

Agent Contracting Checklist

Use the checklist and form completion guidelines below as a reference. Proper completion and submission of the necessary forms will help expedite the processing of your appointment.

- Contract/Appointment Application:** Individual Agent Appointment: List your legal name as shown on your resident license when completing all paperwork. Make sure to sign and date the Contract/Appointment Application form. Individual agents may leave the Corporate Information section blank. *Corporate Appointment:* Complete both the Personal Information and Corporate Information sections. Remember to include both the SSN for the individual and Tax ID# for the Corporation.
- Product Appointment Request Form:** Check which products you are requesting appointment (required form)
- GTL General Agent Agreement:** After reviewing the agreement, sign page 8. If being appointed as a corporation, print the corporate name above the "Print Name on License" line and **sign your name above the "GA Signature" line**. Only the signed page 8 of the GTL General Agent Agreement needs to be submitted along with the rest of your contracting paperwork.
- Advanced Commission Finance Agreement: (Subject to GTL Approval)**
After reviewing the agreement, complete and sign page 2 if requesting advance commissions.
- Direct Deposit/EFT: (Mandatory):** Commission payments are directly deposited via electronic funds transfer (EFT) into your checking or savings account. Please complete the Automatic Deposit Payment Plan form and include a copy of a voided check or savings account statement.
- State Background Check Form: (GA and MS only)**
- Insurance License(s):** Submit a copy of your resident license and non-resident license(s) under which you will be submitting business. For Corporate Appointments, submit corporate license(s) along with the applicable individual license(s). GTL will complete your appointment and pay your initial resident state appointment fee upon receipt of your first submitted business, except as explained in the next paragraph. Pre-appointment states only (FL and PA): FL will require the \$60 pre-appointment fee if you do not have at least one other carrier appointment. PA appointment fee is \$15 (\$30 Sept. through Dec.). Please make check for state appointment fee payable to GTL and mail along with all other appointment documents.

After completing the paperwork, you may fax, email or mail to GarityAdvantage:

Fax #: 339-469-8155

Email: contracting@garityadvantage.com

Mailing address:

GarityAdvantage Brokerage
ATTN: Contracting Dept.
17 Accord Park Drive, Suite 107
Norwell, MA 02061



GUARANTEE TRUST LIFE INSURANCE COMPANY

1275 Milwaukee Avenue • Glenview, Illinois 60025

847-699-0600 • www.gtlic.com

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 _____

► **Corporation Information**

8. Company Name _____ Fed. ID # _____

Company Insurance License # _____ (Copy Required)

Indicate other Principal Parties in Partnership or Corporation, 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? Yes No

11. Been a defendant in a lawsuit? Yes No

12. Any outstanding and/or unsatisfied judgments or liens against you? Yes No

13. Ever been involved in a business venture that failed? Yes No

14. Any outstanding debt(s) with any insurance company or companies? Yes 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. Current Employer: _____
Contact Person: _____ Phone # _____ Start Date _____
27. Current 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 _____

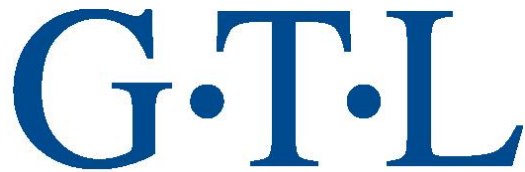
Fair Credit Reporting Act (FCRA) — Public law requires that we advise you that a routine inquiry by accessing public records, may be made which will provide applicable information concerning your character, general reputation, personal characteristics, and mode of living. By signing below, you understand 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** _____ Date _____

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

- Recruiting General Agent Name: Garity Associates Code # FXD00
- 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 _____ 1st Yr. Commission Rate ugg"cwcej gf %



Product Appointment Request Form

Name: _____

GTL Agent Code (if existing agent): _____

Add the following product appointments to my GTL Contract*:

- _____ CHS Protection Plus
- _____ Hospital Indemnity
- _____ Medicare Supplement
- _____ Recover Cash
- _____ Short Term Home Health Care

Agent Signature

Date

* Product will be added if available in your licensed state(s)

After completing the paperwork, you may fax, email or mail to GarityAdvantage:

Fax #: 339-469-8155

Email: contracting@garityadvantage.com

Mailing address: GarityAdvantage Agency
ATTN: Contracting Dept.
17 Accord Park Drive, Suite 107
Norwell, MA 02061

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

BY: _____

Title

SENIOR VICE PRESIDENT
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: _____%



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.



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

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.

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"/> Other ▶	<input type="checkbox"/> Exempt from backup withholding
	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.

Social security number								

OR

Employer identification number								

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

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. person (including a U.S. resident alien).

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 ▶
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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.

U.S. person. 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.

In 3 above, 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.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

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,