

National Insurance Benefit Coordinators, Inc.

Appointment Instructions for
Woodmen of the World

Please complete the following:

1. _____ **Background Information:** Please complete and answer any questions. If you answer yes to any question please provide a detailed explanation.
2. _____ **Fair Credit Reporting Act:** Complete and sign.
3. _____ **W-9:** Complete and sign.
4. _____ **Advance Commissions:** Please complete and sign all Advance Commission forms.
5. _____ **Direct Deposit:** Complete and sign.
6. _____ **State License:** Please provide a copy of your resident state license and any non-resident licenses for the states you wish to be appointed in.

Once all information has been completed you can fax the attached information to 501-372-2221 or e-mail to karen@nibconline.com .

If you have any questions please call us at 501-372-4800.

National Insurance Benefit Coordinators, Inc.

112 Smart House Way
North Little Rock, AR 72114
(501) 372-4800 phone
(501) 372-2221 fax

**WOODMEN OF THE WORLD/ASSURED LIFE ASSOCIATION
BACKGROUND AND INFORMATION SHEET**

Name: _____

Social Security Number: _____ Date of Birth: _____

Home Address (must be a physical street address): _____

Home Phone: _____ Home Fax: _____ (optional)

Cell Phone: _____ (optional) E-mail Address: _____ (optional)

Business Name: _____ (if applicable)

Personal Business Address: _____

***Note** – All correspondence (including compensation statements), will be mailed to the personal business address indicated. Only one business address is supported per individual. If no business address is indicated, mail will be directed to home address.

Address for overnight packages (cannot be a P.O. Box): _____

Business Phone: _____ Business Fax: _____

Tax I.D. Number: _____ E-mail Address: _____

Please identify your Master General Agency (if applicable): _____

BACKGROUND EXPERIENCE. Note: Please read each question carefully. Failure to answer "Yes" below, when appropriate, may result in the denial of your request to be contracted.

1. Have you ever been fined, suspended, placed on probation, paid administrative costs, entered into a consent order, been issued a restricted license or otherwise been disciplined or reprimanded, or are you currently under investigation by any insurance department, FINRA (formerly known as the NASD), SEC or any other regulatory authority?
_____ Yes _____ No

2. Have you ever been convicted or plead guilty or nolo contendere (no contest), served any probation, paid any fines or court costs, had charges dismissed through any type of first offender or deferred adjudication or suspended sentence procedure, or are any charges currently pending against you for any offense other than a minor traffic violation?
_____ Yes _____ No

PROVIDE A WRITTEN EXPLANATION AND APPLICABLE SUPPORTING DOCUMENTATION (i.e., court documents, insurance department documents, etc.) FOR ANY QUESTION TO WHICH YOU RESPONDED "YES". Please be sure to date and sign the written statement.

Candidate Signature

Date

FAIR CREDIT REPORTING ACT DISCLOSURE TO CONSUMERS

Woodmen of the World/Assured Life Association will obtain consumer reports for the purpose of serving as a factor in establishing your eligibility for contracting as an insurance producer.

"Consumer Report" means a written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living which will be used by Woodmen of the World/Assured Life Association, in whole or in part for the purpose of serving as a factor in establishing your eligibility to be contracted as an insurance producer.

This means a credit report, criminal report and report of insurance department regulatory actions will be obtained and reviewed as part of a background investigation in order to determine your eligibility to be appointed.

By signing below, I acknowledge the "Fair Credit Reporting Act Disclosure to Consumers" has been provided to me.

CANDIDATE'S STATEMENT -- READ CAREFULLY

Woodmen of the World/Assured Life Association is hereby authorized to make any investigation of my criminal record history, insurance department history and credit history through any consumer reporting agency or through inquiries with my past or present employers, neighbors, friends or others with whom I am acquainted. I understand that this inquiry will include information as to my general reputation, personal characteristics and mode of living.

AUTHORIZATION

I authorize any consumer reporting agency, insurance department, law enforcement agency, the Financial Industry Regulatory Authority, The Securities and Exchange Commission or any other person or organization having any records, data or information concerning my credit history, public record information, insurance license, regulatory action history or criminal record history to furnish such records, data and information to Woodmen of the World/Assured Life Association and Mutual of Omaha Insurance Company (acting as an administrator for Woodmen of the World/Assured Life Association.)

I understand that if contracted, this authorization will remain valid as long as I am contracted with Woodmen of the World/Assured Life Association.


A photocopy of this authorization shall be considered as effective as the original.

Candidate Signature

Date

Print Name

WOODMEN OF THE WORLD/ASSURED LIFE ASSOCIATION

GENERAL AGENT	
By: _____ <small>(Signature always required)</small>	
Printed Name: _____ <small>(Same as signature above)</small>	
Title: _____	
General Agent: _____ <small>(As it appears on license)</small>	
DBA: _____ <small>(If applicable)</small>	
Date: _____	
Designated Beneficiary _____	

Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number. For other entities, it is your employer identification number.

Social Security Number							
			+		+		

OR

Employer Identification Number							
		+					

Certification

Under penalties of perjury, I certify that:

1. The number provided is my correct taxpayer identification number, **and**
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, **and**
3. I am a U.S. person (a U.S. citizen or U.S. resident alien or a partnership, corporation, company or association created or organized in the U.S. or under the laws of the U.S. or an estate (other than a foreign estate) or a domestic trust (as defined in Regulations section 301.7701-7)).

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.

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

Sign Here	Signature of U.S. person →	Date →
------------------	----------------------------	--------

[Remainder of page intentionally left blank]

WOODMEN OF THE WORLD/ASSURED LIFE ASSOCIATION

GENERAL AGENT AGREEMENT

WOODMEN OF THE WORLD/ASSURED LIFE ASSOCIATION

By: _____

Name: _____

Title: _____

Date: _____

H. SELECTION OF MODE OF ADVANCE

Please select one mode of advance from the choices below and acknowledge your choice by initialing under your selection. All choices are for advance of commission upon the issuance of an eligible Product.

- Six-Month (QB1) Nine-Month (QB2) Twelve-Month (QB3)

WOODMEN OF THE WORLD/ASSURED LIFE ASSOCIATION

By: _____

Name: _____

Title: _____

Date: _____

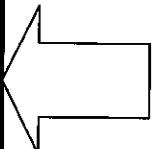
GENERAL AGENT/REPRESENTATIVE

By: _____

Name: _____

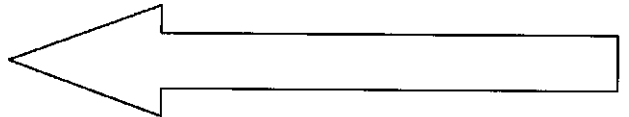
Title: _____

Date: _____



ACKNOWLEDGED AND ACCEPTED:

MASTER GENERAL AGENCY
By: _____ (Signature always required)
Name: _____
Title: _____
Date: _____



Check Deposit Authorization



**WOODMEN
OF THE WORLD**
**ASSURED LIFE
ASSOCIATION**

I, the undersigned, do hereby authorize Woodmen of the World/Assured Life Association to deposit my check as indicated below. This authority is to remain in full force and effect until Woodmen of the World/Assured Life Association has received notification from me of its termination in such time and in such manner as to afford Woodmen of the World/Assured Life Association a reasonable opportunity to act on it. In no event shall it be effective with respect to entries processed prior to receipt of notice of termination.

I understand, this is not an assignment of commissions. 1099's will continue to be issued to the commission owner.

A VOIDED CHECK MUST BE ATTACHED TO VERIFY ACCOUNT NUMBER.

New Deposit or Change Deposit

Name of Bank _____

Bank Routing Number _____

Checking Account No. _____

or

Savings Account No. _____

Is This Electronic Deposit For:

Company or Individual (check one)

Printed Name _____

Signature _____

Tax ID or Social Security Number _____

Producer Number _____

Effective Date _____

Telephone Number () - _____

Please remember to attach a voided check to verify account number.

Woodmen of the World/Assured Life Association

or

FAX to: 402-351-1462

Arm: 6 - Broker Compensation

P.O. Box 2397

Omaha, NE 68103-2397

ADMINISTRATION USE ONLY

Entered & Verified By _____ Date _____

WOWEFT