

HOW TO DO BUSINESS WITH TRANSAMERICA FAMILY MARKETS

Contracting:

- Please submit all contracts to:

t1p-crcontractAdmin@transamerica.com

- For all questions regarding contracting, please contact TRANSAMERICA directly at:

877-454-4768 Option 3.

Submission:

- All new business applications should be faxed directly (**with attached Transmittal**) to TRANSAMERICA at:

800-535-1325

- Requirements should be sent direct to Transamerica Family Markets at:

800-535-1325

Checking Case Status:

- Agents should register on line at www.agentnetinfo.com to track all case updates and status.
- Contact Transamerica Family Markest at:

877-454-4768 Option 2.

How to submit monies to TRANS:

- Monies should be mailed directly to:

TRANSAMERICA
6400 C Street SW
Cedar Rapids, IA 52499
Attention: Policy Issue/Underwriting

Commissions:

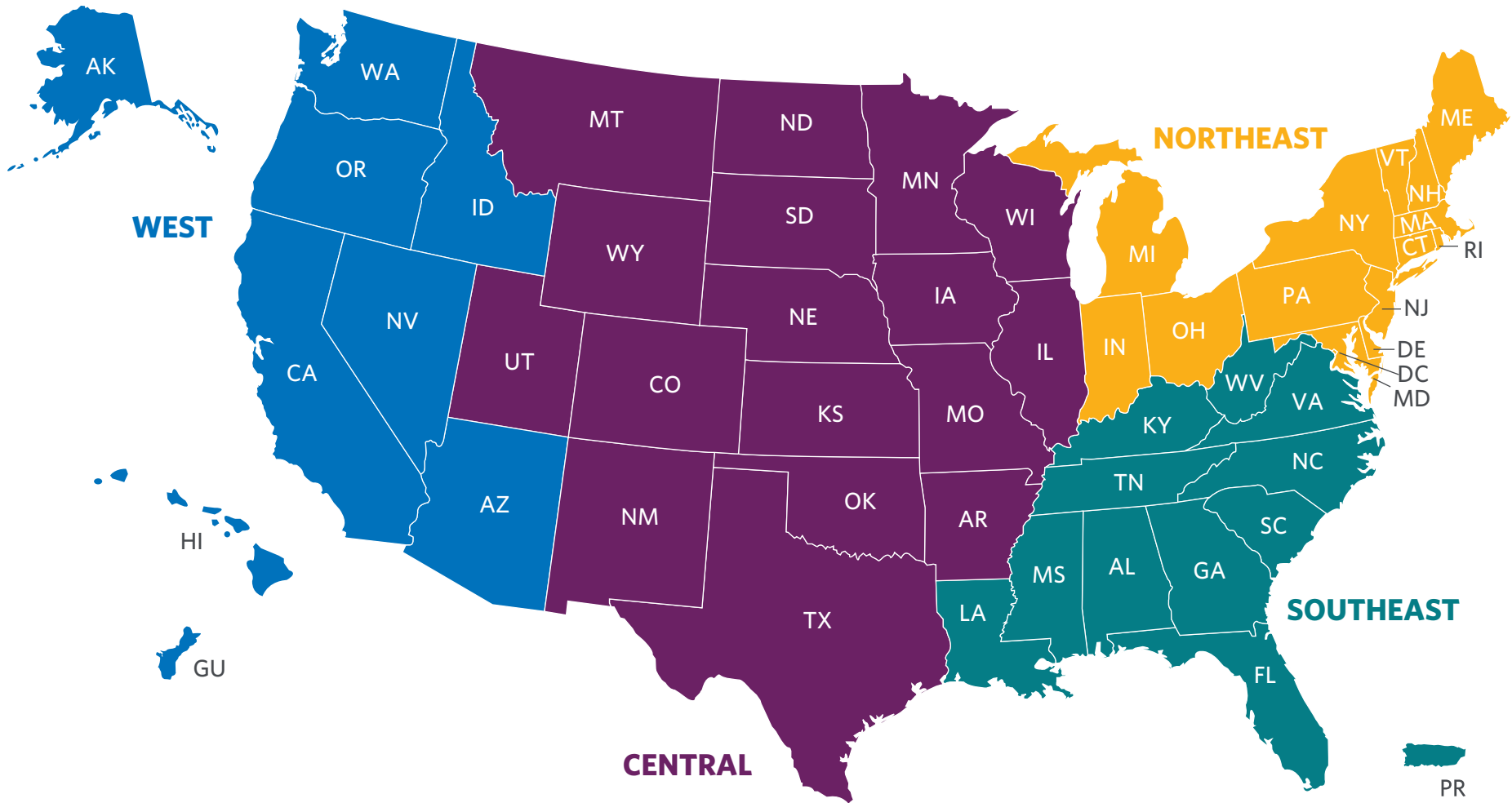
- For all questions regarding commissions, please contact TRANSAMERICA directly at:

877-454-4768 Option 3

Illustrations and Marketing Support:

- Please call 877-454-4768 option 5 for software and product support.

BROKERAGE TERRITORY MAP



MEET YOUR TEAM

Which team to call? Our territory support is based on the location of your home office or general agency. **We're here to help.**

General questions? Call Sales Support at **866-545-9058**.

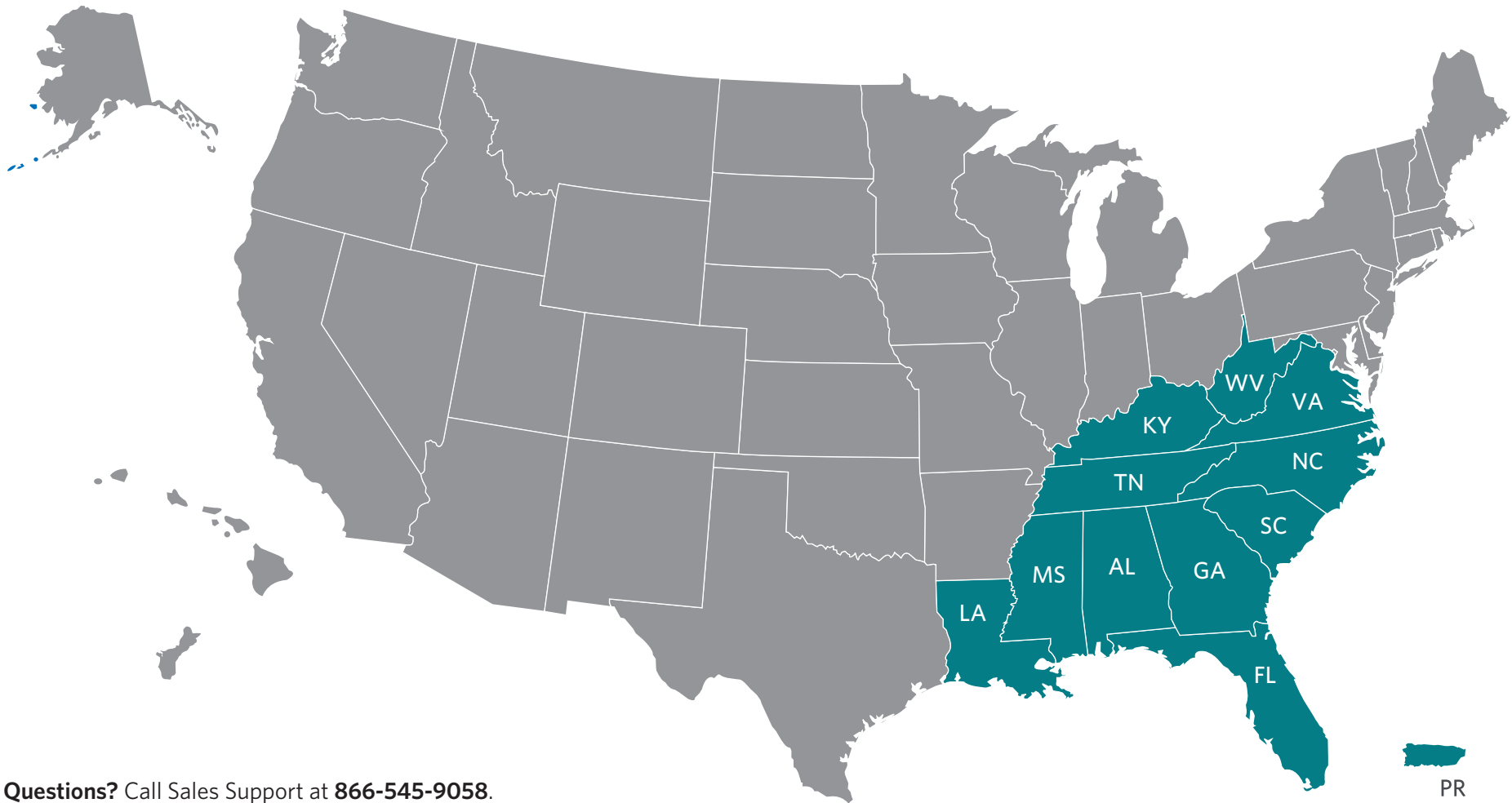
| | REGIONAL VICE PRESIDENT | INTERNAL WHOLESALER | |
|---|--|--|--|
| 1 | NORTHEAST KEVIN SHANNON 413-265-1225 kevin.shannon@transamerica.com | CONNOR DUGAN 720-482-4660 connor.dugan@transamerica.com | MAXX BUGG 720-529-3009 maxx.bugg@transamerica.com |
| 2 | SOUTHEAST ERIC REBENKOFF 954-592-9200 eric.rebenkoff@transamerica.com | AARON BARNES 720-482-1508 aaron.barnes@transamerica.com | CHRIS CANARINI 720-493-2479 christopher.canarini@transamerica.com |
| 3 | CENTRAL JUSTIN OGOREK 720-315-0199 jogorek@transamerica.com | DILLON HILL 720-493-2447 dillon.hill@transamerica.com | JESSE FELDHAUS 720-488-7858 jesse.feldhaus@transamerica.com |
| 4 | WEST JOE HEINRICH 858-361-7224 joseph.heinrich@transamerica.com | SCOTT GRODE 720-482-8847 scott.grode@transamerica.com | ZACH MOISEY 720-383-5209 zach.moisey@transamerica.com |

MICHAEL OLAFSON
 720-488-7833
 michael.olafson@transamerica.com

ANDREW KELLEHER
 720-488-7879
 andrew.kelleher@transamerica.com

DEREK SUBOTICKI
 720-482-6556
 derek.suboticki@transamerica.com

SOUTHEAST TERRITORY



Questions? Call Sales Support at 866-545-9058.

ERIC REBENKOFF
Regional Vice President
954-592-9200
eric.rebenkoff@transamerica.com

AARON BARNES
Internal Wholesaler
720-482-1508
aaron.barnes@transamerica.com

CHRIS CANARINI
Internal Wholesaler
720-493-2479
christopher.canarini@transamerica.com

MICHAEL OLAFSON
Internal Wholesaler
720-488-7833
michael.olafson@transamerica.com

Who To Call

1-877-454-4768

If you know your party's extension, Press 1 and dial extension.

New Business/Underwriting Status Inquiries – Press 2

(Find the corresponding # below for your specific policy to be transferred to a representative)

Press 1 for new Trendsetter policies

Press 2 for new Index UL, Accum UL or Acci-Protector policies

Press 3 for new Final Expense policies

Fax Number 1-800-535-1325
New Business E-mail life.marketsnewbusiness@transamerica.com

Final Expense Products
Fax Number 1-866-834-0437
E-Mail FinalExpenseNewBus@Transamerica.com

Licensing/Commissions – Press 3

Licensing Fax Number 1-844-749-1077
Licensing E-Mail tlo-crcontractadmin@transamerica.com
Commissions Fax Number 1-844-749-1077
Commissions E-Mail commail@aegonusa.com

Marketing/Product Support – Press 5

Marketing Product Support E-Mail lifesales@transamerica.com

Customer Service (Agent Help Line) – Press 6

Fax Number 1-800-235-4782
Customer Service E-Mail afpcrcustomerservice@aegonusa.com

Customers Call 1-800-625-4213

Large Case Unit – Press 7

Agent Technical Support – Call direct at 1-866-303-7833

Agent Support Center Fax 1-319-355-4549
Agent Support Center E-Mail asupport@aegonusa.com

Transamerica Life Insurance Company New Business Cover Sheet

Fax to: 800.535.1325

Date: _____ Number of pages including this cover sheet: _____

Agent #: _____ Agent name: _____

Agent phone #: _____ Agent fax #: _____

Preferred e-mail address for pending policy updates: _____

Proposed insured's name: _____

Best time of day/evening to call them: _____ Special language needs? _____

If this is a companion policy, write companion name: _____

Forms Checklist

Please Write the Name of the Product Being Applied for Here _____

For All Products

Primary Insured Additional Insured

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Application |
| <input type="checkbox"/> | <input type="checkbox"/> | HIPAA Authorization Form (Required for Long Term Care Rider on TransACE) |
| <input type="checkbox"/> | <input type="checkbox"/> | Terminal Illness Form, if applicable |
| <input type="checkbox"/> | <input type="checkbox"/> | Initial Premium or Pre-authorization Form |
| <input type="checkbox"/> | <input type="checkbox"/> | HIV Consent Form, if applicable |
| <input type="checkbox"/> | <input type="checkbox"/> | Replacement Form, if applicable Form must be dated same as, or earlier than the application |
| <input type="checkbox"/> | <input type="checkbox"/> | Illustration, if applicable All pages are required in NAIC states for Universal Life |
| <input type="checkbox"/> | <input type="checkbox"/> | TransACE® Only - LTC Rider Supplemental App |
| <input type="checkbox"/> | <input type="checkbox"/> | IUL Only - Index UL Policy Certification, Statement of Understanding <u>AND</u> IUL Supplemental App |
| <input type="checkbox"/> | <input type="checkbox"/> | Transfer or 1035 Exchange Form, if applicable Mail original 1035 form, within 5 working days of the fax |
| <input type="checkbox"/> | <input type="checkbox"/> | Health Questionnaire (list type), if applicable |
| <input type="checkbox"/> | <input type="checkbox"/> | Medical Requirements, if applicable Order all necessary Medical Requirements, indicate orders on Agent's Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Is this an Internal Replacement/or Conversion? If yes, Policy number _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Other (please explain) _____ |

Office ID# 13980

For illustration software go to
www.agentnetinfo.com,
Software Downloads, TransWare®

When completing the APA40 app be sure
to indicate:

- Underwriting Class** being applied for exactly as it appears on the illustration.
- Kind Code** - also found on the quote page of the illustration.
- RAP** (Required Annual Premium) - found in the upper left corner of the Producer Quote page of the illustration.

Company Scheduled to do Paramed

- APPS ExamOne Other
- EMSI Portamedic

Lab Slip/Bar Code #: _____ Date Taken: _____

Special Instructions: _____

Tips! To speed processing...

- *Submit initial application and forms ONLY ONCE, either via fax, www.agentnetinfo.com, or mail.*
- *If you choose to fax your application, please retain your original copy of this fax. We reserve the right to request a re-fax of the original if we are unable to read the fax. Do NOT mail the original application and forms you have previously faxed, unless requested to do so.*
- *Print legibly, in English, and use black ink.*
- *Do NOT use white-out.*
- *Make sure all necessary supplemental forms are included.*

Life insurance products issued by Transamerica Life Insurance Company, Cedar Rapids, IA. 52499