



Contracting Checklist for United National Life

Please submit the following information and documents to **SMIG** when licensing with UNL:

- Completed and Signed Appointment Application
- Completed (your section only) and Signed Agent Hierarchy Form
- Completed and Signed Advance Agreement
- Completed and Signed Advertising Submission Form
- Signed Automatic Deposit Payment Plan Form with Voided Check (*required*)
- Completed and Signed W-9
- Please submit all state licenses for the states you wish to be appointed

STATE LICENSING FEES MAY APPLY!!!

Send the above information to SMIG:

By Email: contracts@smig-inc.com

By Fax: 314-685-8013

By Mail: Senior Marketing Insurance Group
 415 S 18th St, Suite 101
 Saint Louis, MO, 63103

The licensing process cannot begin until all of the above items have been received!!! If you have any questions, please call us at: 1-866-345-0109.

UNITED NATIONAL LIFE INSURANCE COMPANY OF AMERICA
P.O. Box 1154, Glenview, Illinois 60025-1154

APPOINTMENT APPLICATION

Please Print or Type All Information

Personal Information

1. Name _____
(Last) (First) (Middle Initial) SS# _____
2. Date of Birth _____ Place of Birth _____ Male Female
3. Drivers License # _____ (State) _____
4. Marital Status Single Divorced Married 5. Spouse's Full Name _____
6. Mailing Address _____

Street Address (if different from mailing address) _____

Home Phone _____
(If less than 7 years, please provide previous address) _____

7. Business Address _____
Business Phone _____
(Area Code) (Number)
- Fax Number _____
(Area Code) (Number)
- Cell Phone _____
(Area Code) (Number)
- E-Mail Address _____

Corporation Information

8. Company Name _____ Fed ID# _____
Company Insurance License # _____ (Copy Required)

Indicate other Principal Parties in Partnership or Corporation, List Officers of the Company:

Name _____	Title _____	SS# _____
Name _____	Title _____	SS# _____
Name _____	Title _____	SS# _____
Name _____	Title _____	SS# _____

Financial

9. Bank Name _____
Account # _____ Type of Account _____

Have you or your Company:

10. Declared Bankruptcy? Yes No
11. Been a defendant in a lawsuit? Yes No
12. Any outstanding and or unsatisfied judgments or liens against you? Yes No
13. Ever been involved in a business venture that failed? Yes No
14. Any outstanding debt(s) with any insurance company or companies? Yes No

→**Licensing Information: All Agents must submit a copy of current license(s) (Resident & Non-Resident)**

15. Type of License: Life A & H Broker
16. How long have you been in the Life field? _____ A & H _____
17. Have you ever been licensed with UNL? No Yes Prior Agent Code # _____
18. Are you full-time in the insurance business? No Yes If not, state other business: _____
19. With which other insurance companies are presently licensed/appointed? _____

→**Background Information**

20. Have you ever been investigated or fined by an Insurance Regulatory Authority? Yes No
21. Has your insurance license ever been suspended or revoked? Yes No
22. Have you ever pleaded guilty or “nolo contendere” to or been found guilty of a felony? Yes No
23. Have you ever had a bond canceled or declined? Yes No
24. Are you now the subject of any complaint, investigation or proceeding which could result in a “yes” answer to any of the above questions? Yes No
If you answered “Yes” to any of the above questions, please attach a detailed explanation.

→**Employment History**

25. Current Employer: _____
Contact Person: _____ Phone #: _____ Start Date: _____
26. Previous Employer: _____
Contact Person: _____ Phone #: _____ Start Date: _____
27. Prior Previous Employer: _____
Contact Person: _____ Phone #: _____ Start Date: _____
(Please provide 7 years of employment history. Attach additional information if necessary)

→**Education**

28. Highest level of formal education: Grammar School High School College College +
29. Professional Designations: _____

Fair Credit Reporting Act (FCRA) – Public law requires that we advise you that a routine inquiry by accessing public records, may be made which will provide applicable information concerning your character, general reputation, personal characteristics, and mode of living. By signing below, you understand the above and authorize all persons and entities to release information about you they may have. You also acknowledge that you have read and understand the attached “Summary of Your Rights under the Fair Credit Reporting Act”. Upon written request, additional information as to the nature and the scope of the report, if one is made, will be provided.

→**Signature of Applicant:** _____ Date: _____

→**This section is to be completed by the recruiting General Agent:** Sub Agent Code: _____

Recruiting General Agent Name _____ Code: _____

Pay Writing Agent’s Commissions to: Recruiting General Agent Only or Applicant Only

The decision of any two arbitrators with respect to a Dispute shall be binding and conclusive and non-appealable and shall be submitted to the court for confirmation with the same effect as a judgment.

Each of the parties hereby irrevocably waives punitive, exemplary, consequential and other non-compensatory damages in connection with any arbitration award with respect to any Dispute.

The costs and expenses of arbitration, including the fees of the arbitrators, shall be borne by the losing part or in such proportions as the arbitrators shall determine. The successful party shall recover as expenses all reasonable attorneys' fees incurred by said party in connection with the arbitration proceedings.

H. **Miscellaneous**

"Policy" means any policy, certificate or other evidence of insurance coverage.

X. **ENTIRE AGREEMENT**

This Agreement, including any attached schedules, supplements, amendments, or other agreements incorporated herein by reference, represents the entire Agreement between you and us. No promise, agreement, understanding, or representation will be binding unless made in this Agreement, or by an instrument in writing, signed by you and one of our officers; provided, however, current schedules and supplements may be in a form of written notice from us to you which expresses by its terms an intention to modify prior schedules and/or supplements.

XI. **EFFECTIVE DATE**

This Agreement will be effective as of the Effective Date shown below, if you have been duly licensed in the appropriate jurisdiction, and if it is executed by you and at least one of our officers. The initial term of this Agreement shall be for one (1) year from the Effective Date and shall automatically renew for additional one year terms unless it is terminated as stated above.

To be completed by

To be completed by

AGENT

UNITED NATIONAL LIFE
INSURANCE COMPANY
OF AMERICA

Print Name on License

BY: _____
Agent Signature

By: _____
UNL Signature

Title

VICE PRESIDENT OF SALES
Title

Date

Effective Date

UNITED NATIONAL LIFE INSURANCE
COMPANY OF AMERICA
P.O. Box 1154- Glenview, IL 60025-1154

AGENT HIERARCHY

To be completed for each new agent:

	Agent Name	Code #
Level 1 _____ Agent	_____	_____
Level 2 _____ General Agent	_____	_____
Levels 3-8 _____ Managing General Agent	_____	_____

COMMISSION PAYMENT REQUEST

To be completed by Agent or Agency

Type of payment requested:

As-Earned

Advances

Please print Agent's Name

Agent Code

Agent's Signature

Date

General Agent's Signature

Date

Special Instructions: _____

Comments: _____

ADVANCE AGREEMENT

This agreement, made this _____ day of _____, 20____, by and between _____, Second Party (General Agent) and UNITED NATIONAL LIFE INSURANCE COMPANY OF AMERICA. In this agreement the Second Party will be referenced to as “you” and “yours” and United National Life Insurance Company of America will be “us”, “we”, or “our”.

Whereas, you desire us to make advances of first-year commissions to be earned under that certain contract dated _____ or any subsequent agency contract between you and us, “the Contract”.

NOW THEREFORE, it is agreed by the parties as follows:

1. We agree to make advance of first-year commissions to be earned under said Contract. The amount financed hereunder shall include such first-year commission advances and any other debts or claims under said Contract. The amount of such advances shall be determined by us. Such advances may be discontinued by us at any time. You hereby represent to us that such advances are solely for business purposes.
2. You agree to pay on demand to us at P.O. Box 1154, Glenview, Illinois 60025-1154, the unpaid balance of the amount financed hereunder with interest, compounded annually, at the rate of eight percent (8%) per annum. Interest is payable monthly and shall be due and payable at the end of each calendar month. Past due principal and interest shall bear interest at the highest rate permitted by law.
3. All agreements between the parties hereto are hereby expressly limited so that in no contingency or event whatsoever shall the amount paid, or agreed to be paid, to us for the use, forbearance, or detention of the money to be loaned hereunder exceed the maximum amount permissible under applicable law. If, from any circumstances whatsoever, fulfillment of any provision hereof at the time performance of such provision shall be due, shall involve transcending the limit of validity prescribed by law, then, ipso facto, the obligation to be fulfilled shall be reduced to the limit of such validity, and if from any circumstances we should ever receive as interest an amount that would exceed the highest lawful rate, such amount that would be excessive interest shall be applied to the reduction of the principal amount owing hereunder and not to the payment of interest.
4. As collateral security for repayment of the amount financed hereunder, you hereby assign, transfer and set over unto us, all of your right, claim and demand to any and all compensation which may now be due or hereafter become due to you under said Contract or any other contracts between you and us.
5. The amount financed hereunder will be charged to your account and all compensation earned by you, but not released will be posted to such account as payments. All such compensation earned by you will be applied to your account in the following manner: (1) interest due and payable hereunder, (2) the amount financed hereunder and (3) any other indebtedness then owing by you to us. At our discretion we may release such compensation as earned.
6. Upon termination of said Contract, the unpaid balance of the amount financed hereunder with interest at the rate set forth herein from the date of each such advance shall be immediately due and payable to us by you without demand or notice and shall constitute charges against you in our favor with respect to such compensation. If this agreement is placed with an attorney for collection or if suite be commenced or other proceedings taken to enforce payment, you agree to pay reasonable attorney’s fees and court costs.
7. This agreement shall be subject to all the terms, covenants and conditions contained in said Contract (except for those which may be in conflict).

EXECUTED as of date first written above.

X

SECOND PARTY (General Agent Signature)

UNITED NATIONAL LIFE INSURANCE COMPANY OF AMERICA



Automatic Deposit Payment Plan

How Your Automatic Deposit Payment Plan Works

UNL's Automatic Deposit Payment Plan ensures that your commissions are received on time.

Here's how:

1. Your commissions are automatically deposited into your bank account. The amount of your deposit will be reflected on the statement sent to you.
2. With the Automatic Deposit Payment Plan, all amount due to you will be paid under this method.

How to Enroll in the Automatic Deposit Payment Plan

Simply complete the attached Automatic Deposit Plan form, making sure to include a copy of a voided check. It's that easy!

Changing Banks Or Accounts

Notify the Home Office in writing when you decide to change your bank or account with the new account and routing numbers. Make sure to include your agent number in the letter. This will help to provide a smooth transition in transferring your Automatic Deposit Payment Plan to your new account.

For more information, call our Commission Accounting Department at 1-800-207-8050. Completed forms may be faxed to 847-699-0636.



Automatic Deposit Payment Plan

Authorization for direct deposit into the indicated bank account.

To _____
(Name of my bank)

(Address of my bank)

Please Attach Voided Check (A voided check is required to process your request.)

As a convenience to me, I request and authorize you to electronically deposit in my account, at the financial institution named on the attached voided check, commissions payable to me. I also authorize UNL to electronically withdraw from my account any sum erroneously credited to my account by UNL.

- I hereby certify that I conduct business under a "DBA" and that it is **NOT** a separate legal entity. I acknowledge all earnings will be recorded to me for tax purposes and not to the "DBA".
- I hereby certify that I do not conduct business under a "DBA".

I agree that my rights in respect to each payment shall be the same as if it were deposited by me and personally signed by me. I also agree to notify UNL within 30 days of the deposit date if there is a discrepancy with my deposit or if my response regarding "DBA" status changes. This will enable UNL to comply with Federal Banking laws. Failure to notify UNL may result in the loss of my deposit.

_____/_____/_____
Date

X _____
Signature

Agent Name

Agent Number