

## DocuSign Ancillary Documents Process Flow

TRANSAMERICA®
Application Number: FEX703590 Proposed Insured's Name: TIM HIDDLESTON Plan: Transamerica Life Easy Solution Face Amount: \$25,000
Hi, TUAN A:
Thanks for doing business with Transamerica. For this application, we still need the following:
Note: if your client needs to alter a document originally provided with the app, please make sure the insured/owner initials and dates next to any changes made, re-signs and current-dates the signature area, and then return items to us the way you usually do.
We also need the following completed through DocuSign®:
LREP-AR-0917 : LREP-AR-0917 Consent to accept delivery by an electronic method Consent to do Business Electonically ICC22 T-AP-WL11IC : Please re-sign and current date the signature page of the application due to newly dated replacement form
Access the forms
These items are needed by <b>11/16/2023</b> . Additional items may be requested after further review. Please continue monitoring the Agent website and your inbox for additional messages.
If you have questions about this message, reach out to your Transamerica representative. This email was not sent from a monitored mailbox.

## Initial DocuSign Email(s): App Requirements Needed

Customers (insured, owner, payor) will receive their own emails at the same time as the agent and asked to complete forms as necessary. Each customer role will only be able to view forms applicable to them.

• Simply select "Access Forms" to get started.

**Agent Specific:** The agent should receive an email with all the forms listed in the email template. Depending on the form(s) and state variations, the fields or forms the agent needs to sign or complete may vary:

- 1. If there is a form the agent needs to sign, the link will only display the required documents the **agent** needs to complete.
- 2. If there are no forms the agent needs to sign, the link will only display the outstanding documents the clients need to sign, and no action is needed from the agent.

Please enter the last 4 digits of SSN to view the document
Priyadarshan Joshi Control Panet Access Authorization
Keeping your information secure is important to us. To access your pending policy documents, please enter the tast 4 digits of your Social Security Number.

Next, they will be prompted to enter the last 4 of their SSN to view and sign the documents.

Agent Specific: This is the same prompt the agent will receive when action on their part is required.

APPLICATION NUMBER: FEX703622 PROPO PLAN: Transamerica Life Immediate Solution F. View More	SED IN SURED'S NAME ACE AMOUNT: \$40,000	E: AKASHM HSHSH			
Please read the <u>Electronic Record and Signa</u> I agree to use electronic records and sig	ture Disclosure. natures.				OTHER ACTIONS -
	Producer 4				
	2. AGENT DISCLOS	URE sown the Proposed Primary Insu			

After signing in with their SSN, they will need to select the box "I agree to use electronic records and signatures."



Then, select start from the left-hand side, check any applicable boxes, and follow the prompts.

	Transamor	ing Life Incurrence Company	
	Home Office: 6400	C Street SW, Cedar Plapids, IA 52429	
Are you thinking abo could be a good one policy and the prope	out buying a new policy and o 5 - or a mistake. You will not osed policy.	iscontinuing or changing an existing p know for sure unless you take a caref	colicy? If you are, your decision ful comparison of your existing
Make sure you unde existing insurer at ar	instand the facts. Georgia law ny time. Ask the company or a	gives you the right to obtain a policy agent that sold you your existing polic	summary statement from your ty to give you information about i
The reverse side con READ IT.	ritains a check list of some of	the items you should consider in mak	ing your decision. TAKE TIME T
Do not let one agent wour advantage	t or insurer prevent you from	xbtaining information from another ag	ent or insurer which may be to
Hear both sides befi	ore you decide. This way you	can be sure you are making a decisi	on that is in your best interest.
C If you wish a po	kicy summary statement from	your existing insurer, or insurers, che	ck this box.
We are required to n	otify your existing company t	hat you may be replacing their policy	
Remitted - Sign He	<i>~</i>		
		3	1011110000
-	10/12/202	11/06 2 (JC	10/11/2023
Applicant's Sign	ature 10/12/202 Date	Agent's Signature	0ate
Applicant's Sign	ature Date	Agent's Signature MG road	Date
Applicant's Sign	ature Date	Agent's Signature MG road Bangkore	Oate

Select the yellow box to adopt a signature, sign, and then select next.

TRANSAMERICA		Lit	e Insurance Policy?
,	Transamerica L forme Office: 6400 C Stree	ife Insurance Company II SW, Cedar Rapida, IA 52489	
Are you thinking about buying a could be a good one – or a mista policy and the proposed policy.	new policy and discont ske. You will not know	inuing or changing an existing policy? If for sure unless you take a careful compa	you are, your decision rison of your existing
Make sure you understand the fa existing insurer at any time. Ask	ects. Georgia law gives the company or agent t	you the right to obtain a policy summary hat sold you your existing policy to give	statement from your you information about it.
The reverse side contains a chec READ IT.	k list of some of the ite	ms you should consider in making your o	decision. TAKE TIME TO
Do not let one agent or insurer p your advantage.	revent you from obtaini	ng information from another agent or ins	urer which may be to
Hear both sides before you decid	de. This way you can b	e sure you are making a decision that is	in your best interest.
If you wish a policy summar	y statement from your e	wisting insurer, or insurers, check this bo	01.
We are required to notify your ex	isting company that yo	u may be replacing their policy.	
LALMER CANNA	10/12/2023	CODE & CO	10/11/2023
Applicant's Signature	Date	Agent's Signature	Date
Optional a BN		MG road	
Mg Roda		Bangkore	
иррисалт s name and vooress (Printed)		Karnalaka Agent's Name, Address, Telephone Number and License Number (Printed)	

The customer will be prompted to enter their name and address.

*Agent Specific*: In addition to name and address, the agent will also be required to enter their phone and license number.

A copy	of this do	cument will be	sent to you	ur email add	tress when
complet icons at	ed by all sove.	signers. You ca	an also dov	whicad or pr	rint using th

DocuSign Completed emails are triggered and sent to parties once all parties have completed signing.

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