



TRANSAMERICA EMPLOYEE BENEFITS
STOP LOSS APPLICATION BOOKLET

Thank you for considering our products to meet the needs of your clients.




Sign the pages listed and send them to:

Transamerica Employee Benefits
1400 Centerview Drive,
Little Rock, AR 72211
Fax: (866) 224-1923

Heidrun.Norman@transamerica.com






SIGNATURE CHECKLIST

SIGN the following pages:

4		Signed It!
5		Signed It!
6		Signed It!

SUBMISSION CHECKLIST

SEND the following pages:

2		Sent It!
3		Sent It!
4		Sent It!
5		Sent It!
6		Sent It!
7		Sent It!

Page 7 is for Florida Non-Resident Appointments only.

MGU:

APPLICATION FOR APPOINTMENT

Required for processing appointment and background investigation.

NATURAL PERSON INFORMATION

Complete this section if you are applying as a **Natural Person**.

- 1 Full Legal Name _____
- 2 SSN _____ E-mail _____
- 3 Home Address _____

- 4 Home Phone _____ Home Fax _____
- 5 Spouse Name _____
- 6 Date of Birth _____ Gender: Male Female
- 7 Business Mailing Address _____

- 8 Business Phone _____ Business Fax _____
Business Cell _____

BUSINESS ENTITY INFORMATION

Complete this section if you are applying as a **Business Entity**.

- 1 Full Legal Name of Entity _____
exact name as it appears on license
- 2 State Where Entity Organized _____
- 3 Date Entity Organized _____
- 4 Type: Corporation Partnership Limited Liability
 Other (please specify) _____
- 5 How long doing business in community _____
- 6 Taxpayer ID # _____
- 7 Business Mailing Address _____

- 8 Bus. Phone _____ ext. _____ Bus. Fax _____
Business E-mail Address _____

BACKGROUND INFORMATION

“YES” answers to questions 11 - 20, require explanation. Please attach it to the application.

9 Five-year Residential History (begin with the most recent, attach an extra sheet if necessary.)

From/To Street City State Zip

Natural Person Business Entity

Yes No Yes No

Have you or the legal entity:

10.	EVER plead guilty or no contest to, or been convicted of, any felony or misdemeanor (exclude minor traffic offenses), or are there any criminal charges currently pending against it?	○	○	○	○
11.	EVER been the subject of disciplinary sanctions, reprimand, fine, assessment, consent order, license suspension, or license revocation for any insurance or securities activities?	○	○	○	○
12.	EVER or is it now involved in a complaint to or investigation by an insurance or securities department?	○	○	○	○
13.	EVER had a fidelity or fiduciary bond denied or revoked, or has a bonding company paid out on a bond for it?	○	○	○	○
14.	EVER or is it now involved in any litigation or bankruptcy or are there any unsatisfied judgments or liens outstanding against it?	○	○	○	○
15.	EVER been known corporately by another name, conducted business under any assumed name or carried bank accounts in another name than that shown on this application?	○	○	○	○
16.	EVER had an agency contract nulled?	○	○	○	○
17.	Indebted or alleged to be indebted to any insurer as general agent under an agency contract?	○	○	○	○
18.	Have you or any corporate officer or director or member of partnership EVER:				
a.	Been associated with a firm, over which such person exercised management or policy control, which was charged, during the tenure of such person with such firm, with a felony or misdemeanor?	○	○	○	○
b.	Been suspended or barred from the practice of any profession?	○	○	○	○
c.	Been involuntarily terminated or permitted to resign from employment from an agent or representative appointment with any insurance or other financial services company other than for lack of production? (including but not limited to violation of insurance or investment related statutes, regulations, rules or industry standards of conduct and failure to supervise in connection with the same, fraud or the wrongful taking of property, made a general assignment or associated with a firm who did so for benefit of creditors, insolvent, filed a voluntary bankruptcy petition, or been adjudged to be bankrupt.)	○	○	○	○
19.	Are you or the legal entity now the subject of any complaint investigation, or proceeding that could result in a “yes” answer to any of the above questions?	○	○	○	○

If this form is sent to us by facsimile machine (fax), the undersigned adopts the document received by us as a duplicate original and adopts the signature produced by the receiving fax machine as the undersigned's original signature.

<p>VIOLENT CRIME CONTROL AND LAW ENFORCEMENT ACT OF 1994</p>	<p>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.</p> <p>Will there be a violation of the 1994 Crime Act if you act as an insurance agent? Yes No</p>				
<p>APPLICANT'S DECLARATION</p>	<p>1. I hereby certify my answers to the questions appearing in this application are true and complete.</p> <p>2. Under penalties of perjury, I hereby certify (1) the Taxpayer Identification Number (TIN) on this application is correct and (2) that the legal entity is not currently subject to backup withholding. (Cross out (2) if not correct.)</p> <p>3. I hereby acknowledge that I have read, understand, received and retained for my records a copy of the Fair Credit Reporting Act Disclosure.</p> <p>EXECUTION:</p> <table style="width: 100%; border: none;"> <tr> <td style="border-top: 1px solid black; width: 70%; text-align: center;"><i>Full Name of Natural Person</i></td> <td style="border-top: 1px solid black; width: 30%; text-align: center;"><i>Date</i></td> </tr> <tr> <td style="border-top: 1px solid black; text-align: center;"><i>Full Name of Business Entity</i></td> <td style="border-top: 1px solid black; text-align: center;"><i>Date</i></td> </tr> </table> <p>X _____</p> <p style="text-align: center;"><i>Signature of Natural Person, Authorized Officer or Partner</i> <i>Title</i></p> <p>YOU MUST BE APPOINTED BY AND HAVE A FULLY EXECUTED CONTRACT WITH THE COMPANY PRIOR TO ANY SOLICITATION OF BUSINESS AND COLLECTION OF ANY MONIES. (Supplies, including policy applications, will be sent when all forms are processed and appointment is effective.)</p>	<i>Full Name of Natural Person</i>	<i>Date</i>	<i>Full Name of Business Entity</i>	<i>Date</i>
<i>Full Name of Natural Person</i>	<i>Date</i>				
<i>Full Name of Business Entity</i>	<i>Date</i>				



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FAIR CREDIT REPORTING ACT AUTHORIZATION TO RELEASE INFORMATION

FAIR CREDIT REPORTING ACT DISCLOSURE

This is to notify you in connection with your application for appointment/contract, we may procure a consumer report on you and/or Business Entity as part of the process of considering your application. In the event information from the report is utilized, in whole or in part, in making an adverse decision, before making the adverse decision, we will provide you with a copy of the consumer report and a description in writing of your rights under the Fair Credit Reporting Act. Please be advised we may also obtain an investigative consumer report including information as to your character, general reputation, personal characteristics, and mode of living. This information may be obtained by contacting your present and previous employers or references supplied by you. Please be advised you have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the information requested. Additional information concerning the Fair Credit Reporting Act, 15 U.S.C. _ 1681 et seq. is available at the Federal Trade Commission's web site (<http://www.ftc.gov>).

AUTHORIZATION FOR RELEASE OF INFORMATION

By signing below, I hereby authorize all entities having information about me, including, present and former employers, criminal justice agencies, departments of motor vehicles, schools, and credit reporting agencies, to release such information to Transamerica Employee Benefits. This release and authorization shall remain valid and in effect during the term of my appointment/contract. Transamerica Employee Benefits reserves the right to run subsequent consumer reports and/or investigative consumer reports on an as-needed basis

Maine and New York Applicants: Upon request, you will be informed whether or not a consumer report was requested, and if such a report was requested, the name and address of the consumer reporting agency furnishing the report. Maine residents will be provided a copy of your rights under the Maine Fair Credit Reporting Act.

Washington Applicants: The consumer reporting agency which furnished the report is Business Information Group, P.O. Box 286, Marlton, NJ, 08053; for consumer compliance officer contact 800-260-1680.

California, Minnesota, and Oklahoma Applicants: A consumer credit report will be obtained through Business Information Group, P.O. Box 286, Marlton, NJ, 08053. If a consumer credit report is obtained, I understand I am entitled to receive a copy. I have indicated below whether I would like a copy.

Yes _____ No _____
initials initials

If an investigative consumer report and/or consumer report is processed, I understand I am entitled to receive a copy. I have indicated below whether I would like a copy.

Yes _____ No _____
initials initials

In California if you choose to receive a copy of the consumer credit report, it will be sent within three days of the employer receiving a copy. You will receive a copy of the investigative consumer report within seven days of the employer's receipt of the report.



X

_____ Date

Applicant's Signature

Applicant's Full Name

Date of Birth _____ Social Security # _____

Date of Birth required for background investigation purposes and will NOT be used for any other purpose.

Current Residence Address _____

- | | |
|-----------------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Monumental Life Insurance Company | <input type="checkbox"/> Transamerica Life Insurance Company |
| <input type="checkbox"/> Western Reserve Life Insurance Company | <input type="checkbox"/> Stonebridge Life Insurance Company |

RESIDENT & NON-RESIDENT APPOINTMENT REQUEST

Appoint me in the selected states.

Alabama		Nebraska	
Alaska		Nevada	
Arizona		New Hampshire	
Arkansas		New Jersey	
California		New Mexico	
Colorado		New York	
Connecticut		North Carolina	(Life)
DC			(Accident & Health)
Delaware		North Dakota	
Florida		Ohio	(Life)
Georgia			(Accident & Health)
Guam		Oklahoma	
Hawaii		Oregon	
Idaho		Pennsylvania	
Illinois		Puerto Rico	
Indiana		Rhode Island	
Iowa		South Carolina	
Kansas		South Dakota	
Kentucky Agency		Tennessee	
Kentucky		Texas	
Louisiana		Utah	
Maine		Vermont	
Massachusetts		Virgin Islands	
Maryland		Virginia	
Michigan		Washington	
Minnesota		West Virginia	
Mississippi		Wisconsin	
Missouri		Wyoming	
Montana			



By **X** _____

(Signature)

STATE OF FLORIDA COUNTY APPOINTMENT CHECKLIST

Please complete this checklist and submit with your paperwork.

Applicant's Name: _____

FOR NON-RESIDENTS OF FLORIDA ONLY.

Please select the counties in which you wish to be appointed in the state of Florida.

- | | |
|-------------------------------------|----------------------------------------|
| 11 Alachua County - Gainesville | 62 Lafayette County - Mayo |
| 52 Baker County - Macclenny | 18 Lee County - Fort Meyers |
| 23 Bay County - Panama City | 13 Leon County - Tallahassee |
| 45 Bradford County - Starke | 39 Levy County - Bronson |
| 19 Brevard County - Titusville | 67 Liberty County - Bristol |
| 10 Broward County - Fort Lauderdale | 35 Madison County - Madison |
| 58 Calhoun County - Blountstown | 15 Manatee County - Bradenton |
| 53 Charlotte County - Punta Gorda | 14 Marion County - Ocala |
| 47 Citrus County - Inverness | 42 Martin County - Stuart |
| 48 Clay County - Green Cove Springs | 38 Monroe County - Key West |
| 64 Collier County - East Naples | 41 Nassau County - Fernandina Beach |
| 29 Columbia County - Lake City | 43 Okaloosa County - Crestview |
| 01 Dade County - Miami | 57 Okeechobee County - Okeechobee |
| 34 Desoto County - Arcadia | 07 Orange County - Orlando |
| 54 Dixie County - Cross City | 26 Osceola County - Kissimmee |
| 02 Duval County - Jacksonville | 06 Palm Beach County - West Palm Beach |
| 09 Escambia County - Pensacola | 28 Pasco County - Dade City |
| 61 Flagler County - Bunnell | 04 Pinellas County - Clearwater |
| 59 Franklin County - Apalachicola | 05 Polk County - Bartow |
| 21 Gadsden County - Quincy | 22 Putnam County - Palatka |
| 55 Gilchrist County - Trenton | 20 Saint Johns County - St. Augustine |
| 60 Glades County - Moore Haven | 24 Saint Lucie County - Fort Pierce |
| 66 Gulf County - Port Saint Joe | 33 Santa Rosa County - Milton |
| 56 Hamilton County - Jasper | 16 Sarasota County - Sarasota |
| 30 Hardee County - Wauchula | 17 Seminole County - Sanford |
| 49 Hendry County - La Belle | 44 Sumter County - Bushnell |
| 40 Herdando County - Brooksville | 31 Suwannee County - Live Oak |
| 27 Highlands County - Sebring | 37 Taylor County - Perry |
| 03 Hillsborough County - Tampa | 63 Union County - Lake Butler |
| 51 Holmes County - Bonifay | 08 Volusia County - Deland |
| 32 Indian River County - Vero Beach | 65 Wakulla County - Crawfordville |
| 25 Jackson County - Marianna | 36 Walton County - Defuniak Springs |
| 46 Jefferson County - Monticello | 50 Washington County - Chipley |
| 12 Lake County - Tavares | |