

HOW TO DO BUSINESS WITH TRANSAMERICA FAMILY MARKETS

Submission:

- All new business applications should be faxed directly to Transamerica at 800-535-1325.
- Use the attached new business transmittal.

Checking Case Status:

- Agents are **REQUIRED** to register on line at www.agentnetinfo.com to track all case updates and status.
- All requirements should be sent directly to Transamerica via fax at 800-535-1325 or email at newbusinesscallcenter@aegonusa.com
- Agents can also call a member of the underwriting department at 877-454-4768.
- Be sure to include the client name and policy number in all correspondence. Please allow 24 hours for a response.

How to submit monies to TFM:

Monies should be mailed directly to TRANSAMERICA at:

TRANSAMERICA
4333 Edgewood Road, NE
Cedar Rapids, IA 52499
Attention: Policy Issue/ Underwriting

Commissions:

- For all questions regarding commissions, please contact Transamerica directly at 877-454-4768

Illustrations and Marketing Support:

- Please contact your immediate up line or Marketing Representative.
- Agents contracted directly with OAKTREE Life and Annuity can call a member of the agent services team at 800-842-9124 ext. 406 or email them at agentservices@otfc.com
- Please call 877-454-4768 ext. 7833 for software support.



Transamerica Life Insurance Company
4333 Edgewood Road NE
Cedar Rapids, Iowa 52499

Who to call

ULTIMA SERIES PRODUCTS

1-877-454-4768

If you know your party's extension, Press 1 and dial the extension.

New Business/Underwriting Status Inquiries - Press 2

Fax Number 1-800-535-1325
New Business E-Mail newbusinesscallcenter@aegonusa.com

Personal History **1-800-227-9163** (8 a.m. to 10 p.m. Mon & Thu, 8 a.m. to 8 p.m.
Interviews Tue & Wed, 8 a.m. to 4:30 p.m. Fri, 9 a.m. to 12 p.m. Sat, Central Standard Time)

Licensing / Commissions - Press 3

Licensing Fax Number 1-319-355-2498
Licensing E-Mail brokermail@aegonusa.com
Commissions Fax Number 1-319-355-4062
Commissions E-Mail commail@aegonusa.com

Marketing / Product Support/Supply Fulfillment - Press 5

Fax Number 1-866-448-2175
Marketing/Product Support E-Mail brokermktg@aegonusa.com

Customer Service (Agent Help Line) – Press 6

Fax Number 1-800-235-4782
Customer Service E-Mail afpcrcustomerservice@aegonusa.com

Customers Call: 1-800-625-4213

Agent Support Center (Technical Issues) – Press 1, then dial extension 7833; or call direct at 1-866-303-7833

Agent Support Center Fax 1-319-355-4549
Agent Support Center E-Mail asupport@aegonusa.com

Agent Net Info, your online business partner! www.agentnetinfo.com

Transamerica Family Markets New Business Cover Sheet

Fax to: 800.535.1325

Date: _____ Number of pages including this cover sheet: _____

Agent # _____ Agent Name _____

Agent Phone # _____ Agent Fax # _____

Proposed Insured's Name _____

Best time of day / evening to call: _____ Special language needs? _____

If this is a companion policy, write companion name: _____

Forms Checklist

For All Products

- | Primary Insured | Additional Insured | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Application |
| <input type="checkbox"/> | <input type="checkbox"/> | HIPAA Authorization Form |
| <input type="checkbox"/> | <input type="checkbox"/> | Terminal Illness Form, if applicable |
| <input type="checkbox"/> | <input type="checkbox"/> | Initial Premium or Pre-authorization Form |
| <input type="checkbox"/> | <input type="checkbox"/> | HIV Consent Form |
| <input type="checkbox"/> | <input type="checkbox"/> | Replacement Form, if applicable
Form must be dated same as, or earlier than the application |
| <input type="checkbox"/> | <input type="checkbox"/> | Illustration, All pages are required in NAIC states for Universal Life |
| <input type="checkbox"/> | <input type="checkbox"/> | IUL Only- Statement of Understanding <u>AND</u> IUL Supplemental App |
| <input type="checkbox"/> | <input type="checkbox"/> | Transfer or 1035 Exchange Form if applicable
Mail original 1035 form, within 5 working days of the fax |
| <input type="checkbox"/> | <input type="checkbox"/> | Health Questionnaire (list type), if applicable |
| <input type="checkbox"/> | <input type="checkbox"/> | Medical Requirements, if applicable
Order all necessary Medical Requirements, indicate orders on Agent's Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Is this an Internal Replacement / or Conversion?
If yes, Policy number _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Other (please explain) _____ |

**TransACE
TransACE CV
TransTerm**

Office ID# 13980

For illustration software go to www.agentnetinfo.com, Software Downloads, TransWare

When completing the APA40 app be sure to indicate:

- Underwriting Class** being applied for exactly as it appears on the illustration.
- Kind Code** - also found on the quote page of the illustration.
- RAP** (Required Annual Premium). This amount is found in the upper left corner of the Producer Quote Page of the illustration.

Company Scheduled to do Paramed

- APPS ExamOne Other
 EMSI Portamedic

Lab Slip/Bar Code #: _____ Date Taken: _____

Special Instructions: _____

Tip! To speed processing...

- Submit initial application and forms **ONLY ONCE**, either via fax or mail
- Retain your original copy of this fax, as we reserve the right to request a re-fax of the original if we are unable to read the fax. Do NOT mail original application and forms unless requested.
- Print legibly, in English, and use black ink
- Do NOT use white-out
- Make sure all necessary supplemental forms are included