

UNITED NATIONAL LIFE

LICENSING CHECKLIST

Agency/Sole Proprietor

In order to complete the contracting process, please closely follow the checklist below. Each question **MUST BE ANSWERED** on all forms. If a question does not apply to you, place the abbreviation "N/A" in the blank.

PLEASE COMPLETE AND SIGN THE FOLLOWING FORMS:

- 1) **Completed & Signed Appointment Application**
- 2) **Automatic Deposit Payment Plan w/ Voided Check (Required)**
- 3) **Completed and Signed General Agent Agreement**
- 4) **Signed Commission Schedule**
- 5) **Copy of Agent/Agency License and E&O**
- 6) **Check for Appointment Fees - Payable to UNL (if apply).**

State Licensing Fees

AR- Free KS - \$5.00 MO - Free

Please return all contracting to:

Mail: **Ins-Special, Inc**
 PO Box 218
 Purdy, MO 65734

E-Mail: **service@insspecial.com**

Fax: **417-442-7622**

If you have any questions or need assistance, Please call us @
800-789-0182

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

APPOINTMENT APPLICATION

Please Print or Type All Information

Personal Information

1. Name _____
(Last) (First) (Middle Initial) SS#
2. Date of Birth _____ Place of Birth _____ Male Female
3. Drivers License # _____ (State) _____
4. Marital Status Single Divorced Married 5. Spouse's Full Name _____
6. Home Address _____
Home Phone _____
(If less than 7 years, please provide previous address) _____
7. Business Address _____
Business Phone _____
(Area Code) (Number)
- Fax Number _____
(Area Code) (Number)
- Cell Phone _____
(Area Code) (Number)
- E-Mail Address _____

Corporation Information

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

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

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

Financial

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

Have you or your Company:

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

Ins-Special, Inc
7505 State Hwy 37 / PO Box 218
Purdy, MO 65734
service@insspecial.com
800-789-0182

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

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

→**Background Information**

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

→**Employment History**

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

→**Education**

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

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

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

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

Recruiting General Agent Name _____ Code: _____

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

Mail Policies to: Recruiting General Agent or Applicant (New GA)

Name: _____ Name: _____

Address: _____ Address: _____

Primary Product: _____ 1st Year Commission Rate: _____ %

Ins-Special, Inc
7505 State Hwy 37 / PO Box 218
Purdy, MO 65734
service@insspecial.com
800-789-0182

**Safe...
Quick...
Easy...
Convenient...
Reliable**

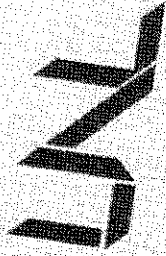
With UNL's Automatic Deposit Payment Plan, agents can now enjoy the convenience millions of people across the country have discovered.

Benefits include:

- Access to your money faster. The time involved with mailing a check is eliminated.
- A reduction in paperwork. Once you are on the Plan, your deposits are automatically handled.

Make life easier!

Take advantage of UNL's new Automatic Deposit Payment Plan today!



**Automatic Deposit
Payment Plan**



United National Life Insurance Company
of America
P.O. Box 1154
Glenview, IL 60025-1154



Automatic Deposit Payment Plan

How Your Automatic Deposit Payment Plan Works

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

1. Your commissions are automatically deposited into your bank account. The amount of your deposit will be reflected on the statement sent to you.
2. Once you select the Automatic Deposit Payment Plan, all amounts due to you will be paid under this method. To cancel this service, simply notify us in writing.
3. To ensure your records are properly balanced, remember to make the appropriate entry to your account register each month. UNL must be notified within 30 days of the deposit date if there is a discrepancy with your deposit. This will enable UNL to comply with Federal Banking laws. Failure to notify UNL may result in the loss of your deposit.

How To Enroll in the Automatic Deposit Payment Plan

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

Changing Banks or Accounts

Notify the Home Office in writing when you decide to change your bank or account. An Automatic Deposit Plan form will be sent to you to complete. Make sure the form is signed at the "X". Also, include a voided check from the new bank or account. This will help to provide a smooth transition in transferring your Automatic Deposit Payment Plan to your new account.

If you decide not to take advantage of our Automatic Deposit Payment Plan you will continue to receive commission checks in the mail. For more information, call our Commission Accounting Department at 1-800-207-8050.

Ins-Special, Inc
7505 State Hwy 37 / PO Box 218
Purdy, MO 65734
service@insspecial.com
800-789-0182



Automatic Deposit Payment Plan

Authorization for direct deposit into the indicated bank account.

To _____

(Name of my Bank)

(Address of my Bank)

Please Attach Voided Check

(A voided check is required to process your request.)

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

I agree that my rights in respect to each payment shall be the same as if they were deposited by me and personally signed by me. I understand that this authority is to remain in effect until revoked by me in writing and until you receive notice. You will be fully protected in honoring such requests. I also agree to notify UNL within 30 days of the deposit date if there is a discrepancy with my deposit. This will enable UNL to comply with Federal Banking laws. Failure to notify UNL may result in the loss of my deposit.

_____/_____/_____
Date

X

Signature

Agent Name

Agent Number

UNITED NATIONAL LIFE INSURANCE COMPANY OF AMERICA
P. O. BOX 1154
GLENVIEW, IL 60025

GENERAL AGENT AGREEMENT

THIS AGREEMENT is entered into by and between **UNITED NATIONAL LIFE INSURANCE COMPANY OF AMERICA** (herein referred to as "we", "our", "us", or "UNL") and the corporation, partnership, or individual named below as **GENERAL AGENT** (herein referred to as "you", "your", "yours", or "GA"), effective as of the Effective Date written below. In consideration of the mutual covenants of this Agreement, it is agreed that:

I PRIOR AGREEMENTS

- A. This Agreement will supersede any prior agreement between us and you as to new business issued through you after the Effective Date.
- B. If such prior agreement is in existence, it is hereby canceled, except that on any business already issued, any commission and service fees payable thereunder will, subject to all liens and assignments, continue to be paid in accordance with its terms and commission schedules.
- C. Nothing herein shall be construed to effect or waive any prior claim, whether for money or otherwise, that we may have against you.

II AUTHORITY

A. Solicitation

- 1. You are authorized to solicit and procure, personally or through Representatives or Solicitors, provided required licenses and/or registrations are in force, applications for insurance issued by us, as may be provided in Schedules to this Agreement or by other written supplement to this Agreement. You are further authorized to deliver issued policies, to collect initial premiums, and to service the business. All checks or money orders received by you in payment of premium must be made payable to the order of UNL.
- 2. We may refuse to process any application or issue or amend any policy and/or certificate application. We will not be required to specify the cause for such action.

B. Representatives and Solicitors

We appoint you to solicit and to recommend for appointment appropriately licensed and/or registered Representatives and Solicitors, subject to our practices and procedures. Representatives are defined as any person or entity having an agreement with us that is authorized to legally solicit insurance in a state, including but not limited to, brokers and independent producers. Solicitors are the same as Representatives except that their agreement is with you.

- 1. You will be responsible for confirming that each Representative and Solicitor under you is properly licensed and/or registered in each jurisdiction in which they do business.
- 2. Agreements with Representatives shall be made directly with us in writing on our forms and will not become effective until approved and executed by us. You will have no authority to modify or amend any such agreement. We may, at our option, refuse to contract with any

proposed Representative and we may terminate any agreement with any Representative with or without cause. Unless you or the Representative has been terminated for cause, this will not affect your right to receive override commission for any business produced by the Representative prior to the termination. After a Representative has had an agreement with us for one year, you will not maintain rights to: (i) any terminated Representative or any policies of insurance produced by that Representative after termination; or (ii) any Representative or any policies of insurance produced by that Representative after your termination.

3. Agreements with Solicitors must be made directly between you and the Solicitor. We will not be a party to such agreement. We may, however, cancel any Solicitor's appointment with us at any time without stating cause.
4. Your working with a Representative or Solicitor will be deemed acceptance of your supervisory responsibilities with respect to such Representative or Solicitor and you shall be wholly responsible for the acts and omissions of each Representative or Solicitor. You unconditionally guarantee the full and prompt payment of any Debit Balance (as defined in Section V) of any Representative or Solicitor when due as required in Section V or upon a Representative's bankruptcy or insolvency proceedings. You acknowledge that we are not required to attempt to collect any Representative's or Solicitor's Debit Balance.
5. We may, from time-to-time, authorize you to market for us, non-insurance products. You and your Representatives and Solicitors will not represent such non-insurance products as insurance.
6. Agreements we have with your Representatives made prior to the Effective Date of this Agreement may remain in force. Payment of commission for insurance solicited by these Representatives under any of these prior agreements will be made pursuant to such agreements and the applicable current commission schedule.

C. Relationship

You will be free to exercise your own judgment as to the time and manner of performing the service authorized by this Agreement, subject to such rules and regulations as may be adopted from time-to-time by us, respecting the conduct of business. You will be an independent contractor, and nothing contained herein shall be construed to create the relationship of employer and employee between you and us.

D. Responsibility

You will be responsible for you and your Representatives and Solicitors:

1. For abiding by all applicable local, state, and federal laws and regulations and abiding by all rules, guidelines and requirements established by us from time to time in conducting business under this Agreement;
2. For maintaining accurate records and accounting for all transactions under this Agreement, and for making those records and accounting available to us whenever requested by us;
3. For payment of all expenses, fees and taxes incurred in the performance of this Agreement;
4. For transmitting all monies collected by you, or by your Representatives and Solicitors if sent to you; for us, and such money will be considered as funds held in trust by you and, therefore, you will be liable to us for all such monies;

5. To us for, and to hold us harmless from, all expenses, costs, causes of actions, and/or damages resulting from or arising out of any unauthorized or illegal act by you, or your employees, or any Representatives or Solicitors assigned to you;
6. For not directly or indirectly contacting or communicating or meeting with any UNL policyholder by you or your Representatives or Solicitors for the purpose of rewriting, canceling, lapsing or replacing any UNL policy with insurance coverage of another insurance carrier. This provision will survive termination of this Agreement.

E. Limitation of Authority

Your authority will extend no further than is stated in this Agreement. Without limiting the foregoing, you have no authority to make, alter, or discharge any insurance policy or extend any provision thereof, to waive or extend any policy obligations or conditions, to receive premiums except the first, to extend the time for payment of premiums or otherwise, to enter into any agreement directly or indirectly, providing for the financing of premiums, to waive any contractual forfeiture or guarantee premiums, dividends or interest, or to incur any debt or liability against us, or to otherwise bind or commit us except as authorized here.

III MINIMUM REQUIREMENTS

We reserve the right to establish from time-to-time minimum requirements for production, placement, claim loss ratio, and/or persistency to maintain this Agreement. Such requirements will be delivered to you in writing. Termination of this Agreement for failure to meet such requirements will be considered a voluntary termination and not, in and of itself, termination for cause.

IV COMMISSIONS

- A. You will receive full compensation for your services the selling and renewal commission, service fees, and other compensation in accordance with the current Commission Schedule(s) attached to and made a part of this Agreement. Commission will be paid on all policies produced by you or by your Representatives or Solicitors. We reserve the right to change or amend the Commission Schedule(s), however, any changes or amendments will apply only to applications received by us after the applicable effective date of the changed or amended Commission Schedule(s).
- B. If you should fail to pay to us any amount due under this Agreement on or before the 30th day after such amount becomes due, you shall pay to us, as an administration fee, any renewal commissions that become payable. Your right to receive any renewal commissions shall terminate.
- C. Pursuant to our agreements with them, commission payable by us directly to Representatives assigned to you will be deducted from commission otherwise payable to you.
- D. Commission for policies produced by Solicitors will be paid to you. We will not pay commission to Solicitors directly.
- E. Commission payable to you for policies not included in the current Commission Schedule(s) will be determined in accordance with our practices in effect at the time.
- F. Commission is payable only for premiums paid to us and accepted by us. Should more than one organization and/or individual claim entitlement to commission, such commission will be divided as we determine. In no event will we be liable for more than one gross commission or service fee.
- G. Subject to Section V, selling and renewal commission, service fees, and other commission for premiums paid in advance will not be payable until the regular due date of such premiums.

- H. If any premiums are refunded for any reason, you will promptly refund any commission received on account of such refund.
- I. We reserve the right to postpone payment of commission until you are owed a minimum of twenty dollars (\$20.00).
- J. All calculations regarding commission will be made on the basis of our records. Should you disagree with our records, you must notify us in writing of your disagreement within 60 days from the date of receipt of your statement. If you do not do so, our decision as to amounts due under this contract will become final.
- K. As security for your obligations to us under this Agreement, you hereby assign and transfer to us and grant us a security interest in any and all commissions and other amounts payable by UNL to you. General Agent agrees that it is the owner of these amounts and will keep these amounts free of all liens, claims, security interests or other encumbrances.
- L. We may offset any debt or other liability owed by you, or any Representatives assigned to you, to us against any commission due to you.

V ADVANCES AND LOANS

UNL may, at its discretion, make one or more advances to you in anticipation of future commission payable to you under this Agreement. All advances and other like amounts, including but not limited to, commissions paid on lapsed, terminated or refunded policies, purchased leads, or retained commissions (all herein referred to as "Debit Balance") shall be deemed loans to you and shall be reflected as such in your account on the books of UNL. General Agent agrees to repay the Debit Balance as follows:

- A. The outstanding Debit Balance may bear interest at 12% per year (or the highest rate allowed by law). Interest shall be calculated for the actual number of days elapsed.
- B. Debit Balance plus all accrued interest shall become immediately due and payable on the earlier of termination of this Agreement or demand by us.
- C. The Debit Balance plus accrued interest may be prepaid without penalty. You acknowledge and agree that you have read and understand the disclosures in Exhibit A.

VI PAYMENTS AFTER TERMINATION

If this Agreement is terminated other than for cause under Section VII C. of this Agreement, then your selling and renewal commission are vested subject to the following:

- A. We will continue to pay your commission, if any, as provided in Section IV of this Agreement, so long as your total commission for the preceding year is in excess of the amount shown in your Commission Schedule.
- B. You will have no vested rights in service fees or other compensation.
- C. We will pay your vested commission to you or your legal representative.
- D. You have satisfied all obligations to us, including but not limited to those in Section IV. K. and Section V.
- E. Commission will be reduced by a service charge of 5% of premium.

VII TERMINATION

In the event of termination of this Agreement, you will account for and remit to us any amounts held for us, or due us, and shall return all undelivered policies, advertising materials or any of our property you have in your possession.

A. Voluntary Termination

This Agreement may be terminated by us or you, without stating cause, by written notice personally delivered or mailed to the last known address of the other party, at least 30 days, or such longer period required by applicable law or regulation, before the effective date of termination. Any notice of termination will be deemed given on the day mailed or personally delivered.

B. Automatic Termination

This Agreement will be terminated automatically without notice by:

1. Your death, if you are an individual; or
2. The death of any partner, if you are a partnership; or
3. The dissolution of the corporation or disqualification to do business under applicable law, if you are a corporation; or
4. Revocation or termination of your license in any applicable jurisdictions; or
5. You becoming unable to pay your debts as they mature, making an assignment for the benefit of your creditors or becoming a subject of bankruptcy, insolvency, or similar proceedings.

C. Termination for Cause

This Agreement will be terminated for cause, as of the day we mail notice to you at your last known address, if you directly or indirectly:

1. Commingle or misappropriate any money or other property belonging to us;
2. Fail to deliver any policies issued and given to you for delivery;
3. Fail to deliver to us any receipts or other property belonging to us;
4. Violate any of the laws or regulations regulating the sale or solicitation of products covered under this Agreement, or violate any company procedures whether before or after termination;
5. Commit any dishonest act in connection with the sale or solicitation of insurance products; or
6. Violate any terms of this Agreement.

We may give you notice of termination for cause even after voluntary termination or automatic termination.

In the event this Agreement is terminated for cause, no further commission is due you under this Agreement.

VIII ADVERTISING AND MARKET CONDUCT

- A. You will not print, publish, distribute, use, or permit any Representative or Solicitor assigned to you to print, publish, distribute or use any advertisement, sales material, illustration or any other document or software of any kind concerning:
1. The products solicited under this Agreement; or
 2. United National Life Insurance Company of America, our products, procedures or standing without our prior written consent.
- B. You will not alter, modify or use advertising or other materials prepared by us without our prior written consent.
- C. You will comply with and cause each of your Representatives and Solicitors to comply with all of our company procedures and rules concerning advertising and market conduct, including but not limited to our Advertising Policy, Advertising Submission Form, Advertising Checklist, Marketing Guidelines and Code of Ethical Market Conduct.
- D. You shall, and shall cause each Representative and Solicitor to forward applications for insurance solicited under this Agreement to us as soon as possible, but not later than 10 days after the date of such applications. Policies issued by us shall be delivered promptly to the policyholder.
- E. You and your Representatives and Solicitors shall engage in any training program as requested by us.

IX GENERAL PROVISIONS

A. Changes

We may at any time and from time-to-time:

1. Modify, amend, or fix minimum and maximum production limits for any policy form or contract;
2. Modify or amend the conditions or terms under which any policy form or contract may be sold;
3. Discontinue or withdraw any policy form or contract from any state or any area;
4. Cease doing business in any state;
5. Modify the terms of this Agreement.

Notification of modification of this agreement shall be delivered to you at your last known address. Any modifications referred to in this paragraph shall be prospective only.

B. Assignment

You may not assign or transfer this Agreement or any benefit thereunder without our prior written consent. We do not assume any responsibility for, or guarantee the validity or sufficiency of, any assignment by granting our consent, nor will any assignment become operative until any indebtedness owed by you to us, created prior to or subsequent to such assignment, is liquidated.

C. Service of Process

You will send us, by certified mail within 48 hours of its receipt, any paper served upon you in connection with any complaint, proceeding, hearing, or action against us. If failure on your part to comply with this provision causes us additional loss or expense, you will reimburse us.

D. Governing Law

This Agreement is an Illinois contract and will be construed in accordance with the laws of Illinois.

E. Waiver

Our forbearance or failure to exercise any rights, or to insist upon strict compliance herewith, will not constitute a waiver of any of your obligations under this Agreement.

F. Corporate Notification

If you are a corporation, you will immediately notify us of any changes in the ownership, officers, or directors of the corporation.

G. Mandatory Binding Arbitration

Except as otherwise provided in this Agreement, all claims, disputes, and other controversies arising out of or in any manner relating to this Agreement, or any other agreement executed in connection with this Agreement, or to the performance, interpretation, application or enforcement hereof, including but not limited to breach hereof (in each case, "Dispute"), shall be submitted to binding, non-appealable arbitration and such arbitration shall be governed by the Uniform Arbitration Act, 710 ILCS 5/1.

Either party may within one (1) year from the date of the alleged breach or occurrence resulting in the Dispute, make a demand for arbitration by filing a demand in writing with the other party and serving the same by depositing it in the U.S. Mail, certified mail, return receipt requested. UNL and GA shall each choose, within sixty (60) days after demand arbitration is made, a former officer or executive of an insurance company as its arbitrator and the two appointed arbitrators shall choose a third arbitrator possessing the same qualifications. If either party fails to appoint an arbitrator within sixty (60) days after the written demand for arbitration is made, the party who has appointed an arbitrator may petition the Circuit Court, Cook County, Illinois for an order compelling the non-complying party to appoint its arbitrator. All reasonable costs incurred as a result of obtaining the court order compelling appointment of an arbitrator shall be paid by the non-complying party.

All arbitration hearings conducted hereunder, and all judicial proceedings to enforce any of the provisions hereof, shall take place in Cook County, Illinois. The hearing before the arbitrators of the matter to be arbitrated shall be at the time and place within said County as is selected by the arbitrators. Notice shall be given and the hearing conducted in accordance with the Uniform Arbitration Act.

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

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

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

H. Miscellaneous

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

X ENTIRE AGREEMENT

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

XI EFFECTIVE DATE

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

To be completed by

GENERAL AGENT

(Print Name on License)

BY: _____
GA Signature

Title

Date

To be completed by

UNITED NATIONAL LIFE
INSURANCE COMPANY
OF AMERICA

BY: _____
(UNL Signature)

VICE PRESIDENT

Title

Effective Date