

Transamerica Funds Systematic Withdrawal Form (For non-retirement accounts)

Please Note the Following Information

Use this form to withdraw funds systematically from Transamerica Funds non-retirement accounts or Coverdell Education Savings Accounts to a checking or savings account. For assistance call Transamerica Fund Services, Inc. at 1-888-233-4339. **DO NOT use this form to establish systematic withdrawals on retirement plan accounts.** (Special rules apply to distributions from retirement plan accounts. To establish an systematic withdrawal for a retirement account, visit our website at www.TransamericaFunds.com to obtain the appropriate retirement account distribution form.)

First Name	MI	Last Name
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Section One Account Registration

Address

City	State	Zip Code
Social Security Number	Date of Birth	
E-Mail Address	Daytime Telephone Number	

Section Two Systematic Withdrawal Instructions

- Send me a check to the address of record.** Distributions made payable by check will occur on the 20th of the month and should be received on or near the 1st of the following month.
- Send check to optional addressee.** Distributions by check will occur on the 20th of the month and should be received on or near the 1st of the following month. (The STAMP 2000 Signature Guarantee in Section Four must be completed if you elect this option.)
- Deposit my withdrawal directly into my bank account.** (If you elect this option, complete Section Three.) The withdrawal may be made between the 3rd and the 28th only, and will occur on the 20th if no selection is made. Exact date may vary one or two days.

NOTE: Due to your bank's requirements, please allow up to 30 days for the electronic bank link to begin.

Frequency of systematic distributions: Monthly Quarterly Semi-Annually Annually

Start Date (Month/Day)	Amount	Fund Number and Account Number
Start Date (Month/Day)	Amount	Fund Number and Account Number
Start Date (Month/Day)	Amount	Fund Number and Account Number

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 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 (STAMP 2000) 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.)**

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Section Four Signature(s)

I certify that I am the account owner and that all information given by me is correct. I also certify that all decisions regarding this systematic withdrawal have been made by me and that no tax advice was furnished by TFS. I acknowledge that I am personally responsible for any taxes and penalties that may result from this distribution and I release TFS from any responsibility or liability therefore.

Signatures from all account owners are required.

Primary Owner or Trustee Signature

Date

Co-Owner or Trustee Signature

Date

Co-Owner or Trustee Signature

Date

STAMP 2000 Signature Guarantee

Acceptable guarantors only include participants in the Securities Transfer Agents Medallion Program (STAMP 2000). Participants in STAMP 2000 may include financial institutions such as banks, savings and loan associations, trust companies, credit unions, broker/dealers, and member firms of a national securities exchange.

An original Signature Guarantee is required if:

- Your withdrawal is more than \$100,000.
- The withdrawal by check is made payable to someone other than the account owner.
- Your check is to be mailed to an address other than the address of record.
- You request a withdrawal by check within 10 days of a change of address.
- Funds are being wired to a bank account not currently on file.

_____ Signature Guarantee

Name of Signing Officer (please print)

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.