



AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

Fax: # 844-749-1077 Email: TLP-CRcontractadmin@transamerica.com

I hereby authorize deposits and/or immediate/same day corrections to deposits, if processed in error, to the financial institution indicated below. This authorization is to remain in full force and effect until the affiliated companies of Transamerica receive written notification of its termination and have reasonable opportunity to act on it.

Note:

All requested information below must be completed or the request will not be processed.

The Company will not be responsible for deposits if incorrect information is provided. NOTIFY THE COMPANY IMMEDIATELY IF YOU CLOSE OR CHANGE BANK ACCOUNTS.

All agent codes under the Federal Tax ID Number or Social Security Number listed below will be updated unless otherwise requested.

- Change account information for all Transamerica.
- Only change account information on the agent number(s) listed below.

Please include a copy of a voided check or bank letter indicating the account and routing numbers.

Type of Account:

- Checking
- Savings

May Be Subject To Identity Verification

To help ensure the security of your account and funds, once your request is received, the Company may be obtaining a consumer report from a consumer reporting agency (“CRA”) to help verify the validity and accuracy of the account information provided.

I authorize the Company to obtain a consumer report from a CRA as described above, and acknowledge that I: (i) have read the explanation above; (ii) understand that in order for the CRA to verify my account information, some of my personal information will be shared with the CRA in the strictest confidence and as permitted by law and will be retained and used by the CRA only as permitted by law; and (iii) consent to such sharing, retention and use.

Name

Name of Financial Institution

Agent Number

Name of Account Holder

Tax ID/Social Security Number

Routing/ACH Number

Signature (Required)

Account Number

Signature Requirements:

SIGNING ON BEHALF OF A CORPORATION– One Officer must sign below the name of the corporation where indicated. The officer’s title (President, General Manager, Vice President, Secretary or Assistant Secretary) must follow the signature. A corporate signature resolution may be required to support any signature