

Transamerica Funds New Account Application

(Individual, Joint, and UGMA/UTMA)



Use this form to open a new account. DO NOT use this form to establish an IRA account, or an account for a corporation, trust, or partnership. Forms for all other types of accounts are available on our website at www.transamerica.com. For assistance, call Transamerica Fund Services, Inc. at 1-888-233-4339.

Section One – Account Registration

Legal Name of Primary Owner or Custodian*

Social Security Number*

Date of Birth*

Residential Address*

City*

State*

Zip Code*

Mailing Address (if different than Residential Address)

City

State

Zip Code

E-Mail Address

Daytime Telephone Number

Name of Co-Owner or Minor*

Social Security Number*

Date of Birth*

Residential Address*

City*

State*

Zip Code*

Mailing Address (if different than Residential Address)

City

State

Zip Code

E-Mail Address

Daytime Telephone Number

eDelivery: A fast and secure way of receiving statements and other shareholder documents online through the Transamerica Funds website. Supply your e-mail address above and an e-mail notice will be sent to you containing information on how to register, and a link to the registration page.

Primary Account Owner or Custodian Resident Status*

- U.S. Citizen
- U.S. Resident Alien
- U.S. Non-Resident Alien** (Form W-8BEN Required)

Co-Owner or Minor Resident Status*

- U.S. Citizen
- U.S. Resident Alien
- U.S. Non-Resident Alien** (Form W-8BEN Required)

Country of Tax Residency

Country of Tax Residency

**Required Information*

***Non-resident aliens are required to provide their Country of Tax Residency. In addition, all non-resident alien account owners must provide Form W-8BEN and any additional required paperwork to establish an account.*

Section Two – Type of Registration

Individual

Joint¹

Uniform Gifts/Transfers to Minors Act Account (UGMA/UTMA)

¹Joint accounts will be registered as "Joint Tenants with Rights of Survivorship" (JTWROS) unless otherwise specified. For Louisiana residents, joint accounts will be registered as "Tenants in Common" (TIC) unless otherwise specified.

PLEASE NOTE:

To help the government fight terrorism and money laundering activities, the USA PATRIOT Act requires all financial institutions to obtain, verify, and record information that identifies each person or entity that opens an account.

What this means for you: When you open an account, we will ask for your name, date of birth, social security number, and residential address, allowing us to confirm your identity. Under the requirements of the USA PATRIOT Act, the sections denoted with an asterisk (*) are required, and a new account will not be established if these sections are not complete. If we are unable to verify your identity, we may ask for additional information from you or use third-party sources to verify the information provided.

If you do not provide this information, your account will not be established. If Transamerica Funds cannot verify your identity within 30 days from the date your account is established, your account may be closed based on the next calculated NAV.

Procedures for New Accounts

To establish a new Transamerica Funds account, be sure to complete the following steps:

- Complete and sign the application
- Enclose your investment check, made payable to Transamerica Fund Services, Inc.

Applications and checks (if applicable) should be mailed to:

Regular Mail

Transamerica Fund Services, Inc.
P. O. Box 219945
Kansas City MO 64121-9945

Overnight Mail

Transamerica Fund Services, Inc.
330 W. 9th Street
Kansas City MO 64105

Section Three – Investment Selection

Check applicable box(es). **All share classes have a minimum investment requirement of \$1,000 per fund account.** These minimums are reduced to \$500 per fund account if you elect to establish an Automatic Investment Plan (AIP) or Payroll Deduction and invest a minimum of \$50 per month, per fund account (complete Section Seven if you elect this option). If no share class is selected, Class A shares will be purchased.

Make your investment allocations as a percentage, using whole numbers only. Any partial percentages will be rounded to the nearest whole percentage.

| <u>Fund Name</u> | <u>Fund Number¹</u> | <u>Percent</u> | <u>Share Class</u> | | |
|----------------------------------------------|-----------------------------------------------------------------------------------------------------|----------------|----------------------------|----------------------------|--------------------------------|
| _____ | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | _____ % | <input type="checkbox"/> A | <input type="checkbox"/> C | <input type="checkbox"/> _____ |
| _____ | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | _____ % | <input type="checkbox"/> A | <input type="checkbox"/> C | <input type="checkbox"/> _____ |
| _____ | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | _____ % | <input type="checkbox"/> A | <input type="checkbox"/> C | <input type="checkbox"/> _____ |
| _____ | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | _____ % | <input type="checkbox"/> A | <input type="checkbox"/> C | <input type="checkbox"/> _____ |
| _____ | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | _____ % | <input type="checkbox"/> A | <input type="checkbox"/> C | <input type="checkbox"/> _____ |
| Total for all funds should equal 100% | | _____ % | | | |

Amount of my investment check \$ _____

¹Refer to the Fund Information Sheet for a listing of funds and fund numbers

Yes No **Is this account being established via a transfer of assets from another custodian?**

Yes No **Does the amount of the transfer satisfy the \$1,000 per fund account minimum investment requirement?**

For accounts being transferred from another custodian, please complete the information below:

Current Custodian Name _____

*Current Value of Funds Being Transferred** _____

**Note: If the amount received is less than \$1,000 the funds may be returned.*

For Broker/Dealer or Rep Use

This new account application has already been confirmed by a telephone purchase or through FundServ. Order # _____

Section Four – Cost Basis Calculation Election Methods

As part of the Emergency Economic Stabilization Act of 2008, mutual fund companies are required to report cost basis information for taxable accounts to the Internal Revenue Service (IRS) for any sale of mutual fund shares acquired after the effective date of January 1, 2012.

| Calculation Method | Description |
|-------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| Average Cost (Avg Cost) | Utilizes the average price of shares purchased after January 1, 2012 as the cost basis. |
| First In First Out (FIFO) | Assumes the oldest shares in the account purchased after January 1, 2012 are the first shares to be sold. |
| Last In First Out (LIFO) | Assumes the newest shares purchased after January 1, 2012 are the first shares in the account to be sold. |
| High Cost First Out (HIFO) | Assumes the shares with the highest cost purchased after January 1, 2012 are the first shares in the account to be sold. |
| Low Cost First Out (LOFO) | Assumes the shares with the lowest cost purchased after January 1, 2012 are the first shares in the account to be sold. |
| Loss/Gain Utilization (LGUT) | Depletes losses before gains. |
| Specific Lot Identification (SLID) | Assumes specific shares in an account will be selected by the shareholder to be depleted each time shares are sold. |

The default calculation method used by Transamerica Fund Services, Inc. is Average Cost. If you do not make an election below, all funds selected in Section Three on this application will be established with this default calculation method.

You will need to choose a calculation method for each taxable account you own. The selection you make below will pertain to the fund accounts on this application.

Please select either Option 1 or Option 2 below:

Option 1 – Blanket Election for All Funds

Please elect a calculation method for all funds selected in Section Three. This method will apply to all future funds you may establish unless otherwise indicated in Section Five.

Avg Cost
 FIFO
 LIFO
 HIFO
 LOFO
 LGUT
 SLID

Option 2 – Individual Fund Account Elections

| <u>Fund Number</u> | <u>Avg Cost</u> | <u>FIFO</u> | <u>LIFO</u> | <u>HIFO</u> | <u>LOFO</u> | <u>LGUT</u> | <u>SLID</u> |
|--------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| _____ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| _____ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| _____ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| _____ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| _____ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Please select a calculation method for each fund indicated in Section Three. Only one method may be selected per fund.

Note: If SLID is selected above in Option 1 or Option 2 as your calculation method for a fund, please also choose FIFO, LIFO, HIFO, LOFO, or LGUT as a secondary method in the table below. If no secondary method is selected, FIFO will be applied.

| <u>Fund Number</u> | <u>FIFO</u> | <u>LIFO</u> | <u>HIFO</u> | <u>LOFO</u> | <u>LGUT</u> |
|--------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| _____ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| _____ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| _____ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| _____ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Section Five – Future Cost Basis Calculation Elections (Optional)

Complete this section to establish a calculation method for future fund accounts you may establish. You may change your future elections at any time.

Avg Cost
 FIFO
 LIFO
 HIFO
 LOFO
 LGUT
 SLID

Section Six – Reduced Sales Charges (Class A and Class T Shares Only)

Net Asset Value. Eligible to purchase at Net Asset Value (NAV) as described in the prospectus, for the following reasons:

Reason

Rights of Accumulation. My spouse, children under age 21, and/or I own shares in other Transamerica Funds listed below which may entitle this purchase to have a reduced sales charge under the rights of accumulation provisions described in the prospectus.

Existing account owner name/registration

Account Number(s)

Letter of Intent (For all funds excluding the Transamerica Short-Term Bond Fund). I agree to the terms of the Letter of Intent described in the prospectus and grant the distributor a security interest in the shares to be reserved. It is my intention to invest over a 13-month period an aggregate amount of at least:

\$50,000 \$100,000 \$250,000 \$500,000 \$1,000,000

Letter of Intent (For Transamerica Short-Term Bond Fund only). *Note: This fund offers only a \$250,000 Letter of Intent option.* I agree to the terms of the Letter of Intent described in the prospectus and grant the distributor a security interest in the shares to be reserved. It is my intention to invest \$250,000 over a 13-month period.

\$250,000

Existing account owner name/registration

Account Number(s)

\$1 Million Purchase (Jumbo - For all funds excluding the Transamerica Short-Term Bond Fund). I qualify for NAV pricing on my accounts because my initial investment is \$1 million or more and/or I currently own shares in other Transamerica Funds that equal \$1 million or more. (See prospectus for additional eligibility information.)

\$250,000 Purchase (Jumbo - For Transamerica Short-Term Bond Fund only). I qualify for NAV pricing on my accounts because my initial investment is \$250,000 or more and/or I currently own shares in the Transamerica Short-Term Bond Fund that equal \$250,000 or more. (See prospectus for additional eligibility information.)

Existing account owner name/registration

Account Number(s)

Section Seven – Automatic Investment Plan

Automatic Investment Plan (AIP)

I wish to invest directly from my checking or savings account (\$50 minimum investment per month, per fund account). By establishing this AIP, I understand that my account will automatically receive the Electronic Bank Link option.

I have attached a pre-printed voided check or savings account deposit slip with my bank information.

Use the bank information on the enclosed investment check.

Note: Due to your bank's requirements, please allow up to 30 days for your AIP to begin.

Frequency: Monthly Quarterly Semi-Annual Annual

Note: If the frequency is other than monthly, the investment minimum must be at least equivalent to the \$50 per month per fund account requirement. Investments may be made between the 3rd and the 28th only, and will occur on the 15th if no selection is made. Exact date may vary one or two days.

Start Date (Month/Day)

Fund Name

Amount

Start Date (Month/Day)

Fund Name

Amount

Note: If the Transamerica Funds account holder's name does not appear on the enclosed check, an original Securities Transfer Agents Medallion Program (STAMP2000) Signature Guaranteed letter from the bank account owner and the Transamerica Funds account owner, authorizing use of the bank information will be required.

Payroll Deduction

I wish to invest through payroll deduction (\$50 minimum investment per month, per fund account).

Note: Once the account is established, payroll deduction forms will be sent to you.

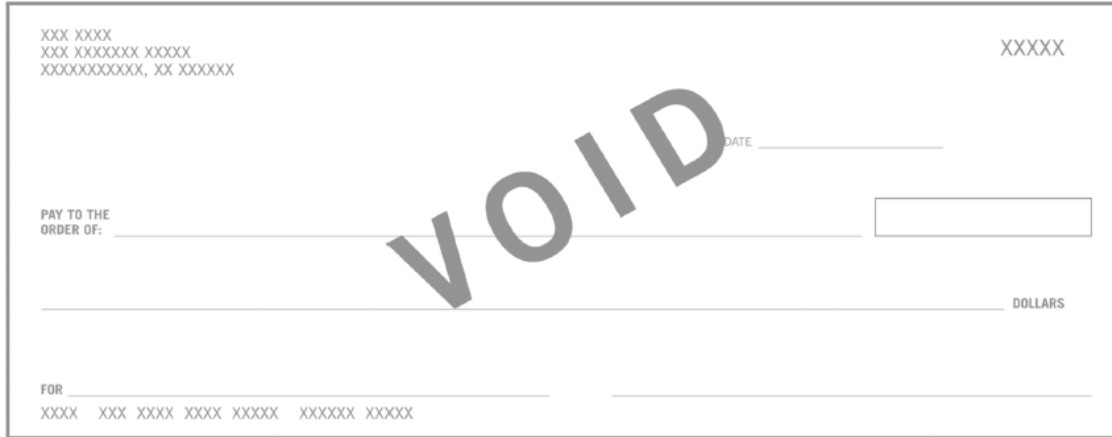
Section Eight – Electronic Bank Link

By checking one of the boxes below, I authorize money to be transferred between my financial institution and Transamerica Funds.

- I have attached a pre-printed voided check or savings account deposit slip with my bank information.
- Use the bank information on the enclosed investment check.

Note: If the Transamerica Funds account holder's name does not appear on the enclosed check, an original Securities Transfer Agents Medallion Program (STAMP2000) Signature Guaranteed letter from the bank account owner and the Transamerica Funds account owner, authorizing use of the bank information will be required. Due to your bank's requirements, please allow up to 30 days for the Electronic Bank Link to begin.

**Attach voided check or savings deposit slip here
(Please use clear tape. Do not staple.)**



Section Nine – Money Market Checkwriting

Check this box if you would like to receive checks for the Transamerica Money Market.

Note:

- \$1,000 initial investment required.
- Class C shares do not offer checkwriting privileges.
- Checks drawn on your money market account must be written for at least \$250.
- Checks drawn on your money market account only require one signature.

Section Ten – Transfer on Death Beneficiary Information

Shareholders may choose to have their shares transferred on death directly to a designated beneficiary. This option is available only for accounts registered to individuals, joint tenants with rights of survivorship, and tenants by the entireties. If you choose to designate one or more beneficiaries below, Transamerica Fund Services, Inc. will register your account as a Transfer on Death (TOD) account under the Florida Uniform Transfer on Death Security Registration Act. If your account is a joint account with rights of survivorship, no transfer of ownership of shares to the beneficiaries will occur until the death of all shareholders. You have the right to change or revoke a designated beneficiary at any time by written notice that is deemed acceptable to Transamerica Fund Services, Inc. For each beneficiary noted, indicate either a **Primary Beneficiary (PB)** or **Contingent Beneficiary (CB)**. If the type of beneficiary is not indicated, primary beneficiary will be assumed. Percentages will be split equally if not specified. By establishing a TOD account, you understand that, for your privacy, the designated beneficiary(ies) will not be listed in the account registration, and you agree that it is your sole obligation to ensure at all times that the proper beneficiary has been designated. (All fields must be completed.)

| Name | Date of Birth | PB/CB |
|----------------------------------------------|---------------|-------|
| Social Security or Tax Identification Number | Relationship | % |

| Name | Date of Birth | PB/CB |
|----------------------------------------------|---------------|-------|
| Social Security or Tax Identification Number | Relationship | % |

| Name | Date of Birth | PB/CB |
|----------------------------------------------|---------------|-------|
| Social Security or Tax Identification Number | Relationship | % |

| Name | Date of Birth | PB/CB |
|----------------------------------------------|---------------|-------|
| Social Security or Tax Identification Number | Relationship | % |

| Name | Date of Birth | PB/CB |
|----------------------------------------------|---------------|-------|
| Social Security or Tax Identification Number | Relationship | % |

| Name | Date of Birth | PB/CB |
|----------------------------------------------|---------------|-------|
| Social Security or Tax Identification Number | Relationship | % |

Note: If you would like to name additional primary or contingent beneficiaries, please attach a letter of instruction that provides the same information being requested above.

Section Eleven – Signature

I hereby authorize each Fund, its distributor, and transfer agent to accept instructions from me (such as purchase, exchange, and redemption orders) made through the investment representative of record concerning my account. By signing this form I certify that the information provided in the application is true, correct, and complete, and that I have read the Transamerica Funds prospectus and application for the Fund(s) in which I am investing and agree to be bound by their terms. I have full authority and legal capacity to purchase Fund shares and authorize the instructions on this application. I am aware that telephone exchange, redemption, and purchase privileges exist and that these privileges are automatic unless affirmatively declined. I will examine my account statements and notify Transamerica Fund Services, Inc. promptly of any errors. Failure to do so shall preclude any claim against Transamerica Funds Services, Inc., the Fund, or its agents by reason of any unauthorized or missing signature or endorsement, alteration, error, or forgery of any kind. I understand that mutual fund shares are not deposits or obligations of, or guaranteed or endorsed by, any bank, and are not federally insured by the Federal Deposit Insurance Corporation, the Federal Reserve Board, or any other agency of the U.S. government, and that an investment in mutual fund shares involves risk, including the possible loss of principal.

I understand that Transamerica Fund Services, Inc., its affiliates, and its representatives cannot give legal, tax, or accounting advice. I further certify that I expressly assume full responsibility for all tax implications of my cost basis elections, and that I have consulted with my personal tax adviser for any questions or additional information pertaining to my elections. I agree to defend, indemnify, and hold harmless Transamerica Fund Services, Inc., its affiliates, and assigns from the consequences of accepting my elections.

Under penalty of perjury, I certify that:

- a) The identification number shown in Section One of this application is my correct Social Security or Tax Identification Number.
- b) I am not subject to backup withholding (cross out if you are subject to backup withholding).
- c) The authorizations and directions contained herein will continue until Transamerica Fund Services, Inc. receives and accepts written notice of any changes with a signature guarantee, if required.

Primary Owner or Custodian Signature

Date

Co-Owner Signature

Date

Section Twelve – Investment Representative

I/We authorize the following broker/dealer to act as my/our agent for this account in accordance with the Fund's Dealer Sales Agreement and the terms of the prospectus and Statement of Additional Information.

Branch Name

Branch Number

Firm Name

Firm Number

Branch Office Street Address

City

State

Zip Code

Financial Advisor's Name (exactly as it appears on Firm's registration)

Financial Advisor's Number

Financial Advisor's Phone Number

Authorized Signature of Dealer (required by most dealers)