

United Home Life

Checklist for Final Expense Whole Life, Term & Accident Only

APPOINTMENT REQUIREMENTS

Please submit the following items to your Field Marketing Organization (FMO) as indicated below:

- Contract Appointment Transmittal (200-372)
- Agent Appointment Information Sheet (200-077)
- General Agent Contract – Home Office pays agent directly and sends the agent a 1099 (200-114).
- EFT Authorization Agreement with voided check for direct deposit (200-371).
- 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
- Commission Annualization Request – Signed by BOTH the applying agent and overriding MGA (200-353) (OPTIONAL) If an agent wishes to be set up on an annualization (advanced commissions) **they must turn in the EFT, voided check and commission annualization form.**
- Enclose a copy of your completed **W-9** form.

You may go to the website for the applications approved in your state, www.unitedhomelife.com go to sales materials, select the state and enter the password: **colts**. All applications online are the most current ones approved by the state.

NOTE:

All documentation must be completed **and signed** in order to proceed with the appointment process. You may **fax** the contract to 205.263.8350 or **scan and email** to jperry@medadvspc.com.

Submit your signed paperwork and all additional requirements to your Field Marketing Organization... NOT directly to the Company.

For any questions please contact: Jason M. Perry @ 205.263.8400 or jperry@medadvspc.com

RETURN YOUR COMPLETED PAPERWORK TO:

Medicare Advantage Specialist, Inc.
Attention: Jason M. Perry
1550 Woods of Riverchase Drive
Suite 310
Hoover, AL 35244
Tel.205 -263-8400
Fax 205-263-8350



CONTRACT/APPOINTMENT TRANSMITTAL

This transmittal is required to contract a new agent, appoint a new agent under a License-Only Agreement, or to change commission level or hierarchy of an active agent.

To appoint a new agent, please complete sections A, B and C and return with items (1) through (5) below.

To change an existing commission level or hierarchy, complete sections A, B and C. These changes are effective on the date this form is received in the Home Office.

Please print all information clearly.

A. Contract/Appointment to be in Name of: _____

Individual or Corporation (If corporation, include name of licensed principal)

B. Type of Appointment:

Agent's Contract

Contract Level % _____ Contract Level # _____

OR

License-Only Agreement under Contracted Agent Name _____

Agent Number (if known) _____

C. Commission Hierarchy:

Immediate Overriding Supervisor of new Agent to be contracted:

Name: _____ Agent No. _____

Additional forms to be submitted

- (1) Agent Appointment Information form (200-077)
 - (2) Signed Agent Contracts (200-114) or Sub-Agent Contracts (200-321)
 - (3) Copy of agent's license and/or corporation's license, as appropriate.
 - (4) EFT Authorization form (200-371)
 - (5) Commission Annualization Request, if applicable (200-353)
-

_____ Date

_____ Signature of MGA

NOTE: All agents in the commission hierarchy are not eligible for United Home Life Insurance Company Sales Contests.

UNITED HOME LIFE INSURANCE COMPANY

P.O. BOX 7192 • INDIANAPOLIS, INDIANA 46207-7192 • PHONE (317) 692-7979 • FAX (317) 692-7215
AGENCY 1-800-428-3001

AGENTS APPOINTMENT INFORMATION

(Please Print Legibly)

Full Name _____
(First) (Middle) (Last)

Designations: CLU ChFC CPCU CFP RHU FLMI

Date of Birth _____ Place of Birth _____ Sex _____

Residence Address _____
 Own Rent (Street) (City) (State) (Zip) (County)

Business/Agency Name _____

Primary Address _____
(US Mail) (Street) (City) (State) (Zip) (County)

Shipping Address _____
(pkg. deliveries) (Street) (City) (State) (Zip) (County)

Phone Nos: Residence - ____ / ____ / ____ Business - ____ / ____ / ____ Fax - ____ / ____ / ____

Email - _____ @ _____

Name of Spouse _____

Commissions to be made payable to: _____

Social Security No. (required) _____ Corporate Tax I.D. No. _____

List ALL states currently licensed in: _____

Years in Insurance Business: _____

License number in Resident State is: _____

Have you ever had a license cancelled by any Insurance Department? Yes No

If YES, explain _____

Have you ever been terminated by a Company for Cause? Yes No

If YES, explain _____

Have you ever been convicted of a felony involving (1) breach of trust; (2) dishonesty; or (3) insurance crimes as defined in 18 U.S.C. §1033? Yes No

If YES, explain _____

Record of past employment - last 10 years (for Insurance Department):

From	To	Nature of Work	Name & Address of Company

Are you a Personal Producer Yes No

Primary Company You Represent: _____

List other life insurance companies you are currently doing business with:

Primary Markets _____

Current Life and Health Production \$ _____ Annual Premium

13 Month Persistency _____

How much annualized premium can United Home Life expect from you? _____

Recommended By: _____
(Name) (Address)

I understand that the Company may secure personal interviews with third parties such as business associates, financial sources, or others concerning the character, general reputation, and financial standing of myself and the agency. Upon written request, additional information will be provided as to the nature and scope of the report, if one is made.

DATED _____
(Signature of applying General Agent)

I have made a diligent inquiry and investigation relative to this person's identity, residence and recommend him to represent United Home Life Insurance Company as an agent.

Recruiting MGA (Signature)

Recruiting MGA (Print Name)

Recruiting General Agent Number



United Home Life Insurance Company
Indianapolis, Indiana

GENERAL AGENT'S CONTRACT

This agreement, executed in duplicate originals, _____, _____, by and between UNITED HOME LIFE INSURANCE COMPANY, a Corporation of the State of Indiana, whose Home Office is situated in Indianapolis, Indiana, hereinafter called the "COMPANY," and _____

FULL NAME

of _____

ADDRESS

County of _____, State of _____

hereinafter called the "GENERAL AGENT."

Witnesseth that these two (2) parties agree to transact business upon the following terms and conditions:

RELATIONSHIP

1. The relationship between the COMPANY and the GENERAL AGENT shall be that of independent contractor and contractee, and not that of employer and employee.

AUTHORITY TO SOLICIT

2. (a) The GENERAL AGENT is hereby authorized to solicit applications for insurance and annuities for the COMPANY; to collect the first premium in cash in accordance with the COMPANY's procedures on each policy of insurance or annuity applied for and immediately pay the same over to the COMPANY; to deliver policies of insurance and annuities as directed by the COMPANY, if the proposed insured is in good health and acceptable and insurable, and the first premium has been paid; and to perform any act or duty which is specifically granted in writing by an officer of the COMPANY authorized to do so.

(b) The GENERAL AGENT has no authority to either alter, modify, waive or change any of the terms, rates or conditions of the COMPANY's policies or contracts; to collect or receipt for premiums or renewals other than the first premium; to submit other than the full premium to the COMPANY; to execute any contract in the name of the COMPANY; to endorse checks payable to the COMPANY; to advertise or publish any matter or thing concerning the COMPANY or its policies without advance permission of the Company; or to perform any act other than that expressly authorized herein. The COMPANY has the right to review the records pertaining to the GENERAL AGENT'S activities under this contract.

AUTHORITY TO APPOINT SUB-AGENTS

3. The GENERAL AGENT has the authority to recruit and recommend to the Company, subject to its approval, SOLICITING AGENTS, hereinafter referred to as "Sub-Agents." All contracts with any recommended Sub-Agent shall be made directly with the COMPANY on the COMPANY's form, showing the GENERAL AGENT's signature of recommendation thereon. No agreement shall be effective and no Sub-Agent may represent the COMPANY until the proposed Sub-Agent is duly licensed

in the state in which soliciting and appointed to represent the COMPANY and the same has been executed by an officer of the COMPANY. The COMPANY reserves the right to refuse contract with any recommended Sub-Agent, or, once made, to thereafter terminate the same for any reason.

COMMISSIONS

4. (a) Subject to the provisions of this contract, in accordance with the rules and regulations of the COMPANY, and as hereinafter set out, the COMPANY will pay commissions to the GENERAL AGENT on premiums paid to the COMPANY in cash on account of individual policies issued during the term of this contract upon applications procured and submitted by the GENERAL AGENT or by his Sub-Agents.
- (b) The COMPANY will pay commissions to the GENERAL AGENT in accordance with the schedules attached to this contract as a part of this contract, for the policy years set forth on the schedules on policies therein designated, unless otherwise specified. The payment of commissions by the COMPANY to the GENERAL AGENT on the business of any Sub-Agent shall be an amount equal to the difference between the commission paid to the Sub-Agent and the percentage listed on the schedule of commissions attached to the GENERAL AGENTS contract.
- (c) Commissions shall not be paid on premiums on interim term policies, coupons, premiums waived on account of disability, premiums paid in advance, except as they are applied toward payment of the current premium, or premiums paid subsequent to the lapse of a policy unless the policy is reinstated solely through the efforts of the GENERAL AGENT or his Sub-Agent.
- (d) The COMPANY's sole discretion shall govern as to the amount of any commissions to be paid on premiums the COMPANY receives in sub-standard cases; on premiums for policies which must be reinsured; on first-year premiums for a policy applied for within one year either before or after a policy on the same insured lapses or is reduced; on first-year premiums for a new policy issued by reason of the conversion or a change of a policy; and on premiums for policies not included herein or which may hereafter be issued by the COMPANY.
- (e) Commissions on premiums paid for each additional benefit, such as premium waiver, accidental death, and payor benefits shall be at the same percent as is specified for commissions on premiums for the policy to which the additional benefit is attached and for the policy year thereof, except that the COMPANY'S sole discretion shall govern as to commissions on the first-year premiums for benefits added to an existing policy.
- (f) All commissions payable to the GENERAL AGENT shall be reduced, however, by the following:
 - (1) Commissions which the COMPANY pays directly to the assigned Brokers or Sub-Agents under the supervision of the GENERAL AGENT and approved by the COMPANY or to their executors, administrators, surviving spouses or estates.
 - (2) All of the service fees for the sixth and subsequent policy years on any policy when the application was procured by a Sub-Agent of the GENERAL AGENT when none of the service fees are payable to the Sub-Agent, his executor, administrator, surviving spouse or estate.

VESTED COMMISSIONS

5. (a) In the event this contract is terminated by either party for whatever reason, the GENERAL AGENT shall continue to receive the commissions payable herein from premiums on policies through the tenth(10th) policy year. The renewal commissions after the tenth(10th) policy year shall be non-vested service fee and the COMPANY shall have the sole discretion to determine whether adequate servicing is being performed by the GENERAL AGENT, and the COMPANY shall have the right to reassign policyholders for the purpose of servicing.
- (b) In the event this contract is terminated by the death of the GENERAL AGENT, the surviving spouse, or if no surviving spouse, the executor or administrator shall continue to receive the vested commissions payable herein.
- (c) In the event it becomes necessary in the opinion of the COMPANY to terminate this contract because of the physical or mental disability of the GENERAL AGENT, vested commissions provided herein shall continue to be paid during the period of such total disability.

- (d) When the GENERALAGENT attains age 65, provided this contract has been in force for a period over (10) years, the commissions provided herein shall continue to be paid to the GENERALAGENT during his lifetime.
- (e) In the event this contract is terminated for any reason, the COMPANY is released and discharged from any obligation to pay renewal commissions which total less than \$500.00 annualized.

FORFEITURE

- 6. Should the GENERALAGENT at any time endeavor to induce representatives of the COMPANY to discontinue their contract with the COMPANY; its policyholders to surrender or replace their policies; withhold any property belonging to the COMPANY after demand for its relinquishment has been made by the COMPANY; willfully misappropriate funds belonging to the COMPANY; commit any other fraud against the COMPANY or its policyholders; or have license to act as an insurance agent or Broker revoked for cause after an opportunity for a hearing by the Insurance Department of any state, then the GENERAL AGENT shall forfeit any and all commission interest acquired under this or any other contract with the COMPANY.

LIABILITY ON SUB-AGENTS ACCOUNTS

- 7. The GENERAL AGENT shall be jointly and severally liable with each of his Sub-Agents to the COMPANY for all monies advanced or loaned by the COMPANY to said Sub-Agents at the request of said GENERALAGENT, and all liabilities existing under the Sub-Agent's contract, and the COMPANY's books and records shall be exclusive evidence of such accounts and liabilities. In order to secure the payment of all such monies and liabilities to the COMPANY which may become due hereafter, the GENERAL AGENT now hereby assigns to the COMPANY as collateral all amounts due and to become due the GENERAL AGENT as overwrite on business from each of GENERALAGENT'S Sub-Agents together with all notes of such Sub-Agents which now exist or may hereafter exist payable to the GENERAL AGENT.

INDEBTEDNESS

- 8. Any sum that may be advanced or loaned to the GENERAL AGENT by reason of the provisions hereon, or otherwise, shall be and become a debt of the GENERAL AGENT to the COMPANY, due and payable immediately on demand, or any other indebtedness of the GENERAL AGENT. The COMPANY may offset against any amounts payable hereunder, any debt or debts now due or that may become due at any time from the GENERAL AGENT to the COMPANY, whether arising hereunder or otherwise, and such debt or debts shall be a first lien thereon. No extension of time for the payment of any such indebtedness nor modification of the amount of same which may be granted by the COMPANY shall waive the COMPANY's rights hereunder.

REFUNDS

- 9. Should the COMPANY for any reason refund any premium on any policy secured hereunder, then the GENERAL AGENT shall repay, on demand, any commission received on that premium.

ACCOUNTING

- 10. The COMPANY shall furnish the GENERALAGENT with monthly accounts in writing showing commission payments made to the GENERALAGENT and to the assigned Sub-Agents within such accounting period.

UNISSUED AND UNPAID POLICIES

- 11. If a policy is issued on a standard basis in accordance with the terms of the application received from the GENERALAGENT or any of his Sub-Agents, and if the policy for any reason is not accepted by the applicant and the first premium thereon is not paid in cash by the applicant, the GENERAL AGENT shall agree to pay the COMPANY for any medical or inspection, or other expense in connection with the issue of the policy.

ASSIGNMENT

- 12. No assignment of any commission or any other amounts, or any portion thereof, due or to become due to the GENERAL AGENT hereunder shall be valid unless authorized in advance in writing by an officer of the COMPANY, and any assignment so authorized shall be subject to any and all indebtedness of the GENERAL AGENT to the COMPANY then or thereafter existing.

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT OF COMMISSIONS

NOTE: You will receive an actual check the payday following an account change.

1. You may select up to three different Bank Accounts with Direct Deposit. Please complete the appropriate number of accounts you wish to use below. Please be sure to indicate if the account is a savings or checking. Also, indicate if the deposit will be a fixed amount, percentage of net, or net amount.
2. FOR A CHECKING ACCOUNT – A photocopy of a check or a cancelled check **MUST** accompany this authorization form.
3. FOR A SAVINGS ACCOUNT – A photocopy of savings account identification card **MUST** accompany this authorization form.

I hereby authorize United Home Life Insurance Company, hereinafter called COMPANY, to initiate credit entries or complete necessary adjusting entries to my **CHECKING** or **SAVINGS** account indicated below and the financial institution named below to credit the same to such account. This authority is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY a reasonable opportunity to act on it.

PLEASE PRINT PLEASE PRINT PLEASE PRINT PLEASE PRINT PLEASE PRINT PLEASE PRINT

DEPOSIT ACCOUNT #1	This is <input type="checkbox"/> New Account <input type="checkbox"/> Change	
Financial Institution _____		<input type="checkbox"/> Checking
City _____ State _____ Zip Code _____		<input type="checkbox"/> Savings
Bank Transit/ABA Number _____ Account Number _____		
Name _____ Social Security No. _____	% _____	Per Pay
Signature _____ Date _____		

DEPOSIT ACCOUNT #2	This is <input type="checkbox"/> New Account <input type="checkbox"/> Change	
Financial Institution _____		<input type="checkbox"/> Checking
City _____ State _____ Zip Code _____		<input type="checkbox"/> Savings
Bank Transit/ABA Number _____ Account Number _____		
Name _____ Social Security No. _____	% _____	Per Pay
Signature _____ Date _____		



United Home Life Insurance Company
225 South East Street
P.O. Box 7192
Indianapolis, Indiana 46207-7192
(800) 428-3001

COMMISSION ANNUALIZATION AGREEMENT

The Company, at its discretion, may annualize and advance commissions earned on products sold in accordance with the terms below.

Commissions may be advanced on policies sold on Electronic Fund Transfer (EFT) Premium Payment Mode. Commissions must be payable via EFT. The annualization percentage is determined by the Immediate Overriding Managing General Agent.

In the event that a policy on which annualized commissions were paid is not taken or terminates before the advanced pay-out is recaptured, the Company will immediately charge back the unearned portion of the advance against future commissions earned.

Policies written on controlled business, such as the General Agent's life or the life of a family member, do not qualify for annualization.

On any given policy on which annualized commissions were paid and where the policy has persisted beyond the advanced pay-out period, earned commissions from that policy henceforward will be credited to the outstanding debit balance. If no debit balance exists, 100% of the earned commissions will be paid.

The Company reserves the right to cancel and/or modify this agreement. Reasons for cancellation include, but are not limited to, poor persistency, poor business quality, or excessive debit balances, as determined solely by the Company. The maximum commissions annualized per policy will be limited to \$1,500. The maximum debit balance will be determined by the Company in consultation with the Immediate Overriding Managing General Agent and reviewed on a periodic basis.

It is further agreed that in the event it becomes necessary to enforce recovery of any unearned commissions through legal action, the General Agent agrees to pay the reasonable attorney's fees and court costs incurred by the Company. All amounts due hereunder shall be payable at the Company's office in Indianapolis, Indiana; and since this agreement is to be performed in Indiana, suit may be brought hereunder in Marion County, Indiana.

General Agent or Corporate Agent Name (Please Print)

Agent Code

General Agent Signature or Authorized Officer Signature, if Corporation

Date

Immediate Overriding Managing General Agent (Print Name)

Agent Code

Immediate Overriding Managing General Agent's Signature

Date

Annualization % (Maximum = 75%) _____
--

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:

- 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. 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 ▶

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:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

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.

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,