



## Vanguard Variable Annuity

# Power of Attorney Authorization

*Transamerica Premier Life Insurance Company*

*Transamerica Financial Life Insurance Company (in New York State only)*

**To grant one or more agents (individuals or organizations) full or limited authority to act on your Vanguard Variable Annuity contract(s)**

Review the following table carefully to determine the level of access that's most appropriate for your situation.

**Caution:** Granting full power of attorney authority (Option A) empowers the agent(s)—except as noted in Section 5 Option A—to act with the same authority you have on your contract(s), including the ability to withdraw your money.

What your agent can do	Option A	Option B
	Full power of attorney	Limited power of attorney
Change your address.	X	
Invest in or exchange assets among the Vanguard Variable Annuity portfolios.	X	X
Obtain information on your contract by mail, phone, and online.	X	X
Redeem your assets and have the proceeds mailed to you or anyone else, including the agent.	X	
Transfer your assets to a new or different contract.	X	
View and receive statements and confirmations.	X	X

## Mailing information

Make a copy of your completed form for your records.

Mail your completed form and any attached information in the enclosed postage-paid envelope.

If you don't have a postage-paid envelope, mail to: > Vanguard  
P.O. Box 1105  
Valley Forge, PA 19482-1105

For overnight delivery, mail to: > Vanguard  
455 Devon Park Drive  
Wayne, PA 19087-1815

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Vanguard Variable Annuity

# Power of Attorney Authorization

Use this form to grant one or more agents (individuals or organizations) full or limited authority to act on your Vanguard Variable Annuity contract(s).

Print in capital letters and use black ink.

**Questions?**  
**Call 800-462-2391.**

To complete this form online, go to [vanguard.com/serviceforms](http://vanguard.com/serviceforms).

## 1. Notice

THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSONS YOU DESIGNATE (YOUR "AGENTS") BROAD POWERS TO HANDLE YOUR PROPERTY, WHICH MAY INCLUDE POWERS TO SELL OR OTHERWISE DISPOSE OF ANY REAL OR PERSONAL PROPERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU. THIS POWER OF ATTORNEY DOES NOT IMPOSE A DUTY ON YOUR AGENTS TO EXERCISE GRANTED POWERS, BUT WHEN POWERS ARE EXERCISED, YOUR AGENTS MUST USE DUE CARE TO ACT FOR YOUR BENEFIT AND IN ACCORDANCE WITH THIS POWER OF ATTORNEY. YOUR AGENTS MAY EXERCISE THE POWERS GIVEN HERE THROUGHOUT YOUR LIFETIME, EVEN IF YOU BECOME INCAPACITATED, UNLESS YOU EXPRESSLY LIMIT THE DURATION OF THESE POWERS, YOU REVOKE THESE POWERS, OR A COURT ACTING ON YOUR BEHALF TERMINATES YOUR AGENTS' AUTHORITY. YOUR AGENTS MUST KEEP YOUR FUNDS SEPARATE FROM THEIR FUNDS. A COURT CAN TAKE AWAY THE POWERS OF YOUR AGENTS IF IT FINDS YOUR AGENTS ARE NOT ACTING PROPERLY. THE POWERS AND DUTIES OF AN AGENT UNDER A POWER OF ATTORNEY ARE EXPLAINED MORE FULLY IN 20 Pa.C.S. Ch. 56.

IF THERE IS ANYTHING ABOUT THIS DOCUMENT THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER OF YOUR OWN CHOOSING TO EXPLAIN IT TO YOU.

## 2. Contract owner information

Provide the full, legal name. >

Name of owner or minor <i>first, middle initial, last</i> or trust	
Last four digits of Social Security number or other taxpayer ID number	Zip
Daytime phone <i>area code, number, extension</i>	Evening phone <i>area code, number, extension</i>

If owner is a minor or trust, provide the name of the person who will sign this authorization. >  
 Additional documentation may be required.

Name of joint owner (if applicable) <i>first, middle initial, last</i>
Name of custodian or trustee (if applicable) <i>first, middle initial, last</i>

Note: To list additional trustees, photocopy this page or provide the information on a separate sheet.

### 3. Variable annuity contracts to which the agent will have access

The agent may be given authority to conduct transactions on all applicable existing and future variable annuity contracts identically registered under the name(s) of the contract owner(s) listed in Section 2. This authorization is only for Vanguard Variable Annuity contracts and doesn't apply to any other Vanguard account(s).

Check one.

The agent is authorized to act on all applicable existing and future variable annuity contracts identically registered under the name(s) of the contract owner(s) listed in Section 2.

The agent is authorized to act only on the following identically registered contracts:

If you need more space to list additional contracts, photocopy this page. >

Contract number	Contract number
Contract number	Contract number

### 4. Adding or revoking agents

Check all that apply. If you don't check a box, we'll assume that you're adding one or more agents.

I'm adding one or more agents on my accounts.

I want to revoke all previous agents.

I want to revoke the following agent(s) only.

Name of agent *first, middle initial, last*

Name of agent *first, middle initial, last*

## 5. Agent access information

Review this section thoroughly before choosing the level of contract access you want to grant.

Check Option A or B. If you check both options, we won't be able to process this form.

Caution: This option > empowers the agent to act with the same authority you have on your accounts.

**Option A. Full power of attorney authority**

Subject to Vanguard policies and procedures, I grant the agent the authority to perform the following transactions by mail, phone, and online on my Vanguard Variable Annuity contract(s), specified in Section 3:

- Access information about my contract(s).
- Invest my assets in portfolios of the Vanguard Variable Annuity and exchange my assets among annuity portfolios.
- Redeem assets from my contract(s) and, subject to Vanguard policies and procedures, have the proceeds made payable to the contract owner, and sent to any address or any bank account the agent designates.
- Transfer assets from my contract(s) to any accounts of mine.
- Change the address of record or the bank account information on my contract(s).
- Enter into all other lawful transactions on any contract to which this authorization applies.

I understand that the agent won't have authority to conduct transactions that would change the ownership of my contract(s) or assets, including adding, changing, or deleting beneficiary designations.

**Option B. Limited power of attorney authority**

Subject to Vanguard policies and procedures, I grant the agent the authority to perform the following transactions by mail, phone, and online on my Vanguard Variable Annuity contract(s), specified in Section 3:

- Access information about my contract(s).
- Invest my assets in portfolios of the Vanguard Variable Annuity and exchange my assets among annuity portfolios.

I understand that the agent won't have authority to conduct transactions that would change the ownership of my contract(s) or assets, including:

- Change the address of record or the bank account information on my contract(s).
- Redeem assets.
- Add, change, or delete beneficiary designations.

## 6. Agent information

If you're naming multiple agents, copy Sections 6 and 7 as needed and have each agent complete Section 6 and sign in Section 7. All completed pages must be returned together with this form. Any one of those agents will have the authority to act on behalf of the contract owner by phone or online. If more than one agent is required to sign written requests, please insert the number required where indicated in Section 8. If no number is indicated, any one agent may sign written requests.

Organizations named as agents must also complete our Indemnification and Certification of Corporation/ Organization Resolution and submit it with this form.

Name of individual <i>first, middle initial, last</i> or organization
Social Security number or other taxpayer ID number
Street or mailing address
City, state, zip
E-mail address <i>optional</i>
Phone number <i>area code, number, extension</i>
Name and title of authorized organization representative

If the agent is an organization, provide the name of the authorized organization representative.

## 7. Agent acknowledgment

I, the agent identified in Section 6 of this authorization, have read the attached power of attorney and am the person identified as the agent for the principal. I hereby acknowledge that, in absence of a specific provision to the contrary in the power of attorney or in 20 Pa.C.S. Ch. 56, when I act as agent:

- I shall exercise the powers for the benefit of the principal.
- I shall keep the assets of the principal separate from my assets.
- I shall exercise reasonable caution and prudence.
- I shall keep a full and accurate record of all actions, receipts, and disbursements on behalf of the principal.
- I understand that I may resign my position as agent at any time by notifying the principal and Vanguard.

Please check here if you wish to receive mailings of contract statements and transaction confirmations for the Vanguard Variable Annuity contract(s).

Signature of agent or authorized organization representative  <b>X</b>	Date <i>mm/dd/yyyy</i>
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## 8. Authorization of contract owner(s)

I agree that none of The Vanguard Group, Inc., Vanguard Marketing Corporation, Transamerica Premier Life Insurance Company, Transamerica Financial Life Insurance Company, or any of their respective affiliates, will be held responsible for my decisions or for the investment recommendations or decisions of my agent(s), and is under no duty whatsoever to question any instructions received from the agent(s) or the suitability of any transactions requested by him/her/them.

I agree to indemnify and hold The Vanguard Group, Inc. ("Vanguard"), Vanguard Marketing Corporation, Transamerica Premier Life Insurance Company, Transamerica Financial Life Insurance Company, each of the investment company members of The Vanguard Group, and their respective affiliates, officers, employees, and agent(s) harmless from acting on instructions, whether oral, written, or online, reasonably believed by Vanguard to have originated from my agent(s), and from all acts of my agent(s) involving the annuity contract(s) covered by this authorization.

In the event of my disability or incapacity, this authorization will remain in full force and effect. This authorization will terminate only when one of the following occurs:

- **Vanguard receives notice of my revocation.** I understand that I have the right to revoke this authorization at any time and, if I have named multiple agents, I understand that I must specifically identify the agent(s) whose authority I am revoking. I further understand that each authorization covering the same contracts and the same level of authority (limited or full agents) submitted to Vanguard will revoke any prior authorization only to the extent indicated in such subsequent authorization. Any revocation will not affect any liability resulting from transactions initiated before Vanguard has had a reasonable amount of time to act upon such notice.
- **Vanguard receives notice of my death.** I understand that the authority granted under this authorization terminates at my death. My death will not affect any liability resulting from transactions initiated before Vanguard has had a reasonable amount of time to act upon such notice.

I understand that Vanguard reserves the right to reject, at any time, instructions that Vanguard believes to be suspicious, fraudulent, or otherwise unauthorized, or illegal.

I have read this authorization and the notice in Section 1 in their entirety or had them explained to me, and I understand their contents.

If I am signing as trustee, I confirm that I have the authority to appoint one or more agents and to delegate authority under the trust document and/or applicable law.

You must provide a number >

_____	Number of agents required to sign written requests.
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The contract owner must sign but only in the presence of a notary public. >

Signature of contract owner  <b>X</b>	Date <i>mm/dd/yyyy</i>
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### Acknowledgment of signature

On this, the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before the undersigned, a notary public,

Name of person signing

personally appeared \_\_\_\_\_, satisfactorily proven to be the person whose name is signed to the within instrument, and acknowledged that (s)he executed the same for the purpose therein contained.

In witness whereof, I hereunto set my hand and official seal.

The notarization must be dated within 30 days of receipt of this document by Vanguard. >

Signature of notary public	Notary seal <i>(if state requires a seal)</i>
Commission expiration date <i>mm/dd/yyyy</i>	

The joint contract owner (if applicable) must sign but only in the presence of a notary public. >

Signature of joint contract owner  X	Date <i>mm/dd/yyyy</i>
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**Acknowledgment of signature**

The notarization must be dated within 30 days of receipt of this document by Vanguard. >

On this, the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before the undersigned, a notary public,

personally appeared Name of person signing, satisfactorily proven to be the person whose name is signed to the within instrument, and acknowledged that (s)he executed the same for the purpose therein contained.

In witness whereof, I hereunto set my hand and official seal.

Signature of notary public	Notary seal <i>(if state requires a seal)</i>
Commission expiration date <i>mm/dd/yyyy</i>	