



**AGENT APPOINTMENT CHECKLIST  
General Agent / Agent**

**APPOINTMENT PAPERWORK CONSISTS OF:**

- Agent Personal History Record – (Form AG-8 Rev 9/06).**
- Complete and Sign General Agent / Agent Agreement.**
- Sign General Agent / Agent Compensation Schedule.**
- Sign Commission Schedule.**
- Sign Commission Advance Agreement (CAP), if applicable.**
- Sign Violent Crime Control & Law enforcement Act of 1994 and Vector One Notification-Please sign at all 3 X's.**
- Sign “National Do Not Call” Addendum.**
- W-9 for Income Reporting-Complete with SS# or Tax # & sign.**
- Electronic Transfer Authorization-If you wish to have your Commissions Automatically Deposited to your Checking Account-Complete, sign & attached voided check.**
- Copy of “Current” License for Agent and for Agency-if paying Commissions to a Tax ID#. Please submit license for any other states you wish to be appointed in.**
- The Appointment fee for the State of \_\_\_\_\_ is \$\_\_\_\_\_ for the Agent and \$\_\_\_\_\_ for the Agency, if paying Commissions to a Tax ID#. Please make check out to Citizens Security Life Ins. Co.**

**ALL THE ABOVE MUST BE SUBMITTED IN ORDER TO BE APPOINTED**

**Please mail or fax all paperwork to:**

**Joe Moore  
P.O. Box 1954  
Morristown, TN 37816  
Fax: 915-990-8550**

CITIZENS SECURITY LIFE INSURANCE COMPANY  
P.O. BOX 436149 LOUISVILLE, KY 40253-6149  
(502) 244-2420

FOR OFFICE USE ONLY \_\_\_\_\_

Joe Moore #4140773

## AGENTS PERSONAL HISTORY RECORD

This form must be completed by applicants for Insurance Agents Licenses or prospective appointees. It will be made a permanent part of your Home Office file. Please type or print plainly your answers to all questions and return this form back to our office.

1. NAME (Miss, Mrs., Mr.) \_\_\_\_\_  
First Middle Last (Maiden)

SPOUSE'S NAME \_\_\_\_\_  
First Middle Last (Maiden)

2. SOCIAL SECURITY NO: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

3. HOME ADDRESS \_\_\_\_\_  
P.O. Box and Street Address

County City State Zip Code

( ) Telephone Number ( ) Fax Number

4. E-MAIL \_\_\_\_\_

5. Have you ever been convicted of a felony? \_\_\_\_\_ Give Particulars: \_\_\_\_\_

6. Are you now bonded? \_\_\_\_\_ Has your application for bond ever been declined? \_\_\_\_\_ If so, for what reason? \_\_\_\_\_

7. Do you owe an unpaid balance to any insurance company? \_\_\_\_\_ If so, give complete information: (including repayment schedule & current balance) \_\_\_\_\_

8. In which state (s) do you want to be appointed? \_\_\_\_\_

9. What lines are you currently licensed to sell? \_\_\_\_\_

10. Business Name \_\_\_\_\_ Telephone Number ( ) \_\_\_\_\_

Business Address \_\_\_\_\_

11. Commissions are to be paid to: (PLEASE CHECK ONE)  
AGENT \_\_\_\_\_ CORPORATION \_\_\_\_\_

Is business currently licensed? \_\_\_\_\_

For what lines? \_\_\_\_\_

Tax ID Number: \_\_\_\_\_

12. Please give previous employer (Within the last 5 years) \_\_\_\_\_

13. Have you previously been an agent for CITIZENS SECURITY? \_\_\_\_\_

14. Special training for insurance \_\_\_\_\_

### CONSUMER REPORT AUTHORIZATION

I understand that until my appointment is processed and in my possession I may not offer or sell any policies of this Company. As part of the normal procedures of appointing Agent or General Agent, an investigative consumer report may be obtained in accordance with your Authorization. This report may include information obtained through personal interviews with you, your neighbors, your friends and others with whom you are acquainted, as to your character and general reputation.

#### AUTHORIZATION

Agent/Broker Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DISCLOSURE TO THE CONSUMER**  
**(As required by the 1997 FCRA Section 606(a))**

As a routine part of our due diligence effort, Citizens Financial Corporation, an insurance holding company, intends to obtain an investigative consumer report on you. To insure full compliance with the 1997 Fair Credit Reporting Act and to facilitate easy access to all information necessary, please read and sign this form.

I, \_\_\_\_\_, authorize all persons and entities (including but not limited to businesses, corporations, former supervisors, credit agencies, governmental agencies, law enforcement authorities, educational institutions, state insurance departments, the NASD, and all military services) to release all written and verbal information about me to Independent Producer Clearinghouse. I release and agree to hold each harmless from all liability and responsibility for doing so.

I specifically understand and authorize the procurement of an investigative consumer credit report and understand that in all likelihood it will contain information about my background, mode of living, character, general reputation, and personal characteristics.

I further understand that upon written request I will be given a list of the areas which will be researched and included in the investigative report into my background.

I have read and understand the attached summary of my rights under the 1997 Fair Credit Reporting Act.

In addition, to insure full compliance with Violent Crime Control and Law Enforcement Act of 1994 and to facilitate easy access to all information necessary, please continue to read and sign this form.

The 1994 Violent Crime Control and Law enforcement Act directly impacts the insurance industry. Various aspects of the Act (section 1033(e)) prohibits an insurer from allowing anyone who has been convicted of certain crimes from participating in the business of insurance.

Each insurance company is required to prevent anyone convicted of any felony involving dishonesty or a breach of trust from participation in the business of insurance.

The Act provides criminal penalties for anyone who willfully permits a person who has been convicted of a felony involving dishonesty or a breach of trust to participate in the business of insurance. Section 1033 (e) (1) (B).

The Act also provides criminal penalties for any person who has been convicted of a felony involving dishonesty or a breach of trust who enters the business of insurance. Section 1033 (e) (1) (A).

This release, in original or copy form, is valid now or any time in the future. I agree with all the provisions shown in this disclosure form and have been provided a copy of this document.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Signature required on reverse side also

## GENERAL AGENT NOTIFICATION

CITIZENS SECURITY LIFE INSURANCE COMPANY is a subscriber to **VECTOR ONE**, which is part of an internet organization that maintains and continuously updates a database containing names, social security numbers and/or tax ID numbers of thousands of agents who have a debit balance with other member/scriber life insurance companies.

Citizens Security Life Insurance Company will, as part of our due diligence screening and appointment process for new applicants,

- verify through VECTOR ONE'S database that each applicant *does not have an outstanding debit balance* with other companies, and
- report any shortage or debit balance to VECTOR ONE in the event an agent leaves us with a shortage or debit balance.

My signature affirms that:

- I understand the provision of the **Violent Crime Control and Law Enforcement Act of 1994** as stated in this memo and that **I am not in violation of the Act**,
- I understand the GENERAL AGENT NOTIFICATION regarding **VECTOR ONE**, and
- I have kept a copy of this memo for my records.

\_\_\_\_\_  
PRODUCERS SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRODUCER'S PRINTED NAME

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

Signature required on reverse side also.

## 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	
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. 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.

**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.

**Foreign person.** If you are a foreign person, use the appropriate Form W-8 (see Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

### Nonresident alien who becomes a resident alien.

Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement that specifies the following five items:

- The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
- The treaty article addressing the income.
- The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
- The type and amount of income that qualifies for the exemption from tax.
- Sufficient facts to justify the exemption from tax under the terms of the treaty article.




## CONTRACT ADDENDUM

In recognition of the NATIONAL DO NOT CALL IMPLEMENTATION ACT, I understand that I cannot, without the prospects permission, contact them by telephone to solicit new business. I understand this limits my telemarketing activities in regard to both prospecting calls and referral calls.

I understand that my failure to comply with this federal regulation could result in cash fines of up to \$11,000 for each call as well as immediate termination of my appointment with Citizens Security Life Insurance Company.

IN WITNESS WHEREOF the parties have executed this agreement in duplicate this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Agent

  
\_\_\_\_\_  
Paul M. Marquess  
Senior Vice President-Agency

\_\_\_\_\_  
Printed Name of Agent

\_\_\_\_\_  
Agency Number



New   
 Change

**ELECTRONIC FUNDS TRANSFER AUTHORIZATION**

I hereby request and authorize \_\_\_\_\_ to initiate credit entries to my checking/savings account indicated below at the depository financial institution named below, and to credit the same to such account. I acknowledge that the origination of these transactions to my account must comply with the provisions of U.S. law.

I agree that this authorization, unless terminated sooner by the Company, is to remain in effect until receipt by the Company of written notice from me of its revocation in such a manner as to afford Company and depository a reasonable opportunity to act on it.

SIGNATURE OF DEPOSITOR	DATE	SIGNATURE OTHER DEPOSITOR (IF JOINT ACCOUNT)	DATE
NAME OF DEPOSITOR(S) AS IT APPEARS ON BANK RECORDS			
NAME OF BANK			
ADDRESS OF BANK OR BRANCH OFFICE WHERE ACCOUNT IS MAINTAINED			

**ATTACH SAMPLE/COPY CHECK MARKED "VOID"**

<b>H.O. USE ONLY</b>
BANK ACCOUNT NUMBER
TRANSIT NUMBER & ROUTING SYMBOL (                    ) (                    )

**Citizens Security Life Insurance Company**  
P.O. BOX 436149, LOUISVILLE, KY 40253-6149  
(502) 244 - 2420 FAX (502) 244 - 2439  
GENERAL AGENT AGREEMENT ("Agreement")  
(Final Expense Plans)

This Agreement is made between Citizens Security Life Insurance Company of Louisville, Kentucky (hereinafter referred to as "We", "Us", "Our", or "Ours"), and \_\_\_\_\_, a \_\_\_\_\_ whose principal place of business is in \_\_\_\_\_, (hereinafter referred to as "You", "Your", or "Yours")

(Name of General Agent) (Corporation/partnership/individual)

(City, town) (State)

subject to the following terms and conditions:

**(1) APPOINTMENT:** You are hereby appointed as Our General Agent for the purpose of soliciting, personally or through licensed insurance agents under your supervision applications for Our Final Expense plans. Our Appointment and contracting of Your agents shall be within Our sole discretion.

**(2) AUTHORITY AND DUTIES:** We authorize and direct You to (a) solicit applications for insurance, and related documents required by Us and to forward those documents along with the first required premium promptly to Us for consideration, (b) whenever required by Us, You will promptly deliver the policy when issued by Us to the applicant while the applicant's health remains unchanged and collect any additional premiums, if any, required to place the policy in force; and (c) in the event a policy is not issued or rescinded, promptly deliver the premium refund. We do not authorize You to represent, commit or bind us in any way other than set forth above or expressly approved in advance by us. You shall be responsible for the supervision of Your agents and their compliance with all state laws, rules and regulations, pertaining to your business. You will need to obtain and maintain at Your expense all licenses and permits required of You and Your Agents.

**(3) COMPENSATION:**

A. Your total compensation shall be established as set forth in a Compensation Schedule, a Commission Schedule and such other schedules as may from time to time be made a part of this Agreement.

Your Agents' total compensation shall be established as set forth in their respective Agents Agreements.

B. Compensation shall be paid monthly, but only as it is earned in accordance with the applicable schedules. Compensation shall be paid weekly if you are set-up on our Commission Advance Program (CAP). This will include any advances and also earned commissions due during each weekly cycle. Our payments will be made by separate remittances to You and Your Agents. We will provide You and Your Agents with a monthly compensation statement showing all items of compensation which are then payable by Us as well as a cumulative deficit, if any, reflecting Your Indebtedness to Us.



- C. We may at any time prospectively change Your Compensation Schedule, Commission Schedule, or such other schedules that may become a part of this Agreement. Any change in compensation shall be given by no less than ten (10) days advance written notice to You and Your agents and shall apply only with respect to business applied for on or after the effective date of such change.
- D. In the event this Agreement terminates other than for cause, You shall have the right to receive compensation then due or to become due to You over the life of policies then in force but only as provided in this Agreement, Your Compensation Schedules, the applicable Commission Schedule and any other schedules made a part thereof. "Cause" means that You have converted monies, knowingly misrepresented Us or our policies, attempted to commit an act of fraud, have been sued in a civil proceeding, charged in a criminal proceeding or have had Your license suspended or revoked.

**(4) INDEBTEDNESS:** Any deficit reflected in Your or Your Agents' Compensation Statements shall be a debt payable on demand for which You shall be liable on Your behalf as well as Your agents. Any such indebtedness shall be first lien on any monies due or to become due You or Your Agents. We may within Our sole discretion deduct any such indebtedness in whole or in part, including collection costs in the event litigation is required to recover deficits reflected in Your or Your Agents' monthly compensation statements. We shall be entitled to recover all attorneys fees and court costs incurred by Us.

**(5) PRIVACY:** With respect to any non-public personal health or financial information ("information") obtained by You either from an applicant for Our insurance or an existing policyowner of Ours (Either referred to as "Customer") shall be protected as follows:

1. Neither You, Your agents or Your employees will disclose any customer's information for any purpose other than to carry out Your duties under this Agreement.

2. You will not disclose any Customer's information to any person or entity without Our prior written consent.

3. You will establish appropriate safeguards to protect against any unauthorized disclosure of Customer information to any other person or entity other than us. In the event of any improper or unauthorized disclosure Customer information you will immediately notify Us. This privacy provision is not intended to alter, or relieve You of your, obligations as a "licensee" under the provisions of the federal and state laws pertaining to the protection of Customer privacy, which, to the extent shall prevail over this provision.

**(6) INDEMNITY:** You agree to indemnify and hold Us harmless from any and all expenses, costs, fines, damages, or causes of action incurred by Us resulting from the negligent, fraudulent or unauthorized acts or omissions of You, Your employees or Agents.

**(7) TERMINATION:** This Agreement shall automatically terminate upon Your death or immediately upon notice to You of any material change in Your mode of operation as it existed on the Effective Date of this Agreement.

In the event of Your death, compensation due or to become due to You will be paid to \_\_\_\_\_, as a revocable beneficiary of this agreement. If the beneficiary designated by You at the time of Your death is also deceased or no longer in existence, payments will be made to Your estate.

You or We at any time may terminate this Agreement by giving thirty (30) days advance written notice to the other. This Agreement shall terminate for cause immediately upon notice to You. Upon termination of You or any of Your Agents, any and all indebtedness of You or any such Agent shall become immediately due and payable and may be offset in whole or part, including collection costs, against any compensation due or to become due from Us to You.

The commission payable hereunder, after termination other than for cause, shall be payable only so long as the total compensation payable hereunder shall exceed \$300.00 per calendar year.

**(8) ASSIGNMENT:** This is a personal services Agreement and may not be assigned, pledged or in any other manner transferred without Our express written consent.

**(9) ENTIRE AGREEMENT; SEVERABILITY:** This Agreement along with Your Compensation and Commission Schedules and any other schedules addended to it form the entire Agreement and shall be construed in accordance with the laws of the Commonwealth of Kentucky.

The provisions of this Agreement shall be deemed severable so that if any one or more provisions shall be found void or otherwise unenforceable, the remaining provisions shall be unaffected.

**(10) NOTICES:** Any notice shall be deemed given to Us or You if delivered personally or mailed to Our or Your address as follows:

If to Us: CITIZENS SECURITY LIFE INSURANCE COMPANY  
P.O. BOX 436149  
LOUISVILLE, KENTUCKY 40253-6149  
If to You: YOUR LAST KNOWN ADDRESS ON FILE IN OUR RECORDS

**(11) EFFECTIVE DATE:** The Agreement shall be effective on the date it is accepted and executed by us.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of General Agent

Citizens Security Life Insurance Company

\_\_\_\_\_  
(Sign)

By: \_\_\_\_\_

\_\_\_\_\_  
(print name) (Agent #)

Title: \_\_\_\_\_

Addendum No. \_\_\_\_\_

**Citizens Security Life Insurance Company (We, Us)  
Louisville, Kentucky**

**General Agent (You, Your)  
Compensation Schedule  
(Final Expense Plans)**

**PAYMENT OF COMPENSATION**

Compensation to you as General Agent shall be established as set forth in your General Agent Agreement and this Compensation Schedule, a Commission Schedule, and any other schedules, which are added to it and as such made a part of, said Agreement.

**COMMISSIONS/ OVERRIDES**

Your commissions and overrides on commissions earned by Your Agents will be paid when credited on Your monthly compensation statement. Commissions and overrides will be credited when the first required premium is paid in good money and the policy is issued.

Your Override is the commission shown on Your Commission Schedule less the commission shown on the Commission Schedule of Your Agent.

**CHARGEBACKS – EARNED COMMISSIONS AND OVERRIDES -**

The chargeback rules set forth herein apply to earned commissions and overrides. Additional chargebacks applicable to first year advanced commissions are specified in the CAP schedule.

- For Preferred and Standard Level Benefit Whole Life Plans, there are no chargebacks, except for first year advanced commissions.
- For Graded Death Plan deaths, the following schedule applies:
  - 100% of first year commission is charged back if death occurs in the first policy year;
  - 50% of the first year commission is charged back if death occurs in the second year;
  - 25% of the first year commission is charged back if death occurs within the third policy year; and
  - No commissions are charged back if death occurs in the fourth policy year or later.
- For Graded Death Benefit lapses, there are no chargebacks in the second and later policy years. For lapses occurring in the first policy year, there is a declining scale at the rate of 10% per month from 100% of commissions in the first month to 0% in the 13<sup>th</sup> month.

Your overrides will be charged back to You on the same basis as commission chargebacks. Chargebacks will be debited on Your monthly compensation statement.

**This Addendum** when signed by both parties will become a part of Your Agreement as of the effective date set forth below. It may be replaced from time to time with consent of the parties with respect to business submitted after the effective date of the replacement.

**Effective Date:** \_\_\_\_\_

\_\_\_\_\_  
Name of General Agent

**Citizens Security Life Insurance Co.**

**By:** \_\_\_\_\_  
(Signature)

**By:** \_\_\_\_\_

**Title:** \_\_\_\_\_

\_\_\_\_\_  
(Print name) (Agent #)



Addendum No. \_\_\_\_\_

**Citizens Security Life Insurance Company  
PO Box 436149  
Louisville, Kentucky 40253-6149**

**CAP Schedule**

Acknowledging the fact that you as a new provider may need temporary financial independence, We have adopted a Commission Advance Payment program ("CAP").

We will advance to you 75 % of the annualized first year commission earned on each new case as a first year advanced commission. "Earned," means the time at which the first required premium is received in good money and the policy issued by Us. The balance of the first year commission will be earned only as the remaining first year premium is received in good money.

The above notwithstanding the following chargebacks and limitations shall apply:

- (1) Any business not placed with the applicant within forty five (45) days of your receipt from Us shall be cancelled and full charge back of the CAP will be made and debited to your monthly commission statement. In like manner the unearned portion of the CAP on lapsed first year business will be charged back. All chargebacks shall be deemed an indebtedness pursuant to Your Agreement with Us
- (2) One Thousand Dollars (\$1,000.00) shall be the maximum CAP per case. The excess of the first commission on any such case shall be paid only as earned.
- (3) No Civil Service allotment business will be issued unless and until all required forms are completed in full and approved by Us.
- (4) No CAP will be paid on insurance written by You on Yourself or members of Your family.

The CAP program may be withdrawn by Us at any time without advance notice to You provided however, without prejudice to Your first year advanced commissions earned on or before the date of withdrawal.

**This Addendum** when signed by both parties will become a part of the contract as of the effective date set forth below. It may be replaced from time to time with consent of the parties with respect to business submitted after the effective date of the replacement.

**Effective Date:** \_\_\_\_\_

**Receipt Acknowledged:**

**Citizens Security Life Insurance Company**

\_\_\_\_\_  
(You)

\_\_\_\_\_  
(Sign)

By: \_\_\_\_\_

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Agent #

Title: \_\_\_\_\_

Joe Moore #4140773

\_\_\_\_\_  
Managing General Agent