



Transamerica Life Insurance Company
 P.O. Box 869094
 Plano, TX 75086-9817
 Phone: 800-400-3042
 Fax: 800-235-4790

Agent and Commission Form

PRODUCT INFORMATION						
<input type="checkbox"/> Universal Life	<input type="checkbox"/> Whole Life	<input type="checkbox"/> Voluntary Term Life	<input type="checkbox"/> Basic Term Life	<input type="checkbox"/> Endowment Life	<input type="checkbox"/> GAP	
<input type="checkbox"/> Accident	<input type="checkbox"/> Critical Illness	<input type="checkbox"/> Cancer	<input type="checkbox"/> Hospital Indemnity	<input type="checkbox"/> Disability	<input type="checkbox"/> Other _____	

COMMISSION TYPE
<input type="checkbox"/> Standard Commission Rates <input type="checkbox"/> Level Commission Rates

GROUP INFORMATION
Group Name: _____ Group Number: _____ Requested Effective Date: _____

ENROLLMENT INFORMATION	Domicile State: _____	States where enrollment will take place: _____
Method of Solicitation: <input type="checkbox"/> Face to Face <input type="checkbox"/> Call Center <input type="checkbox"/> Web <input type="checkbox"/> Other _____	Enrollment Period From _____ To _____	
Method of Enrollment: <input type="checkbox"/> Paper <input type="checkbox"/> Electronic - vendor name _____		
Will Signatures Be Captured Electronically? <input type="checkbox"/> No <input type="checkbox"/> Yes - Method of Signature: PIN <input type="checkbox"/> Digitized Signature <input type="checkbox"/> Recorded Line		

AGENT INFORMATION		
Broker of Record (Case Owner): _____	TEB Agent Number: _____	
Servicing Agency (if different): _____	Servicing Agent (surety signature): _____	TEB Agent Number: _____
Enrollment Company: _____	Contact Name: _____	Contact Phone Number: _____

	Agent Name / Agency Name	TEB Agent #	Premium Share % (must = 100%)
Premium Split	Agent 1		%
	Agent 2		%
	Agent 3		%
	Agent 4		%
	Agent 5		%

Special Notes

Broker of Record Name _____ Broker of Record Signature _____ Date _____



Agent and Commission Form (ACF)

Producer Licensing Verification:

List all solicitors participating in this enrollment and which states apply. Indicate any other relevant information to ensure the commissions are paid as expected. *Solicitors are not directly paid by Transamerica.*

Writing Agent Name	TEB Agent #	State	Additional Notes