TRANSAMERICA®
Financial Advisors, Inc.
Transamerica Financial Group Division

529 College Savings Plan Disclosure Form

Transamerica Financial Group ("TFG") a Division of Transamerica Financial Advisors, Inc. ("TFA")

1. ACCOUNT REGISTRATION

Owner's Name: _____ SSN: _____

Beneficiary's Name: _____ SSN: _____

2. PRODUCT INFORMATION

Name of Product: _____ Product Provider: _____

3. CUSTOMER ACKNOWLEDGEMENT

My TFA Registered Representative has reviewed each of these items with me, and I understand that (please initial each item):

_____ I have received the Plan Disclosure Document. (Read the Plan Disclosure Document carefully for complete information regarding this product.)

_____ 529 College Savings Plans charge fees, including administrative fees imposed by the sponsoring states that will impact account earnings.

_____ 529 College Savings Plans are subject to market risk and account values will fluctuate due to market conditions. 529 College Savings Plans generally do not carry guarantees regarding principal and growth, and they do not guarantee sufficiency to pay tuition. Any guarantees that are offered will be fully disclosed in the Plan Disclosure Document. When redeemed, plan shares may be worth more or less than when purchased.

_____ Earnings and withdrawals may be subject to state taxes. A federally mandated 10% penalty applies on any earnings withdrawn for non-qualified expenses, and contributions in excess of special gift tax limits may be subject to gift tax.

_____ There is a difference between share classes and the type of share class selected will affect my overall cost. Sales charges, fees, and other pertinent information are covered in the Plan Disclosure Document.

_____ I understand that Uniform Gifts to Minors Act (UGMA) or Uniform Transfers to Minors Act (UTMA) funds placed in a 529 College Savings Plan may have adverse tax and legal consequences. If using UGMA/UTMA funds for this purchase, I should consult with a professional tax and legal advisor before proceeding.

_____ My representative may not and has not offered any tax or legal advice, and I am personally responsible for the tax consequences of this transaction.

_____ There may be benefits to contributing to a 529 College Savings Plan sponsored by a state other than my state of residence, but my state's 529 College Savings Plan or Prepaid Tuition Plan may offer benefits and/or guarantees that out-of-state plans cannot. I have considered my own state's plan carefully before electing an out-of-state plan.

4. REPLACEMENTS ONLY

I am liquidating the following product:

Product Name	Product Type*	Share Class	Amount	Held for: (years/months)	Same Rep?**Y/N	CDSC/Surrender (if any)

*Indicate type of product: Mutual Fund, Annuity (Fixed, Variable or Indexed), or Life Insurance (Whole Life, Universal Life, Variable Universal Life, etc.), etc.
**Indicate if the representative who sold the initial investment(s) is the same representative for the new investment(s).

And request the proceeds be applied to my purchase of the following investment(s):

Product Name	Share Class	Amount	Sales Charge

Replacement Acknowledgment:

- **I understand that there is no assurance that the performance of the product I am purchasing will be more favorable than the product or investment I am selling.**
- **I understand that it may be possible to exchange shares in my present product without incurring additional sales charges.**
- **I understand that the redemption of the shares of my current product I presently own may result in a taxable gain or taxable loss. I will consult my qualified tax professional for advice.**

CLIENTS INITIALS _____

5. INFORMED DECISION AND CONSENT TO THE TRANSACTION(S)

By signing below, I indicate that I have made an informed decision to purchase this 529 College Savings Plan product and, if applicable, have reviewed the differences between this product and my original product. This product fits my investment needs and objectives, liquidity needs, time horizon, risk tolerance and my general financial situation and my signature below indicates my consent to the transaction(s).

_____ _____

Owner's Signature Date

_____ _____

Registered Representative Signature Rep Number Date