

**WASHINGTON NATIONAL INSURANCE COMPANY**  
**DIRECT PAID AGENT CONTRACT APPLICATION**

TYPE OR PRINT Appointment Type:  Individual  Corporate  
Name: \_\_\_\_\_ Corporation Name: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ Tax ID: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Mailing Preference:  Home  Business  
Home Address: \_\_\_\_\_ Business Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Fax Number \_\_\_\_\_

**Email Address:** \_\_\_\_\_  
**(YOUR EMAIL ADDRESS IS REQUIRED TO ACCESS ONLINE COMMISSION INFORMATION.)**

List below which states you wish non-resident appointments (*agent will be charged for any non-resident appointment fees*)  
\_\_\_\_\_

Errors and omissions coverage?  Yes  No If yes, please provide name of carrier and amount: \_\_\_\_\_

**BACKGROUND – Please provide a complete explanation of any “yes” answers on a separate sheet:**

1. Have you ever had your insurance license or securities license suspended or revoked or have you ever had any application for an insurance license denied by any insurance department?  Yes  No
2. Have you ever pled guilty or nolo contendere to or been found guilty of a felony or a crime including but not limited to crimes involving dishonesty, breach of trust, or a violation of any federal law or are you now under indictment?  Yes  No
3. Have you ever had a complaint filed against you with an insurance department, NASD or other regulatory agency or do you anticipate one being filed or have you ever been terminated by any company for cause?  Yes  No
4. Are you at the present time involved in any litigation or are there any unsatisfied judgments or liens (including state or federal tax liens) against you?  Yes  No
5. Do you owe an insurance company or other person for any premiums collected or money advanced?  Yes  No
6. Has any company or other person alleged that it has not received premiums or other monies due such company or person from you?  Yes  No

***CONDITIONS AND AGREEMENTS***

I have thoroughly reviewed this application and have answered all questions to the best of my knowledge. By signing below, I hereby attest to all matters set forth above and agree to all matters set forth below. I hereby agree that if the Company issues to me Sales Representative Agreement WN-CNRT-PD (6/11) and Exhibit A for which I hereby apply, I will be bound by Agreement WN-CNRT-PD (6/11) and Exhibit A. I understand that my supervising office has specimen forms of Agreement WN-CNRT-PD (6/11) and Exhibit A on file and I have had the opportunity to review Agreement WN-CNRT-PD (6/11) and Exhibit A. Submitting to the company any application for an insurance policy or annuity contract shall constitute my agreement to Agreement WN-CNRT-PD (6/11) and Exhibit A, and all of the terms, conditions, and provisions set forth therein. I acknowledge that by signing this Contract Application and by submitting any such insurance application for an insurance policy or annuity contract, I have so agreed to Agreement WN-CNRT-PD (6/11) and Exhibit A and no further signature by me shall be necessary.

FORM W-9. I hereby certify that (1.) The payee’s TIN is correct; (2.) The payee is not subject to backup withholding due to failure to report interest and dividend income. \*(Note: You must mark out #2 if you are subject to backup withholding) (3.) The payee is a U.S. person.

I have executed this Contract Application as evidence of the understanding, acceptance and consent of its terms, and I agree that I will not solicit business until I receive notification from the Company that this acknowledgment has been approved. I understand that, as a part of its approval process, the Company may obtain an investigative consumer report which will contain information regarding my character, general reputation, credit history, personal characteristics and mode of living. I hereby authorize the Company to obtain such a report and share findings with others who have a business need to know or who are in a business or contractual relationship with Washington National Insurance Company.

Applicant Signature \_\_\_\_\_ Date: \_\_\_\_\_

<b>TO BE COMPLETED BY THE IMO:</b>	
IMO: _____	
IMO Signature: _____	Date: _____
New Agent Reports Directly to: _____	Agent Number: _____

**WASHINGTON NATIONAL INSURANCE COMPANY**  
**DIRECT PAID AGENT CONTRACT APPLICATION**  
**ELECTRONIC FUNDS TRANSFER (EFT) REQUEST FORM**

**Agent Information**

Name on Contract \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Note: only one of the following fields needs to be completed. Please provide the Social Security or Tax ID number if you would like ALL of your agent numbers under that ID updated. If not, please list only the Agent Number(s) to be updated.

Social Security Number or Tax ID on Contract \_\_\_\_\_

Agent Number(s) \_\_\_\_\_

**Bank Information**

Bank Name \_\_\_\_\_

ABA Routing Number \_\_\_\_\_

Bank Account Number \_\_\_\_\_

Checking Account  Savings Account

Sue & Bob Agent 1234 Main St. Anytown, USA 10000	Date _____	1234
Pay to the order of: _____ \$		<input type="text"/>
_____ Dollars		
Anytown Bank Anytown, USA 10000 For _____	ABA Routing Number	Bank Account Number
<input type="text"/>	<input type="text"/>	Check Number
⑆250250025⑆ 0500454613⑈ 1234		

ABA Routing Number: The routing number must be nine digits. The first digits must be 01 through 12 or 21 through 32. Do not use a deposit slip to verify the number because it may contain internal routing numbers that are not part of the actual routing number. If your bank has recently had a merger or name change, please confirm your routing number.

Bank Account Number: The account number can be up to 17 digits and include numbers and letters. Omit hyphens, spaces, and special symbols. Be sure not to include the check number.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Please return to:  
 Commission Accounting  
 P.O. Box 1956  
 Carmel, IN 46082-1956  
 Or fax to (317) 817-2855

Please allow 7 business days for your request to be processed.  
 Please note that EFT transmissions can take up to 72 hours to be posted to your account.

**WASHINGTON NATIONAL INSURANCE COMPANY**  
**DIRECT PAID AGENT CONTRACT APPLICATION**

**ANTI-MONEY LAUNDERING TRAINING**  
**CERTIFICATION OF COMPLETION**

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**A. Producer Information**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Phone # \_\_\_\_\_ Evening Phone # \_\_\_\_\_

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**B. Training Information**

Date training program was completed \_\_\_\_\_, 20 \_\_\_\_\_

Title of training program \_\_\_\_\_

Training was provided by \_\_\_\_\_

Name of contact at the above insurance company \_\_\_\_\_

Telephone number of contact at the above insurance company (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Note:** Attach certificate

Attach outline of training program

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**C. Affirmation of Completion of Anti-Money Laundering Training Program**

I am a duly licensed insurance producer and certify I have completed the above-referenced training program, which to the best of my knowledge satisfies requirements imposed on insurance companies by regulations issued under USA Patriot Act Section 352 (US 31 CFR 103.137). I acknowledge that the insurance company to which this certification has been provided retains the right to review and approve the training program and its curriculum before accepting this certification and also reserves the right to withdraw its prior acceptance of a training program if it is later determined that a previously accepted program is no longer satisfactory.

I affirm (i) that I have read and understand the insurance company's Producer's Guide for Insurance Agents and (ii) that I am knowledgeable about my obligations under the regulation.

Producer Signature \_\_\_\_\_ Date \_\_\_\_\_, 20 \_\_\_\_\_

**WASHINGTON NATIONAL INSURANCE COMPANY  
ADVANCE COMPENSATION AGREEMENT**

This Advance Compensation Agreement is made and entered into by and between  
Washington National Insurance Company (“Company”) and

\_\_\_\_\_ (“Representative”)

**WITNESSETH:**

WHEREAS, on \_\_\_\_\_, the Representative entered into Representative Contract, with Company which, among other things, authorizes the Representative to solicit applications of insurance for Company and provides for payment of compensation by Company to the Representative upon his/her sale of insurance products as premiums are collected (on an as-earned basis); and

WHEREAS, the Representative wishes to modify this compensation arrangement in order to permit him/her to receive compensation in advance of premiums being collected by Company.

NOW, THEREFORE, Company agrees to permit compensation to be paid to the Representative in advance of said compensation being earned subject to the following terms and conditions:

**TERMS AND CONDITIONS**

1. Compensation on first year premiums may be paid on an advance basis for the sale of any qualifying insurance policy. A policy issued by Company shall be construed as a qualifying insurance policy if it is designated as such by Company.
2. Upon the Representative’s execution of this Agreement, that compensation be paid under this section of this Agreement, Company shall make an advance compensation payment to the Representative which shall be defined by the published guidelines of the Company. The guidelines are solely within the control of the Company and may be changed by Company without prior notice. Compensation advanced on any policy under this Agreement shall constitute an indebtedness of the Representative and shall be treated as income at date of disbursement.
3. All advance commission payments made under this Agreement shall be made by Company and forwarded to the Representative in accordance with Company’s normal payment practices and cycles.
4. Advance balances are recovered as commission is earned on a policy-by-policy basis. The advance balance of any policy that lapses or is terminated before the advance is fully recovered will be recouped (charged back) immediately and transferred to the Secondary 1 Account balance. Balances in the Secondary 1 account will immediately begin accruing interest at a rate determined by the company, currently 9% per annum. The company retains the right to change the interest rate upon written notice of said change.
5. This Agreement may be terminated or suspended at any time by Company. Termination or suspension of this Agreement shall be effective on the date written notice of termination or suspension is mailed by Company to the Representative at the last known business address of the Representative shown in Company’s files. Any business in process as of the date of termination or suspension shall be processed on an as-earned basis unless Company advises to the contrary in its notice of termination or suspension. In the event of termination of this Agreement all outstanding advance compensation shall be due and payable to Company immediately.
6. Company may, at its sole discretion, modify the terms of this Agreement at any time. Such modification shall take effect upon Company’s mailing of notice of modification to the last known business address of the Representative shown in Company’s files. All business in process as of the effective date of any modification shall be processed in a manner consistent with such modification.
7. All the terms, conditions and definitions of the Representative Contract and any supplements to it, shall remain in force and effect unless specifically modified in this Agreement.
8. Should it become necessary for Company to engage counsel to enforce the terms and conditions of this Agreement or the Representative’s Contract, the Representative will pay Company’s actual attorneys’ fees plus all other costs of collection.

**WASHINGTON NATIONAL INSURANCE COMPANY  
ADVANCE COMPENSATION AGREEMENT**

9. This Agreement shall have no force or effect until accepted by Company.

I, \_\_\_\_\_, affirm and fully understand the terms and conditions of the Guidelines and this Agreement.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Representative

**ANNUALIZATION SPECIFICATIONS:**

Maximum Advance Per Policy	\$1,500
Maximum Advances Outstanding	\$50,000
Minimum Advance EFT Issued	\$25

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_ Marketing Company Printed Name

\_\_\_\_\_ Marketing Company Signature

\_\_\_\_\_ Washington National Insurance Company Signature

## **I. CONCEPT**

This agreement is made by and between Washington National Insurance Company, an Indiana company, called “we”, “us” or the “Company” and \_\_\_\_\_, called “you” or “Representative”. The Company offers life insurance, health insurance and annuity policies or certificates, called “Policies”, to customers through independent producers. The Company and Representative desire to enter into this Agreement and work together for their mutual benefit, through the sale and service of Washington National Insurance Company’s Policies to suitable customers who desire to purchase such Policies.

At its option, which shall not be unreasonably withheld, the Company agrees to contract with and/or appoint, as Washington National Insurance Company’s licensees Sub-Producers recruited by you, and Sub-Producers recruited by your Sub-Producers, (collectively referred to as “Sub-Producers”) who meet the standards then generally required by us in the appointment of agents. If a Sub-Producer who is already under a contract with the Company is assigned to you, your responsibilities with respect to that Sub-Producer are the same as if you recruited the Sub-Producer to the Company unless otherwise agreed in writing by you and the Company.

Sub-Producers may be contracted only on standard Sales Representative Agreements or Licensed Only Agent Acknowledgements and accompanying schedules approved by and made available through the Company.

The Company may immediately suspend your ability to recruit Sub-Producers under this Agreement, if the Company has reasonable cause to suspect that you have engaged in conduct involving violation of the terms of your Agreement. You will be notified, in writing, of the reason and the terms of any suspension.

The term “Policy” or “Policies” shall also include products, benefits or services offered through Washington National Insurance Company’s distribution agreements with other insurance carriers, benefit providers and/or service providers.

## **II. AGREEMENT DATE**

The Agreement Date applies to all Policies issued on or after the Agreement Date, which is specified on the signature page of this Agreement.

## **III. DUTIES, OBLIGATIONS, AUTHORIZATION AND LIMITATIONS**

The following conditions shall apply to you or to any of your employees and/or Sub-Producers:

1. You and all Sub-Producers shall have no other powers or authority other than those expressly granted in this Agreement, and no other or greater power or authority shall be implied by the grant or denial of powers or authority specifically mentioned.
2. This Agreement applies specifically to Policies issued by the Company, which are listed on Compensation Schedules provided to representative and made a part of this Agreement. This Agreement shall also apply to products, benefits or services offered through the Company’s distribution agreements with other insurance carriers, benefit providers and/or service providers.
3. For as long as you are contracted with the Company, licensed, appointed by Washington National Insurance Company and in good standing with the regulatory authorities, the Company hereby authorizes you to:
  - a. Personally produce applications for Policies covered by this Agreement; This application may be signed and submitted electronically pursuant to rules adopted by the Company; and
  - b. Collect the first premiums on such Policies in the form of a check or money order made payable to Washington National Insurance Company; and
  - c. Solicit, through Sub-Producers selected by you and appointed by us, applications for Policies covered by the Sub-Producer’s Sales Representative Agreements or Licensed Only Acknowledgments.
4. Neither you nor any of your employees or Sub-Producers has any authority to make, alter, modify or discharge any Policy, any provision in any Policy, application, conditional receipt or any other writing for the Company, or to extend or waive any provision of the Policy; to extend the time for payment of premiums; to waive or extend any policy condition or to waive any forfeiture; to accept payment of any past due premium, except as requested by the Company; to approve or recommend approval of evidence of insurability; to make any representation or state any opinion regarding the validity or payment of any claim; to guarantee current interest or premium rates; to guarantee the continuance of any practice or procedure of the Company; or to incur any expenses or obligation whatsoever in the name of Washington National Insurance Company without specific written authority from an officer of the Company.

**OPPORTUNITY TO REVIEW**

YOU REPRESENT THAT, PRIOR TO SIGNING THIS AGREEMENT, YOU HAVE READ, FULLY UNDERSTAND AND VOLUNTARILY AGREE TO THE TERMS AND CONDITIONS AS STATED ABOVE, THAT YOU WERE NOT UNDER DURESS AT THE TIME YOU SIGNED THIS AGREEMENT AND THAT YOU HAD ADEQUATE TIME TO CONSIDER ENTERING INTO THIS AGREEMENT, INCLUDING WITHOUT LIMITATION, THE OPPORTUNITY TO DISCUSS THE TERMS AND CONDITIONS OF THIS AGREEMENT, AS WELL AS ITS LEGAL CONSEQUENCES, WITH AN ATTORNEY OF YOUR CHOICE.

IF A SALES REPRESENTATIVE IS A CORPORATION, AN AUTHORIZED OFFICER MUST SIGN AND INDICATE THE OFFICER'S TITLE.

**SALES REPRESENTATIVE**

**WASHINGTON NATIONAL INSURANCE COMPANY**

Signature: \_\_\_\_\_  
*(no additional signature required with  
submission of Contract Application  
form WN-APP-PD)*

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

At its Executive Office in Carmel, Indiana

Agreement Date: \_\_\_\_\_

**WASHINGTON NATIONAL INSURANCE COMPANY**  
**AMENDMENT ADDING TO**  
**Section 3, Number 22 of Sales Representative Agreement**

**THIS AMENDMENT** ("Amendment") is effective January 1, 2008 and is made a part of Sales Representative Agreement ("Agreement") by and between \_\_\_\_\_ ("Agent") and Washington National Insurance Company ("Company").

**You agree to the below if you request an appointment for a Licensed Only agent (LOA):**

- (a) Agent agrees that the Company has no obligation to the LOA for commissions, expense allowances or any form of compensation whatsoever in connection with the services performed and expenses incurred by the LOA in the solicitation of applications for insurance issued by the Company, it being expressly understood that LOA is under direct contract with the Agent who has personally agreed to compensate LOA for such services and LOA agrees to hold the Company harmless from any claims for payment of commissions, and to look only to Agent for payment of commissions; and
- (b) Hold Harmless. Agent agrees to be personally and fully liable to the Company for all business transacted by the LOA and will indemnify and hold the Company harmless from any and all claims of loss or damages resulting from any act of LOA.

**SALES REPRESENTATIVE**

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**WASHINGTON NATIONAL INSURANCE COMPANY**

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

At its Executive Office in Carmel, Indiana

Agreement Date: \_\_\_\_\_

## Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

<b>Print or type See Specific Instructions on page 2.</b>	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification (required): <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶	
	<input type="checkbox"/> Other (see instructions) ▶	
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. The TIN provided must match the name given on the "Name" line to avoid backup withholding. 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									
				-			-		

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number									
				-					

### Part II Certification

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), 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. citizen or other U.S. person (defined below).

**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.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

#### 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.

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:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**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.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.