

Transamerica

Contracting Checklist

Please submit the following information to **SMS** when licensing with Transamerica:

- **Completed and Signed Producer Appointment Application**
- **Completed Important Information Form (*optional*)**
- **Completed and Signed Debit-Check Agent/Agency Authorization Form**
- **Completed and Signed Producer Agreement**
- **Completed and Signed Producer Conditional Agreement**
- **Completed and Signed Automatic Deposit w/ Voided check (*required*)**
- **Completed and Signed Annualization Request**
- **Completed and Signed AML Training Acknowledgment**
- **Copy of Agent/Agency license (s)**
- **Completed and Signed Credit Card Form for non-resident states**

Please return all contracting to Senior Marketing Specialist via:

Mail:
801 Gray Oak Dr
Columbia, MO 65201

Email: contracting@smsteam.net
Fax: 800-878-2025

The licensing process cannot begin until all of the above items have been received! If you have any questions, please call us at:

1- 800-689-2800.

Contract Information Form

Please complete the below and return it with your contracting paperwork:

Agent Name: _____

Carrier Name: _____

1. Have you or your agency (if applicable) ever been contracted previously? (Y/N)

If you answered 'yes' to the question above, please complete the below:

2. What date did you contract?

3. How were you contracted (indv. or corp.)?

4. Do you have any downline agents?

5. When was the last time you or your downline (if applicable) wrote a piece of business?



Important Information

New Business Applications

To help expedite new business applications submitted simultaneously with agent appointment paperwork, please include the following information and return with your appointment paperwork:

Agent Name _____

Client Name _____

Date new business application was signed _____

State in which the application was signed _____

State in which the client resides _____

Type of business written _____

Pre-Appointment States

The following states require an appointment at the time of solicitation:

- Kansas
- Louisiana
- Montana
- Pennsylvania
- Texas

If business will be written in any of the above states, please ensure an appointment is already in place.

This list is subject to change without notice if state regulations change.

PRODUCER APPOINTMENT APPLICATION



I am requesting an appointment and agreement with the below company(ies) (each individually referred to as "the Company").

Transamerica Casualty Insurance Company
 Transamerica Financial Life Insurance Company
 Transamerica Life Insurance Company

PERSONAL DATA

FIRST:	MIDDLE:	LAST:	SUFFIX:
SOCIAL SECURITY NUMBER:		DATE OF BIRTH:	GENDER:
PRIMARY TELEPHONE:	SECONDARY TELEPHONE:	FAX #:	
FINRA REGISTERED?	IF YES, BROKER-DEALER NAME:		
E-MAIL ADDRESS:			

HOME ADDRESS (Mandatory for background investigative report requirements.)

STREET: _____ APT#: _____

CITY: _____ STATE: _____ ZIP: _____ COUNTRY: _____

BUSINESS ENTITY NAME IF APPLICABLE: _____

BUSINESS ADDRESS (if different than Home Address):

STREET: _____ STE#: _____ P.O. BOX: _____

CITY: _____ STATE: _____ ZIP: _____ COUNTRY: _____

APPOINTMENT INFORMATION

NON-RESIDENT APPOINTMENTS DESIRED:

FLORIDA COUNTIES DESIRED:

BACKGROUND INFORMATION	Yes	No
<p>A. Have you been convicted of, or pled guilty or nolo contendere (“no contest”) to a felony or misdemeanor involving: insurance, investments or a related business, fraud, false statements or omissions, wrongful taking of property, or bribery, forgery, counterfeiting or extortion, or breach of trust?</p> <p>If “yes”, provide explanation below and attach supporting court documentation.</p>		
<p>B. Have you ever been convicted of, or pled guilty or nolo contendere (“no contest”) to any other felony or misdemeanor?</p> <p>If “yes”, provide explanation below (including date, county, and state in which the felony or misdemeanor occurred) and attach supporting court documentation.</p>		
<p>C. Has any State Insurance Department or other State or Federal Regulatory Agency ever denied, suspended or revoked your license or registration?</p> <p>If “yes”, provide explanation below and attach supporting documentation.</p>		
<p>D. Have you personally or a firm that you exercised management control over, or owned 10% or more of the securities of, failed in business, made a compromise with creditors, filed a bankruptcy petition or been declared bankrupt?</p> <p>If “yes”, provide explanation below and attach supporting documentation, for example, a copy of original filing, discharge, and Schedule F.</p>		
<p>E. Do you have any outstanding or unsatisfied collections, judgments and/or liens, including tax liens, totaling \$50,000 or more?</p> <p>If “yes”, provide explanation below and attach supporting documentation, for example, a copy of IRS repayment schedule, etc.</p>		
<p>F. Has any State Insurance Department, any other State or Federal Regulatory Agency, or the SEC, FINRA or any other Self Regulatory Organization ever entered an order against you relative to a violation of insurance or investment-related regulations or statutes?</p> <p>If “yes”, provide explanation below and attach supporting documentation.</p>		
<p>G. Do you currently have an outstanding debit balance with any other insurance carrier(s), insurance agency, or broker-dealer?</p> <p>If “yes”, provide explanation below.</p>		

BUSINESS ENTITY INFORMATION

If applicant is a corporation, partnership, or LLC and fixed product commissions or compensation are to be disbursed to the entity, please complete the following:

LEGAL NAME OF ENTITY:

TIN FOR ENTITY:

ERRORS AND OMISSIONS

Are you covered by an Errors and Omissions policy? If so, attach E & O certification.

DIRECT DEPOSIT

NAME OF BANK:

DEPOSITORY NAME:

ROUTING NUMBER:

ACCOUNT NUMBER:

BANK PHONE NUMBER:

ACCOUNT TYPE:

RECRUITER INFORMATION (If known)

FIRST NAME:

LAST NAME:

EMAIL ADDRESS:

ADDITIONAL INFORMATION

Empty box for additional information.

CERTIFICATION

- I certify that the information contained in this application is true and complete to the best of my knowledge and belief.
- I have received the "Fair Credit Reporting Act Disclosure and Authorization of Consumer Report/Investigative Consumer Report" and "A Summary of Your Rights Under the Fair Credit Reporting Act".
- If I have been notified by the IRS that I have previously given an incorrect taxpayer identification number, my signature below constitutes my certification under penalties of perjury to the following: (1) the taxpayer identification number on this form is my correct taxpayer identification number; and (2) I am not subject to backup withholding; and (3) I am a U.S. person (including a U.S. resident alien). I acknowledge that the IRS does not require my consent to any provision of this form other than the certification required to avoid backup withholding.
- I acknowledge receipt of the 1994 Crime Act Notice, and I certify that I am not in violation of the provisions of the 1994 Crime Act described in that notice.
- I have received and will comply with the Company's Code of Professional Conduct for producers and employees.
- I agree to update any changes to the responses provided in this application to Questions (A) through (G) under the Background Information section within 5 days of such change.

ACKNOWLEDGEMENT

If I am appointed with more than one Company, I acknowledge and agree that the Producer Agreement or other agreement evidencing such appointment is to be construed as constituting separate and distinct agreements between me and each Company with which I am appointed. The rights, obligations, and responsibilities between me and one Company are separate and distinct from the rights, obligations, and responsibilities between me and any other Company with whom I may be appointed. No Company will have responsibility or liability for the acts or omissions of any other Company with whom I may be appointed.

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize any employer, insurance company, managing agent, educational institution, financial institution, consumer reporting agency, criminal justice agency, insurance department or individual having any information relating to my activities to release such information to the Company, or any affiliated company, or any consumer reporting agency acting for and on behalf of the Company or for and on behalf of any other affiliated company. This information may include, but is not limited to, employment and job performance history, academic records, credit records, disciplinary, arrest and conviction records, and personal history, including information as to character, general reputation and mode of living.

Signature – (Full Name)

 SIGN HERE

(Printed Name)

(Date)

I acknowledge that I have read the Anti-Money Laundering Training for Agents materials provided and I agree to report any suspicious activity to my manager or directly to the Company.

 SIGN HERE

Signature-(Full Name)

(Printed Name)



Debit-Check Agent/Agency Authorization Form

Vector One Operations, LLC dba Vector One (collectively with its affiliates, "Vector One") manages the secured web portal interactive computer service provided by Debit-Check.com, LLC a ("Debit-Check"). This Debit-Check Agent/Agency Authorization Form is by and among the undersigned ("you", "me", "I" or "my"), Vector One, and the Company (as defined below) and is used by Debit-Check subscribers who desire to be granted authorization from you for the submission and/or receipt of your personal information to the Debit-Check service as necessary to conduct a commission related debit balance screening. The undersigned company and its affiliates and authorized third parties (collectively, the "Company") is a Debit-Check subscriber. Accordingly, as part of the contracting and appointment process or determination of eligibility for advancement of commissions, the Company may conduct a commission related debit balance screening via Debit-Check in order to determine your eligibility and may continue to conduct periodic commission related debit balance screenings as determined in the Company's sole discretion following the engagement of any employment, appointment, contract, tenure, or other relationship with the Company.

Access to Debit-Check Information: You can obtain your commission related debit balance information by contacting the Vector One Agent Hotline at (800) 860-6546.

AGENT/AGENCY'S STATEMENT – READ CAREFULLY

The Company is hereby authorized to obtain and conduct a commission related debit balance screening through Vector One's Debit-Check secured web portal to determine if another Debit-Check subscriber has posted that I have an outstanding commission related debit balance. I understand that the Company may consider the results of the commission related debit balance screening in order to determine my eligibility to be contracted and appointed or determine my eligibility for advancement of commissions as an insurance producer and may continue to conduct periodic commission related debit balance screenings as determined in the Company's sole discretion following the engagement of any employment, appointment, contract, tenure, or other relationship with the Company. I understand and acknowledge that the Company may obtain commission related debit balance information through Debit-Check as state law allows. I understand that my information, including my name and social security number ("My Information") may be used for the purpose of obtaining and conducting a commission related debit balance screening. I further understand that in the event of termination or expiration of my employment, appointment, contract, tenure, or other relationship with the Company, whether voluntary or involuntary, if a commission related debit balance is owed to the Company, the Company may post My Information to the Debit-Check service which may be accessed by Debit-Check subscribers until such time the debit balance is satisfied or otherwise removed.

BY SIGNING BELOW, I HEREBY (PLEASE INITIAL ALL STATEMENTS):

(A) _____ Authorize the Company to use My Information for purposes of conducting a commission related debit balance screening, and periodic commission related debit balance screenings as determined in the Company's sole discretion following the engagement of any employment, appointment, contract, tenure, or other relationship with the Company, utilizing Debit-Check.

(B) _____ Authorize the Company to consider the results of the commission related debit balance screening in order to determine my eligibility to be contracted and appointed or determine my eligibility for advancement of commissions as an insurance producer.

(C) _____ Authorize and direct Vector One to receive and process My Information as necessary to intentionally disclose and furnish the results of my commission related debt verification screening, whether directly or indirectly, to the Company.

(D) _____ Authorize the Company to submit My Information to the Debit-Check service in the event of termination or expiration of my engagement with the Company, whether voluntary or involuntary, to the extent a commission related debit balance is owed to the Company.

(E) _____ Authorize and direct Vector One to receive and process My Information and intentionally disclose to any Debit-Check subscriber who submits an inquiry utilizing My Information the results of my commission related debit balance screening, which will contain My Information, to the extent a debit balance is owed.

Agent/Agency Printed Name: _____

Signature: _____  Date: _____

FOR COMPANY USE ONLY

AGREED AND ACKNOWLEDGED BY COMPANY:

Name of Company: Transamerica

Signature: 

Name and Title: David Curry Chief Distribution Officer

By signing below, you certify that: you have not been convicted of a felony involving theft, dishonesty or breach of trust, are not in violation of the Violent Crime Control and Law Enforcement Act of 1994 (the "1994 Crime Act") if the Company enters into this Agreement with you, and that you will immediately advise the Company of any situation that would cause you to be in violation of the 1994 Crime Act. You have read and understand the Company's Code of Professional Conduct and agree to abide by its terms. You agree to foster high standards of ethical behavior and to adhere to the Company's policies and procedures concerning the sale of our insurance products. You acknowledge that you have read and understand this Agreement, and agree to be bound by its terms.

COMPLETE SECTION 1 OR 2 OF THE FOLLOWING:

1. INDIVIDUAL PRODUCER

Printed Name

← SIGN HERE

Signature

Date

Note: If completing section 2, the Guaranty portion must be completed in order to process the agreement.

2a. NON-INDIVIDUAL PRODUCER
(Corporation, Agency, etc.)

Name of Entity

Printed Name of Authorized Officer

← SIGN HERE

Signature of Authorized Officer

Title

Date

2b. GUARANTY

The undersigned hereby unconditionally guarantees the full and timely payment of any and all indebtedness of the Non-Individual Producer to the Company(ies).

Printed Name of Individual

← SIGN HERE

Signature of Individual

Date

Transamerica Premier Life Insurance Advance Commission Request

Select desired advance amount below for Final Expense
(Upon company approval)

- 3 Month
- 6 Month
- 9 Month
- As Earned

Signature



Date



Agreement for Commission Annualization

(Please Type or Print in Ink)

Producer ID

Producer TIN / SSN

Office ID Code

Name (For entities: provide complete legal name)

By signing below, the producer requests that Transamerica Financial Life Insurance Company and/or Transamerica Life Insurance Company (each individually referred to as the "Company") make payments to the producer under a commission annualization program (the "Annualization Program"). This Agreement for Commission Annualization (the "agreement") sets forth the producer's duties and obligations with respect to the Annualization Program. Under the Annualization Program, the Company may pay commissions to the producer based on the projected first year annual premiums for policies sold by the Company through applications solicited by the producer when actual premium received by the Company may be less than a full annual premium. The producer acknowledges and understands that commissions paid based on premium payments not actually received by the Company constitute an advance payment against commissions which are anticipated to be earned by the producer if and when the remainder of the first year annual premium is received by the Company.

In addition to the terms and conditions of the applicable selling and/or producer agreement(s) with the Company (collectively, the "Producer Agreement"), the producer understands and agrees that:

1. Only policies placed in force after the date this agreement is approved by the Company will be eligible for annualization payments. Notification of approval will be provided in writing once the agreement is approved by the Company.
2. The producer hereby authorizes the Company to obtain a consumer credit report and conduct an investigation concerning the producer's character, credit, reputation and personal traits, and releases those contacted and the Company from any liability with respect to the content of the information provided and any resulting action by the Company. The producer authorizes the Company to share any personal information regarding the producer with its affiliated companies and to obtain updated or further credit reports if it so chooses at any time that this agreement is in effect or, after its termination, if any amount advanced hereunder remains unpaid. The producer understands that he or she may not be permitted to participate in the Annualization Program if he or she is delinquent in obligations to creditors, or if he or she is subject to any unpaid or unsatisfied judgment, liens, or similar matters.
3. Termination of this agreement does not terminate the Producer Agreement with the Company. However, termination of the Producer Agreement with the Company terminates this agreement and notice is not specifically required.
4. The Company may terminate this agreement without notice, in its sole discretion.
5. The producer agrees that in the event the full annual premium is not received by the Company within 12 months of the issuance of the policy or in sufficient time to prevent lapse of the policy, whichever is sooner, the Company shall have the right to charge the producer's commission account for the amount of commission paid on premium not received by the Company.
6. The producer agrees that amounts charged to his or her commission account pursuant to the foregoing may be deducted from amounts owed to the producer at such time or thereafter by the Company. The producer understands that the Company in its sole and absolute discretion may determine the amounts to be advanced under the Annualization Program and may modify or terminate the Annualization Program at any time. Without limiting the generality of the foregoing, the producer acknowledges and agrees that the Company may, in its sole discretion and from time to time, modify the persistency, production, and/or other requirements to remain eligible for the Annualization Program, as well as the percentages to be advanced and the limit on total advances. In the event of termination of the Annualization Program, any amounts advanced thereunder which have not been earned will be immediately due and payable by the producer. If payment in full is demanded, the producer agrees to pay interest on the unpaid balance on the advanced amount due.

← SIGN HERE

Applicant's Signature and title if Applicant is an entity

Date

- a Group Member's Group Member Information shall constitute Nonpublic Personal Financial Information and/or Protected Health Information only from and after the time that a Group Member applies for a Policy.
- c. You may use Information, Nonpublic Personal Financial Information and/or Protected Health Information for cross-marketing and/or cross-selling of other policies or products to the extent, but only to the extent, that the Policyholder to whom such information pertains has authorized you specifically in a writing that complies with HIPAA to do so and such marketing and selling is conducted in adherence with the restrictions on marketing and sale of PHI as provided under HIPAA.
 - d. Any ambiguity in this Agreement shall be resolved in favor of a meaning that permits compliance with GLBA and HIPAA.
 - e. You shall notify us in writing without unreasonable delay and in any event within three (3) business days after becoming aware of a violation of Sections 7.2, 7.4, 7.5, or 7.6 of this Agreement, or of the occurrence of a "security incident," as defined in 45 C.F.R. §164.304. You agree to cooperate fully with us in any security-incident investigation or resolution and agree that no notifications or communications to any individual(s), media outlets, state or federal regulatory authorities, or other third parties regarding the incident shall be made without in each instance our specific prior written consent.
 - f. You shall comply with all applicable state and local laws and regulations enacted to protect the privacy of individual personal information.
 - g. We can amend Sections 7.2, 7.4, 7.5, or 7.6 of this Agreement without your consent to reflect (i) future amendments of GLBA or HIPAA, or (ii) court orders interpreting the application of GLBA or HIPAA, or (iii) a material change in our business practices, but any such amendment shall be enforceable against you only after we have notified you.

Other principles and standards to use in daily conduct can be found in the Practical Guide to Professional Conduct. These policies, procedures and guidelines can be changed from time to time.

**Transamerica Financial Life Insurance Company
Transamerica Life Insurance Company**



**David Curry
Chief Distribution Officer**

ACKNOWLEDGEMENT

I acknowledge that I have read, understood, and accept the provisions of this agreement. Except as expressly supplemented by this Agreement, all other terms and conditions contained in the Agreement remain in full force and effect.

NAME (Please Print)

AGENT NUMBER



SIGNATURE

DATE

ANTI-MONEY LAUNDERING TRAINING ACKNOWLEDGEMENT

I, _____ acknowledge that I have read and understand the Anti-Money Laundering Training for Agents materials. I agree to report any suspicious activity directly to Transamerica.

(Agent Name – please print)

 SIGN HERE

(Signature of Agent)

(Date)

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

TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY
TRANSAMERICA LIFE INSURANCE COMPANY
TRANSAMERICA CASUALTY INSURANCE COMPANY
(Collectively referred to as “Transamerica”)

STATE APPOINTMENT FEE CHART

State	Resident Appointment Fee	Non-Resident Appointment Fee
Alabama	\$40	\$40
California	\$32	\$32
Connecticut	\$20	\$20
Delaware	\$50	\$50
District of Columbia	\$25	\$25
Florida	\$60 <i>Agency not appointed</i>	\$60 NR: \$6 per county appointment <i>Agency not appointed</i>
Georgia	\$10 <i>Agency not appointed</i>	\$10 <i>Agency not appointed</i>
Iowa	\$5 <i>Agency not appointed</i>	\$5 <i>Agency not appointed</i>
Kansas	\$2	\$5
Kentucky	\$40 <i>\$100 for Agencies</i>	\$50 <i>\$120 for Agencies</i>
Louisiana	\$30 <i>\$100 for Agencies</i>	\$30 <i>\$120 for Agencies</i>
Maine	\$30 for Individuals <i>Agencies not charged</i>	\$45 for Individuals <i>Agencies not charged</i>
Massachusetts	\$75	\$75
Michigan	\$5	\$5
Minnesota	\$30	\$30
Mississippi	\$25	\$25
Nebraska	\$8	\$8
Nevada	\$15	\$15
New Hampshire	\$25	\$25
New Jersey	\$25	\$25
New Mexico	\$20 per line	\$20 per line
North Carolina	\$10 per line	\$10 per line
North Dakota	\$10	\$10
Ohio	\$15 per line	\$15 per line
Oklahoma	\$30	\$30
Pennsylvania	\$15	\$15
South Dakota	\$10	\$20
Tennessee	\$15	\$15
Texas	\$10	\$10
Vermont	\$120	\$120
Virginia	\$10	\$10
Washington	\$20	\$20
West Virginia	\$25	\$25
Wisconsin	\$16	\$30
Wyoming	\$15	\$15