

Selling Agreement for



Medicare Supplement

Loyal American
United Teachers Association

Required Paperwork:

1. Complete the following (4) pages
2. Copy of Insurance License
3. Void Check
4. State Appointment Fee (payable to Great American – if appointing with both UTA & Loyal you need to submit 2 fees)
5. 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)
6. Commission Advancement Application (available upon request)
7. 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



Please check each company you wish to be contracted and appointed with:
 Great American Life Insurance Company® Central Reserve Life Insurance Company
 United Teacher Associates Insurance Company Continental General Insurance Company
 Loyal American Life Insurance Company® Provident American Life & Health Insurance Company
 States you wish to be appointed in: _____

**PROSPECTIVE ASSOCIATE'S
APPLICATION AND PROFILE**

I. PERSONAL INFORMATION

Full Name _____
First Middle Last
 Date of Birth ____ / ____ / ____ Gender _____ SSN _____
 Residence Address _____
Street City State Country Zip
 Mailing Address _____
Street City State Country Zip
 Phone (____) _____ Fax (____) _____ Email: _____

All issued policies will be mailed directly to the agent unless the following box is checked: Mail Policies to Policy Owner

II. BUSINESS and LICENSE INFORMATION (Please attach copies of current licenses in all states you wish to be appointed.)

Please fill out all information. We require that all Associates have E&O coverage.

Do you currently have E & O Coverage Yes No If "Yes," attach declaration page to application
 Are you registered with the FINRA? Yes No
 If "Yes," current Broker/Dealer affiliation: _____ List CRD Number: _____
 Last completion date of Anti-Money Laundering training? _____ (Please include a certification of your completion.)
 Make commissions payable to: Individual Corporation
 Are you applying for an advance? Yes 12 MO 9 MO 6 MO No Advances may vary by company; refer to your company commission schedule.
 Are you an owner, partner, director or officer of any business? Yes No
 If "Yes," please attach a separate piece of paper listing the incorporated name of the business (or DBA name), its tax identification number (TIN), complete address and state of incorporation.

AGENCY/CORPORATE DATA (complete only if you want to be appointed as an agency or corporation). Corporation must be licensed with resident state in order to receive commission.

Agency/Corporate Name: _____ Corp. Tax I.D. Number: _____
 Mailing Address _____
Street City State Country Zip
 Phone (____) _____ Fax Number (____) _____ Email Address: _____

III. BACKGROUND INFORMATION

Please answer all questions. **If you answer "Yes" to any of the questions, please attach a separate sheet with details.**

	Yes	No
1) Are you or have you ever been appointed with Central Reserve Life Insurance Company, Continental General Insurance Company, Great American Life Insurance Company, Loyal American Life Insurance Company, Provident American Life & Health Insurance Company, and/or United Teacher Associates Insurance Company?	<input type="checkbox"/>	<input type="checkbox"/>
2) Are you currently charged with or have you ever pled guilty or no contest to, or been convicted of, any crime (excluding minor traffic offenses and including disclosure of expunged or sealed records?)	<input type="checkbox"/>	<input type="checkbox"/>
3) Are you now or have you ever been the subject of any lawsuit, claim, investigation or proceeding alleging breach of trust or fiduciary duty, forgery, fraud, or any other act of dishonesty?	<input type="checkbox"/>	<input type="checkbox"/>
4) Have you ever had your agent's license or registration suspended or revoked, or are you now, or have you ever been the subject of any professional license/registration or market conduct investigation, claim or proceeding?	<input type="checkbox"/>	<input type="checkbox"/>
5) Have you ever been involuntarily terminated or permitted to resign from employment or from an agent or representative appointment, with any insurance or other financial services company other than for lack of production?	<input type="checkbox"/>	<input type="checkbox"/>
6) Has a bonding, surety or E&O provider denied an application or claim, made payment for you or terminated coverage?	<input type="checkbox"/>	<input type="checkbox"/>
7) Are you delinquent in any personal or business financial obligations, or does any insurance or financial services company hold a claim against you for commission debit balances?	<input type="checkbox"/>	<input type="checkbox"/>
8) Are there any outstanding judgments, liens or claims against you, including delinquent tax obligations, or have you or any business in which you were or are an owner, partner, officer or director, ever filed bankruptcy? BANKRUPTCY DISCHARGE/DISMISSAL DATE _____	<input type="checkbox"/>	<input type="checkbox"/>
9) At any time during the past 10 years have you, or any business, in which you were an owner, partner, officer or director, been involved in any regulatory, civil or criminal matters not disclosed above?	<input type="checkbox"/>	<input type="checkbox"/>

Direct Deposit/Automatic Draft Agreement

I hereby authorize the affiliates of Great American Supplemental Benefits Group (GASBG) to deposit any amounts advanced or owed to me by initiating credit entries to my account at the financial institution (hereinafter "Bank") noted on this form. I authorize the bank to accept and to credit these entries to my account. In the event GASBG erroneously deposits funds into my account, I authorize GASBG to debit my account to recover these erroneous deposits. **I further authorize GASBG to initiate electronic debit entries to my account for the payment of my appointment fees (the entry will appear with a description of "GR AM SUP GRP").** This authorization shall remain in full force until GASBG and Bank have received written notice from me of its termination in such time and manner as to afford GASBG and Bank reasonable opportunity to act on it.

Agt. Name: _____ Agent No.: _____ Checking Savings
 Bank Name: _____ Routing No.: _____ Acct. No.: _____

Assignment of Commissions (if applicable) Complete this section only if commissions are to be paid to another agent or agency other than the applicant.

For the value received, I _____ (assignor) of the city of _____, State of _____

Do hereby assign, transfer and set over to : _____ (assignee) _____ (TIN or SSN)

with address of _____

Its successors and assigns, my rights, title and interest in the first year and renewal commission which shall accrue to me under my GASBG contract. I further certify there is no previous assignment or assignments nor had any bill of sale of these commissions or any part thereof been previously made by me to any other person or persons, nor is there any claim against such commissions outstanding. I do for myself, my executors or administrators, guarantee the validity of the foregoing assignment.


IV. NOTICE

I certify that the information contained herein is true and complete to the best of my knowledge and belief. I further understand that failure to provide true and complete information may result in the denial of this request for appointment and/or subsequent termination thereof. I authorize the Company to conduct an investigation concerning my qualifications for appointment including my character, general reputation, credit worthiness, and personal traits and release any person and/or companies contacted from all liability with respect to the information given. I authorize the Company to investigate me now and at any time while I am contracted with the Company and to share any information obtained with: affiliated companies, appointing agent up-line management and Company management. I further understand that the Company may deny my request for appointment, and may subsequently cancel or rescind my appointment, at its sole discretion. I agree that a photocopy of this authorization and release shall be as valid and binding as an original. I understand and agree that, unless otherwise allowed by law, I am not authorized to solicit business for the Company until my license and appointment have been secured. I certify that I have read and fully agree to the terms and conditions set forth in the Associates Agreement (Form # GASBG-8-0001) including Section 20 which sets forth the terms and provisions relating to Mandatory Mediation, and Mandatory Binding Arbitration, and if I have requested advance commissions, I have read and fully agree to the terms and conditions set forth in the Advance Pledge Agreement (Form # GASBG-8-0001b) and Promissory Note (Form # GASBG-8-0001c) attached to this Application and I hereby agree to be bound by all terms and conditions of said Agreement(s). Under penalty of perjury, I certify that the Social Security Number or taxpayer identification number shown on this form is my correct taxpayer identification number and I am not subject to backup withholding by the Internal Revenue Service.

For Maine Applicants Only – Upon request, you will be informed whether or not a consumer report was requested, and if such report was requested, the name and address of the consumer reporting agency furnishing the report. Maine residents will be provided a copy of your rights under the Maine Fair Credit Reporting Act.

For Washington Applicants Only – The consumer reporting agency which furnished the report is Business Information Group, P.O. Box 286, Marlton, N.J. 08053; for consumer compliance officer contact 800-260-1680.

For California, Minnesota & Oklahoma Applicants Only – A consumer credit report will be obtained through Business Information Group, P.O. Box 286, Marlton, N.J. 08053. If a consumer credit report is obtained, I understand that I am entitled to receive a copy. I want a copy _____ (initials); I do not want a copy _____ (initials). If an investigative consumer report and/or consumer report is processed, I understand I am entitled to a copy. I want a copy _____ (initials); I do not want a copy _____ (initials). * California applicants: If you choose to receive a copy of the consumer report, it will be sent within three (3) days of the employer receiving a copy of the consumer report and you will receive a copy of the investigative consumer report within seven (7) days of the employer’s receipt of the report (unless you elected not to get a copy of the report).

Signature of individual soliciting appointment  _____ Date _____

Signature of Corporate Officer (if applicable)  _____ Date _____

To be completed by Recruiter Agent

In consideration of the Company executing this application at my request, the undersigned does personally guarantee the performance of all terms, conditions and covenants of the Associate’s Agreement, including the Associate Promissory Note and Associate Advance and Pledge Agreement attached to this Application and assumes personal liability and responsibility for any default in said terms, conditions and covenants. I understand that any and all commissions, both first year and renewal owing to me now or in the future under any contract I have entered into with the Company are hereby assigned as security for the repayment of sums guaranteed by my endorsement hereon and that I am personally responsible upon demand for monies owing hereunder. This guarantee shall survive the termination of any contractual relationship between the affiliates of the Company and the Agent or Appointing Agent.

Printed Name of Appointing Agent _____ Prospective Associate’s Commission Level _____

Signature of Appointing Agent _____ CRL _____ CGI _____ GALIC _____

Agent Number _____ Date _____ Loyal _____ UTA _____ PALHIC _____

STATE APPOINTMENT FEE PAYMENT

State appointment fees are required at the time of initial appointment with the insurance company. Separate fees are required for each insurance company you will represent. Payment of the appointment fees may be made by check. You must submit the appointment fee for each state. Submit a check made payable to **Great American** for the total appointment fees. Appointments will not be processed until the fees are received.

We are pleased to offer you the option to pay for your state appointment fees through automatic debit from your bank account. Your state appointment fees will be automatically deducted from your checking or savings account. This eliminates the need for you to write a check for these fees and allows us to better service your account.

ST	STATE	Resident Appointment Fee	Non-Resident Appointment Fee
AL	ALABAMA		\$30.00 EACH
AK	ALASKA		No Fee
AZ	ARIZONA		No Fee
AR	ARKANSAS		No Fee (SIC pays \$20.00)
CA	CALIFORNIA		\$24.00 EACH
CO	COLORADO		No Fee
CT	CONNECTICUT		\$20.00 EACH
DC	DISTRICT OF COLUMBIA		\$25.00 EACH
DE	DELAWARE		\$25.00 EACH
FL	FLORIDA	\$60.00 EACH	\$60.00 + \$6.00/county EACH
GA	GEORGIA		\$10.00 EACH
HI	HAWAII		No Fee
ID	IDAHO		No Fee
IL	ILLINOIS		No Fee
IN	INDIANA		No Fee
IA	IOWA	CGI: \$8.00; UTA: \$8.00; CRL, PALHIC, GALIC & LOYAL:\$20.00 EACH	
KS	KANSAS		\$5.00 EACH
KY	KENTUCKY	Agent \$40.00 EACH; Agency \$100.00 EACH;	Agent \$50.00 EACH Agency \$120.00 EACH
LA	LOUISIANA		\$20.00 EACH
ME	MAINE	\$30.00 EACH	\$70.00 EACH
MD	MARYLAND		No Fee
MA	MASSACHUSETTS		\$75.00 EACH
MI	MICHIGAN		\$5.00 EACH
MN	MINNESOTA		\$10.00 EACH
MS	MISSISSIPPI		\$25.00 EACH
MO	MISSOURI		No Fee
MT	MONTANA		No Fee
NE	NEBRASKA	CGI \$20.00, UTA \$8.00, CRL, PALHIC, GALIC & LOYAL \$20.00	
NV	NEVADA		\$15.00 EACH
NH	NEW HAMPSHIRE		\$25.00 EACH
NJ	NEW JERSEY		\$25.00 EACH
NM	NEW MEXICO		\$23.00 EACH (per L&H, per variable, etc)
NY	NEW YORK		No Fee
NC	N CAROLINA	L = \$20, H = \$20, Med Supp = \$10 & LTC = \$10*	
ND	N DAKOTA		\$10.00 EACH
OH	OHIO		\$20.00 EACH
OK	OKLAHOMA		\$40.00 EACH
OR	OREGON		No Fee
PA	PENNSYLVANIA		\$15.00 EACH
PR	PUERTO RICO		No Fee
RI	RHODE ISLAND		No Fee
SC	S CAROLINA		No Fee (SIC pays \$40.00)
SD	S DAKOTA	\$10.00 EACH	\$20.00 EACH
TN	TENNESSEE		\$15.00 EACH
TX	TEXAS		\$10.00 EACH
UT	UTAH		No Fee
VI	VIRGIN ISLANDS		\$20.00 EACH
VT	VERMONT		\$60.00 EACH
VA	VIRGINIA		\$12.00 EACH
WA	WASHINGTON		\$20.00 EACH
WV	W VIRGINIA		\$25.00 EACH
WI	WISCONSIN	\$7.00 EACH	\$24.00 EACH
WY	WYOMING		\$15.00 EACH

* On 1/1/09 NC state appt fees will change to \$10.00 per line of authority.

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"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ _____ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
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.

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

Social security number

or
Employer identification #

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. citizen or other U.S. person (defined below).

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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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

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.

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. 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.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

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,

ASSOCIATE PROMISSORY NOTE

FOR VALUE RECEIVED, the undersigned ("Maker") promises to pay to the order of **Central Reserve Life Insurance Company, Continental General Insurance Company, Great American Life Insurance Company[®], Loyal American Life Insurance Company[®], Provident American Life & Health Insurance Company** and/or **United Teacher Associates Insurance Company** (collectively, along with their successors and assigns, the "Company") with joint offices at 11200 Lakeline Blvd., Ste 100, Austin, Texas 78717-5964 (collectively, along with any successor holder hereof, the "Company"), the aggregate amount of all sums from time to time advanced by or on behalf of Company to Maker or for the benefit of Maker or to Maker's Subagents (as defined in the Associate Agreement (defined hereinafter)) or for the benefit of Maker's Subagents, all as reflected in all of Maker's accounts (collectively, "Account") on the books of Company, or otherwise owed by Maker or its Subagents to Company, with interest on the principal balance from time to time remaining unpaid until this Note shall have been paid in full at the rate hereinafter provided. Maker and Company have entered into an Associate Agreement of even date herewith (including any addenda, modifications, extensions, renewals and substitutions thereof, the "Associate Agreement"), and this Note is executed and delivered pursuant to the terms of the Associate Agreement. Maker agrees and acknowledges that all amounts advanced or deemed advanced to Maker or its Subagents by Company pursuant to the Associate Agreement or otherwise, whether for fees, charge-backs, dues, interest, commission advances or any other charges to the Account, shall be deemed to be advances of principal by Company to Maker payable pursuant to this Note.

Interest Rate. The unpaid principal balance from time to time outstanding hereunder shall bear interest, until the maturity of this Note (whether by demand, acceleration or otherwise), at a rate equal at all times to one percent (1%) per month. With respect to each Advance hereunder, interest shall accrue from the date of such Advance until the date that such Advance has been paid in full. Interest will be calculated and added to the Associate's indebtedness monthly.

Payment. The unpaid amounts of both principal and interest outstanding under this Note shall be due and payable on demand by Company, but if no demand has theretofore been made then demand shall be deemed to have been given by Company immediately upon any termination of the Associate Agreement. Without limiting the generality of the foregoing sentence, the outstanding principal and accrued interest hereunder shall be repaid from time to time with the commissions earned by Maker and received by Company pursuant to the terms of the Associate Agreement and the Pledge Agreement (as defined below). Any payment due under this Note shall be made to the order of Company and sent to the address of Company as first set forth above, or to such other entity or at such other place as Company may from time to time designate in writing to Maker.

Prepayment. The principal or interest of this Note may be prepaid from time to time, in whole or in part, without premium or penalty. All prepayments shall be applied first to accrued by unpaid interest and then to principal.

Default Interest. After the maturity hereof (whether by demand, acceleration or otherwise) or after a default hereunder, all principal, and if permitted by applicable law all past due interest, shall bear interest at the lesser of eighteen percent (18%) per annum or the highest rate permitted by applicable law.

Default. Without in any way limiting the demand provisions hereof, the occurrence of any of the following events shall be considered a default hereunder:

- a. the failure of Maker to make timely payment of any principal or interest due hereunder;
- b. a failure of Maker to perform any covenant or provision of the Associate Agreement or any other agreement between Maker and Company or any of its affiliates or breach of any duty owed by Maker to Company or any of its affiliates
- c. the bankruptcy or insolvency of, the assignment for the benefit of creditors by, or the appointment of a receiver for any of the property of, Maker;
- d. termination for any reason of the Associate Agreement; or
- e. the death of Maker (if an individual) or dissolution of Maker (if an entity such as corporation, limited liability company, partnership, etc.).

At the option of the holder of this Note, upon the occurrence of any default or at any time thereafter, the entire outstanding principal balance and all accrued unpaid interest and all other amounts due hereunder, and under the Pledge Agreement and the Associate Agreement shall at once become due and payable, without presentment, demand, protest, notice or grace, and the holder may, in addition to all its other rights and remedies, report Maker's name and account information to credit reporting agencies.

The failure to exercise the foregoing options upon the happening of one or more of the foregoing defaults shall not constitute a waiver of the right to exercise any of said options at any subsequent time in respect of the same default or any other default. The acceptance by the holder of this Note of any payment hereunder which is less than the payment in full of all amounts due and payable at the time of such payment shall not constitute a waiver of the right to exercise any of said options at the time or any subsequent time or nullify any prior exercise of any such option.

Attorney's Fees. If this Note is not paid at maturity (whether by demand, acceleration or otherwise), or if it is collected by or through an attorney or any bankruptcy, probate, or other court, whether before or after any such maturity, Maker shall pay all costs of collection incurred by the holder hereof, including but not limited to reasonable attorneys' fees.

Waiver of Notice and Consent. Maker waives presentment, notice of dishonor, notice of intention to accelerate the maturity hereof, diligence in collecting, grace, notice and protest, and Maker consents to all extensions which from time to time may be granted by the holder hereof and to all partial payments hereof, whether before or after maturity (whether by demand, acceleration or otherwise).