



Payment Authorization Form

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

Insured First Name

Insured Last Name

Policy Owner First Name

Policy Owner Last Name

Recurring Draft Day (1st through 28th only)

Initial modal premium is withdrawn upon receipt of the application and a completed Conditional Receipt and not on the day chosen for recurring payment.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.

Leave the above blank to have recurring premiums drafted on day policy is issued.	Recurring Premium Payment Mode (choose one) <input type="checkbox"/> Monthly <input type="checkbox"/> Semiannually <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually		Planned Modal Premium \$ _____
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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. (Ex: I want to make my initial payment by check and recurring payments with ACH.)

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.

Draft upon Underwriter Approval? Yes No

Wait for acceptance to draft after confirmation from agent? Yes No

One-time ACH Debit Authorization

This section should be completed by the Bank Account Holder (Payor). Some policies may require an adjustment payment to cover a gap in premium when certain billing changes occur. This adjustment payment will keep the policy active until your recurring payments begin.

By checking this box and signing this form, you authorize a one-time ACH debit in an amount needed to put your policy in an active status until your recurring payments begin. If this amount has not already been provided, contact us and we will provide you with the exact amount required. If authorized, this ACH debit will be made to your account on or after the date this request is received in good order.

NOTE: If you do not authorize this debit, and payment is still required, you will be contacted.

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 Signature:
X _____

Date: _____

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

Routing Number

Account Number

The account holder is the (choose one):

Insured Owner Spouse Other: _____

Account Holder Signature:
X _____

Date: _____

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.