

Selling Agreement for **AMERICO**

Required Paperwork:

1. Complete the following (3) pages
2. Copy of Insurance License
3. Copy of E&O Insurance
(if your E&O is in the agency name we must have a letter from the E&O carrier stating you are covered)
4. Commission Advancement Application (available upon request)
5. Anti-Money Laundering Training Requirements*
 - AML training was completed via LIMRA on ___/___/___ : or,
 - AML training was completed via an independent program (completion certificate attached).
 - I understand that once my contract has been processed by the home office I will also be required to complete the carrier specific training on the LIMRA website.

*If you have not met your AML training requirement or need to complete the carrier specific training, please visit sunderlandgroup.com for the LIMRA training link.

Remit Paperwork to:



Fax: 800.293.9897
E-mail: licensing@sunderlandgroup.com
Mail: 2102 Great Northern Drive
Fargo, ND 58102

Questions Call
800.373.9807



AGENT/AGENCY APPLICATION

INDIVIDUAL OR LICENSED AGENCY MEMBER (Please print in black ink or type)

52675 (04/08)

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

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

AGENCY - Each licensed member must complete an application.

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

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

Form with fields: Name, Title (repeated for multiple owners/officers).

BACKGROUND

Yes No

Background questions with Yes/No checkboxes: Are you indebted to any Insurance Company/Agency/Manager? Have you ever filed bankruptcy? Do you have any outstanding judgments or liens? Are you currently charged with or have you ever been convicted* of a crime... Have you ever been refused a bond? Have you ever had a license refused/suspended/revoked... Have you had any complaints filed against you...

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

*Convicted includes a guilty verdict, withdrawn plea, probation, nolo contendere plea, suspended sentences, or fines.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

E&O COVERAGE

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

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

LICENSES

A copy of your current resident license must be attached. If you plan to write outside of your resident state, please attach your non-resident license(s) to secure a non-resident appointment before business is submitted and include the proper appointment fees. Non-resident appointments will not be processed until proper appointment fees are submitted.

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

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

AUTHORIZATION FOR ELECTRONIC FUNDS TRANSFER (DIRECT DEPOSIT)

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

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

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

REPRESENTATIONS AND AGREEMENTS

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

AGENT'S DECLARATION AND AUTHORIZATION

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

I understand and agree to the terms of that document known as the Agent Agreement with Americo Life, Inc. Affiliates, (form No. SMC-010100 (09/06), which is incorporated into and made a part hereof by this reference, and agree that all obligations imposed thereunder shall survive the termination of such Agent Agreement.



Agent's Signature (Required)

Date (Required)

Agent's Name (Printed)

Recruiting Agent's Signature

Recruiting Agent Code