

**Section A: Employer Information**

**Enrollment Application**

Company/Employer Name 
 New Enrollment  
 Contribution Change  
 Contract/Account No. 
 Affiliate No. 
 Division No.

**Section B: Participant Information**

Social Security No. 
 Date of Birth (MM-DD-YYYY)   
 First Name/Middle Initial 
 Last Name   
 Mailing Address 
 State 
 Zip code   
 City 
 E-mail   
 Phone No./Ext. 
 Date of Hire (MM-DD-YYYY)   
 Marital Status  Married  Single/Divorced
 Gender  Male  Female

**Section C: Investment Allocation**

**Create Your Own Portfolio-** Please allocate contributions to the following investment options in the percentages noted below (total must equal 100%)

Choose a Portfolio			Create a Portfolio		
M20Y	Transamerica Institutional Asset Allocation - Short Horizon	<input type="text"/> %	MF4Y	Transamerica Partners Government Institutional Money Market	<input type="text"/> %
M35Y	Transamerica Institutional Asset Allocation - Short Intermediate Horizon	<input type="text"/> %	CGPY	Diversified Institutional Stable Pooled Fund	<input type="text"/> %
M21Y	Transamerica Institutional Asset Allocation - Intermediate Horizon	<input type="text"/> %	MN5Y	Transamerica Intermediate Bond R4	<input type="text"/> %
M22Y	Transamerica Institutional Asset Allocation - Intermediate Long Horizon	<input type="text"/> %	S353	MFS Value R3	<input type="text"/> %
M36Y	Transamerica Institutional Asset Allocation - Long Horizon	<input type="text"/> %	VINX	Vanguard Institutional Index	<input type="text"/> %
			S384	MainStay Large Cap Growth I	<input type="text"/> %
			MR0Y	Transamerica Mid Cap Value Opportunities R4	<input type="text"/> %
			VMCI	Vanguard Mid Capitalization Index Ins	<input type="text"/> %
			N528	Baron Asset	<input type="text"/> %
			N652	Columbia Small Cap Value II Z	<input type="text"/> %
			VSCX	Vanguard Small Cap Index Instl	<input type="text"/> %
			N623	T. Rowe Price New Horizons	<input type="text"/> %

N376 American Funds EuroPacific Gr R4

%

**Section D: Signatures**

Transamerica Investors Securities Corporation (TISC), 440 Mamaroneck Avenue, Harrison, NY 10528, distributes securities products. Any registered fund offered under the plan is distributed by that particular fund's associated fund family and its affiliated broker-dealer or other broker-dealers with effective selling agreements such as TISC.

I acknowledge that investment option information, including prospectuses, disclosure documents, and/or fund profile sheets, as applicable have been made available to me and I understand the risks of investing.

The Transamerica funds are distributed by Transamerica Capital, Inc. (TCI) and are advised by Transamerica Asset Management (TAM). Transamerica, TISC, TAM, and TCI are affiliated companies. I understand that the fixed interest option(s) are available under group annuity contract(s) issued by Transamerica Financial Life Insurance Company ("TFLIC") and that the mutual fund options are subject to a Custodial Agreement with State Street Bank and Trust Company ("SSBT"). I understand that the group annuity contracts are legally separate arrangements from the Custodial Agreement. SSBT has no control over or responsibility for the group annuity contracts. I understand that an annual administrative fee, a withdrawal charge, and transfer restrictions may apply. The Transamerica investment options are available under a group variable annuity contract issued by Transamerica Financial Life insurance Company ("TFLIC"), which is offered through Transamerica Investors Securities Corporation, 440 Mamaroneck Avenue, Harrison, NY 10528. I understand that an annual administrative fee, a withdrawal charge, and transfer restrictions may apply. The Stable Pooled Fund is offered through Diversified Investment Advisors Collective Trust and invests directly in the Wells Fargo Stable Return Fund which is a collective trust fund of Wells Fargo.

I further understand that I may change the amount of my salary reduction, or terminate this agreement, by giving notice in accordance with the terms of my employer's plan.

X \_\_\_\_\_  
Participant Signature Date

I certify that this enrollment application as completed by the participant, is accurate and appropriate under the terms of the plan, and that any necessary consents and waivers have been obtained.

X \_\_\_\_\_  
Plan Administrator Signature Date