



321 Middle Country Road  
PO Box 863  
Smithtown, NY 11787  
Phone: 631-265-7456 Fax: 631-265-7054  
[www.victorson.com](http://www.victorson.com)

Dear Producer,

Welcome to Victorson Associates, Inc.! Attached you will find contracting paperwork for **Transamerica Financial Life Insurance Company** as you requested.

**\*\*Your appointment must be processed prior to taking new business application.\*\***

Please be thorough in completing the forms. Once you have them completed, please take a moment and make sure you have attached the following:

1. Completed and signed contracting paperwork.
2. Voided check for direct deposit authorization (if requested).
3. Proof of AML certification (active within 24/48 months). If AML taken through LIMRA please note latest date completed, if taken another way please complete the AML training Info form.
4. A copy of your state life license where appointment is requested. If Corp appointment is requested please include both individual and corporate license.
5. A copy of your current E & O coverage.

At Victorson Associates, Inc. we appreciate your business. Once we receive notice that your appointment with the carrier is complete we will e-mail you confirmation.

If you have any questions at all, please feel free to contact me.

Sincerely,

*Linda DePinto*

Linda DePinto  
Licensing Coordinator  
[lindad@victorson.com](mailto:lindad@victorson.com)



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 \_\_\_\_\_  
321 Middle Country Rd P.O. Box 863 Smithtown N.Y. 11787  
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: \_\_\_\_\_

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

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 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.

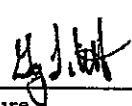
I have thoroughly reviewed this application and have answered all questions to the best of my knowledge. By signing below, I hereby agree to all matters set forth above and below, including, a multi-company assignment of commissions set forth in Part VIII and the acknowledgement authorizations and releases 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.

X  
Applicant Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

  
GA Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date



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 or deposit slip. 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

**X** \_\_\_\_\_ / / \_\_\_\_\_  
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



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.

**PART IX General Instructions Concerning Taxpayer Identification Number (TIN)**

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



PRODUCER TRANSFER / MULTIPLE GA RELATIONSHIP REQUEST

To: TIIG Contract and Licensing
Phone: (800) 256-7971

Fax: (888) 837-2820
E-mail: ascl@transamerica.com

(Producer Name) (Social Security # / Tax ID) (Producer ID)

1. Proof of New Business is required for either producer transfer or multiple GA request. Please provide Policy # or Client name and Date of Birth: / /

2. Request Transfer OR Multiple GA Relationship

TRANSFER

I do NOT wish to keep my existing agreement through a different GA office. In accordance with the Company's Producer Transfer Guidelines, please transfer this Individual/corp. producer contract from (GA name / Office ID) to this General Agent effective (Date)

NOTE: If a transfer, inforce business will be coded, for servicing, to a new GA.

MULTIPLE GA RELATIONSHIP

I wish to keep my existing agreement through a different GA office. In accordance with the Company's Producer Multiple GA Relationship Guidelines, please dual this Individual/corp. producer contract effective (Date)

List existing GA Relationships, including producer ID and Office ID/GA Name:

Note: If a multiple GA relationship, inforce business will remain coded, for servicing, to the GA which the business was produced through.

3. Either request must be accompanied by:

- GA must complete Commission Rate Schedule (Form TOA557 or TOA557NY)
If changing/adding a contract type, the completed solicitor or IPC paperwork must be included

This producer has unique handling required for his/her commission account (assignment; special payee), as noted here:

(Signature of Requesting Individual Producer or Signing Officer of Corp.)

(Date Signed)

(Signature of Requesting GA)

(Office ID)

(Date Signed)