

**Introduction**

**Instructions:**  
Use this form to choose the initial premium payment method on your application for insurance or to update how you pay for an existing policy. Take care to fill in each field accurately so letters and numbers cannot be misinterpreted and attach a separate sheet if there is more than one policy number. Note that not all payment options are available on all products.




Return Completed Form To:  
Transamerica Life Insurance Company  
Transamerica Financial Life Insurance Company  
6400 C St. SW  
Cedar Rapids, IA 52499


Or fax it to us at:  
1-800-235-4782

Questions?


Contact your Financial Professional



Visit us at:  
transamerica.com



Call us at:  
1-800-pyramid




Policy Number (for existing policies only)  
\_\_\_\_\_

Insured First Name \_\_\_\_\_ Insured Last Name \_\_\_\_\_

**Draft Date (MM/DD, 1<sup>st</sup> through 28<sup>th</sup> only)**  
 \_\_\_\_/\_\_\_\_/\_\_\_\_ *If you select an initial premium draft date in the future, it cannot be greater than 30 days after the application date, and you will not have potential coverage until that date under the Conditional Receipt.*

**Total Premium**  
\$ \_\_\_\_\_

**Recurring Payment Frequency (choose one)**  
 Monthly     Quarterly     Semiannually     Annually

 Please select your preferred payment type/s by checking the box for initial and/or recurring payments next to the option you favor. (Ex: I want to make my initial payment by check and recurring payments with my credit card.)

Payment Type Options	Initial and/or Recurring Payment	Form Information
<b>Bank Draft (ACH/ EFT)</b>	<input type="checkbox"/> Initial <input type="checkbox"/> Recurring	Complete the ACH payment section below
<b>Social Security Benefits Billing (SSB)</b>	<input type="checkbox"/> Initial <input type="checkbox"/> Recurring	Complete the SSB Option info on the next page. To pay by SSB Card, tokenize the card # and fill out the Credit Card Payment section; or for direct SSB account draft, fill out the Bank Draft Payment section.
<b>Credit Card</b>	<input type="checkbox"/> Initial <input type="checkbox"/> Recurring	Tokenize your card number, and complete the Credit Card Payment section below
<b>Check</b>	<input type="checkbox"/> Initial	No additional form required; mail your check to the address at the top of this form
<b>Direct Bill</b>	<input type="checkbox"/> Recurring	No additional form required; this method only available quarterly, semiannually, or annually. Bills are generated 30 days prior to due date.

If using Social Security Benefits for either form of payment, please enter payer date of birth and then select one:

Payer date of birth

\_\_\_\_/\_\_\_\_/\_\_\_\_

- Beneficiary receiving Supplemental Security Income (SSI) 1st of the month (Option A)
- Benefit Paid on 3<sup>rd</sup> of each month, started receiving SS benefits prior to May 1997 or receiving both SS benefits and SSI payments (Option B)
- Benefit Paid on Second Wednesday (Option C)
- Benefit Paid on Third Wednesday (Option D)
- Benefit Paid on Fourth Wednesday (Option E)

**Credit Card Payment Information**

Credit Card Type:  VISA  MasterCard

PCI Token #

\_\_\_\_\_



Create your PCI token at: [creditcardtoken.transamerica.com](https://creditcardtoken.transamerica.com) (Reminder: When you enter your credit card information on the Token website, your unique number will start with a "T". Be sure to write the full number, including the T, on the line at left.)

Cardholder First Name

\_\_\_\_\_

Cardholder Last Name

\_\_\_\_\_

Card Exp.Date

\_\_\_\_/\_\_\_\_

Payment Amount

\$\_\_\_\_,\_\_\_\_,\_\_\_\_

The cardholder is the (choose one):

Insured  Owner  Spouse  Other: \_\_\_\_\_

Cardholder Address

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip

\_\_\_\_\_

Cardholder Phone Number

\_\_\_\_\_

Cardholder Signature:

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

By signing I acknowledge that I have read and agreed to all of the following consents that pertain to my preferred premium payment method.

**Bank Draft (ACH/EFT) Payment Information**

Account Type:  Checking  Savings

Account Holder First Name

\_\_\_\_\_

Account Holder Last Name

\_\_\_\_\_

Trust or Entity (if entity, add the title of officer and name of entity; if trust, add trustee's name)

\_\_\_\_\_

Financial Institution Name

\_\_\_\_\_

Financial Institution City

\_\_\_\_\_

State

\_\_\_\_\_

Zip

\_\_\_\_\_

Routing Number

\_\_\_\_\_

Account Number

\_\_\_\_\_

The account holder is the (choose one):

Insured  Owner  Spouse  Other: \_\_\_\_\_

Account Holder Signature:

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

By signing I acknowledge that I have read and agreed to all of the following consents that pertain to my preferred premium payment method.

## Consents

If a conditional receipt was issued along with this authorization, initial premium will be withdrawn/cashed upon receipt of the application by the Company. Unless a conditional receipt was issued along with this authorization, I/we agree this authorization shall not become effective for payment of the initial premium unless and until after a contract is issued and all other conditions of coverage set forth in the application have been met.

As a convenience to me, I request and authorize the Company named above to make withdrawals, by draft or electronic transfer, from my account with the financial institution named for: (1) premiums becoming due (including premiums which have increased from the initial payment amount under the terms of the policy(ies) or due to changes made to the policy(ies)); (2) other amounts due under the policy(ies) listed above (including any amendments, endorsements, riders, or amounts past due); (3) loan payments if authorized above or later agreed to by me; and/or (4) such other payments as I may authorize the Company to make. I request that this authorization, unless previously revoked, continue to apply to any conversion, renewal, or change later made to the policy(ies). I understand that if a withdrawal is not honored for payment by the financial institution, with or without cause and whether intentionally or inadvertently, and the premiums are not otherwise paid within the grace period allowed by a policy, the policy may terminate.

As a convenience to me, I hereby request the financial institution named above (and its successors and assigns) to accept and honor the draft or transfer withdrawals made by the Company from my account. I agree the financial institution shall be fully protected in honoring such draft or transfer.

This authorization shall take effect when recorded and processed by the Company and financial institution and will remain in effect until I notify the Company or the financial institution in writing to terminate and the Company or financial institution has a reasonable time to act on the termination request. I hereby terminate any prior authorization of the Company to initiate charges to this account for the above policy(ies) effective the date on which the initial charge is made under this authorization. I also understand and agree that if a withdrawal is not honored by the financial institution for any reason, the Company may cease attempting to make withdrawals through the use of this authorization.

### **Distributions Will Be Subject to Identity Verification**

To help ensure the security of your funds, if bank account information is provided, the Company may obtain a consumer report from a Consumer Reporting Agency ("CRA") to help verify the validity and accuracy of the account information provided. If I have provided the company with bank account information, I authorize the Company to obtain a consumer report from the CRA as described above, and acknowledge that I: (1) understand that in order for the CRA to verify my account information, some of my personal information will be shared with the CRA; and (2) consent to such sharing, retention, and use.