



ASSOCIATE AGREEMENT

- Complete the **Prospective Associate's Application and Profile**, Sign, Date and Return. On PAGE 2 indicate the commission level for each company you are requesting the agent be appointed/contracted under. If you provide this information for only one company and you request multiple company appointments we will use this level for all companies. For a list of commission level codes to use please contact your upline manager.
- Review the **Associate Agreement**, and keep for your records.
- Review the **Commission Schedule** (specific insert by insurance company). If requesting commission advances,
- Review the **Associate Advance and Pledge Agreement**, and keep for your records.
- Review the **Associate Promissory Note**, and keep for your records.

PLEASE MAKE SURE YOU SEND IN THE FOLLOWING:

- Enclose a copy of your **current resident license** and non-resident licenses for all other state(s) where you desire to be appointed.
- Enclose a copy of your **E&O Declarations Page** with minimum limits of \$100,000 per occurrence and an aggregate limit of \$1,000,000 or a completed copy of your application for coverage under our sponsored group plan offered by the National Association of Professional Agents (NAPA).
- Enclose a check or fill out the **Direct Deposit/Automatic Draft Agreement** to pay your state appointment fees.
- Enclose a copy of your completed **W-9** form.



PROSPECTIVE ASSOCIATE'S APPLICATION AND PROFILE

I. PERSONAL INFORMATION

Full Name _____
 Date of Birth / / Gender SSN
 Residence Address _____
 Mailing Address _____
 Phone Number: () _____ Fax Number: () _____ Email Address: _____
 What is your preferred method of communication? Fax Email

II. BUSINESS and LICENSE INFORMATION (Please attach copies of current licenses in all states you wish to be appointed.)

Please fill out all information. We require that all Associates have E&O coverage
 Do you currently have E & O Coverage Yes No If "Yes," attach declaration page to application
 Are you registered with the NASD? Yes No
 If "Yes," current Broker/Dealer affiliation: _____ List CRD Number: _____
 Last completion date of Anti-Money Laundering training? _____ (Please include a certification of your completion.)
 Make commissions payable to: Individual Corporation
 Are you applying for an advance? Yes 12 MO 9 MO 6 MO No
Advances may vary by company; refer to your company commission schedule.
 Are you an owner, partner, director or officer of any business? Yes No
 If "Yes," please attach a separate piece of paper listing the incorporated name of the business (or DBA name), its tax identification number (TIN), complete address and state of incorporation.

AGENCY/CORPORATE DATA (complete only if you want to be appointed as an agency or corporation). Corporation must be licensed with resident state in order to receive commission.

Agency/Corporate Name: _____ Corp. Tax I.D. Number: _____
 Mailing Address _____
 Phone _____ Fax Number _____ Email Address: _____
 What is your preferred method of communication? Fax Email

III BACKGROUND INFORMATION

Please answer all questions. **If you answer "Yes" to any of the questions, please attach a separate sheet with details.**

	Yes	No
1) Are you or have you ever been appointed with LifeShield National Insurance Co?	<input type="checkbox"/>	<input type="checkbox"/>
2) Are you currently charged with or have you ever pled guilty or no contest to, or been convicted of, any crime (excluding minor traffic offenses and including disclosure of expunged or sealed records?)	<input type="checkbox"/>	<input type="checkbox"/>
3) 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, fraud, or any other act of dishonesty?	<input type="checkbox"/>	<input type="checkbox"/>
4) Have you ever had your agent's license or registration suspended or revoked, or are you now, or have you ever been the subject of any professional license/registration or market conduct investigation, claim or proceeding?	<input type="checkbox"/>	<input type="checkbox"/>
5) Have you ever been involuntarily terminated or permitted to resign from employment or from an agent or representative appointment, with any insurance or other financial services company other than for lack of production?	<input type="checkbox"/>	<input type="checkbox"/>
6) Has a bonding, surety or E&O provider denied an application or claim, made payment for you or terminated coverage?	<input type="checkbox"/>	<input type="checkbox"/>
7) Are you delinquent in any personal or business financial obligations, or does any insurance or financial services company hold a claim against you for commission debit balances?	<input type="checkbox"/>	<input type="checkbox"/>
8) Are there any outstanding judgments, liens or claims against you, including delinquent tax obligations, or have you or any business in which you were or are an owner, partner, officer or director, ever filed bankruptcy? BANKRUPTCY DISCHARGE/DISMISSAL DATE _____	<input type="checkbox"/>	<input type="checkbox"/>
9) At any time during the past 10 years have you, or any business, in which you were an owner, partner, officer or director, been involved in any regulatory, civil or criminal matters not disclosed above?	<input type="checkbox"/>	<input type="checkbox"/>

Direct Deposit/Automatic Draft Agreement

I hereby authorize LifeShield National Insurance Co.* to deposit any amounts advanced or owed to me by initiating credit entries to my account at the financial institution (hereinafter "Bank") noted on this form. I authorize the bank to accept and to credit these entries to my account. In the event LifeShield National Insurance Co. erroneously deposits funds into my account, I authorize LifeShield National Insurance Co. to debit my account to recover these erroneous deposits. **I further authorize LifeShield National Insurance Co to initiate electronic debit entries to my account for the payment of my appointment fees.** This authorization shall remain in full force until LifeShield National Insurance Co. and Bank have received written notice from me of its termination in such time and manner as to afford LifeShield National Insurance Co. and Bank reasonable opportunity to act on it.

Agt. Name: _____ Agent No.: _____ Checking Savings
 Bank Name: _____ Routing No.: _____ Acct. No.: _____

Assignment of Commissions (if applicable) Complete this section only if commissions are to be paid to another agent or agency other than the applicant.

For the value received, I _____ (assignor) of the city of _____, State of _____

Do hereby assign, transfer and set over to: _____ (assignee) _____ (TIN or SSN)

with address of _____

Its successors and assigns, my rights, title and interest in the first year and renewal commission which shall accrue to me under my LifeShield National Insurance Co. contract. I further certify there is no previous assignment or assignments nor had any bill of sale of these commissions or any part thereof been previously made by me to any other person or persons, nor is there any claim against such commissions outstanding. I do for myself, my executors or administrators; guarantee the validity of the foregoing assignment.

IV. NOTICE

I 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 authorize the Company to conduct an investigation concerning my qualifications for appointment including my character, general reputation, credit worthiness, and personal traits and release any person and/or companies contacted from all liability with respect to the information given. I authorize the Company to investigate me now and at any time while I am contracted with the Company and to share any information obtained with: affiliated companies, appointing agent up-line management and Company management. I further understand that the Company may deny my request for appointment, and may subsequently cancel or rescind my appointment, at its sole discretion. I agree that a photocopy of this authorization and release shall be as valid and binding as an original. I understand and agree that, unless otherwise allowed by law, I am not authorized to solicit business for the Company until my license and appointment have been secured. I certify that I have read and fully agree to the terms and conditions set forth in the Associates Agreement including Section 20 which sets forth the terms and provisions relating to Mandatory Mediation, and Mandatory Binding Arbitration, and if I have requested advance commissions, I have read and fully agree to the terms and conditions set forth in the Advance Pledge Agreement and Promissory Note attached to this Application and I hereby agree to be bound by all terms and conditions of said Agreement(s). Under penalty of perjury, I certify that the Social Security Number or taxpayer identification number shown on this form is my correct taxpayer identification number and I am not subject to backup withholding by the Internal Revenue Service.

For Maine Applicants Only — Upon request, you will be informed whether or not a consumer report was requested, and if such report was requested, the name and address of the consumer reporting agency furnishing the report. Maine residents will be provided a copy of your rights under the Maine Fair Credit Reporting Act.

For Washington Applicants Only — The consumer reporting agency which furnished the report is Business Information Group, P.O. Box 286, Marlton, N.J. 08053; for consumer compliance officer contact 800-260-1680.

For California, Minnesota & Oklahoma Applicants Only — A consumer credit report will be obtained through Business Information Group, P.O. Box 286, Marlton, N.J. 08053. If a consumer credit report is obtained, I understand that I am entitled to receive a copy. I want a copy ____ (initials); I do not want a copy ____ (initials).

If an investigative consumer report and/or consumer report is processed, I understand I am entitled to a copy. I want a copy ____ (initials); I do not want a copy ____ (initials).

* California applicants: If you choose to receive a copy of the consumer report, it will be sent within three (3) days of the employer receiving a copy of the consumer report and you will receive a copy of the investigative consumer report within seven (7) days of the employer's receipt of the report (unless you elected not to get a copy of the report).

Signature of individual soliciting appointment _____ Date _____

Signature of Corporate Officer (if applicable) _____ Date _____

To be completed by Recruiter Agent

In consideration of the Company executing this application at my request, the undersigned does personally guarantee the performance of all terms, conditions and covenants of the Associate's Agreement, including the Associate Promissory Note and Associate Advance and Pledge Agreement attached to this Application and assumes personal liability and responsibility for any default in said terms, conditions and covenants. I understand that any and all commissions, both first year and renewal owing to me now or in the future under any contract I have entered into with the Company are hereby assigned as security for the repayment of sums guaranteed by my endorsement hereon and that I am personally responsible upon demand for monies owing hereunder. This guarantee shall survive the termination of any contractual relationship between the affiliates of the Company and the Agent or Appointing Agent.

Printed Name of Appointing Agent _____ Agent Number _____

Signature of Appointing Agent _____ Date _____

Prospective Associate's Commission Level: _____

STATE APPOINTMENT FEE PAYMENT

State appointment fees are required at the time of initial appointment with the insurance company. Separate fees are required for each insurance company you will represent. Payment of the appointment fees may be made by check. You must submit the appointment fee for each state. Submit a check made payable to LifeShield National Insurance Co. for the total appointment fees. Appointments will not be processed until the fees are received.

We are pleased to offer you the option to pay for your state appointment fees through automatic debit from your bank account. Your state appointment fees will be automatically deducted from your checking or savings account. This eliminates the need for you to write a check for these fees and allows us to better service your account.

ST	STATE	Resident Appointment Fee	Non-Resident Appointment Fee
AL	ALABAMA		\$30.00 EACH
AK	ALASKA		No Fee
AZ	ARIZONA		No Fee
AR	ARKANSAS		No Fee (SIC pays \$20.00)
CA	CALIFORNIA		\$24.00 EACH
CO	COLORADO		No Fee
CT	CONNECTICUT		\$20.00 EACH
DC	DISTRICT OF COLUMBIA		\$25.00 EACH
DE	DELAWARE		\$25.00 EACH
FL	FLORIDA	\$60.00 EACH	\$60.00 + \$6.00/county EACH
GA	GEORGIA		\$14.60 EACH
HI	HAWAII		No Fee
ID	IDAHO		No Fee
IL	ILLINOIS		No Fee
IN	INDIANA		No Fee
IA	IOWA		\$20.00 EACH
KS	KANSAS		\$5.00 EACH
KY	KENTUCKY	Agent \$40.00 EACH; Agency \$100.00 EACH;	Agent \$50.00 EACH Agency \$120.00 EACH
LA	LOUISIANA		\$20.00 EACH
ME	MAINE	\$30.00 EACH	\$70.00 EACH
MD	MARYLAND		No Fee
MA	MASSACHUSETTS		\$75.00 EACH
MI	MICHIGAN		\$5.00 EACH
MN	MINNESOTA		\$10.00 EACH
MS	MISSISSIPPI		\$25.00 EACH
MO	MISSOURI		No Fee
MT	MONTANA		No Fee
NE	NEBRASKA		\$20.00 EACH
NV	NEVADA		\$15.00 EACH
NH	NEW HAMPSHIRE		\$25.00 EACH
NJ	NEW JERSEY		\$25.00 EACH
NM	NEW MEXICO		\$23.00 EACH
NY	NEW YORK		No Fee
NC	N CAROLINA		Life & Health \$20.00; Med Supp \$10.00; LTC \$10.00
ND	N DAKOTA		\$10.00 EACH
OH	OHIO		\$20.00 EACH
OK	OKLAHOMA		\$30.00 EACH
OR	OREGON		No Fee
PA	PENNSYLVANIA		\$15.00 EACH
PR	PUERTO RICO		No Fee
RI	RHODE ISLAND		No Fee
SC	S CAROLINA		No Fee (SIC pays \$40.00)
SD	S DAKOTA	\$10.00 EACH	\$20.00 EACH
TN	TENNESSEE		\$15.00 EACH
TX	TEXAS		\$10.00 EACH
UT	UTAH		No Fee
VI	VIRGIN ISLANDS		\$20.00 EACH
VT	VERMONT		\$60.00 EACH
VA	VIRGINIA		\$12.00 EACH
WA	WASHINGTON		\$20.00 EACH
WV	W VIRGINIA		\$25.00 EACH
WI	WISCONSIN	\$7.00 EACH	\$24.00 EACH
WY	WYOMING		\$15.00 EACH



LIFESHIELD

NATIONAL INSURANCE CO.

Member, The Midland Group

EFT COMMISSION AUTHORIZATION

AGENT INFORMATION

Agent Name: _____

Phone Number: _____

Authorization

I authorize LifeShield National Life Insurance Company to initiate credit to my bank account. I understand that this authorization will allow said Company to debit my account if funds are credited erroneously to this account. This authority is to remain in effect until revoked by me in writing and until the Company actually receives such notice to terminate. The Company will make necessary changes within 10 business days of receipt of such notice of termination. All commission accounts within specified Company will be included in the request unless specified otherwise.

Signature: _____

Date: _____

PLEASE ATTACH A VOIDED CHECK

Please allow 7 business days for the request to be processed

Return to: LifeShield National Insurance Company
PO Box 1627
Duncan OK 73534-1627

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.	See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> <hr/> <p>2 Business name/disregarded entity name, if different from above</p> <hr/> <p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p> <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate </p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
		<p>5 Address (number, street, and apt. or suite no.) See instructions.</p> <hr/> <p>6 City, state, and ZIP code</p> <hr/> <p>7 List account number(s) here (optional)</p>	<p>Requester's name and address (optional)</p> <hr/>

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 generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"> </td> <td style="width: 5%; border: 1px solid black;">-</td> <td style="width: 25%; border: 1px solid black; height: 20px;"> </td> <td style="width: 5%; border: 1px solid black;">-</td> <td style="width: 40%; border: 1px solid black; height: 20px;"> </td> </tr> </table>		-		-	
	-		-		
OR					
Employer identification number					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"> </td> <td style="width: 5%; border: 1px solid black;">-</td> <td style="width: 70%; border: 1px solid black; height: 20px;"> </td> </tr> </table>		-			
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Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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 for Part II, later.

Sign Here	Signature of U.S. person ▶ _____	Date ▶ _____
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
 - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
 - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
 - Form 1099-S (proceeds from real estate transactions)
 - Form 1099-K (merchant card and third party network transactions)
 - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
- If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*

IN WITNESS WHEREOF, the parties hereto have entered into this Agreement effective as of the date first above written as signified by their signatures below.

“Covered Entity”

“Business Associate”

LifeShield National Insurance Co.

<COMPANY NAME>

By: _____
Company Officer

By: _____
Company Officer

Date: _____

Date: _____