



CONTRACT/APPOINTMENT TRANSMITTAL



This transmittal is required to contract a new agent, appoint a new agent under a License-Only Agreement, or to change commission level or hierarchy of an active agent.

To appoint a new agent, please complete sections A, B and C and return with items (1) through (5) below.

To change an existing commission level or hierarchy, complete sections A, B and C. These changes are effective on the date this form is received in the Home Office.

Please print all information clearly.

A. Contract/Appointment to be in Name of: \_\_\_\_\_

Individual or  Corporation (If corporation, include name of licensed principal)

B. Type of Appointment:

Agent's Contract

Contract Level % \_\_\_\_\_ Contract Level # \_\_\_\_\_

OR

License-Only Agreement under Contracted Agent Name \_\_\_\_\_

Agent Number (if known) \_\_\_\_\_

C. Commission Hierarchy:

Immediate Overriding Supervisor of new Agent to be contracted:

Name: \_\_\_\_\_ Agent No. \_\_\_\_\_

Additional forms to be submitted

- (1) Agent Appointment Information form (200-077)
(2) Signed Agent Contracts (200-114) or Sub-Agent Contracts (200-321)
(3) Copy of agent's license and/or corporation's license, as appropriate.
(4) EFT Authorization form (200-371)
(5) Commission Annualization Request, if applicable (200-353)



\_\_\_\_\_
Date

\_\_\_\_\_
Signature of MGA

NOTE: All agents in the commission hierarchy are not eligible for Sales Contests sponsored by United Home Life and United Farm Family Life Insurance Companies.



## General Agent Contracting Kit

### Instructions:

✓ **Complete the Application For Appointment:**

- Include Social Security number.
- Submit a copy of a pre-printed void check or pre-printed void savings card with contracting forms.
- Complete Anti-Money Laundering (AML) Training section. Federal law requires AML Training for **all** insurance agents. If you have completed AML Training, include a copy of a certificate of completion with your contracting forms.

If you haven't taken AML Training and/or refresher courses, proof of completion of a training course must be provided to the Company within 30 days of appointment to avoid termination.

- Complete the Business Practices section:
  - "You" means yourself and any business in which you are, or were, an owner, partner, manager, director, or officer.
- Sign and date the Application For Appointment:
  - Recruiter's signature is required.
- Read, sign and date the Authorization for Release of Information.

✓ **Read, sign and date the General Agent's Contract.**

✓ **Submit the completed, signed Application For Appointment (two pages) and the General Agent's Contract (two pages), along with copies of:**

- Your resident insurance license (if corp, include corp license and W-9).
- A copy of a pre-printed void check or pre-printed void savings card (required for EFT and annualized commissions).
- Proof of completion of an AML Training course.

**Submit completed contracting forms to Immediate Upline.**

**Do not submit paperwork directly to the Home Office.**

## 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, unless transferring from a Sub-Agent contract.

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 downline 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 Contract

General Agent: \_\_\_\_\_ Contract Date: \_\_\_\_\_

This Contract is made between United Home Life Insurance Company and United Farm Family Life Insurance Company (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 that are approved for sale by the respective state authority and for which 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 shall at all times during the life of this contract be licensed by the appropriate state authority for the writing of life insurance products offered by the Company. Failure to maintain such life insurance licensing shall terminate this contract immediately. 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 state law 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. Unissued Applications/Unpaid Policies

If a policy, based on an application received from you, is issued on a standard basis according to the terms of the application received, and if the policy is, for any reason, not accepted by the applicant and the first premium is not paid by the applicant, you agree to reimburse us for any medical or inspection, or other expense connected with the processing of the application.

**6. Privacy of Customer Information**

You and your employees will keep all customer information strictly confidential, complying with all federal requirements regarding disclosure of confidential client information, including but not limited to the provisions of HIPAA. You will maintain adequate privacy systems and safeguards to protect the confidentiality of such customer information, consistent with current law.

**7. 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.

In the event this contract is terminated by the death of the General Agent, the surviving spouse, or if no surviving spouse, the executor or administrator shall continue to receive the vested commissions payable herein.

**8. 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.

**9. 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.

**10. Refunds**

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

**11. 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.

**12. 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.

**13. Advertising**

You are responsible for knowing all laws, regulations and standards relating to the marketing and sale of insurance contracts in all states in which you are licensed to conduct business. Any sales promotion, sales material or other advertising material you use in connection with the solicitation and/or sale of our product must be submitted to us for our prior written approval of each specific item, pursuant to our published Advertising Guidelines.

**14. 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.

**15. 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.

**16. 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 via email, 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



**Commission Annualization Agreement:**

Agent Code: \_\_\_\_\_ Agent Name: \_\_\_\_\_  
PLEASE PRINT

The Company, at its discretion, may annualize and advance commissions earned on life insurance products sold in accordance with the terms below.

Commissions will be advanced only for policies sold on Monthly Pre-Authorized Check (PAC) premium payment mode, and only for agents, hereafter known as General Agents, whose commissions are paid via Electronic Funds Transfer (EFT). The annualization percentage is determined by the General Agent's immediate upline, and is subject to Company approval. The maximum amount of commissions annualized is \$1,500 per policy.

In the event that a policy on which annualized commissions were paid is a not-taken or terminated before the advanced pay-out is recaptured, the Company will immediately charge back the unearned portion of the annualized commissions against future commissions earned.

For any given policy on which annualized commissions were paid and where the policy has persisted beyond the advanced pay-out period, earned commissions from that policy henceforward will be credited to any outstanding debit balance the General Agent has. If no debit balance exists, all of the earned commissions will be paid out at the end of the current month.

Policies written on controlled business, including but not limited to those on the General Agent's life or the life of his/her family member, do not qualify for annualization.

It is further agreed that, should legal action be required to enforce recovery of unearned commissions, the General Agent agrees to pay reasonable attorneys' fees, court costs, and any other costs incurred by the Company. All amounts due shall be payable to the Company at its office in Indianapolis, IN. The Company reserves the right to cancel and/or to modify this agreement at any time.

**General Agent Information:**

\_\_\_\_\_ General Agent Name (Please Print) \_\_\_\_\_ General Agent's Code Number  
\_\_\_\_\_ General Agent Signature \_\_\_\_\_ Date (mm/dd/yyyy)

**Immediate Upline Authorization:**

**Annualization Level:** \_\_\_\_\_ 25% \_\_\_\_\_ 50% \_\_\_\_\_ 58% \_\_\_\_\_ 75%  
(Check ONE)

\_\_\_\_\_ Immediate Upline Name (Please Print) \_\_\_\_\_ Immediate Upline Agent Code  
\_\_\_\_\_ Immediate Upline Signature \_\_\_\_\_ Date (mm/dd/yyyy)



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

Resident Insurance License Number: \_\_\_\_\_

Name: \_\_\_\_\_ Tax ID: \_\_\_\_\_ - \_\_\_\_\_

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: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

Personal Data:

Spouse: \_\_\_\_\_  
(If Applicable)

Agent's Maiden Name: \_\_\_\_\_  
(If Applicable)

Commission Level/Hierarchy:

Completed by Immediate Upline

Agent 4-Digit Contract Level: \_\_\_\_\_ As Earned:  OR Annualized: \_\_\_\_\_ %

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. All commissions payable are subject to a per-policy cap.

\_\_\_\_\_  
Immediate Upline Name Immediate Upline Signature Immediate Upline Agent Code

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 an AML course certificate of completion with contracting forms. If vendor is LIMRA, simply include the date of completion for the last AML course in mm-dd-yyyy format.

Date Completed: \_\_\_\_\_  
mm/dd/yyyy

**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? \_\_\_\_\_

**Business Practices:**

<b>"You" means yourself <u>and</u> any business in which you are, or were, an owner, partner, manager, director or officer.</b>	<b>Yes</b>	<b>No</b>
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 reports will be obtained through any or all of the agencies listed below and I have the right and opportunity to present evidence regarding the accuracy and relevance of the background check in connection with this application.

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

The Vector Insurance Network will be checked for any reported outstanding debt with other insurance companies or agencies. If a consumer credit report/investigative consumer report is obtained, I understand I am entitled to receive a copy and I have the right and opportunity to present evidence regarding the accuracy and relevance of the background check. 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)

AGENT SIGN  
HERE

\_\_\_\_\_  
Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date (mm/dd/yyyy)





225 South East Street • P.O. Box 7192 • Indianapolis, IN 46207-7192



### Fair Credit Reporting Act Disclosure

This notice is being provided to you by United Home Life/United Farm Family Life (collectively, the “Companies”) pursuant to the Fair Credit Reporting Act (FCRA).

In connection with determining your eligibility to contract with the Companies and/or your eligibility to be appointed as an agent of the Companies, and to maintain such contract and appointment(s), the Companies will, from time to time, conduct background checks which may include the ordering of investigative consumer reports from a consumer reporting agency, criminal justice agency, and/or regulatory authority. A consumer report may contain information regarding your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living. This information will be used by the Companies to make decisions about your contract with the Companies and your appointment(s) as an agent of the Companies.

A copy of A Summary Of Your Rights Under The Fair Credit Reporting Act is available and will be provided to you in any written notification of any adverse action taken by the Companies based on information obtained through this information.

Upon written request, a complete and accurate disclosure of the nature and scope of these reports, if any, will be provided to you via US mail.

Please retain this for your records. Do not submit to the Home Office.



**Authorization Agreement For Direct Deposit Of Commissions**

Agent Code: \_\_\_\_\_ Agent Name: \_\_\_\_\_  
PLEASE PRINT

**For a CHECKING account:** A photocopy of a pre-printed voided or cancelled check, or a letter from the bank identifying the routing number, account number and name on the account **MUST** accompany this form.

**For a SAVINGS account:** A photocopy of a pre-printed savings account bank statement or a letter from the bank identifying the routing number, account number and name on the account **MUST** accompany this form.

**Authorization:**

I hereby authorize United Home Life and United Farm Family Life Insurance Companies, hereafter collectively called the Company, to initiate credit entries or complete necessary adjusting entries to my checking or savings account, as indicated. This authority is to remain in full force and effect until the Company has received written notification from me of its termination.

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

\_\_\_\_\_  
Date (mm/dd/yyyy)

**Account Information: \* Denotes Required Information**

\*Financial Institution: \_\_\_\_\_

\*City: \_\_\_\_\_ TAMPA \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

\*Checking:  Savings:

\*Routing Number: \_\_\_\_\_ \*Social Security #: \_\_\_\_\_  
9 Digits

\*Account Number: \_\_\_\_\_

\*Name On Account: \_\_\_\_\_  
PLEASE PRINT

**PLACE PRE-PRINTED VOIDED CHECK HERE**

## Request for Taxpayer Identification Number and Certification

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

<b>Print or type See Specific Instructions on page 2.</b>	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification (required): <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶	
	<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 the "Name" line 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									

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

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.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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### 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.