



Annuity Contract

Required Paperwork*:

1. Complete the following (4) pages
2. Copy of Insurance License

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



Liberty Bankers Life

Insurance Company

P.O. Box 22069 • Waco, TX 76702-2069 • (800) 274-4829 • (254) 751-0115

Application for Agent's Appointment and General Agent Contract

This application must be completed for each Agent's appointment with LBL. Please PRINT your answers legibly. All questions must be answered. Any incomplete answers will delay the appointment process. Photocopies of appropriate licenses must be sent to LBL with this application. **Please send the completed form and license to the address or fax number above.**

1. Name _____
First Middle Last

1a. Business Name (if different) _____
(If commissions are to be paid to your business, include a copy of the license issued to your business.)

2. Address: Home _____
Street City County State Zip

Business _____
Street City County State Zip

Mailing _____
Street City County State Zip

E-mail _____

3. Telephone Numbers: Home () _____ Business () _____ Fax () _____

4. Date of Birth _____ Social Security / Tax Identification Number _____

5. Have you ever been licensed with Liberty Bankers Life Insurance Company? Yes No Agent No. _____

6. For which states do you wish non-resident appointments? _____
(Attach a copy of current licenses. You will be responsible for payment of any required fees for non-resident appointments.)

If you answer "yes" to any of the following questions (except number 14 and 15), please provide COMPLETE details on a separate sheet and obtain Home Office approval of your appointment prior to selling LBL products.

7. Have you ever been refused an original or renewal license or had a license suspended or revoked for any type of insurance license by any state? Yes No

8. Have any formal charges been filed with the insurance department of any state arising out of your activities in the insurance business, or have you ever been cited to appear before the insurance department of this or any other state for an infraction of the insurance laws or for unfair practices? Yes No

9. Has any insurance company ever canceled any contract of employment or your agent's appointment for any reason other than non-production? Yes No

10. Does any insurer or agent claim that you are indebted to them under any agency contract or otherwise? If "yes," give amount of debt and how the debt will be repaid. Yes No

11. Are you currently involved in any litigation or are there any unsatisfied judgements or liens (including state or federal tax liens) against you? Yes No

12. Do you currently have a pending bankruptcy or have you ever declared bankruptcy Yes No

13. Have you ever been convicted of any crime, other than minor traffic offenses? Yes No

14. Do you have a securities license issued by the NASD? Yes No
If "yes," enter your C.R.D. Number _____

15. Do you have Errors & Omissions Coverage? Yes No
If "yes," name of carrier and amount _____

Referred to LBL by: _____

AGENT'S DECLARATION AND AUTHORIZATION

I certify, under penalty of perjury, that all answers and responses to questions and inquiries contained in this application are true, correct and complete. I further certify that I have read and am familiar with the sections of the insurance code for the state in which I am seeking appointment and that I am withholding no information which would affect my qualification for this appointment with Liberty Bankers Life Insurance Company ("LBL"). I further agree to conduct myself/agency in accordance with the terms of the contract(s) issued to me. I agree that LBL has no obligation to approve this request, and I release LBL from all liability if they decline this request and refuse to appoint me. I understand that if this Application for Agent's Appointment is approved, my relationship with LBL will be that of an independent contractor and that no employee/employer relationship will be created by the General Agent Contract. I agree that by accepting commission from LBL I acknowledge my acceptance of all terms and conditions of the General Agent Contract. I acknowledge that I have read and understand the contents of "Conduct and Compliance Guide for the Producer" and will comply with its provisions. I authorize all LBL affiliated companies to share any pertinent information they may have obtained regarding my financial, business, legal, tax or work performance or any information obtained under the Fair Credit Reporting Act, including copies of licenses and applications for purposes of appointment under this agreement.

As evidence of my desire to obtain a General Agent's Contract with LBL, I empower LBL and its affiliates to retrieve information from all personnel records, educational institutions, government agencies, companies, corporations, credit reporting agencies and law enforcement agencies at the federal, state or county level, relating to my past activities, to supply any and all information concerning my background, and release from any liability resulting from providing such information. The information received may include, but is not limited to, residential, achievement, job performance, litigation, personal history, credit reports, driving history, disciplinary and conviction records.

By my signature below, I hereby release any individual or institution, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may, at the time, result to me, because of compliance with this authorization and request to release information or any attempt to comply with it. A copy of this authorization is as valid as the original. This authorization is valid until you receive written revocation from me.

Under penalties of perjury, I certify that:

- a) The Social Security Number or Taxpayer Identification Number shown on this form is my correct Taxpayer Identification Number (or I am waiting for a number to be issued to me), and
- b) 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 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.



Applicant/Agent Signature

Date

TO BE COMPLETED BY HOME OFFICE

Application accepted by Liberty Bankers Life Insurance Company

Brad Phillips, President

Commission Schedule Form Number _____

Agent Number _____ Effective Date of Agreement _____

Countersigned _____

(The Agent Agreement will be of no force or effect unless this application is countersigned by an authorized employee of the Company)

and completely discharged with respect to any and all its obligations under this Contract, including, but not limited to, the payment of any commissions.

Minimum Payment. Following termination of this Contract, no Renewal Commissions or Service Fees will be paid to you following any calendar year in which the total amount of such Commissions and Service Fees due to you shall amount to less than three hundred dollars (\$300).

8. ENTIRE CONTRACT

This Contract and the Commission Schedules, as amended, and Application for Agent's Appointment and Contract attached hereto contain the entire understanding between the parties and supercedes all prior contracts and agreements there between, whether written or oral, on all matters. No modification of any provision of this Contract, except modifications of the Commission Schedules, shall be effective unless evidenced in a writing signed by you and LBL.

9. NOTICE

Any written notice required under this Contract shall be deemed received on the date mailed, if sent properly addressed to the last known address of the other party by prepaid certified mail, return receipt requested and, if otherwise given, on the date actually received.

10. APPLICABLE LAW AND VENUE

This Contract shall be governed by the laws of the state of Texas, and any interpretation of the language, intent, performance or obligation of this Contract shall be done in accordance with the laws of the state of Texas. This Contract is performable in Dallas County, Texas, and any suit, action or proceeding by either party to this Contract must be initiated and brought in Dallas County, Texas. All sums or amounts due or to become due to either party are payable in Dallas, Dallas County, Texas.

11. ASSIGNMENT

You may not assign this Contract, or any compensation accruing to you hereunder, or any interest herein except with the written consent of LBL.

12. WAIVER

Failure of LBL to insist upon strict compliance with any of the provisions of this Contract or any of the rules or regulations of LBL shall not be construed as a waiver thereof, but such provisions, rules and regulations shall continue to be in full force and effect.


13. SEVERABILITY

Any provision of this Contract which shall prove to be invalid, void or illegal shall in no way affect, impair or invalidate any other provision contained herein, and such other provisions shall remain in full force and effect.

LIBERTY BANKERS LIFE INSURANCE COMPANY
DALLAS, TEXAS

Agent Name (print or type)

By: _____
Authorized Representative

 _____
Applicant/Agent Signature

Title

Date

Date



LIBERTY BANKERS LIFE
INSURANCE COMPANY (LBL)

Agent Direct Deposits

P.O. Box 5147 · Springfield, Illinois 62705-5147 · 800-745-4927 · 866-505-9377 Fax

Agent Name: _____ Agent Number: _____

Address / City / State / Zip: _____

Phone Number: _____ Social Security or Tax ID Number: _____

I hereby request that until I notify Liberty Bankers Life Insurance Company otherwise, each commissions payment, commencing with the next payment due, shall be paid by Electronic Fund Transfer (EFT) to:

Name of Financial Institution: _____

Address / City / State / Zip: _____

Phone Number: _____

For credit to my (please choose one) Checking Savings

ABA Routing Number: _____ Account Number: _____

Please Attach a Voided Check or Deposit Slip Here

I authorize Liberty Bankers Life Insurance Company to make deposits to the bank account noted above. I shall deem receipt by said Financial Institution of such credit entries as receipt by me. In the unlikely event of a deposit error, I authorize the Company to make adjustments to correct the error. This authority is to remain in full force and effect until Liberty Bankers Life Insurance Company has received written notification from me of its termination in such time and in such manner as to afford Liberty Bankers Life Insurance Company a reasonable opportunity to act.

Agent Signature: _____ Date: _____