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 R	eauest	
 I would like online access to submit allocation. I would like online access to download papproved Information Sharing Agreement on 	articipant informatio	on. (The Employer/TPA has an
Signature [†]	Title	Date
†As the authorized representative of the Employ purposes of complying with Internal Revenue C the confidentiality of this information pursuant to and Transamerica Fund Services, Inc.	Code §403(b) and regu	ulations thereunder only. I will maintain
Section Three – Employer's Bar	nk Information	
Please attach a pre-printed voided check or sav complete the signature section before this optic	vings account deposit	slip. You must check the box below and
Bank Account Type: • Checking	○ Savings	
Note: If the company's name does not appear of your Transamerica Funds employer-sponsored Program (STAMP2000) signature guaranteed le	plan name, an origina	al Securities Transfer Agents Medallion
☐ As an authorized signer of the above mention the use of the FANPLAN Sponsor Website.	oned bank account, I a	authorize all bank drafts initiated by
Signature	Title	Date
Attach pre-printed voide (Please use	ed check or savings clear tape. Do not s	

Section Four – Remittance Information

To ensure proper allocation, please complete each field on the form. You may indicate allocations as percentages or dollar amounts. If you make investment allocations as a percentage, use whole numbers only; do not use fractional amounts. Any partial percentage will be rounded to the nearest whole percentage. (Refer to the Transamerica Funds 403(b)(7) Employee Application to find the Fund Number)

Note: The employee will automatically receive quarterly confirmation statements upon plan establishment.

If you are using this form to remit participant contributions for each payroll, please complete the section below:

If you know your Group ID#, please write it in the area designated below. If you do not know your Group ID#, please call Customer Service at 1-888-233-4339. Your Group ID# is uniquely assigned to your plan and will assist in allocating contributions for each participant.

Group ID	#:	_					
Employee contributions are for tax year			Employer contributions are for tax year				
Participant Name	Social Security Number	Fund Number	Account Number	New Fund (Yes/No)	Employer Contribution Allocation	Salary Reductio Allocation	