


_____ Policy Number (for existing policies only)

Introduction

Instructions:

Use this form to choose the initial premium payment method on your application for insurance or to update how you pay for an existing policy. Take care to fill in each field accurately so letters and numbers cannot be misinterpreted. Please attach a separate sheet if there is more than one policy number.



Return Completed Form To:
 Transamerica Life Insurance Company
 Transamerica Financial Life Insurance Company
 6400 C St. SW
 Cedar Rapids, IA 52499

Questions?

Contact your Financial Professional



Visit us at:
transamerica.com





Call us at:
 1-800-797-2643



Insured First Name _____	Insured Last Name _____
Policy Owner First Name _____	Policy Owner Last Name _____

Recurring Draft Day (1st through 28th only)
Initial premium is withdrawn upon receipt of the application and a completed Conditional Receipt and not on the day chosen for recurring payment. If a Conditional Receipt is not received with the application, then the initial premium is drafted at policy placement.

 <p>Leave the above blank to have initial and recurring premiums drafted on day policy is issued.</p>	<p>Recurring Payment Frequency (choose one)</p> <p><input type="checkbox"/> Monthly <input type="checkbox"/> Semiannually</p> <p><input type="checkbox"/> Quarterly <input type="checkbox"/> Annually</p>	<p>Total Premium</p> <p>\$ _____</p>
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 Please select your preferred payment type/s by checking the box for initial and/or recurring payments next to the option you favor.

Payment Type Options	Initial and/or Recurring Payment	Form Information
Bank Draft (ACH/EFT)	<input type="checkbox"/> Initial <input type="checkbox"/> Recurring	Complete the ACH payment section below
Credit Card	<input type="checkbox"/> Initial	Tokenize your card number, and complete the Credit Card Payment section below
Check	<input type="checkbox"/> Initial	Mail your check to the address at the top of this form
Direct Bill	<input type="checkbox"/> Recurring	This method only available quarterly, semiannually, or annually. Monthly premium available for minimum of \$83.33.

Credit Card Payment Information

Credit Card Type: VISA MasterCard

PCI Token #



Create your PCI token at: creditcardtoken.transamerica.com
(Reminder: When you enter your credit card information on the Token website, your unique number will start with a "T". Be sure to write the full number, including the T, on the line to the left.)

Cardholder First Name

Cardholder Last Name

Card Exp.Date

____/____/____

Payment Amount

\$ _____,_____,____

The cardholder is the (choose one):

Insured Owner Spouse Other: _____

Cardholder Address

City

State

Zip

Cardholder Phone Number

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

Financial Institution City

State

Zip

Routing Number

Account Number

The account holder is the (choose one):

Insured Owner Spouse Other: _____

Account Holder 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.

Consents

If a conditional receipt was issued along with this authorization, initial premium will be withdrawn/cashed upon receipt of the application by the Company. Unless a conditional receipt was issued along with this authorization, I/we agree this authorization shall not become effective for payment of the initial premium unless and until after a contract is issued and all other conditions of coverage set forth in the application have been met.

As a convenience to me, I request and authorize the Company named above to make withdrawals, by draft or electronic transfer, from my account with the financial institution named for: (1) premiums becoming due (including premiums which have increased from the initial payment amount under the terms of the policy(ies) or due to changes made to the policy(ies)); (2) other amounts due under the policy(ies) listed above (including any amendments, endorsements, riders, or amounts past due); (3) loan payments if authorized above or later agreed to by me; and/or (4) such other payments as I may authorize the Company to make. I request that this authorization, unless previously revoked, continue to apply to any conversion, renewal, or change later made to the policy(ies). I understand that if a withdrawal is not honored for payment by the financial institution, with or without cause and whether intentionally or inadvertently, and the premiums are not otherwise paid within the grace period allowed by a policy, the policy may terminate.

As a convenience to me, I hereby request the financial institution named above (and its successors and assigns) to accept and honor the draft or transfer withdrawals made by the Company from my account. I agree the financial institution shall be fully protected in honoring such draft or transfer.

This authorization shall take effect when recorded and processed by the Company and financial institution and will remain in effect until I notify the Company or the financial institution in writing to terminate and the Company or financial institution has a reasonable time to act on the termination request. I hereby terminate any prior authorization of the Company to initiate charges to this account for the above policy(ies) effective the date on which the initial charge is made under this authorization. I also understand and agree that if a withdrawal is not honored by the financial institution for any reason, the Company may cease attempting to make withdrawals through the use of this authorization.

Bank Account Will be Subject to Identity Verification

To help ensure the security of your funds, if bank account information is provided, the Company may obtain a consumer report from a Consumer Reporting Agency ("CRA") to help verify the validity and accuracy of the account information provided. If I have provided the company with bank account information, I authorize the Company to obtain a consumer report from the CRA as described above, and acknowledge that I: (i) understand that in order for the CRA to verify my account information, some of my personal information will be shared with the CRA; and (ii) consent to such sharing, retention, and use.