

# Transamerica Funds Automatic Investment Plan Form



Use this form to establish an Automatic Investment Plan (AIP) from your checking or savings account to your Transamerica Funds account. AIPs are not allowed on SIMPLE IRA, 403(b), and certain SEP-IRA accounts. Forms for other types of account maintenance are available on our website at [www.TransamericaFunds.com](http://www.TransamericaFunds.com). For assistance call Transamerica Fund Services, Inc. at 1-888-233-4339.

## Section One Account Registration

Name of Investor (Primary Owner, Custodian, Corporation, Trust, or Partnership) as shown on your account		
Name of Co-Owner, Minor, Corporate Officer, Trustee, or Partner, as shown on your account		
Address		
City	State	Zip Code
Social Security Number	Date of Birth	
E-Mail Address	Daytime Telephone Number	

## Section Two Automatic Investment Plan Instructions

Investment minimums for Automatic Investment Plans are \$50 per month, per fund account. Investments may be made between the 3rd and 28th only, and will occur on the 15th if no selection is made. Exact date may vary one or two days. Contributions made to retirement plan accounts by AIP will be recorded as "current year" contributions.

If the frequency of your AIP is not monthly, indicate here:

- Quarterly
- Semi-Annual
- Annual

**NOTE:** If the frequency is other than monthly, the investment minimum must be at least equivalent to the \$50 per month per fund account requirement.

Start Date (Month/Day)	Amount	Fund Number <u>and</u> Account Number
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## Section Three Electronic Bank Link

By checking one of the following boxes, I authorize money to be transferred upon request between my financial institution and Transamerica Funds.

- I have attached a pre-printed voided check or savings account deposit slip with my bank information.
- Use the current bank information available on my Transamerica Funds account.

**NOTE:** If the Transamerica Funds account holder's name does not appear on the enclosed check, an original Securities Transfer Agents Medallion Program (STAMP2000) signature guaranteed letter from the bank account owner authorizing use of the bank information will be required.

**Attach voided check or savings deposit slip here  
(Please use clear tape. Do not staple.)**

## Section Four Signature(s)

Signatures from all account owners are required.

_____	_____
Primary Owner or Trustee Signature	Date
_____	_____
Co-Owner Signature	Date
_____	_____
Co-Owner Signature	Date

Mail the completed and signed form to Transamerica Fund Services, Inc.:

**Regular Mail**  
Transamerica Fund Services, Inc.  
P.O. Box 219945  
Kansas City, MO 64121-9945

**Overnight Mail**  
Transamerica Fund Services, Inc.  
330 W. 9th Street  
Kansas City, MO 64105

For assistance call Transamerica Fund Services, Inc. toll-free at 1-888-233-4339, Monday through Friday.