

## HOW TO DO BUSINESS WITH TRANSAMERICA FAMILY MARKETS

### Submission:

- All new business applications can be faxed directly to TRANSAMERICA at **800-535-1325** or to the Benchmark Office at 704-527-7371.
- Use the attached new business transmittal.

### Checking Case Status:

- Agents are **REQUIRED** to register on line at [www.agentnetinfo.com](http://www.agentnetinfo.com) to track all case updates and status.
- All requirements should be sent directly to Transamerica via fax at **800-535-1325** or email at [newbusinesscallcenter@aegonusa.com](mailto:newbusinesscallcenter@aegonusa.com)
- Agents can also call a member of the underwriting department at **877-454-4768**.
- Be sure to include the client name and policy number in all correspondence. Please allow 24 hours for a response.

### How to submit monies to Transamerica:

Monies should be mailed directly to TRANSAMERICA at:

TRANSAMERICA  
4333 Edgewood Road, NE  
Cedar Rapids, IA 52499  
Attention: Policy Issue/ Underwriting

### Commissions:

- For questions regarding commissions, please contact TRANSAMERICA at 877-454-4768.

### Illustrations and Marketing Support:

- Please contact your immediate up line or Marketing Representative.
- Agents contracted directly with Benchmark Insurance Group can call a member of the Benchmark team at (800) 998-9997 or email us at [benchmarkigroup@carolina.rr.com](mailto:benchmarkigroup@carolina.rr.com).
- Please call 877-454-4768 ext. 7833 for software support.

# Transamerica Life Insurance Company Ultima New Business Cover Sheet

Fax to: 800.535.1325

Date: \_\_\_\_\_ Number of pages including this cover sheet: \_\_\_\_\_

Agent # \_\_\_\_\_ Agent Name \_\_\_\_\_

Agent Phone # \_\_\_\_\_ Agent Fax # \_\_\_\_\_

Proposed Insured's Name \_\_\_\_\_

Best time of day / evening to call: \_\_\_\_\_

Are there any special language needs? \_\_\_\_\_

If this is a companion policy, write companion name: \_\_\_\_\_

**Tip!** To speed processing...

- Submit initial application and forms **ONLY ONCE**, either via fax or mail
- Retain your original copy of this fax, as we reserve the right to request a re-fax of the original if we are unable to read the fax. Do **NOT** mail original application and forms unless requested.
- Print legibly, in English, and use black ink
- Do **NOT** use white-out
- Make sure all necessary supplemental forms are included

## Forms Checklist

Primary Insured	Additional Insured	
<input type="checkbox"/>	<input type="checkbox"/>	Application
<input type="checkbox"/>	<input type="checkbox"/>	HIPAA Authorization Form
<input type="checkbox"/>	<input type="checkbox"/>	Terminal Illness Form, <b>if applicable</b>
<input type="checkbox"/>	<input type="checkbox"/>	Initial Premium or Pre-authorization Form
<input type="checkbox"/>	<input type="checkbox"/>	HIV Consent Form
<input type="checkbox"/>	<input type="checkbox"/>	Replacement Form, <b>if applicable</b> Form must be dated same as, or earlier than the application
<input type="checkbox"/>	<input type="checkbox"/>	Illustration, <b>if applicable</b> Illustration or Illustration Certification is required in NAIC states for Universal Life
<input type="checkbox"/>	<input type="checkbox"/>	Transfer or 1035 Exchange Form Mail original 1035 form, if applicable, within 5 working days of the fax
<input type="checkbox"/>	<input type="checkbox"/>	Health Questionnaire (list type), <b>if applicable</b>
<input type="checkbox"/>	<input type="checkbox"/>	Medical Requirements, <b>if applicable</b> Order all necessary Medical Requirements, indicate orders on Agent's Report
<input type="checkbox"/>	<input type="checkbox"/>	Is this an Internal Replacement / or Conversion? If yes, Policy number _____
<input type="checkbox"/>	<input type="checkbox"/>	Other (please explain) _____ _____ _____

Special Instructions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# WHO TO CALL

Ultima Series Products  
Transamerica Home Office  
4333 Edgewood Road NE, Cedar Rapids, IA 52499

## 1-877-454-4768

IF YOU KNOW YOUR PARTY'S EXTENSION...

**PRESS 1** and dial the extension

NEW BUSINESS/UNDERWRITING STATUS INQUIRIES

**PRESS 2**

**Fax Number**

**1-800-535-1325**

**New Business E-Mail**

[newbusinesscallcenter@aegonusa.com](mailto:newbusinesscallcenter@aegonusa.com)

**Personal History Interviews**

**1-800-227-9163**

(8 a.m. to 10 p.m. Mon & Thu, 8 a.m. to 8 p.m. Tue & Wed, 8 a.m. to 4:30 p.m. Fri, 9 a.m. to 12 p.m. Sat. Central Standard Time)

LICENSING / COMMISSIONS

**PRESS 3**

Licensing E-Mail

[brokermail@aegonusa.com](mailto:brokermail@aegonusa.com)

Licensing Fax Number

1-319-355-2498

Commissions E-Mail

[commail@aegonusa.com](mailto:commail@aegonusa.com)

Commissions Fax Number

1-319-355-4062

SUPPLY FULFILLMENT

**PRESS 4**

On-line ordering (Free)

[www.agentnetinfo.com](http://www.agentnetinfo.com) click on Supply Fulfillment  
(menu on left side)

Fulfillment E-Mail

[cedarrapidsagentsupply@aegonusa.com](mailto:cedarrapidsagentsupply@aegonusa.com)

Fax Number

319-369-2114

MARKETING / PRODUCT SUPPORT

**PRESS 5**

Marketing/Product Support E-Mail

[brokermktg@aegonusa.com](mailto:brokermktg@aegonusa.com)

Fax Number

1-866-448-2175

CUSTOMER SERVICE (AGENT HELP LINE)

**PRESS 6**

Customer Service E-Mail

[afpcrcustomerservice@aegonusa.com](mailto:afpcrcustomerservice@aegonusa.com)

Fax Number

1-800-235-4782

**Customers Call:**

**1-800-625-4213**

AGENT SUPPORT CENTER (TECHNICAL ISSUES)

**PRESS 1, then dial extension 7833;  
or call direct at 1-866-303-7833**

Agent Support Center E-Mail

[asupport@aegonusa.com](mailto:asupport@aegonusa.com)

**Your On-line Business Partner (24/7): [www.agentnetinfo.com](http://www.agentnetinfo.com)**