



## **Contracting Checklist for Monumental Life**

In order to complete the contracting process, please closely follow the checklist below. Each question **MUST BE ANSWERED** on all forms including correspondence to 'yes' answered background questions. If a question does not apply to you, place the abbreviation "N/A" in the blank.

- Signed and Completed Application for Appointment Agreement
- Signed Appointment Agreement
- Authorization for EFT, return with a voided check (*required*)
- Signed Fair Credit Reporting Act Disclosure
- Signed Promissory Note
- Signed Advanced Agreement (*pick advance amount, if any*)
- Signed Assignment of Commission (*ONLY IF assigning commission to your corporation*)
- Signed Amendment to Appointment Agreement (*ONLY IF assigning commission to your corporation*)
- Send a copy of your Current License for all states you wish to be appointed
- W-9 Completed Form
- If you wish to be appointed in the name of a corporation, please include a copy of your license in the name (additional forms may be required)
- Check for non-resident appointment fees payable to: Monumental Life (*Can pay fees by credit card form*)

Send the above information to SMiG:

**By Email:**      [contracts@smig-inc.com](mailto:contracts@smig-inc.com)

**By Fax:**                314-685-8013

**By Mail:**      Senior Marketing Insurance Group  
712 N 2<sup>nd</sup> St, Suite 310  
Saint Louis, MO, 63102

The licensing process cannot begin until all of the above items have been received!!! If you have any questions, please call us at: 866-345-0109.

## APPLICATION FOR APPOINTMENT AGREEMENT

### APPLICANT IS NATURAL PERSON

Name: Last		First		Middle	Social Security Number
Home Address: Street		City		State	Zip
Home Phone: (Area Code)Number		Home Fax: (Area Code)Number		Home E-mail	
Date of Birth	Place of Birth (optional)		Spouse Name		How long in community?
Business Address (Mailing): Street		City		State	Zip
Business Phone: (Area Code)Number		Business Fax: (Area Code)Number		Business E-mail	

### APPLICANT IS BUSINESS ENTITY

Full Legal Name of Entity			Taxpayer Identification Number		
Business Address (Mailing): Street		City		State	Zip
Business Phone: (Area Code)Number		Business Fax: (Area Code)Number		Business E-mail	
State where Entity organized		Date Entity organized		How long doing business in community?	

### LICENSING DATA: You must be licensed and appointed in each state where you expect to earn commissions.

You want to be appointed in which Resident State?	What licenses do you have there?
	<input type="checkbox"/> Life <input type="checkbox"/> Health <input type="checkbox"/> Variable
You want to be appointed in which Non-Resident States? _____	<input type="checkbox"/> Life <input type="checkbox"/> Health <input type="checkbox"/> Variable
_____	<input type="checkbox"/> Life <input type="checkbox"/> Health <input type="checkbox"/> Variable
_____	<input type="checkbox"/> Life <input type="checkbox"/> Health <input type="checkbox"/> Variable

### INSURANCE BACKGROUND

Number years in insurance: _____	Number years qualified for MDRT: _____	Current member of NALU? <input type="checkbox"/> Yes <input type="checkbox"/> No
Other insurance companies you currently represent: _____		
Have you previously represented a Member of the AEGON Companies? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Company(s): _____		Agent Number(s): _____

### APPLICANT WILL REPORT TO

Name: _____	Agent Number: _____	Bus. Phone: (Area Code)Number _____
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### COMMISSION % OR RANK, PAY PLAN, AND BANK INFORMATION FOR EFT (Electronic Funds Transfer)

Commission Level or Rank: _____  _____ Earned only _____ % of submitted advance _____ % placed advance (max 75%)	Financial Institution _____  Bank Account Number _____ Transit Number _____ _____ Checking      _____ Savings <p style="text-align: center;"><b>COPY OF VOID CHECK REQUIRED</b></p>
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**AUTHORIZATION FOR ELECTRONIC FUNDS TRANSFER (EFT) OF  
ADVANCES AND/OR EARNED COMMISSION**

\_\_\_\_\_ Monumental Life Insurance Company

\_\_\_\_\_ Stonebridge Life Insurance Company

\_\_\_\_\_ Transamerica Life Insurance Company

\_\_\_\_\_ Western Reserve Life Assurance Co. of Ohio

By signing below, I authorize the company indicated above (the "Company") to electronically transfer to the financial institution and account indicated below any advanced or earned commission, any bonus payment, and any other monetary compensation due to me from the Company. This grant of authority shall remain in full force and effect until the Company has received, and has reasonable opportunity to act on, written notice which I have signed and dated that terminates this grant of authority.

Type of Account      \_\_\_\_\_Checking                      \_\_\_\_\_Savings

\_\_\_\_\_  
Financial Institution

\_\_\_\_\_  
Bank Account Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Bank Transit Number

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Print Agent/Corporation Name & Agent #

\_\_\_\_\_  
Signature



\_\_\_\_\_  
Date

\_\_\_\_\_  
Tax ID or Social Security Number

**\*\*ATTACH A COPY OF PREPRINTED VOID CHECK OR CORRESPONDENCE  
FROM BANK INDICATING ACCOUNT & ROUTING NUMBER**

Return to Contract Administration - 1240  
Fax to 319-355-2498 or Email to [apfercontractadmin@aegonusa.com](mailto:apfercontractadmin@aegonusa.com)

## THE VIOLENT CRIME CONTROL AND LAW ENFORCEMENT ACT OF 1994

The Violent Crime Control and Law Enforcement Act of 1994 (the "1994 Crime Act") makes it a federal crime to: (1) knowingly make false material statements in financial reports submitted to insurance regulators; (2) embezzle or misappropriate monies or funds of an insurance company; (3) make material false entries in the records of an insurance company in an effort to deceive officials of the company or regulators regarding the financial condition of the company; or (4) obstruct an investigation by an insurance regulator. THE 1994 CRIME ACT ALSO MAKES IT A FEDERAL CRIME FOR INDIVIDUALS WHO HAVE BEEN CONVICTED OF A FELONY INVOLVING DISHONESTY, BREACH OF TRUST, OR ANY OF THE OFFENSES LISTED ABOVE TO WILLFULLY PARTICIPATE IN THE BUSINESS OF INSURANCE. WILLFULLY PARTICIPATING IN THE BUSINESS OF INSURANCE INCLUDES ACTING AS AN INSURANCE AGENT. Penalties for violating the 1994 Crime Act include civil fines up to \$50,000 and imprisonment for up to 15 years.

Will you be in violation of the 1994 Crime Act if you act as an insurance agent?  Yes  No

**OTHER INFORMATION:** In this section, "you" means yourself and any business in which you are or were an owner, partner, director, officer or manager.

1. Are there any criminal proceedings currently pending against you for any felony or misdemeanor other than a minor traffic violation?  Yes  No
2. Have you ever been arrested, convicted of, pled guilty, nolo contendere or no contest to, or received a deferred or suspended judgment or sentence for, any felony or misdemeanor other than a minor traffic violation?  Yes  No
3. Has a complaint against you involving insurance or securities ever been filed with any legal authority, insurance regulator, the NASD/FINRA or SEC?  Yes  No
4. Are you currently being investigated, or have you ever been investigated, by any legal authority, insurance regulator, the NASD/FINRA or SEC regarding any matter involving insurance or securities?  Yes  No
5. Has any legal authority, insurance regulator, the NASD/FINRA or SEC ever suspended or revoked your insurance license or securities registration or taken other disciplinary action against you regarding any matter involving insurance or securities?  Yes  No
6. Have you ever been discharged or requested to resign from any employment, or have you ever been barred or suspended from any employment by any legal authority, insurance regulator, the NASD/FINRA or SEC?  Yes  No
7. Has any bonding company or errors and omissions liability insurance company ever denied your application for coverage, rescinded or terminated your coverage or paid a claim on your behalf?  Yes  No
8. Has any insurance company, insurance agency or broker-dealer ever terminated, or permitted you to resign rather than terminate, its relationship with you for cause or due to your alleged wrongful act or omission?  Yes  No
9. Are you now or have you ever been involved in any lawsuit, arbitration or mediation of a dispute or bankruptcy? Please provide the "Schedule F" for a Chapter 7 Bankruptcy.  Yes  No
10. Is there now any unsatisfied judgment against you or any lien, including any tax lien, against any of your property?  Yes  No

**If the answer is "yes" to any of the above questions, please write details and include all applicable court documentation.**

**5 YEAR RESIDENTIAL HISTORY:** Begin with most recent residence. Attach extra sheet if necessary.

Home Address: Street	City	State	Zip	From/To
Home Address: Street	City	State	Zip	From/To
Home Address: Street	City	State	Zip	From/To

**5 YEAR EMPLOYMENT HISTORY:** Begin with most recent employment. Attach extra sheet if necessary.

Employer name, (area code) number	From/To	Position held	Net \$/mo.	Reason for leaving

# APPOINTMENT AGREEMENT

1. This Appointment Agreement is between the natural person or business entity that signs below (“**you**,” “**your**,” or “**yourself**”) and the Member of the AEGON Companies (the “**Company**”) that signs a schedule to this Appointment Agreement (a “**Schedule**”). If one Company signs one Schedule and another Company signs another Schedule, this Appointment Agreement and one Schedule shall be deemed a separate agreement from this Appointment Agreement and the other Schedule.

2. You are an independent contractor and not an employee of the Company. You may solicit applications for the Company only for: (a) those of the Company’s non-securities products that are listed in a Schedule; and/or (b) those of the Company’s securities products that are listed in an agreement regarding the sale of the Company’s securities products which is in force between the Company and a broker-dealer of which you are a registered representative (“**Your Broker-Dealer**”). You may not sell the Company’s securities products if such an agreement is not in force between the Company and Your Broker-Dealer, or if you are not a registered representative of, and in good standing with, Your Broker Dealer. (After this paragraph “**Product**” refers to a non-securities or a securities product of the Company unless otherwise indicated, and refers to a non-securities or securities product of an affiliate of the Company where indicated.)

You must comply with all applicable federal, state and local laws, including without limitation any law requiring that you protect the privacy of nonpublic information that you have about an applicant, owner, insured, annuitant, beneficiary or other person who seeks to obtain, obtains or has obtained a Product or service from the Company that is to be used primarily for personal, family or household purposes, and any law regarding the suitability of products sold by insurance agents. If you receive any such nonpublic information from the Company, you will use the information only in connection with your performance under this Appointment Agreement and as permitted by law. You must comply with all applicable anti-money laundering laws, rules and government guidance, including the reporting, recordkeeping and compliance requirements, of the Bank Secrecy Act (“**BSA**”), as amended by The International Money Laundering Abatement and Financial Anti-Terrorism Act of 2002, Title III of the USA Patriot Act of 2001 (“**the Act**”), its implementing regulations, and related SEC and Self Regulatory Organization rules. These requirements include requirements to identify and report currency transactions and suspicious activity, to verify customer identity and to conduct customer due diligence. As required by the Act, the Company certifies that it maintains, and you certify that you have access to, a comprehensive anti-money laundering compliance program that includes policies, procedures and internal controls for complying with the BSA; policies, procedures and internal controls for identifying, evaluating and reporting suspicious activity; a designated compliance officer or officers; training for appropriate employees; and an independent audit function. You must comply with all written rules that the Company communicates to you from time to time including the Company’s Principles and Code of Ethical Market Conduct.

You may collect initial premiums for Products, but you may not collect other premiums for Products. You must keep initial premiums that you collect separate from your own funds, and you must promptly send initial premiums that you collect to the Company. You must promptly deliver Products to the appropriate applicants, and you must promptly return to the Company any Product that an applicant does not accept.

You may not: bind the Company by any promise or agreement; accept a promissory note for, or incur any obligation on behalf of, the Company; waive any of the Company’s rights or requirements regarding, or any provision of, a Product; use any of the Company’s names, logos or trademarks without the Company’s prior written consent; advertise any Product or the Company unless the Company provides the advertisement to you or has previously given you its written approval of the advertisement; or begin any legal proceeding on behalf of the Company without the Company’s prior written consent.

You may recommend that the Company enter into Appointment Agreements with other natural persons and entities, but the Company is not obligated to do so. Any such person or entity that the Company does enter into an Appointment Agreement with shall be referred to as “**Your Agent**”. Your Agents may recommend that the Company enter into Appointment Agreements with other persons or entities, and if the Company does so, those persons and entities will also be considered Your Agents. You are responsible for ensuring the training and supervision of Your Agents and encouraging Your Agents to comply with their Appointment Agreements. You are responsible for all expenses and debts to the Company that you and Your Agent(s) incur.

3. After giving you reasonable notice, the Company may visit your office, examine your files and records and accompany you while you represent the Company, all at reasonable times. The Company may require you to maintain errors and omissions insurance on yourself with an insurance company, and in form and amount, satisfactory to the Company. The Company may at any time stop doing business in any state or area within a state, stop offering any Product for sale, or change any term of a Product or any condition under which the Company may offer a Product.

4. The Company will pay commissions to you while this Appointment Agreement is in force and after it terminates, according to a Schedule, on commissionable premiums which the Company earns from non-securities Products that are shown on the Schedule and are sold by you or Your Agents. However, the Company will reduce commissions payable to you by the total of commissions paid by the Company to Your Agents who report directly or indirectly to you, and by the total of commissions forfeited by Your Agents if the Company terminates its agreement with Your Agent pursuant to (d) through (f) of section 6 of this Appointment Agreement. The Company will pay service fees to you while this Appointment Agreement is in force, according to a Schedule, on commissionable premiums which the Company earns from non-securities Products, shown on the Schedule, that you sell, so long as you personally service the owners of the non-securities Products. Premiums may include fees or charges that are not commissionable. The Company will not pay commissions to you for selling the Company’s securities Products, except that the Company may do so if the Company is an affiliate of Your Broker-Dealer. Otherwise, you must look to Your Broker-Dealer, and not to the Company, for any commission that may be payable to you for selling the Company’s securities Products. You may assign your right to receive commissions and service fees under this Appointment Agreement, but only with the Company’s prior written consent, which the Company may give in its sole discretion.

The Company may pay commissions and service fees on the conversion of term life insurance, at the insured’s attained age, to another Product as it would pay commissions and service fees on the other Product without regard to the conversion. The Company may pay commissions and service fees on a reinstated Product to the insurance agent responsible for the reinstatement, and commissions to the insurance agents to whom the responsible insurance agent directly or indirectly reports.

The Company will determine the commissions and service fees, if any, that the Company may pay to you in respect of a Product that the Company issues on an insured or annuitant within 12 months after a halt in the payment of premiums on a Product previously issued by the Company or one of its affiliates on the same insured or annuitant, or within 12 months after the previously issued Product of the Company or its affiliate lapses or is surrendered in whole or in part. The Company will determine whether or not to debit your commission and service fee account (“**Your Account**”) for part or all of the commissions and service fees that the Company credited to Your Account in respect of a Product that the Company issued on an insured or annuitant within 12 months prior to a halt in the payment of premiums on, or within 12 months prior to the lapse or surrender in whole or in part of, another Product that the Company or one of its affiliates had previously issued on the same insured or annuitant.

If the Company refunds premiums or determines that it should not have paid commissions or service fees to you, the Company will debit Your Account by an amount equal to the commissions and service fees previously credited to Your Account in respect of the refunded premiums or the commissions and services fees determined by the Company not to have been payable. The Company may also debit Your Account from time to time for the debts of Your Agents and for miscellaneous expenses that you incur, such as fees charged by states for renewal of your appointments with the Company. The Company will send you periodic statements of Your Account.

5. While this Appointment Agreement is in force and after its termination you may not convey or disclose to any person or entity any of the Company's property, for any reason. The Company's property includes, without limitation, all information or supplies provided by the Company to you regarding: Products; the selling of Products; applicants for, owners and beneficiaries of, persons insured by, and annuitants of, Products; and the recruiting, training and compensation of insurance agents. On termination of this Appointment Agreement, you must promptly return to the Company all of its property.

While this Appointment Agreement is in force and for two (2) years after its termination, you may not: induce an employee or insurance agent of the Company or one of its affiliates to end his or her association with the Company or the affiliate; or induce an owner of a Product of the Company or one of its affiliates to halt the payment of premiums on the Product, allow the Product to lapse, or surrender the Product in whole or in part.

If you breach or threaten to breach this section 5, the Company will be entitled to an injunction restraining you from the breach or threatened breach, as well as to other appropriate relief, including without limitation money damages and reimbursement of attorney fees and other expenses incurred by the Company in seeking the injunction or other relief. If you breach this section you forfeit your right to receive commissions and service fees from the Company. This section will survive the termination of this Appointment Agreement.

6. This Appointment Agreement will terminate on the earliest occurrence of the following events:
- (a) your failure to obtain or renew any license that, by law, you are required to have in order to sell Products (“**Your License**”);
  - (b) your death or, if you are a business entity, your dissolution;
  - (c) the 30th day after the date of a written notice of termination (a “**Termination Notice**”) that Company may send to you by first class U.S. mail, postage prepaid, or on the 30th day after the date of a Termination Notice that you may send to the Company, in either case for a reason other than one described elsewhere in this section 6 or for no reason;
  - (d) the 30th day after the date of a Termination Notice that the Company may send to you, if you commit a material breach of this Appointment Agreement, or you commit a material violation of applicable law;
  - (e) the suspension or revocation of Your License, or on the refusal of a lawful authority to renew Your License; and
  - (f) your conviction of a crime that, according to the The Violent Crime Control and Law Enforcement Act of 1994, makes it a crime for you to willfully participate in the business of insurance.

7. This Appointment Agreement and a Schedule form the entire agreement between the Company and yourself concerning matters covered by this Appointment Agreement. This Appointment Agreement terminates and replaces any prior agreement between the Company and yourself concerning matters covered by this Appointment Agreement. One Company's Schedule terminates and replaces any prior Schedule of the same Company. This Appointment Agreement can be amended only by a document signed by the Company and you. From time to time the Company may amend a Schedule by giving you prior notice. Such amendments to a Schedule shall take effect as provided in such notice.

8. Any failure by the Company to enforce any part of this Appointment Agreement will not be deemed a waiver by the Company of its right to enforce this Appointment Agreement according to its terms and applicable law. This Appointment Agreement is governed by Iowa law.

**9. BY SIGNING BELOW, YOU CERTIFY TO THE COMPANY THAT: THE INFORMATION YOU HAVE GIVEN IN THE APPLICATION FOR APPOINTMENT AGREEMENT IS TRUE AND COMPLETE; THE SOCIAL SECURITY NUMBER OR TAXPAYER IDENTIFICATION NUMBER ON THE APPLICATION FOR APPOINTMENT AGREEMENT IS CORRECT, AND YOU ARE NOT CURRENTLY SUBJECT TO BACKUP WITHHOLDING; YOU AGREE TO COMPLY WITH THE COMPANY'S ANTI-MONEY LAUNDERING PROGRAM; AND YOU HAVE READ AND UNDERSTAND THIS APPOINTMENT AGREEMENT AND AGREE TO BE BOUND BY ITS TERMS.**

SIGN HERE

- 
- Signature of Applicant, if Applicant is a natural person.
  - Signature of Applicant's authorized representative, if Applicant is a corporation, partnership, limited liability company or other business entity.

Date signed

- 
- Print Applicant's name as signed, if Applicant is a natural person.
  - If Applicant is a business entity, print the full legal name of the business entity, NOT the name of the person who signed on behalf of the business entity.



# PROMISSORY NOTE, GUARANTY AND SECURITY AGREEMENT

For value received, the natural person or business entity that signs below (“**you**,” “**your**” or “**yourself**”) promises to repay in full, on the date when your Appointment Agreement with a member of the AEGON Companies (the “**Company**”) terminates, the following indebtedness to the Company that you may incur, plus interest accrued thereon to the date of repayment: unearned commissions advanced by the Company to you and debited to your commission and service fee account (“**Your Account**”), special advances made by the Company to you and debited to Your Account, any amount debited to Your Account equal to commissions and service fees previously paid by the Company to you in respect of premiums later refunded by the Company or commissions and services fees determined by the Company not to have been payable to you, and any amount debited to Your Account for miscellaneous expenses that you incur which the Company pays on your behalf. This Promissory Note, Guaranty and Security Agreement (this “**Agreement**”) shall be deemed a separate Agreement between yourself and each Company with which you have an Appointment Agreement, except that any terms which are defined in your Appointment Agreement shall have the same meaning in this Agreement.

You guarantee to repay in full, on the date of the Company’s demand for repayment, any like indebtedness to the Company incurred by any Your Agent, plus interest accrued thereon to the date of repayment; provided, however, that the Company may not make such a demand prior to the 90th day after the date when Your Agent’s Appointment Agreement with the Company terminates. The Company may collect repayment from you pursuant to this paragraph by debiting Your Account for the amount of Your Agent’s indebtedness to the Company, and by thereafter treating such debit as part of your indebtedness to the Company. Except as set forth below, as long as You have an active appointment with the Company and are in good standing with the Company, the Company will not charge interest on Your Account. In the event that Your Account is not charged interest or is charged interest at a rate below the applicable federal rate (“**AFR**”) as determined by the Company, you may be considered to have additional income under the Internal Revenue Code which the Company will report to you and to appropriate taxing authorities. The amount of additional income is equal to the difference between the AFR and the interest actually charged. In the event your Appointment Agreement is terminated for any reason, or in the event you are no longer appointed with or in good standing with the Company, or 30 days after the Company provides you with notice.

Interest shall accrue on the debits in Your Account, and such interest shall in turn be debited to Your Account, at a rate equal to 0.75% per month. After the calendar year in which your Appointment Agreement with the Company begins, the interest rate shall increase to one percent (1.0%) per month for any month in which the debits in Your Account exceed ten times the total of earned first year commissions that are payable by the Company to you for that month. In no case shall interest accrue at a rate in excess of the maximum interest rate permitted by applicable law. The Company may increase the rate at which interest accrues on debits in Your Account, after giving you 30 days prior notice.

You authorize the Company to prepay your indebtedness to the Company, in full or in part at any time, by offsetting earned commissions, service fees, bonuses and any other cash compensation payable by the Company to you against debits in Your Account.

You hereby grant the Company a continuing security interest in the following collateral, as security for indebtedness that you may incur to the Company and any of its affiliates, and as security for your guarantee of any Debtor Insurance Agent’s indebtedness to the Company: cash value and benefits of any product of the Company or any of its affiliates that you own now or hereafter; any other property that you own which the Company or any of its affiliates holds for you; any money and any other thing of value as it becomes due and payable or transferable by the Company or any of its affiliates, whether now or hereafter, to you, including without limitation commissions, service fees, bonuses, stock options, stock, and amounts payable under qualified and nonqualified deferred compensation plans; and any proceeds of the foregoing. You hereby authorize the Company to take possession of, and to sell or otherwise liquidate, any and all of the collateral, and to apply the collateral and the proceeds thereof to the repayment of your indebtedness to the Company and any of its affiliates and to the payment of your guarantee of any Debtor Insurance Agent’s indebtedness to the Company.

This Agreement shall survive termination of your Appointment Agreement or any other agreement you may have with the Company. This Agreement forms the entire agreement between the Company and yourself concerning matters covered by this Agreement. This Agreement can only be amended by a document signed by the Company and yourself. Any amendment to this Agreement will take effect when signed by the Company at its home office. You agree to pay the Company’s reasonable expenses of enforcing this Agreement, including attorney fees. Any failure by the Company to enforce any part of this Agreement shall not be deemed a waiver by the Company of its right to enforce this Agreement according to its terms and applicable law. This Agreement is governed by Iowa law.

SIGN HERE

- 
- Your signature, if you are a natural person.
  - The signature of your authorized representative, if you are a corporation, partnership, limited liability company or other business entity.

Date Signed

- 
- Print your name as signed, if you are a natural person.
  - If you are a business entity, print the full legal name of the business entity, NOT the name of the person who signed on behalf of the business entity.

## GUARANTY

The natural person who signs below (“**Guarantor**”) guarantees to pay in full, on the date of a demand for repayment by a member of the AEGON Companies (the “**Company**”) any indebtedness to the Company incurred by the natural person or business entity (“**Debtor Insurance Agent**”) under the Promissory Note and Security Agreement above, plus interest accrued thereon to the date of payment; provided, however, that the Company may not make such a demand prior to the 90th day after the date when the Debtor Insurance Agent’s Appointment Agreement with the Company terminates.

This Guaranty shall survive termination of Guarantor’s Appointment Agreement or any other agreement Guarantor may have with the Company. This Guaranty forms the entire agreement between the Company and Guarantor concerning matters covered by this Guaranty. This Guaranty can only be amended by a document signed by the Company and Guarantor. Any amendment to this Guaranty will take effect when signed by the Company at its home office. Guarantor agrees to pay the Company’s reasonable expenses of enforcing this Guaranty, including attorney fees. Any failure by the Company to enforce any part of this Guaranty shall not be deemed a waiver by the Company of its right to enforce this Guaranty according to its terms and applicable law. This Guaranty is governed by Iowa law.

SIGN HERE

- 
- Guarantor’s signature (Guarantor MUST be a natural person).

Date Signed

- 
- Print Guarantor’s name as signed.

# Monumental Advance Commissions

**Select desired advance amount below** *(upon company approval)*

- 3 Month**
- 6 Month**
- 9 Month**
- As Earned**

 SIGN HERE

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Signature

---

Date



Transamerica Life Insurance Company  
Transamerica Financial Life Insurance Company  
Western Reserve Life Assurance Co. of Ohio  
Monumental Life Insurance Company  
Stonebridge Life Insurance Company

4333 Edgewood Road NE  
Cedar Rapids, IA 52499

**FAIR CREDIT REPORTING ACT DISCLOSURE  
to applicants for Appointment Agreements**

A consumer report or investigative consumer report about yourself from a consumer reporting agency may be requested by one of the above-referenced companies (“the Company”) as part of its procedure for processing your Application for Appointment Agreement. A consumer report may contain information regarding your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living. An investigative consumer report may contain information regarding your character, general reputation, personal characteristics or mode of living. Information for an investigative consumer report may be obtained through personal interviews with your neighbors, friends and associates or with others with whom you are acquainted or who may have knowledge of such information. You have the right, within a reasonable period of time after submitting your Application for Appointment Agreement, to make a written request for a complete and accurate disclosure of the nature and scope of an investigative consumer report that the Company may have requested about yourself. Send your written request for such a disclosure to Contract Administration, 4333 Edgewood Road, Cedar Rapids, Iowa 52499.

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I hereby authorize the Company to obtain a consumer report or investigative consumer report about me. I further authorize any employer, insurance company, general or managing agent, school, financial institution, consumer reporting agency, criminal justice agency, regulatory authority or individual having any information about myself – including without limitation information regarding my past and present employment, academic record, record of arrest, conviction and regulatory sanctions, credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics and mode of living – to release such information to the Company or any consumer reporting agency that is preparing a consumer report or investigative consumer report about myself for the Company.

**I HAVE READ AND UNDERSTAND THE FAIR CREDIT REPORTING ACT DISCLOSURE AND  
AUTHORIZATION FOR RELEASE OF INFORMATION SET FORTH ABOVE.**

**I AUTHORIZE THE RELEASE OF INFORMATION ACCORDING TO THE TERMS OF THE  
AUTHORIZATION FOR RELEASE OF INFORMATION SET FORTH ABOVE.**

\_\_\_\_\_  
Signature of Applicant  \_\_\_\_\_  
Date signed

\_\_\_\_\_  
Print Applicant’s name as signed \_\_\_\_\_  
SS#

AMENDMENT TO APPOINTMENT AGREEMENT

I, the undersigned Representative, am licensed to sell insurance and annuity products. I want the undersigned insurance company (“Insurer”) to appoint me as its representative for selling insurance and annuity products. Insurer is willing to do so, by entering into a Appointment Agreement with me, as amended by this Amendment.

I understand that, if Insurer and I entered into a appointment agreement without entering into this Amendment, I would have the right under the appointment agreement to receive commissions or compensation from Insurer for selling its insurance and annuity products. I also understand that Insurer is not willing to enter into a appointment agreement with me, unless at the same time Insurer and I also enter into this Amendment.

Therefore, Insurer and I agree to amend the Appointment Agreement between Insurer and me as follows.

Insurer will not pay commissions or compensation of any kind to me for selling its insurance and annuity products.

Insurer will pay commissions or compensation to

\_\_\_\_\_ (“General Agent”) in respect of insurance and annuity products that I sell for Insurer, according to a separate agreement between Insurer and General Agent. General Agent is solely responsible for compensating me for selling Insurer’s insurance and annuity products. General Agent cannot, under any set of circumstances, create any obligation on the part of Insurer to pay commissions or compensation of any kind to me for selling any insurance or annuity product of Insurer.

I agree to indemnify Insurer and hold it harmless for any and all liability, loss, damage, claim or expense of any kind, including without limitation attorney’s fees and expenses, that may result from General Agent’s payment of, or failure to pay, any commission or compensation to me for selling any insurance or annuity product of Insurer.

Except as expressly modified by this Amendment, the Appointment Agreement between Insurer and me is hereby ratified and shall be and remain in full force and effect. If there is any inconsistency between the terms of the Appointment Agreement between Insurer and me and the terms of this Amendment, the terms of this Amendment shall control.



\_\_\_\_\_  
Signature of Representative

\_\_\_\_\_  
Print name of Insurer

\_\_\_\_\_  
Print name of Representative

\_\_\_\_\_  
Signature of Officer of Insurer

\_\_\_\_\_  
Date signed by Representative

\_\_\_\_\_  
Print name of Officer

\_\_\_\_\_  
Date signed by Officer

RESET

### Credit Card Order Information

**Type of Payment:**

E&O       Appointment Fees

**Card Type:**       MasterCard       Visa

\***Card No:** \_\_\_\_\_

\***Expiration Date:**       /       /                  **Amount:** \$ \_\_\_\_\_

**Cardholder Name:** \_\_\_\_\_  
(As shown on the card)

**Cardholder Address:** \_\_\_\_\_  
(Address must be the same as the billing address for the card)

**Cardholder Daytime Phone Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Agent Name:** \_\_\_\_\_

**Agent Rep ID/Agent Number:** \_\_\_\_\_

**Signature of Cardholder:** \_\_\_\_\_ SIGN HERE      **Date:**       /       /            

\*the complete card number and expiration date must be included to process payment.

- Monumental Life Insurance Company
- Stonebridge Life Insurance Company
- Transamerica Financial Life Insurance Company
- Transamerica Life Insurance Company
- Western Reserve Life Assurance Co. of Ohio



4333 Edgewood Rd. NE  
MS 1240  
Cedar Rapids, Iowa 52499  
Fax# 319-355-4062 Contract Administration

## 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.

Social security number
or
Employer identification number

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

### 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.

<b>Sign Here</b>	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,