



Transamerica Life Insurance Company
Home Office: 4333 Edgewood Road NE
Cedar Rapids, IA 52499

**Limited Power of Attorney
for Proposed Owner and
Proposed Insured of
Life Insurance Policy**

(This form must be notarized)

For Policy Delivery, Post Issuance Mailing of Policy Communications, and/or Authorization to Inquire about Policy Status

(NOTE – this Limited Power of Attorney does not authorize the designated Attorney-in-Fact to make any policy changes or execute any documents on behalf of the Proposed Owner except as specifically authorized below).

Application Number _____
(or other identification number if Application Number is not available)

I, _____ the undersigned Proposed Owner of a policy applied for with Transamerica Life Insurance Company (“Transamerica”), and

I, _____ the undersigned Proposed Insured (if different from the Proposed Owner) of a policy applied for with Transamerica on my life (“Policy”) hereby authorize

_____, to act as my Attorney-in-Fact solely for the limited purposes outlined below (Note: The Attorney-in-Fact cannot be an individual involved with the sale or solicitation of the Transamerica Policy):

To accept delivery within the United States of any Policy issued in connection with the above-referenced application, in accordance with the procedures in effect at Transamerica.

In conjunction with this authority, the Attorney-in-Fact designated herein may also accept and sign on my behalf, any amendment to the Policy and/or any Policy illustration which may accompany it with delivery and which Transamerica permits to be signed by my Attorney-in-Fact. I understand that I will be bound by my Attorney-in-Fact’s acceptance on my behalf of any such amendment and agree to be bound by any representations made in the amendment as if they were my own and by all resulting Policy terms and further agree that any Policy illustration will remain applicable as if delivery were made to me directly.

_____ Proposed Owner
_____ Proposed Insured (if different)
(Check the box, Proposed Owner and Insured (if different) must both initial)

To receive, on my behalf at my Attorney-in-Fact’s address as provided to Transamerica, any Policy communications and correspondence generated by Transamerica if the Policy is issued, including but not limited to, any and all premium notices, privacy notices, lapse notices, grace period notices, annual statements, Policy change confirmations, and any other communications generated in the course and scope of administering the Policy, if issued.

In conjunction with this authority, I agree that Transamerica’s mailing of such communications and correspondence to my Attorney-in-Fact constitutes compliance with any legal or Policy requirement to mail such communications and correspondences to me directly at my address in Transamerica’s records and understand that I will not receive any such communications and correspondences directly.

_____ Proposed Owner
(Check the box, Proposed Owner must initial)

If the Policy is issued, to inquire on my behalf and receive documentation from Transamerica regarding the status of the Policy, such as confirming current beneficiaries, loan values, cash values, premiums due, premiums paid, and assignees (if any), and any in-force illustrations for the Policy.

_____ Proposed Owner
(Check the box, Proposed Owner must initial)

THIS LIMITED AUTHORITY DOES NOT EXTEND TO AND DOES NOT INCLUDE AUTHORITY FOR ANY OTHER POLICY TRANSACTIONS, INCLUDING BUT NOT LIMITED TO POLICY LOANS, POLICY CHANGES, WITHDRAWALS AND TRANSFERS.

The Proposed Owner and Proposed Insured (if different) understand that no insurance shall take effect under the Policy until the application has been approved by Transamerica and all of the following conditions have been met: (a) the first full premium is paid, (b) the Proposed Owner or the Attorney-in-Fact has received the Policy during the lifetime of and while the Proposed Insured is in good health, and (c) all of the statements and answers given in the application for the Policy are true and complete as of the date of the Proposed Owner's or the Attorney-in-Fact's personal receipt of the Policy, and the Policy will not take effect if the facts have changed.

The Proposed Owner and the Proposed Insured (if different), hereby agree that the Proposed Owner and the Proposed Insured shall communicate to the above-referenced Attorney-in-Fact at the time the Policy is delivered and at the time the delivery receipt is signed that the Proposed Insured is living and that all parts of the application and applicable supplements continue to be true and complete without material change as of the time the Policy is delivered and the first full premium for it is paid, and that any amendments to the Policy and/or Policy illustrations are acknowledged and accepted.

The undersigned Attorney-in-Fact hereby agrees to communicate with the Proposed Owner and Proposed Insured at the time the Policy is delivered and at the time the Policy delivery receipt is signed to ascertain that the Proposed Insured is living and that all parts of the application and applicable supplements continue to be true and complete without material change as of the time the Policy is delivered and the first full premium for it is paid and to further confirm that any amendments to the Policy and/or Policy illustrations are acknowledged and accepted.

I/we hereby agree to indemnify and hold Transamerica harmless from, and to pay it promptly on demand, any and all loss, causes of action or damages that may arise in connection with my appointment and actions of the above-named Attorney-in-Fact.

This authorization and indemnity is in addition to, and in no way limits or restricts, any rights which Transamerica may have under any agreement or agreements between Transamerica and me. This authorization and indemnification/hold harmless is a continuing one, and shall remain in full force and effect until revoked by me by a written notice addressed and delivered to Transamerica but such revocation shall not affect any liability in any way resulting from actions initiated prior to receipt by Transamerica of such revocation. This authorization and indemnification/hold harmless shall be binding on me and my assigns and successors-in-interest. This authorization and indemnification/hold harmless shall inure to the benefit of Transamerica and of any successor firm or firms irrespective of any change or changes at any time in the personnel thereof for any cause whatsoever, and of the assigns of Transamerica or any successor firm.

Proposed Owner	Date	Location (City/State)
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Proposed Insured (if different from Proposed Owner)	Date	Location (City/State)
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Attorney-in-Fact	Date	Location (City/State)
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Name of Attorney-in-Fact _____

Address of Attorney-in-Fact _____

Telephone Number of Attorney-in-Fact _____

Nature & Length of Relationship to
Proposed Owner and/or Proposed Insured _____

(Note: The Attorney-in-Fact cannot be an individual involved with the sale or solicitation of the Transamerica Policy)

Notary Seal/Stamp
