



PO Box 5420 · Cincinnati, Ohio 45201-5420
Phone 800-438-3398 x 13763

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WFG LICENSING
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**VARIABLE INDEXED ANNUITY
REGISTERED REPRESENTATIVE
APPOINTMENT FORM
(NO POWER TO APPOINT)**

I. PERSONAL INFORMATION

Full Name _____
First Middle Last

Date of Birth ____/____/____ Gender _____ SSN _____

Residence Address _____
Street City State County Zip

II. BUSINESS INFORMATION

(This will be your contact information on file with Great American and must be completed)

This information is required:

Financial Institution/Broker Dealer Name _____

Agent Business Mailing Address _____
Street City State County Zip

Agent Phone Number _____ Agent Fax Number _____

Agent E-mail Address _____

III. LICENSE INFORMATION

Agent's Resident State _____ Resident State License # _____

Resident State License Expiration Date _____

National Producer Number _____

Do you have Errors and Omission insurance coverage through your agency? Yes No

If "No," do you have Errors and Omission Coverage? Yes No

List carrier and policy number _____
Carrier Name Policy Number

After you and /or your back office have completed this form, please email to wfglicenseapps@transamerica.com