

TransAmerica – eDelivery – Client Process

1. Insured/Owner receives email notifying them the policy has been issued and is ready for review and acceptance.

From: shnbedelivery@transamerica.com On Behalf Of shnbedelivery@transamerica.com
Sent: Tuesday, February 27, 2018 12:30 PM
Subject: Your Insurance Policy is Available for Review Online

Dear **Grant Lebahn**,


Your new life insurance policy with Transamerica is all set. Enclosed is a link below to access your policy 6600424922 online.

If you have any questions, please do not hesitate to contact your agent. Thanks again for allowing us to handle your life insurance needs.

<https://policyexconsumerportal.ipipeline.com/Account/LogOn>

Regards,
New Business
Transamerica Life Insurance Company

2. Click the link to access the policy. The last four digits of the client's SSN will allow access to the information.

 **TRANSAMERICA** Transamerica Policy Delivery

Login

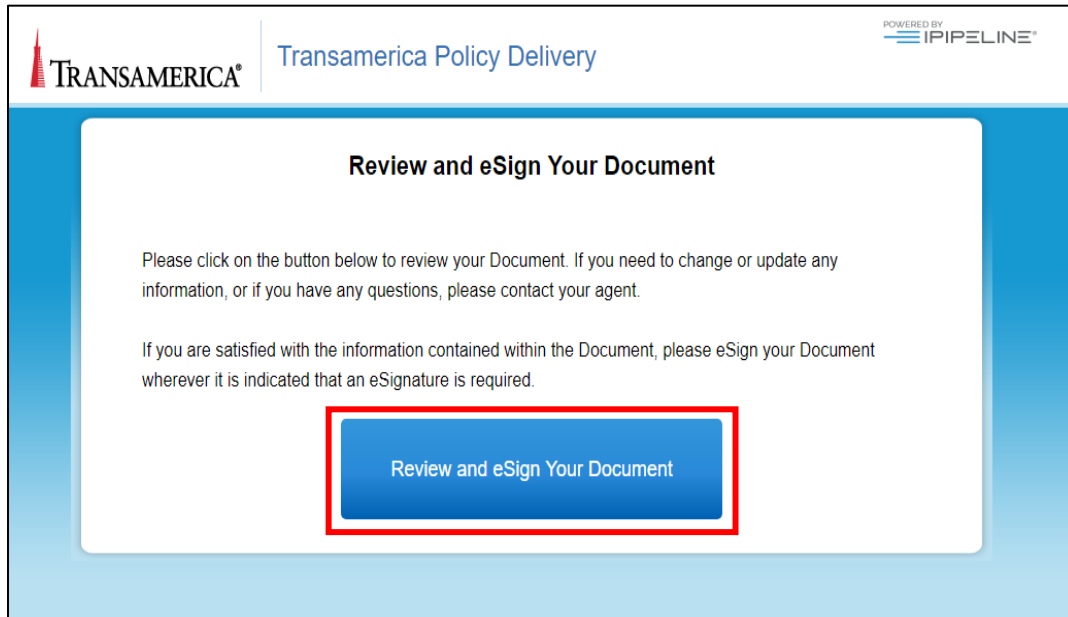
Welcome! Your insurance document is available for review. To ensure your information remains secure and confidential, please answer the question(s) below:

What are the last four digits of your SSN?

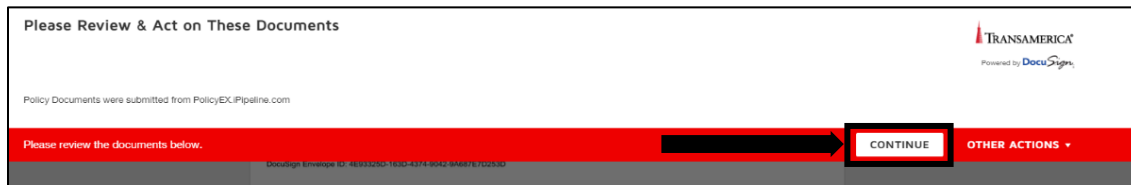
[Continue](#)

[Trouble logging in?](#)

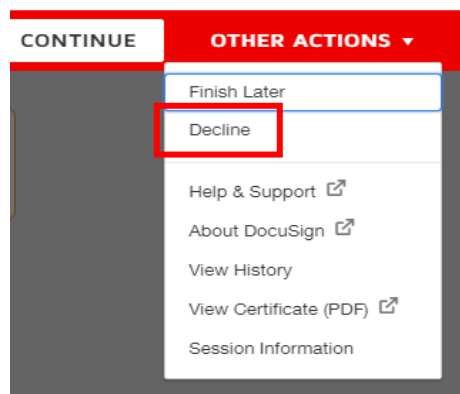
3. Click to review and sign the documents.



4. Click Continue to review the documents.



5. If the policy is Declined, select Decline from the Other Actions menu. (*Help & Support and About DocuSign provide additional support and understanding about the process.*)



6. Review each document and complete electronic signature process.

Please review the documents below.

FINISH OTHER ACTIONS ▾

DocuSign Envelope ID: 4E93325D-163D-4374-9042-9A687E7D253D

START

Policy Number: 6600426286
 Plan Name: Super Trendsetter 20 Yr. Level
 Process Date: February 26, 2018
 Application State: Missouri

Table Rating: B

I/We declare that I/we have, in an identical manner, completed and signed the copy of this amendment that is attached to and made part of the Policy/Certificate issued by the Company.

It is agreed that this amendment shall be part of [Required - State Drop Down] Policy.

Signed at [] (City, State) IA on 3/5/2018 Date (mm/dd/yyyy)

Signature of Proposed Insured _____

Signature of Owner (Officer signature other than proposed insured, if owner is a corporation) _____

Signature of Other Proposed Insured _____

Signature of Other Proposed Insured _____

Signature of Other Proposed Insured _____

Signature of Licensed Producer _____

Electronically delivered through DocFast

Witness (can be Licensed Producer)

NEXT