

Agent Appointment Application

Print Legibly, Type or Complete in fillable PDF Format

6400 C Street SW
Cedar Rapids, IA 52499
Phone: 800-346-3677
Fax: 866-714-6242
319-355-6108

IMPORTANT - Please check appropriate company(ies)

- ☐ Transamerica Life Insurance Company (TLIC)
☐ Transamerica Financial Life Insurance Company (TFLIC)

State(s) to appoint in: _____

PERSONAL INFORMATION

Last, First, Middle (as it appears on resident license)* Social Security Number* Date of Birth (MM/DD/YYYY)*

Gender: ☐ Male ☐ Female

Branch Office Address (Street Address and/or P.O. Box if applicable)* Business Phone w/Area Code* Business Fax w/Area Code

Branch Office City, State and Zip Code* Agent Business Email Address

Resident Address (Street Address and/or P.O. Box if applicable)* National Producer Number

Resident City, State and Zip Code*

Agent Number Branch Code CRD#

INSURANCE AGENCY / FIRM AND BROKER DEALER INFORMATION

Insurance Agency / Firm Name Tax ID Number

Broker Dealer Name (if applicable)

INSURANCE AGENCY / FIRM AND BROKER DEALER INFORMATION

Include all employment experience **for the past 5 years starting with your current employer.** Account for all time and include full and part-time work, self-employment, military service, unemployment, and full time education. (Attach additional sheets as necessary.)

Employer Name and Address	From Month/Year	To Month/Year	Position Held	Reason for Leaving

How long have you been a licensed agent? _____

General information Regarding Agents

An Agent is an individual with a current state insurance license who solicits applications on behalf of a person or entity with a contract to sell insurance contracts for one or more of the above named companies. An Agent is not individually contracted with any of the above named companies and the companies have no obligations toward an Agent regarding any compensation. An agent's appointment may be terminated at the discretion of the companies at any time.

* Items are required in order to be processed.

Please complete entire application (2 pages) in order to ensure timely processing of your appointment request.

THE FOLLOWING QUESTIONS MUST BE COMPLETED AND THIS FORM MUST BE SIGNED BY THE APPLICANT. FAILURE TO DISCLOSE ANSWERS TO THE FOLLOWING QUESTIONS MAY RESULT IN YOUR APPLICATION BEING DECLINED.

*****If you answer 'Yes' to any of the following questions, you must attach a written, signed explanation on a separate sheet of paper.**

Yes	No	
☐	☐	1. Have you <u>ever</u> been convicted of, pled guilty to, or pled nolo contendere (no contest) to a felony or misdemeanor other than minor traffic violations?
☐	☐	2. Have you <u>ever</u> been subjected to any order or disciplinary action, been denied a license, or had your insurance license or securities registration suspended or revoked, by any court or regulatory agency?
☐	☐	3. Are you currently under an investigation for any activity involving violation of insurance, banking or securities law, rules or regulations?
☐	☐	4. Have you <u>ever</u> had a complaint filed against you with an insurance department, FINRA or any other regulatory agency?
☐	☐	5. Have you <u>ever</u> been terminated by any other insurance company, insurance agency, broker/dealer or financial institution for cause or wrongful act?
☐	☐	6. Do you owe money to any insurance company or insurance agency?
☐	☐	7. Have you filed personal bankruptcy in the last 5 years?
☐	☐	8. Are you presently involved in ANY litigation of ANY kind or are there ANY unsatisfied judgements or liens against you arising from ANY cause?
☐	☐	9. Are you in violation of the 1994 Crime Act of you act as an insurance agent? (see below)

THE VIOLENT CRIME CONTROL AND LAW ENFORCEMENT ACT OF 1994

The Violent Crime Control and Law Enforcement Act of 1994 (the "1994 Crime Act") makes it a federal crime to (1) knowingly make false material statements in financial reports submitted to insurance regulators; (2) embezzle or misappropriate monies or funds of an insurance company; (3) make material false entries in the records of an insurance company in an effort to deceive officials of the company or regulators regarding the financial condition of the company; or (4) obstruct an investigation by an insurance regulator.

THE 1994 CRIME ACT ALSO MAKES IT A FEDERAL CRIME FOR INDIVIDUALS WHO HAVE BEEN CONVICTED OF A FELONY INVOLVING DISHONESTY, BREACH OF TRUST, OR ANY OF THE OFFENSES LISTED ABOVE TO WILLFULLY PARTICIPATE IN THE BUSINESS OF INSURANCE. WILLFULLY PARTICIPATING IN THE BUSINESS OF INSURANCE INCLUDES ACTING AS AN INSURANCE AGENT. Penalties for violating the 1994 Crime Act include civil fines up to \$50,000 and imprisonment for up to 15 years.

FAIR CREDIT REPORTING ACT DISCLOSURE

This is to inform you that as part of our procedure for considering your application for appointment, an investigative consumer report may be made whereby information is obtained through personal interviews with third parties such as family members, business associates, financial sources, friends, neighbors, or others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics, and mode of living, whichever may be applicable. Subsequent consumer reports may be requested to update our files. You have the right to make a written request within thirty calendar days to the Company for a complete and accurate disclosure or additional information concerning the nature and scope of the investigation.

I understand that to process my application and to evaluate me for licensing purposes, initial state appointment or renewal of state appointments, I may be the subject of an investigative consumer report ordered by the Company. The investigative report may consist of credit reports, criminal record reports, regulatory inquiries such as state insurance, banking or securities department inquiries, SEC or FINRA inquiries, and interviews with and inquiries to third parties such as former employers, financial sources and others.

I authorize the Company to conduct any or all of these inquiries and prepare these investigative reports. I authorize all persons, firms and entities having information available about me to give the Company any and all information that it requests, and I release from liability all persons, firms, or entities supplying such information to the Company, and agree to hold the Company harmless from and indemnify it against any liability which it may incur as a result of conducting any of these inquiries. I authorize the Company to use these investigative reports and to provide them to its affiliates or third parties where its or its affiliates' legal interests or obligations are involved, and I authorize the affiliates or third parties to use these investigative reports. I also authorize the Company to provide any financial, business, legal or tax information regarding me that it receives from third parties or its affiliates that is not a part of the investigative report to its affiliates or third parties, including but not limited to agents or agencies that assume my debit balance responsibilities. I have been informed that the Company subscribes to a credit reporting service and I authorize the Company to provide information concerning any past-due debts owed to the Company to that service. All authorizations contained herein are irrevocable, continuing and survive the termination of my appointment with the Company.

I hereby certify that I have reviewed this application and the information is true, correct and complete. If any information given to obtain or maintain an appointment is found to be incorrect or incomplete, it will be grounds for rejecting this application or for termination of my appointment in the sole discretion of the insurance company. The Company retains sole authority to terminate any appointment subject to applicable laws and regulations.

IN ORDER TO ENSURE TIMELY PROCESSING OF YOUR APPLICATION:

- Please complete and attach any state specific appointment forms or license applications (if applicable).
- Please review this application to ensure all questions are answered and supporting documentation to any 'Yes' answers attached.
- Sign and Date below then fax both pages to 866-714-6242 or 319-355-6108.

Print Full Name

Signature*

Date

Clear Form

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