

INSTRUCTIONS

THIS BOOKLET INCLUDES

- Application for Appointment Agreement
- Appointment Agreement
- Promissory Note, Guaranty and Security Agreement
- Assignment of Commissions
- Fair Credit Reporting Act Disclosure

HOW TO COMPLETE

Application for Appointment Agreement

1. If you are applying as a *Natural Person*, DO complete the "Applicant is a Natural Person" section, but DO NOT complete the "Applicant is a Business Entity" section.
2. If you are applying as a *Business Entity*, DO complete the "Applicant is a Natural Person" section, and the "Applicant is a Business Entity" section. *You cannot apply as a Business Entity unless the Business Entity is licensed as an insurance agent in all states where agents associated with the Business Entity expect to sell.*
3. DO provide ALL other information requested by the Application for Appointment Agreement.

HOW TO SIGN

**Appointment Agreement
 Promissory Note, Guaranty and Security Agreement
 Assignment of Commissions**

1. READ all of the agreements.
2. SIGN the Appointment Agreement and Promissory Note, Guaranty and Security Agreement.
3. SIGN the Assignment of Commissions ONLY IF you want to irrevocably assign commissions. Have your assignee SIGN the Assignment of Commissions.
4. For each agreement, provide the DATE on which each person signs.
5. If you or your assignee is a business entity, the person who signs MUST BE AUTHORIZED to sign for that business entity.
6. PRINT the name of the person who signs beneath that person's signature, UNLESS the person signs for a business entity. *If the person signs for a business entity, PRINT the FULL LEGAL NAME of the business entity beneath the person's signature.*

DID YOU SUBMIT:

- For states where you want to be appointed, submit:
 - Resident and Non-Resident state LICENSING FORMS, if you are *Not* already licensed there
 - Resident and Non-Resident state LICENSES, if you *Are* already licensed there
 - CHECK made payable to Transamerica Life Insurance Company, to pay Non-Resident state appointment fees.
- Submit Errors and Omissions Insurance, submit a CERTIFICATE OF COVERAGE.
- Submit a SIGNED EXPLANATION of any "yes" answers you give to the questions in the "Other Information" section of the Application for Appointment Agreement.
- Submit the COMPLETED Application for Appointment Agreement, SIGNED Appointment Agreement, SIGNED Promissory Note, Guaranty and Security Agreement.
- Submit the SIGNED Assignment of Commissions ONLY IF you want to assign your commissions.
- Submit the SIGNED Fair Credit Reporting Act Disclosure and Authorization for Release of Information.

Please retain a copy of this Agreement for your records.

APPLICATION FOR APPOINTMENT AGREEMENT

APPLICANT IS NATURAL PERSON

Name: Last		First	Middle	Social Security Number	
Home Address: Street		City		State	Zip
Home Phone: (Area Code)Number		Home Fax: (Area Code)Number		Home E-mail	
Date of Birth	Place of Birth (optional)		Spouse Name	How long in community?	
Business Address (Mailing): Street		City		State	Zip
Business Phone: (Area Code)Number		Business Fax: (Area Code)Number		Business E-mail	

APPLICANT IS BUSINESS ENTITY

Full Legal Name of Entity			Taxpayer Identification Number		
Business Address (Mailing): Street		City		State	Zip
Business Phone: (Area Code)Number		Business Fax: (Area Code)Number		Business E-mail	
State where Entity organized		Date Entity organized		How long doing business in community?	

LICENSING DATA: You must be licensed and appointed in each state where you expect to earn commissions.

You want to be appointed in which Resident State?	What licenses do you have there?
	<input type="checkbox"/> Life <input type="checkbox"/> Health <input type="checkbox"/> Variable
You want to be appointed in which Non-Resident States?	<input type="checkbox"/> Life <input type="checkbox"/> Health <input type="checkbox"/> Variable
	<input type="checkbox"/> Life <input type="checkbox"/> Health <input type="checkbox"/> Variable
	<input type="checkbox"/> Life <input type="checkbox"/> Health <input type="checkbox"/> Variable

INSURANCE BACKGROUND

Number years in insurance:	Number years qualified for MDRT:	Current member of NALU? <input type="checkbox"/> Yes <input type="checkbox"/> No
Other insurance companies you currently represent:		
Have you previously represented a Member of the AEGON Companies? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Company(s):		Agent Number(s):

APPLICANT WILL REPORT TO

Name:	Agent Number:	Bus. Phone: (Area Code)Number
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COMMISSION % OR RANK, PAY PLAN, AND BANK INFORMATION FOR EFT (Electronic Funds Transfer)

Commission Level or Rank: _____ _____ Earned only _____ % placed advance (max 75%)	Financial Institution _____ Bank Account Number _____ Transit Number _____ _____ Checking _____ Savings <p style="text-align: center;">COPY OF VOID CHECK REQUIRED</p>
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THE VIOLENT CRIME CONTROL AND LAW ENFORCEMENT ACT OF 1994

The Violent Crime Control and Law Enforcement Act of 1994 (the "1994 Crime Act") makes it a federal crime to: (1) knowingly make false material statements in financial reports submitted to insurance regulators; (2) embezzle or misappropriate monies or funds of an insurance company; (3) make material false entries in the records of an insurance company in an effort to deceive officials of the company or regulators regarding the financial condition of the company; or (4) obstruct an investigation by an insurance regulator. THE 1994 CRIME ACT ALSO MAKES IT A FEDERAL CRIME FOR INDIVIDUALS WHO HAVE BEEN CONVICTED OF A FELONY INVOLVING DISHONESTY, BREACH OF TRUST, OR ANY OF THE OFFENSES LISTED ABOVE TO WILLFULLY PARTICIPATE IN THE BUSINESS OF INSURANCE. WILLFULLY PARTICIPATING IN THE BUSINESS OF INSURANCE INCLUDES ACTING AS AN INSURANCE AGENT. Penalties for violating the 1994 Crime Act include civil fines up to \$50,000 and imprisonment for up to 15 years.

Will you be in violation of the 1994 Crime Act if you act as an insurance agent? Yes No

OTHER INFORMATION: In this section, "you" means yourself *and* any business in which you are or were an owner, partner, director, officer or manager.

1. Are there any criminal proceedings currently pending against you for any felony or misdemeanor other than a minor traffic violation? Yes No
2. Have you ever been arrested, convicted of, pled guilty, nolo contendere or no contest to, or received a deferred or suspended judgment or sentence for, any felony or misdemeanor other than a minor traffic violation? Yes No
3. Has a complaint against you involving insurance or securities ever been filed with any legal authority, insurance regulator, the NASD/FINRA or SEC? Yes No
4. Are you currently being investigated, or have you ever been investigated, by any legal authority, insurance regulator, the NASD/FINRA or SEC regarding any matter involving insurance or securities? Yes No
5. Has any legal authority, insurance regulator, the NASD/FINRA or SEC ever suspended or revoked your insurance license or securities registration or taken other disciplinary action against you regarding any matter involving insurance or securities? Yes No
6. 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/FINRA or SEC? Yes No
7. Has any bonding company or errors and omissions liability insurance company ever denied your application for coverage, rescinded or terminated your coverage or paid a claim on your behalf? Yes No
8. Has any insurance company, insurance agency or broker-dealer ever terminated, or permitted you to resign rather than terminate, its relationship with you for cause or due to your alleged wrongful act or omission? Yes No
9. Are you now or have you ever been involved in any lawsuit, arbitration or mediation of a dispute or bankruptcy? Please provide the "Schedule F" for a Chapter 7 Bankruptcy. Yes No
10. Is there now any unsatisfied judgment against you or any lien, including any tax lien, against any of your property? Yes No

If the answer is "yes" to any of the above questions, please write details and include all applicable court documentation.

5 YEAR RESIDENTIAL HISTORY: Begin with most recent residence. Attach extra sheet if necessary.

Home Address: Street	City	State	Zip	From/To
Home Address: Street	City	State	Zip	From/To
Home Address: Street	City	State	Zip	From/To

5 YEAR EMPLOYMENT HISTORY: Begin with most recent employment. Attach extra sheet if necessary.

Employer name, (area code) number	From/To	Position held	Net \$/mo.	Reason for leaving

