



Administrative Office: 6400 C Street SW  
Cedar Rapids, IA 52499-0001  
TA-Retirement.com

# ACH Installation Request Form

Type of Request:  New  Change to Existing ACH

This form is used to establish automatic withdrawals from the Plan Sponsor's banking account for contributions to its retirement plan. The Plan Sponsor has an investment contract with **Transamerica Life Insurance Company** (Transamerica). This form further authorizes AEGON's (Transamerica's parent company's) Corporate Treasury Department to affect such automatic withdrawals.

CLIENT DATA	
Name of Plan:	Contract No.:
Name of Plan Sponsor:	Phone Number:
Name of Technical Contact:	
Address:	

AUTHORIZATION TO BANK
Please accept this as formal notification that effective _____, Transamerica will be responsible for the recordkeeping of the retirement plan mentioned above.
Transamerica is hereby authorized by the Plan Sponsor to access the account listed below on behalf of the Plan and to withdraw or deposit monies in respect to contributions to the Transamerica investment contract via the Automated Clearing House (ACH). Transamerica is authorized to withdraw the contribution amount as calculated by the Plan Sponsor.
The undersigned, as an authorized signer on behalf of the Plan Sponsor, hereby grants Transamerica authority to make withdrawals from the account noted below:

BANK DATA	ACH ID# 9662641001	TA# 4124656208
Bank:		
Street Address:		
Account Type:	<input type="checkbox"/> Savings	<input type="checkbox"/> Checking
		<input type="checkbox"/> Other _____
Account Name:		
Account Number:		
Routing Number:		
Bank Representative:		
Phone Number:		

The Plan Sponsor agrees to provide Transamerica with 30 days' notice prior to closing or changing this account by contacting their Transamerica Representative.

Signed: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_

**NOTE:** Please send/fax this completed form and a blank, voided check to:

**Transamerica Retirement Solutions**

**Administrative Office:** 6400 C St SW, Cedar Rapids, IA 52499

**Fax #:** 866-846-2236

**Important:** Please send a copy of this completed document to your bank representative.