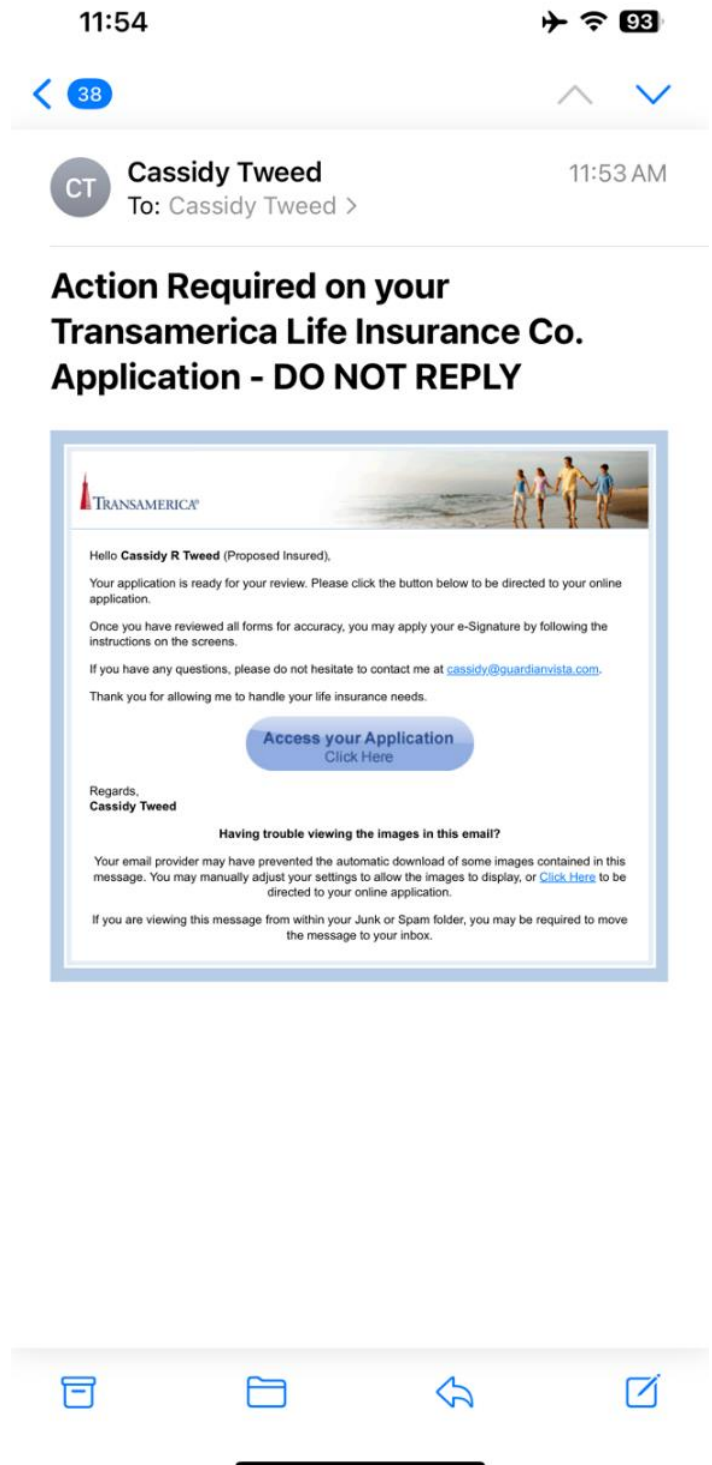
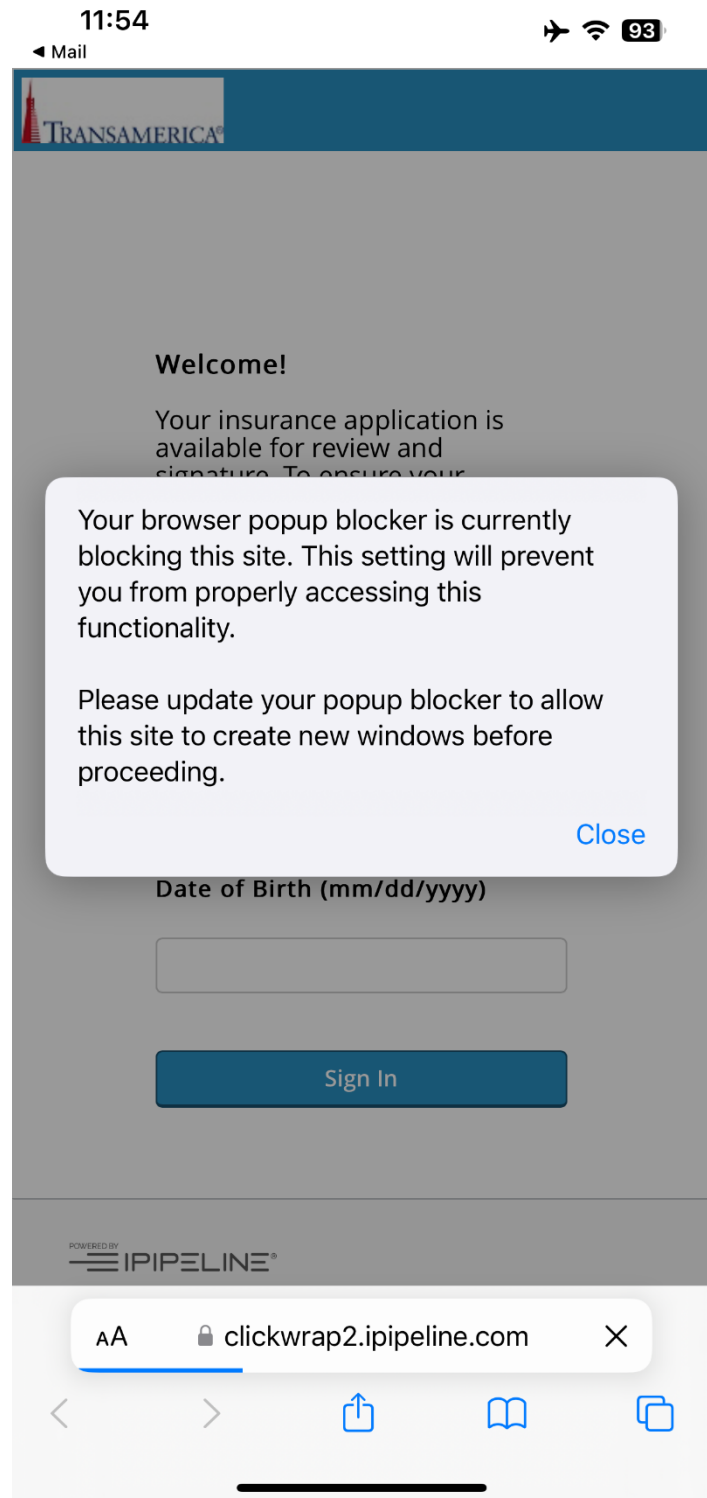


TransAmerica E-Signing Walkthrough

First they will get an email from Trans, they have to click the blue "Access your Application".



Most people will get this popup blocker message. They can just hit “close” or on an android it says “continue”.



They will have to enter their social and DOB, then click “sign in”.

Note: REMEMBER THAT IT SAYS THEY HAVE TO DO THE DASHES IN THEIR SOCIAL.

Note 2: If they make too many attempts it will lock the application and you will have to send them a new email with the “resend” feature (that can be found on the app or in “my cases”).

11:54

Mail

TRANSAMERICA

Welcome!

Your insurance application is available for review and signature. To ensure your information remains secure and confidential, please enter the information below:

PIN: If you have a SSN, use your entire SSN including dashes; If not, use the PIN provided to the agent.

Date of Birth (mm/dd/yyyy)

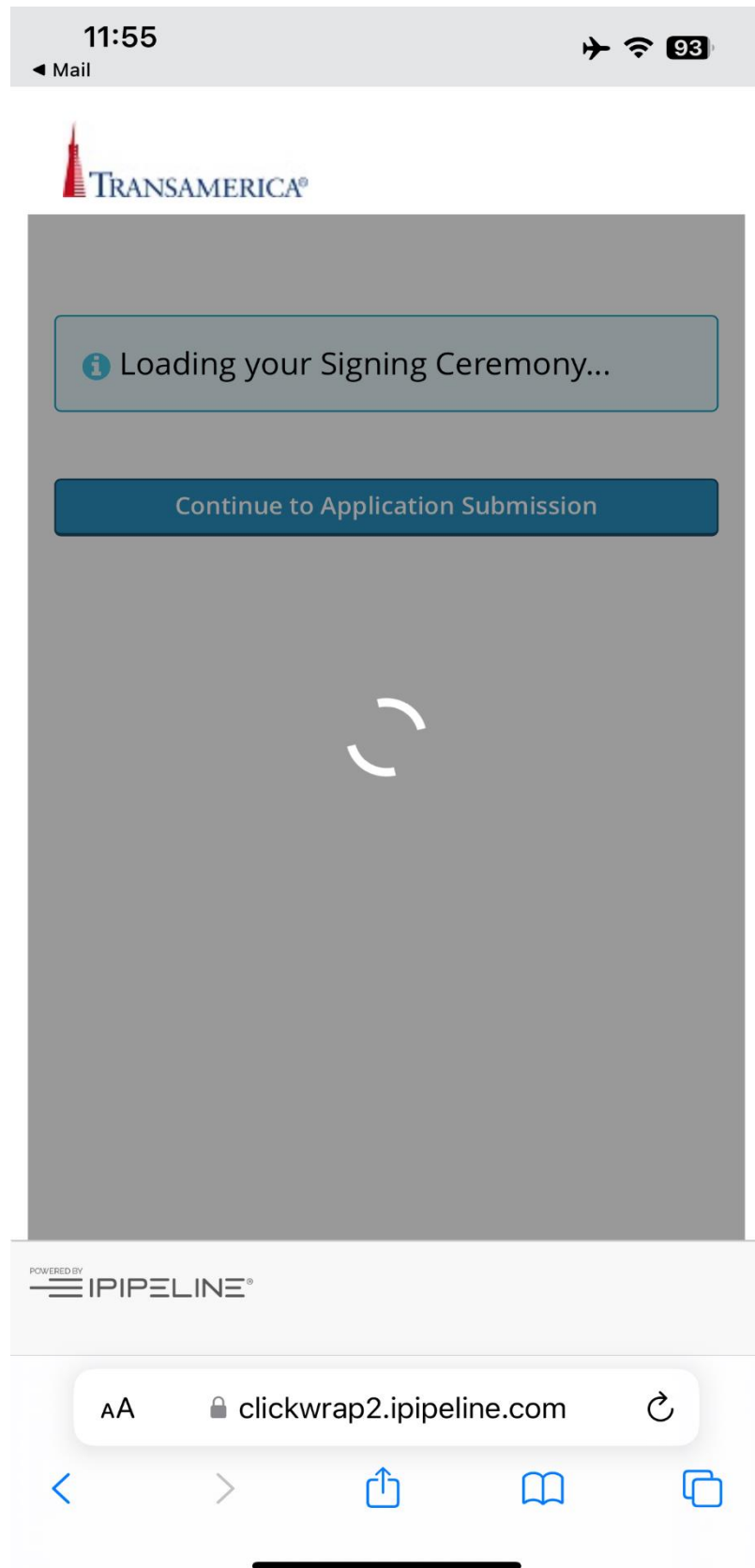
Sign In

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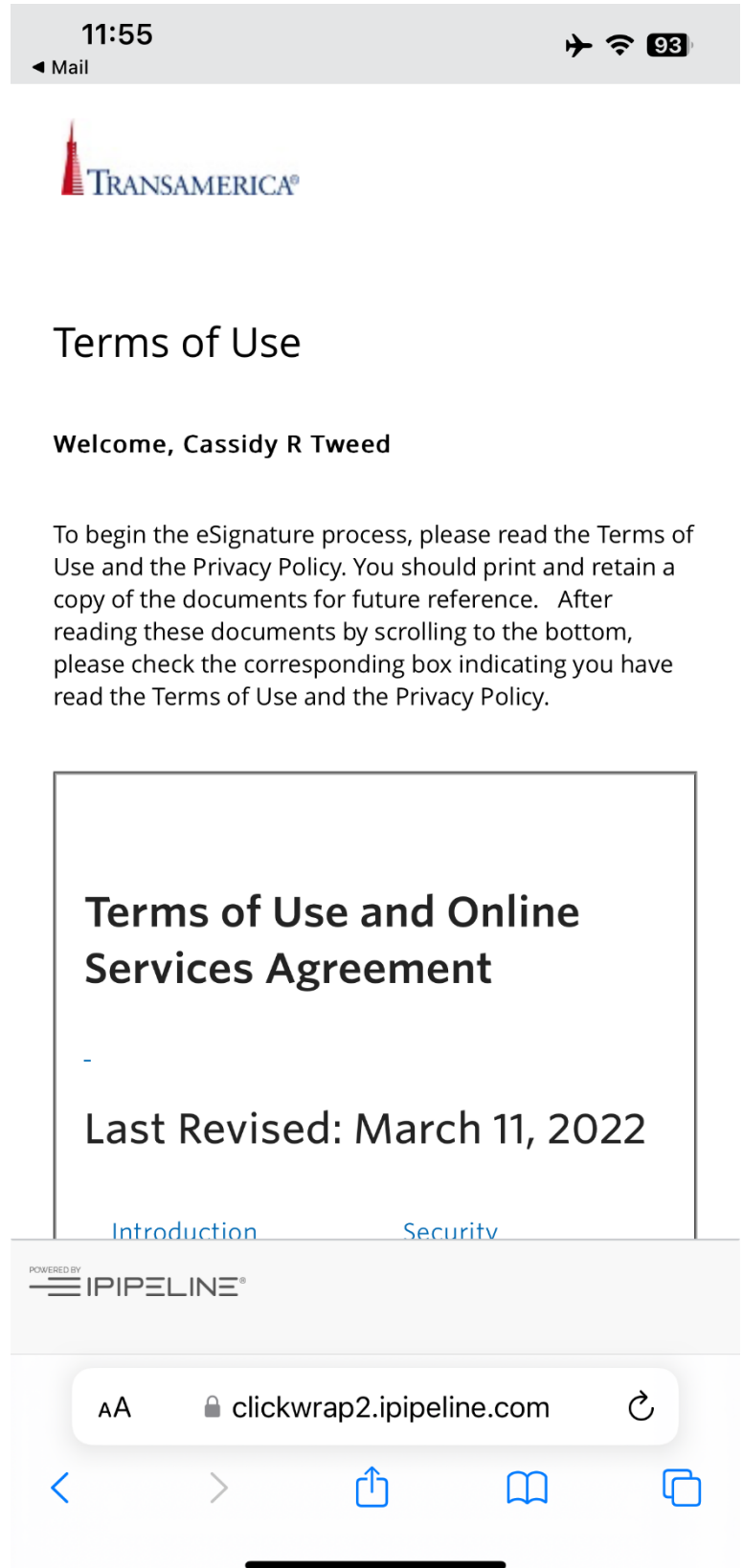
From there they will get a load screen saying
“Loading your Signing Ceremony”.



This is the tricky page people get stuck on. They need to scroll down to the lower part of the page. But the Terms of Use document is a big section in the middle that can be scrolled through independently of the page.

Note: when scrolling they have to do so with their finger on the top “terms of use” section or they will scroll forever and not move down the page.

The “terms of use” document in the middle of the screen will scroll for like 15 pages. They just have to scroll with their finger on the area above or below it to move the whole page down.



Once they scroll down a bit they just have to click the check box for having read it.

Then they must click the blue “review your application” before the second check box becomes clickable.

Note: on some phones it blocks the popup and just lets them click the checkbox after clicking the blue button. On other phones it will open the application in a new window, and they will have to go back to this window. This is one of the things people get stuck on.

If Stuck

If it opens the application in a new window. You will have to get them to close that window and return to this one.

On iPhone: Click the blue box on the bottom right corner of screen that looks like a square on top of another square to view all windows and click on the correct one.

On Android: either on the top of the screen or the bottom they will see a little box that has a number in it (that’s the number of windows they have open), they just have to tap on that so see all windows and click on the correct one.

11:56

◀ Mail

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Services only in the manner approved by the Company. Unless you are an authorized distributor or financial advisor appointed with us

Print

Please read all Disclosures, Acknowledgements and Caution statements included in the application. These provide important information and protections for you.

☒ I have read the Terms and Conditions of Use and the Privacy Policy.

Review Your Application

☐ I have reviewed the application and read each of the pages that are to be eSigned.

I Decline

I Agree

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If the second checkbox turns yellow, they're good to go. Just click it and click "I agree".

Note: The area only turns yellow after they've clicked the blue "Review your Application" button and the checkbox is now click-able.

11:56

◀ Mail

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Services only in the manner approved by the Company. Unless you are an authorized distributor or financial advisor appointed with us

[Print](#)

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☒ I have read the Terms and Conditions of Use and the Privacy Policy.

[Review Your Application](#)

☐ I have reviewed the application and read each of the pages that are to be eSigned.

[I Decline](#)

[I Agree](#)

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When they get to the actual app, they can either hit the blue “Go to next signature” button, or it will auto scroll down to the next signature spot and they will see a yellow area on the page.

Note: if they don’t see the blue “Go to Next Signature” or the green “Click Here to Sign” they’re probably still in the “Review Application” and not actually in the app.

11:57

◀ Mail

Go to Next Signature ↴

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Transamerica Life Insurance Company
Transamerica Financial Life Insurance Company

Consent to do Business Electronically and Electronic Delivery of
and/or Access to Policy Documents

What is the purpose of this Consent and Disclosure?

You are applying for an insurance policy ("Policy") from either Transamerica Life Insurance Company or Transamerica Financial Life Insurance Company (either individually or collectively, "Transamerica") and have expressed your desire to conduct business electronically and for electronic delivery and access, with regard to the Policy, as well as documents related to the Policy. To conduct business electronically, receive documents applicable to the Policy in electronic format, and access documents electronically via a hyperlink contained in an electronic mail ("email") or attached to an email, you must provide Transamerica, and its authorized designees and agents, with your consent. If you indicated your consent by electronically signing this document where indicated below, you will be providing Transamerica and its authorized designees and agents, with your consent:

1. To have the information described in this document (Consent to do Business Electronically and Electronic Delivery of and/or Access to Policy Documents, hereinafter referred to as "Consent") made available and delivered to you electronically;
2. To execute via electronic means the documents that are described in this Consent;
3. To submit, via electronic means, your application for an insurance product; and
4. To all of the terms and conditions set forth in this Consent.

What does this Consent cover once I consent?

This Consent covers your agreement to all of the terms and conditions of this Consent, including your agreement to:

1. Permit the Owner of the Policy to receive via electronic means the documents that Transamerica is required by law or regulation to provide or make available to you in writing ("Required Documents"), as well as other information and documents (collectively, "Other Documents");
2. Permit the Owner of the Policy to receive via electronic means privacy notices from Transamerica, including those companies on whose behalf Transamerica sends privacy notices, including World Group Securities, Inc. and Transamerica Financial Advisors, Inc., as well as from any affiliate or subsidiary companies administering or supporting any Policy issued as part of your application (collectively "Privacy Notices");
3. Permit the Owner and Insured (and Third Party, if applicable) to submit via electronic means your application for an insurance product;
4. Permit the Owner and Insured (and Third Party, if applicable) to execute via electronic means certain Required Documents and Other Documents; and
5. Be bound with the same force and effect as if you had signed your name on paper by hand when you electronically sign this Consent where indicated below and click "OK" or otherwise apply your electronic signature to Required Documents or Other Documents.

NOTE: IF THE OWNER IS NOT THE INSURED, THEN BOTH WILL NEED TO SIGN THE CONSENT BELOW

What is the Scope of this Consent?

This Consent applies to all documents related to your Policy, including, but not limited to, the following: Privacy Notices, prospectuses, prospectus supplements, annual and semiannual reports, annual and quarterly statements, confirmation statements, statements of additional information, proxy solicitation materials, conditional receipts, application, application supplements and addendums, Policy contract, illustrations, amendments, riders, replacement notices, customer correspondence, and any other Required Documents and Other Documents when available (collectively, "Policy Documents"). These Policy Documents will generally be accessible through a hyperlink delivered via email to the Owner's email address(es) written below when electronic access to the various Policy Documents is available from Transamerica.

Even though you have provided Transamerica with this Consent, Transamerica may, at its option, or as required by law: (a) deliver Policy Documents to you on paper, and (b) require that certain communications from you be delivered to Transamerica on paper.

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Can I get paper copies of the Policy Documents?

Yes. You may obtain paper copies of any of the Policy Documents at any time and without charge by contacting Transamerica at the address provided below. If you do not wish to access all Policy Documents electronically, please call Transamerica's Customer Service Department at the telephone number provided below.

Should I maintain copies of the Policy Documents?

Yes. You agree to print or save this Consent and all Policy Documents, and to keep printed or electronic copies of them for your records. If you have any trouble with printing or saving, you should contact Transamerica.

How long will this Consent remain in effect?

This Consent shall become effective once you sign below and remains in effect for so long as your Policy remains in effect, or until you withdraw your consent (as described in the next section), whichever occurs first.

What if I change my mind?

If at any time you would like to access Policy Documents electronically with Transamerica with respect to your Policy, you

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They just have to click the green “Click Here to Sign” at the bottom of their screen, not the yellow spot (yellow spot does nothing).

11:58

Mail

Go to Next Signature

and/or all medical or professional fees. This information will be valid for 24 months. Information released shall comply with the time limit, if any, permitted by applicable law in the state where the policy is delivered or issued for delivery. I understand that I may revoke it at any time by giving written notice to the Company at the above address. I understand that there are limitations on my right to revoke this authorization. Any action taken in reliance on this authorization will be valid if such action has been taken prior to receipt of notice of revocation. If this authorization is used to collect information in connection with a claim for benefits, it will be valid for the duration of the claim. If the law of my state so provides, my authorization may not be revoked during a contestable investigation. I also understand that my revocation of this authorization will not result in the deletion of codes in the MIB database if such codes are reported by the Company for the Company becomes obligated to report such codes to MIB while this authorization is in force. I understand the Company may use the information collected via this authorization: (1) to underwrite my insurance application, (2) to support the operations of the Company's business, (including performing actuarial or internal business studies, research and analytics and other analysis), or (3) if a policy is issued, to evaluate contestability and eligibility for benefits, the policy's continuation or replacement, the policy's reinstatement, or to contest a claim under the policy. The Company shall have 60 days from the date hereof within which to consider and act on this application and if within such period a policy has not been received by the Owner or if notice of approval or rejection has not been given, then this application shall be deemed to have been declined by the Company.

I acknowledge receipt of the Notice of Disclosure for (1) Notice to Persons Applying for Insurance Regarding Investigative Report, (2) MIB Pre-Notification, and (3) Notice of Insurance Information Practices.

I understand that any omissions or misstatements in this application could cause an otherwise valid claim to be denied under any insurance issued from this application, subject to any incontestability provision of such insurance.

The **USA PATRIOT ACT** requires all financial institutions to obtain, verify, and maintain information that identifies each person who opens a new account with the Company or assumes ownership of an existing policy or contract. To meet this federal obligation, we will ask for your name, address, date of birth, or articles of incorporation or similar documents and other information, including a driver's license or other government-issued identification that will allow us to verify your identity. This process may include the use of third-party sources to verify the information provided.

FRAUD WARNING: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

	Date	City	U.S. State / Territory
	2/11/2024	Clearwater	FL
Signature of Applicant/Owner (If other than Proposed Insured)	Date	City	U.S. State / Territory
Print Agent Name Cassidy Tweed	Agent Florida License ID Number W123456789	Agent Signature	

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NOTICE OF DISCLOSURE

Please provide a copy of these notices to the applicant and to any proposed insureds not living in the household.

NOTICE TO PERSONS APPLYING FOR INSURANCE REGARDING INVESTIGATIVE REPORT

To proposed insured: In connection with this application, an investigative consumer report may be prepared about you. Such reports are part of the process of evaluating risks for life and health insurance. Typically, this report will contain information about your character, general reputation, personal characteristics, and mode of living. The information in the report may be obtained by talking with you or members of your family, business associates, financial sources, neighbors, and others you know. You may ask to be interviewed in connection with the preparation of any such report. Also, we may have the report updated if you apply for more coverage.

Upon your written request, we will let you know whether a report was prepared and we will give you the name, address, and telephone number of the agency preparing the report. By contacting that agency and providing proper identification, you may obtain a copy of the report.

Click Here to Sign

Cancel

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Most phones require you to rotate, some don't. After signing, they click the green "Apply Signature".

If they don't like their signature, they can hit the red "Reset" button to clear it.

11:58
Mail

Go to Next Signature

Hard Drive Space	1 GB available for storage of electronic documents
Operating System	Windows Vista with Service Pack 2 or a later version MAC OS 10.x or higher
Screen Resolution	1060 x 800 pixels at 16-bit color resolution
Screen Display Size	12 inches measured diagonally
Browser Application	Internet Explorer 9.0 or higher with all critical updates Mozilla Firefox Google Chrome Safari 5 or higher
PDF Reader	Adobe Acrobat Reader 6.0 or higher
Speed	DSL or broadband service

Mobile Device Compatibility

Please draw your signature in the box below. ✕

⚠ Please rotate device to landscape mode for a better signing experience.



Close Reset Apply Signature

of this Consent.

Cassidy R Tweed

Signature of Insured

chankie14@gmail.com
Insured Email Address

2/11/2024
Date

626-622-4255

 Click Here to Sign

Cancel

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You will have the client repeat clicking the green “Click to Sign Here” a few times so it applies the signature to each spot.

People often get confused and don’t realize it’s a new spot each time.

Note: if they don’t see the green “Click Here to Sign” they will just have to click the blue “Go to Next Signature” at the top so it drops to the right spot and it will appear.

11:58
◀ Mail
Go to Next Signature

I understand the insurance application, the individual the insurance application Personal History, and any required application supplement(s)/amendment(s), and shall be the basis for any contract issued on this application. (B) that the Producer does not have the authority to waive any question on this application. To decide if insurance will be issued, or to modify any term or provision of any insurance which may be issued based on this application, only a writing signed by an officer of the Company can change the terms of this application or the terms of any insurance issued by the Company. (C) no policy applied for shall take effect until after all of the following conditions have been met: 1) the minimum initial premium must be received by the Company; 2) the Owner must have personally received and accepted the policy during the lifetime of each Insured and there must have been no change in the insurability of any Insured; and 3) on the date of the later of either 1) or 2) above, all of the statements and answers given in this application must be true and complete, to the best of my knowledge and belief. Unless otherwise stated, the undersigned Insured is the premium payer and Owner of the policy applied for.

I hereby authorize any licensed physician, medical practitioner, pharmacy and pharmacy benefit managers, hospital, clinic or other medical or medically related facility, wellness/fitness, financial services or insurance company, MIB, LLC (“MIB”), consumer reporting agency, data aggregator or any other organization, institution or person, that has any records or knowledge of me or my health/fitness, finances, credit history, credit standing, credit capacity, life activities or purchase history, to give to the Company, or its reinsurers, any such information. This may include information on the diagnosis and treatment of mental illness, alcohol, and drug use. This also may include information on the diagnosis, treatment, and testing results related to HIV, AIDS, and sexually transmitted diseases, unless otherwise restricted by state law. I authorize the Company, or its reinsurers, to make a brief report of my personal health information to MIB. A photographic copy of this authorization shall be as valid as the original. I understand a credit report may be requested in connection with this authorization and I understand that any credit reporting agency contacted in connection with this authorization may retain and use any information provided about me to the credit reporting agency to the extent that the information is in addition to or more current than the information currently held by

and/or a financial or professional advisor. This authorization will be valid for 48 months. Information released shall comply with the time limit, if any, permitted by applicable law in the state where the policy is delivered or issued for delivery. I understand that I may revoke it at any time by giving written notice to the Company at the above address. I understand that there are limitations on my right to revoke this authorization. Any action taken in reliance on this authorization will be valid if such action has been taken prior to receipt of notice of revocation. If this authorization is used to collect information in connection with a claim for benefits, it will be valid for the duration of the claim. If the law of my state so provides, my authorization may not be revoked during a contestable investigation. I also understand that my revocation of this authorization will not result in the deletion of codes in the MIB database if such codes are reported by the Company for the Company becomes obligated to report such codes to MIB while this authorization is in force. I understand the Company may use the information collected via this authorization: (1) to underwrite my insurance application, (2) to support the operations of the Company's business, including performing actuarial or internal business studies, research and analytics and other analysis, or (3) if a policy is issued, to evaluate contestability and eligibility for benefits, the policy's continuation or replacement, the policy's reinstatement, or to contest a claim under the policy. The Company shall have 60 days from the date hereof within which to consider and act on this application and if within such period a policy has not been received by the Owner or if notice of approval or rejection has not been given, then this application shall be deemed to have been declined by the Company.

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FRAUD WARNING: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

	Date	City	U.S. State / Territory
	2/11/2024	Clearwater	FL
Signature of Applicant/Owner (If other than Proposed Insured)	Date	City	U.S. State / Territory
Print Agent Name Cassidy Tweed	Agent Florida License ID Number W123456789	Agent Signature	

T-AP-W11TFL-0822

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Upon your written request, we will let you know whether a report was prepared and we will give you the name, address, and telephone number of the agency preparing the report. By contacting that agency and providing proper identification, you may obtain a copy of the report.

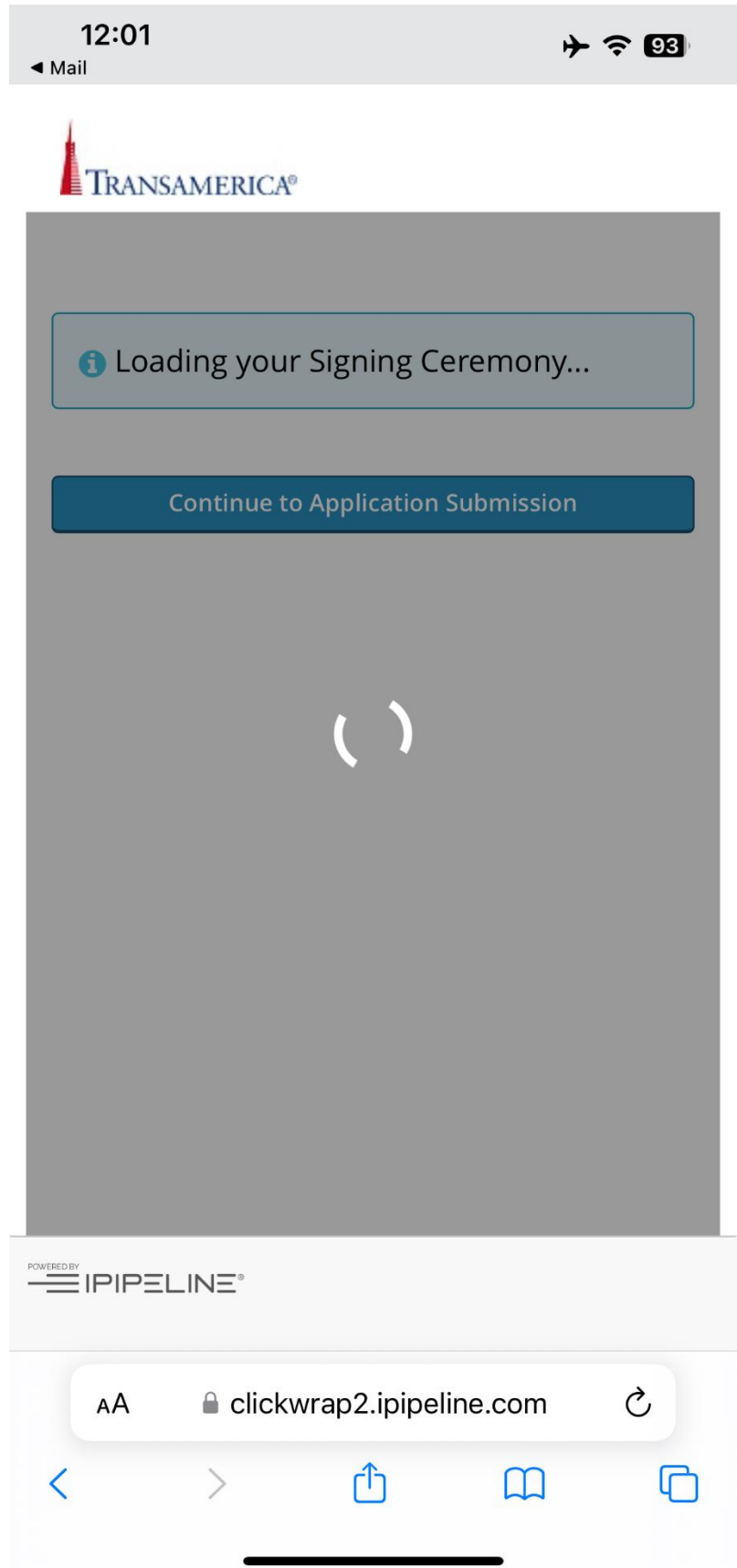
 Click Here to Sign

Cancel

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When they're done signing they will get the load screen saying "Loading your Signing Ceremony". They don't have to do anything, just stay on the page and it will automatically load the done screen.



When the app is fully done they will get this thank you page. They don't have to do anything from there.

Next will be your turn as the agent to sign it.

