

PRELIMINARY ASSESSMENT FORM

IMPORTANT INFORMATION

Please complete in ENGLISH and BLOCK CAPITALS.

If you make a mistake completing this form, simply cross out the error, note the correct details and initial each correction.

Capitalised terms in this form have the same meaning as defined in the policy.

Section 1		Insurance Intermediary's Details	
Producer ID	<input type="text"/>	Office ID	<input type="text"/>

Section 2		Proposed Insured's Details		<input checked="" type="checkbox"/> Select the box that applies
Proposed Insured	Given Name(s)	Surname		
	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
Date of Birth	<input type="text"/> (dd/mm/yyyy)	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Proposed Insured's Current Residential Address	Number/Street/Building			
	City		State/Province	
	Country		Postal Code	
ID/Passport Number	<input type="text"/>			
Occupation	<input type="text"/>			

Section 3		Insurance Details		<input checked="" type="checkbox"/> Select the box that applies
Requested Insurance	Sum Assured applied for: USD	Insurance Plan		
Other Insurance (Pending or In Force)	Amount of inforce policies: USD			
	Proposed Total Line of Cover: USD (Note: Total life insurance coverage intended including this submission, inforce and concurrent)			
	Pending submissions with any other companies: USD			
	Previous Transamerica policy number (if any): <input type="text"/>			
Private Bank Referral	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide name of referring bank: _____			
1. What is the purpose for insurance?				

Section 3

Insurance Details (Continued)

Select the box that applies

2. How long have you known the proposed insured?	
3. To the best of your knowledge, does the proposed insured have any existing life insurance policies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. To the best of your knowledge, could replacement be involved?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. To the best of your knowledge, is the proposed policy owner and/or payor acting on behalf of, or at the direction of, an undisclosed third party?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Is the client a Private Bank account holder? If yes, please provide the name of the Private Bank: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 4

Financial Information (if available for this preliminary request)

Personal Net Worth	USD	Earned Income	USD	Unearned Income	USD
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Section 5

Risk Class Assessment

Select the box that applies

Smoker Non-Smoker

Height	cm	Weight	kg/lbs	BMI	Date	(dd/mm/yyyy)
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Please provide information regarding any consultation, illness and medical condition/s and please record specific dates, duration of illness and treatment prescribed:

Date (dd/mm/yyyy)	Presenting Symptoms	Diagnosis	Treatment

Please provide any other information which might have a bearing on the underwriting assessment of the proposed insured:

I, the undersigned, confirm that all personal data collected as part of this submission (including but not limited to all financial, medical and other personal information) has been collected and processed on the basis of informed consent or other lawful basis in all relevant jurisdictions and in compliance with all applicable data privacy laws and regulations in all relevant jurisdictions. I confirm that the consent and authorisation covers the transfer of information outside the jurisdiction where the information is obtained or where the proposed insured resides.

I agree to provide a copy of Transamerica Life (Bermuda) Ltd.'s ("TLB") privacy statement obtained from TLB if requested by the proposed insured.

To the best of my knowledge and belief, the proposed insured is not a resident or citizen of the United States of America, and is not a resident of Bermuda or Singapore.

The submission of this and all other forms, as well as the submission of this business, has been done in compliance with all local laws concerning permissible activities in the proposed insured's country of residence and any jurisdiction in which such forms were signed. All procedures issued by TLB (including but not limited to procedures used to verify the identity of individuals and specific rules and guidelines applicable to distributors) have also been complied with.

Signature

Signature of Producer	X
Producer Name	Date _____ (dd/mm/yyyy)