



**PLEASE RETURN CONTRACT  
Along with a current copy of License**

**BY FAX, MAIL OR EMAIL TO:**

**THE INSURANCE GROUP  
9330 LBJ FREEWAY  
SUITE 350  
DALLAS, TEXAS 75243**

**(800) 460-5567**

**FAX: 214-666-3914**

**EMAIL: [contracting@theinsgroup.net](mailto:contracting@theinsgroup.net)**



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



## 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.



**Business Practices:**YesNo**“You” means yourself and any business in which you are, or were, an owner, partner, manager, director or officer.**

1. Have you ever had an insurance license or appointment, or securities registration, or an application for such denied, suspended, cancelled or revoked?		
2. Have you ever been arrested, convicted of, pled guilty, nolo contendere or no contest to, or received a deferred or suspended judgment or sentence for any felony or misdemeanor other than a minor traffic violation?		
3. Has a complaint against you involving insurance or securities ever been filed with any legal authority, insurance regulator, the NASD or SEC?		
4. Has any bonding company or errors & omissions liability insurance company ever denied your application for coverage, rescinded or terminated your coverage or paid a claim on your behalf?		
5. Are you now or have you ever been involved in any lawsuit, arbitration or mediation of a dispute or bankruptcy? Please provide documentation of current status.		
6. Is there now any unsatisfied judgment against you or any lien (including any tax lien) against you or any of your property?		

**If the answer is ‘yes’ to any of the above questions, please include a letter of explanation & all applicable court documentation.****The Violent Crime Control And Law Enforcement Act Of 1994**

The Violent Crime Control and Law Enforcement Act of 1994 (the “1994 Crime Act”) makes it a federal crime to (1) knowingly make false material statements in financial reports submitted to insurance regulators; (2) embezzle or misappropriate monies or funds of an insurance company; (3) make material false entries in the records of an insurance company in an effort to deceive officials of the company or regulators regarding the financial condition of the company; or (4) obstruct an investigation by an insurance regulator. THE 1994 CRIME ACT ALSO MAKES IT A FEDERAL CRIME FOR INDIVIDUALS WHO HAVE BEEN CONVICTED OF A FELONY INVOLVING DISHONESTY, BREACH OF TRUST, OR ANY OF THE OFFENSES LISTED ABOVE TO WILLFULLY PARTICIPATE IN THE BUSINESS OF INSURANCE. WILLFULLY PARTICIPATING IN THE BUSINESS OF INSURANCE INCLUDES ACTING AS AN INSURANCE AGENT. Penalties for violating the 1994 Crime Act include civil fines up to \$50,000 and imprisonment for up to 15 years.

Will you be in violation of the 1994 Crime Act if you act as an insurance agent?

 Yes No**Authorization For Release Of Information**

I hereby authorize the Company to obtain consumer reports or investigative consumer reports about me. I further authorize any employer, insurance company, general or managing agent, school, financial institution, consumer reporting agency, criminal justice agency, regulatory authority or individual having any information about me – including without limitation information regarding my past and present employment, academic record, record of arrest, conviction and regulatory sanctions, credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics and mode of living – to release such information to the Company or any consumer reporting agency that is preparing a consumer report or investigative consumer report about me for the Company. I understand that gathered information may be shared with my upline(s) for the limited purpose of rendering decisions affecting my appointment with the Company. Pursuant to the laws and regulations of the states of California, Minnesota and Oklahoma, I am hereby notified that a consumer report will be obtained through:

Vector One Operations, LLC  
PO Box 12368  
Scottsdale AZ 85267-2368

LexisNexis Risk Data Management, Inc.  
PO Box 7247-6157  
Philadelphia PA 19170-6157

General Information Services, Inc.  
PO Box 353  
Chapin SC 29036-0353

in connection with this application. The Vector Insurance Network will be checked for any reported outstanding debt with previous insurance companies. If a consumer credit report/investigative consumer report is obtained, I understand I am entitled to receive a copy. I also authorize the Company to continually obtain credit reports and consumer investigation reports in the future without prior approval by me and without notice by the Company for as long as I may be appointed with the Company.

**Certification:**

**I hereby certify that all of the information herein is accurate and complete. I acknowledge and agree that my appointment will, in part, be based on this Application for Appointment and background information, and any falsification, misrepresentation or omission of information may result in the withholding or withdrawal of any offer of appointment or the revocation of appointment by the Company whenever discovered. I acknowledge receipt of the Fair Credit Reporting Act Disclosure.**

\_\_\_\_\_  
Name (Please Print)

AGENT SIGN  
HERE

\_\_\_\_\_  
Signature

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



## General Agent's Contract

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

This Contract is made between United Home Life and/or United Farm Family Life Insurance Companies (collectively, the Company) as applicable, and its predecessors, successors and/or assigns ("we" and "us") and the person, firm or corporation named above ("you").

### 1. Relationship

You are an independent contractor. Nothing contained in this Contract may be construed to create an employer-employee relationship between you and us. You have no authority, express or implied, to act in any manner or by any means for or on behalf of us in any capacity other than that of an independent contractor, and you have no authority to act in any manner except herein expressly set forth.

### 2. Authority To Solicit

We hereby appoint you to act as our Independent General Agent, subject to the terms and conditions below, to procure applications for insurance products where the products have been approved for sale by the respective state authority and you have been properly licensed; to collect the first premium on each insurance or annuity policy applied for in accordance with our procedures, and immediately send same over to us; to deliver insurance and annuity policies as directed by us if the proposed insured is in good health, acceptable and insurable, and the first premium has been paid. You agree to comply with all applicable governmental statutes, regulations, rules, regulatory opinions, decisions and other laws in conducting insurance business, and with our rules, policies, guidelines, operating procedures, etc., that we publish from time to time. All applications for insurance contracts must be acceptable to us in our sole discretion, and our right of acceptance or rejection is absolute and unrestricted. You may not apply as an owner of any insurance policy on the life of a prospective customer, nor list yourself as beneficiary of any such policy unless you have a legitimate insurable interest in the life of the proposed insured as determined by appropriate law and by us. You may not make any representations, promises or warranties regarding product benefits or values, or any contract values not specifically stated in the insurance contract. You do not have the authority to alter, modify, waive or change any of the terms, rates, or conditions of our policies or contracts; to collect or receipt for premiums or renewals other than the first premium; to submit other than the full premium to us; to execute any contract in our name; to endorse checks made payable to us; to advertise or publish any matter or thing concerning us or our policies without advance permission from us; or to perform any act other than that expressly authorized in this Contract. You agree to notify us upon receipt of any customer complaint you or your agents receive concerning you or any of your agents, or us or any of our products, in accordance with any complaint handling policy, procedure or guideline as we may publish from time to time. You also agree to give your full and complete cooperation in responding to any customer complaint or inquiry and will promptly respond, in writing, if and when we so request.

### 3. Authority To Appoint Agents

You have the authority to recruit and recommend to us individuals to be appointed as our agents, subject to our approval. You may designate agents on whose production you are to receive compensation from us, in a form that is acceptable to us. You are responsible for the activities of any such agents on whose production you are entitled to receive and/or have received compensation from us (referred to as "your agents"). You are responsible for providing adequate and proper supervision and training to your agents, and for encouraging your agents' compliance with the terms and conditions of their appointment agreements and contracts with us and with all applicable governmental statutes, regulations, rules, regulatory opinions, decisions and other laws in conducting insurance business, and with our rules, policies, guidelines, operating procedures, etc., that we publish from time to time.

### 4. Commissions

Compensation will be paid in accordance with the appropriate commission schedule as modified by us from time to time, for production by you or your agents. We reserve the right to revise the commission schedule at any time, and from time to time at our sole discretion. You must obtain commission statements, schedule, and production information from our agent extranet website.

To the extent you are required by any state or federal law to disclose to a customer your compensation earned, you will abide by any and all such requirements in a timely manner. You must not engage in any type of compensation rebating.

No compensation or other fees will be paid on premiums waived under the provisions of any policy procured by you or any of your agents. Commissions will not be paid on premiums paid subsequent to the lapse of a policy unless that policy is reinstated solely through your efforts or the efforts of your agents. We have sole discretion as to the amount of any commissions to be paid on premiums we receive on sub-standard cases; for policies which must be reinsured; on first-year premiums for a policy applied for within one year, either before or after a policy on the same insured lapses or is reduced; on first-year premiums for a new policy issued by reason of the conversion or change of a policy; and on premiums for policies not included herein or which may be hereafter issued by us. Commissions on additional benefits such as premium waiver, accidental death, and payor benefits will be at the same percent as specified for the base policy to which the additional benefit is attached, except that our sole discretion governs commissions on the first-year premium for benefits added to an existing policy.

All commissions payable to you will be reduced by commissions we pay directly to your agents under your supervision and approved by us, or to their executors, administrators, surviving spouses or estates.

Upon termination for cause, no further compensation will be payable hereunder. Except as otherwise provided, first year and renewal commissions will be fully vested as premiums are applied. Upon termination with or without cause, no further service fee commissions or performance bonus payments, if any, will be payable.

**5. Vested Commissions**

In the event this Contract is terminated by either party for other than termination for cause, you will continue to receive the commissions payable from premiums on policies, where applicable, through the tenth (10<sup>th</sup>) policy year. Commissions after the tenth (10<sup>th</sup>) policy year are non-vested service fees and we have sole discretion in determining whether adequate servicing is being performed by you, and we have the right to reassign policyholders for the purpose of servicing.

**6. Forfeiture**

Should you at any time endeavor to induce agents to discontinue their contracts with us, our policyholders to surrender or replace their policies, withhold any property belonging to us after demand for its relinquishment has been made by us, willfully misappropriate funds belonging to us, commit any other fraud against us or our policyholders, or have your license to act as an insurance agent or broker revoked for cause after an opportunity for a hearing by the Insurance Department of any state, then you will forfeit any and all commission interest acquired under this or any other contract with us.

**7. Indebtedness And Liability For Agent Accounts**

You are responsible for expenses and debts to us that you and your agents incur. Any sum that may be advanced to you or your agents by reason of the provisions in this Contract, or otherwise, will be and becomes your debt to us, due and payable immediately on demand. We may offset against any amounts payable to you any debt or debts now due or that may become due at any time and such debt or debts will be a first lien thereon. No extension of time for payment of any such indebtedness or modification of the amount of same which may be granted by us shall waive our rights.

You are jointly and severally liable with each of your agents to us for all monies advanced by us to your agents at your request and all liabilities existing under your agents' contracts, and our books and records are exclusive evidence of such accounts and liabilities. In order to secure the payment of all such monies and liabilities which may become due hereafter, you hereby assign to us as collateral all amounts due and to become due you as overwrites on business from each of your agents together with all notes of your agents which now exist or may hereafter exist and be payable to you.

**8. Refunds**

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

**9. Assignment**

No assignment of any commissions, any other amounts, or any portion thereof, due or that becomes due to you will be valid unless authorized in advance in writing by an officer of the Company, and any authorized assignment is subject to any and all of your indebtedness to us then or thereafter existing.

**10. Amendment**

This Contract cannot be changed by any verbal promise or statement by whosoever made, and no written modification or change will bind us unless it is signed by an officer of the Company authorized to do so, and expresses an intention to modify or change this Contract. Subsequent amendments to this Contract may be made by us through preparing and transmitting to you such an amendment.

**11. Legal Proceedings**

You shall not take legal proceedings in connection with any matter pertaining to our business without the written consent of an officer of the Company.

**13. Sole Agreement**

This Contract is the entire agreement and contract between the parties and supersedes any and all previous agreements or contracts between the parties hereto which pertain to the solicitation of applications for any insurance or annuity policy mentioned herein and the payment of commissions or premiums therefore; provided, however, your right to commissions from premiums on policies issued by us under a previous contract with you is not hereby impaired.

**14. Termination**

If, having carried forward in your commission account with us any indebtedness owed by you as determined in Section 7 of this Contract, following a period of eight (8) consecutive weeks of no first-year commissions paid, or to be paid as due, by us to you or to any agents for which you are eligible to receive commissions from us, we have the right to terminate this Contract for cause.

This Contract will terminate upon your death, or either party may terminate the same by written notice to the other party, either delivered personally, or mailed to the last known address of the party to be notified.

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



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 at <http://www.ftc.gov/os/2004/07/040709fcraappxf.pdf> 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 made, 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

**NOTE: You will receive an actual check the payday following an account change.**

1. You may select up to three different Bank Accounts with Direct Deposit. Please complete the appropriate number of accounts you wish to use below. Please be sure to indicate if the account is a savings or checking. Also, indicate if the deposit will be a fixed amount, percentage of net, or net amount.
2. FOR A CHECKING ACCOUNT – A photocopy of a check or a cancelled check **MUST** accompany this authorization form.
3. FOR A SAVINGS ACCOUNT – A photocopy of savings account identification card **MUST** accompany this authorization form.

I hereby authorize United Home Life and United Farm Family Life Insurance Companies, hereinafter collectively called the COMPANY, to initiate credit entries or complete necessary adjusting entries to my **CHECKING or SAVINGS** account indicated below and the financial institution named below to credit the same to such account. This authority is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY a reasonable opportunity to act on it.

PLEASE PRINT      PLEASE PRINT      PLEASE PRINT      PLEASE PRINT      PLEASE PRINT      PLEASE PRINT

<b>DEPOSIT ACCOUNT #1</b>	This is <input type="checkbox"/> New Account	This is <input type="checkbox"/> Change
Financial Institution _____		<input type="checkbox"/> Checking
City _____ State _____ Zip Code _____		<input type="checkbox"/> Savings
Bank Transit/ABA Number _____ Account Number _____		
Name _____ Social Security No. _____	% _____	Per Pay
<b>Signature</b> _____ Date _____		

<b>DEPOSIT ACCOUNT #2</b>	This is <input type="checkbox"/> New Account	This is <input type="checkbox"/> Change
Financial Institution _____		<input type="checkbox"/> Checking
City _____ State _____ Zip Code _____		<input type="checkbox"/> Savings
Bank Transit/ABA Number _____ Account Number _____		
Name _____ Social Security No. _____	% _____	Per Pay
<b>Signature</b> _____ Date _____		