

Required Paperwork*:

1. Complete the following (2) pages
2. Copy of Insurance License
3. Copy of EFT/Void Check

Remit Paperwork to:



Fax: 800.293.9897

E-mail: licensing@sunderlandgroup.com

Mail: 2102 Great Northern Drive
Fargo, ND 58102

*Anti-Money Laundering (AML) Training must be completed online. Carrier sections must be completed to become appointed and/or paid commission. To access AML Training go to www.sunderlandgroup.com

800.373.9807



CONSECO MARKETING, LLC CONTRACT APPLICATION

Please check applicable company(ies):

- Conseco Insurance Company (CIC)
- Washington National Insurance Company (WNIC)

- Conseco Life Insurance Company (CLIC)
- Conseco Health Insurance Company (CHIC)

TYPE OR PRINT

Appointment Type: Individual Corporate
Corporation Name: _____

Name: _____

Social Security #: _____

Tax ID: _____

Birth Date: _____

Mailing Preference: Home Business

Home Address: _____

Business Address: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Business Phone: _____

Fax Number: _____

E-Mail: _____

For which states do you wish non-resident appointments? _____

(attach copy of current licenses; fees required for non-resident appointments for health life and annuity companies.)

Errors and omissions coverage? Yes or No If yes, please provide name of carrier and amount: _____

BACKGROUND – Please provide a complete explanation of any “yes” answers on a separate sheet:

1. Have you ever had your insurance license or securities license suspended or revoked or have you ever had any application for an insurance license denied by any insurance department? Yes No
2. Have you ever pled guilty or nolo contendere to or been found guilty of a felony or a crime including but not limited to crimes involving dishonesty, breach of trust, or a violation of any federal law or are you now under indictment? Yes No
3. Have you ever had a complaint filed against you with an insurance department, NASD or other regulatory agency or do you anticipate one being filed or have you ever been terminated by any company for cause? Yes No
4. Are you at the present time involved in any litigation or are there any unsatisfied judgments or liens (including state or federal tax liens) against you? Yes No
5. Do you owe an insurance company or other person for any premiums collected or money advanced? Yes No
6. Has any company or other person alleged that it has not received premiums or other monies due such company or person from you? Yes No

CONDITIONS AND AGREEMENTS

I have thoroughly reviewed this application and have answered all questions to the best of my knowledge. By signing below, I hereby attest to all matters set forth above and agree to all matters set forth below. I hereby agree that if and when any or all of the companies issue to me Sales Representative Agreement CI-339 (1-07) and Exhibit (a) for which I hereby apply, I will be bound by Agreement CI-339 (1-07) and Exhibit (a). I understand that my supervising office has specimen forms of Agreement CI-339 (1-07) and Exhibit (a) on file and I have had the opportunity to review Agreement CI-339 (1-07) and Exhibit (a). Submitting to the company any application for an insurance policy or annuity contract shall constitute my agreement to Agreement CI-339 (1-07) and Exhibit (a), and all of the terms, conditions, and provisions set forth therein. I acknowledge that by signing this Contract Application and by submitting any such insurance application for an insurance policy or annuity contract, I have so agreed to Agreement CI-339 (1-07) and Exhibit (a) and no further signature by me shall be necessary. FORM W-9. I hereby certify that (1.) The payee's TIN is correct; (2.) The payee is not subject to backup withholding due to failure to report interest and dividend income.

* (Note: You must mark out #2 if you are subject to backup withholding) (3.) The payee is a U.S. person. 23UE001

I have executed this Contract Application as evidence of the understanding, acceptance and consent of its terms, and I agree that I will not solicit business until I receive notification from the Company that this acknowledgment has been approved. I understand that, as a part of its approval process, the Company may obtain an investigative consumer report which will contain information regarding my character, general reputation, credit history, personal characteristics and mode of living. I hereby authorize the Company to obtain such a report and share findings with others who have a business need to know or who are in a business or contractual relationship with Conseco Marketing, LLC.

Applicant Signature  _____ Date: _____

TO BE COMPLETED BY THE IMO/FMO:

IMO/FMO: _____

New Agent Reports Directly to: _____ Agent Number: _____

Contract Level for appointed agent: **CIC:** Annuity _____ Life _____ Cancer _____ Med Supp _____ Vesting Option _____
CLIC: _____ **CHIC:** _____ **WNIC:** _____



Agent Information

Name on Contract _____

Address _____

City _____ State _____ Zip _____

Phone Number _____

Note: only one of the following fields needs to be completed. Please provide the Social Security or Tax ID number if you would like ALL of your agent numbers under that ID updated. If not, please list only the Agent Number(s) to be updated.

Social Security Number or Tax ID on Contract _____

Agent Number(s) _____

Bank Information

Bank Name _____

ABA Routing Number _____

Bank Account Number _____

Checking Account Savings Account

Sue & Bob Agent 1234 Main St. Anytown, USA 10000	Date _____	1234
Pay to the order of: _____	\$ <input type="text"/>	↑
		Dollars
Anytown Bank Anytown, USA 10000 For _____	ABA Routing Number	Bank Account Number
	250250025	0500454613
	1234	1234

ABA Routing Number: The routing number must be nine digits. The first digits must be 01 through 12 or 21 through 32. Do not use a deposit slip to verify the number because it may contain internal routing numbers that are not part of the actual routing number. If your bank has recently had a merger or name change, please confirm your routing number.

Bank Account Number: The account number can be up to 17 digits and include numbers and letters. Omit hyphens, spaces, and special symbols. Be sure not to include the check number.

Signature  _____ **Date** _____

Please return to:
Commission Accounting
P.O. Box 1956
Carmel, IN 46082-1956
Or fax to (317) 817-2855

Please allow 7 business days for your request to be processed.
Please note that EFT transmissions can take up to 72 hours to be posted to your account.