

## CONTRACT/APPOINTMENT APPLICATION

**Please Print or Type All Information**► **Personal Information**

1. Name \_\_\_\_\_  
(Last) (First) (Middle Initial) SS# \_\_\_\_\_

2. Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ ☐ Male ☐ Female

3. Drivers License # \_\_\_\_\_ (State) \_\_\_\_\_

4. Marital Status ☐ Single ☐ Divorced ☐ Married 5. Spouse's Full Name \_\_\_\_\_

6. Home Address: \_\_\_\_\_  
Street City State Zip  
Home phone \_\_\_\_\_  
(If less than 7 years, please provide previous address) \_\_\_\_\_  
\_\_\_\_\_

7. Business address: \_\_\_\_\_  
Street City State Zip  
Business phone \_\_\_\_\_  
(Area Code) (Number)  
Fax number \_\_\_\_\_  
(Area Code) (Number)  
E-Mail address \_\_\_\_\_

► **Business Entity Information**

8. Company Name \_\_\_\_\_ Fed. ID # \_\_\_\_\_  
Company Insurance License # \_\_\_\_\_ (Copy Required)  
Indicate other Principal Parties in Partnership or Business Entity, list Officers of the Company:

Name _____	Title _____	SS # _____
Name _____	Title _____	SS # _____
Name _____	Title _____	SS # _____
Name _____	Title _____	SS # _____

► **Financial**

9. Bank Name \_\_\_\_\_  
Account # \_\_\_\_\_ Type of account \_\_\_\_\_

Have you or your company:

10. Declared bankruptcy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Been a defendant in a lawsuit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. Any outstanding and/or unsatisfied judgments or liens against you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. Ever been involved in a business venture that failed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14. Any outstanding debt(s) with any insurance company or companies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered "Yes" to any of the above, **please attach a detailed explanation.**

► **Licensing Information: All Agents must submit a copy of current license(s) (Resident & Non-Resident)**

15. Type of license: ☐ Life ☐ A&H ☐ Broker License # \_\_\_\_\_
16. How long have you been in the Life field? \_\_\_\_\_ A&H field \_\_\_\_\_
17. Have you ever been licensed with GTL? ☐ No ☐ Yes Prior Code # \_\_\_\_\_
18. Are you full-time in the insurance business? ☐ No ☐ Yes If not, state other business: \_\_\_\_\_
19. With which other insurance companies are you presently licensed/appointed? \_\_\_\_\_

► **Background Information**

20. Have you ever been investigated or fined by an Insurance Regulatory Authority? ☐ Yes ☐ No
21. Has your insurance license ever been suspended or revoked? ☐ Yes ☐ No
22. Have you ever plead guilty or “nolo contendere” to or been found guilty of a felony? ☐ Yes ☐ No
23. Have you ever had a bond canceled or declined? ☐ Yes ☐ No
24. Are you now the subject of any complaint, investigation or proceeding which could result in a “yes” answer to any of the above questions? ☐ Yes ☐ No

If you have answered “Yes” to any of the above questions, please attach a detailed explanation.

► **Employment History**

25. Current Employer: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone # \_\_\_\_\_ Start Date \_\_\_\_\_
26. Prior Employer: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone # \_\_\_\_\_ Start Date \_\_\_\_\_
27. Prior Employer: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone # \_\_\_\_\_ Start Date \_\_\_\_\_

(Please provide 7 years of employment history. Attach additional information if necessary)

► **Education**

28. Highest Level of Formal Education ☐ Grammar School ☐ High School ☐ College ☐ College+
29. Professional Designations \_\_\_\_\_

**Fair Credit Reporting Act (FCRA)** — Public law requires that we advise you that a routine inquiry by accessing public records, may be made which will provide applicable information concerning your character, general reputation, personal characteristics, and mode of living. By signing below, you understand the above and authorize all persons and entities to release information about you they may have. You also acknowledge that you have read and understand the attached “Summary of Your Rights under the Fair Credit Reporting Act.” Upon written request, additional information as to the nature and the scope of the report, if one is made, will be provided.

► **Signature of Applicant**

SIGN HERE

Date \_\_\_\_\_

► **This section is to be completed by the recruiting General Agent:**

Sub Agent Code: \_\_\_\_\_

Recruiting General Agent Name \_\_\_\_\_ Code # \_\_\_\_\_

Pay Writing Agent’s Commissions to: ☐ Recruiting GA Only or ☐ Applicant Only

Mail Policies to: ☐ Recruiting General Agent or ☐ Applicant (New General Agent)

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Primary Product \_\_\_\_\_ 1<sup>st</sup> Yr. Commission Rate \_\_\_\_\_ %

The costs and expenses of arbitration, including the fees of the arbitrators, shall be borne by the losing party or in such proportions as the arbitrators shall determine. The successful party shall recover as expenses all reasonable attorneys' fees incurred by said party in connection with the arbitration proceedings.

#### **H. Miscellaneous**

"Policy" means any policy; certificate or other evidence of insurance coverage.

#### **X ENTIRE AGREEMENT**

This Agreement, including any attached schedules, supplements, amendments, or other agreements incorporated herein by reference, represents the entire Agreement between you and us. No promise, agreement, understanding, or representation will be binding unless made in this Agreement, or by an instrument in writing, signed by you and one of our officers; provided, however, current schedules and supplements may be in a form of written notice from us to you which expresses by its terms an intention to modify prior schedules and/or supplements.

#### **XI EFFECTIVE DATE**

This Agreement will be effective as of the Effective Date shown below, if you have been duly licensed in the appropriate jurisdictions, and if it is executed by you and at least one of our officers. The initial term of this Agreement shall be for one (1) year from the Effective Date and shall automatically renew for additional one year terms unless it is terminated as stated above.

To be completed by  
GENERAL AGENT

To be completed by  
GUARANTEE TRUST LIFE  
INSURANCE COMPANY

\_\_\_\_\_  
(Print Name on License)

BY: \_\_\_\_\_

GA Signature

**SIGN HERE**

BY: \_\_\_\_\_

\_\_\_\_\_  
VICE PRESIDENT

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Effective Date

10. If commission advances owed to the Company, or its designee, as a result of the terms of this Agreement are not repaid by the GA when due pursuant to the terms hereof, or if an agreement is not reached with the Company for the repayment of said obligations within thirty (30) days after the due date, the GA hereby agrees to pay all costs of collection, including, but not limited to, attorney fees and the costs of suit.
11. If any amounts owed to the Company are not paid as required hereunder, the GA hereby agrees that the Company may initiate suit against the GA in the jurisdiction of the Company's choice. The GA hereby expressly consents to the service of process in the jurisdiction if a suit is brought by the Company against the GA for amount owing hereunder.
12. There will be no advances allowed on monthly direct bill business.

**If the foregoing sets forth the terms of the Agreement between the Company and the GA, please execute one copy of this Agreement and forward the selected copy to the Company.**

General Agent

Dated: \_\_\_\_\_



\_\_\_\_\_  
Signature of the General Agent

\_\_\_\_\_  
Print or type name of General Agent

GUARANTEE TRUST LIFE INSURANCE CO.

Dated: \_\_\_\_\_

By: \_\_\_\_\_

Its: \_\_\_\_\_

REQUESTED ISSUE ADVANCE RATE: \_\_\_\_\_%

# GTL

GUARANTEE  
TRUST  
LIFE

## Automatic Deposit Payment Plan

### How Your Automatic Deposit Payment Plan Works

GTL's Automatic Deposit payment Plan ensures that your commissions are received on time.

Here's how:

1. Your commissions are automatically deposited into your bank account. The amount of your deposit will be reflected on the statement sent to you.
2. With the Automatic Deposit Payment Plan, all amount due to you will be paid under this method.

### How to Enroll in the Automatic Deposit Payment Plan

Simply complete the attached Automatic Deposit Plan form, making sure to include a copy of a voided check. It's that easy!

### Changing Banks Or Accounts

Notify the Home Office in writing when you decide to change your bank or account with the new account and routing numbers. Make sure to include your agent number in the letter. This will help to provide a smooth transition in transferring your Automatic Deposit Payment Plan to your new account.

For more information, call our Commission Accounting Department at 1-800-323-6907. Completed forms may be faxed to 847-699-0636.

# GTL

GUARANTEE  
TRUST  
LIFE

## Automatic Deposit Payment Plan

Authorization for direct deposit into the indicated bank account.

To:

*(Name of my bank)*

*(Address of my bank)*

### Please Attach Voided Check

**(A voided check is required to process your request.)**

As a convenience to me, I request and authorize you to electronically deposit in my account, at the financial institution named on the attached voided check, commissions payable to me. I also authorize GTL to electronically withdraw from my account any sum erroneously credited to my account by GTL. **Please check one:**

- ☐ I hereby certify that I conduct business under a "DBA" and that it is **NOT** a separate legal entity. I acknowledge all earnings will be recorded to me for tax purposes and not to the "DBA".
- ☐ I hereby certify that I do not conduct business under a "DBA".

I agree that my rights in respect to each payment shall be the same as if it were deposited by me and personally signed by me. I also agree to notify GTL within 30 days of the deposit date if there is a discrepancy with my deposit or if my response regarding "DBA" status changes. This will enable GTL to comply with Federal Banking laws. Failure to notify GTL may result in the loss of my deposit.

/                      /                      /  
Date

X

Signature

**SIGN HERE**

Agent Name

Agent Number

## **Authorization Form for Release of File Copies of Criminal History**

I hereby authorize Interstate Background Research, Inc. acting as an agent for \_\_\_\_\_ to receive any criminal history record information pertaining to me, which may be in the files of any state or any local criminal justice agency, or any law enforcement agency.

This request is valid for one (1) year from this date heron.

### **PART A: To be completed by EMPLOYEE:**

Employee Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\*Employee Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ \*Gender: \_\_\_\_\_

Employee Full Name: \_\_\_\_\_

Employee Street Address: \_\_\_\_\_

Employee City, State and Zip Code: \_\_\_\_\_

Date of this request: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Signature of Employee: \_\_\_\_\_

**SIGN HERE**

### **THANK YOU**

\*May be deemed necessary to conduct a thorough criminal record search in accordance with the, "Code of Federal Regulations" Equal Employment Opportunity Commission Code 1625.5.

\* This request for your date of birth does not indicate discrimination; and the request in itself is not a violation of the Age Discrimination Act. Your date of birth is requested for a permissible purpose, under the code, and has been ruled a critical identifier for criminal and driving history information. Some states will not conduct a criminal search without the date of birth.

## FINANCING AGREEMENT – NOTE – SECURITY AGREEMENT

**FOR VALUE RECEIVED** on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, this Agreement by and between \_\_\_\_\_ hereafter known as maker and/or guarantor and **Senior Benefit Services, Inc.**, hereafter known as SBS promise to pay to the order of SBS, the principal sum of any indebtedness resulting from unearned advances made in accordance with SBS's financing and annualization plan through any insurance carrier and any remunerations, special advances, fees, charge backs, dues, interest or any other charges to maker's and/or guarantor's account. Furthermore, maker and/or guarantor agrees to pay any indebtedness incurred by contracted representatives at any and all levels within maker's and/or guarantor's agency if such indebtedness is not satisfied within thirty (30) days written notice of the termination of their Agreement with SBS or upon thirty (30) days written notice by SBS. Upon thirty (30) days written notice or upon notice of termination of maker's and/or guarantor's contract with SBS, for any reason, maker and/or guarantor agrees to immediately pay maker's and/or guarantor's **debit balance** in full, in cash. After indebtedness has been fully satisfied, maker's and/or guarantor's commissions thereafter, if any and if applicable per the party's contract, will be paid directly to maker as earned.

It is agreed that all unpaid balance owed by maker and/or guarantor to SBS shall accrue interest at the daily periodic rate of 0.05545. SBS reserves the right to increase the interest rate on the outstanding balance upon thirty (30) days written notice to makers and/or guarantors by regular mail or carrier. Notwithstanding the foregoing, the interest rate charged on makers and/or guarantors' debit balance account shall never exceed the statutory rate of interest permitted by law.

The undersigned maker and/or guarantor hereby assigns to SBS, its heirs and/or assigns a security interest in the following collateral: all monies due from any source, including, but not limited to the commissions, service fees, and bonuses payable to maker and/or guarantor by SBS; any commissions due from any other source; credits and value from property held in the maker's and/or guarantor's name, including, but not limited to the cash value or proceeds from any insurance policies or related products owned by maker and/or guarantor.

All of the above will be security for maker's and/or guarantor's indebtedness or the indebtedness of its representatives at any and all levels for which maker and/or guarantor is responsible and maker and/or guarantor hereby authorizes SBS at any time it deems necessary to sell and/or liquidate any of the aforementioned assets and use the proceed there from to satisfy or partially satisfy maker's and/or guarantor's indebtedness of the representatives for which maker and/or guarantor is responsible. In addition to the above security, maker and/or guarantor agree that he/she is personally liable for any and all such indebtedness.

This Financing Agreement shall survive the termination of all contractual relationships between maker and/or guarantor and SBS. It is further agreed that in the event it becomes necessary to enforce payment of this Agreement through legal action, maker and/or guarantor agrees to pay all reasonable legal fees and court costs incurred by SBS. This agreement and the enforcement thereof shall be subject to the jurisdiction of the proper courts of Washington County, Maryland, and shall be construed pursuant to the laws of the State of Maryland.

X

INITIAL HERE

The undersigned maker and/or guarantor hereby jointly, severally and irrevocably authorize an attorney of any court of record to appear in such court at any time after default and confess a judgment without process against the undersigned in favor of the holder of his Note for the unpaid balance, interest, costs and reasonable attorney's fees, admit the allegations of any complaint filed in connections with this Note and waive all errors in any such proceedings and consent to immediate execution upon said judgment. The undersigned hereby ratify and confirm all that said attorney may do by authority hereof.

All parties hereto severally waive presentment for payment, notice of dishonor, protest and notice of protest.

For value received, maker and/or guarantor does hereby irrevocably guarantee to SBS and its assignees, the payment when due of all debt incurred by maker and/or guarantor.

The liability of maker and/or guarantor is direct and unconditional. This guaranty is given and maker's and/or guarantor's commissions receivable by it from any and all insurance companies or financial institutions the maker is currently receiving commissions or renewals from are hereby assigned to SBS as security for such debt from which SBS may deduct maker's and/or guarantor's debt which is overdue under this Agreement.

Makers and/or guarantors hereby waive notice of the acceptance of this guaranty and also in presenting demand, protest and notice of protest on this Agreement. No renewal or extension of time of payment on this Agreement and no release or surrender or other security for this Agreement or delay in enforcement of payment shall affect maker and/or guarantor liability thereon.

This guaranty shall be a continuing one and shall remain in full force and effect until written notice from SBS shall be received and/or until all debt and liability arising hereunder shall been fully paid.

Senior Benefit Services, Inc.

_____	_____
(Maker)	(Company)
X _____	_____
(Guarantor)	



## CONSUMER AUTHORIZATION

### Senior Benefit Services, Inc.

I. I understand that an investigative report may be generated on me that may include information as to my character, work habits, performance, professional license/credentials and experience, along with reasons for termination of past employment, financial/credit history or criminal/civil/driving record history. I fully give my consent to and understand that you, Senior Benefit Services, or your agent, may be requesting information from public and private sources about any of the information noted earlier in this paragraph.




II. IF APPLICABLE, Medical and worker's compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the Fair Credit Reporting Act (FCRA, Public Law 91-508, Title VI) which was revised effective September 30, 1997, I am entitled to know if the considerations for which I am applying are denied because of information obtained from a consumer reporting agency. If so, I will be notified and be given the name of the agency providing that report.

III. I acknowledge that a telephonic facsimile (FAX) or photographic copy of this release shall be as valid as the original. This release is valid for most federal, state and county agencies including the Minnesota Department of Labor.

IV. Minnesota/California applicants only. If you want a copy of the report ordered, check this box. The report will be sent by the consumer-reporting agency to you at the address listed below your signature.

V. I hereby authorize, and release from liability without reservation, any financial institution, law enforcement agency, information service bureau, school, government agency, employer or Insurance Company contacted by Senior Benefit Services, Inc. or its agent, to furnish the information described in Section I.

#### APPLICANT COMPLETE THE FOLLOWING:

	
 Signature <div style="border: 1px solid black; height: 20px; width: 250px; margin-top: 5px;"></div>	 Today's Date <div style="border: 1px solid black; height: 20px; width: 150px; margin-top: 5px;"></div>
Please print full name <div style="border: 1px solid black; height: 20px; width: 250px; margin-top: 5px;"></div>	
The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes.	
Please print other names you have used <div style="border: 1px solid black; height: 20px; width: 250px; margin-top: 5px;"></div>	Social Security Number <div style="border: 1px solid black; height: 20px; width: 150px; margin-top: 5px;"></div>
Home Address <div style="border: 1px solid black; height: 20px; width: 250px; margin-top: 5px;"></div>	Date of Birth <div style="border: 1px solid black; height: 20px; width: 100px; margin-top: 5px;"></div>
Driver License Number <div style="border: 1px solid black; height: 20px; width: 150px; margin-top: 5px;"></div>	City <div style="border: 1px solid black; height: 20px; width: 100px; margin-top: 5px;"></div>
State <div style="border: 1px solid black; height: 20px; width: 50px; margin-top: 5px;"></div>	State <div style="border: 1px solid black; height: 20px; width: 50px; margin-top: 5px;"></div>
Name as it appears on License <div style="border: 1px solid black; height: 20px; width: 250px; margin-top: 5px;"></div>	Zip <div style="border: 1px solid black; height: 20px; width: 50px; margin-top: 5px;"></div>
Have you ever been convicted of a Crime?    No    Yes    If yes, please provide city and state of conviction and details of conviction. <div style="border: 1px solid black; height: 20px; width: 700px; margin-top: 5px;"></div>	

#### FAIR CREDIT REPORTING ACT NOTICE:

In accordance with the Fair Credit Reporting Act (FCRA, Public Law 91-508, Title VI), revised effective September 30, 1997 this information may only be used to verify a statement(s) made by an individual in connection with legitimate business needs. The depth of information available varies from state to state. Status of updates are available on request. Although every effort has been made to ensure accuracy, General Information Services, Inc. cannot act as guarantor of information accuracy or completeness. Final verification of an individual's identity and proper use of report contents are the user's responsibility. General Information Services, Inc.'s policy requires purchasers of these reports to have signed a Service Agreement. This assures General Information Services, Inc. That users are familiar with and will abide by their obligations as stated in the FCRA, revised effective September 30, 1997, to the individuals named in these reports. If information contained in this report is responsible for the suspension or termination of an employee or the application process, have the applicant/employee contact General Information Services, Inc.