

# Selling Agreement for



## Required Paperwork:

1. Complete the following ( 3 ) pages
2. Copy of Insurance License
3. Commission Advancement Application (available upon request)
4. 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](http://sunderlandgroup.com) for the LIMRA training link.

## Remit Paperwork to:



**Fax:** 800.293.9897  
**E-mail:** [licensing@sunderlandgroup.com](mailto:licensing@sunderlandgroup.com)  
**Mail:** 2102 Great Northern Drive  
Fargo, ND 58102

**Questions Call**  
**800.373.9807**

**Agent's Application**  
**IMPORTANT: Sign and return Form SD-274**  
**Notification/Release of Information form.**

PLEASE PRINT OR TYPE ALL INFORMATION MUST BE FURNISHED

<b>P E R S O N A L</b>	1.	YOUR NAME IN FULL			2.	S.S. NO.				
	3a.	RESIDENCE STREET ADDRESS			3b.	COUNTY				
	3c.	CITY	3d.	STATE	3e.	ZIP	4.	BIRTHDATE	5.	SPOUSE'S FIRST NAME
	6.	HOME PHONE ( )	7.	CELL PHONE/FAX NUMBER (CIRCLE ONE) ( )	8.	E-MAIL ADDRESS				
	9.	<b>HAVE YOU EVER BEEN CONVICTED OF A FELONY INVOLVING DISHONESTY OR BREACH OF TRUST?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO								
	10.	LIST NON-RESIDENT STATES YOU WISH TO BE APPOINTED IN AND INCLUDE LICENSE COPIES.							11.	DO YOU SPEAK SPANISH? <input type="checkbox"/> YES <input type="checkbox"/> NO


<b>G A</b>	12a.	IF YOU ARE TO BE APPOINTED UNDER ONE OF OUR G.A.'S OR NATIONAL ACCOUNT AGREEMENTS, PLEASE GIVE US THE NAME			12b.	AGENCY MANAGER'S NAME	

<b>B U S I N E S S</b>	13a.	AGENCY NAME (IF APPLICABLE)			13b.	PHONE ( )	13c.	FAX
	13d.	BUSINESS MAILING ADDRESS: P.O. BOX		13e.	STREET		13f.	SUITE
	13g.	CITY	13h.	COUNTY	13i.	STATE	13j.	ZIP
	14a.	TAXPAYER'S I.D. NO., IF OTHER THAN S.S.N.			14b.	CORPORATION? <input type="checkbox"/> YES <input type="checkbox"/> NO		
	14c.	<b>COMMISSIONS TO CORP?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO			14d.	<b>ARE YOU THE OWNER/OFFICER?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		
	14e.	<b>IF YOU ARE NOT THE PRIMARY OFFICER/OWNER OF THE CORP, PLEASE HAVE THAT INDIVIDUAL COMPLETE A SEPARATE AGENT APPLICATION TO BE APPOINTED ALSO.</b>						

<b>B A C K G R O U N D</b>	15.	<b>EMPLOYMENT RECORD 5 YEARS TO DATE</b>				
		PERIOD (FROM - TO)	COMPANY BY WHOM EMPLOYED	LOCATION	TITLE	REASON FOR LEAVING
	16.	<b>EDUCATION</b>				
		PERIOD(FROM - TO)	SCHOOL ATTENDED	LOCATION	GRADUATE? (Indicate Yes or No)	

<b>M I S C</b>	17.	HAVE YOU BEEN LICENSED WITH US BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	18.	HOW DID YOU LEARN OF ILLINOIS MUTUAL?	
	19.	PRIMARY LIFE COMPANY		20.	PRIMARY HEALTH COMPANY
	21.	PRIMARY ANNUITY COMPANY		22.	PRIMARY WORKPLACE COMPANY

I hereby apply to be an agent of Illinois Mutual Life Insurance Company. I represent that the answers recorded in this application are true and correct to the best of my knowledge and belief. I agree to be bound by the terms of an Agent's Contract if one is issued to me.

Date \_\_\_\_\_ Signature  \_\_\_\_\_  
NOTE: Please print your name with your signature on all applications and use your code number, when assigned.

We always appreciate referrals so we hope you know another agent who might be interested in representing us:

Name \_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_

Street \_\_\_\_\_ City and State \_\_\_\_\_ Zip \_\_\_\_\_

## Notification/Release of Information

The purpose of this form is to notify you that a Consumer Report and/or an Investigative Consumer Report will be conducted on you in the course of consideration for appointment.\*

I hereby authorize your company or any agent of your company to contact any and all corporations, former employers, credit agencies, educational institutions, law enforcement agencies, city, state, county, and federal courts and military services to release information about my background including, but not limited to, information about my employment, education, consumer credit history, driving record, criminal record, and general public records history to the person or company with which this form has been filed. This releases the aforesaid parties from any liability and responsibility for collecting the above information. I understand I will obtain a free copy of this Consumer Report if an adverse action/decision is made based on the information in the Consumer Report. I believe to the best of my knowledge that all information I have provided is accurate, true and correct and that I fully understand the terms of this release.

\* A Consumer Report for the purpose of employment, contracting or appointment, has no effect on your credit score.



\_\_\_\_\_  
Signature of Agent

\_\_\_\_\_  
Date

**FAX TO:** 1-309-674-1475

**MAIL TO:** Illinois Mutual, Sales Administration  
300 S.W. Adams Street, Peoria, IL 61634

### CHECKLIST:

All items listed below **MUST** be received before your appointment will be processed.

- Copy of Your License
- Copy of Agency License  
(If commissions are to be paid to an agency or corporation)
- Signed Notification/Release of Information (above)
- Completed Illinois Mutual Agent Application



# Commission Direct Deposit

### Authorization To Have Funds Transferred Electronically (EFT) to My Bank Account by Illinois Mutual Life Insurance Company

I hereby authorize that any money due me by Illinois Mutual that would otherwise be paid to me by check be paid by electronic transfer to the bank account indicated below, the receipt of which will constitute payment in the same manner that my negotiation of a check would constitute. I further authorize Illinois Mutual to initiate, if necessary, debit entries and adjustments for any credit entries in error to the bank account indicated below. I agree to advise Illinois Mutual in the event that the bank account information listed below should change. This authorization may be cancelled at any time upon written notice to Illinois Mutual.

**Sign up for Direct  
Deposit today!**

AGENT NAME					AGENT CODE(S)
FINANCIAL INSTITUTION NAME					
ADDRESS					
STREET	CITY	STATE	ZIP		
ACCOUNT NUMBER					CHECKING
					SAVINGS
ROUTING NUMBER		DATE	AUTHORIZED SIGNATURE		

**ATTACH VOID CHECK OR DEPOSIT SLIP**

Send to Attn: Financial Services, Commission Accounting  
300 SW Adams Street, Peoria, IL 61634

SD-281

**COMPLETE THIS FORM AND FAX TO:  
1-309-674-2217**