

NAME/ADDRESS CHANGE REQUEST

TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY
TRANSAMERICA LIFE INSURANCE COMPANY
TRANSAMERICA PREMIER LIFE INSURANCE COMPANY

To request a change of name or address, please complete the information below and return it to us at the address listed below.

NOTE: No address change is final. If you wish to change your address in the future, please notify us in writing.

All rights of ownership and control of the Policy shall remain with the Policy Owner.

None of the Periodic Payments may be accelerated, deferred, increased or decreased.

POLICY NUMBER _____

CLAIMANT/PAYEE'S NAME HAS CHANGED
(please provide legal documentation for any name change)

Former Name

New Name

CLAIMANT/PAYEE'S NEW ADDRESS

Check if payments are to be mailed to this new address.

Name

Street Address

City, State and Zip

Telephone Number

Social Security Number

Mailing and Overnight Address:

AEGON Structured Settlements
Administrative Offices
4333 Edgewood Road NE
Cedar Rapids, IA 52499

Phone: 1.800.866.0002
Fax: 888.560.4860

SIGNATURE OF AUTHORIZED PARTY

Signature

Signature of Former Name, if applicable

Signature of Joint, if applicable

Telephone Number

Date

Signer is: Claimant/Payee Other

If Other, Relationship to Claimant/Payee
(please provide legal documentation for such authority if not already on file with us)

NOTARIZATION

Please have a notary complete the following information if your notarized signature is not already on file with us.

State of

County of

On (date)

Before me (name of notary)

Personally appeared (name of signer)

Personally appeared (name of joint signer), if applicable

Personally known to me - OR - proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledge to me th he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature WITNESS my hand and official seal.

Signature of Notary