

AEGON MATCHING GIFT PROGRAM FOR HIGHER EDUCATION

Guidelines

PROGRAM IN BRIEF

Under the program, personal gifts by employees of the Company to institutions of higher education will be matched on a dollar-for-dollar basis, subject to certain limitations. Company contributions will be made from AEGON Transamerica Foundation.

PURPOSE

The purpose of the program is to encourage employees to join with the Company in the financial support of institutions of higher learning, recognizing that the need for such support is essential if these institutions are to meet the increasing demands being placed upon them in a changing society.

EMPLOYEE ELIGIBILITY

All active employees of the Company and its subsidiaries with six months of continuous service are eligible to participate in the program. An employee does not have to be a graduate or former student of the institution in order to participate. Please include your Alternate Employee ID number, which may be found by logging into the AESC website.

EDUCATIONAL INSTITUTION ELIGIBILITY

All secondary schools, junior and community colleges, four-year universities and colleges, and graduate and professional schools located within the United States or its possessions which are non-profit and are nationally, regionally or State accredited are eligible. An alumni fund, foundation or association of an eligible institution may be eligible, provided such fund or group is tax-exempt and distributes its funds to and for the direct benefit of an eligible institution. Organizations such as the American College of Life Underwriters, National Fund for Medical Education, Independent College Funds of America (State and National) and the United Negro College Fund, which are tax-exempt and which raise and distribute funds for the benefit of eligible institutions are likewise eligible.

GIFT ELIGIBILITY

Gifts must be personal and in the form of cash or securities having a quoted market value. Value of securities will be determined as of the last sale or published bid price on or before the date of the gift.

Gifts may be made to more than one institution but the total of the gifts to be matched by the Foundation is limited to \$1,500 for each eligible employee in any calendar year. The minimum gift to any Institution which will be matched is \$25.

Gifts by employees may be restricted or unrestricted. However, all matching gifts by the Foundation will be unrestricted.

Payments not eligible for matching grants include bequests, dues, payments to local alumni groups, fees and any other payment not made as a direct contribution. Pledges will not be matched until actual payment is made.

ADMINISTRATION

Each individual gift is to be sent directly to the Institution together with a completed matching gift application form. The Institution receiving the gift accompanied by the form will certify the gift to the Foundation. After eligibility has been confirmed by the Foundation, the matching gift will then be paid, with such gifts normally paid on a quarterly basis. Each employee participating in the program will be notified when his or her gift has been approved for matching.

The Company reserves the right to amend, expand or discontinue this program at any time and to make such interpretations in the administration of the program as may be required.

QUESTIONS CONCERNING THE PROGRAM SHOULD BE DIRECTED TO:

**AEGON Transamerica Foundation
4333 Edgewood Road NE
Cedar Rapids, Iowa 52499**

INTERNAL

**AEGON MATCHING GIFT PROGRAM
FOR HIGHER EDUCATION**

Application

TO BE MAILED WITH PERSONAL GIFT TO ELIGIBLE INSTITUTION

To be completed by employee

Work E-mail Address _____

Employee Name _____ Alternate Employee ID # _____

Home Address _____

_____ Work Phone Number _____

AEGON Co. _____ Dept/Div _____ Employment Date _____

Name of Educational Institution _____

Address _____

Amount of Personal Gift \$ _____

If securities, describe _____

I certify that an irrevocable contribution has been sent to the above educational institution which qualifies under Sections 170(c) and 501(c)(3) of the Internal Revenue Code and is an organization eligible to receive a gift from AEGON Transamerica Foundation under the AEGON Matching Gift Program for Higher Education.

Employee Signature _____ **Date** _____

To be completed by educational institution

I certify that the gift described herein in the amount of \$ _____ was received by this educational institution on _____ as a personal gift of the employee named on this form.

Signed _____

Print Full Name and Title _____

Name of Educational Institution _____

Address _____

_____ Phone Number _____

E-mail Address _____ Web Address _____

After certifying, submit this form to:

**AEGON Transamerica Foundation
4333 Edgewood Road NE
Cedar Rapids, Iowa 52499**