

APPLICATION FOR APPOINTMENT AGENCY/AGENT AGREEMENT

Agent Appointment

American Memorial uses a "Just In Time" appointment process which requires the agent to begin appointment at the same time they submit the first application.

- Writing agent will complete the *Application for Appointment Agency/Agent Agreement and W-9* at the time the first Application for Life Insurance is completed.
 - **Please note:** Both documents must have the same signed date if submitting Appointment paperwork and new business at the same time.
 - In the state of Georgia, appointment is required prior to soliciting business.
1. Complete the *Application for Appointment Agency/Agent Agreement and W-9*
 - a. For each individual requesting appointment
 - b. For each business entity requesting appointment
 2. Complete all pages fully
 - a. Place your initials beside the appropriate 'Yes' or 'No' box indicating your answer to each question on page 2. If you answer "yes" to any question(s), please include a written explanation
 - b. Page 7 – "Signature of Applicant" agent or business owner signature
 - c. Page 7 – "Manager" General Agent must sign and complete applicable information
 3. Writing Agent will mail the documents noted below to his/her General Agent for processing
 - a. *Application for Appointment Agency/Agent Agreement*
 - b. *Copies of your resident & nonresident licenses for the states you intend to sell in*
 - c. *Completed W-9*
 - d. *Direct Deposit Authorization form with a voided check, if applicable*
 4. General Agent will
 - a. Review documents for accuracy
 - b. Sign the *Application for Appointment Agency/Agent Agreement* as manager
 - c. Fax or Mail
 - i. Application for Appointment Agency/Agent Agreement
 - ii. Completed W-9
 - iii. Direct Deposit Authorization form with a voided check, if applicable
 - iv. License Copies
 - v. Commission Schedule
 - vi. Hierarchy

REMINDER: Prior to submitting an insurance application to AML, complete the Personal Health Interview/Point of Sale call with ESP at (888-801-5118)

The completed application(s) are sent to:



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Agent Commission Schedule

**American Memorial
Life Insurance Company®**

IZ Plan

Commissions will be paid as a percentage of Policy Premium Received		
Age	1st year	Lifetime Renewals
0-25	40%	4%
26-75	60%	4%
76-80	40%	4%
81-85	20%	4%

Chargeback Policy

Earned commission is not subject to chargeback.

100% of advanced commission not yet earned is subject to chargeback for policy termination during the first year. Please see the contract for additional information.

Earned commission will be reversed if the associated premium transaction is reversed at any time during the life of the contract.

Agent Name (Print)	Signature of Agent	Date
	X	
Direct Upline/Manager Name		



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APPLICATION FOR APPOINTMENT AGENCY/AGENT AGREEMENT



This application is for: (circle one) **Individual** **Business**

Responses on this form should be based on the selection above. If applying for both types, submit 2 separate applications.

SECTION I - Application for Appointment Agency/Agent Agreement

► **STEP 1:** Please supply the following information (All fields required):

To what address should mail be sent? (circle one)		Business		Residence	
Applicant or Business Name					
FEIN/Social Security Number		Date of Birth (if applicable)			
Gender (circle one)	Male Female		Fax #	()	
Email Address					

Business	Street				
	City	State	Zip		
	Phone	()			

Residence	Street				
	City	State	Zip		
	Phone	()			

* All Fields Required.

► **STEP 2:** Are you currently licensed? Yes No (circle one)

Attach a copy of ALL License(s), Resident and non-resident. Please remember to mail a copy of your active license when renewed by the State(s).

► **STEP 3:** Please answer each question using your initials. Answers will be independently verified, so please respond accurately and truthfully. A "Yes" answer to any of the following questions will not automatically cause this application to be denied. Any "Yes" answer must be accompanied by a written explanation. This explanation, along with all file and background information as a whole, may be used to evaluate this application.

1. Have you ever been charged with, or convicted of, or been indicted for, or entered a plea of guilty or nolo contendere, "no contest", or having been given probation, a suspended sentence or fine, to any criminal offense (felony, gross misdemeanor or misdemeanor), other than minor traffic violations, in any County, State or Federal Court? Please note that a background check will be used to validate your response.

Yes or No (Initial one)

If "Yes", attach a detailed explanation surrounding the event including the charge, date, county and state. (Please provide court documents or additional documentation if applicable)

2. Are you now or have you ever been the subject of any lawsuit, claim, investigation or proceeding alleging breach of trust or fiduciary duty, forgery, misrepresentation, mismanagement of funds, fraud, or any other acts of dishonesty?

Yes or No (Initial one)

If "Yes", attach a detailed explanation surrounding event. (Please provide court documents or additional documentation if applicable)

3. Have you ever had your AGENCY/AGENT license or registration suspended or revoked, or have you ever been the subject of a professional license/registration investigation, market conduct investigation, claim proceeding, regulatory action or complaint filed with or by a state Department of Insurance?

Yes or No (Initial one)

If "Yes", attach a detailed explanation surrounding the event. (Please provide court documents or additional documentation if applicable)

4. Are you delinquent in ANY personal or business financial obligations (including unpaid debit balances (commission charge backs) to any insurance company, consumer credit, child support, alimony or similar obligations), or are there any outstanding judgments, liens or claims against you, including delinquent tax obligations?

Yes or No (Initial one)

If "Yes", attach a detailed explanation surrounding the circumstances of the delinquencies. (Please provide additional documentation if applicable)

5. Have you, or a business in which you are or were an owner, partner, officer, or director, ever filed bankruptcy?

Yes or No (Initial one)

If "Yes", attach a detailed explanation surrounding the circumstances of the bankruptcy. (Please provide additional documentation if applicable)

SECTION II - Agency/Agent Contract

1. APPOINTMENT

- A. We hereby appoint You our AGENCY/AGENT with the power to recommend for appointment to Us, Agents to solicit applications for contract of Preneed and Final Expense insurance policies, to collect only the first premiums and thereon, to service the business.

2. COMPENSATION

- A. Subject to the conditions of this Contract, AGENCY/AGENT will receive commissions on policies issued by COMPANY based on applications submitted by AGENCY/AGENT.
- B. Compensation will be payable according to your AGENCY/AGENT Commission Schedule for each policy issued while this contract is in effect. Commissions will be paid only after premium has been paid and accepted by COMPANY.
- C. At any time, COMPANY may change any provision of this Contract or Commission Schedule.
- D. At any time, COMPANY may change any provision of this Contract or Commission Schedule; due to Regulatory change notifications.

3. DUTIES AND OBLIGATIONS OF AGENCY/AGENT

- A. AGENCY/AGENT will be governed by the terms and conditions of the Contract and such rules and regulations as COMPANY has established or may in the future establish. COMPANY may change or establish new rules and regulations at any time.
- B. AGENCY/AGENT will make full disclosure to COMPANY of all factors known to AGENT which might affect the underwriting of risks, including background history of applicants.
- C. As an independent contractor, AGENCY/AGENT will exercise independent judgment in performing his duties in the contract. No rule or regulation of COMPANY shall be deemed to create an employment relationship.
- D. AGENCY/AGENT will, at all times, act in the best interest of COMPANY.
- E. AGENCY/AGENT may recruit, train, and maintain an AGENT force ("AGENT's sub-agents") to sell the policies provided by COMPANY.
- (a) All sub-agent contracts must be on approved forms, and will not be effective until accepted by COMPANY. Each sub-agent recruited must be properly licensed and appointed under the laws of each jurisdiction where the sub-agent does business. COMPANY may refuse to contract with any sub-agent or terminate any contract made with any sub-agent, with or without cause. AGENCY/AGENT may request that COMPANY terminate its contract with a sub-agent, but AGENCY/AGENT does not have the authority to change or terminate any contract without COMPANY's consent.
- (b) With COMPANY's consent, AGENCY/AGENT may submit for COMPANY's approval, the names of licensed sub-agents that have contracted directly with AGENCY/AGENT to sell COMPANY's products. COMPANY may refuse to appoint any sub-agent or terminate the appointment of any sub-agent. COMPANY is not obligated in any way to explain why it chose not to appoint an agent or sub-agent. If AGENCY/AGENT contracts directly with its sub-agents, AGENCY/AGENT will be solely responsible for payment of compensation due to such sub-agents, and COMPANY has no responsibility to pay compensation to AGENCY/AGENT's sub-agents.
- (c) A sub-agent will immediately cease to operate under AGENCY/AGENT's authority under any one of the following circumstances:
- (i) AGENCY/AGENT terminates its relationship with the sub-agent in any manner; or
- (ii) The sub-agent terminates its relationship with AGENCY/AGENT in writing with a copy to COMPANY; or
- (iii) This contract is terminated.

4. GENERAL PROVISIONS

- A. Fiduciary: The AGENCY/AGENT does not have the authority to receive monies for COMPANY, except the initial premium on insurance policies solicited by AGENT. All premium funds accepted must be immediately forwarded to COMPANY. Pending transmission, all premiums or other monies collected by AGENT and his sub-agents will be held as trust funds, will be kept apart from AGENCY/AGENT's own or other funds, and will not be used by the AGENCY/AGENT as a off-set against any commissions or

monies due or claimed to be due from COMPANY.

- B. Advertisements: No advertisements or other printed matter regarding COMPANY business shall be used in anyway by AGENCY/AGENT or his sub-agents until it has been approved in writing by COMPANY.
- C. Property: All printed matter or other supplies furnished to AGENCY/AGENT by COMPANY, books and accounts, and policyholder lists used by AGENCY/AGENT are the property of COMPANY and will be promptly returned to COMPANY not less than fifteen (15) calendar days upon termination of this Contract. All COMPANY information obtained by AGENCY/AGENT while this contract is in force will be confidential, and will not be disclosed by AGENCY/AGENT without COMPANY's written consent.
- D. Assignments: AGENCY/AGENT will not have the right or the power to assign all or part of this Contract, nor any commissions payable, unless the assignment is first approved in writing by COMPANY.
- E. Unauthorized Acts: AGENCY/AGENT will not, nor will AGENCY/AGENT permit any sub-agent to, perform these acts on behalf of COMPANY. These unauthorized acts include, but are not limited to the following:
 - (i) incur any indebtedness or liability;
 - (ii) make, alter or discharge contracts;
 - (iii) waive forfeitures;
 - (iv) quote rates other than as quoted by COMPANY;
 - (v) extend the time for payment of any premium;
 - (vi) waive payment in cash; or
 - (vii) violate any insurance law;
 - (viii) take any action which requires licensing and/or appointment in any state in which AGENCY/AGENT or any sub-agent is not authorized to take the action;
 - (ix) collect any renewal premium for a policy other than the first initial premium.
- F. You will remain personally responsible for any uncollected debts of your subagents such as chargebacks. This includes all agents or subagents in your hierarchy. We will offset against any claim for compensation hereunder any debt or debts now due or that may become due at any time from You to Us and such debt or debts shall be a first lien thereon. Your account will be charged with your subagent's indebtedness within ninety (90) calendar days or later after your agent is charged with a chargeback. Any lien created by this Contract will not be extinguished by the end of the contract, and will be in addition to any rights of collection existing under state law.
- G. **Consent to Jurisdiction; Attorney's Fees: This Contract will be construed in accordance with the procedural and substantive laws of the state of South Dakota. Should any legal action be taken to enforce this Contract's terms, AGENCY/AGENT consents to service of process and to jurisdiction of the state courts of Pennington County, South Dakota. In the event of legal action arising out of this Contract, the prevailing party will be entitled to recover reasonable attorney's fees, costs and disbursements.**
- H. Bonding; Legal Action:
 - (i) AGENCY/AGENT will furnish on demand a bond satisfactory to COMPANY;
 - (ii) AGENCY/AGENT will pay COMPANY on demand all sums, expended by COMPANY in answering or defending any legal proceeding involving AGENCY/AGENT.

5. PAYMENT OF COMPENSATION

- A. COMPANY will provide a commission statement to AGENCY/AGENT as requested on Exhibit A showing all activity on AGENCY/AGENT's account. AGENCY/AGENT will have ninety (90) days from receipt of each statement to report, in writing, any dispute with the content of the statement. Failure to notify COMPANY of any dispute with the commission statement within the ninety (90) days will constitute waiver by AGENCY/AGENT of the right to further audit of AGENCY/AGENT's account.
- B. If AGENT is a living person, in the event of AGENT's death while this Contract is in force (unless AGENT has given COMPANY written instruction to do otherwise and subject to any assignment) COMPANY will pay all compensation which would otherwise be paid to AGENT, as it accrues, to AGENT's surviving spouse and, at the surviving spouse's death, to the estate of the surviving spouse. If AGENT dies leaving no spouse surviving, compensation will be payable to AGENT's estate. Payments will begin only after all debts to COMPANY have been satisfied. Payment by COMPANY under this provision will relieve COMPANY of all liability for such compensation.
- C. If, in any calendar year, total compensation paid to AGENCY/AGENT is less than \$50.00, no further compensation shall be payable to AGENCY/AGENT.

6. ASSIGNMENT OF COMMISSIONS

- A. If elected, the AGENCY/AGENT may assign, transfer and set over to the Assignee all of AGENCY/AGENT's right, title and interest to any commissions otherwise payable by the COMPANY to AGENCY/AGENT under the provisions terms and conditions of this contract.
- B. It is expressly agreed that the COMPANY is hereby authorized to pay commissions as and when same shall become due to Assignee and payment of the commissions to Assignee will fully discharge the COMPANY of and from any and all liability to the AGENCY/AGENT with respect to the commissions so paid. This section is subject to the prior right of the COMPANY under the terms of said contract to deduct from commissions any indebtedness which may be due from AGENCY/AGENT to COMPANY.
- C. If any indebtedness remains upon AGENCY/AGENT's termination from COMPANY, then AGENCY/AGENT agrees COMPANY shall have first lien on any other commissions payable to AGENCY/AGENT from any other insurance company or AGENCY/AGENT or entity ("other commissions"). AGENCY/AGENT also agrees that up to 20% of any other commission payable or any other source of such received from an insurance company shall be immediately assigned and paid to COMPANY until AGENCY/AGENT's indebtedness to COMPANY is satisfied.

7. TERMINATION

- A. Without Cause. AGENCY/AGENT's appointment and this Contract can be ended automatically without cause by either COMPANY or AGENCY/AGENT upon sending written notice to the last known address of the other party by first class mail, return receipt requested.
- B. Automatic. AGENCY/AGENT's appointment and this Contract will be ended automatically, without notice, by the total physical or mental disability, death, dissolution, insolvency, or bankruptcy of AGENCY/AGENT.
- C. For Cause. COMPANY may end this Contract for cause by sending AGENCY/AGENT, at AGENCY/AGENT's last known address, a written notice of termination which will be effective immediately upon the mailing of the notice. This Contract may be ended for cause if in the sole viewpoint of the Company:
 - (1) In order to induce COMPANY to enter into this Contract AGENCY/AGENT has furnished materially false financial or biographical or other information or has failed to disclose unfavorable information of a material nature; or
 - (2) AGENCY/AGENT, at any time without written consent of COMPANY, attempts to induce any other AGENCY/AGENT, broker, employee or funeral service professional associated with COMPANY to discontinue that individual's association with COMPANY, or induces or attempts to induce a policyholder of COMPANY to relinquish a policy of COMPANY; or
 - (3) AGENCY/AGENT has knowingly failed in any manner to comply with the terms of this Contract or any prior agreement between AGENCY/AGENT and COMPANY, or COMPANY's rules and regulations currently in force. If this Contract is ended without cause, and cause is later found to exist, then AGENCY/AGENT's rights will end from the date of the act giving rise to the later termination for cause. If this Contract is ended for cause, all claims of AGENCY/AGENT under any prior agreement between AGENCY/AGENT and COMPANY entered into prior to AGENCY/AGENT's termination For Cause, including claims for payment of any sums of money, will be ended and AGENCY/AGENT will receive no further compensation from COMPANY. AGENCY/AGENT will reimburse COMPANY for any costs, including attorney fees that COMPANY incurs in recovering funds wrongfully withheld or any other property belonging to COMPANY or to an applicant for insurance, or for the defense of any action where COMPANY is charged with the violation of the insurance laws of any state by reason of AGENCY/AGENT's conduct.
- D. Compensation payable after termination – Vesting
Compensation payable to Agent shall be immediately vested.

8. MARKETING SUCCESS

- A. We do not represent or guarantee that any sales or marketing initiatives and/or programs contemplated under this Agreement will achieve any certain level of success.

9. STRICT PERFORMANCE

- A. COMPANY's failure to insist upon strict performance will not be construed as a waiver for any particular incident(s) of non-performance, but instead, complete and full performance for said incident(s) can be

demanding by COMPANY, and any and all other provisions of this Contract will continue to be in full force and effect.

10. ARBITRATION

- A. Any dispute arising out of this Contract upon which an amicable understanding cannot be reached, shall be decided by mandatory binding where permitted by law according to the Commercial Rules of Arbitration of the American Arbitration Association. If this arbitration provision is deemed invalid or unenforceable, it shall not invalidate the remaining portions of the Arbitration Provision or this Contract, except that in no event shall this Arbitration Provision be amended or construed to permit class arbitration or arbitration on behalf of any individual other than AGENCY/AGENT.

11. VALIDITY OF CONTRACT

- A. Any term of this Contract which will be in violation of any law, rule, regulation or policy of any state or any of its departments, agencies or bureaus, now or in the future, will be amended as to conform thereto; and any such void provision will not affect the validity of the remaining provisions of the Contract.

12. COMPLAINTS

- A. You will refer to Us all policyholders or certificate holders who have an inquiry or problem regarding the Tony Portfolio as well as all correspondence or complaints that are received from regulatory agencies, governmental authorities, privacy or consumer protection agencies, or other similar organizations. Any inquiry from a government, regulator or agency, attorney general, better business bureau, or other consumer or business organization received by the Agent with respect to Our or Your activities with Us or the product shall be forwarded to Us. The method of sending such inquiry to Company will be as appropriate to allow a response within the time stated in such inquiry but no later than three (3) calendar days of receipt of such inquiry by Agent.

13. AGENT SHALL IMMEDIATELY NOTIFY

- A. Agent shall immediately notify Company, but no longer than three (3) calendar days, of any of the following occurrences if known to the Agent:
- a) The Agent becoming insolvent or being unable to pay his debts as they generally become due;
 - b) The Agent making an assignment for the benefit of his creditors or seeking protection under bankruptcy laws;
 - c) A bankruptcy representative being appointed for the Agent;
 - d) The Agent ceasing to carry on business in the ordinary course;
 - e) The Agent losing or failing to maintain any regulatory license needed to sell products.
 - f) A change in business or home address.

14. PRIOR CONTRACTS; MODIFICATIONS

- A. This Contract will constitute the entire agreement between the parties, superseding all previous contracts and understandings, whether written or oral, and will be effective as of the execution date. It cannot be modified by any subsequent oral or written promise or statement, by whoever made. Any modification of this Contract will not be binding upon COMPANY until it has been approved and executed in writing on behalf of COMPANY, except:
- (i) That any prior indebtedness from AGENCY/AGENT to COMPANY and any liens created in connection therewith will continue in full force and effect.

15. EQUAL POWER OF DRAFTING

- A. AGENCY/AGENT and COMPANY have had opportunity to review this Agreement, and this Agreement shall be construed recognizing that both AGENCY/AGENT and COMPANY had equal power to draft this Agreement.

CERTIFICATION

1. I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief. I further understand that failure to provide true and complete information may result in the denial of this request for appointment and/or subsequent termination thereof. I agree to promptly notify American Memorial Life Insurance Company if any of the information on this application changes.

SIGNATURE

I acknowledge that I am knowledgeable with the insurance laws and regulations of the jurisdictions to which I am applying for appointment.

I confirm that I have read and understand American Memorial Life Insurance Company's rules as stated in this Agency/Agent Agreement.

This Application for Appointment is executed by the parties, and shall have full force and effect as an original.

Print Name	Signature of Applicant	Date
	X	
Title (if a corporation)		
Manager Approval	Manager Agent Number	Date
Manager Phone Number	Manager Fax Number	
Do not write in the area below, for AMLIC use only.		
Authorized COMPANY Official Signature		

**Exhibit A
to
Agency/Agent Agreement**

GENERAL PROVISIONS RELATING TO COMMISSIONS AND CHARGEBACKS

1. Commissions for any increase to the Policy Face Amount, regardless of whether treated as a cancellation and reissue or a new policy, will be based on the net increase in the Policy Premium Amount.
2. Commissions will be paid according to premiums received. Commissions may be advanced as agreed in the "Commission Advance Addendum to Agent's Contract".
 - A. Earned commission is not subject to chargeback. However, earned commission will be reversed if the associated premium transaction is reversed at any time during the life of the contract. 100% of advanced commission not yet earned is subject to chargeback for policy termination during the first year.
3. Commissions will not be paid on premiums waived or on premiums paid pursuant to a premium loan provision in a policy.

4. Chargebacks:
 - A. If Company refunds any premium on a policy issued pursuant to this Agreement, Company may charge back any and all Commissions paid on such policy.
 - B. If Company, as a result of misappropriation by Agent, any of Your Subagents, credits any of its funds to a policy issued pursuant to this Agreement, Company will charge back all Commissions paid on such policy.
 - C. If, on or prior to the first year policy anniversary any of the following events occur, Company will chargeback all advanced Commissions not yet earned.
 - Lapse
 - Surrender
 - Exercise of Non-forfeiture Option
 - Automatic Premium Loan
 - Policy Loan
 - Death of Insured
 - Decrease in Policy Face Amount (based on net premium)

5. Commission payment selection:

- Weekly - Friday
 Bi-Weekly - Monday, Wednesday

If no selection is made, the default will be bi-weekly.

Fair Credit Reporting Act Consent Form

I authorize the Company to conduct an investigation now and any time hereafter concerning my qualifications for appointment including my character, general reputation, credit worthiness, and personal traits including but not limited to a criminal background check due to the Federal Violent Crime and Control Act of 1994. I release any person and/or companies so contacted from all liability with respect to the information given. I agree that any background information received by the Company may be shared with (1) my appointing AGENT or AGENCY to determine my appropriateness for initial appointment or continuation of such appointment, and (2) any affiliate of the Company and corresponding appointing AGENT, if different, for which I may seek or have been granted an appointment in the future. I further understand that the Company may deny my request for appointment, and may subsequently rescind my appointment, at its sole discretion.

According to the Fair Credit Reporting Act (FCRA, Public Law 91-508, Title VI) which was revised effective September 30, 1997, I am entitled to know if the considerations for which I am applying are denied because of information obtained from a consumer reporting AGENT. If so, I will be notified and be given the name of the AGENT providing that report.

Applicant Name (Please Print)	Date
Have you ever done business under another name? If so, please provide name.	
Social Security Number	Date of Birth
Applicant Signature	

CONSUMER NOTIFICATION

Please be advised that a consumer report or an investigative consumer report will be obtained from a consumer reporting agency for the purpose of evaluating you for appointment.

This report may contain information bearing your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living from public record sources or through personal interviews with your neighbors, friends or associates. Prior to procuring such a report, you will receive an authorization form from American Memorial Life requiring your signature. (Authorization and Signature required in information above).

I understand that if I am a resident of Minnesota/Oklahoma (only) I may obtain a copy of the report ordered, and now indicate my desire to do so by checking this box.

Notice to California Candidates

You have a right to obtain a copy of any consumer report or investigative consumer report obtained by American Memorial Life by checking the box provided below. The report will be provided to you within three (3) business days after we receive the requested reports related to the matter investigated. I request to receive a copy of this report by checking this box.

Under Section 1786.22 of the California Civil Code, you may view the file maintained on you by General Information Services, Inc. (GIS) during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services, by appearing at GIS in person or by mail. You may also receive a summary of the file by telephone. GIS is required to have personnel available to explain your file to you and must explain any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification. Communications with General Information Services, Inc. should be directed to PO Box 353, Chapin, SC 29036 or (877) 590-4012.

FAIR CREDIT REPORTING ACT NOTICE: In accordance with the Fair Credit Reporting Act (FCRA, Public Law 91-508, Title Vi), revised effective September 30, 1997, this information may only be used to verify a statement(s) made by an individual in connection with legitimate business needs. The depth of information available varies from state to state. Status of updates is available upon request. Although every effort has been made to assure accuracy, American Memorial Life Insurance Company or General Information Services, Inc. cannot act as guarantor of information accuracy or completeness. Final verification of an individual's identity and proper use of report contents are the user's responsibility. General Information Services, Inc.'s policy requires purchasers of these reports to have signed a Service Agreement. This assures General Information Services, Inc. that users are familiar with and will abide by their obligations, as stated in the FCRA, revised effective September 30, 1997, to the individual named in these reports. If information contained in this report is responsible for the suspension or termination of an employee or the application process, have the Candidate/employee contact General Information Services, Inc. Communications with General Information Services, Inc. should be directed to PO Box 353, Chapin, SC 29036 or (877) 590-4012.

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.

Sign Here

Signature of
U.S. person ▶

Date ▶

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,



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COMMISSION DIRECT DEPOSIT AUTHORIZATION FORM



Commission Direct Deposit Authorization Form

To authorize American Memorial Life Insurance Company to deposit your commission checks directly into your bank account, please complete the form below and return to the Commission Accounting Department.

By letting us deposit your check for you, funds from commissions will be available to you two working days after the commission statement is generated in Rapid City. Instead of receiving a check in the mail, you will receive a Notification of Deposit. The Notification of Deposit presents the same information as a check.

Steps in completing the bottom of this form are:

1. Mark the Line indicating whether you want your checks deposited in a Savings or Checking Account.
2. Fill in your Social Security Number or Tax Identification Number.
3. Fill in your Account Information.
4. Sign and Date the Form.
5. Attach a Voided Check for verification of your account information.
6. Return the form to the Commission Accounting Department.

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I authorize you and the financial institution below to automatically deposit my commissions (this includes my authorization to you to reverse any entries made in error). This authority will remain in effect until I give written notice to cancel it.

Type of Account	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	SSN or TIN	
Name				
Financial Institution				
Routing Transit #		Account #		
Signature		Date		

Staple Voided Check Here