



(Hereinafter referred to as the Company, we, our or us)

Change of Financial Representative Authorization Form

The following Transamerica Companies utilize this form:

Transamerica Life Insurance Company Transamerica Financial Life Insurance Company

6400 C Street SW, Cedar Rapids, IA 52499 Phone (800) 346-3677 Fax: (866) 714-6242 Website: www.transamerica.com

Note: To change or terminate a Third Party Advisor or Authorized Third Party Agreement, use the Third Party Authorization and Fee Liquidation Form.

Policy Detail: Please print policy number(s) and policy owner name.

Policy Number(s): _____

Policy Owner Name: _____

Be advised that I (we) want to change the Agent/Advisor of Record for the policy number(s) listed above.

Current Representative of Record: Please print first and last name(s) of representative(s). If unknown, leave blank.

Representative(s) Name(s)*: _____

Broker Dealer Name: _____

Address: _____

New Representative of Record: Please print first and last name(s) of representative(s).

Please check one: ☐ Agent/Broker Dealer ⁽¹⁾ ☐ Registered Investment Advisor ⁽²⁾

Representative(s) Name(s)*: _____

Primary Agent (if more than one agent is listed above): _____

Broker Dealer Name (if any): _____

Address: _____

Email Address: _____ Phone Number: _____

Linking Number (Please check one): ☐ Add, provide number here: _____ ☐ No ☐ Not Available

Signatures

Policy Owner Signature Date

Joint Owner Signature (if applicable) Date

Branch Manager Signature Date
(if policy is staying within the same agency and Policy Owner is not signing)

* If available, please provide the last four digits of each representative's social security number. Please note that if commission split percentages are not indicated, they will be prorated.

⁽¹⁾ Agent and Broker Dealer must have current appointment with Insurance Company.

⁽²⁾ Third Party Authorization Form must be included if changing to a Registered Investment Advisor. If needed, also include the Fee Liquidation Form.