Appointment Application for Individuals
(with Commission Assignment)

American United Life Insurance Company®
a OneAmerica® company
One American Square
P.O. Box 368
Indianapolis, IN 46206-0368
Fax (317) 285-5242

The State Life Insurance Company®
a OneAmerica® company
P.O. Box 406
Indianapolis, IN 46206
Fax (317) 285-5242

Personal Data

Name _____

Social Security Number _____ Date of Birth _____

Recruiter Number _____

Residence Address

Business Name and Address _____

Residence Phone # _____ Business Phone # _____

E-mail Address: _____ Fax # _____

Please check your responses to the following questions. "Yes" responses require full disclosure on a separate sheet.

The "YES" answer should be checked if, at the time this application is completed, the applicant has any knowledge of current circumstances which would make a "NO" answer misleading or incomplete.

1. Has any court, state or federal regulatory agency or exchange ever entered an order against you involving insurance, investments, securities or fraud? ☐ Yes ☐ No
2. Has any disciplinary action, including but not limited to, refusal, suspension, or revocation, ever been taken by any state or federal regulatory agency against you or any business with which you have been directly connected? ☐ Yes ☐ No
3. Have you ever, at any time, filed personal bankruptcy or been declared bankrupt (including Chapter 7, 11, or 13?) ☐ Yes ☐ No
4. Do you currently have any unsatisfied judgments, liens, collection items or accounts more than 120 days past due? ☐ Yes ☐ No
5. Have you ever been arrested, convicted, pled guilty or "nolo contendere" to any of the following:
   a.) A felony ☐ Yes ☐ No
   b.) A misdemeanor involving or pertaining to investments, insurance, commodities, futures, banking, false statements or omissions, theft, wrongful taking of property, bribery, forgery, counterfeiting, extortion, perjury, burglary, fraud, moral turpitude, or conspiracy to commit any of the forgoing? ☐ Yes ☐ No
   c.) Any offense other than a minor traffic violation? ☐ Yes ☐ No
6. Has any bonding company ever denied your application or suspended, revoked, or paid a claim on your behalf? ☐ Yes ☐ No
7. Has any person ever complained to an insurance company, insurance department, FINRA, NYSE, SEC, or other agency about your conduct as an insurance producer? ☐ Yes ☐ No
8. Has any insurance company or securities firm terminated or suspended your appointment for reasons other than at your request or for low production? ☐ Yes ☐ No

Violent Crime Control and Law Enforcement Act of 1994 (the "Act"): The Act makes it a federal crime to knowingly make false material statements in financial reports submitted to insurance regulator, embezzle or misappropriate monies or funds of an insurance company, or 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, or obstruct an investigation by an insurance regulator. The Act also makes it a federal crime for individuals who have been convicted of a felony involving dishonesty, breach of trust, or any of the offense previously listed to willfully participate in the business of insurance.

Will you be in violation of the Violent Crime Control and Law Enforcement Act of 1994 if you act as an insurance agent? ☐ Yes ☐ No

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By signing below, I affirm that the responses entered onto this Appointment Application for Individuals are true and complete. If I submit this Appointment Application other than as an original, I agree that the form has not been altered and that my signature shall be deemed an original signature for all purposes related to this Appointment Application.

Under penalties of perjury, I certify that (1) 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, (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 (3) I am a US person (including a US resident alien).

By signing below, I acknowledge that a facsimile, photocopy, or electronic copy of this application shall be as valid as the original.

Signature_____

Printed Name _____

SSN _____

DOB _____

Date _____

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Products and financial services provided by
The State Life Insurance Company®
a OneAmerica® *company*
P.O. Box 406
Indianapolis, IN 46206
Fax (317) 285-5242

Home Office use only

Additional Personal Data

Name _____

REQUEST FOR ASSIGNMENT OF COMMISSIONS

If your commissions are to be made payable to a corporation, please complete the following section.

Please note you may only assign commissions to licensed corporations unless otherwise permitted by the state insurance department. An appointment application for corporations must also be completed by an officer of the corporation (unless already on file).

Please pay all commissions generated on my behalf to _____

Under the following corporation tax identification number _____

Applicant's signature _____ Date _____

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