



(Hereafter referred to as the Company, we, our or us)

Third Party Authorization Form

The following Transamerica Companies utilize this form:

Transamerica Advisor Life Insurance Company
Transamerica Life Insurance Company

Transamerica Financial Life Insurance Company
Transamerica Premier Life Insurance Company

✉ 4333 Edgewood Rd NE, Cedar Rapids, IA 52499

☎ Fax: (877) 355-4385

🌐 Website: www.transamerica.com

POLICY INFORMATION

Policy Owner: _____ Policy Number: _____

Joint Owner (if applicable): _____

Citizenship/Jurisdiction: U.S. Citizen * U.S. Territory * (_____) Non-U.S.Citizen * (_____)
(Territory) (Country)

Resident Alien Non-Resident Alien

* Not providing citizenship may delay processing.

PROVISIONS OF THE AUTHORIZATION PRIVILEGE

- All requests must be received by the Company no later than close of the New York Stock Exchange in order to assure same day pricing of the transaction.
- Telephone requests may be recorded.
- Authorization privileges may be discontinued at any time following receipt of a written request from the Policy Owner(s) or any Party(ies) listed in the Party Authorized section.
- Authorization privileges may be discontinued at any time by the Company in its sole and absolute discretion.
- The Policy Owner(s) must notify the Company immediately upon receipt of the confirmation if any discrepancy exists between the instructions and actual transaction made.
- We may require documentation, such as a Corporate Resolution or Articles of Incorporation, that illustrates who can act on behalf of the named third party.
- Unless otherwise stated, this will not authorize the Party(ies) to annuitize or surrender the policy, transfer it to another policy or annuity account, designate or change policy annuitants or beneficiaries, make any other type of policy withdrawals, or make changes to any existing withholding election.
- This authorization will revoke any and all previous Third Party Authorizations and/or Fee Liquidation set up for the policy number(s) listed above.

AUTHORIZATION

The Company is authorized to provide information related to my annuity to the Party(ies) listed in Party Authorized section. This may include my personal and annuity information, including but not limited to Social Security Number (SSN), Taxpayer Identification Number (TIN), account and subaccount values, unit values, and interest rates.

Please select any additional options below:

Authorization for Fund Allocation Changes

The Company is authorized to accept fund transfers among the subaccounts and change future allocations from the Party(ies) listed in the Party Authorized section. The Company is not liable for any loss, liability, cost, or expense for relying on any instructions that affect policy values pursuant to this Authorization.

Authorization for Systematic Payout Option Changes


The Company is authorized to make changes to existing Systematic Payout Options (SPO) requests from the Party(ies) listed in the Party Authorized section. Such changes may affect amount, payout frequency, and payout date only. SPO payments affected by such changes must be payable to the Policy Owner(s) or deposited by Electronic Funds Transfer (EFT) to an account held in the name of the Policy Owner(s). Any changes and/or modifications to the withholding election applicable to the SPO payments must be made by the Policy Owner(s).

PARTY AUTHORIZED

Select all applicable authorizations in the Authorization section.

- Registered Representative/Agent
- Third Party (Not a Registered Representative/Agent, Corporate Resolution will be required)

Authorized Person - required where Third Party is not a Registered Representative/Agent SSN / TIN / ID Number

 Authorized Person Signature - required if Third Party is not a Registered Representative/Agent Date

Authorized Firm or Company Name


Mailing Address City, State, Zip

Telephone Number E-mail Address

THIRD PARTY TERMINATION

Note: This does not remove Agent of Record.

Authorized Party Name (Party) SSN / TIN / ID Number Date of Birth

 Authorized Party Signature Date


Advisory Fee Payee Name (Advisor)

Firm or Company Name


REQUIRED ACKNOWLEDGEMENTS & SIGNATURES

The Policy Owner(s) acknowledge that the Company is in no way responsible for determining if the instructions it receives from the Advisor are in compliance with such advisory services agreement.

The Policy Owner(s) agree to indemnify and hold harmless the Company from and against any and all claims, losses, liabilities, damages, costs, or expenses in connection with any action undertaken pursuant to the authorizations given in this form except to the extent caused by the willful misconduct of the Company or its employees in the processing of exchanges or withdrawals at the Advisor's request.

 Policy Owner Signature Date

Telephone Number Social Security Number/Taxpayer Identification Number

 Joint Owner Signature (if applicable) Date

Telephone Number Social Security Number/Taxpayer Identification Number