



## **NETEXCHANGE CLIENT™ INFORMATION**

TFA is offering NetExchange Client™ to Representatives that would like clients to access their personal account(s) 7 days a week, 365 days a year via the Internet. This service is provided for your client free of charge.

NetExchange Client™ provides your client with delayed quotes, current positions, account activity, online confirm, statement, tax statement retrieval BillSuite, an online bill payment service. All of this information is provided to your client via a high level of security and privacy using the leading Internet encryption technology. Your client will have a unique user ID and password to log into their account(s).

Please fill out the attached order form for EACH CLIENT you wish to have access to their personal brokerage account(s) via the Internet. After completion of the order form please fax to 800-458-4975 for processing.

Clients should call their Representatives, not the Home Office, with any questions or concerns.



# NETEXCHANGE CLIENT™ ORDER FORM

Please fax completed forms to 800-458-4975

List all account numbers with an optional description of the account type to help you differentiate multiple accounts once you are logged into [tfa.transamerica.com/client](http://tfa.transamerica.com/client) (for example: retail or retirement account).

\_\_\_\_\_  
Primary Account Number

\_\_\_\_\_  
Account Title

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Account Title

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Account Title

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Account Title

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Account Title

Please choose a User ID 4-10 characters in length:

1<sup>st</sup> User ID Preference: \_\_\_\_\_ 2nd User ID Preference: \_\_\_\_\_

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Last Name (for account ID)

\_\_\_\_\_  
Mother's Maiden Name (Required for password)

I/We agree for ourselves, our successors, assigns, heirs, executors, and administrators to indemnify and hold harmless Transamerica Financial Advisors, Inc. and its affiliates, from and against any and all claims, liabilities, damages, actions, charges and expenses sustain(ed) or incur(red) by reason of said request above.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of Representative

\_\_\_\_\_  
E-mail address for Representative

\_\_\_\_\_  
Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
GSR#