

Contracting Checklist

Detailed below are all requirements that must be received in our office for the contracting process to begin.

52675 (05/09)

<input type="checkbox"/> Agent/Agency Application	Please list your legal name as shown on your resident license when completing all paperwork. Be sure to sign and date the Americo Agent/Agency Application once you've completed the form. Do not fill out the AGENCY section for an individual appointment. • <u>Agency/Corporation Appointment</u> - Please fill out the "Licensed Agency Member" section of the application as well as the AGENCY section. Do not forget to include the Tax ID# for a corporation.
<input type="checkbox"/> Insurance License(s)	Include resident license and non-resident licenses under which you will be soliciting business. Please be sure that your insurance licenses are current and remember to submit renewal copies. • <u>Agency/Corporation Appointment</u> - Please be sure to provide corporate insurance licenses (if applicable).
<input type="checkbox"/> Appointment Fees (Resident and Non Resident)	For your convenience, Americo does not require you to submit up-front payment for non-resident appointment fees. These charges will be deducted directly from your commissions upon our acceptance of the contract or once the first piece of business has been submitted in a given non-resident state, depending on the state's regulations. <u>Americo will pay resident appointment fees.</u> <u>Please note that Florida has a county appointment requirement.</u> If you are a non-resident agent planning to physically solicit in any Florida county you must identify the counties on your agent application. A list of counties is shown for your convenience. Americo will pay this county fee.
<input type="checkbox"/> E&O Certificate	Americo requires E&O coverage of at least \$1 million dollars. Please provide us with a copy of your current E&O certificate. <u>Policies will not be issued until this requirement is met.</u>
<input type="checkbox"/> Anti-Money Laundering (AML) Training Certification	All agents that write cash value products (including universal life, whole life, and annuities) must complete Anti Money Laundering (AML) training through LIMRA. You may access the certification course at https://aml.limra.com 24 hours after your contract is submitted to Americo. Once you have completed the LIMRA AML course, a completion notice will be returned to Americo within 24 hours.
<input type="checkbox"/> Direct Deposit/EFT	If you prefer to have your commissions directly deposited via electronic funds transfer (EFT) into your checking/savings account please provide us with a voided check or deposit slip. If the routing and account numbers are not printed on your deposit slip, please have your bank prepare this information on their letterhead. <u>If the name on the checking account differs from the name on your insurance license, an Assignment of Commissions form is required.</u> Note: If not on direct deposit, you will only receive a commission check once a month. Commissions paid via EFT will be paid out daily unless weekly or monthly is specified.
<input type="checkbox"/> Assignment of Commissions (Optional)	To be completed if commissions are to be assigned or if the name on the direct deposit account does not match the name on your insurance license. Please ensure form is signed by Agent and Assignee (a copy of their license must also be included). (Form # 02-049-1)
<input type="checkbox"/> Commission Advance Addendum (Optional)	Complete if requesting Advance Commissions. (Form # 02-050-1)

Upon acceptance by Americo of your Agent/Agency Application, you will receive a Welcome Letter indicating your agent number. This letter should be filed with your Agent Agreement/contract as it represents Americo's acceptance of your contract.



AGENT/AGENCY APPLICATION

INDIVIDUAL OR LICENSED AGENCY MEMBER (Please print in black ink or type) 52675 (05/09)

Form with fields: Name Last, First, Middle Initial, Social Security Number, Birth Date, Gender (M/F), Resident Address, Mailing Address (if different than resident address), City, State, ZIP, County, Home Phone, Business Phone, E-Mail Address, Fax Number.

Would you be interested in bi-lingual Spanish marketing materials? ... Yes No

AGENCY - Each licensed member must complete an application.

Form with fields: Agency Name, Corporate Tax ID#, Corporation, Partnership, Sole Proprietorship, LLC.

All corporations, partnerships, and LLC's must provide the name of ALL owners and officers. Use separate sheet if needed.

Table with columns: Name, Title, Name, Title.

BACKGROUND Yes No

Background questions: Are you indebted to any Insurance Company/Agency/Manager? Have you ever filed bankruptcy? Do you have any outstanding judgments or liens? Are you currently charged with or have you ever been convicted* of a crime, including felony, misdemeanor, or military offense? Have you ever been refused a bond? Have you ever had a license refused/suspended/revoked or currently restricted or under investigation? Have you had any complaints filed against you by any company, state insurance department, or by anyone that is a party to an insurance contract in the past 10 years? If "Yes", please provide full details including insured/annuitant name, carrier involved, date, and nature of complaint.

If additional space is needed to explain "yes" answers, please use a separate sheet and sign and date it.

*Convicted includes a guilty verdict, withdrawn plea, probation, nolo contendere plea, suspended sentences, or fines. You may exclude traffic citations and juvenile offenses.

E&O COVERAGE

Please provide the following information along with a copy of your current Errors & Omissions (E&O) coverage certificate. By signing this application, you acknowledge that you are responsible for maintaining, and agree to maintain, E&O liability coverage of not less than \$1 million during the term of this Agent Agreement and for a period of one year after the Agreement is terminated.

Form with fields: Carrier Name, Policy Number, Expiration Date.

LICENSES

A copy of your current resident license must be attached. If you plan to write outside of your resident state, please attach your non-resident license(s) as well. Non-resident appointment fees will be deducted directly from your commissions upon our acceptance of the contract or once the first piece of business has been submitted, depending on the state's appointment regulations.

If you hold a non-resident license in Florida and plan to physically solicit in any Florida county you must indicate those counties below, as an appointment is required. Americo will pay the fee for the county appointment.

Dade	Duval	Hillsborough	Pinellas	Polk	Palm Bch	Orange	Volusia	Escambia	Broward
Leon	Marion	Manatee	Sarasota	Seminole	Lee	Brevard	St Johns	Gadsden	Putnam
Columbia	Hardee	Suwanee	Indian River	Santa Rosa	De Soto	Madison	Walton	Taylor	
Alachua	Lake	Bay	St. Lucie	Jackson	Osceola	Highlands	Pasco		

AUTHORIZATION FOR ELECTRONIC FUNDS TRANSFER (DIRECT DEPOSIT)

Please complete all information. Commissions are sent daily, weekly, or monthly through Electronic Funds Transfer into your bank account. Commission statements may be obtained on Agent Cafe, the Company's on-line agent resource. Electronic Funds Transfers are paid out daily, unless weekly or monthly is specified.

I hereby authorize the Company to pay my commissions by depositing my commissions through Electronic Funds Transfer. This authority is to remain in full force and effect until the Company has received written notification from me of its termination, allowing the Company enough time to act on it. If the account holder's name differs from the name on the insurance license an Assignment of Commissions form (# 02-049-1) must be completed and returned to the Company.

Account Holder's Name (please print)	Account No.	Financial Institution's Telephone Number ()
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Agent's preferred pay frequency: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	Please include one of the following with Agent's Application: <input type="checkbox"/> Voided check for checking account (or) <input type="checkbox"/> Deposit slip for savings account (or) <ul style="list-style-type: none"> • must indicate account number • note that routing number on the deposit slip is not the bank routing number needed to transmit a deposit, please confirm routing number with your bank and write above • verify that the numbers are the same as on your account as these sometimes differ <input type="checkbox"/> Bank routing and account numbers on financial institutions letterhead.
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Tape voided check or deposit slip here.

REPRESENTATIONS AND AGREEMENTS

- I can solicit business only in states where I am licensed.
- I will not solicit business in states that prohibit solicitation prior to my appointment.
- As a general rule, it is not acceptable for me to make a solicitation anywhere other than in the resident state of the applicant.
- Premium checks will be payable to and sent directly to the Company. No premium checks will be deposited to a personal or business account. Money orders will not be accepted for initial premium.
- I will represent all policies according to their applicable provisions, including any illustration of values and benefits. Full disclosure will be made regarding all policy features and conditions relevant to the receipt of benefits.
- I hereby continually authorize the Company to independently verify the information set forth in this Agent Application and to contact people or institutions regarding my character, general reputation and background, which may include credit reports and a criminal background check.
- I hereby continually authorize the Company to disclose any and all information received as a result of its background search of me to my sponsoring Agency or Independent Marketing Organization.
- I will abide by all rules and regulations of the Company, which may be subject to change at any time.
- I understand that I must complete Anti-Money Laundering Training on the LIMRA web site and I also understand that Americo requires me to renew my certification every 2 years. Policies falling under the Anti-Money Laundering Training requirements will not be issued unless the initial and renewal training requirements have been fully met.
- If I am convicted of or plead guilty to any felony involving dishonesty or breach of trust, or any offense under Title 18 U.S. Code Sec. 1033, or am required to file under any sex offender registration law of any state, I will immediately report it to the Company.

AGENT'S DECLARATION AND AUTHORIZATION

- I hereby certify that my answers to the questions herein are true.
- It is also understood that I will be responsible for any and all commission chargebacks to my account and to the accounts of any other agents on whose production I receive a commission override. Should litigation be necessary to collect any debit balance, reasonable attorney fees and collection costs plus interest at the highest rate allowable by state law may also be awarded to the Company.
- I am fully aware and understand that as a licensed insurance agent it is my responsibility to completely understand the products and companies I represent and to properly solicit these products to consumers in accordance with insurance solicitation laws and consumer protection laws within the state(s) where I hold a resident and/or non-resident license.

I understand and agree to the terms of that document known as the Agent Agreement with Americo Life, Inc. Affiliates, (form No. SMC-010100 (05/09), which is incorporated into and made a part hereof by this reference, and agree that all obligations imposed thereunder shall survive the termination of such Agent Agreement.

Agent's Signature (Required)

Date (Required)

Agent's Name (Printed)

Recruiting Agent's Signature

Recruiting Agent Code

COMMISSION ADVANCE ADDENDUM FOR: _____

Agent's Name (please print)

This ADDENDUM supplements and is part of the AGENT AGREEMENT (AGREEMENT) between you and Americo Financial Life and Annuity Insurance Company, Great Southern Life Insurance Company, and The Ohio State Life Insurance Company, (individually and collectively, the Company, we, us, or our) pursuant to which you or your agents solicit applications for our insurance, annuities, riders and other contracts (policies).

1. ADVANCE COMMISSION REQUEST

You hereby request us to make advances of first-year commissions to be earned under the AGREEMENT ("advance commissions"). As consideration for our payment to you of advance commissions subject to the terms and conditions of this ADDENDUM, you (a) represent to us that any advances hereunder are solely for business purposes, and (b) agree to the terms and conditions of the ADDENDUM.

2. COMPANY'S RIGHTS

The Company reserves the right to:

- A. determine the amount of any advance commissions payable to you,
- B. decline an advance commission to you at our sole discretion,
- C. establish a maximum amount of advance commissions that may be outstanding at any time,
- D. establish a maximum advance commission on a policy,
- E. with written notice to you, or your recruiting agency or your Independent Marketing Organization, assess a service charge at a rate to be determined, not to exceed 10% per annum, on the outstanding balance in your commission account, for providing annualization of commissions,
- F. charge interest on the outstanding balance at a rate to be determined, not to exceed 8% per annum, and
- G. upon termination of the Agreement of this Addendum, to demand immediate repayment of any outstanding commission advances which have been paid to you.

3. ADVANCES ON FIRST YEAR LIFE AND ANNUITY PREMIUMS

For purposes of this ADDENDUM, advance commissions for Life and Annuity products will be a percentage of the expected first-year commissions of an insurance contract for which the premiums are to be paid to us during the first policy year, reduced by a service charge, if any, in accordance with Paragraph 2E. The advance commissions will be calculated in accordance with the following guidelines, subject to the Company's rights in Paragraph 2:

- A. Any unearned advance commissions on a policy will be charged back and offset against any monies payable to you, under the following conditions:
 - 1. If any policy is returned to the Company as "Not Taken", or the initial premium is not paid within 150 days of the advance commission date.
 - 2. If after a policy's initial premium is paid, subsequent premium is not received within 150 days of the previous premium payment.
 - 3. If any policies that advance commissions have been paid on terminates for any reason.
 - 4. At the end of the tenth month after the advance date, if there are any unearned advance commissions remaining.
- B. Advance commissions will not be made on controlled business. "Controlled business" means policies insuring or owned by you, your immediate family (spouses, children or stepchildren, parents or stepparents, siblings, or your spouse's parents or stepparents, grandparents), any agent of ours, or partner, corporate director, officer, employee, or any family member thereof. You must give written notice of any controlled business along with any application for such business.

4. INDEBTEDNESS

The amount of advance commissions paid to you and any interest thereon is indebtedness as contemplated in Paragraph 3.C of the AGREEMENT. Any advance commissions charged back in accordance with Paragraph 3.A. of this ADDENDUM shall be a general indebtedness, and you agree to reimburse us for all attorney's fees and other collection costs as permitted by law and all such amounts shall become indebtedness hereunder.

In order to secure the full and prompt payment of any and all indebtedness due from you or your agents to us or guaranteed by you, the Company will have a security interest and first lien on any monies due at any time under the SCHEDULE OF COMMISSIONS or any applicable addendum. In addition to any statutory or other legal basis, the Company will have the right of offset and, at any time, may deduct from any monies, or other rights due you, such indebtedness together with interest at the maximum rate allowed by the law of your state and any attorneys' fees and collection costs incurred by us. Any compensation due to you from any of our companies is subject to a similar security interest and may be offset against any indebtedness owed by you to any of our other companies.

5. TERMINATION OF ADDENDUM

This ADDENDUM of the AGREEMENT may be terminated with or without terminating the AGREEMENT itself, by you, your recruiting agent, Independent Marketing Organization, or us at any time. Notification by you or us of termination of the AGREEMENT will also immediately terminate the Company's obligations under this ADDENDUM.

Agent's Name (please print)

Agent Number

Date

By: _____
Agent's Signature (1)

(1) If partnership, a general agent must sign. If corporation, an authorized executive officer must sign.

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: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
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.

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

Social security number
: : :
or
Employer identification number
: : :

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. citizen or other U.S. person (defined below).

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.

Sign Here

Signature of
U.S. person ▶

Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

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.

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. 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.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

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,

Americo Financial Life and Annuity Insurance Company

Home Office: Dallas, Texas • Administrative Office: P.O. Box 410288, Kansas City, MO 64141-0288

Assignment of Commissions

The Undersigned _____ (Agent) _____ (Agent Number) duly licensed to sell insurance on behalf of Americo Financial Life and Annuity Insurance Company (hereinafter called the "Company"), does hereby state as follows:

1. That the Undersigned hereby transfers, sets over and assigns, subject to acknowledgement by the Company, unto _____ (hereinafter called "Assignee") having the (as indicated below) Taxpayer ID Number or SSN _____ any and all commissions, renewal commissions, bonuses and allowances which may hereafter accrue in favor of the undersigned by virtue of any Agent Agreement and Addenda thereto now in force or hereafter entered into by and between the Undersigned and the Company (collectively hereinafter called the "Agreement"), it being understood and agreed that this Assignment, and the rights assigned hereunder, shall be subject to (i) any present indebtedness or any which may hereafter accrue or be due and owing the Company, and (ii) all the terms and conditions of the Agreement. This assignment relates only to the Assignors agent number(s) as follows _____.
2. That the Undersigned hereby represents and warrants that said commissions and allowances are not subject to any other assignment, and the Undersigned will forever warrant and defend his/her right to receive same, this instrument to remain in full force and effect until released by an instrument in writing furnished by Assignee and acknowledged in writing by the Company.
3. That the Undersigned hereby authorizes and directs the Company to pay over any such commissions and allowances to said Assignee subject to the conditions hereof, and it is agreed that any payment so made will be a full and complete discharge of the Company's obligation to the extent of any payment so made. The Undersigned hereby waives any and all rights to claim from the Company any amounts paid by the Company to "Assignee" under the terms hereof.
4. This Assignment shall terminate upon the written agreement of all parties hereto. The Company shall be on notice of termination only upon receipt by the Company of a written Release of Assignment.
5. This Assignment shall be binding upon the heirs, successors and subsequent assigns of, or any other party claiming through or under, the Undersigned.
6. This Assignment will not be effective until accepted and acknowledged by the Company.
7. The Assignee acknowledges that he/she/it has an active insurance agent's license in the jurisdiction(s) for which commissions will be earned, if required by the law of such jurisdiction(s) to be so licensed.
8. If the Assignee wants commissions deposited directly into a checking account, please attach a voided check or, for a savings account, attach a deposit slip below and complete an EFT form.
9. The tax consequences pursuant to this assignment, if any, shall be coded to the Agent _____ or Assignee _____. (Please Mark an X by the appropriate party.)

IN WITNESS WHEREOF, the Assignment has been executed this _____ day of _____, _____.

Witnessed

Agent Signature

Acknowledgment by ASSIGNEE:

Name (please print)

Address (City, State, ZIP)

(Signed) by

Date

Acknowledgement by the COMPANY:

(Signed) by

Date

Attach voided check or deposit slip here

Americo Financial Life and Annuity Insurance Company

Home Office: Dallas, Texas • Administrative Office: P.O. Box 410288, Kansas City, MO 64141-0288

Release of Assignment

For value received, the undersigned Assignee hereby releases all right, title and interest it may have in the compensation hereinabove assigned to it.

Assignee (please print or type)

Assignee Signature

Title

Date

Witness

Date