

Transamerica Funds 403(b)(7) Group Investment Remittance and Participant Data Request Form



Employer Use Only

This form should be completed by the employer or employer's representative to allocate participant investments, or request access to download data in compliance with 403(b)(7) regulations. For assistance, call Transamerica Fund Services, Inc. at 1-888-233-4339, Monday through Friday.

Mail the completed form with the signed application and/or investment check to:

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

Section One – Employer Information

Employer Name* Employer Tax ID Number*

Contact Person* Contact Person's Telephone Number*

Employer Address*

City* State* Zip Code*

Employer E-Mail Address*

Group ID Number (if available)

*Required Information

Section Two – Online Access Request

- I would like online access to submit allocation changes and payments. (Please reference Section Three of this form).
- I would like online access to download participant information. (The Employer/TPA has an approved Information Sharing Agreement on file with Transamerica).

Signature† Title Date

†As the authorized representative of the Employer, I authorize the download of participant information for purposes of complying with Internal Revenue Code §403(b) and regulations thereunder only. I will maintain the confidentiality of this information pursuant to the Information Sharing Agreement between the Employer and Transamerica Fund Services, Inc.

Section Three – Employer's Bank Information

Please attach a pre-printed voided check or savings account deposit slip. You must check the box below and complete the signature section before this option can be added to your employer-sponsored retirement plan.

Bank Account Type: Checking Savings

Note: If the company's name does not appear on the enclosed check or deposit slip, and/or does not match your Transamerica Funds employer-sponsored plan name, an original Securities Transfer Agents Medallion Program (STAMP2000) signature guaranteed letter authorizing use of the bank information will be required.

- As an authorized signer of the above mentioned bank account, I authorize all bank drafts initiated by the use of the FANPLAN Sponsor Website.

Signature Title Date

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

