot be backdated more than 90 days.* Normally, contracts should be currently dated and submitted to the Contract & Licensing department in Cedar Rapids. If the contracts are being dated to include a new business application, please write the policy number, insured's name, and the application date in the REMARKS section below.
- Has the applicant been advised of replacement rules, if applicable, of each state where licensed and appointed to represent any of the Transamerica companies? Yes No (if NO, then Contract will not proceed until such confirmation is received by the Company.)
- If these contracts are replacing active contracts, please provide the name of the contracted party, type of contract, current agency, and Agent ID in the REMARKS section.

REMARKS: _____

GA Signature: _____





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

(Please see Part VI 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 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

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 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
- ◆ Copy of current resident license
- ◆ Copy of non-resident license(s)
- ◆ Supporting documentation, i.e., court records
- ◆ Checking or money market account voided check or savings account deposit slip for Auto-Pay

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.

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 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

GA Signature

_____/_____/_____
Date

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.

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.

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 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



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

Request For Solicitor Status

Requesting GA Name: _____ Office ID: _____ Date: _____ / _____ / _____

Name of Firm: _____ Producer ID: (if known) _____

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

This Request For Solicitor Status is for Transamerica Life Insurance Company (TLIC)

PART I PERSONAL INFORMATION (To be completed by solicitor. Please read carefully and answer all questions.)

Solicitor Name:		Social Security No.:	Date of Birth:	
Business Phone Number: ()		Pager Number: ()	Email Address:	
Cell Phone Number: ()		Fax Number ()	Home Number: ()	
Driver's License Number		Issuing State:		
Name and address of the individual, corporation, partnership, or LLC you will represent when soliciting business: (Please provide firm's Tax ID or its Transamerica Producer ID Code.)				
Mailing Address:		Street	City	State Zip Code
If the producer is a corporation, partnership, or LLC: Are you an officer, principal, partner, or member of the firm? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," will you personally solicit business? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Solicitor Business/Alternate Address:		Street	City	State Zip Code
Solicitor Mailing/Primary Address:		Street	City	State Zip Code
Solicitor Residence Address:		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
_____		_____	_____	_____
_____		_____	_____	_____



* D C 1 2 *

PART II

EMPLOYMENT HISTORY

1) How long have you been an insurance agent or broker? _____

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 of the Transamerica companies? 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 state requires such).

5) Do you plan to solicit Transamerica business in other states? Yes No If YES, are you currently licensed in those states? Yes No If YES, please provide details including copy(ies) of license(s) for those states. If not, please be aware that no solicitation of business may occur until you are properly licensed and appointed as required in those states. (Please provide copy(ies) of non-resident license(s).)

PART III

BACKGROUND INFORMATION / CONFIDENTIAL DATA

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 officers, principals, partners, or members. 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 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.

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 for a solicitor status and have answered all questions to the best of my knowledge.

I understand that TLIC shall be not in any way responsible for payment of commission or other compensation to me.

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

PRIVACY

You agree to comply with all applicable laws and governmental regulations requiring that you protect the privacy of nonpublic information (including, but not limited to "nonpublic personal information" as defined in the Gramm-Leach-Bliley Act, 18 USC Sections 6801-6909) that you have about an applicant, owner, insured, annuitant, beneficiary or other person who seeks to obtain, obtains or has obtained a product or service from the Company. If you receive any such nonpublic information from the Company, you shall maintain the confidentiality of such information and you are prohibited from using such information other than to carry out the purpose for which such information was disclosed to you. You agree to take reasonable measures to secure and safeguard such nonpublic information in your possession (including appropriate destruction and disposal methods).

ANTI-MONEY LAUNDERING

The Company has implemented an anti-money laundering program which includes providing anti-money laundering training to the Company's employees, insurance agents, and insurance brokers. You agree to observe and comply with the Company's requirements regarding the anti-money laundering training of your solicitors and producers including training regarding requirements for reporting suspicious activities that may involve money-laundering. Failure to comply with the Company's AML training and suspicious activity reporting requirements may result in termination of your appointment.

SUITABILITY

You agree to comply with all applicable laws, governmental regulations, and Company policies pertaining to requirements that products be suitable for the purchaser.

DISCLOSURE OF COMPENSATION

You agree to comply with laws and governmental regulations pertaining to requirements that persons soliciting applications for the sale of life insurance policies or annuity contracts disclose compensation arrangements if applicable to your activities under this agreement.

You agree to provide to customers any disclosures regarding compensation arrangements that you may be required to provide under state or federal law or any applicable governmental regulation. To the extent required by law or governmental regulation, you agree to provide such disclosures in writing to each potential policyholder or contract holder, employer, union, or professional association and their employees and/or members in advance of the purchase of a policy or contract. The disclosure of compensation arrangements shall include such details regarding the nature and amount of compensation and regarding your relationship with us as may be required by law or governmental regulations. You agree to maintain copies of all disclosures for the duration of this agreement and to produce such records upon the request of any regulator.

Applicant Signature

_____/_____/_____
Date

GA Signature
TOA5600309T

_____/_____/_____
Date

NOTICE

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.

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.

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 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;
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- **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.
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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:

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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



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 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. For a savings account, please include a deposit slip.

I hereby authorize 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