Part I  Reporting Issuer

1  Issuer’s name
Transamerica Capital Growth

2  Issuer’s employer identification number (EIN)
59-3557454

3  Name of contact for additional information
Customer Service

4  Telephone No. of contact
1-888-233-4339

5  Email address of contact
www.transamerica.com

6  Number and street (or P.O. box if mail is not delivered to street address) of contact
1801 California Street, Suite 5200

7  City, town, or post office, state, and ZIP code of contact
Denver, CO 80202

8  Date of action
See attachment

9  Classification and description
Non-Taxable Return of Capital Distributions

10 CUSIP number
See attachment

11 Serial number(s)
See attachment

12 Ticker symbol

13 Account number(s)

Part II  Organizational Action

Attach additional statements if needed. See back of form for additional questions.

14 Describe the organizational action and, if applicable, the date of the action or the date against which shareholders’ ownership is measured for the action
Transamerica Capital Growth made cash distributions to shareholders of record during calendar year 2022.

The fund determined that a portion of each distribution constitutes a non-taxable return of capital. See the attached schedule for dates and amounts of each distribution that includes a return of capital.

For Paperwork Reduction Act Notice, see the separate instructions.
Part II  Organizational Action (continued)

17  List the applicable Internal Revenue Code section(s) and subsection(s) upon which the tax treatment is based ► _____________________________

Section 301(c) and 316(a)

18  Can any resulting loss be recognized? ► No.

19  Provide any other information necessary to implement the adjustment, such as the reportable tax year ► The reportable tax year is 2022.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature ► [Signature]

Print your name ► [Name]

Date ► [Date]

Title ► [Title]

Paid Preparer Use Only

Print/Type preparer’s name

Preparer’s signature

Date

Check if self-employed

Firm’s EIN ►

PTIN

Firm’s name ►

Firm’s address ►

Phone no.

Send Form 8937 (including accompanying statements) to: Department of the Treasury, Internal Revenue Service, Ogden, UT 84201-0054
<table>
<thead>
<tr>
<th>CUSIP</th>
<th>Ticker</th>
<th>Payable Date</th>
<th>Distribution Amount Per Share</th>
<th>Income Dividend</th>
<th>Short-term Capital Gain</th>
<th>Long-term Capital Gain</th>
<th>Return of Capital</th>
</tr>
</thead>
<tbody>
<tr>
<td>893962175</td>
<td>TFOIX</td>
<td>10/19/2022</td>
<td>0.0438</td>
<td></td>
<td></td>
<td></td>
<td>0.0438</td>
</tr>
</tbody>
</table>