

Allied Financial & Insurance Services

***** FAX this document to – Van White: 512-241-1012 *****

APPLICATION FOR NEW AGENT'S CONTRACT SECURITY FINANCIAL LIFE INSURANCE CO.

4000 Pine Lake Road • P.O. Box 82248 • Lincoln, Nebraska 68501-2248 • Telephone: (402) 434-9500 (800) 284-8575

CONTRACT TO BE DATED: _____ / 1 / _____

1. **Individual** _____ - _____ - _____
First Middle Last Social Security Number
(If applicable, business name) DBA _____

OR

2. **Corporation/Organization** _____ Corp/Organization Federal Tax I.D.# _____
(If corporation or organization is being contracted, attach copy of corporation/organization license and copy[ies] of individual licenses for authorized representatives.)

Business Address *(All correspondence will be sent to this address.)* **Telephone:** Business () _____
Home () _____
Mobile () _____
Fax () _____
E-mail _____
Street _____
City _____ State _____ Zip + 4 _____
Preferred contact method from list above _____

Personal Information:

Name _____ Date of Birth _____
Address _____ Spouse's Name _____
City _____ State _____ Zip + 4 _____

Complete the following questions:

If yes to any question, attach letter with details.

- 1) Have you ever had any insurance license suspended, revoked or denied? Yes No
- 2) Have you ever been reprimanded or fined by any state insurance department, or are there any current investigative proceedings pending with an insurance department? Yes No
- 3) Have you ever been convicted of a felony? Yes No
- 4) Have you ever been a plaintiff or defendant in a lawsuit (including collections)? Yes No
- 5) Have you ever been denied a bond? Yes No
- 6) Have you ever filed for bankruptcy? Yes No

Signature of Agent Title (if signing for corporation/organization) Date

I certify that all statements are true and correct to the best of my knowledge. I am aware that any omission *(except as previously stated)*, falsification, misstatement, or misrepresentation on my application may disqualify me for employment/contract consideration, and if I am hired/contracted may be grounds for termination at a later date. I understand that any information I provide may be verified as allowed by law. I authorize the procurement of a credit report. I also authorize all persons and entities *(including but not limited to: Businesses, former employers and supervisors, corporations, credit agencies, law enforcement agencies [including the state of Georgia], government agencies, state agencies, educational institutions and all military services)* to release all verbal and written information regarding my ability and fitness for consideration of employment/contract. I release each individual and Company from liability and responsibility for doing so. This release in original, copy, or facsimile form, shall be valid for this application.

Signature Date

YES NO Electronic Funds Transfer?

If "yes," enclose voided check (DO NOT send deposit slip) and complete authorization for automatic deposits (below).

I authorize Security Financial Life to make deposits to my account at the depository institution shown on my VOID CHECK and I authorize the depository institution to accept these deposits. This authorization will continue until I notify Security Financial Life in writing to stop. Such notification will not affect deposits already sent to the bank. The undersigned agrees that all entries initiated hereunder are to be governed in all respects by the Rules of the Mid-America Automated Clearing House Association and agrees to be bound thereby.

Signature (Required for Electronic Funds Transfer) _____
Date

1. Copy of state insurance license (If applying for individual contract, submit individual license; if applying for organizational contract, submit copy of organizational license and copies of individual licenses for authorized agents.)

2. Copy of: Face page of existing E & O coverage
(\$1,000,000 minimum coverage and completed declination page required.)

OR

Enrollment forms and payment for SFL's E & O program.

List life insurance companies you are currently appointed with (or have been appointed with in the last five years):			
Company	City	State	Telephone

Number of years' experience selling life insurance: _____ years _____ months

Estimated time you currently allocate to:

Life Insurance Sales	_____ %
Annuity Sales	_____ %
Securities/Equity Sales	_____ %
Other (LTC, etc.)	_____ %
	100%

Designations (CLU, CFP, etc.): _____

Are you a Million Dollar Round Table (MDRT) member? Yes No Number of years _____