

**GENERAL AGENT CENTER  
NATIONAL MARKETING DIVISION  
24816 State Rd. 54  
Lutz, FL 34639**

**GENERAL AGENT CONTRACTING KIT  
VALUE HEALTH PLAN, VALUE MED PLAN,**

**Contracting Checklist:**

1. Agent's Profile Form - (GTL/UNL)
2. Agent's Appointment Application - (AIG)
3. Agent's VBA / 24 Hour Accident Agreement & Commission Addendum
4. GAC Representative Agreement & VH/VM Commission Addendum
5. Copy of Current Insurance License (Also include copies for all the non resident states you plan to sell in.)
6. IRS W-9 Form
7. Complete and sign the Commission Auto Deposit Form - attach a voided check

**Please note additional instructions below:**

1. Value Health Plan - the resident state appointment fee is paid the United States Life Ins. Co. of the City of NY (AIG)
2. Value Med Plan - the resident State Appointment Fee is paid by either GTL/UNL in the immediate writing states.

**In the non immediate writing states of: GA, PA, UT & WA, we must receive your check payable to GTL or UNL for your appointment fee. Also, you must wait until your appointment approved before selling. The non-immediate writing state fees are:**

**Georgia \$21.00    Pennsylvania \$15.00    Utah No Fee    Washington \$20.00**

**MAIL OR FAX COMPLETED CONTRACT FORMS TO:**

**GAC NATIONAL MARKETING DIVISION  
24816 SR 54, LUTZ FL 33559**

**FAX: 1-775-256-3023  
TOLL FREE: 800-981-VALU  
DIRECT: 813-388-6811**

# American General

Life Companies

## Third Party Administrator: Producer's Profile

### American General Life Companies

Administrative Office: Agent Licensing • Mailstop 3-Z • 3600 Route 66 • Neptune, NJ 07753

**This form must accompany requests for appointment and/or license with our Company. In addition, if the applicant is a Company, Corporation or Partnership then the Agency Officer/Principal(s) must also complete the Individual/Executive section in its entirety and supply a copy of his/her insurance license(s).**

**American General Life Companies is the marketing name for the insurance companies and affiliates including American General Assurance Company, American General Life Insurance Company, AIG Life Insurance Company, American International Life Assurance Company of New York and the United States Life Insurance Company in the City of New York.**

#### SECTION 1:

TPA Name: MM/GAC TPA Code: T1129  
TPA Licensing Contact: GAC Telephone Number: 1-800-366-2467

#### SECTION 2: How are you doing business? Corporation Individual

**Companies must complete both Company and Individual/Executive applicant information.**

Company Name: \_\_\_\_\_  
Tax Identification Number: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

#### Individual/Executive: To be completed by Agency Officer/Principal(s):

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
Male  Female  Suffix and/or Prefix if applicable: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Resident Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

#### SECTION 3: License and Appointment Information

##### Individual/Executive

##### Resident State Appointment\*

Resident State: \_\_\_\_\_

##### Non-Resident State Appointment(s)\*

Are you requesting appointment for any non-resident states? Yes  No

If yes, identify states: \_\_\_\_\_

##### Corporation

##### Resident State Appointment\*

Resident State: \_\_\_\_\_

##### Non-Resident State Appointment(s)\*

Are you requesting appointment for any non-resident states? Yes  No

If yes, identify states: \_\_\_\_\_

\*If requesting appointment in the state of Florida, please indicate all applicable counties: \_\_\_\_\_

<b>SECTION 4: Confidential History</b>	Individual/Executive		Corporation	
	Yes	No	Yes	No
<b>Instructions:</b> Please answer each question for the Corporation and if applicable, the Individual/Executive, by checking the applicable box. If you answer yes to any questions, please provide an explanation using the space below. Please provide the date of occurrence, explanation, resolution and applicable court documents. Insufficient information will result in processing delays. If additional space is required, please attach a separate sheet. Note that all answers are verified by a background investigation and/or credit report.				
1. Have you ever been convicted of or plead guilty or no contest to a felony?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever been convicted of or plead guilty or no contest to a misdemeanor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you currently under investigation by any legal or regulatory authority?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you now owe money to any insurance company?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you or a firm in which you were a partner, officer or director been declared bankrupt or been party to a bankruptcy or receivership proceeding?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you had a salary garnished or had liens or judgments against you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Has any insurance department, government agency or self-regulatory authority ever denied, suspended, revoked, censured or barred your license or registration or disciplined you with fines or by restricting your activity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you ever been the subject of a consumer-initiated complaint?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you ever been the subject of a proceeding by any self-regulatory body or any securities, commodities or insurance regulatory body or organization?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Has a bonding company ever denied, paid out on or revoked a bond for you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Have you ever had a claim filed against your professional liability or Errors and Omissions insurance coverage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Has any insurance company or securities broker-dealer terminated your contract or permitted you to resign for a reason other than lack of sales?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Have any of the American General Affiliates, as identified on page 1 of this application, ever declined to appoint you, refused to contract you or terminated your contract?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SECTION 5: Producer Authorization:**

Producer's Social Security Number: \_\_\_\_\_

I have read and received, as of the date indicated below, the notice concerning investigative consumer reports, as required by law. I understand that by signing this form, **I authorize the American General Affiliates** with which I have requested appointments with **to investigate my background, including my credit history and interviews with former employers.** I agree that if any of my answers to the questions in the section, **Confidential History**, change, I will notify in writing the Licensing and Contracting Department at the address noted on the last page of this application within 10 business days of the incident that would cause an answer to change. **I understand that falsification of information or failure to update the answers on this application may result in termination of appointment(s) with all American General Affiliates.** In addition, I authorize the American General Affiliates that have appointed me to report information about earning and debit balances to any credit bureau or similar organization.

I authorize American General Affiliates to share background, licensing, applicant data and other information that they have about me.

By signing the Producer authorization, I certify that my E & O policy extends coverage to the person or entity requesting contracting and appointment. I agree to provide a copy of the E & O policy, if requested. Further, I understand that I am responsible for maintaining at least \$1 million per act of Errors and Omissions coverage without interruption while my American General Life or affiliated company contract is active.

I acknowledge that I have reviewed the "Customer Service and Compliance Manual for Producers and Employees for the American General Life Companies" and / or "Operations Manual for American General Annuity Insurance Company" and I agree to abide by those principles, as amended from time to time, in representing any of the American General Affiliates that appoint me.

**Under penalties of perjury, I certify: that the number shown on this application is my correct Social Security or Tax Identification number; and I am not subject to backup withholding under Section 3406(a)(1)(C) of the Internal Revenue Code. The Internal Revenue Service does not require my consent to any provision of this document other than the certification required to avoid backup withholding.**

\_\_\_\_\_  
**Producer's Signature**

\_\_\_\_\_  
**Date**

**SECTION 6: FAIR CREDIT REPORTING ACT - Notice of Proposed Investigative Consumer Report (Please retain a copy for your records.)**

Pursuant to the Fair Credit Reporting Act, this notice is to inform you that as a component of our contracting and appointing process, each Company with which you have requested an appointment may request an investigative consumer report that may include information related to your character, general reputation, personal characteristics and mode of living.

You have a right to request in writing, within a reasonable period of time after receipt of this notice, a complete and accurate disclosure of the nature and scope of the investigation requested and a written summary of your rights under the Fair Credit Reporting Act. Such a request should be sent to:

American General Life Companies  
Attn: Licensing and Contracting Department, Mailstop 3Z  
3600 Route 66  
Neptune, NJ 07753  
Toll Free Phone: 1-800-346-7692, press options 2 and 2.  
Fax: 732-922-5587

This Department will handle inquires on behalf of all American General Affiliates. Disclosed information must be provided in writing and mailed to you, along with the written summary of your rights, within five (5) business days after receipt of your written request.

Also, each Company with which you have requested an appointment may share the information contained in the investigative consumer report and other information in your file with its affiliates, unless you send a written request to the above described address directing that this information not be disclosed or shared with an affiliate.

If you are a resident of CA, OK or MN and would like a copy of the background report obtained, please check here.

# Application To Sell Value Med Plan

Guaranteed Trust Life Insurance Company (GTL)  
1275 Milwaukee Ave | Glenview, IL 60025  
(For states not listed under UNL)

United National Life Insurance Company of America (UNL)  
1275 Milwaukee Ave | Glenview, IL 60025  
(AR-ID-IL-KS-MO-NE-NV-NM-ND-OK-SD-TX-UT-WV)

## Contract / 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. Spouse's Full Name \_\_\_\_\_
4. Home Address \_\_\_\_\_
5. Home Phone \_\_\_\_\_ Home Email \_\_\_\_\_
6. Business Address \_\_\_\_\_ FAX # \_\_\_\_\_
7. Business Phone \_\_\_\_\_ Business Email \_\_\_\_\_

### CORPORATE INFORMATION

8. Company Name \_\_\_\_\_ Tax ID# \_\_\_\_\_  
Company Insurance License # \_\_\_\_\_ (Copy Required)

### LICENSING INFORMATION: All Agents must submit a copy of current license(s) (Resident & Non-Resident)

9. Type of License:  Life  A & H  Broker
10. Have you ever been licensed with UNL or GTL?  No  Yes Prior Code # \_\_\_\_\_

### BACKGROUND INFORMATION

11. Have you ever been investigated or fined by an Insurance Regulatory Authority?  Yes  No
12. Has your insurance license ever been suspended or revoked?  Yes  No
13. Have you ever pleaded guilty or "nolo contendere" to or been found guilty of a felony?  Yes  No
14. Have you ever had a bond canceled or declined?  Yes  No
15. 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.

### 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 **X** \_\_\_\_\_ Date \_\_\_\_\_

Recruited by \_\_\_\_\_ Date \_\_\_\_\_

### Value Med Plan

Exclusively Distributed By:



15575 N 79th Pl - #100  
Scottsdale, AZ 85260  
Phone: (800) 366-2467 • FAX: (800) 471-7996  
[www.GeneralAgentCenter.com](http://www.GeneralAgentCenter.com)

# GAC NATIONAL MARKETING DIVISION

## GENERAL AGENT (GA) AGREEMENT

This Agreement is made by and between General Agent Center, in California, General Agent Insurance Center, ("GAC") and the Independent Producer ("Agent") whose signature appears on the reverse side and / or on any and all areas of this Agreement.

**IN CONSIDERATION** of the mutual promises and covenants set forth below, the parties hereby agree as follows:

- (1) GAC shall pay to Agent commissions as provided for in the commission schedule hereof as complete compensation for all applications procured and for all services performed by or required of Agent hereunder. If GAC is limited on commissions, Agent shall be so limited. For each policy which Agent fails to deliver as required, Agent shall pay to GAC, upon demand, actual damages, losses, costs or expenses incurred as a result of the failure to adhere to such requirements.
- (2) Agent shall not solicit applications for any insurance unless Agent is properly licensed. Agent must maintain Errors and Omissions insurance personally. Agent must provide GAC with a copy of such coverage.
- (3) No commissions shall be payable on any policy not accepted by the applicant or on any application declined by the insurance company to whom it is submitted. If GAC is charged back on any case, Agent shall also be charged back. In the event that Agent incurs indebtedness to GAC or affiliates, GAC may offset against, and deduct from, any compensation due Agent and such indebtedness shall be a first lien against all such compensation.
- (4) Agent agrees to refrain from using advertising or any other material not supplied or approved in writing by GAC.
- (5) No forbearance or neglect by GAC to enforce any of the provisions of this Agreement shall invalidate it or thereafter constitute a waiver of any of these provisions or provisions of "Request For Appointment."
- (6) This Agreement shall terminate automatically upon the death or total and permanent disability of Agent. In the event of death or total and permanent disability, commissions earned on policies still in force will be paid to the estate of Agent or to any other party designated by Agent. Either party may terminate this Agreement upon fifteen (15) days prior written notice to the other party's last known address; or GAC may terminate this Agreement immediately for cause upon written notice to Agent at Agent's last known address. Cause is defined to mean: (a) fraud or breach of any of the terms of this Agreement, (b) failure to pay GAC any monies as herein required, (c) violation of any laws or rules regulating insurance, (d) any illegal act or (e) offering products not specifically authorized by GAC to individuals with whom Agent is given response or leads by GAC. If this Agreement is terminated for cause, Agent shall not be entitled to any further commissions of any kind.
- (7) Agent agrees that in the event Agent's license or appointment terminates, Agent shall pay GAC, promptly and without necessity of formal demand, any and all funds which may be, or become, owing by Agent to GAC, including but not limited to, commissions advanced to Agent but not earned. Any such unpaid indebtedness shall be a first lien on any commissions which are due, or may become due; Agent and GAC may offset such indebtedness against such commissions. Agent further agrees if any such indebtedness shall remain unpaid for more than thirty (30) days after the date of written demand by GAC for payment, Agent shall pay, in addition to such indebtedness, interest thereon from the date of such demand, an account administrative charge of fifteen percent (15%) of the indebtedness and all collection fees. Interest on any unpaid balance shall be 1% per month.
- (8) Agent agrees to full financial responsibility of all sub agents in their hierarchy. Any unpaid or uncollectible indebtedness shall be a first lien on any commissions which are due, or may become due; Agent and GAC may offset such indebtedness against such commissions. Agent further agrees if any such indebtedness shall remain unpaid for more than thirty (30) days after the date of written demand by GAC for payment, Agent shall pay, in addition to such indebtedness, interest thereon from the date of such demand, an account administrative charge of fifteen percent (15%) of the indebtedness and all collection fees. Interest on any unpaid balance shall be 1% per month. No assignment of this Agreement or any compensation hereunder shall be valid without prior written consent of GAC.
- (9) Upon termination of this Agreement, Agent shall return all leads, books, literature, applications, training materials, records, forms, documents and all other pertaining materials. Service fees are subject to any production requirement in Agreement and are non-vested after termination of contract.
- (10) Nothing contained herein shall be construed to create the relationship of employer and employee or a partnership between GAC and Agent or between Agent and any company represented by GAC. Agent shall be responsible for the payment of all taxes, fees and levies which are imposed on Agent for the privilege of doing business. Agent shall be free to exercise Agent's own judgment as to the persons solicited and the time and place of such solicitation.
- (11) For two (2) years after the termination of this Agreement, Agent agrees not to influence or attempt to influence any employee, producer or policyholder to terminate employment or any contract represented by GAC. Should Agent engage in any acts prohibited by law or this Agreement, Agent shall forfeit any commissions to which Agent may be or become entitled to hereunder. Since the amount of damages would be difficult or impossible to prove, in the event of any such act by Agent, it is agreed that GAC would be entitled to declaratory and injunctive relief against Agent and damages in the sum of \$1,000 for each act. GAC does not waive the right to pursue injunctive relief, damages, costs, attorneys' fees and any other relief, either equitable or legal, against Agent in the occurrence of any of these events.
- (12) Agent hereby agrees that the ledger accounts of GAC shall be competent and sufficient prima facie evidence of the state of accounts between the parties hereto and the failure of Agent to object in writing to any statement of account furnished by GAC to Agent, within thirty (30) days from the date such statement is furnished, shall render such statement a correct account as between GAC and Agent.
- (13) If any provision of this Agreement is declared or found to be unenforceable or void pursuant to the law, rules or regulations of any applicable jurisdiction, all other provisions shall remain in full force and effect.
- (14) If Agent is a corporate entity, the persons executing this Agreement as officers of said corporation hereby agree and undertake the personal guarantee and satisfaction of all duties, performances and all obligations, including monies owed to GAC by such corporation, under this Agreement. Agent further agrees to provide all corporate information and documents requested by GAC and to provide to GAC immediate notice of any change in the officers or change in stock ownership of the corporation.
- (15) Agent hereby agrees that General Agent Center, Value Benefits of America or any affiliate entity can contact Agent by telephone, facsimile, auto-dialer, email or any other form of technology that becomes available.

# GAC NATIONAL MARKETING DIVISION

(16) Indemnification. Agent shall indemnify, defend, and hold harmless GAC from and against any and all damages, claims, liabilities, judgments, awards, penalties, fines, and expenses, including but not limited to reasonable attorneys' fees, court costs, punitive damages, and exemplary damages, resulting from or arising out of (1) Agent's material breach of any term, representation, warranty, or covenant set forth in this Agreement, including but not limited to a material breach of any representation, warranty, or covenant made by Agent to the GAC with respect to all Agent Parties, (2) any act, error, omission committed by any of the Agent Parties or their respective agents or employees and causing loss to a third party in connection with Program or the performance of any activities authorized by this Agreement, (3) any claim made against the GAC by any Sub-Agent or a Sub-Agent's own sub-agents or employees for compensation payable with respect to the Business.

(17) Agent Agrees to all term and conditions set forth in General Agent Contract between General Agent Center/Marc K. Malin and The United States Life Insurance Company in the City of New York and each Affiliated Insurer made party to that Contract. For a copy of Terms and Conditions of General Agent Contract contact General Agent Center at 480-596-6536.

(18) This Agreement shall be governed by the laws of the state of Arizona and enforceable at Scottsdale, Maricopa County.

**Vesting – Net renewal commissions shall be paid so long as they total fifty dollars (\$50) in any month and Agent does not violate any provisions of this Agreement. This is the only interest Agent may have in the business after termination of this Agreement.**

## GENERAL AGENT LEVEL

	<i>First Year</i>	<i>Renewal Years</i>
VBA 24 Hour Accident Coverage (1)	50%	12%
Value Med Plan (3)	35%	8% (2)
Value Care Plus Dental, UAC, UAS	35%	8% (2)
Value Health & Hospital Plans (Individual/List Bill) (3)	25%	12% (2)
Value Health & Hospital Plans (Guarantee Issue Group)	20%	20% (2)
Essential Dental Solutions	25%	12% (2)
Value ER Plan	25%	8%

Other products may be added or commissions adjusted on new business by addendum by GAC. The addendum will become part of your signed and approved Agreement.

- (1) \$10,000 Accident Plan Option's commissions are 10% less first year only (2) Includes 4% service fee.  
 (3) Commissions are 5% less first year for issue ages 63 & 64. (Does not apply to guarantee issue groups)

AGREEMENT & ADDENDUM ACCEPTED BY

**X** \_\_\_\_\_  
 Producer's Signature                      Date

\_\_\_\_\_  
 Print Producer's Name (clearly)

\_\_\_\_\_  
 Recruited By (if applicable)

APPROVED BY GAC

By \_\_\_\_\_  
 \_\_\_\_\_  
 Date

\*Is 9-month loan advance requested on above plans sold on bank draft?                      Yes \_\_\_\_\_ No \_\_\_\_\_

(Advancing is a privilege and may be limited by qualifying factors. 25% of advance commissions are held in reserve until \$500 is accumulated for reserve. Maximum advance is \$500 per case. Any debits for any reason are to be paid immediately.)

**X** \_\_\_\_\_  
 Producer's Signature

**\*Consumer notification** – This is used to inform you that a consumer report or an investigative report is being obtained from a consumer reporting agency for the purpose of evaluating you as a representative. This report may contain information bearing on your credit worthiness, credit rating, 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. You may, also, have a right to request additional disclosures regarding the nature and scope of the investigation.

**Mail or Fax your Completed Contract & a Copy of your Licenses to:  
 GAC National Marketing Division  
 24816 SR 54, Lutz, FL 33559  
 Phone 1-800-981-8258 ~ Fax 1-775-256-3023**



**GAC NATIONAL MARKETING DIVISION  
VBA REPRESENTATIVE PERSONAL DATA FORM**

NAME: \_\_\_\_\_ SOCIAL SEC. NO. \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

BUSINESS NAME & ADDRESS:

RESIDENCE ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

County: \_\_\_\_\_

County: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Commissions to be paid to: \_\_\_\_\_ Tax ID if Corp.: \_\_\_\_\_

Please answer the following question in connection with your request to represent Value Benefits of America.

1. Have you ever been convicted of a violation of law, other than minor traffic violations? \_\_\_\_\_  
(If yes, please explain)

X \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Recruited By (Print Name)

## 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"/> Other ▶ .....	
	<input type="checkbox"/> Exempt from backup withholding	
	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. person (including a U.S. resident alien).

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 ▶
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### 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.

**U.S. person.** 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.

**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.

For federal tax purposes you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or

- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

**Foreign person.** If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

**Nonresident alien who becomes a resident alien.**

Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.



## Agent Authorization Agreement for Automatic Deposits – EFT Credits

Producer Name: \_\_\_\_\_

\*\*Producer FEIN/SSN: \_\_\_\_\_

\*Producer E-mail Address: \_\_\_\_\_

\*(For notification of funds availability)

\*\* Commission earnings will be reported to the IRS under the FEIN (or SSN) of the license holder (as allowed under State licensing regulations).

Producer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I (we) hereby authorize **General Agent Center**, through **Home National Bank, Scottsdale**, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries made in error to my (our) \_\_\_\_\_ Checking or \_\_\_\_\_ Savings (check one) account indicated below. I (we) also authorize my (our) depository named below, to debit and/or credit the same to such account.

Name(s) on Account: \_\_\_\_\_  
(Please print)

Signing Authority: \_\_\_\_\_  
(Please Print)

Bank/Credit Union Information: **(Please attach a voided check or savings account slip)**

Bank Name: \_\_\_\_\_

Transit/ABA Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Authorized Account Signature: \_\_\_\_\_

**Authorization Form  
for Release of File Copies  
of Criminal History Records  
for the State of Georgia/Mississippi**

**I hereby authorize Interstate Background Research, Inc. acting as an agent for \_\_\_\_\_ to receive any criminal history record information pertaining to me, which may be in the files of any state or any local criminal justice agency, or any law enforcement agency.**

**This request is specifically for, all agencies within, and the State of Georgia/Mississippi. This request/release is valid for one (1) year from this date hereon.**

**PART A: To be completed by EMPLOYEE:**

Employee Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\*Employee Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ \*Gender: \_\_\_\_\_

Employee Full Name: \_\_\_\_\_

Employee Street Address: \_\_\_\_\_

Employee City, State and Zip: \_\_\_\_\_

Date of this request: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Signature of Employee: \_\_\_\_\_ **\*\*SIGN HERE**

**THANK YOU**

\*May be deemed necessary to conduct a thorough criminal record search in accordance with the, "Code of Federal Regulations" Equal Employment Opportunity Commission Code I625.5.5

\*This request for your date of birth does not indicate discrimination; and the request itself is not a violation of the Age Discrimination Act. Your date of birth is requested for a permissible purpose, under the code, and has been ruled a critical identifier for criminal and driving history information. Some states will not conduct a criminal search without the date of birth.