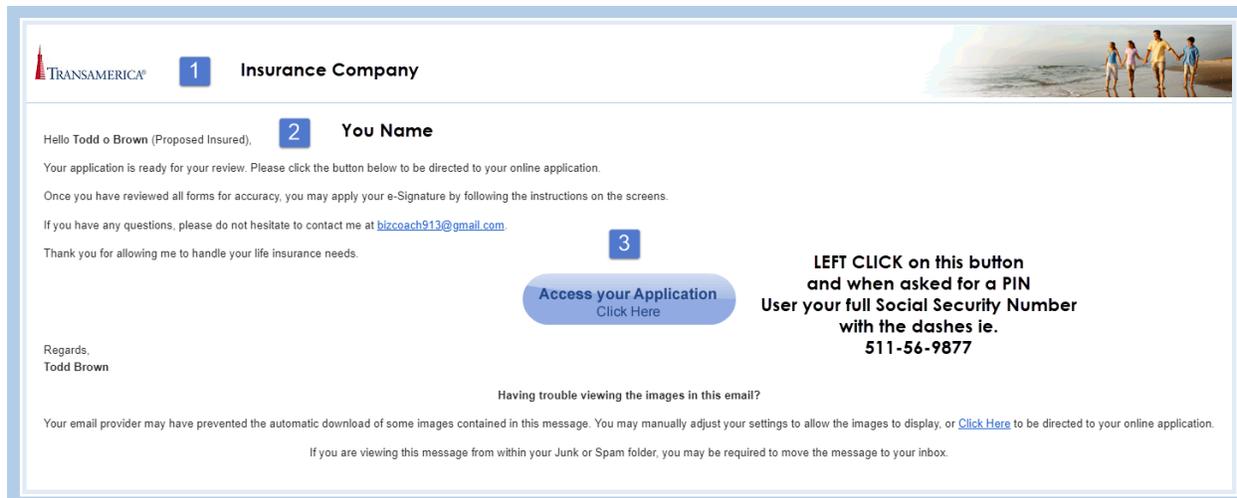


## TransAmerica Application Process

**THIS IS BEST DONE** on an iPad, Laptop or Desktop computer.

**IF YOU ARE USING A CELL PHONE** to sign...**BE SURE** to **OPEN** each PDF file and scroll all the way down, then save and close to hit the **I Consent Button...**

First you'll get an email from your provider [TransAm] and be asked to **Access Your APPLICATION** [Click the link to open a new browser]



The screenshot shows an email from TransAmerica. At the top left is the TransAmerica logo. To its right is a blue box with the number '1' and the text 'Insurance Company'. On the right side of the header is a photograph of a family walking on a beach. The main body of the email contains the following text:

Hello **Todd o Brown** (Proposed Insured), **2** **You Name**

Your application is ready for your review. Please click the button below to be directed to your online application.

Once you have reviewed all forms for accuracy, you may apply your e-Signature by following the instructions on the screens.

If you have any questions, please do not hesitate to contact me at [bizcoach913@gmail.com](mailto:bizcoach913@gmail.com).

Thank you for allowing me to handle your life insurance needs.

Centered in the email is a blue button with the number '3' above it, containing the text 'Access your Application' and 'Click Here' below it.

To the right of the button is the following text:

**LEFT CLICK** on this button  
**and when asked for a PIN**  
**User your full Social Security Number**  
**with the dashes ie.**  
**511-56-9877**

Regards,  
Todd Brown

Having trouble viewing the images in this email?

Your email provider may have prevented the automatic download of some images contained in this message. You may manually adjust your settings to allow the images to display, or [Click Here](#) to be directed to your online application.

If you are viewing this message from within your Junk or Spam folder, you may be required to move the message to your inbox.



**Welcome!**

Your insurance application is available for review and signature. To ensure your information remains secure and confidential, please enter the information below:

**PIN: If you have a SSN, use your entire SSN including dashes; if not, use the PIN provided to the agent.**

**BE SURE to include the dashes in your SS#**

511-46-5989

Date of Birth (mm/dd/yyyy)

11/15/1968

[Sign In](#)

## Terms and Conditions

“The first thing you will see in the application is the Terms and Conditions. You are more than welcome to take the time to review them right now, but it is a lengthy document. I want to assure you that you will get a copy of this once your application has been approved. So if you are ok with getting your copy with your application go ahead and click **“I have read the Terms and Conditions of Use and the Privacy Policy”**”



## Terms of Use

Welcome, Todd o Brown

To begin the eSignature process, please read the Terms of Use and the Privacy Policy. You should print and retain a copy of the documents for future reference. After reading these documents by scrolling to the bottom, please check the corresponding box indicating you have read the Terms of Use and the Privacy Policy.

**Terms of Use and Online Services Agreement**

Last Revised: March 11, 2022

[Introduction](#) [Security](#)

Scroll to bottom of the Agreement

[Print](#)

**You can LEFT CLICK on the Terms and conditions on the BOTTOM LEFT**

Please read all Disclosures, Acknowledgements and Caution statements included in the application. These provide important information and protections for you.

I have read the Terms and Conditions of Use and the Privacy Policy.

### ***Click Review Your Application***

#### ***-A PDF will pull up***

This is simply the electronic PDF of your application. All of your personal information is recorded and the underwriting questions you answered are all in this PDF. This is simply a brief review. Once you've reviewed your application hit "Close"



Welcome, Todd o Brown

To begin the eSignature process, please read the Terms of Use and the Privacy Policy. You should print and retain a copy of the documents for future reference. After reading these documents by scrolling to the bottom, please check the corresponding box indicating you have read the Terms of Use and the Privacy Policy.

deemed severable and will not affect the validity or enforceability of any remaining provisions. These Terms of Use and the Consent (applicable to Customers only, both of which must be accepted by you in order to use the Online Services) constitute the entire agreement among the parties relating to this subject matter.

[Top of Page](#)

**TERMS OF USE PDF**

[Print](#)

Please read all Disclosures, Acknowledgements and Caution statements included in the application. These provide important information and protections for you.

I have read the Terms and Conditions of Use and the Privacy Policy.

**Review Your Application**

I Decline

I Agree

I have reviewed the application and read each of the pages that are to be eSigned.



**Click here to review**  
**[You will see a PDF of the entire agreement as well and can print it out for your records]**

- 17
- 18
- 19
- 20

- 3. any outstanding policy loans, including accrued interest until the end of the 12 months following the Acceleration Date; less
- 4. any premiums which would be required to keep the Policy In Force for the 12 month period following the Acceleration Date for the Policy Amount of Insurance reduced by an appropriate discount using the current interest rate.

**Termination of Coverage:** The Accelerated Death Benefit Rider will automatically terminate when the Policy to which it is attached terminates or lapses or matures or is continued under one of the nonforfeiture options; or when the Accelerated Death Benefit is paid; whichever occurs first.

**Impact on the Policy's Death Benefit:** The Policy to which the Rider is attached will terminate on the date the Accelerated Death Benefit is paid.

If the policy can build Cash Value or allows Policy Loans, consider the following situation as an example of the impact that election of Accelerated Benefits has on Policy values:

Prior to Election		Following Election of 100% of Death Benefit	
Death Benefit	= \$8,000	Death Benefit	= \$0
Cash Value	= 2,000	Cash Value	= 0
Outstanding Debt	= 1,000	Outstanding Debt	= 0
Annual Premium	= 600	Annual Premium	= 0

Dollar values showing specific impact that acceleration will have on your Policy values will be provided when you apply for Accelerated Benefits.

By signing below, you agree that you have read and received a copy of this summary and disclosure statement at the time of application.

\_\_\_\_\_ Date

\_\_\_\_\_ Owner's (Applicant's) Signature

\_\_\_\_\_ Date

\_\_\_\_\_ Agent's Signature

ACC-DISC LR

Close



Welcome, Todd o Brown

To begin the eSignature process, please read the Terms of Use and the Privacy Policy. You should print and retain a copy of the documents for future reference. After reading these documents by scrolling to the bottom, please check the corresponding box indicating you have read the Terms of Use and the Privacy Policy.

deemed severable and will not affect the validity or enforceability of any remaining provisions. These Terms of Use and the Consent (applicable to Customers only, both of which must be accepted by you in order to use the Online Services) constitute the entire agreement among the parties relating to this subject matter.

[Top of Page](#)

**TERMS OF USE PDF**

Print

Please read all Disclosures, Acknowledgements and Caution statements included in the application. These provide important information and protections for you.

I have read the Terms and Conditions of Use and the Privacy Policy.

I have reviewed the application and read each of the pages that are to be eSigned.

[Go to Next Signature](#)

1

After you apply your signature 1 time you can simply click Go TO NEXT SIGNATURE in the top left and click on the yellow highlighted area to apply your signature to the other areas

**Transamerica Life Insurance Company**  
**Transamerica Financial Life Insurance Company**

**Consent to do Business Electronically and Electronic Delivery of and/or Access to Policy Documents**

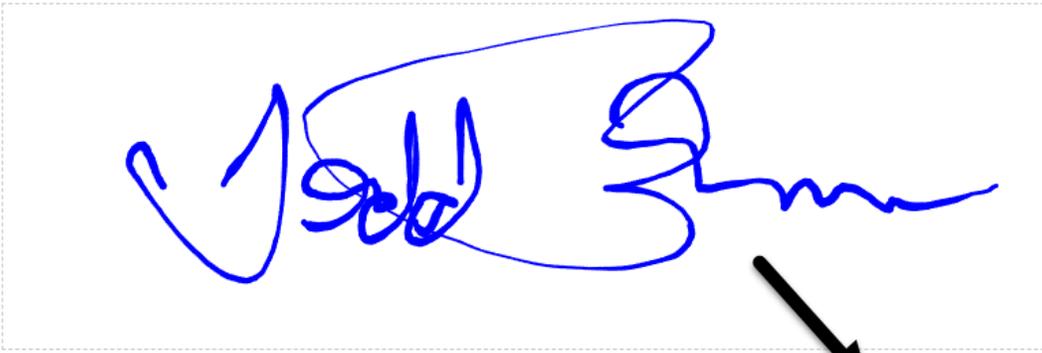
**What is the purpose of this Consent and Disclosure?**  
 You are applying for an insurance policy ("Policy") from either Transamerica Life Insurance Company or Transamerica Financial Life Insurance Company (either individually or collectively, "Transamerica") and have expressed your desire to conduct business electronically and for electronic delivery and access, with regard to the Policy, as well as documents related to the Policy. To conduct business electronically, receive documents applicable to the Policy in electronic format, and access documents electronically via a hyperlink contained in an electronic mail ("email") or attached to an email, you must provide Transamerica, and its authorized designees and agents, with your consent. If you indicated your consent by electronically signing this document where indicated below, you will be providing Transamerica and its authorized designees and agents, with your consent

1. To have the information described in this document (Consent to do Business Electronically and Electronic Delivery of and/or Access to Policy Documents, hereinafter referred to as "Consent") made available and delivered to you electronically;
2. To execute via electronic means the documents that are described in this Consent;
3. To submit, via electronic means, your application for an insurance product; and
4. To all of the terms and conditions set forth in this Consent.

**What does this Consent cover once I consent?**  
 This Consent covers your agreement to all of the terms and conditions of this Consent, including your agreement to:

By signing below, I attest that I: (i) have carefully read this Consent using computer hardware and software that meet the

Please draw your signature in the box below.



Close

Reset

Apply Signature

Name of Owner, if other than Insured

Owner Email Address

Signature of Owner, if other than insured

Date

Cardholder Signature:

X

By signing I acknowledge that I have read and agreed to all of the following consents that pertain to my preferred premium payment method.

**Bank Draft (ACH/EFT) Payment Information**

Account Type:  Checking  Savings

Account Holder First Name

Account Holder Last Name

Trust or Entity (if entity, add the title of officer and name of entity; if trust, add trustee's name)

Financial Institution Name

Sunflower Bank National Association

Financial Institution City

State

Zip

Routing Number

Account Number

101100621

123789

The account holder is the (choose one):

Insured  Owner  Spouse  Other:

Acc

 Click Here to Sign

Cancel



X

By signing I acknowledge that I have read and agreed to all of the following consents that pertain to my preferred premium payment method.

 Click Here to Sign

Cancel



Signature of Primary Proposed Insured/Patient or Personal Representative

5/23/2024

Date

Signature of Secondary Proposed Insured/Patient or Personal Representative

Date

**If signed by an individual's personal representative or the parent or guardian of an unemancipated minor, describe authority to sign on behalf of the individual:**

Parent  Legal guardian  Power of Attorney  Other (please describe): \_\_\_\_\_

(NOTE: If more than one individual is named above, please specify the individual(s) to which the personal representative applies.)

Policy or contract number (if known): \_\_\_\_\_

**A copy of this authorization will be considered as valid as the original.**





1



2



3



Transamerica  
Transamerica

**Consent to do Business  
and/or Access to Policy Documents**

**DOWNLOAD or  
SAVE to your device**



Delivery of



**PRINT for  
your  
Records**

**What is the purpose of this Consent and Disclosure?**

You are applying for an insurance policy ("Policy") from either Transamerica Life Insurance Company or Transamerica Life Insurance Company (either individually or collectively, "Transamerica") and have expressed your desire to communicate with Transamerica electronically and for electronic delivery and access, with regard to the Policy, as well as documents related to the Policy. To conduct business electronically, receive documents applicable to the Policy in electronic format, and access documents electronically via a hyperlink contained in an electronic mail ("email") or attached to an email, you must provide Transamerica, and its authorized designees and agents, with your consent. If you indicated your consent by electronically signing this document where indicated below, you will be providing Transamerica and its authorized designees and agents, with your consent:

1. To have the information described in this document (Consent to do Business Electronically and Electronic Delivery of and/or Access to Policy Documents, hereinafter referred to as "Consent") made available and delivered to you electronically;
2. To execute via electronic means the documents that are described in this Consent;
3. To submit, via electronic means, your application for an insurance product; and
4. To all of the terms and conditions set forth in this Consent.

**What does this Consent cover once I consent?**

This Consent covers your agreement to all of the terms and conditions of this Consent, including your agreement to:

1. Permit the Owner of the Policy to receive via electronic means the documents that Transamerica is required by law or regulation to provide or make available to you in writing ("Required Documents"), as well as other information and documents (collectively, "Other Documents");
2. Permit the Owner of the Policy to receive via electronic means privacy notices from Transamerica, including those companies on whose behalf Transamerica sends privacy notices, including World Group Securities, Inc. and Transamerica Financial Advisors, Inc., as well as from any affiliate or subsidiary companies administering or supporting any Policy issued as part of your application (collectively "Privacy Notices");
3. Permit the Owner and Insured (and Third Party, if applicable) to submit via electronic means your application for an insurance product;
4. Permit the Owner and Insured (and Third Party, if applicable) to execute via electronic means certain Required Documents and Other Documents; and
5. Be bound with the same force and effect as if you had signed your name on paper by hand when you electronically sign this Consent where indicated below and click "OK" or otherwise apply your

Close