



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

# Agent and Commission Form

PRODUCT INFORMATION		
<input type="checkbox"/> UL - TransLegacy <sup>SM</sup> - High Face Amount	<input type="checkbox"/> Accident - AccidentAdvance <sup>SM</sup>	<input type="checkbox"/> Dental - TransSmile <sup>®</sup>
<input type="checkbox"/> UL - TransLegacy <sup>SM</sup> - High Accumulation Value	<input type="checkbox"/> Accident - AccidentSelect <sup>®</sup>	<input type="checkbox"/> Disability - TransDI <sup>SM</sup> Plus
<input type="checkbox"/> Whole Life - TransSure <sup>SM</sup> ISWL	<input type="checkbox"/> Accident - TransAccident <sup>®</sup>	<input type="checkbox"/> Disability - TransDI <sup>SM</sup> Plus Preferred
<input type="checkbox"/> Term Life - TAC\$-Advantage <sup>®</sup>	<input type="checkbox"/> Cancer - CancerSelect <sup>®</sup> Plus	<input type="checkbox"/> Disability - CasinoDI
<input type="checkbox"/> Term Life - Voluntary Group Term (no advance)	<input type="checkbox"/> Cancer - LIVESTRONG - Cancer	<input type="checkbox"/> GAP - TransConnect <sup>®</sup>
<input type="checkbox"/> Term Life and Accident Combo - myPack <sup>SM</sup>	<input type="checkbox"/> Critical Illness - CriticalAssistance Select <sup>®</sup>	<input type="checkbox"/> GAP - HealthPak <sup>SM</sup>
<input type="checkbox"/> Self-Administered Basic Term Life	<input type="checkbox"/> Critical Illness - HealthPak <sup>SM</sup> CI Select	<input type="checkbox"/> Limited Benefit - TransChoice <sup>®</sup>
<input type="checkbox"/> Self-Administered Basic Short-Term Disability	<input type="checkbox"/> Critical Illness - CriticalAssistance Plus <sup>SM</sup>	<input type="checkbox"/> Limited Benefit - TransChoice <sup>®</sup> Plus
	<input type="checkbox"/> Critical Illness - LIVESTRONG - Critical Illness	<input type="checkbox"/> Other:

**COMMISSION TYPE**     Heaped Commissions     Level Commissions (*Requires Home Office Approval*)     Small Group

**GROUP INFORMATION**    Enclosed are \_\_\_\_\_ applications that are part of a: \_\_\_\_\_    Oldest Application Date: \_\_\_\_\_

New Group     Existing Group Re-enrollment     Existing Group New Location/Division     Existing Group New Product/Rider

Group Name:	Group Number:	Location:	Requested Effective Date:
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**ENROLLMENT INFORMATION**    Domicile State: \_\_\_\_\_    States where enrollment will take place: \_\_\_\_\_

Method of Solicitation:  Face to Face     Call Center     Web     Other \_\_\_\_\_

Method of Enrollment: (*If electronic enrollment, refer to our Electronic Enrollment Guide for rules regarding electronic enrollments*)  
 Paper     Electronic - vendor name \_\_\_\_\_

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

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

**DELIVERY INFORMATION**    *Check only one box for each item.*

Master Contracts:  Agency     Employer     TPA    Administrative Kits:  Agency     Employer     TPA

Billing Statements:  Agency     Employer     TPA/PCA    Policies/Certificates: Policy/Certificateholder, unless state requirements apply.

Special Instructions:

**AGENT INFORMATION**    Account Service Schedule:  Monthly     Semi-Annually     Annually     Other (*explain*) \_\_\_\_\_

Servicing Agency Name:	Servicing Agency Number:	Servicing Agency Contact:
Broker of Record: ( <i>If other than the servicing agency</i> )	Servicing Agent Number:	Servicing Agency Contact Phone Number:
Enrollment Company:	Enrollment Company Contact:	Enrollment Company Contact Phone Number:

	Last Name	First Name	Agent #	Premium Share % (must = 100%)	Commission Rate
Commission Split # 1	Agent 1			%	%
	Agent 2			%	%
	Agent 3			%	%
	Agent 4			%	%
Commission Split #1 applies to all products except: _____, which will use Commission Split #2.					
Commission Split # 2	Agent 1			%	%
	Agent 2			%	%
	Agent 3			%	%
	Agent 4			%	%

Broker of Record Name \_\_\_\_\_ Broker of Record Signature \_\_\_\_\_ Date \_\_\_\_\_

**PRODUCER LICENSING VERIFICATION**

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

Producer Name	TWM Agent #	State	State	State	State