

**To:** Complex Change

**From:**

**Fax #:** (800) 235-4782

**Pages:**

**Re:** RPU

**Date:**

Urgent     For Review     Please Comment     Please Reply     Please Recycle

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● Comments:

**Protecting your privacy is very important to us. Customers should not return documents containing their personal identification, bank information, health information etc. from their unsecured, personal emails due to the risk of data security breaches which may compromise personal data from their unsecured unencrypted email accounts. Appropriate information security protection for any email communication initiated or responded to by you is your responsibility.**

Transamerica Life Insurance Company  
Transamerica Premier Life Insurance Company  
Administrative Office located at:  
4333 Edgewood Road N.E., Cedar Rapids, IA 52499-0001  
FAX 800-235-4782

## Reduced Paid-up Extended Term Insurance Request

Policy/certificate number (s) \_\_\_\_\_ Insured/Annuitant \_\_\_\_\_

Owner \_\_\_\_\_ Phone Number \_\_\_\_\_

Fill out all required information in Section 1. Owner(s) must sign and date form in space provided below.

Select one:

### 1. Reduced Paid-Up Request

\_\_\_\_ Place my policy/certificate on reduced paid-up, effective \_\_\_\_ / \_\_\_\_ / \_\_\_\_.  
Mo Date Year

### 2. Extended Term Insurance

\_\_\_\_ Place my policy/certificate on Extended Term Insurance, effective \_\_\_\_ / \_\_\_\_ / \_\_\_\_.  
Mo Date Year

### 3. Additional changes or special instructions:

Unless we have been notified of a community or marital property interest in this policy, we will rely on our good faith belief that no such interest exists and will assume no responsibility for inquiry; the policy owner agrees to indemnify and hold the Insurance Company harmless from the consequences of accepting this transaction.

Insured /Annuitant _____	_____	_____	_____	_____
	Signature	Date Signed	Social Security Number	Date of Birth
Owner _____	_____	_____	_____	_____
	Signature	Date Signed	Social Security Number	Date of Birth
Assignee _____	_____	_____	_____	_____
	Signature	Title	Date Signed	
Spouse _____	Signature- (if none, indicate, NONE)			