



General Agent's Application For Appointment

Full Legal Name:

Last

First

Middle

Social Security Number:

Place Of Birth:

REQUIRED

_____ - _____ - _____

_____ (City, State)

Gender: M F

Date of Birth:

(mm/dd/yyyy)

____ / ____ / _____

Appointment Information:

Type: Individual

Corporation – Name: _____

Include a copy of resident license. Tax ID: _____ - _____ Include a copy of corporate resident license and W-9.

Contact Information:

Business Address Will Be Used For All USPS Correspondence

Business Address:

Street

City

State

Zip

Business Phone: _____ - _____ - _____

Fax: _____ - _____ - _____

Email: _____ @ _____

*Home Address:

Street

City

State

Zip

Home Phone: _____ - _____ - _____

Cell Phone: _____ - _____ - _____

Insurance Background:

Have you previously represented United Home Life or United Farm Family Life? _____ Yes _____ No

Number of years in insurance?

Other carriers you represent? _____

Commission Level/Hierarchy:

Completed by Immediate Upline

Agent 4-Digit Contract Level:

As Earned:

OR Annualized: 50% %

L000121661

Immediate Upline Signature

Immediate Upline Agent Code

Commissions may be annualized on policies sold on PAC payment mode. The annualization percentage is subject to Home Office approval. Policies written on controlled business (including but not limited to the life of the agent or that of a family member) do **not** qualify for annualization. EFT is REQUIRED.

Bank Information for EFT Commissions:

Financial Institution: _____

Routing/Transit Number: _____

Account Number: _____

Name On The Account: _____

Checking:

Savings:

Include a copy of a pre-printed void check or a pre-printed void savings card.

Anti-Money Laundering Training:

Yes, I certify that I have completed AML Training: Vendor: _____

Include a copy of the AML course certificate of completion with contracting forms. Date Completed: _____ mm/dd/yy

No, I have not completed AML Training; I understand I have 30 days to complete AML training or my contract will be terminated.

*If at this address for less than 6 months, provide proof of address (e.g., the address portion of a utility bill).

Business Practices:		<u>Yes</u>	<u>No</u>
“You” means yourself <u>and</u> any business in which you are, or were, an owner, partner, manager, director or officer.			
1.	Have you ever had an insurance license or appointment, or securities registration, or an application for such denied, suspended, cancelled or revoked?		
2.	Have you ever been arrested, convicted of, pled guilty, nolo contendere or no contest to, or received a deferred or suspended judgment or sentence for any felony or misdemeanor other than a minor traffic violation?		
3.	Has a complaint against you involving insurance or securities ever been filed with any legal authority, insurance regulator, the NASD or SEC?		
4.	Has any bonding company or errors & omissions liability insurance company ever denied your application for coverage, rescinded or terminated your coverage or paid a claim on your behalf?		
5.	Are you now or have you ever been involved in any lawsuit, arbitration or mediation of a dispute or bankruptcy? Please provide documentation of current status.		
6.	Is there now any unsatisfied judgment against you or any lien (including any tax lien) against you or any of your property?		

If the answer is ‘yes’ to any of the above questions, please include a letter of explanation & all applicable court documentation.

The Violent Crime Control And Law Enforcement Act Of 1994

The Violent Crime Control and Law Enforcement Act of 1994 (the “1994 Crime Act”) makes it a federal crime to (1) knowingly make false material statements in financial reports submitted to insurance regulators; (2) embezzle or misappropriate monies or funds of an insurance company; (3) make material false entries in the records of an insurance company in an effort to deceive officials of the company or regulators regarding the financial condition of the company; or (4) obstruct an investigation by an insurance regulator. THE 1994 CRIME ACT ALSO MAKES IT A FEDERAL CRIME FOR INDIVIDUALS WHO HAVE BEEN CONVICTED OF A FELONY INVOLVING DISHONESTY, BREACH OF TRUST, OR ANY OF THE OFFENSES LISTED ABOVE TO WILLFULLY PARTICIPATE IN THE BUSINESS OF INSURANCE. WILLFULLY PARTICIPATING IN THE BUSINESS OF INSURANCE INCLUDES ACTING AS AN INSURANCE AGENT. Penalties for violating the 1994 Crime Act include civil fines up to \$50,000 and imprisonment for up to 15 years.

Will you be in violation of the 1994 Crime Act if you act as an insurance agent? Yes No

Authorization For Release Of Information


I hereby authorize the Company to obtain consumer reports or investigative consumer reports about me. I further authorize any employer, insurance company, general or managing agent, school, financial institution, consumer reporting agency, criminal justice agency, regulatory authority or individual having any information about me – including without limitation information regarding my past and present employment, academic record, record of arrest, conviction and regulatory sanctions, credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics and mode of living – to release such information to the Company or any consumer reporting agency that is preparing a consumer report or investigative consumer report about me for the Company. I understand that gathered information may be shared with my upline(s) for the limited purpose of rendering decisions affecting my appointment with the Company. Pursuant to the laws and regulations of the states of California, Minnesota and Oklahoma, I am hereby notified that a consumer report will be obtained through:

Vector One Operations, LLC PO Box 12368 Scottsdale AZ 85267-2368	LexisNexis Risk Data Management, Inc. PO Box 7247-6157 Philadelphia PA 19170-6157	General Information Services, Inc. PO Box 353 Chapin SC 29036-0353
--	---	--

in connection with this application. The Vector Insurance Network will be checked for any reported outstanding debt with previous insurance companies. If a consumer credit report/investigative consumer report is obtained, I understand I am entitled to receive a copy. I also authorize the Company to continually obtain credit reports and consumer investigation reports in the future without prior approval by me and without notice by the Company for as long as I may be appointed with the Company.

Certification:

I hereby certify that all of the information herein is accurate and complete. I acknowledge and agree that my appointment will, in part, be based on this Application for Appointment and background information, and any falsification, misrepresentation or omission of information may result in the withholding or withdrawal of any offer of appointment or the revocation of appointment by the Company whenever discovered. I acknowledge receipt of the Fair Credit Reporting Act Disclosure.

	Name (Please Print)	
 <p>AGENT SIGN HERE</p>	_____	_____/_____/_____ Date (mm/dd/yyyy)
	Signature	



General Agent's Contract

General Agent: _____ Contract Date: _____

This Contract is made between United Home Life and/or United Farm Family Life Insurance Companies (collectively, the Company) as applicable, and its predecessors, successors and/or assigns ("we" and "us") and the person, firm or corporation named above ("you").

1. Relationship

You are an independent contractor. Nothing contained in this Contract may be construed to create an employer-employee relationship between you and us. You have no authority, express or implied, to act in any manner or by any means for or on behalf of us in any capacity other than that of an independent contractor, and you have no authority to act in any manner except herein expressly set forth.

2. Authority To Solicit

We hereby appoint you to act as our Independent General Agent, subject to the terms and conditions below, to procure applications for insurance products where the products have been approved for sale by the respective state authority and you have been properly licensed; to collect the first premium on each insurance or annuity policy applied for in accordance with our procedures, and immediately send same over to us; to deliver insurance and annuity policies as directed by us if the proposed insured is in good health, acceptable and insurable, and the first premium has been paid. You agree to comply with all applicable governmental statutes, regulations, rules, regulatory opinions, decisions and other laws in conducting insurance business, and with our rules, policies, guidelines, operating procedures, etc., that we publish from time to time. All applications for insurance contracts must be acceptable to us in our sole discretion, and our right of acceptance or rejection is absolute and unrestricted. You may not apply as an owner of any insurance policy on the life of a prospective customer, nor list yourself as beneficiary of any such policy unless you have a legitimate insurable interest in the life of the proposed insured as determined by appropriate law and by us. You may not make any representations, promises or warranties regarding product benefits or values, or any contract values not specifically stated in the insurance contract. You do not have the authority to alter, modify, waive or change any of the terms, rates, or conditions of our policies or contracts; to collect or receipt for premiums or renewals other than the first premium; to submit other than the full premium to us; to execute any contract in our name; to endorse checks made payable to us; to advertise or publish any matter or thing concerning us or our policies without advance permission from us; or to perform any act other than that expressly authorized in this Contract. You agree to notify us upon receipt of any customer complaint you or your agents receive concerning you or any of your agents, or us or any of our products, in accordance with any complaint handling policy, procedure or guideline as we may publish from time to time. You also agree to give your full and complete cooperation in responding to any customer complaint or inquiry and will promptly respond, in writing, if and when we so request.

3. Authority To Appoint Agents

You have the authority to recruit and recommend to us individuals to be appointed as our agents, subject to our approval. You may designate agents on whose production you are to receive compensation from us, in a form that is acceptable to us. You are responsible for the activities of any such agents on whose production you are entitled to receive and/or have received compensation from us (referred to as "your agents"). You are responsible for providing adequate and proper supervision and training to your agents, and for encouraging your agents' compliance with the terms and conditions of their appointment agreements and contracts with us and with all applicable governmental statutes, regulations, rules, regulatory opinions, decisions and other laws in conducting insurance business, and with our rules, policies, guidelines, operating procedures, etc., that we publish from time to time.

4. Commissions

Compensation will be paid in accordance with the appropriate commission schedule as modified by us from time to time, for production by you or your agents. We reserve the right to revise the commission schedule at any time, and from time to time at our sole discretion. You must obtain commission statements, schedule, and production information from our agent extranet website.

To the extent you are required by any state or federal law to disclose to a customer your compensation earned, you will abide by any and all such requirements in a timely manner. You must not engage in any type of compensation rebating.

No compensation or other fees will be paid on premiums waived under the provisions of any policy procured by you or any of your agents. Commissions will not be paid on premiums paid subsequent to the lapse of a policy unless that policy is reinstated solely through your efforts or the efforts of your agents. We have sole discretion as to the amount of any commissions to be paid on premiums we receive on sub-standard cases; for policies which must be reinsured; on first-year premiums for a policy applied for within one year, either before or after a policy on the same insured lapses or is reduced; on first-year premiums for a new policy issued by reason of the conversion or change of a policy; and on premiums for policies not included herein or which may be hereafter issued by us. Commissions on additional benefits such as premium waiver, accidental death, and payor benefits will be at the same percent as specified for the base policy to which the additional benefit is attached, except that our sole discretion governs commissions on the first-year premium for benefits added to an existing policy.

All commissions payable to you will be reduced by commissions we pay directly to your agents under your supervision and approved by us, or to their executors, administrators, surviving spouses or estates.

Upon termination for cause, no further compensation will be payable hereunder. Except as otherwise provided, first year and renewal commissions will be fully vested as premiums are applied. Upon termination with or without cause, no further service fee commissions or performance bonus payments, if any, will be payable.

5. Vested Commissions

In the event this Contract is terminated by either party for other than termination for cause, you will continue to receive the commissions payable from premiums on policies, where applicable, through the tenth (10th) policy year. Commissions after the tenth (10th) policy year are non-vested service fees and we have sole discretion in determining whether adequate servicing is being performed by you, and we have the right to reassign policyholders for the purpose of servicing.

6. Forfeiture

Should you at any time endeavor to induce agents to discontinue their contracts with us, our policyholders to surrender or replace their policies, withhold any property belonging to us after demand for its relinquishment has been made by us, willfully misappropriate funds belonging to us, commit any other fraud against us or our policyholders, or have your license to act as an insurance agent or broker revoked for cause after an opportunity for a hearing by the Insurance Department of any state, then you will forfeit any and all commission interest acquired under this or any other contract with us.

7. Indebtedness And Liability For Agent Accounts

You are responsible for expenses and debts to us that you and your agents incur. Any sum that may be advanced to you or your agents by reason of the provisions in this Contract, or otherwise, will be and becomes your debt to us, due and payable immediately on demand. We may offset against any amounts payable to you any debt or debts now due or that may become due at any time and such debt or debts will be a first lien thereon. No extension of time for payment of any such indebtedness or modification of the amount of same which may be granted by us shall waive our rights.

You are jointly and severally liable with each of your agents to us for all monies advanced by us to your agents at your request and all liabilities existing under your agents' contracts, and our books and records are exclusive evidence of such accounts and liabilities. In order to secure the payment of all such monies and liabilities which may become due hereafter, you hereby assign to us as collateral all amounts due and to become due you as overwrites on business from each of your agents together with all notes of your agents which now exist or may hereafter exist and be payable to you.

8. Refunds

Should we, for any reason, refund any premium on any policy, you will repay, on demand, any commission received on that premium.

9. Assignment

No assignment of any commissions, any other amounts, or any portion thereof, due or that becomes due to you will be valid unless authorized in advance in writing by an officer of the Company, and any authorized assignment is subject to any and all of your indebtedness to us then or thereafter existing.

10. Amendment

This Contract cannot be changed by any verbal promise or statement by whosoever made, and no written modification or change will bind us unless it is signed by an officer of the Company authorized to do so, and expresses an intention to modify or change this Contract. Subsequent amendments to this Contract may be made by us through preparing and transmitting to you such an amendment.

11. Legal Proceedings

You shall not take legal proceedings in connection with any matter pertaining to our business without the written consent of an officer of the Company.

13. Sole Agreement

This Contract is the entire agreement and contract between the parties and supersedes any and all previous agreements or contracts between the parties hereto which pertain to the solicitation of applications for any insurance or annuity policy mentioned herein and the payment of commissions or premiums therefore; provided, however, your right to commissions from premiums on policies issued by us under a previous contract with you is not hereby impaired.

14. Termination

If, having carried forward in your commission account with us any indebtedness owed by you as determined in Section 7 of this Contract, following a period of eight (8) consecutive weeks of no first-year commissions paid, or to be paid as due, by us to you or to any agents for which you are eligible to receive commissions from us, we have the right to terminate this Contract for cause.

This Contract will terminate upon your death, or either party may terminate the same by written notice to the other party, either delivered personally, or mailed to the last known address of the party to be notified.

United Home Life Insurance Company
United Farm Family Life Insurance Company
PO Box 7192
Indianapolis, IN 46207-7192

Dated: ____ / ____ / ____
(mm) (dd) (yyyy)

Name of General Agent (Please Print)

Signature of General Agent

Approved By: _____
United Home Life/United Farm Family Life

NOTE: You will receive an actual check the payday following an account change.

1. You may select up to three different Bank Accounts with Direct Deposit. Please complete the appropriate number of accounts you wish to use below. Please be sure to indicate if the account is a savings or checking. Also, indicate if the deposit will be a fixed amount, percentage of net, or net amount.
2. FOR A CHECKING ACCOUNT – A photocopy of a check or a cancelled check **MUST** accompany this authorization form.
3. FOR A SAVINGS ACCOUNT – A photocopy of savings account identification card **MUST** accompany this authorization form.

I hereby authorize United Home Life and United Farm Family Life Insurance Companies, hereinafter collectively called the COMPANY, to initiate credit entries or complete necessary adjusting entries to my **CHECKING or SAVINGS** account indicated below and the financial institution named below to credit the same to such account. This authority is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY a reasonable opportunity to act on it.

PLEASE PRINT PLEASE PRINT PLEASE PRINT PLEASE PRINT PLEASE PRINT PLEASE PRINT

DEPOSIT ACCOUNT #1	This is <input checked="" type="checkbox"/> New Account	<input type="checkbox"/> Change
Financial Institution _____		<input type="checkbox"/> Checking
City _____ State _____ Zip Code _____		<input type="checkbox"/> Savings
Bank Transit/ABA Number _____ Account Number _____		
Name _____ Social Security No. _____	%	_____ Per Pay
Signature _____	Date _____	

DEPOSIT ACCOUNT #2	This is <input type="checkbox"/> New Account	<input type="checkbox"/> Change
Financial Institution _____		<input type="checkbox"/> Checking
City _____ State _____ Zip Code _____		<input type="checkbox"/> Savings
Bank Transit/ABA Number _____ Account Number _____		
Name _____ Social Security No. _____	%	_____ Per Pay
Signature _____	Date _____	