

FIELD MANUAL



Sales Office: Little Rock, AR
Home Office: Cedar Rapids, Iowa

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CUSTOMER SATISFACTION IN ACTION

Greetings!

This manual is for use by agents of Transamerica Senior Markets.

You will find this manual easy to read, user friendly and an invaluable guide for the service of customers.

The purpose of this manual is to provide complete instructions or procedures to be followed in the acquisition of new business.

I hope you review this manual in detail and become thoroughly familiar with its content.

The use of the term “Transamerica” in this manual will represent the Transamerica companies including Transamerica Life Insurance Company, Transamerica Premier Life Insurance Company and Transamerica Financial Life Insurance Company.

Transamerica Senior Markets

Representing Transamerica Life Insurance Company, Transamerica Premier Life Insurance Company and Transamerica Financial Life Insurance Company.

BUSINESS POLICY STATEMENT

Policy

The business of Transamerica Senior Markets, located in the Little Rock Sales Office, shall be conducted in accordance with the highest standards of business and personal ethics and accordance with the letter and spirit of the law. This general principle is in accordance with the Business Policy Statement and applies to every aspect of the business of the Little Rock Sales Office and all agents and employees within Transamerica Senior Markets should adhere to it at all times.

Code of Ethics

Preamble: Those Independent insurance agents occupy the unique position of liaison between the purchasers and the suppliers of life and health insurance and closely related financial products. Inherent in this role is the combination of professional duty to the client and to the company, as well. Ethical balance is required to avoid any conflict between these two obligations. Therefore,

I believe it to be my responsibility:

1. To hold my profession in high esteem and strive to enhance its prestige.
2. To fulfill the needs of the client to the best of my ability.
3. To maintain the clients' confidences.
4. To render exemplary service to clients and their beneficiaries.
5. To adhere to professional standard of conduct in helping clients to protect insurable obligations and attain their financial security objectives.
6. To present accurately and honestly all facts essential to the clients' decisions.
7. To perfect my skills and increase my knowledge through continuing education.
8. To conduct my business in such a way that my example might help raise the professional standards of independent insurance agents.
9. To keep informed with respect to applicable laws and regulations and to observe them in the practice of my profession.
10. To cooperate with others whose services are constructively related to meeting the needs of the clients.

DEPARTMENTS LICENSING AND CONTRACTING

Topics in this section:

- **Your Application for Licensing and Contracting**
- **Your Agent ID**
- **Soliciting Business**
- **Assignment of Commissions**

Department Overview

The Licensing and Contracting Department is responsible for all aspects of appointing and contracting. This includes EFT (electronic funds transfer) forms, agent compensation changes, and setting up advanced commissions for all agents and entities representing Transamerica.

YOUR APPLICATION FOR LICENSING AND CONTRACTING

As a prospective new agent, to apply for a contract with us:

- Complete the application packet. PLEASE NOTE: on page 2 (two) of the Application for Appointment if the answer is yes to any questions, please submit details and include any applicable court documents with your application. This will help expedite the contracting and/or the advancing of commissions.
- For non-resident states you wish to be appointed in, the non-resident appointment fees must accompany the contract. You may pay by check or credit card. If paying these fees by check, make check payable to the Transamerica Insurance Company you are appointed with and notate check “Non-Resident appointment fees for (state)”.

Agent Appointment and Contracting Requirements

The requirements for an individual agent or corporate agency to be appointed and contracted by a Transamerica Company are:

- The producer appointment application must be completed. If you are applying as a corporation, partnership, or LLC, complete the business entity portion of the application. Please refer to the Producer Appointment Checklist for specific paperwork requirements.

Agent Appointment Fees

As an agent, you are responsible for paying your appointment renewal fees. The renewals will be charged to your commissions account. It will be your responsibility to notify us if any appointments are no longer needed.

YOUR AGENT ID

Each agent is assigned an agent ID. Write your agent ID on all New Business applications that you submit in order to avoid delays.

SOLICITING BUSINESS

Transamerica follows a procedure known as Just in Time (JIT) processing. A JIT state is one that does not require pre-appointment in order to solicit business. The appointment will be processed for the required State in accordance with their regulations upon the submission of a policy application.

You may solicit and submit business simultaneously with your appointment paperwork in all states **except** those listed below which have not adopted JIT rules:

Alabama
Kansas
Kentucky
Louisiana
Missouri
Montana
Ohio
Pennsylvania
Puerto Rico
Texas
Vermont
Washington
Wisconsin

State regulations are subject to change.

January 3, 2013

Requirements for Override Commissions

The chart below represents the states that require the up line to hold a license and appointment in order to receive compensation, regardless of whether the up line engages in insurance agent activities in such states. It is separated by individual or corporation license type. *State regulations are subject to change.*

Individuals	Corporations; LLCs, Partnerships & Other Entities
Florida (FL)	Georgia (GA)
Georgia (GA)	Louisiana (LA)
Louisiana (LA)	Massachusetts (MA)
Massachusetts (MA)	Mississippi (MS)
Mississippi (MS)	Montana (MT)
Montana (MT)	New Mexico (NM)
New Mexico (NM)	North Carolina (NC)
North Carolina (NC)	North Dakota (ND)
Pennsylvania (PA)	Pennsylvania (PA)
South Carolina (SC)	South Carolina (SC)
South Dakota (SD)	South Dakota (SD)
Virginia (VA)	Virginia (VA)
Wisconsin (WI)	Guam (GU)
Guam (GU)	Puerto Rico (PR)
Puerto Rico (PR)	

Commissions

Refer to the section on Commissions for complete information.

The Transamerica agent's contracts may be terminated at the will of either party by giving written notification.

Topics in this section:

- **Advance Commission Program**
- **Rewrites**

Department Overview

The Commission Department is responsible for your compensation through payment of commissions and advances on commissions.

ADVANCE COMMISSION PROGRAM

The advance commission program annualizes commissions, providing you cash in the form of a loan using future commissions as collateral. To be eligible:

- L&P Producer Agreement, Form No. AG1234-H and L&P Producer Agreement for Commission Annualization, Form No. PACA4112 (included in Application for Contract), have it approved by your GA and return it to the Home Office with your Contract, if possible.
- For direct deposit of your advance commission, complete an “Authorization Agreement for Direct Deposit,” include a voided check or deposit slip for your account, and send these to the Commission Department at the Home Office.

Advance Commission Calculation

Annualized premium \times commission rate \times advance rate = *advance commission*

Example:

Joe Q. Agent has submitted an application with a monthly EFT premium of \$100.00.

Joe is currently contracted with first year commission rate of 100%.

He receives 75% advance on delivery.

\$100.00 \times 12 months = \$1,200.00 annualized premium

\$1,200 \times 100% \times 75% = \$900.00 advance paid upon delivery

Types of Business Eligible for Advance Commissions

Mode	Billing Type	Advance
Monthly	Monthly EFT	Yes ¹
Monthly	Salary Savings	Yes
Monthly	SSBO- Credit Card	No
Monthly	SSBO-EFT	Yes
Monthly	Govt Allotment	Yes
Quarterly	Direct Pay	Yes ¹
Quarterly	EFT	Yes ¹
Quarterly	Salary Savings	Yes
Quarterly	Govt Allotment	Yes
Semi-Annual	Direct Pay	Yes ¹
Semi-Annual	EFT	Yes ¹
Semi-Annual	Salary Savings	Yes
Semi-Annual	Govt Allotment	Yes
Annual	Direct Pay	Yes ¹
Annual	EFT	Yes ¹
Annual	Salary Savings	Yes ¹
Annual	Govt Allotment	Yes ¹

¹ = If initial premium is received with application

Advance Factors

Advance factors are limits and percentages for advance commissions that the Company establishes for each agent. We reserve the right to change advance factors from time to time or cease advances entirely. If changes occur, we will notify you. Your request for changes of your advance factors must be made through your General Agent, and must be approved by your Regional Vice President at their discretion. The amount of your advance commission is based on:

- **Maximum per case** - the limit or maximum that is approved to be advanced per case. This maximum applies to both the submission and delivery advance.
- **Delivery Advance** - The percentage that is advanced upon delivery of an eligible application. The delivery advance may be 25%, 50%, or 75%.

Earned Advance

This is the portion of first year commission that was not advanced at placement. If the agent is set up to receive a 75% advance, we release the other 25% as an additional advance. This portion is sent out monthly with the earned commission statements. \$1,500 per case advance maximum.

Example: Andy Agent writes a policy with an annual premium of \$1200, his commission rate is 100% and the advance rate is 75%. Upon placement Andy will receive a \$900 advance, the other 25% that was not advanced will be paid monthly as the premium is paid (\$25 each month X 12 months = \$300).

A note about the Additional Advance: This is a benefit we give the agents who are continually writing quality business. As we go through the monthly earned commission statements, we pay special attention to the agents receiving the additional advance. If they have not written any business in the previous 2 months, we will turn off this feature so that all earnings are applied to any debit balance.

Payment Schedule

Advances are calculated each night for eligible business received in the Home Office by the close of each business day. Electronic deposits are produced for advance commissions of any amount.

The Advance Commission Statement

To learn all about the Advance Commission Statement, go to Agent Net Info (www.agentnetinfo.com)

- on the navigation panel choose –

Commissions>Advance/Interim Commissions

User Guide – Advance Commission

Reinstatements and Reissues

If a policy is reinstated or reissued, notify the Commission Department to reinstate the advance commission. Credit for the reinstated advance will appear on your regular advance statement.

REWRITES

If the Company determines that any policy is discontinued during the premium paying period and new insurance has been issued on the same life within six months before, or one year after such discontinuance, first year commission will be payable only on the increase, if any, of the new policy over the old. Full renewal commissions will be paid on the new policy thereafter, in accordance with your agent's contract.

Agent's Advance Commission Restrictions

Advances are not payable in the following situations:

- If the proposed insured is a family member residing within the same household as the writing agent.
- If the proposed insured is a writing agent.
- If the writing agent is the beneficiary.
- If the writing agent is the policy owner.

The Month-End Commission Statement

The month-end commission statement is composed of the agent's statement and the summary sheet, detailing your earned commissions and summarizing all activity occurring during the month. These statements are processed on the last working day of each month. The statements are then available to view/print on ANI.

Earned Commission Summary Information

Balance Forward: The balance at the beginning of the month being reported. A minus (-) following the amount means that you owe the Company. No minus (-) means the Company owes you.

- **Commission Earned:** All earnings separated by product. Within product, separate total by first year, renewal, and service fee.
- **Miscellaneous:** Advance checks, interest, trails, fees, stock purchase, leads, etc.
- **Interest:** Interest charged on beginning balance according to terms of contract.

The Earned Commission Summary

To learn all about the Earned Commission Summary, go to Agent Net Info (www.agentnetinfo.com) - on the navigation panel choose –

Commissions>Earned Commissions >*Earned Commissions User Guide*

Split Commissions:

First year commissions can be split between two licenses and appointed producers. Indicate the request to split commission on the Express Issue Cover page. Note agent names, agent numbers and percentage split. If a percentage is not indicated, 50/50 will be assumed.

Topics in this section:

- Advertising
- Compliance
- Selling to Senior Adults
- California Sale of Insurance to Seniors

Department Overview

The Compliance Department is responsible for two areas: Advertising and Compliance which includes supporting the Principles of Ethical Market Conduct.

ADVERTISING

The Transamerica Advertising Compliance Department serves as the control point for the review of advertising used by the Little Rock Sales Office. Each form is assigned a unique tracking number and then reviewed. All materials used for advertisement purposes must be reviewed to assure compliance with pertinent government rules and regulations. This includes all print, broadcast, electronic and any other forms of advertising. Our department also, as required by state insurance law, maintains a file of all advertising used by the Company for state insurance department to review at any time.

- Before using any advertising pieces not originating from the Company, submit them to the Little Rock Sales Office through your Regional Vice President, who will submit your piece to Advertising Compliance for review to ensure compliance with insurance laws and regulations.
- Forms are being revised constantly due to changing state regulations. Check with us to make sure you are using current advertising and/or forms.

COMPLIANCE

As required by state insurance law, all consumer and insurance department complaints are recorded and maintained in the Compliance Department. You must report any complaints you get to the Compliance Department. Also, all new insurance laws, regulations and other documents pertaining to compliance are reviewed and the affected departments are notified.

- Find the answers to your questions about consumer and insurance department complaints by contacting the Compliance Department.
- The Guide To Professional Conduct (CD) 50057 is available for use in guiding you in successful sales practice compliance.

Selling to Senior Adults

Selling life insurance to senior adults may require special care and diligence. Some states target sales to seniors for special review. It is a good idea to go the “extra mile” in applying all of the ethical standards to such sales.

Always take extra care to:

- Clearly explain that you are an insurance producer and that you are soliciting a life insurance policy or an annuity.
- Don't use any confusing or misleading names, titles, or terms.
- Do not use professional designations that indicate or imply that you have special certification or training (for example, in advising or servicing senior citizens or retirees) in such a way as to mislead any person.
- Determine a senior's needs, objectives, and risk tolerance, as well as the appropriateness of the product for the circumstances. A senior's advanced age and special circumstances are significant factors in making these determinations.
- Avoid high pressure selling tactics. Some seniors may be vulnerable and easily frightened, intimidated, or confused. While it is important to help such a client identify and meet real needs, take extra care not to imply, suggest, or cause alarm or fright.
- Avoid using statistics or facts that will mislead, confuse, or give false impressions.
- Reconsider the sale if the senior seems confused or unable to understand it. Such a sale could later be criticized by a family member or legal representative who may file a complaint or suit against you.¹
- Avoid any appearance of “overselling” or “stacking.” Many producers have been investigated and then fined, suspended, or sued for selling more insurance than a senior needs or can afford. Protect yourself by being conservative when determining the reasons, needs, and suitability of the purchase and by careful documentation.

Document, document, and document! Client sign-offs are highly recommended.

¹ *If you feel an ethical need to proceed because of the senior's compelling need for the product, consult with the client's family members, trusted advisor, or legal representative, document your conversations and have them review and approve the sale. If they tell you the senior has been declared legally incompetent, get copies of the court order, have the guardian or legal representative sign the application and papers on behalf of the client, and submit an explanation to the Company when submitting the application.*

CA SALE OF INSURANCE TO SENIORS

As a reminder effective January 1, 2004 California enacted a broad new set of requirements impacting life, annuity and disability product sales, offers, or lead generation geared to seniors, aged 65 and older. This communication will discuss only the requirement for the sales presentation.

California regulation requires any agent offering for sale, or generation of leads for the sale of life insurance, including annuities, to senior insureds (age 65 or older) or prospective insureds in the senior's home must follow the requirements outlined below:

Requirements before the visit

- Deliver a Company approved notice in writing to the senior **no less than 24 hours prior but no earlier the 14 days**, to that individual's initial meeting in the senior's home. The notice is enclosed, and is the only notice which can be used.
- If the senior has an existing insurance relationship with an agent and requests a meeting with the agent in the senior's home the same day, a Company approved notice shall be delivered to the senior prior to the meeting.

No sale or order for the sale of an annuity or life insurance policy at the residence of a senior, in person or by telephone, may be made by using any plan, scheme, or ruse that misrepresents the true status or mission of the contact

Requirements at the visit

Upon contacting the senior in the senior's home, agents/producers/representatives must state the following, before making any statement other than a greeting, or asking the senior any other questions

- that the purpose of the visit is to talk about insurance, or to gather information for a follow-up visit to sell insurance.
- The name and titles of all persons arriving at the senior's home.
- The name of the insurer represented by the person, if known.

Also each person attending a meeting with a senior shall provide the senior with a business card or other written identification stating the person's name, business address, telephone number, and any insurance license number. All individuals attending a meeting with a senior shall end all discussions and leave the home of the senior immediately after being asked to leave by the senior.

- ☐ Monumental Life Insurance Company
- ☐ Stonebridge Life Insurance Company
- ☐ Transamerica Life Insurance Company
- ☐ Western Reserve Life Assurance Co. of Ohio

**California Senior
Sales Presentation
Disclosure**

Administrative Office: 4333 Edgewood Road NE, Cedar Rapids, IA 52499

AGENT INFORMATION:

Full name as it appears on his or her California insurance license

License number

Mailing address and telephone number listed on his or her California insurance license.

I am a licensed insurance agent. My purpose for coming to your home is to sell, discuss, and/or deliver one of the following [indicate all that apply]:

- ☐ Life insurance, including annuities
- ☐ Other insurance products (specify): _____

I wanted to make you aware of certain rights you have at this visit:

- (1) You have the right to have other persons present at the meeting, including family members, financial advisors or attorneys.**
- (2) You have the right to end the meeting at any time.**
- (3) You have the right to contact the Department of Insurance for information, or to file a complaint.**

**California Department of Insurance
Consumer Communications Bureau
1-800-927-HELP (4357) or 213-897-8921
The Hotline hours are from 8:00 a.m. - 6:00 p.m.
Mon. - Fri. (Except Holidays)**

The following individuals will be coming to your home:

Agent/Attendee name	Insurance license information
Agent/Attendee name	Insurance license information
Agent/Attendee name	Insurance license information
Agent/Attendee name	Insurance license information

Thank you for your interest in final expense insurance offered by Monumental Life Insurance Company. This product can help you to protect your family.

I am sending this letter to confirm our visit on [date] at [time]. During this visit, I will make a sales presentation on life insurance and provide you with additional information you may need in your decision making process.

As required by California law, I want you to know your rights regarding this visit:

- (1) You have the right to have other persons present at the meeting, including family members, financial advisors or attorneys.
- (2) You have the right to end the meeting at any time.
- (3) You have the right to contact the Department of Insurance for information, or to file a complaint.

California Department of Insurance
Consumer Communications Bureau
1-800-927-4357 or 213-897-8921
The Hotline hours are from 8:00 a.m. - 6:00 p.m.,
Mon. - Fri. (Except Holidays)

Monumental Life Insurance Company is dedicated to providing you with the right products at affordable prices to help you meet your insurance needs. The following individuals will be coming to your home and making the presentation

Agent

CA Insurance License Number

Agent

CA Insurance License Number

Agent

CA Insurance License Number

Topics in this section:

- **Replacement of Existing Insurance Coverage**
- **Applications Submission**
- **Policy Delivery**

REPLACEMENT OF EXISTING INSURANCE COVERAGE

Under the insurance regulations of many states, “replacement” means any transaction in which the producer knew or should have known that, in connection with the purchase of a new policy, an existing policy has been or will be:

- Terminated (e.g. surrendered, lapsed or forfeited.)
- Changed to reduced paid-up or extended term insurance or otherwise reduced in value.
- Amended to reduce benefits or the term of coverage.
- Reissued with reduced cash value.
- Used to finance the new coverage (i.e., the old policy is surrendered in whole or in part or subjected to loans or withdrawals to pay any premium due on the new policy).

An internal replacement occurs when any of the above transactions take place on an existing policy issued by the same company. In most states, internal and external replacements are subject to the same state requirements. In some states, replacement forms must be completed if the customer has existing insurance, even if the client is not planning to replace.

Replacement guidelines

If the client is considering replacing an existing policy with another one, you can provide a valuable service by helping them evaluate whether a replacement is in their best interest. The client should consider the following factors to determine whether a replacement is appropriate. Discuss and review with the clients:

Life Insurance

- Surrender charges, if any, on the existing policy.
- Front-end loads or sales charges of the new policy.
- Accessibility of policy values of the new policy. (Be sure to disclose: the availability of policy loans, the duration of the surrender charge period, amount of penalty and charges associated with partial withdrawals and surrenders; and any limits or conditions for waiving those penalties or charges.)
- Effect of the new contestable and suicide periods of a new policy.
- Evidence of Insurability. The new policy may be rated or declined.
- Cost and duration of premiums and fees for each policy.
- Comparison of cash value under the old and new policies.

- The costs and effect of borrowing from the existing policy, if contemplated.
- Tax treatment of the surrender or exchange or any outstanding policy loans.
- The advantages of modifying the existing policy, if possible, to meet client's objectives rather than buying a new policy.
- Is there a significant difference in the comparative financial ratings (AM Best, Fitch, Moody's, etc.) assigned the new company versus the ratings of the old company?

If the customer decides to replace existing life insurance (and in some states, even if they don't)

- You must provide the state specific replacement notice (hereinafter referred to as "The Notice") to the customer. In some states the agent must read it a loud to the customer.
- You must complete the Notice.
- You and the customer must sign and date the Notice. Please note that the application date and the replacement date must match or the Notice must be dated before the application. If the dates do not match or the Notice is dated after the application a newly completed application will be requested by the Company.
- A copy of the Notice, and in some states any applicable sales material, must be left with the customer.
- You must send in the Notice with the application. Please note all the application questions pertaining to replacing insurance in both the policy application sent and producer report must be answered to avoid a request for a newly completed application.
- You should notify the customer to keep the old coverage in force until an underwriting decision is made on the new policy.
- Refer to Agent Net Info for appropriate state replacement forms.

APPLICATION SUBMISSION

FAXING:

Faxing is the preferred method of application submission and delivery requirements.

New Business Fax Number – (866) 834-0437

MAILING ADDRESSES:

To provide the most efficient and effective service to you and the client, we ask you to use the following addresses:

Applications, Delivery Requirements, & Overnight Deliveries

New Business Department MS 1220

Transamerica Premier Life Insurance Company

4333 Edgewood Rd., NE

Cedar Rapids, Iowa 52499-2230

Other Helpful Hints

- **SIGN THE APPLICATION AND WRITE YOUR AGENT NUMBER IN THE SPACE PROVIDED.** (Florida agents also record their Florida agent license number.)
- Clearly indicate in Part A1 of the application the desired split percentage for any other agents participating in the sale. If the split percentage is not specified, 50/50 will be assumed.
- Payments must be made with a current dated check or a money order purchased by the payor. **Post dated checks or cash are not acceptable.**
- For initial premium overpayments, amounts over \$5.00 will be refunded and mailed separately from the policy.
- Shortages in excess of \$5.00 will be shown as a delivery requirement on the policy transmittal form.
- If one check is submitted for the initial premium on multiple applications on members within the same family, indicate the exact dollar amount on each application. Attach all applications together securely.
- Fully complete the EFT Checking/Savings authorization form located near the end of the application, (the form reads “Authorization to honor checks or electronic debits...”), attach a voided check or savings deposit slip. If any of these items are missing, the application will be processed on a direct bill basis.
- **Drafting Initial Premiums** - Clients may elect to have their initial premium drafted from their bank account versus providing a check at the time of application. This option is only available to clients electing the EFT payment method. To select this option, complete the information in Part B1 of the application. The client can select a date for the first draft up to 30 days from the application date. This option is not available if using the SSPO (Social Security Payout Option).
- For Initial premium withdrawals, complete appropriate section Part B1 of the application or the Pre-authorized Withdrawals Plan Form (M16487GBL 1106) and check the box for Automatic Withdrawal.

Make sure to note the month and day for the initial withdrawal

****NOTE: If draft initial premium upon receipt is selected on Part B1 of the application, the initial premium will be withdrawn upon placement of the policy, not on the day of the future recurring monthly payment.**

****NOTE: If draft initial premium at the future date is selected on Part B1 of the application, the recurring draft date will be the same as the initial premium draft date selected.**

POLICY DELIVERY

Policies are generally mailed to the policyowner. If the policy is mailed to the client, the Agent is to inform the client they are responsible for checking the policy for any corrections or changes. The client will need to contact the agent immediately if there are any corrections or changes. **All policies with outstanding delivery requirements will be mailed directly to the agent.**

Agents may have all policies sent to the writing agent for delivery. Contact Licensing to process such a request. If the policy is mailed to the agent, the agent is responsible for checking the policy as soon as it is received for any corrections or changes. If there are any corrections or changes, the agent will need to contact New Business immediately.

Deliver the policy ONLY when ALL requirements are met, including:

1. The first full premium is paid or appropriate forms are submitted to allow us to collect it.
2. Applicant has signed and delivered all papers required to place the policy.
3. No changes in the health of the insured since the date of medical (or non-medical) examination or application. If changes have occurred, the policy must be returned immediately, giving full details of the health changes.

**The policy will be held open for 30 days pending receipt of delivery requirements.*

- a. Officially the agent has 45 days from the policy issue to return outstanding delivery requirements.
- b. From the date of approval our system prompts us to contact the agent every two weeks via email.
- c. A final email will be sent with “final notice” entered into the subject line and if the delivery requirement has not been received cancel procedures will begin.

Topics in this section

- Writing the Application
- Beneficiary
- The Underwriting Process
- Rating Risks
- Assignment
- Underwriting Guidelines

WRITING THE APPLICATION

It is critical that the agent completely reads the medical questions and verifies the proposed insured's understanding of the questions and properly records their answers.

- The agent must interview all proposed insureds and owners face to face and witnesses all signatures.
- Each proposed insured of the age of majority must sign the application. Power Of Attorney (POA) signatures are not acceptable. If the proposed insured signs with an (X), a disinterested 3rd party witness must sign "witnessed by" along with their signature and printed name and their relationship to the proposed insured. Please place this information directly below the Proposed Insured Signature line. The witness must be someone other than the writing agent, the beneficiary, a minor or a relative. If the owner is other than the proposed insured, both signatures are required.
- The use of tobacco products includes cigarettes, electronic cigarettes, cigars, snuff, chewing tobacco as well as products such as Nicorette gum, nicotine patches and any product providing nicotine.
- Be sure the application and all forms (HIPAA, ACC-DISC, Replacement, etc.) are signed in the appropriate places. Give the applicant the "Notice to Persons Applying for Insurance" and the "MIB Disclosure Notification". Give the Conditional Receipt only if the client is paying premium with the application. All these forms are contained in page 5 of the application.

General Guidelines:

- **The proposed insured must answer all questions. If the applicant is a child, the child's parent or legal guardian is required to answer all questions. Individuals age 18 years and older are required to sign the application (or - State specific age limit.)**
- Use the correct application for the state and policy you are selling. If you are not sure of which to use please refer to the state approval lists.
- Complete the application in your own handwriting. **PRINT LEGIBLY.**
- Every change, alteration, correction, or addition on a signed application must be initialed by the applicant. Simply draw a line through the information to be changed. The use of "white-out" is not accepted.

Personal Information

- Provide full given names. Proper names must be printed and spelled correctly. Have the applicant sign the application with his or her full given name even if he or she is customarily known by a middle or nickname.
- Give the proposed insured's complete residence address.
- Correctly record the birth date and calculate the **current** age of the proposed insured to avoid delay in approval of an application.
- The owner of the policy must be clearly specified on the application unless the proposed insured is to be the owner. The owner of a policy must sign the application as owner. The policyowner must be competent and of the age of majority.
- Indicate clearly the type of policy being applied for. When the ADB rider is requested, it must equal the face amount of the base policy.

Children

- **The only person who may apply on the life of a child age 17 or younger (or State specific age limit) is a parent, legal guardian, or grandparent.** No other person or relative including a brother, sister, uncle or aunt may apply without the consent of a parent, unless the person applying furnishes a copy of the legal guardianship papers with the application. A parent, legal guardian, or grandparent must sign the application. When a grandparent is applying for a policy on a grandchild who lives at an address other than the address of the policy owner, legal guardianship papers are required to be submitted if the parent has not indicated their consent by signing the application on the Proposed Insured Signature line of the application.
- If more than one application is submitted on a client, or several persons in the same family, they will be held together and issued at the same time unless the writing agent requests otherwise.

Issue Limits

Age	Minimum	Maximum
0-55	1,000	50,000
56-65	1,000	40,000
66-75	1,000	30,000
76-85	1,000	25,000

- Maximum face amount on any one life subject to age and amount restrictions in chart above.
- Accidental Death Benefit Rider must match base policy insurance amount.

We rely upon the application and the answers to the medical questions to determine the product the proposed insured may qualify for. While the products are designed for quick issue with limited underwriting – the products are not designed or priced to accept risks that have been previously underwritten by Transamerica companies and determined to be uninsurable. When we receive an application on a proposed insured in which the proposed insured has been declined for another life product with a Transamerica company – the final expense application will be declined.

Dating Policies

- *Please read the conditional receipt and ensure the applicant reads and understands it so they know the date coverage becomes effective.*
- We never back date a policy more than 6 months to save age.

The normal procedure is to make the issue date of the policy the date the policy is issued. The applicant may request a later date in writing on the application.

Applications with altered application dates will NOT be accepted. When completing the application, date the application the day it is actually signed.

Receipt for Premium Payment with Application

- If the applicant pays all or part of the first premium at the time of making application, complete the information concerning this payment in the “amount paid with application” section on the application. Do not fill out this portion of the application unless a payment was actually received or authorization to draft the initial premium was received with the application. We typically do not accept C.O.D. business.
- If a full modal premium is paid, give the applicant “conditional receipt” that is attached to the application. If the amount paid is the entire first premium, the receipt is conditionally binding according to its terms or applicable state law.
- If the full first premium is submitted with the application, subject to the conditions stated in the conditional receipt, the insurance applied for can take effect as early as the date of the application part one or part two, whichever is later. *Study the receipt carefully so that you fully understand the conditions under which the insurance can become effective, make sure to explain it fully to the applicant.*
- Details of any payment made should be given in the “settlement” portion of the agent’s report.
- If an application is cancelled or declined, the payment submitted with the application will be refunded directly to the proposed owner, regardless of who paid the premium.

Applications on Resident Aliens

We will accommodate applications on most resident non U.S. citizens, if a permanent legal resident. Please be aware of potential language barriers during a personal history interview, and indicate any special language needs in the agent report section.

BENEFICIARY

Primary Beneficiary

This is the person named by the policyowner to have first, or “primary” right to receive the policy proceeds. Making the designation clear and distinct is important to both the policyowner and to the Company, so that the policy proceeds are distributed appropriately and the Company is able to pay the proceeds quickly and without any legal ambiguity. If the policyowner is not the insured, he or she usually names him or herself as primary beneficiary, although this is not required. Here are a few pointers on how you can provide the client with informed assistance:

- Help the policyowner choose a person they believe will be present at the time of claim, and who will be willing to fulfill his or her wishes. The policyowner may name multiple beneficiaries if desired; however, delays in claim payment can occur when multiple beneficiaries must be contacted. Proceeds will be paid in equal shares to all primary beneficiaries, unless the policyowner gives other instructions to the company.
- If unable to suggest a specific person or persons to receive the proceeds, advise the applicant to have the policy made payable to their estate so the applicant may dispose of the proceeds by will or under the law of descent. In this case, the beneficiary designation should read “the estate of the insured.”
- Discourage the policyowner from naming a minor child as the beneficiary unless there is a legal guardian designated to receive any policy proceeds. The child’s legal guardian is named as beneficiary. The Company permits the designation of unborn or unnamed children as beneficiaries provided the children are referred to as children of a certain marriage, naming both parents.
- Discourage creditor designations (ex. Funeral homes, banks, credit unions). If a percentage of proceeds is designated, that is the percentage paid regardless of interest. Suggest the following verbiage, “as interest may appear” or suggest a collateral assignment.

Contingent Beneficiary

It is advisable to name a contingent beneficiary or beneficiaries to receive the policy proceeds in the event the primary beneficiary predeceases the insured. More than one contingent beneficiary may be named; however, the claim may be delayed by having to locate multiple beneficiaries. Proceeds will be paid in equal shares to all contingent beneficiaries, unless the policyowner gives other instructions to the Company.

THE UNDERWRITING PROCESS:

The Initial Review

At the first review of the application, the underwriter evaluates the information submitted and requests any further information required to make a sound decision about the risk of the proposed insured. Any questions left unanswered must be amended on a separate Amendment Form which will require a signature from the proposed insured and/or owner. You will be notified of any further requirements. These requirements may include such sources of underwriting information as:

The Personal History Interview

- A personal history interview (PHI) may be conducted with the proposed insured, or a parent or legal guardian if the proposed insured is a minor. We use a third-party vendor or our in-house telephone interviewers. The interviewers are selectively hired and trained for their professionalism and friendliness on the phone, as well as their accuracy and thoroughness in completing the interview.
- The interview typically takes 10-12 minutes. The interviewer will identify the Company, themselves, the writing agent and the purpose of the call. Arrangements may be made to call back at the proposed insured's convenience, if necessary. The questions on the application are generally used for the interview, but other information, such as medications being taken, may also be gathered.
- Please make the proposed insured aware of the possibility of a PHI and indicate on the application the best time to call.
- PHI's are requested at the discretion of the underwriter. We do not do point of sale telephone interviews.
- PHI's are routinely requested when there is a third party owner, the proposed insured is an adult and the owner is someone other than the proposed insured's spouse.

Attending Physician's Statement ("APS")/Medical Records

If specific medical information about a proposed insured is necessary, the underwriter will simply ask the attending physician to send a copy of the proposed insured's medical records. This enables the underwriter to evaluate specific details within the record and help ensure that any underwriting decision made is based on the most complete information available. Information received from any physician is confidential and is requested by and given only to the Home Office. Your underwriter will order the APS or medical records only when necessary.

ScriptCheck (SC)

ScriptCheck is a service provided by a third-party organization. If an applicant is taking prescription medicines the information may be recorded in the data base. The prescription information is provided to underwriting along with common conditions for which the medication is prescribed for treatment. This information is used to validate answers provided while completing the application.

Under certain circumstances, an underwriting decision can be based on a specific prescription medication(s) that is listed in the data base. This will depend on the actual medication, what it is used for and may include the date(s) it was filled. Such as insulin medication(s) and Alzheimer's disease medications.

For proposed insured's age 45 and over, please refer to the Prescription List for guidance. Please contact your marketing representative for a copy of the list.

Confidentiality

The underwriter will not disclose any confidential information. If an underwriting decision is reached based on confidential medical information and the proposed insured desires disclosure of this information, the following procedure is used:

1. The proposed insured must write a letter to the Company requesting that the information be disclosed.
2. The proposed insured must indicate the complete name and address of the physician to whom they wish this information to be disclosed.
3. The Company will then write to that physician and disclose the information upon which the decision was made.
4. Declined applications will not be returned to the agent or to the applicant.

RATING RISKS

Many factors can influence a particular risk and the final decision on rating any case is made by the Home Office Underwriter based on sound underwriting principles and good judgment.

Simplified Issue

Our Simplified Issue Products offer coverage to fit a broad spectrum of risk levels. The extra premium charged for these products allows us to offer these products to potentially higher risk applicants while keeping the medical requirements to a minimum. Insurable applicants will fit into one of three categories:

- Preferred Class – Immediate Benefit Product (Tobacco / Non-Tobacco): The risk category is composed of proposed insureds who present significantly less-than-average to average likelihood of loss.
- Standard Class Immediate Benefit Product (Tobacco / Non-Tobacco): Proposed insured's who have a greater-than-average likelihood of loss may be considered as Standard Class risks.
- Graded Death Benefit Product: Proposed insureds that have the highest acceptable risk to the Company of the likelihood of loss.
- Preferred and Standard Class Immediate Benefit products offer payment options of:
 - a) Paying premium for life until age 121
 - b) Paying premiums for 10 years (if available)

UNDERWRITING OVERVIEW

While the application is designed to determine what product the proposed insured is eligible for – the following will provide you with additional information to field underwrite medical histories and routinely offer the product the proposed insured is eligible for without further requirements.

1) Is the proposed insured hospitalized, bedridden, residing in a **nursing home, assisted or long term care facility**, receiving hospice or **home health care** or has the insured been advised or is the proposed insured planning to have inpatient surgery?

The highlighted portion of the question above is defined as follows:

- Nursing home, assisted living, long term care facility including, any facility where the proposed insured receives assistance with their care including, but not limited to taking medications, bathing, cooking, toileting, dressing, paying bills, etc
- Home health care: medical care provided by a medical professional including, but not limited to arranging medications, taking blood pressure or sugar readings, administering medications, wound care, feeding tube, etc

2) Has the proposed insured ever:

b) Tested positive for the antibodies to the AIDS (HIV) virus or been medically diagnosed with or received treatment for HIV, Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC).

If you have a state variation on which the application does not address positive HIV and we discover it from another source, additional underwriting may be required. Our underwriting decision will be based on these results.

3) Within the past **2 years** has the Proposed Insured:

a) Had, been diagnosed with, been treated for or advised to receive treatment for cancer (other than basal cell carcinoma)? ☒ Yes ☒ No

With cancer histories – the completion of treatment is not the date of diagnosis, but the last date of treatment associated with the cancer which may include, surgery, radiation and chemotherapy. Prophylactic prescription medication taken after the completion of surgery, radiation and chemotherapy are not considered current treatment. Examples of acceptable prophylactic medications are Nolvadex and Tamoxifen.

5) Within the past **4 years** has the Proposed Insured had, been diagnosed with, been treated for or advised to receive treatment for cancer (other than basal cell carcinoma)? ☒ Yes ☒ No

With cancer histories – the completion of treatment is not the date of diagnosis, but the latest date of treatment associated with the cancer which may include, surgery, radiation and chemotherapy. Prophylactic prescription medication taken after the completion of surgery, radiation and chemotherapy are not considered current treatment. Examples of acceptable prophylactic medications are Nolvadex and Tamoxifen.

6) Within the past **1 year** has the Proposed Insured:

b) Had more than 12 seizures or **had, been diagnosed with, been treated for or advised to receive treatment for congestive heart failure, cirrhosis, hepatitis B or C or other liver disease**? ☒ Yes ☒ No

Congestive Heart Failure (CHF): current treatment includes treatment received by prescription medications regardless of the date of diagnosis. If the proposed insured has ever been diagnosed with CHF, they will need to answer yes to this question unless the CHF has been resolved and no treatment for more than 1 year.

Cirrhosis: If the proposed insured has ever been diagnosed with Cirrhosis they will need to answer yes to this question.

Hepatitis B or C or other liver disease: If the proposed insured has ever been diagnosed with Hepatitis B or C or other liver disease they will need to answer yes to this question unless the hepatitis B or C or other liver disease has been resolved, inactive and no treatment for more than one year.

6) Within the past **1 year** has the Proposed Insured:

c) Had, been diagnosed with, been treated for or advised to receive treatment for aneurysm, angina or had or been advised to have heart surgery of any kind including bypass surgery, angioplasty, stent implant or pacemaker implant? ☒ Yes ☒ No

If the proposed insured has ever been diagnosed with an Aneurysm and still has it or has had it at any time during the last 12 months, they need to answer this question yes.

When angina has been diagnosed in the past year-the answer to this question is yes. When angina was diagnosed more than one year ago and ongoing prescriptions such as nitrates are prescribed, the answer to this portion of the question is no.

When a pacemaker or other implanted heart rhythm device was implanted in the past year, the answer to this question is yes.

6) Within the past **1 year** has the Proposed Insured:

d) Had a heart attack, stroke (CVA) or transient ischemic attack (TIA)?

Maintenance medications such as blood thinners prescribed after heart attacks, strokes and transient ischemic attacks is not considered current treatment for those conditions.

6) Within the past **1 year** has the Proposed Insured:

Used oxygen to assist in breathing (including Sleep Apnea), received kidney dialysis or had, been diagnosed with, been treated for or advised to receive treatment for kidney failure due to a disease or disorder? ☒ Yes ☒ No

The use of oxygen delivery devices to treat sleep apnea is considered oxygen use.

If treatment for Sleep Apnea does not include the use of oxygen (ex. use of a CPAP or BiPAP with room air only) does not need to answer "yes" to this question.

7) Within the past 2 years has the proposed insured used a wheelchair or electric scooter?

This question should be answered yes even if the proposed insured only uses the wheelchair or scooter for mobility at the mall, grocery store or other similar facilities. If answering "Yes" and the reason for the use is/was for a reason that is expected to resolve within a few months, please provide details on the Supplemental Information to the Application for Life Insurance form and proceed to answering the questions in Part C4 (assuming this was the only Yes answer in Part C3).

8) Within the past **2 years** has the Proposed Insured:

a) Had or been treated for angina (chest pain); aneurysm; vascular, circulatory or blood disorder; heart surgery of any kind including bypass surgery, angioplasty, stent implant or pacemaker implant; or irregular heart rhythm such as atrial fibrillation? ☒ Yes ☒ No

If the proposed insured has ever been diagnosed with an Aneurysm and still has it or has had it at any time during the previous 12 months, they need to answer yes to question 6c. If the proposed insured had the aneurysm between 12 and 24 months ago, the answer to this question needs to be yes. If the aneurysm was corrected or repaired and the proposed insured has not had the aneurysm more than 24 months ago this questions should be answered no.

When angina was diagnosed between 12 and 24 months ago, the answer to this question is yes. When angina was diagnosed 24 months ago or longer and ongoing prescriptions such as nitrates are prescribed, the answer to this portion of the question is no.

Additional examples of vascular or circulatory disorders include:

Peripheral Vascular Disease (PVD) or Peripheral Arterial Disease (PAD)

Phlebitis

Arteriosclerosis

Coronary Artery Disease (CAD)

Blood Clots

Pulmonary Hypertension

Examples of blood disorders include:

Anemia

Polycythemia

Thrombocytopenia

Hemophilia and other coagulation disorders

When a proposed insured has had pacemaker or other implanted heart rhythm device implanted, regardless of the date of the procedure – the question should be answered yes as this is considered current treatment.

When a proposed insured is currently receiving treatment/taking medication for an irregular heart rhythm, regardless of the date of diagnosis – the question should be answered yes as this is considered current treatment.

8) Within the past **2 years** has the Proposed Insured:

b) Had a heart attack, stroke (CVA) or transient ischemic attack (TIA)?

Maintenance medications such as blood thinners prescribed after heart attacks, strokes and transient ischemic attacks is not considered current treatment for those conditions.

8) Within the past **2 years** has the Proposed Insured:

c) Had more than 12 seizures, used insulin **or had, been diagnosed with, been treated for or advised to receive treatment for congestive heart failure, cirrhosis, hepatitis B or C or other liver disease?**

☒ Yes ☒ No

Congestive Heart Failure (CHF): current treatment includes treatment received by prescription medications regardless of the date of diagnosis. If the proposed insured has ever been diagnosed with CHF, they will need to answer yes to question **6b** unless the CHF has been resolved and no treatment for more than 1 year. If it has been active or any treatment received any time within the previous 12-24 months, then they would need to answer yes to this question (**8c**).

Cirrhosis: If the proposed insured has ever been diagnosed with Cirrhosis they will need to answer yes to question **6b**.

Hepatitis B or C or other liver disease: If the proposed insured has ever been diagnosed with Hepatitis B or C or other liver disease, they will need to answer yes to question **6b** unless the Hepatitis B or C or other liver disease has been resolved, inactive and no treatment for more than 1 year. If it has been active or treated any time within the previous 12-24 months, then they would need to answer yes to this question (**8c**).

If any of the conditions have been resolved, inactive and no treatment for more than 2 years, they would answer no to this question.

10) Has the Proposed Insured **ever** been diagnosed with, been treated for or advised to receive treatment for Parkinson's disease, multiple sclerosis, **chronic obstructive pulmonary disease (COPD) including emphysema, chronic asthma, black lung or other chronic respiratory disease?**

☒ Yes ☒ No

Sleep apnea is not categorized as chronic respiratory disease.

Chronic asthma is defined as using medication year round on a daily or weekly basis.

Chronic shortness of breath would be considered a chronic respiratory disorder.

Allergic rhinitis, seasonal allergies and hay fever are not categorized as chronic respiratory disease.

PREMIUM COLLECTION

TOPICS IN THIS SECTION

- **Premium Billing and Collection**
- **Payment Modes**

Department Overview

The Inforce Administration is responsible for:

- billing and processing of individual premium payments
- group/payroll deduction billing and collection of premiums, including federal allotment and military allotment
- tax reporting
- rewrites
- reinstatements
- policy certifications
- cancellations
- loans
- withdrawals

PREMIUM BILLING AND COLLECTION

Timely premium payments will keep clients' policies in force and you receive your commissions. By keeping in touch with your clients and watching your Month-End Commission Statement closely, you can be assured of both giving and receiving continued "Customer Satisfaction in Action."

- Premium payments are accepted exclusively at our Home Office. There are several payment mode options which may be chosen at the time of application, or later by contacting the Call Center. (These various options may affect your advance commission status - see section on Commissions for further information.)
- The first premium is due as of the policy issue date, if it was not submitted with the application.
- Subsequent premium payments are payable while the insured is living, and within the grace period to keep the policy in force. (The Customer Service section also has information on this and other related topics.)

Grace Period for Paying Premiums

Monumental Life Insurance Company allows a period of 31 days after the premium due date for payment of each renewal premium unless state law requires something different. If any premium remains unpaid after the grace period, the policy will lapse subject to its nonforfeiture provisions (See the Customer Service section for details.) If the insured dies during the grace period before the premium is paid, the premium due will be deducted from any policy proceeds.

PAYMENT MODES

Automatic Premium Payment Method - The EFT Plan

The EFT plan (Automatic Clearing House / Pre-Authorized Check Plan) is available to policyowners with checking and savings accounts. EFT is a premium payment method by which the Company withdraws the amount of premium due directly from the policyowner's or other payor's bank account. This transaction is then listed on the bank account statement. It may save money because premiums may be less than premiums for the direct pay method, and there are no postage costs. Here's how it works:

- At the time of application submission, the proposed insured/policyowner pays **ONE FULL PREMIUM ADVANCE** at the EFT rate shown in the policy.
- The policyowner completes a "Premium Payment Authorization to For Electronic Funds Transfer (EFT) found on the application.

Sample Form

Part B2 – Premium Payment Authorization For Electronic Funds Transfer (EFT): Payor's Authorization To Insurance Company																																									
As a convenience to myself, I hereby authorize Transamerica Life Insurance Company to draft premium payments from my financial institution account.																																									
It is understood that credit for payment is conditioned upon the draft being honored when presented for payment. Furthermore, this authorization may be terminated (a) at the option of the Company if any draft is not honored when presented for payment; or (b) by the Company, financial institution or the undersigned upon 30 days written notice to the parties hereto.																																									
If this authorization is terminated, the amount due on the policy involved will be billed on a quarterly basis.																																									
<input type="checkbox"/> Checking <input type="checkbox"/> Savings	Financial Institution Name: _____ City/State: _____																																								
Account #: <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																					Routing #: <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				
Recurring Draft Date (1st-28th): _____ If no recurring draft date is selected, the draft date will be the same day of the month as the Policy Date.																																									
Payor Signature (if other than proposed Insured or Owner) _____ Date: _____																																									

- Complete the entire form and attach a void check (or deposit slip for saving accounts) for the account against which the automatic premium payment will be drawn.
 - ***NOTE:** The date of the initial draft can differ from the monthly EFT draft date once the policy is issued and in force. Make sure that the dates are clearly stated for drafting: the initial draft will need a specific month and day (please note initial draft next to this) and the EFT monthly draft date will need a day of the month (1-28) to draft each month.
- The automatic premium payment transaction is listed on the policyowner's bank account statement for each time it drafts.

Social Security Benefit Payment Option

We have the ability to withdraw on corresponding Social Security Benefit deposit dates for both checking accounts and the Direct Express MasterCard. We are one of few carriers that have this ability to use this as a mode of payment. Upon choosing this method of payment please complete and submit the SSBA form.

EFT for In-force Policies

- Have the policyowner complete a Pre-Authorized Payment Plan Form which can be obtained from your GA, Home Office Supply Department, or from ANI.
- Send attached with a voided check, or a deposit slip if savings account.

Bank Account Changes or Changing Banks

With constant attention to our goal of “Customer Satisfaction in Action,” you can ease the transition of your client’s automatic premium payments from bank to bank when accounts change, that way there is no lapse in the policy coverage or your commission. (This is another good reason to maintain contact with your clients!)

- Submit the new Pre-Authorized Payment Plan Form and a new voided sample check (or deposit slip if it is a savings account) as quickly as possible. Only give information relevant to the new account (the old account number is not needed).
- Double check all policy number(s) involved are listed on all correspondence.
- For EFT-Monthly, indicate the draft date (1-28). If this is not indicated the draft date will automatically default to the prior EFT-Monthly draft day or to the policy issue date for each month. (If the policy was issued on 04/18/2003 and there was no prior bank draft and no draft date indicated, then the policy would draft on the 18th of each month.)
- All notifications to change banking information needs to be received a **minimum of 10 days prior to the current EFT draft date** because the draft requests leave the Home Office 3 days prior to the day that the money will come out of the customer’s bank account.

Transactions Not Honored by the Bank

The processing of “insufficient funds,” “stop payment,” and “account closed” returns from the bank are handled by Customer Service as follows:

- When the withdrawal is denied due to insufficient funds, a second attempt is automatically made to pay the premium due**.
- If the EFT transaction is returned a after the second attempt:
 - ✓ The premium and commission that has been previously credited (added) to your Commission Statement will be reversed (subtracted).
 - ✓ The Customer Service Department notifies the policyowner by letter informing him/her of the returned transaction.
 - ✓ The Policy is changed to a Direct Billed method of payment.
 - ✓ In the case of “account closed” or “stop payment” returns, the EFT plan may be resumed subject to any new forms required from the policyowner (such as a bank draft form and/or check copy).

****NOTE:** Re-deposits of insufficient funds may occur on the customer's bank account up to **2 times** for one premium draft. This happens because each time the Home Office sends a request for funds and there are insufficient funds available, there will be an automatic attempt to redraft the account before the Home Office is notified. After the second unsuccessful attempt by the bank and if there are still insufficient funds, the draft is returned to the Home Office. This is how it is possible to have multiple draft attempts show up on the customer's bank statement.

Direct Pay Method – Applies to Quarterly, Semi-Annual, and Annual payments

- Direct pay premium notices are mailed approximately 20 days before the premium due date.
- If the premium is unpaid 21 days after the due date a reminder notice is mailed.
- If the premium is not received after 65 days a lapse notice is mailed with reinstatement instructions.
- If a nonforfeiture option is available, handling is scheduled on any policy which is past due by more than 65 days.

**** NOTE: Monthly direct payment method is not available.**

If the monthly EFT is removed due to unsuccessful bank withdrawals, the policy will revert to quarterly direct bill.

See the Customer Service section for more information.

TOPICS IN THIS SECTION

- Policy Lapse and Reinstatement
- “Free Look” Cancellations
- Nonforfeiture Benefits
- Policy Loans
- Policy Changes

Department Overview

The Customer Service Department services all in-force policies from the date of issue until the policy is lapsed, surrendered, or reaches maturity.

PRIVACY PROCEDURES

When calling or submitting a request, the agent must be actively contracted (coded) and have an active interest in the policy prior to any information being released.

THIRD PARTY AUTHORIZATION

A written request, signed by the owner is submitted. Authorization is valid for 1 year from signature date.

POLICY LAPSE AND REINSTATEMENT

Every policy has a contractual grace period for the payment of premiums. Policies that remain unpaid after that period are lapsed, subject to nonforfeiture provisions as stated in the policy contract.

Nonforfeiture Options

Sixty Five days after the premium due date, the policy’s automatic nonforfeiture option will go into effect retroactive to the paid-to-date. Policies not in force long enough to have cash value will be terminated. More information about nonforfeiture benefits is located later in this chapter.

Reinstatement Provision

Transamerica Premier Insurance Company’s policies have a reinstatement provision permitting full reinstatement subject to:

- Evidence of Insurability: A state approved Reinstatement Application and HIPAA form must be completed by the insured and submitted to the Company for review. (If the owner is different than the insured, then he/she will also need to sign the application.)
- Premium payments will be requested following underwriting approval, premium payments submitted prior to underwriting may be returned to the policyowner.
- The amount of premium due after a reinstatement has been approved will include any missed premiums from the last paid-to-date. In addition, if there was a loan on the policy at the time

that it lapsed, the loan may be required to be paid in full to reinstate the policy (pending policy contract terms/conditions).

- Review the reinstatement provision in the policy for further details.

“FREE LOOK” CANCELLATIONS

By law, insurance policies must provide that the policyowner has a “free look” period during which he/she may return the policy and receive a refund of all premiums paid. Depending on the state, this period may be 10 to 31 days. To cancel a policy during this period:

- We must receive a cancellation request in writing, either in a letter or by writing “Cancel” across the policy, including the policyowner’s signature.
- A request from the policyowner must be made in writing within the “Free Look” period.
- Once the “Free Look” cancellation has been processed by the Home Office, we send the refund check directly to the policyowner, regardless of who submitted the payment(s). A copy of the cover letter that accompanies the refund check is sent to the agent.
- Your agent account may have commission adjustments made. Refer to the Commissions section for more information.

NONFORFEITURE BENEFITS

If premium payment ceases for reasons other than the death of the insured, the policyowner is entitled to nonforfeiture benefits, if any, which include either cash surrender value or continued insurance coverage.

Extended Term Insurance (ETI)

ETI is available if shown in the table of nonforfeiture values in the policy. If it is available and elected by the policyowner:

- The net cash value is used as a single premium to purchase term insurance for the same face amount as the original policy. If there is an outstanding loan balance, the debt will be repaid from the cash value before it is used to purchase the Extended Term Insurance.
- The duration of the term will depend on the amount of cash value available to use as a single premium.
- Once the policy has converted to its ETI nonforfeiture benefit, it must be possible to reinstate the policy back to its original condition. A reinstatement application may be submitted to the Home Office. See the previous section on the Reinstatement Provision. It is important to note that **if the ETI coverage has expired the policy cannot be reinstated** and a new policy will be needed if the client still wants insurance coverage.

Reduced Paid-Up Insurance (RPU)

The net cash value may be used as a single premium to purchase a fully paid-up policy of the same type of plan and duration as the original insurance. (The change to RPU requires a minimum purchase of at least \$100 of RPU face amount.)

- The face amount of the new paid-up policy will be less than the original policy, hence the name “reduced” paid-up.
- If there is an outstanding loan balance, the debt will be repaid from the cash value before it is used to purchase the reduced paid-up insurance.
- Once the policy has converted to its RPU nonforfeiture benefit, it may be possible to reinstate the policy back to its original condition. A reinstatement application may be submitted to the Home Office. See the previous section on the Reinstatement Provision.

Automatic Premium Loan (APL)

The policy cash value is borrowed against to pay past due premiums. If elected, this is an automatic option.

- The Company pays two consecutive past due modal premiums by APL.
- If the next due premium is also in default, and the cash value is sufficient, the Non-forfeiture Option of ETI or RPU will be utilized depending on the policy.
- Request for APL may be made by contacting Customer Service.

Cash Surrender Value (CSV)

The policy may be surrendered by the policyowner for its net cash value. Cash Surrender terminates the policy. Before surrendering a policy give serious consideration to:

- The **needs** of the beneficiaries will no longer be satisfied.
- A new policy may be **more expensive** due to increased age.
- In some cases, new insurance **may not be available** at all due to health reasons.
- Reinstatement **will not be available** following termination.

CONSERVATION

Most policyowners are unaware of alternatives to surrendering their policies. Many assume their only course of action is to give up the policy and accept the net cash value. Counseling policyowners and advising them of these alternatives is called **conservation**; Transamerica agents and employees practice conservation at every opportunity. Some alternative ways to use the cash value, rather than surrender:

- **Borrowing on the cash value to pay premiums (APL).** If the difficulty in making premium payments appears to be temporary, the policyowner may take a portion of the cash value as a loan and apply it to pay premiums. Contact Customer Service to use APL.
- The cash value can be used to **purchase Extended Term Insurance (ETI)** for as long a term as possible at the same face value of the original policy.
- The cash value can be used to **purchase a reduced paid-up policy (RPU)** on the same plan type and for the same duration as the original policy with a reduction in the face value.
- Decreasing premium payment may be an option, if applicable to the plan of insurance.

The cash values of every policy, are shown in the individual policy's table of nonforfeiture values. Laws specify the formulas used for determining guaranteed minimum cash values for life insurance contracts. A policy's cash value varies, depending upon:

- The plan of insurance.
- The age of the insured at the issue date.
- The duration of the policy. (The longer a policy has been in-force, the greater the cash value.)
- The face amount of the policy. (Since cash values are expressed per \$1,000 of face amount, the larger the policy, the greater the cash value.)

The basic policy cash value for each of the first twenty years after issue is shown in its table of nonforfeiture values. Values for subsequent years may be obtained from the Customer Service Department.

SURRENDERING A POLICY

If the policyowner insists on surrendering the policy, your help is necessary. Here's how the process goes:

- Complete the Customer Service Full Surrender Request Form.
- Obtain appropriate signatures on the form. Who should sign the form:
 - ✓ **The owner(s) of the policy.** The policy is owned by the person listed as the policyowner in the policy file, and that individual must sign the form. If a Power of Attorney has been granted to an individual to act on behalf of the policyowner, he/she may sign the form. However, a complete copy of the properly executed Power of Attorney paperwork **must** be submitted with the form.
 - ✓ **The designated irrevocable beneficiary.** If an irrevocable beneficiary has been designated, that person has a vested interest in the policy and must also sign the form.
 - ✓ **The assignee.** If the policy has been assigned, the assignee must either furnish a release of assignment or sign the Full Surrender Form.
 - ✓ **The spouse of the policyowner.** If the owner resides in a community property state, the spouse must also sign the form.
 - ✓ **Trustees.** If the owner is a trust, all trustees must sign the form.
- Send the completed Full Surrender Request Form to the Customer Service Department.
- The Surrender will be held until after the last premium payment has cleared the bank, normally within 30 business days. A bank statement may be submitted showing the last payment and a positive balance once the premium payment has cleared. This will waive the 30 business day hold period.

If the policyowner contacts the Home Office directly concerning the surrender of his/her policy, here is what happens:

- An effort is made to insure that the policyowner understands the alternatives to surrendering the cash value of his/her policy as well as the benefits that the policy provides.
- If the policyowner still chooses to surrender, a Customer Service Full Surrender Request Form is sent, which the policyowner completes and returns to the Customer Service Department. The form cash surrender transaction is processed, within 10 days of receipt of the surrender request form if the request is received in good order and no premium payment has been made in the last 20 days. (A copy of the letter is also sent to the up-line active servicing agency or agent.)

If the policyowner consults a Transamerica agent or the Company, and the conservation efforts by the agent and/or the Customer Service Department have not been successful, and the Customer Service Full Surrender Request Form is received by the Customer Service Department, the request will be processed in the order it is received:

- The cash value will be determined and then policy loan indebtedness, if any, along with any outstanding premiums due to pay the policy current will be subtracted.
- A check will be drawn for the net cash surrender value payable to the policyowner.
- The check will be sent to the policyowner at the address indicated on the Company's records.
- A letter explaining the transaction and net cash surrender check will be sent separately. Copies of this letter are sent to the up-line servicing agency or agent.

POLICY LOANS

Policy loans are secured by the cash value and death benefit of the policy. Any type of policy that can accumulate cash value contains a policy loan provision. The policyowner may request a loan in a variety of convenient ways:

- **Letter.*** A letter signed by the policyowner with his/her policy number, current mailing address, and phone number.
- **Telephone.*** A policyowner may request a loan by calling the Customer Service Department. All loan requests by phone are subject to the following:
 - ✓ The request must be made only by the policyowner.
 - ✓ The net loan amount is \$50,000 or less.
 - ✓ An address change has not been made in the last 30 days on the policy. If an address change has been made in the last 30 days, a written request or Loan Request Form will be required.
 - ✓ If the net loan amount is over \$50,000, a letter and Loan Request Form will be mailed to the policyowner.
 - ✓ The check for the loan proceeds is made payable to the policyowner.

***All of the above requires any irrevocable beneficiary or assignee to sign the loan request.**

After the policy has accumulated cash value, the Company will make a loan subject to the following conditions:

- **The maximum amount loaned** will be at 90% of the cash value of the policy on its paid-to-date when the loan is made, minus:
 - ✓ Any existing loan,
 - ✓ Interest on the amount of the loan to the end of the policy year,
 - ✓ Any premiums past due at the time of the loan, and
 - ✓ Any premiums received within 20 days of processing.
- **The loan interest rate** is set annually, is variable but will not exceed 8%. It can be increased annually with 30 days written notice. No matter when the loan is made, interest is added to the loan principal from the date of the loan until the next policy anniversary. This is a convenience to the policyowner and prevents an interest due notice immediately after receiving the loan.
- **The interest is paid annually in advance** from one policy anniversary to the next. The Company allows a 31 day grace period for loan interest payments. Billing is handled as follows:
 - ✓ A loan interest notice is mailed to the policyowner on the policy anniversary.
 - ✓ If a direct pay premium is also due on the policy anniversary, the loan interest is shown on the premium notice.
 - ✓ If premiums are paid by either EFT or salary deduction, a loan interest notice is mailed to the policyowner 20 days before the policy anniversary.
 - ✓ Interest not paid when due will be added to the loan and will bear interest at the same rate, assuming there is a sufficient increase in the policy's cash value in excess of the interest due.

- **The loan will constitute a first lien** on the policy in favor of the Company. The properly endorsed loan proceeds check typically validates the loan transaction.

Loan Repayment

Although there is no contractual requirement that a policy loan must be repaid, or that interest must be paid in cash, there are three vitally important reasons to make these payments:

1. The loan principal and interest will be deducted from the face amount of the policy in the event of a death claim.
2. The loan principal and interest will be deducted from the cash value of the policy in the event it is surrendered.
3. The loan principal plus interest could exceed the cash value and cause the coverage to lapse with no reinstatement options. (See section on Overloans.)

In any of the above circumstances, the proceeds will be less than planned for when the insurance program was initiated.

Transamerica Life Insurance Company encourages policyowners to make regular loan repayments by offering convenient loan repayment methods. The Customer Service Department can provide further information regarding loan repayment and how it can be tailored to fit the individual needs of the policyowner. Please keep in mind:

- Loan payments can be made by personal check or by the EFT plan.
- Loan payments should be made in amounts of \$10.00 or more.

Overloans

When the amount loaned plus interest due exceeds the policy's cash value, this is called an **overloan**. If at any time the policy loan and loan interest equal or exceed the guaranteed cash value, this policy will terminate without further value. However, in no event will this policy terminate until 31 days after a notice has been mailed to the last known address of the policyowner regarding the overloan. A notice will also be mailed to any assignee of record. A letter advising of the termination will be sent to the policyowner with copies to the up-line active servicing agency or agent. Reinstatement will not be approved on a policy that has an overloan.

POLICY CHANGES

Ownership

The policyowner has absolute control of the policy and his/her written consent is required for all policy changes, beneficiary designations and assignments, loans and other uses of the policy values. Monumental Life policies are controlled by the owner. Complex situations are created when multiple owners are named.

Change of Ownership

- ◆ The policyowner of record can change ownership by having the new owner complete the Ownership Change Request Form, indicating the new owner's name, address, signature, social security number and date of birth.
- ◆ The form needs to be signed and dated by the current owner(s).
- ◆ The Home Office will acknowledge this form and return a confirmation letter to the new policyowner.

Assignment

An assignment is an agreement under which a policyowner gives control of some or part of the death benefits to another party. A life insurance policy may be assigned as collateral for a financial obligation. **Assignments must be in writing and filed with the Company at the Home Office. It is preferred that the assignment is made on our form.** The Company will assume no responsibility for the validity or sufficiency of any assignment. Refer all requests for assignments to the Customer Service Department.

Beneficiary

The policyowner designates a primary and contingent beneficiary. If the policyowner is not the insured, he/she usually names himself/herself as the primary beneficiary, although this is not required. Refer to this topic in the New Business section for further information.

Change of Beneficiary

The policyowner may change the beneficiary designations at any time by completing and submitting a Beneficiary Change Request Form. The Customer Service Department can help with any changes to the beneficiary designations. Here are some basic guidelines:

- The policyowner and any irrevocable beneficiary must sign the form.
- Upon receipt, the information will be recorded at the Home Office and a letter will be sent to the policyowner confirming the change has been made.
- It is not necessary that the policy be submitted to us with the Beneficiary Change Request Form (available on ANI).

***NOTE:** *If more than one primary (or more than one contingent beneficiary) will be listed on the form, the designations of the **death benefit proceeds must be split using percentages not dollar amounts**. (For example, if the owner has his/her two adult children as beneficiaries and wants the death benefit split evenly, then beside each beneficiary named 50% should be written. If the death benefit is to be divided with one receiving 30% and the other 70%, the percentage should be written next to the appropriate name.)*

Name Changes

There are four categories of name changes:

1. An INSURED'S name can change.
2. The POLICYOWNER'S name can change.
3. The PAYOR'S name can change.
4. A BENEFICIARY'S name can change.
(Not to be confused with a Change of Beneficiary.)

Here's how to make a name change on a policy:

- Complete the Name Change Request Form (available on ANI), submit the form along with a copy of an official certified document (ex. Divorce decree, marriage license, social security card, driver's license) issued by a state authority, to the Home Office.
- The policyowner is required to sign the form or letter for payor's name change.
- A confirmation letter noting the change will be returned to the policyowner.

Address Changes

Policyowners may use their premium notice to make address changes. A letter, telephone call to the Customer Service Department, or the Address Change Request Form, may also be used. The policyowner or the active servicing agent may notify the Customer Service Department of an address change.

TOPICS IN THIS SECTION

- Reporting a New Claim
- Payment (Settlement) Options

Department Overview

The Claims Department processes all death, disability, and waiver of premium claims. We respond to all correspondence and telephone calls concerning claims. Settlement options on death claims are explained to beneficiaries, as well as clarification on policy/certificate provisions, exclusions, limitations and procedures. In the event of a claim, the Reinsurance Department will also communicate with reinsurance companies on policy/certificates that are reinsured.

REPORTING A NEW CLAIM

When reporting a new claim to the Claims Department, please provide the following:

- The insured's name
- The policy/certificate number
- The date of death or disability
- Cause of death
- Beneficiary, if known
- Address of the beneficiaries

Once the Claims Department is notified of a death claim, the Claimant's Statement with a letter listing the required items is sent.

Claimant's Statement

The Claimant's Statement is completed and signed by the appropriate beneficiary. Self-explanatory instructions appear on the back of the Claimant's Statement.

General Claims Information

- Claim checks are sent to the beneficiary unless we have an assignment or a written request from you requesting the check be sent to you for delivery.

PAYMENT (SETTLEMENT) OPTIONS

During the insured's lifetime, the policyowner may elect that any amount payable under the policy/certificate (upon the death of the insured or in any other settlement of the policy/certificate) be applied under any one of the payment options listed in the policy/certificate.

Specific questions regarding the options available should be directed to the Claims Department.

Our primary method of payment is by providing a lump sum benefit made payable by a Company.

Accidental Death

Unless otherwise requested, accidental death benefit proceeds will be paid in the same manner as the proceeds of the basic life insurance policy/certificate. An investigation may be completed depending on the cause of death.

TOPICS IN THIS SECTION

- Focus
- Products
- Support

FOCUS

Senior Life - By selling in the Senior Life marketplace, you realize the value of a company that is both familiar with this particular consumer and is committed to the mature life insurance market. This is the fastest growing segment of the U.S. population. This is a single need sale emphasizing the death benefit designed to cover the expenses associated with final illnesses and end of life expenses. Prospects are relatively healthy senior citizens who are doing basic final expense planning.

At Transamerica, Senior Life sales are a core component of our long term strategy.

Ordinary Life – This marketing program is designed for working class Americans. By working in this market, you will provide basic insurance planning to solve death benefit and short term disability income needs, and emphasize the importance of cash accumulation for retirement with both basic qualified and non-qualified plans.

PRODUCTS

SENIOR LIFE PRODUCTS

- Immediate Solution – Whole Life
- 10Pay Immediate Solution – Limited Payment Whole Life
- Easy Solution – Graded Death Benefit

SUPPORT

- Turn Key Lead Program
- Regional Training Seminars
- “800” Lines to Sales Office and Home Office
- 3 day turnaround goal on most Senior Life cases from receipt to issue
- Commission Advances
- Eligibility for Bonuses, contests and awards
- Point of Sale material for the products
- Software and product support from the Sales Office
- Agent Net Info (ANI) available 24 hours a day, 7 days a week

PRODUCTS

PRODUCT LIST

- **Immediate Solution (WL08)**
 - Simplified Issue
 - Preferred and Standard Class Rating
 - Tobacco and Non-Tobacco Ratings

- **10 Pay Immediate Solution (WL08)**
 - Simplified Issue
 - Limited Payments
 - Preferred and Standard Class Rating
 - Tobacco and Non-Tobacco Rating

- **Easy Solution (WL09)**
 - Graded Death Benefit
 - Simplified Issue
 - Whole Life
 - No premium distinction between tobacco and non-tobacco

RIDERS

- **Immediate Solutions:** Accelerated Death Benefit Rider (ADBR)*
Accelerated Death Benefit Rider with Nursing Home Option (NHO)*
Accidental Death Benefit Rider – Optional Rider
Children’s and Grandchildren’s Benefit Rider – Optional Rider

- **10 Pay Immediate Solutions Provider:** Accelerated Death Benefit Rider (ADBR)*
Accelerated Death Benefit Rider with Nursing Home Option (NHO)*

- **Easy Solutions:** No riders available on this product

*Accelerated Death Benefits will be available when the Insured has been diagnosed with a Qualifying Event, as described in the rider, while the policy and the rider are in force. Benefits advanced under this rider may be subject to taxation. Limitations and Exclusions apply. Refer to the Rider for complete details.

Refer to ANI for State specific applications and availability.

Transamerica Financial Life Insurance Company is authorized to conduct business in New York. Transamerica Life Insurance Company and Transamerica Premier Life Insurance Company are authorized to conduct business in all other states. Immediate Solution 121, 10-Pay Solution and Easy Solution are whole life insurance policies issued by Transamerica Financial Life Insurance Company, Harrison, NY 10528 in New York and by Transamerica Life Insurance Company, or Transamerica Premier Life Insurance Company, Cedar Rapids, IA. 52499 in all other jurisdictions. Policy Form Nos. WL08 and WL09. Policy form and number may vary, and these products may not be available in all jurisdictions. Insurance eligibility and premiums are subject to underwriting.

SALES MATERIAL

STATE APPROVAL SHEETS**

The State Approval forms will show you which states each product and rider is available and will provide you with the information on what application to use in each state as well as what additional forms are required. (Available on ANI)

APPLICATIONS & FORMS**

Applications & Forms can be printed from ANI or ordered from TransMarketingSM.
(State Variations and State Specific Forms may apply)

RATE GUIDES & BROCHURES**

Agent Rate Guides & Client Brochures are sent to each newly registered agent. They can also be ordered from TransMarketingSM. The Agent Rate Guides provide rates and underwriting guidelines to the agent. The Client Brochures provide product information and can be given to the Applicant/ Client.

RATE CALCULATOR

An Excel-based electronic premium calculator is available on ANI and is available for download.

*****Please refer to ANI for most current information***

AGENT NET INFO

ABOUT ANI

Agent Net Info offers you free access to high-caliber tools from the convenience of your personal computer.

ANI is available 24-hours a day, 7 days a week.

ANI Online offers you these valuable features:

- Latest News and Company Updates
- Commissions
- Contact Info
- Forms
- Inforce Policy Information
- Product Information
- Pending Reports
- Production Tracking
- Online Supply Orders
- And much more...

Visit us at: www.agentnetinfo.com



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YOUR ONLINE BUSINESS PARTNERS

Build and manage your business with valuable online tools designed specifically for insurance professionals like you.

(ANI Online) offers you free access to high-caliber tools from the convenience of your personal computer. Managers can create sub-accounts for each office staff member. If requested, viewing of commission information can be restricted.

ANI Online offers you these valuable features:

- **Notable News and Dates to Remember** – Get the most current information regarding new products, important process changes, product updates, and key dates for upcoming events.
- **Commissions and Financial Reporting** – Check your pending and past commissions, view potential future commission and find out if your account has insufficient collateral. Monthly earned statements are available to view or save in PDF. Managers can view commissions for their producers and know whose potential earnings are less than their debit balance. Personal and unit persistency is available and managers can determine agents with low persistency.
- **Forms** – Enjoy easy, 24-hour-a-day access to all state-specific forms to keep your new cases moving forward.
- **Education Resources** – Education Resources offers you various Brainsharks. Brainsharks are pre-recorded presentations to walk you step by step through several Transamerica products and processes. They are available 24/7 to meet your schedule.
- **Inforce Policy** – View your Inforce policies online. For each policy, you will see coverage information, policy detail and sub-account information (when applicable).
- **Product Information** – Everything you need to know about available products is online. Get information about state approvals, interest rates, product specs, underwriting guidelines—you can even print out a client brochure!
- **Pending Reports** – Find out where your cases stand by accessing these pending reports. You can even e-mail the underwriter on the case. Managers can also view pending cases by producer.
- **Production Tracking** – Track submitted and placed business by week, month, and year to date and compare to previous year's production. Managers can view their personal production and their unit production.
- **Software Downloads** – No more waiting to receive your software! You can download software and software updates directly from our website.
- **TransMarketingSM** – Easy ordering process available 24 hours a day, 7 days a week. Track your order with Fed Ex tracking. Email confirmation and order history also available.

It's Easy to Register Online for Access to

AgentNetInfo.com

1. Have your agent number available.
2. Go to www.agentnetinfo.com
3. Click the "New User" button on the login page then follow the instructions.
4. Log in with your new user ID and password.

Transamerica Life Insurance Company
Transamerica Premier Life Insurance Company
Transamerica Financial Life Insurance Company

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INSTRUCTIONS & REFERENCE GUIDES

On ANI you will have access to view instructions, guides, and screen prints to show you how Agent Net Info works.

Log In – Go to **HELP** on the navigation panel (left hand side of page) to view instructions and guides on the following:

- Production Report
 - Personal or Unit Summary reports allow agents to view a summary of their production credit by selecting a pre-defined date range or a specific date range. Also, allows agents to view production credit by product line or specific product type and by all agent numbers or a specific agent number.
- Inforce Report
 - This guide is designed to help you understand the Inforce Policy Reports available on Agent Net Info (ANI). It also serves as an ongoing reference for instructions on how to most effectively use these reports.
- TransMarketingSM
- Advance/Interim Commissions

