Appointment Application for Corporations

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

OneAmerica®

Data Form

Name of Corporation _____

Type of Organization: ☐ Corporation ☐ LLC ☐ LLP ☐ Other _____

Tax ID Number _____ Toll-Free Phone # _____

Business Phone # _____ Fax Phone # _____

E-mail Address: _____

Business Address

_____

_____

_____

Mailing Address

_____

_____

_____

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 the corporation involving insurance, investments or fraud? ☐ Yes ☐ No
2. Has the corporation ever, at any time, filed bankruptcy or been declared bankrupt (including Chapter 7, 11, or 13)? ☐ Yes ☐ No
3. Has any bonding company ever denied your application or suspended, revoked, or paid a claim on your behalf? ☐ Yes ☐ No
4. 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
5. Does the corporation currently have any unsatisfied judgments, liens, collection items or accounts more than 120 days past due? ☐ Yes ☐ No
6. Has any person ever complained to an insurance department, FINRA, NYSE, SEC, or other agency about the conduct of the corporation? ☐ Yes ☐ No

Applicant shall comply with all federal and state laws, rules, and regulations including but not limited to those concerning privacy. All nonpublic personal information (including financial and health) shall be held in the strictest of confidence. Such information shall not be disclosed to any other party except as required by law. Applicant shall establish procedures to protect the security and confidentiality of such information. By signing below, I hereby attest my answers to the questions above are true and complete. I authorize OneAmerica Financial Partners, Inc. and its affiliated companies to conduct a background investigation relating to my insurance appointment and understand that this investigation may include a felony/misdemeanor check, a consumer report, motor vehicle report, Vector Debit Check and a FINRA/CRD check. If this form is received by OneAmerica® and its affiliated companies by facsimile or other electronic format, I further attest that this form has not been altered or changed in any manner from the original form provided and that my signature in such facsimile or other electronic format shall be deemed an original signature for purposes of agreeing to the background check and the attestation of the truth of the answers provided herein. 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).

_____ _____

Signature and Title of Officer of the Corporation Date