

Transamerica Final Expense Lead Order Form

AGENT INFORMATION

Agent Name: _____ Agent #: _____

Email: _____ Phone #: _____ Cell #: _____

Address: _____ City/State/Zip: _____

ORDER INFORMATION

Requested Mail Date (week of)				
Quantity Requested				
State				
County				
Zip Codes requested (All orders are placed by zip code. No PO Boxes)				

DEMOGRAPHICS:

Age Range 45–85 (55–80 Recommended)		
Gender: M, F, Both		
Income Range (Please select Minimum and Maximum amounts)	Minimum HHI	Maximum HHI
	<input type="checkbox"/> \$0	<input type="checkbox"/> \$15,000
	<input type="checkbox"/> \$15,000	<input type="checkbox"/> \$20,000
	<input type="checkbox"/> \$20,000	<input type="checkbox"/> \$30,000
	<input type="checkbox"/> \$30,000	<input type="checkbox"/> \$40,000
	<input type="checkbox"/> \$40,000	<input type="checkbox"/> \$50,000
	<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$75,000

Lead Territories are assigned on a first come, first served basis and no territories are guaranteed. Please complete the Credit Card Authorization below, so that your order can be placed.

I hereby authorize Transamerica Life Insurance Company to order lead mailers on my behalf.

Agent Signature: _____ Agent #: _____ Date: _____

Credit Card Type (Select One): MasterCard VISA Discover Credit Card Number: _____

Expiration Date: _____ 3-Digit Security Code (on back of card): _____

Address & Phone on file for card if different than above and home phone: _____

Approval: _____ Date Ordered: _____

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By signing this agreement, I understand the following:

- 1) Lead Territories are assigned on a first come, first served basis and no territories are guaranteed.
- 2) Leads are \$322/thousand.
- 3) The lead order cutoff is 12:00 noon ET each Wednesday. All orders in the system at cutoff will be mailed out the following Thursday, six business days later.
- 4) Allow at least two weeks after date of mail drop for lead response cards to begin arriving.
- 5) Must be under contract at Transamerica Life to order leads through this program.
- 6) You will be notified of the final mail quantity and total cost approximately one week before the leads are mailed out. You must give your approval in order to proceed. **YOUR CREDIT CARD WILL BE CHARGED AT THIS TIME.**

I hereby authorize Transamerica Life Insurance Company to order lead mailers on my behalf.

Agent Name: _____ Agent #: _____

Email: _____

Phone #: _____

Fax #: _____

Cell #: _____

Agent Signature: _____

Approval: _____ Date Ordered: _____