AUTHORIZATION FOR AGENT INFORMATION CHANGE

Please complete the form and return it to the WFG Coding Department via email, wfgcoding@transamerica.com, or via fax, 678.966.6161.

The requested change is for the following associate:

Name: _____ Code #: _____ Date: _____

CHANGE OF BUSINESS ADDRESS AND PHONE NUMBER

Agent must be an SMD (Level 20) or above to choose his/her Business Processing address. Otherwise, the agent must have his/her upline SMD's (Level 20) *"mail to"* code and business address.

Street: _____ Suite Number: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Voice-tel: _____

Upline SMD (Level 20) Signature: _____ Code #: _____

CHANGE OF HOME ADDRESS/E-MAIL OR PHONE NUMBER

Street: _____ Email: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Voice-tel: _____

Agent Signature: _____ Code #: _____

CHANGE OF NAME

Must provide legal documentation such as a marriage certificate, divorce decree, etc.

PREVIOUS NAME   **CURRENT NAME**

First: _____   First: _____

Middle: _____   Middle: _____

Last: _____   Last: _____

Common: _____   Common: _____

Agent Signature: _____ Code #: _____

SPOUSAL INFORMATION CHANGE

Please complete if you want to make a change to your marital status. This information will be used to update our system only.

ADDITION: _____ DELETION: _____
            (Print name of spouse)   (Print name of spouse)

Agent Signature: _____ Code #: _____