



# GUARANTEE TRUST LIFE INSURANCE COMPANY

1275 Milwaukee Avenue • Glenview, Illinois 60025

847-699-0600 • www.gtlic.com

## CONTRACT/APPOINTMENT APPLICATION

Please Print or Type All Information

### ► Personal Information

1. Name \_\_\_\_\_  
(Last) (First) (Middle Initial) SS#

2. Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  Male  Female

3. Drivers License # \_\_\_\_\_ (State) \_\_\_\_\_

4. Marital Status  Single  Divorced  Married 5. Spouse's Full Name \_\_\_\_\_

6. Home Address: \_\_\_\_\_  
Street City State Zip

Home phone \_\_\_\_\_

(If less than 7 years, please provide previous address) \_\_\_\_\_

7. Business address: \_\_\_\_\_  
Street City State Zip

Business phone \_\_\_\_\_  
(Area Code) (Number)

Fax number \_\_\_\_\_  
(Area Code) (Number)

E-Mail address \_\_\_\_\_

### ► Corporation Information

8. Company Name \_\_\_\_\_ Fed. ID # \_\_\_\_\_

Company Insurance License # \_\_\_\_\_ (Copy Required)

Indicate other Principal Parties in Partnership or Corporation, list Officers of the Company:

Name \_\_\_\_\_ Title \_\_\_\_\_ SS # \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ SS # \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ SS # \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ SS # \_\_\_\_\_

### ► Financial

9. Bank Name \_\_\_\_\_

Account # \_\_\_\_\_ Type of account \_\_\_\_\_

Have you or your company:

10. Declared bankruptcy?  Yes  No

11. Been a defendant in a lawsuit?  Yes  No

12. Any outstanding and/or unsatisfied judgments or liens against you?  Yes  No

13. Ever been involved in a business venture that failed?  Yes  No

14. Any outstanding debt(s) with any insurance company or companies?  Yes  No

If you answered "Yes" to any of the above, please attach a detailed explanation.

► **Licensing Information: All Agents must submit a copy of current license(s) (Resident & Non-Resident)**

15. Type of license:       Life               A&H               Broker              License # \_\_\_\_\_

16. How long have you been in the Life field? \_\_\_\_\_ A&H field \_\_\_\_\_

17. Have you ever been licensed with GTL?       No               Yes              Prior Code # \_\_\_\_\_

18. Are you full-time in the insurance business?       No               Yes              If not, state other business: \_\_\_\_\_

19. With which other insurance companies are you presently licensed/appointed? \_\_\_\_\_

► **Background Information**

20. Have you ever been investigated or fined by an Insurance Regulatory Authority?       Yes       No

21. Has your insurance license ever been suspended or revoked?       Yes       No

22. Have you ever plead guilty or "nolo contendere" to or been found guilty of a felony?       Yes       No

23. Have you ever had a bond canceled or declined?       Yes       No

24. Are you now the subject of any complaint, investigation or proceeding which could result in a "yes" answer to any of the above questions?       Yes       No

If you have answered "Yes" to any of the above questions, please attach a detailed explanation.

► **Employment History**

25. Current Employer: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone # \_\_\_\_\_ Start Date \_\_\_\_\_

26. Current Employer: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone # \_\_\_\_\_ Start Date \_\_\_\_\_

27. Current Employer: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone # \_\_\_\_\_ Start Date \_\_\_\_\_

(Please provide 7 years of employment history. Attach additional information if necessary)

► **Education**

28. Highest Level of Formal Education       Grammar School       High School       College       College+

29. Professional Designations \_\_\_\_\_

**Fair Credit Reporting Act (FCRA)** — Public law requires that we advise you that a routine inquiry by accessing public records, may be made which will provide applicable information concerning your character, general reputation, personal characteristics, and mode of living. By signing below, you understand the above and authorize all persons and entities to release information about you they may have. You also acknowledge that you have read and understand the attached "Summary of Your Rights under the Fair Credit Reporting Act." Upon written request, additional information as to the nature and the scope of the report, if one is made, will be provided.

► **Signature of Applicant** \_\_\_\_\_ Date \_\_\_\_\_

► **This section is to be completed by the recruiting General Agent:**      Sub Agent Code: \_\_\_\_\_

Recruiting General Agent Name \_\_\_\_\_ Code # \_\_\_\_\_

Pay Writing Agent's Commissions to:       Recruiting GA Only      or       Applicant Only

Mail Policies to:       Recruiting General Agent      or       Applicant (New General Agent)

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

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Primary Product \_\_\_\_\_ 1<sup>st</sup> Yr. Commission Rate \_\_\_\_\_ %

## SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

The Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every Consumer Reporting Agency (CRA). Most CRAs are credit bureaus that gather and sell information about you — such as where you work and live, if you pay your bills on time, and whether you've been sued, arrested, or filed for bankruptcy — to creditors, employers, landlords and other businesses. The FCRA gives you specific rights in dealing with CRAs, and requires CRAs and certain other individuals or entities to provide you with a summary of these rights as listed below. You can find the complete text of the FCRA, 15 U.S.C. 1081 at the Federal Trade Commission's website (<http://www.ftc.gov>).

- **You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take adverse action against you — such as denying an application for credit, insurance, or employment — must give you the name, address, and phone number of the CRA that provided the report.
- **You can find out what is in your file.** At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if an individual or company has taken adverse action against you because of information supplied by the CRA, if you request the report within sixty (60) days of receiving the notice of the adverse action. You are also entitled to one free report every twelve (12) months upon request, if you certify that (1) you are unemployed and plan to seek employment within sixty (60) days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you a fee of up to eight dollars to provide you a copy of your report.
- **You can dispute inaccurate or incomplete information with the CRA.** If you tell a CRA that your file contains inaccurate or incomplete information, the CRA must reinvestigate the items (usually within thirty [30] days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs to which it has provided the information of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any changes. If the CRA's investigation does not remove the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within thirty (30) days after you dispute its accuracy or completeness. However, the CRA is not required to remove data from your file that is accurate unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- **You can dispute inaccurate items with the source of the information.** If you tell a person or entity such as a creditor who reports to a CRA — that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you have notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
- **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven (7) years old, or ten (10) years for bankruptcies.
- **Access to your file is limited.** A CRA may provide information about you only to those who have a need recognized by the FCRA usually to consider an application you have submitted to a creditor, insurer, employer, landlord, or other business.
- **Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not report to your employer, or prospective employer, about you without your written consent. A CRA may not divulge medical information about you without your consent.
- **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll free number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- **You may seek damages from violators.** You may sue a CRA or other party in state or federal court for violations of the FCRA.
- **You may have additional rights.** You may have additional rights under state law and you may wish to contact local consumer protection agency or a state attorney general to learn of your potential rights.

# G·T·L

Guarantee Trust Life Insurance Company  
1275 Milwaukee Avenue  
Glenview, Illinois 60025

## Producer's Commission Schedule

Date \_\_\_\_\_

Producer Code \_\_\_\_\_

Date of Producer's Agreement \_\_\_\_\_

### Graded Death Benefit Whole Life & Term

Plan	Ages	Year 1	Years 2-10
<b>Graded Benefit Whole Life</b>	20-60	50%	2%
	61-80	45%	2%
<b>Graded Benefit Term</b>	20-60	50%	2%
	61-80	45%	2%

Commissions paid on the graded benefit plans will be charged back if death occurs from natural causes in the first policy year.

\*Policy Fee is non-commissionable for Graded Benefit Term

The costs and expenses of arbitration, including the fees of the arbitrators, shall be borne by the losing party or in such proportions as the arbitrators shall determine. The successful party shall recover as expenses all reasonable attorneys' fees incurred by said party in connection with the arbitration proceedings.

H. Miscellaneous

"Policy" means any policy, certificate or other evidence of insurance coverage.

X ENTIRE AGREEMENT

This Agreement, including any attached schedules, supplements, amendments, or other agreements incorporated herein by reference, represents the entire Agreement between you and us. No promise, agreement, understanding, or representation will be binding unless made in this Agreement, or by an instrument in writing, signed by you and one of our officers; provided, however, current schedules and supplements may be in a form of written notice from us to you which expresses by its terms an intention to modify prior schedules and/or supplements.

XI EFFECTIVE DATE

This Agreement will be effective as of the Effective Date shown below, if you have been duly licensed in the appropriate jurisdictions, and if it is executed by you and at least one of our officers. The initial term of this Agreement shall be for one (1) year from the Effective Date and shall automatically renew for additional one year terms unless it is terminated as stated above.

To be completed by  
GENERAL AGENT

To be completed by  
GUARANTEE TRUST LIFE  
INSURANCE COMPANY

\_\_\_\_\_  
(Print Name on License)

\_\_\_\_\_  
GA Signature

BY: \_\_\_\_\_

\_\_\_\_\_  
Title

\_\_\_\_\_  
SENIOR VICE PRESIDENT

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Effective Date

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**Safe...**  
**Quick...**  
**Easy...**  
**Convenient ...**  
**Reliable...**

With GTL's Automatic Deposit Payment Plan, agents can now enjoy the convenience millions of people across the country have discovered.

**Benefits include:**

- ***Access to your money faster.***

The time involved with mailing a check is eliminated.

- ***A reduction in paper work.***

Once you are on the Plan, your deposits are automatically handled.

**Make life easier!**

**Take advantage of GTL's Automatic  
Deposit Payment Plan today!**

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**G·T·L**

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***Automatic Deposit  
Payment Plan***

**G·T·L**

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## Automatic Deposit Payment Plan

### How Your Automatic Deposit Payment Plan Works

GTL's Automatic Deposit payment Plan ensures that your commissions are received on time.

Here's how:

1. Your commissions are automatically deposited into your bank account. The amount of your deposit will be reflected on the statement sent to you.
2. With the Automatic Deposit Payment Plan, all amount due to you will be paid under this method.

### How to Enroll in the Automatic Deposit Payment Plan

Simply complete the attached Automatic Deposit Plan form, making sure to include a copy of a voided check. It's that easy!

### Changing Banks Or Accounts

Notify the Home Office in writing when you decide to change your bank or account with the new account and routing numbers. Make sure to include your agent number in the letter. This will help to provide a smooth transition in transferring your Automatic Deposit Payment Plan to your new account.

For more information, call our Commission Accounting Department at 1-800-323-6907.



## Automatic Deposit Payment Plan

Authorization for direct deposit into the indicated bank account.

To: \_\_\_\_\_  
*(Name of my bank)*

\_\_\_\_\_  
*(Address of my bank)*

\_\_\_\_\_  
\_\_\_\_\_

### Please Attach Voided Check (A voided check is required to process your request.)

As a convenience to me, I request and authorize you to electronically deposit in my account, at the financial institution named on the attached voided check, commissions payable to me. I also authorize GTL to electronically withdraw from my account any sum erroneously credited to my account by GTL.

I agree that my rights in respect to each payment shall be the same as if it were deposited by me and personally signed by me. I also agree to notify GTL within 30 days of the deposit date if there is a discrepancy with my deposit. This will enable GTL to comply with Federal Banking laws. Failure to notify GTL may result in the loss of my deposit.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
*Date*

X \_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Agent Name*

\_\_\_\_\_  
*Agent Number*