



CONTRACTING REQUIREMENTS **For Sub-Agent (Licensed-Only Agent)**

We are very excited about your interest in our company! The following list of contracting requirements will help you get all the necessary paperwork together before sending it in to the Marketing department. Please follow this list carefully to ensure a speedy contracting process.

1. **Agent Appointment Information (200-372 04/09)**
 - Needs Applying Agent Signature
 - Needs Recruiting Agent Signature
2. **Contract Appointment Transmittal (200-077 04/09)**
 - Needs Recruiting Agent Signature
 - Notate Applying Agent as Licensed-Only Agent
3. **Sub-Agent's Agents Contract (200-321 04/09)**
 - Needs Applying Agent Signature
 - Needs Recruiting Agent Signature
4. **Copy of Agent's Insurance License(s)**
 - Must have resident/non-resident life license, (A non-resident license is necessary for agents who reside in AK, MA, NH, NY, NC, SD, and WY)

****Attention**** All signatures required are notated with "sign here" arrows. Contract completion will not take place until we have all required signatures.

Note: If an agent wishes to be set up on annualization (advanced commissions they MUST turn in EFT form, preprinted voided check, and Commission Annualization Request form (signed by MGA). If any of the necessary paperwork is missing, the agent will be paid as-earned only. Annualization of commissions is only allowed with direct deposit of commission. If an agent does not want annualization, please indicate this on the Contract/Appointment.

We appreciate your help in regards to the completion of necessary contracting paperwork. If you have any questions, please call us!

Thanks,
UHL Marketing Team
(800) 428-3001, ext. 7724

UNITED HOME LIFE/UNITED FARM FAMILY LIFE INSURANCE COMPANIES

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:

Have you completed anti-money laundering (AML) training by another insurance company or competent third party with respect to permanent life insurance products?

Yes, I certify that I have completed AML training. List name of company or other provider of AML training.

No.
United Home Life/United Farm Family Life is required to provide AML training to agents about their responsibilities under the law. Go to www.unitedhomelife.com, enter username and password, click on UHL Anti-Money Laundering Training and complete the course.

Primary Markets _____

Current Life and Health Production \$ _____ Annual Premium

13 Month Persistency _____

How much annualized premium can United Home Life/United Farm Family 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 and United Farm Family Life Insurance Companies as an agent.



Recruiting MGA (Signature)

Recruiting MGA (Print Name)

Recruiting General Agent Number



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 Sales Contests sponsored by United Home Life and United Farm Family Life Insurance Companies.



**United Home Life Insurance Company
United Farm Family Life Insurance Company**

Indianapolis, Indiana

SUB-AGENT'S CONTRACT

This agreement, executed in duplicate originals, _____, _____, _____, by and between UNITED HOME LIFE
Month Day Year
and UNITED FARM FAMILY INSURANCE COMPANIES, Corporations of the State of Indiana, whose Home Office is situated in
Indianapolis, Indiana, hereinafter collectively called the "COMPANY," and _____
FULL NAME
of _____
ADDRESS
County of _____, State of _____
hereinafter called the "SUB-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 SUB-AGENT shall be that of independent contractor and contractee, and not that of employer and employee.

AUTHORITY TO SOLICIT

- 2. (a) The SUB-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 SUB-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 SUB-AGENT'S activities under this contract.

COMMISSIONS

- 3. (a) Any compensation payable to the SUB-AGENT shall be as agreed upon between the undersigned General Agent and the SUB-AGENT, and shall be payable directly by the General Agent to the SUB-AGENT; the COMPANY shall not in any way whatsoever be responsible for such payments, or be liable for the fulfillment of any obligation of the General Agent to the SUB-AGENT.

- (b) All compensation payable by the COMPANY with respect to products sold by the SUB-AGENT shall be payable to the General Agent.

UNISSUED AND UNPAID POLICIES

4. If a policy is issued on a standard basis in accordance with the terms of the application received from the SUB-AGENT, 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 SUB-AGENT shall agree to pay the COMPANY for any medical or inspection, or other expense in connection with the issue of the policy.

AMENDMENT

5. This contract cannot be changed by any verbal promise or statement by whomsoever made, and no written modification or change will bind the COMPANY unless it is signed by an officer of the COMPANY authorized to do so, and expresses an intention to modify or change this contract. Subsequent amendments to this contract may be made by the COMPANY'S preparing and transmitting to the SUB-AGENT such an amendment.

LEGAL PROCEEDINGS

6. The SUB-AGENT shall not take legal proceedings in connection with any matter pertaining to the business of the COMPANY without the written consent of an officer of the COMPANY.

SOLE AGREEMENT

7. This contract is the entire contract between the parties and supersedes any and all previous agreements or contracts between the parties hereto which pertain to the solicitation of applications for any insurance or annuity mentioned herein and the payment of commissions or premiums therefor; provided, however, the SUB-AGENT'S right to commissions from premiums on policies issued by the COMPANY under a previous contract with the SUB-AGENT is not hereby impaired.

TERMINATION

8. All books of account documents of any kind, vouchers, receipts, notices, lists of policyholders, or books or papers of any kind used from time to time by the SUB-AGENT, whether the cost thereof be paid by the COMPANY or the SUB-AGENT, shall be and remain the property of the COMPANY, and the same shall be subject at all times to inspection by the COMPANY, on demand, and at the termination of this contract the same shall be delivered to the COMPANY on demand therefor. This contract will terminate upon the death of the SUB-AGENT, or either party may terminate the same by written notice to the other party, either delivered personally or mailed to the last known address of the party to be notified, at least fifteen (15) days before the date therein fixed for such termination.

**UNITED HOME LIFE INSURANCE COMPANY
UNITED FARM FAMILY LIFE INSURANCE COMPANY**
P.O. Box 7192
Indianapolis, Indiana 46207-7192

Approved By: _____
United Home Life/United Farm Family Life

Name of Sub-Agent (Print)



Signature of Sub-Agent

Signed _____ , _____
Month Day Year

Recommended:

Name of General Agent (Print)

Number



Signature of General Agent