



## UHL CONTRACT

**SUBMIT THIS CONTRACT TO YOUR RECRUITER BY EMAIL OR FAX**

Email: \_\_\_\_\_

Fax: \_\_\_\_\_

### NEW AGENT INFORMATION

RECRUITER NAME: \_\_\_\_\_

NEW AGENT'S FULL NAME: \_\_\_\_\_

NEW AGENT'S EMAIL: \_\_\_\_\_

DATE SUBMITTED:    -    -    \_\_\_\_\_

### COMMISSION INFORMATION

UHL COMMISSION LEVEL \_\_\_\_\_

CHOOSE ONE:

- Agent wants to be paid in Advance for yearly commissions.
- Agent wants to be Paid-As-Earned to avoid potential charge-backs from advances.

Agent's Signature: X \_\_\_\_\_

Direct Manager's Signature: \_\_\_\_\_

**PLEASE RETURN ALL PAGES IN THIS EXACT ORDER.**

## General Agent Transfer Guidelines:

### For any agent who has been/or is actively contracted with United Home Life/United Farm Family Life:

Appointed Less Than 6 Months: Needs a release from existing MGA regardless of production. After 6 months from date of transfer, new MGA may request a contract level increase.

Appointed For 6 Months Or Longer: Needs a release from existing MGA if the agent has received any 1st-year commissions, including overrides, in the past 6 months. Otherwise no release is needed. After 6 months from date of transfer, new MGA may request a contract level increase.

Transferring Agent Has Downline: Needs a release from existing MGA if the agent has received any 1st-year commissions, including overrides in the past 6 months. Otherwise no release required. Entire down line will move with transferring agent. New upline assumes responsibility of all downline agents. After 6 months from date of transfer, new MGA may request a contract level increase.

Past Production/Conduct: If prior contract was cancelled for poor persistency, underwriting concerns, paid to submit ratio, debit balance, etc new contract may be immediately denied due to history with the Company.

Debit Balance: Any debit balance must be **paid in full** before transfer is processed.

## Company Anti-Money Laundering (AML) Program:

United Home Life Insurance Company and United Farm Family Life Insurance Company (collectively, the “Companies”) are committed to the detection and reporting of suspicious activities that may involve money laundering. The AML Program is intended to prevent the Companies from being used to facilitate money laundering, or funding terrorists or criminal activities. All contracted independent insurance agents are expected to meet their obligations under the AML Program.

As an agent, you have an important role in the AML Program. You work directly with the clients and are the first line of defense for the Companies against money laundering and terrorist financing activities. Agents are required to:

- Make reasonable efforts to determine the true identity of each client
- Recognize “red flags” or signs of suspicious activity that suggest money laundering or terrorist funding
- Report “red flags” to the Companies
- Complete AML training and refresher course requirements

Agents who violate the requirements of the AML Program may be subject to disciplinary action which may include agent contract termination with the Companies. In addition, violators may be subject to criminal penalties.



**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:** \_\_\_\_\_

**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:** 75 % (9-month)

\_\_\_\_\_  
 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. Max annualization is 75 % with a \$1500 per policy cap; EFT is REQUIRED.

**Bank Information for EFT Commissions: EFT Required To Receive Annualized 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.

**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:**YesNo**“You” means yourself and 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

**Fair Credit Reporting Act Disclosure for Application for Appointment**

I understand that United Home Life and United Farm Family Life Insurance Companies (the Company) may request a consumer report or investigative consumer report from a consumer reporting agency as part of its procedure for processing my Application for Appointment. A consumer report may contain information regarding credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living. Information for an investigative consumer report may be obtained through personal interviews with neighbors, friends and associates or with others with whom you are acquainted or who may have knowledge of such information. I understand that I have the right, within a reasonable period of time after submitting my Application for Appointment to make a written request for a copy of the report, if any, that the Company may have requested about me. Send written requests to the Company at 225 S East Street, Indianapolis, IN 46202.

**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.**

Name (Please Print)

AGENT SIGN  
HERE**X**

Signature

/ /  
Date (mm/dd/yyyy)



## 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 warrants 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 (10<sup>th</sup>) policy year. Commissions after the tenth (10<sup>th</sup>) 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, at least fifteen (15) days before the date therein fixed for such termination. We may terminate this Contract without the requisite fifteen (15) days' notice for default by you as determined by the Company.

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)

X  
\_\_\_\_\_  
Signature of General Agent

Approved By: \_\_\_\_\_  
United Home Life/United Farm Family Life

## Request for Taxpayer Identification Number and Certification

**Give form to the  
requester. Do not  
send to the IRS.**

Print or type See Specific Instructions on page 2	Name (as shown on your income tax return)				
	Business name, if different from above				
	Check appropriate box:	Individual/ Sole proprietor	Corporation	Partnership	Other ▶ .....
	Address (number, street, and apt. or suite no.)			Requester's name and address (optional)	
	City, state, and ZIP code				
List account number(s) here (optional)					

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number
- -
or
Employer identification number

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

<b>Sign Here</b>	Signature of U.S. person ▶ <b>X</b>	Date ▶ _____
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### Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

**U.S. person.** Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

## Debit Balance & Advance Commission Agreement (Choice of Law-Travis County, Texas)

This Agreement is by and between Judy McElroy, with her principal place of business in Travis County in the state of Texas and \_\_\_\_\_, with his/her/it's principal place of business in \_\_\_\_\_ (hereinafter called "Agent"). This agreement shall be applicable to every insurance company with whom the undersigned Agent is contracted and/or appointed and Judy McElroy is the Agent's upline.

Whereas, agent has attested in writing to Judy McElroy, all current personal liens as well as debts with all insurers, if any agent desires to be exempt from escrow account or bond to guarantee payment of any future debit balance, if any and/or desires commission advancing, if eligible, from insurance companies represented through Judy McElroy:

Now therefore, for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties do hereby agree as follows:

1. Agent agrees to pay to the order of the appropriate insurance company and/or to Judy McElroy, the sum of any indebtedness resulting from unearned advances, any remuneration, special advances, any fees, chargebacks of any kind, interest or any other charges to the Agent's commission account. 2. Within thirty (30) days of written notice of demand to the agent's last mailing address on record with insurance company for payment of any indebtedness to the insurance company and/or Judy McElroy, Agents agrees to immediately pay indebtedness in full, by cash, money order, or certified funds. 3. Agent also agrees and understands any unearned commissions and renewals are not an acceptable form of payment in the event demand has been made for any indebtedness. Any case involving a refund of premium, regardless or cause, Agent agrees to immediately remit payment, in full, to clear indebtedness. 4. In the event an insurer holds Judy McElroy, financially responsible for any Agent or Sub-Agent indebtedness, or any other fees, or monies as a result of past indebtedness and Judy McElroy, find in necessary to enforce payment through legal action, Agent agrees to pay reasonable legal fees and court cost incurred by Judy McElroy, indemnify, and hold Judy McElroy, harmless from and against any such liability. Additionally, if it becomes necessary to refer this matter to a collection department, agency, ATTORNEY or result in a filing of a complaint to the Department of Insurance regarding the return of any unearned monies 25% will immediately be added to the principal balance, to cover COLLECTION EXPENSE. 5. Agent agrees to assign, without contest, any commissions and renewals with other insurance companies, present and future, to Judy McElroy, if any agent indebtedness, secured or unsecured remains after 90-days of the debt occurrence, Assignments shall remain effective until all agents debts are cleared. 6. Both parties agree the enforcement of this Agreement shall be subject to the jurisdiction of the proper courts of TRAVIS County, TEXAS and construed pursuant to the laws of the State of TEXAS.

This Agreement shall survive the termination of all contractual/appointment relationships between Agent and the insurance companies represented through Judy McElroy,. Agent irrevocably authorizes Judy McElroy, or any attorney of any court of record, after default, to confess a judgment without process against Agent in favor of Judy McElroy, and waives all errors in such proceedings and consents to immediate execution upon said judgment.

I have read the foregoing and agree to be bound by the terms and conditions set forth herein.

X \_\_\_\_\_  
Agent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent Printed Name

\_\_\_\_\_  
Personal Guarantee Signature, if Corporation

AGREED, ACCEPTED, and APPROVED by Judy McElroy, IN TRAVIS County, TX.

\_\_\_\_\_  
Judy McElroy

\_\_\_\_\_  
Date Created



# ATTACH THE FOLLOWING DOCUMENTS IN THIS ORDER

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## ATTACHMENT 1 – RESIDENT LIFE INSURANCE LICENSE

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### Option 1 – Copy of Resident License

*Attach a copy of your Resident Life Insurance License.*

### Option 2 – Printed Screenshot

*Go to your state's Department of Insurance Website. Search for your name in the producer database. Print a screen shot of your license information and attach in lieu of your license.*

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## ATTACHMENT 2 – NON-RESIDENT LIFE INSURANCE LICENSES

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ONLY ATTACHED LICENSED YOU PLAN ON USING RIGHT AWAY. YOU CAN ADD MORE LATER.

### Option 1 – Copy of Resident License

*Attach a copy of your Resident Life Insurance License.*

### Option 2 – Printed Screenshot

*Go to your state's Department of Insurance Website. Search for your name in the producer database. Print a screen shot of your license information and attach in lieu of your license.*

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## ATTACHMENT 3 – VOIDED CHECK

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### Option 1 – Voided Check

*This will be the bank account you want to receive your commissions by direct deposit. The account does not need to have your name on it.*

### Option 2 – Direct Deposit Authorization

*If you do not have a voided check, or checks, have your bank print out an authorization for direct deposit with your account number on it and submit in lieu of a voided check.*

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## ATTACHMENT 4 – ANTI-MONEY LAUNDERING CERTIFICATE

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### Option 1 – American Amicable

1. Go to [AmericanAmicable.Com](http://AmericanAmicable.Com).
2. Click on Marketing/Sales Tab.
3. Use "AML" for your Agent Number and "COURSE" for the Password.
4. Complete the Training.
5. Print Certificate and attach here.

*Even though this is from American Amicable, our carriers will accept this.*

### Option 2 – Through LIMRA

1. Go to LIMRA.  
[http://nailba.limra.com/LIMRA/NAILBA\\_Register123.aspx](http://nailba.limra.com/LIMRA/NAILBA_Register123.aspx)
  2. Register and complete.
  3. No certificate. Write the date you completed training on contracts.
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## ATTACHMENT 5 – EXPLANATIONS / DISCHARGE PAPERWORK

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If you answered "Yes" to any questions in the general agent's agreement, you will need to provide a typed explanation. Also include any discharge paperwork for a past bankruptcy, or receipt of payment for any recent vectors.

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