



GENERAL AGENCY _____

APPLICATION FOR AGENT APPOINTMENT

All Questions Must Be Completed

Please Print or Type

1. Agent Name _____
First Middle Last

2. Resident & Business
Addresses _____
Street City County (must be included) State Zip
_____ Street City County (must be included) State Zip

3. Are Commissions Assigned? No Yes If yes, please complete the back of this form and the following corporate questions:

Assign to _____ Corp. Tax ID# _____
Address _____
Street City County (must be included) State Zip

4. Resident Phone (____) _____ Business Phone (____) _____

5. License # (attach photocopy) _____ Corp License # _____ Lines of Ins: _____

6. Date of Birth ____ / ____ / ____ 7. Male Female 8. Social Security # _____

9. List states you are currently Licensed in: _____

10. List Companies currently Licensed for _____

11. Name E & O Carrier: _____

E & O Policy Number _____ Expiration Date: _____

THE FOLLOWING QUESTIONS MUST BE ANSWERED AND THIS FORM MUST BE SIGNED BY APPLICANT.

How long have you been an Agent or Broker? _____
Have you ever had your licensed suspended? No Yes
Have you ever had a complaint filed against you with an insurance department? No Yes
Have you ever been refused surety bonding? No Yes
Has a surety company paid a claim for you? No Yes
Have you ever been short in accounts with any employer? No Yes

Have you been convicted, within the past ten years, of any felony or misdemeanor which involved the sale of any insurance or which arose out of the conduct of your business practices? No Yes
Are you at present involved in any litigation connection with the business or are there any unsatisfied judgements outstanding against you arising out of the insurance business? No Yes

If your answer is "Yes" to any of the questions above, please write details on a separate sheet and attach.

I hereby certify that my answers to the above questions are true. I agree that as your representative, I shall be fully responsible for all monies collected by me, either in part or full payment of premiums, evidenced by my signature on receipts issued by me to applicants. My failure to do so will immediately terminate my association with you and upon the Company's demands, I shall return all unused applications, receipts and any and all materials held by me.

I authorize the individual(s) or companies shown in my application to give any information regarding my employment together with any information they have whether or not in their records, and release said individuals or companies from all liabilities for any damage whatsoever for issuing the information.

I understand that this application will form a part of any Agent's contract with USFL and the information is to the best of my knowledge an accurate Statement of Fact. I hereby authorize the Company to conduct an investigation concerning my character, general reputation and personal traits and release any person and the Companies so contacted from any liability with respect to the content of verbal or written information given to USFL. I further understand that if any material information given in this application is found to be incorrect or incomplete, it will be grounds for termination at the sole direction of the Company.

UNDER PENALTIES OF PERJURY, I CERTIFY THAT THE SOCIAL SECURITY NUMBER (AND/OR TAX PAYER IDENTIFICATION NUMBER) SHOWN ON THIS FORM IS MY CORRECT TAXPAYER IDENTIFICATION NUMBER.

Signature of Applicant _____ Date _____

ABSOLUTE ASSIGNMENT OF COMMISSIONS

TO: _____ Tax ID: _____
(herein called the Assignee)

For valuable consideration, the undersigned, herein called the assignor, hereby assigns to the assignee all of the assignor's, right, title and interest in and to commissions now due or which hereafter may accrue on life insurance policies written by _____ with U.S. Financial Life Insurance Company that were written under the Agency Agreement between U.S. Financial Life Insurance Company (herein called the Company), and the assignor.

Choose one with your initials:

- Policies Issued After the Assignment Effective Date:
The Assignor hereby authorizes and empowers the Company to pay to the Assignee all such commissions now due or which hereafter may accrue to the credit of the assignor under said agency agreement; and such payment of commissions to the Assignee shall constitute payment of such commissions to the Assignor as if made directly to the Assignor. The Assignor understands commissions will be assigned on policies issued after the assignment effective date. The tax liability is the Assignee's responsibility.
- Existing Policies and Policies Issued After the Assignment Effective Date:
The Assignor hereby authorizes and empowers the Company to pay to the Assignee all such commissions including previously written policies, as well as those now due, or which hereafter may accrue to the credit of the assignor under said agency agreement; and such payment of commissions to the Assignee shall constitute payment of such commissions to the Assignor as if made directly to the Assignor. The Assignor understands commissions will be assigned after the assignment effective date.

Select one with your initials:

- Transfer the tax liability to the Assignee.
- Retain the tax liability with the Assignor.

This Assignment is subject to the written consent of the Company and subject to all of the rights of the Company with respect to such commissions in accordance with said agency agreement.

This Assignor hereby covenants and agrees that the assignor is the absolute and sole owner of said commissions, free from assignment or encumbrance of any kind or character whatsoever, and has full right and lawful authority to so assign same. The Assignor shall at all times defend, indemnify and save harmless the Company and its officers, agents and employees from any and all suits, actions, losses, damages, claims, expenses (including but not limited to the company's legal expenses) and liability of any character, type or description arising out of the execution or performance of this assignment.

Dated _____ Assignor _____

Dated _____ Witness _____

The Company acknowledges receipt of, and consents to the foregoing assignment, but assumes no responsibility for the validity or sufficiency hereof. This assignment is effective on the date signed by the Company.

Dated _____ By _____
(As Authorized by U.S. Financial Life Insurance Company)

RELEASE OF ABSOLUTE ASSIGNMENT OF COMMISSIONS

I hereby release the assignment of commissions as stated above.

Dated _____ By _____
Print name
Signature