

RETURN COMPLETED CONTRACTING TO:



Senior Benefit Services, Inc
13511 Label Lane Suite 204
Hagerstown, MD 21740
Phone: 1-800-924-4727
Fax: 301-733-1776
Email: Licensing@srbenefit.com

**WASHINGTON NATIONAL INSURANCE COMPANY
FAX COVER SHEET**

DATE	
NUMBER OF PAGES INCLUDING COVER SHEET	

TO	Agent Contracting
FAX	301-733-1776
EMAIL	Licensing@srbenefit.com

FROM	
FAX	

CHECKLIST:

- Contract Application
- Agent Signature
- IMO Signature
- Commission Level(s)
- EFT Authorization
- Advance Compensation Agreement (optional)

AGENT CARE CUSTOMER SERVICE:

(800) 544-0467 Annuity
(888) 754-3406 Health
(800) 525-7662 Life

COMMENTS:

11825 NORTH PENNSYLVANIA STREET
CARMEL, IN 46032

WASHINGTON NATIONAL INSURANCE COMPANY
DIRECT PAID AGENT CONTRACT APPLICATION

TYPE OR PRINT Appointment Type: Individual Corporate

Name: _____ Corporation Name: _____

Social Security #: _____ Tax ID: _____

Birth Date: _____ Mailing Preference: Home Business

Home Address: _____ Business Address: _____

City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Business Phone: _____ Fax Number _____

Email Address: _____

(YOUR EMAIL ADDRESS IS REQUIRED TO ACCESS ONLINE COMMISSION INFORMATION.)

List below which states you wish non-resident appointments (*agent will be charged for any non-resident appointment fees*)

Errors and omissions coverage? Yes No If yes, please provide name of carrier and amount: _____

BACKGROUND – Please provide a complete explanation of any “yes” answers on a separate sheet:

1. Have you ever had your insurance license or securities license suspended or revoked or have you ever had any application for an insurance license denied by any insurance department? Yes No
2. Have you ever pled guilty or nolo contendere to or been found guilty of a felony or a crime including but not limited to crimes involving dishonesty, breach of trust, or a violation of any federal law or are you now under indictment? Yes No
3. Have you ever had a complaint filed against you with an insurance department, NASD or other regulatory agency or do you anticipate one being filed or have you ever been terminated by any company for cause? Yes No
4. Are you at the present time involved in any litigation or are there any unsatisfied judgments or liens (including state or federal tax liens) against you? Yes No
5. Do you owe an insurance company or other person for any premiums collected or money advanced? Yes No
6. Has any company or other person alleged that it has not received premiums or other monies due such company or person from you? Yes No

CONDITIONS AND AGREEMENTS

I have thoroughly reviewed this application and have answered all questions to the best of my knowledge. By signing below, I hereby attest to all matters set forth above and agree to all matters set forth below. I hereby agree that if the Company issues to me Sales Representative Agreement WN-CNRT-PD (6/11) and Exhibit A for which I hereby apply, I will be bound by Agreement WN-CNRT-PD (6/11) and Exhibit A. I understand that my supervising office has specimen forms of Agreement WN-CNRT-PD (6/11) and Exhibit A on file and I have had the opportunity to review Agreement WN-CNRT-PD (6/11) and Exhibit A. Submitting to the company any application for an insurance policy or annuity contract shall constitute my agreement to Agreement WN-CNRT-PD (6/11) and Exhibit A, and all of the terms, conditions, and provisions set forth therein. I acknowledge that by signing this Contract Application and by submitting any such insurance application for an insurance policy or annuity contract, I have so agreed to Agreement WN-CNRT-PD (6/11) and Exhibit A and no further signature by me shall be necessary.

FORM W-9. I hereby certify that (1.) The payee's TIN is correct; (2.) The payee is not subject to backup withholding due to failure to report interest and dividend income. *(Note: You must mark out #2 if you are subject to backup withholding) (3.) The payee is a U.S. person.

I have executed this Contract Application as evidence of the understanding, acceptance and consent of its terms, and I agree that I will not solicit business until I receive notification from the Company that this acknowledgment has been approved. I understand that, as a part of its approval process, the Company may obtain an investigative consumer report which will contain information regarding my character, general reputation, credit history, personal characteristics and mode of living. I hereby authorize the Company to obtain such a report and share findings with others who have a business need to know or who are in a business or contractual relationship with Washington National Insurance Company.

Applicant Signature _____ Date: _____

TO BE COMPLETED BY THE IMO:

IMO: _____ Senior Benefit Services Inc. _____

IMO Signature: _____ Date: _____

New Agent Reports Directly to: _____ Senior Benefit Services Inc. _____ Agent Number: _____

WASHINGTON NATIONAL INSURANCE COMPANY
DIRECT PAID AGENT CONTRACT APPLICATION

TO BE COMPLETED BY IMO

AGENT NAME _____

Please indicate the product(s) your agent has committed to sell by placing their level in the corresponding box(es).

Health Products

Medicare Supplement	<input type="checkbox"/>
Providence (Whole Life)	<input type="checkbox"/>
Hospital Secure (Indemnity)	<input type="checkbox"/>
Accident Secure Plus	<input type="checkbox"/>
Cancer Secure (Lump Sum)	<input type="checkbox"/>
Pulse Protection Series (KH Heart/BM Accident)	<input type="checkbox"/>
CH Cancer	<input type="checkbox"/>
Cancer Solutions (CN Cancer)	<input type="checkbox"/>
	<input type="checkbox"/>
Critical Solutions (Critical Illness)	
Critical Solutions (Critical Illness) - <u>GROUP ONLY</u>	<input type="checkbox"/>
Wage Guard (Short Term DI) - <u>GROUP ONLY</u>	<input type="checkbox"/>

Life Products

Term Life Plus	<input type="checkbox"/>
Life Options (Indexed Universal Life)	<input type="checkbox"/>
WSUL II (Worksite Universal Life)	<input type="checkbox"/>
Term	<input type="checkbox"/>
Annuity Products	<input type="checkbox"/>

Vesting option requested: _____

WASHINGTON NATIONAL INSURANCE COMPANY
DIRECT PAID AGENT CONTRACT APPLICATION

Release of Information

I have given permission to Washington National Insurance Company or its duly authorized representative to contact any organization or individual that has knowledge of my past or present employment and financial status. I also give permission for Washington National Insurance Company or its duly authorized representatives to provide information, ask questions, or share findings regarding my background, including information from my credit report, with others who have a business need to know or who are in a business or contractual relationship with Washington National Insurance Company.

In accordance with the privacy act (5 USC 552), Freedom of Information Act and the Fair Credit Reporting Act, I have expressly authorized any person associated with any educational institution, past or present employer, law enforcement agency (local, state, or federal), any private or public medical institution, office, practice, person or practitioner, or any person who has control over any records relating to me or personal knowledge of my character, work experience, criminal or civil records, motor vehicle records, education, medical history, worker compensation history, and overall mode of living, to release this information.

I have released all persons from liability as a result of providing true, accurate information. I also authorize that a copy, photocopy or facsimile of the release contained in the Contract Application be as valid as the original.

Authorization for Release of Military History Information

I authorize the National Personnel Records Center, St. Louis, Missouri, or other custodian of my military record(s) to release all such information including information of photocopies from my military personnel records and/or any related records. This could include a photocopy of my DD Form 214, Report of Separation. I also authorize that a copy, photocopy or facsimile of this release be as valid as the original.

Required Notice Under FCRA

Public Law 91-508 (Fair Credit Reporting Act) requires that we advise you that routine inquiries, such as a consumer report or an investigative consumer report, may be obtained during our initial or subsequent processing which will provide applicable information concerning credit rating, character, general reputation, personal characteristics and mode of living. This information may be obtained from one or more of the commercial reporting agencies offering this service as well as from others. Additional information as to the nature and scope of the inquiry, if one is made, will be provided.

I acknowledge the delivery to me of notice that routine inquiries may be made in connection with my application for a contract with Washington National Insurance Company.

Certification

I understand that the answers given by me to the information contained in the Contract Application and the statements made by me are complete and true to the best of my knowledge and belief. I further acknowledge that I have read all of the above and consent freely to the release and waivers authorized. I understand that any misrepresented, inaccurate, or omitted information may result in denial of appointment or disciplinary action up to and including termination of contract.

WASHINGTON NATIONAL INSURANCE COMPANY
DIRECT PAID AGENT CONTRACT APPLICATION
ELECTRONIC FUNDS TRANSFER (EFT) REQUEST FORM

Agent Information

Name on Contract _____

Address _____

City _____ State _____ Zip _____

Phone Number _____

Note: only one of the following fields needs to be completed. Please provide the Social Security or Tax ID number if you would like ALL of your agent numbers under that ID updated. If not, please list only the Agent Number(s) to be updated.

Social Security Number or Tax ID on Contract _____

Agent Number(s) _____

Bank Information

Bank Name _____

ABA Routing Number _____

Bank Account Number _____

Checking Account Savings Account

Sue & Bob Agent 1234 Main St. Anytown, USA 10000	Date _____	1234
Pay to the order of: _____ \$		<input type="text"/>
_____ Dollars		
Anytown Bank Anytown, USA 10000 For _____	ABA Routing Number	Bank Account Number
<input type="text"/>	<input type="text"/>	Check Number
⑆250250025⑆ 0500454613⑈ 1234		

ABA Routing Number: The routing number must be nine digits. The first digits must be 01 through 12 **or** 21 through 32. Do not use a deposit slip to verify the number because it may contain internal routing numbers that are not part of the actual routing number. If your bank has recently had a merger or name change, please confirm your routing number.

Bank Account Number: The account number can be up to 17 digits and include numbers and letters. Omit hyphens, spaces, and special symbols. Be sure not to include the check number.

Signature _____ Date _____

Please return to:

Commission Accounting

P.O. Box 1956

Carmel, IN 46082-1956

Or fax to (317) 817-2855

Please allow 7 business days for your request to be processed.

Please note that EFT transmissions can take up to 72 hours to be posted to your account.

WASHINGTON NATIONAL INSURANCE COMPANY
DIRECT PAID AGENT CONTRACT APPLICATION

800-924-4727

**ANTI-MONEY LAUNDERING TRAINING
 CERTIFICATION OF COMPLETION**

A. Producer Information

Name _____

Address _____

City _____ State _____ Zip Code _____

Daytime Phone # _____ Evening Phone # _____

B. Training Information

Date training program was completed _____, 20 _____

Title of training program _____

Training was provided by _____

Name of contact at the above insurance company _____

Telephone number of contact at the above insurance company (____) _____ - _____

Note: Attach certificate Attach outline of training program **C. Affirmation of Completion of Anti-Money Laundering Training Program**

I am a duly licensed insurance producer and certify I have completed the above-referenced training program, which to the best of my knowledge satisfies requirements imposed on insurance companies by regulations issued under USA Patriot Act Section 352 (US 31 CFR 103.137). I acknowledge that the insurance company to which this certification has been provided retains the right to review and approve the training program and its curriculum before accepting this certification and also reserves the right to withdraw its prior acceptance of a training program if it is later determined that a previously accepted program is no longer satisfactory.

I affirm (i) that I have read and understand the insurance company's Producer's Guide for Insurance Agents and (ii) that I am knowledgeable about my obligations under the regulation.

Producer Signature _____ Date _____, 20 _____

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