

## Contract Application for

General Agent     Agent



\*5263\*

<b>Last Name</b>	<b>First Name</b>	<b>M.I.</b>	<b>Birthdate</b>			<b>Age</b>	<b>Sex</b>	<b>Social Security Number</b>	<b>Nickname</b>
			Month	Day	Year				
<b>Residence Address (Street, City, State, County, Zip)</b>								<b>Residence Telephone</b> (    )	
<b>Business Address (Street, City, State, County, Zip)</b>								<b>Business Telephone</b> (    )	
<b>Lived at Residence Address</b> <small>Years                      Months</small>		<b>Former Address (Street, City, State, Zip)</b>						<b>Fax Telephone</b> (    )	
<b>Name of Spouse</b>					<b>Professional Designations:</b> <input type="checkbox"/> CLU <input type="checkbox"/> ChFC <input type="checkbox"/> LUTCF <input type="checkbox"/> CFP <input type="checkbox"/> Other: _____				
<b>Email Address (Required)</b>									
<b>Contract Name:</b> <input type="checkbox"/> Individual <input type="checkbox"/> DBA <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation (If Corporation, complete Corporate Addendum)				<b>Tax ID Number</b>			<b>Contract Name if other than individual</b>		
<b>WORK HISTORY - Please indicate other insurance companies with whom you do business</b>								<b>Annual Earnings</b>	
<b>a.</b>								\$	
<b>b.</b>								\$	
<b>c.</b>								\$	

**PLEASE RESPOND TO ALL QUESTIONS FOR YOU PERSONALLY AND ANY ORGANIZATION OVER WHICH YOU HAVE EXERCISED CONTROL. A "YES" REQUIRES A WRITTEN EXPLANATION ON A SEPARATE SHEET OF PAPER.**

- Yes    No    1. Have you *ever* been convicted, pled guilty or nolo contendere, or do you have pending charges to a felony or misdemeanor? If yes, attach a copy of the court records.
- Yes    No    2. Have you *ever* had an insurance license or securities registration denied, suspended or revoked by an insurance department, the NASD or any other regulatory agency?
- Yes    No    3. Have you *ever* had any regulatory action taken against you by any insurance department or the NASD?
- Yes    No    4. Have you *ever* had a complaint filed or do you anticipate a complaint being filed against you by a consumer, an insurance department, the NASD or any other regulatory agency?
- Yes    No    5. Have you *ever* had a contract or appointment terminated involuntarily by an insurer or a NASD member firm?
- Yes    No    6. Do you have past due child support obligations, any unsatisfied judgments, liens or any delinquent state or federal tax obligations?
- Yes    No    7. Have you *ever* been subject to a bankruptcy proceeding?
- Yes    No    8. Has an insurer, insured, or other person made any demand against you for overdue monies as a result of an insurance transaction or business?
- Yes    No    9. Are you currently involved or *ever* been involved in litigation or have you *ever* had any claim made against you, your errors and omissions insurer, or your surety company, arising out of insurance sales or practices or have you been refused surety bonding?
- Yes    No    10. Do you have Errors and Omissions (E&O) Insurance of at least \$1,000,000 per claim/\$1,000,000 aggregate? If yes, please attach a photocopy of carrier's policy declaration page. (Required by Midland National).
- Yes    No    11. Are you currently licensed in your resident state? If yes, please attach photocopy.  
License Number \_\_\_\_\_
- Yes    No    12. Are you currently licensed as a non-resident in any state? If yes, please attach photocopy of state license if you wish to be appointed. (If fees are required, Midland will charge your commission account for the cost of a non-resident appointment.)
- Yes    No    13. Are you NASD Securities Registered? If yes, who is your current broker dealer? \_\_\_\_\_

**AML TRAINING**

- Yes  No 14. Have you completed Anti-Money Laundering (AML) training? If yes, and training was provided through a source other than LIMRA, please attach a photocopy of the Certificate of Completion for this training (please note training other than LIMRA must be reviewed and approved by the AML Compliance Committee). If LIMRA training has been completed, Midland will receive this information directly from LIMRA.
- Yes  No 15. Have you read and understand Midland National's company-specific Anti-Money Laundering (AML) policy, which include the following documents:
  - Yes  No Producer's Guide to Anti-Money Laundering-Form 11223Y
  - Yes  No Contact Information to report red flags or suspicious activity-Form 11225Y
  - Yes  No SIC AML Policy-Sammons Insurance Companies Anti-Money Laundering Policy-Form 11532.

**Additional Comments:**

**CONDITIONS AND AGREEMENTS** - By signing this application, I hereby acknowledge I have read a specimen copy of the proposed contract and all applicable supplements and addendums thereto to be entered into between myself and Midland National Life (Midland). I agree to be bound by all of the terms and conditions of such contract, supplements and addendums, a personalized copy to which will be subsequently forwarded to me by Midland. I agree not to solicit business until I have been notified by Midland that I am authorized to do so. I represent and warrant that all information and answers to questions are true and complete. Any marketing materials which have not been provided by Midland must be approved by Midland prior to their use. I understand that any specimen sales brochures and material I have received are provided only for my personal examination of product provisions and rates.

I understand that the Fair Credit Reporting Act requires Midland to notify me that, as a routine part of processing my contract application, a consumer report may be obtained which may include information bearing on my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living. I authorize Midland or any of its affiliates<sup>1</sup> to obtain a consumer report and Vector One report in connection with this contract application. I further authorize Midland or any of its affiliates or their duly authorized representatives to contact any organization or individual who has knowledge of my employment history, credit history, financial status, or record of any illegal activity to (a) obtain a record of such history, status or activities and (b) hereby authorize the release of such information by such organization or individual in connection with this application and (c) authorize Midland or any of its affiliates to release information about any debit balance I may incur to Vector One, its successors, or any organization designated to replace Vector One. This authorization shall remain valid and in effect during the term of your contract. We reserve the right to obtain subsequent consumer reports and/or investigative consumer reports on an as-needed basis.

To help fight the funding of terrorism and money-laundering activities, the U. S. government passed the USA PATRIOT Act, requiring financial institutions including insurance companies, to obtain, verify and record information that identifies persons who engage in certain transactions with or through our company. This means that we will verify your name, address, date of birth and social security number or other tax identification number. We may also request to see a driver's license, passport or other identifying documents from you.

<sup>1</sup>Affiliate means any company owned, directly or indirectly, by Sammons Financial Group, Inc.

<b>Applicant Signature</b>	<b>Date</b>
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**I have reviewed the above application and I hereby recommend this agent's contract with Midland National Life Insurance Company.**

<b>GA/RSD Signature</b>	<b>GA/RSD Code:</b>	<b>Contract Level</b>
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