



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 SM - High Face Amount	<input type="checkbox"/> Accident - AccidentAdvance SM	<input type="checkbox"/> Dental - TransSmile [®]
<input type="checkbox"/> UL - TransLegacy SM - High Accumulation Value	<input type="checkbox"/> Accident - AccidentSelect [®]	<input type="checkbox"/> Disability - TransDI SM Plus
<input type="checkbox"/> Whole Life - TransSure SM ISWL	<input type="checkbox"/> Accident - TransAccident [®]	<input type="checkbox"/> Disability - TransDI SM Plus Preferred
<input type="checkbox"/> Term Life - TAC\$-Advantage [®]	<input type="checkbox"/> Cancer - CancerSelect [®] 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 [®]
<input type="checkbox"/> Term Life and Accident Combo - myPack SM	<input type="checkbox"/> Critical Illness - CriticalAssistance Select [®]	<input type="checkbox"/> GAP - HealthPak SM
<input type="checkbox"/> Self-Administered Basic Term Life	<input type="checkbox"/> Critical Illness - HealthPak SM CI Select	<input type="checkbox"/> Limited Benefit - TransChoice [®]
<input type="checkbox"/> Self-Administered Basic Short-Term Disability	<input type="checkbox"/> Critical Illness - CriticalAssistance Plus SM	<input type="checkbox"/> Limited Benefit - TransChoice [®] 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 _____

