



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

Additional Beneficiary Form

The following Transamerica Companies utilize this form:

Transamerica Life Insurance Company Transamerica Financial Life Insurance Company

4333 Edgewood Rd NE, Cedar Rapids, IA 52499

Fax: (877) 355-4385

Website: www.transamerica.com

This form is utilized when there are more beneficiaries than allotted for on the accompanying application.

POLICY INFORMATION

Policy Owner Name

Policy Owner Social Security Number/Tax Identification Number

Annuitant Name (if different than Owner)

Annuitant Social Security Number

ADDITIONAL BENEFICIARY INFORMATION

The percentages assigned must be whole percentages and total 100% for each beneficiary type (primary and/or contingent). If the percentages do not total 100%, we will consider this designation incomplete until sufficient beneficiary information is received. If a designation is incomplete or there are no surviving beneficiaries at the time a claim is processed, proceeds will be payable per the terms of the policy.

Primary Contingent Allocation Percentage: _____%

Is this an Irrevocable Beneficiary? Yes No

Complete Legal Name: _____

Relationship to Annuitant: _____

Mailing Address: _____

SSN/TIN: _____ Date of Birth: _____ Telephone: _____

Gender: Male Citizenship: U.S. Citizen Non-U.S.Citizen (Country: _____)
 Female Resident Alien Non-Resident Alien
 Entity
 Trust

Primary Contingent Allocation Percentage: _____%

Is this an Irrevocable Beneficiary? Yes No

Complete Legal Name: _____

Relationship to Annuitant: _____

Mailing Address: _____

SSN/TIN: _____ Date of Birth: _____ Telephone: _____

Gender: Male Citizenship: U.S. Citizen Non-U.S.Citizen (Country: _____)
 Female Resident Alien Non-Resident Alien
 Entity
 Trust

Primary Contingent Allocation Percentage: _____%

Is this an Irrevocable Beneficiary? Yes No

Complete Legal Name: _____

Relationship to Annuitant: _____

Mailing Address: _____

SSN/TIN: _____ Date of Birth: _____ Telephone: _____

Gender: Male Female Entity Trust
Citizenship: U.S. Citizen Non-U.S.Citizen (Country: _____)
 Resident Alien Non-Resident Alien

Primary Contingent Allocation Percentage: _____%

Is this an Irrevocable Beneficiary? Yes No

Complete Legal Name: _____

Relationship to Annuitant: _____

Mailing Address: _____

SSN/TIN: _____ Date of Birth: _____ Telephone: _____

Gender: Male Female Entity Trust
Citizenship: U.S. Citizen Non-U.S.Citizen (Country: _____)
 Resident Alien Non-Resident Alien

Primary Contingent Allocation Percentage: _____%

Is this an Irrevocable Beneficiary? Yes No

Complete Legal Name: _____

Relationship to Annuitant: _____

Mailing Address: _____

SSN/TIN: _____ Date of Birth: _____ Telephone: _____

Gender: Male Female Entity Trust
Citizenship: U.S. Citizen Non-U.S.Citizen (Country: _____)
 Resident Alien Non-Resident Alien

REQUIRED SIGNATURES

I acknowledge all information provided on this form is true and accurate.

Signature of Policy Owner Date

Signature of Annuitant (if applicable) Date