



Final Expense Contracting

Let us help you outsmart your competition!

**We are the National Underwriting Service, LLC and we look forward to working with you.
Please read all of the following so that we can process your contracts with no delays.**

Please be aware that most companies do NOT allow you to sell product prior to having an agent number. It usually takes 2-weeks to receive your agent number once we receive your completed contracting forms. Gerber Life is an exception to this rule. Unless your state restricts it, Gerber allows you to sell the GI FE product prior to contracting.

Each company you contract with needs to be sent as a separate email with the subject line as follows: **(agent name) contracting for (insurance company name)**. All files attached to the email MUST be PDF files not picture files (not jpegs, tiffs, etc.) Documents should always be PDFs.

If it is not possible to email the contracting you can fax or send it by U.S. Postal mail but emailing is the preferred method.

IMPORTANT- Do not send partial contracting. If you don't have everything for a company together yet, wait to send it until you have everything you need for that company. Every company's contracting email needs to have: 1. The company's contracting forms, your state insurance license, a voided check for the account you want deposits in, e&o certificate if required (only 5-Star, Americo, Assurity, Gerber and Lafayette require e&O)

IMPORTANT- If you have "yes" answers to any of the agent background questions you MUST include detailed information about that situation. Failure to do so will result in an instant decline. If you have any current vectors (owe debt to any insurance company) none of our companies will consider you until the vector is cleared.

Send your completed contracting to Vanessa Ruehmkorff at: **VanessaNUS@yahoo.com**

Or fax to: 800-673-5309 (fax and phone are the same number)

Or mail to:
Vanessa Ruehmkorff
4508 Baldwin Ct.
Evansville, IN 47725

You should receive an emailed confirmation that Vanessa has received your contracting forms within 2-business days. If you have questions about your contracting, please direct them to Vanessa by email.

If you have questions that are NOT related to your contracting, please contact Scott or Travis

Travis Tubbs phone 765-618-3859 or email at travistubbs@yahoo.com
Scott phone 270-823-2413 or email at Scott@fexcontracting.com



MGA New Agent Contracting Instructions 2013

Please check that all items are completed and signed before submitting contracting paperwork. Any items left out will delay the appointment process.

1. **New Agent Data Sheet.** This will need to be completed and signed by the new Agent. The recruiter/manager will need to sign on the "Recommended" line. **Please note the following items :**
 - a. **A physical home address is required for background checks – PO Boxes cannot be used.**
 - b. **Be sure to have a valid email address.**
 - c. **Give details to any questions with negative answers such as vectors or bankruptcy, etc.**
 - d. **Do not leave "Insurance Experience" section blank.**
2. **Agent Direct Deposit Form.** Commissions are direct deposited into Agent's bank account. This form needs to be completed and signed along with a blank voided check or deposit slip.
3. **Commission Advance Agreement.** (If you will be allowing advanced commissions) The Agent will need to sign as "applicant". The recruiter/manager, if applicable, and MGA will need to sign in their respective place.
4. **GA or Agent Agreement.** The new Agent will need to sign as "applicant". The recruiter/manager, if applicable, and MGA will need to sign in their respective place.
5. **Commission Schedule.** The new Agent will need to sign as "applicant". The recruiter/manager, if applicable, and MGA will need to sign in their respective place.
6. **Compliance Policy.** This needs to be signed and completed by the new Agent and returned with the contracting paperwork.
7. **Include a Copy of Current Life License.** If commissions are to be paid to a corporation, please include copy of corporate license, as well as the individual license. **Liberty Bankers Life will pay for resident appointment fees only. If non-resident state appointments are required, appropriate fees should be included at the time a non-resident application is submitted. LBL has a credit card authorization form for license fees.**
8. **Contracting Hierarchy Sheet.** This must accommodate all new contracting paperwork or existing contract changes. Each person, or entity, must be listed according to the level desired. Any agent left out would result in their elimination for any up-line/down-line override commission.
9. **Forward to Home Office.** All contracting paperwork must be mailed, faxed, or emailed to **Wanda Manning**. All questions should be directed to Wanda at 469-522-4436.

All contracting paperwork will be held in a pending file until the agents submits their first application for new business (except for the states of GA, IN, NJ, NM, PA, UT, AND WA). In the mean time, please note the following:

- Any agent with a convicted or pending Felony charge, Multiple Vectors, or Large Tax Liens will be denied appointment.
- Other Criminal charges may be reason for declined appointment
- Any Agent with an active Vector, including Stuart Allan collections, Uncontrolled Debt Management, Small Tax Liens, and Criminal Charges would not be eligible for advance commissions.



NEW AGENT DATA SHEET

Name _____ Male Female Home Phone () _____

Home Address ** _____ City _____ State _____ Zip _____

(NOTE: Home Physical Address must be provided in order to run background check)**

Business Address _____ City _____ State _____ Zip _____

Social Security Number _____ | _____ | _____ Date of Birth _____ | _____ | _____ Spouse's Name _____

Business Phone () _____ Fax Phone () _____

Email Address: _____

LICENSE DATA	<p>Currently Licensed No Yes If yes, complete following:</p> <p>a. State of Resident License _____</p> <p>b. Resident License No. _____</p> <p>c. Licensed for Life Only Life and A & H Other _____</p> <p>d. Business will be conducted as Individual Partnership Corporation _____</p> <p>e. Partnership/Corporation Name _____ Tax ID# _____</p> <p align="center" style="background-color:yellow;">PLEASE REMEMBER TO ENCLOSE A COPY OF YOUR CURRENT LIFE LICENSE</p>
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LICENSE QUESTIONS		YES	NO		YES	NO
	Are you indebted to any Insurance "Companies", Agency of Manager? (Including debit balance)	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been fined or had a license to Solicit insurance refused, suspended, or revoked?	<input type="checkbox"/>	<input type="checkbox"/>
	Have you ever been convicted of a crime?	<input type="checkbox"/>	<input type="checkbox"/>	Are you a defendant in any suit or legal action. or the subject of any regulatory action?	<input type="checkbox"/>	<input type="checkbox"/>
	Have you ever filed bankruptcy?	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been refused a bond?	<input type="checkbox"/>	<input type="checkbox"/>
				<i>NOTE: If the answers to any of these questions is YES, you must attach a letter of explanation</i>		

PREVIOUS INSURANCE EXPERIENCE	DATES EMPLOYED	INSURANCE "COMPANIES" NAME CITY & STATE	LATEST MONTHLY EARNINGS	CURRENT DEBIT BALANCE

I HEREBY certify that the foregoing statements are true and correct to the best of my knowledge and belief, grant permission to "Companies" or any of its Master General Agents to verify such answers. I release any person or company contacted from liability with respect to the content of any information given. I understand that any false statement may be considered sufficient cause for rejection of this application or for termination if discovered subsequent to my becoming contracted.

I understand that more information may be required to complete my file. I understand that this may include obtaining a credit report and by signing this form I am authorizing "Companies" to do so.

SIGNATURE DATE

Recommended by: _____



**Liberty Bankers Life Insurance Company
The Capitol Life Insurance Company ("Companies")**
1605 LBJ Freeway, Suite 710
Dallas, Texas 75234
(469) 522-4400 / FAX (469) 522-4401

GENERAL AGENT AGREEMENT

THIS AGREEMENT is entered into by and between LIBERTY BANKERS LIFE INSURANCE COMPANY AND/OR THE CAPITOL LIFE INSURANCE COMPANY ("Companies"), and SENIOR ADVISOR SERVICES & INSURANCE SERVICES, INC. ("Master General Agent"), and _____ ("General Agent") and _____, the undersigned applicant.

WHEREAS LIBERTY BANKERS LIFE INSURANCE COMPANY is an Oklahoma life insurance authorized to write life insurance in all states except Alabama, Connecticut, District of Columbia, Maine, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, Rhode Island, Vermont, Wyoming, American Samoa, Guam, Puerto Rico and The US Virgin Islands; and

WHEREAS THE CAPITOL LIFE INSURANCE COMPANY is a Texas life insurance company authorized to write life insurance in the states of Alabama, District of Columbus, Missouri and New Jersey; and

WHEREAS General Agent is licensed as a life agent in the state(s) where he will do business; and

WHEREAS "Companies" and General Agent desire to enter into an agreement whereby General Agent shall be authorized to solicit applications for life insurance contracts and annuity contracts issued by "Companies" (collectively "Policies") and to recruit and supervise sub-agents for the purpose of soliciting said Policies;

In consideration of the mutual covenants in this Agreement, it is agreed that:

AUTHORITY

- 1. General Agent shall have the authority to solicit applications for Policies in accordance with the terms of this Agreement. General Agent is entitled to solicit only those Policies for which a commission schedule is in effect and has been delivered to General Agent by "Companies" ("Commission Schedule"). "Companies" may withdraw, supplement or amend any Commission Schedule at any time and may deliver via Master General Agent to General Agent additional Commission Schedules relating to new Policies. "Companies" may, at its discretion, withdraw any Policy from sale at any time.**
- 2. General Agent shall also have the authority to recommend, recruit and supervise sub-agents ("Agents") for the purpose of soliciting Policies, the applications of such Agents to be submitted to "Companies" for approval. Upon the approval of "Companies" at its sole discretion, "Companies" shall enter into Agent Agreements permitting such individuals to solicit said Policies. General Agent shall be responsible for direct supervision of Agents in accordance with directions provided by "Companies".**
- 3. General Agent shall use his best efforts and exercise his best judgment as to the persons or businesses to be solicited and the time, place and manner of solicitation as well as in the recommending and recruiting of Agents. In the performance of his duties hereunder, General Agent shall be an independent contractor acting on his/her own behalf and for his/her own account. General Agent shall have no authority, expressed or implied, to act in any manner or by any means for or on behalf of "Companies" in any capacity other than that of an independent contractor, and no authority to act in any manner except as herein expressly set forth or as it may from time to time be requested in writing by "Companies". General Agent is not authorized or**



WITNESS the following signatures:

APPLICANT

(name of corporation, if licensing)

BY: _____
(signature of principal "corporate" or individual)

(print name)

MASTER GENERAL AGENT

SENIOR ADVISOR SERVICES & INSURANCE SERVICES, INC.
(name of corporation, if licensing)

BY: _____
(signature of principal "corporate" or individual)

(print name)

GENERAL AGENT

(name of corporation, if licensing)

BY: _____
(signature of principal "corporate" or individual)

(print name)

**LIBERTY BANKERS LIFE AND/OR THE CAPITOL
LIFE INSURANCE COMPANY**

BY: _____
(signature of authorized employee)

(effective date)

(agent number)

PO Box 224 Brownwood, TX 76804 1-888-525-4467

Agent Name: _____ Agent Number: _____

Address / City / State / Zip: _____

Phone Number: _____ Social Security or Tax ID Number: _____

I hereby request that until I notify "Companies" otherwise, each commissions payment, commencing with the next payment due, shall be paid by Electronic Fund Transfer (EFT) to:

Name of Financial Institution: _____

Address / City / State / Zip: _____

Phone Number: _____

For credit to my (please choose one) Checking Savings

ABA Routing Number: _____ Account Number: _____

PLEASE ATTACH A "VOIDED" CHECK

Deposit slip is not acceptable.

I authorize "Companies" to make deposits to the bank account noted above. I shall deem receipt by said Financial Institution of such credit entries as receipt by me. In the unlikely event of a deposit error, I authorize the Company to make adjustments to correct the error. This authority is to remain in full force and effect until "Companies" has received written notification from me of its termination in such time and in such manner as to afford "Companies" a reasonable opportunity to act.

Agent Signature: _____ Date: _____



**Commission Advance Agreement
(Applicable to Your Entire Hierarchy)**

You and Your appointed Agents can qualify to receive advanced commissions at the request of your MGA. The amount of the advance and reserve is based on each agent's own "Product Blended" Persistency. Agent's "Product Blended" Persistency will be reviewed quarterly. Newly appointed agents will have their persistency reviewed after their 3rd month.

If the "Companies" via Master General Agent advances monies to You, and/or your down-line agents, against anticipated compensation under your Compensation Schedule, You agree to pay the "Companies", upon demand the aggregate amount of all such monies so advanced, less any compensation due You and at the option of the "Companies", interest upon the unpaid balance of all such monies so advanced at a rate not greater than the current prime lending rate of the Chase Bank of Texas, Dallas, Texas.

In practice, the "Companies" will pay Commissions daily and will include statements made available to you. The amount of advanced commissions will be adjusted quarterly according to the "Commission Advance & Renewal Bonus Program".

Basic Advance Formula:

1. The "Companies" will advance 100% of either the first **six** or **nine** months of Commissions on "monthly bank draft or Direct Express Cards" mode only.
2. The "Companies" will retain 10% or 20% (as requested) of such advance in a salvage account;
3. The "Companies" will deduct any Commission "charge backs" due to lapses or other terminations occurring during the first year, first from the salvage account, and then from the current payable Commissions;

CATEGORIES:

GOLD: An agent with a 13th month "Product Blended" persistency rate of 70%> qualifies for a 9 month commission advance (with appropriate salvage account).

SILVER: An agent with a 13th month "Product Blended" persistency rate of 60% - <70% qualifies for a 9 month commission advance (with appropriate salvage account).

BRONZE: An agent with a 13th month "Product Blended" persistency rate of 55% - <60% *may, at the "Companies" and MGA's discretion, qualify for a 6 month commission advance (with appropriate salvage account).*

WITNESS the following signatures:

APPLICANT

(name of corporation, if licensing)

BY: _____
(signature of principal "corporate" or individual)

(print name)

MASTER GENERAL AGENT

(name of corporation, if licensing)

BY: _____
(signature of principal "corporate" or individual)

GENERAL AGENT

(name of corporation, if licensing)

BY: _____
(signature of principal "corporate" or individual)

LIBERTY BANKERS AND/OR THE CAPITOL LIFE INSURANCE COMPANY"

BY: _____
(signature of authorized employee)

(effective date)



**COMPLIANCE POLICY
STATEMENT OF UNDERSTANDING**

I acknowledge having access to a copy of the *“Conduct and Compliance Guide for the Producer”* for Liberty Bankers Life Insurance Company, American Benefit Life Insurance Company and The Capitol Life Insurance Company (“Companies”). The link to this document is:


<http://www.libertybankerslife.com/wp-content/uploads/2011/05/2008-Producers-Guide.pdf>

I acknowledge that I have read and understand the contents of the *“Conduct and Compliance Guide for the Producer”* and understand that if I do not comply with its provisions, it will be a violation of my contract and may result in, without limitation, the cancellation of my contract(s) with Companies.

I acknowledge that Companies insist upon strict adherence to all applicable state, federal, and military regulations regarding the solicitation and sale of life insurance and annuities and I understand that I am individually accountable for my own actions.

I acknowledge that I must be professional in my sales presentations and that I must accurately and completely describe the insurance product being offered and help the purchaser understand the terms and conditions of the insurance product being offered.

I acknowledge that this agreement does not alter or amend my contract(s) with Companies or create an employment relationship with Companies. This agreement does not change the at-will relationship between Companies and me. The contract(s) between Companies and me may be terminated at any time by either party upon notice, as set forth in the contracts(s).

 _____
Signature

Print Name

Date

RETURN A SIGNED COPY OF THIS DOCUMENT WITH YOUR SIGNED CONTRACT