AMERICO

Home Office: Dallas Texas
Administrative Office: PO BOX 410288, Kansas City, MO 64141-0288

AGENT/AGENCY APPLICATION

Applicant is: ☐ An Individual ☐ Corporation ☐ LLC ☐ Partnership

Individual Information (All applicants must complete)

52675 (08/20)

Full Legal Name			
☐ Mr. ☐ Ms.	First Name	Middle Name	Last Name
Date of Birth (MM/DD/YYYY)	Social Security Number	Business E-Mail Address	
Business Phone	Business Fax	Cell Phone	

Residence Address			
Street	City	State	Zip Code

Mailing Address			
Street	City	State	Zip Code

Business Entity Information (Corporation, LLC, or Partnership)

Name and Mailing Address			
Business Name	Tax ID		
Street	City	State	Zip Code

Name and Title of Each Principal/Owner Including Applicant (Required for Entities) If additional space is required, please attach a separate sheet	
Name	Title
Name	Title

Beneficiary Designation

You may designate a single beneficiary to receive any applicable commissions after your death. If you do not designate a beneficiary, you will become non-vested after 90 days and any earnings due to you after that will be terminated. If you designate a beneficiary, there will be no further commissions due and owing after the earlier of the named beneficiary's death or your total annual commissions fall below the company minimum. If you are married and reside in a community property state and name someone other than your spouse as beneficiary, payment of commissions may be delayed or disputed unless your spouse provides written authorization consenting to the beneficiary designation.

Legal Name/Trust Name	Relationship to the Agent
Street Address (Include City, State, and ZIP)	

Date of Birth/Trust Date	Social Security Number/TIN	Phone Number	Email Address

INDIVIDUAL BACKGROUND QUESTIONS

BACKGROUND: Violent Crime Control and Law Enforcement Act of 1994: The Violent Crime Control and Law Enforcement Act of 1994 is the largest crime bill in the history of the United States. For purposes of this application, the Crime Act of 1994 prohibits any individual who has been convicted of a criminal felony involving dishonesty or breach of trust to willfully engage in business of insurance. Acts that would exclude you from engaging in the business of insurance include, but are not necessarily limited to, (1) knowingly make false material statements in financial reports submitted to insurance regulators; (2) embezzle or misappropriate monies or funds of an insurance company; (3) make material false entries in the records of an insurance company in an effort to deceive officials of the company or regulators regarding the financial condition of the company; (4) obstruct an investigation by an insurance regulator. In addition to the foregoing, THE 1994 CRIME ACT MAKES IT A FEDERAL CRIME FOR INDIVIDUALS WHO HAVE BEEN CONVICTED OF A FELONY INVOLVING DISHONESTY, BREACH OF TRUST, OR ANY OF THE OFFENSES LISTED ABOVE TO WILLFULLY ENGAGE IN THE BUSINESS OF INSURANCE. Willfully engaging in the business of insurance includes acting as an insurance agent. Penalties for violating the 1994 Crime Act include civil fines up to $50,000 and imprisonment up to 15 years. IT IS YOUR RESPONSIBILITY TO KNOW IF YOU HAVE A CRIMINAL CONVICTION THAT PLACES YOU IN VIOLATION OF THE 1994 CRIME ACT, AND TO REPORT SUCH CONVICTIONS TO AMERICO.

	Yes	No
1. Will you be in violation of the 1994 Crime Act if you act as an insurance agent?	☐	☐
2. Did you file a 1033 form in any state due to felony charges covered by 18USC 1033?	☐	☐
3. Have you ever filed bankruptcy?	☐	☐

<u>If you are applying as an Entity skip the below questions and move to page 3</u>

4. Are you currently charged with or have you ever been convicted of a crime, including felony, misdemeanor, or military offense? *Convicted includes, but is not limited to, a guilty verdict, withdrawn plea, probation, nolo contendere plea, suspended sentence, or fine. You may exclude traffic citations and juvenile offenses.*	☐	☐
5. Do you have any outstanding debt(s) with any insurance company(ies)? If "Yes", please provide: Name: _____ Amount: _____ Relationship: _____	☐	☐
6. Do you currently have a state, federal or any taxing authority tax lien?	☐	☐
7. Do you have any outstanding civil judgments?	☐	☐
8. Have you ever been refused a bond or had a bond cancelled?	☐	☐
9. Have you ever been named or involved as a party in an administrative proceeding including but not limited to FINRA sanctions or arbitration proceeding regarding any professional or occupational license or registrations? Includes State Insurance Department investigations, license suspensions, revocations, or administrative fines. *"Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, a cease and desist order, a prohibition order, a compliance order, placed on probation, sanctioned or surrendering a license to resolve administrative action. "Involved" also means being named as a party to an administrative or arbitration proceeding, which is related to a professional or occupational license or registration. "Involved" also means having a license application denied or the act of withdrawing an application to avoid a denial. You may EXCLUDE terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.*	☐	☐

If you answered "Yes" to any questions, please attach a signed written explanation with all relevant information and supporting documents (e.g., Official Court Records, Repayment Agreements, and corresponding receipts).

To aid in expediting your application, please provide the following additional documentation for "Yes" responses to the below questions. Failure to provide a signed explanation and supporting documentation will delay contracting.

Questions 1 & 2:	Along with the written explanation, you must attach a copy of the 1033 consent from your home state
Question 3:	If satisfied, disposed of or discharged, provide court documentation and/or 6 months repayment history
Question 4:	Along with the written explanation, you must attach a copy of charging document and/or the official document, which demonstrates the resolution of the charges or any final judgment
Questions 5, 6, & 7:	Provide 6 months proof of repayment
Question 9:	Attach: a) a written statement identifying the type of license, all parties involved (including their percentage of ownership, if any) and explaining the circumstances of each incident. b) a copy of the Notice of Hearing or other document that states the charges and allegations, and c) a copy of the official document which demonstrates the resolution of the charges or any final judgments

BUSINESS ENTITY BACKGROUND QUESTIONS

(Required for all Entities)

BACKGROUND: Violent Crime Control and Law Enforcement Act of 1994: The Violent Crime Control and Law Enforcement Act of 1994 is the largest crime bill in the history of the United States. For purposes of this application, the Crime Act of 1994 prohibits any individual who has been convicted of a criminal felony involving dishonesty or breach of trust to willfully engage in business of insurance. Acts that would exclude you from engaging in the business of insurance include, but are not necessarily limited to, (1) knowingly make false material statements in financial reports submitted to insurance regulators; (2) embezzle or misappropriate monies or funds of an insurance company; (3) make material false entries in the records of an insurance company in an effort to deceive officials of the company or regulators regarding the financial condition of the company; (4) obstruct an investigation by an insurance regulator. In addition to the foregoing, THE 1994 CRIME ACT MAKES IT A FEDERAL CRIME FOR INDIVIDUALS WHO HAVE BEEN CONVICTED OF A FELONY INVOLVING DISHONESTY, BREACH OF TRUST, OR ANY OF THE OFFENSES LISTED ABOVE TO WILLFULLY ENGAGE IN THE BUSINESS OF INSURANCE. Willfully engaging in the business of insurance includes acting as an insurance agent. Penalties for violating the 1994 Crime Act include civil fines up to $50,000 and imprisonment up to 15 years. IT IS YOUR RESPONSIBILITY TO KNOW IF YOU HAVE A CRIMINAL CONVICTION THAT PLACES YOU IN VIOLATION OF THE 1994 CRIME ACT, AND TO REPORT SUCH CONVICTIONS TO AMERICO.

	Yes	No
1. Is the Business Entity or any Owner, Partner, Officer or Director of the Business Entity, or Member or Manager of a Limited Liability Company currently being charged with or has ever been convicted of a crime, including felony, misdemeanor, or military offense? ..... *Convicted includes, but is not limited to, a guilty verdict, withdrawn plea, probation, nolo contendere plea, suspended sentence, or fine. You may exclude traffic citations and juvenile offenses.*	☐	☐
2. Does the Business Entity or any Owner, Partner, Officer or Director of the Business Entity, or Member or Manager of a Limited Liability Company have any outstanding debt(s) with any insurance company(ies)? ..... If "Yes", please provide: Name: _____ Amount: _____ Relationship: _____	☐	☐
3. Has the Business Entity or any Owner, Partner, Officer or Director of the Business Entity, or Member or Manager of a Limited Liability Company, ever been subject to a bankruptcy proceeding? (Do not include personal bankruptcies, unless they involve funds held on behalf of others.)	☐	☐
4. Does the Business Entity or any Owner, Partner, Officer or Director of the Business Entity, or Member or Manager of a Limited Liability Company currently have a state, federal or any taxing authority tax lien?	☐	☐
5. Does the Business Entity or any Owner, Partner, Officer or Director of the Business Entity, or Member or Manager of a Limited Liability Company have any outstanding civil judgments?	☐	☐
6. Has the Business Entity or any Owner, Partner, Officer or Director of the Business Entity, or Member or Manager of a Limited Liability Company ever been refused a bond or had a bond cancelled (other than for non-payment)?	☐	☐
7. Has the Business Entity or any Owner, Partner, Officer or Director of the Business Entity, or Member or Manager of a Limited Liability Company ever been named or involved as a party in an administrative proceeding including but not limited to FINRA sanctions or arbitration proceeding regarding any professional or occupational license, or registrations? Includes State Insurance Department investigations, license suspensions, revocations, or administrative fines. ..... *"Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, a cease and desist order, a prohibition order, a compliance order, placed on probation, sanctioned or surrendering a license to resolve administrative action. "Involved" also means being named as a party to an administrative or arbitration proceeding, which is related to a professional or occupational license or registration. "Involved also means having a license application denied or the act of withdrawing an application to avoid a denial. You may EXCLUDE terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.*	☐	☐

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To aid in expediting your application, please provide the following additional documentation for "Yes" responses to the below questions. Failure to provide a signed explanation and supporting documentation will delay contracting.

Question 1:	Along with the written explanation, you must attach a copy of charging document and/or the official document, which demonstrates the resolution of the charges or any final judgment
Question 2:	Provide 6 months proof of repayment
Question 3:	If satisfied, disposed of or discharged, provide court documentation and/or 6 months repayment history
Question 4 & 5:	Provide 6 months proof of repayment
Question 7:	Attach: a) a written statement identifying the type of license, all parties involved (including their percentage of ownership, if any) and explaining the circumstances of each incident. b) a copy of the Notice of Hearing or other document that states the charges and allegations, and c) a copy of the official document which demonstrates the resolution of the charges or any final judgments

LICENSES

Non-resident appointment fee(s) will be deducted directly from your commissions upon acceptance of the agent application, in states requiring an immediate appointment, or in all other states once the first piece of business has been submitted. Non-resident appointment fees will be deducted from your upline if you are not paid directly by Americo.

*For any state you list that requires an immediate appointment upon execution of your agent application, you will be charged and assume responsibility for payment of the appointment fee and any applicable servicing fees. Go to www.AmericoAgentAppointmentFees.com for full list of non-resident appointment fees for each state.

List the non-resident states you plan to solicit business in and would like to be appointed in accordance with the states requirements:

_____

AUTHORIZATION FOR ELECTRONIC FUNDS TRANSFER (DIRECT DEPOSIT)*

*We reserve the right to charge an administrative fee if you elect to receive paper checks when electronic funds transfer is available.

Commissions are sent daily (default), weekly, or monthly through Electronic Funds Transfer into your bank account.

I hereby authorize the Company to pay my commissions by depositing my commissions through Electronic Funds Transfer and to initiate, if necessary, adjustments involving errors to the deposits, but only to the extent of the errors, in the account indicated below. The undersigned also authorizes the depository named below, (the "Depository") to accept such deposits and make any requested adjustments to such account as instructed by the Company. It is agreed that these deposits may be made electronically and under the Rules of the Mid-America Automated Clearing House Association. This authority is to remain in full force and effect until the Company has received written notification from me of its termination, allowing the Company enough time to act on it.

Please complete all information.

Account Holder's Name (please print)	Applicant's preferred pay frequency: ☐ Daily ☐ Weekly ☐ Monthly
Routing Number	Account Number

Please include one of the following:

Voided check for checking account (or)
Deposit slip for savings account (or)

- must indicate account number
- note that routing number on the deposit slip is not the bank routing number needed to transmit a deposit, please confirm routing number with your bank and write above
- verify that the numbers are the same as on your account as these sometimes differ

Bank routing and account numbers on financial institutions letterhead

REPRESENTATIONS AND AGREEMENTS

- I can solicit business only in states where I am licensed. I will not solicit business in states that prohibit solicitation prior to my appointment.
- As a general rule, it is not acceptable for me to make a solicitation anywhere other than in the resident state of the applicant.
- Premium checks will be payable to and sent directly to the Company. No premium checks will be deposited to a personal or business account. Money orders will not be accepted for initial premium.
- I will represent all policies according to their applicable provisions, including any illustration of values and benefits. Full disclosure will be made regarding all policy features and conditions relevant to the receipt of benefits.
- I will abide by all rules and regulations of the Company, which may be subject to change at any time.
- If I am convicted of or plead guilty to any felony involving dishonesty or breach of trust, or any offense under Title 18 U.S. Code Sec. 1033, or am required to file under any sex offender registration law of any state, I will immediately report it to the Company.

TAXPAYER IDENTIFICATION CERTIFICATION

1. Under penalties of perjury, I certify that I am a US citizen or other US person, and 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).
2. 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.*
3. I am exempt from FATCA (Foreign Account Tax Compliance Act) reporting.

*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 failed to report all interest or dividends on your tax return.

"The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding."

E&O COVERAGE

By signing this application, you acknowledge that you are responsible for maintaining, and agree to maintain, E&O liability coverage of not less than $1 million at the time any business is written on behalf of the company, during the term of this Agent Agreement and for a period of two years after the Agreement is terminated. Your certificate must indicate coverage for any line of business you sell (i.e. Life, annuity).

Carrier Name	Coverage Amount (min. $1 million)	Policy Number	Expiration Date

ANTI-MONEY LAUNDERING TRAINING CERTIFICATION

All agents who write cash value products (including but not limited to, universal life, whole life, and annuities) must complete Anti Money Laundering (AML) training through LIMRA or an approved provider. **If you have completed training through LIMRA within the past 2 years please provide the course name and effective date below. If training has been completed through another course provider please provide a copy of your certificate.** Agents writing cash value products who have not taken AML training via LIMRA or provided a copy of their certificate will be directed to the LIMRA website prior to issuing a policy.

	Yes	No
Have you completed Anti-Money Laundering Training through LIMRA?	☐	☐

Note: If "Yes" provide the course name and completion date if completed within the last 2 years. If "No" and you have completed training through another course provider please include a copy of your certificate of course completion.

Date of Last Course Completed	Name of Course Completed

TEXT MESSAGING

By signing this form you expressly authorize the Company to text you with updates about your business and promotional information about Company products and services for you to offer your customers at the cell phone number provided and you certify that you are the owner or authorized user of that number. You are solely responsible for message or data charges and must notify the Company immediately if you are no longer the owner or authorized user of the phone number. The Company reserves the right to revoke this option at any time.

You can opt out by writing us directly to Americo Marketing, 1055 Broadway, Kansas City, MO 64105.

AGENT'S DECLARATION AND AUTHORIZATION

- It is understood that I will be responsible for any and all commission chargebacks to my account and to the accounts of any other agents who have ever been in any of my downlines or hierarchies. Should litigation be necessary to collect any debit balance, reasonable attorney fees and collection costs plus interest at the highest rate allowable by state law may also be awarded to the Company.
- I am fully aware and understand that as a licensed insurance agent it is my responsibility to completely understand the products and companies I represent and to properly solicit these products to consumers in accordance with insurance solicitation laws and consumer protection laws within the state(s) where I hold a resident and/or non-resident license.
- I understand and agree that the information obtained about me may be used and relied upon by the Company in assessing and evaluating my application for appointment. I hereby release the Company, its authorized agents and any person or entity which provides information pursuant to this authorization, from any and all liabilities, claims or lawsuits relating to the information obtained from any and all of the above-referenced sources, or from furnishing the same.

I hereby certify that I have truthfully answered the questions above. I further certify that in answering the questions above I have exercised due diligence in researching all answers provided, including, but not limited to, examining whether I have any criminal convictions that place me on violation of the 1994 Crimes Act. The information is to the best of my knowledge and belief accurate Statements of Fact. 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 Company's discretion, and grounds for any state, federal, contractual or other remedies the Company may have available to it. I understand and agree to the terms of that document known as the Agent Agreement with Americo Life, Inc. Affiliates, (Form No. SMC-010100), which is incorporated into and made a part hereof by this reference, and agree that all obligations imposed thereunder shall survive the termination of such Agent Agreement. If you are signing on behalf of a General Agency or Independent Marketing Organization, by signing this Agent Agreement, you agree that you are a duly authorized principal for your General Agency or Independent Marketing Organization, and that you have authority to sign and bind your General Agency or Independent Marketing Organization to the terms set forth herein, and that your signature authorizes the disclosure of the requested information.

Applicant's Signature (Required) _____ Date (Required) _____

Applicant's Name (Printed) _____