

Agent's Application

IMPORTANT: Attach a photocopy of your current License and any non-resident State License(s) that you wish to be appointed in, also sign and return Form SD-274 Notification/Release of Information form.

PLEASE PRINT OR TYPE ALL INFORMATION MUST BE FURNISHED

P E R S O N A L	1a.	IF YOU ARE TO BE APPOINTED UNDER ONE OF OUR G.A.'S OR NATIONAL ACCOUNT AGREEMENTS, PLEASE GIVE US THE NAME United Producers Inc.			1b.	AGENCY MANAGER'S NAME George Varanakis			
	2.	YOUR NAME IN FULL			3.	S.S. NO.			
	4a.	RESIDENCE STREET ADDRESS			4b.	COUNTY			
	4c.	CITY	4d.	STATE	4e.	ZIP	4f.	BIRTHDATE	4g.
5.	HOME PHONE ()	6.	CELL PHONE/FAX NUMBER (CIRCLE ONE) ()	7.	E-MAIL ADDRESS				

A G E N C Y	8a.	AGENCY NAME (IF APPLICABLE)			8b.	PHONE ()	8c.	FAX
	8d.	BUSINESS MAILING ADDRESS: P.O. BOX		8e.	STREET	8f.	SUITE	
	8g.	CITY	8h.	COUNTY	8i.	STATE	8j.	ZIP
	9a.	TAXPAYER'S I.D. NO., IF OTHER THAN S.S.N.			9b.	CORPORATION? <input type="checkbox"/> YES <input type="checkbox"/> NO		
	9c.	COMMISSIONS TO CORP? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YOU ARE NOT THE PRIMARY OFFICER/OWNER OF THE CORP, PLEASE HAVE THAT INDIVIDUAL COMPLETE A SEPARATE AGENT APPLICATION TO BE APPOINTED ALSO.						

N A S D	10.	LICENSE SERIES:	11.	BROKER/DEALER NAME:

B A C K G R O U N D	12.	HAVE YOU EVER BEEN CONVICTED OF A FELONY INVOLVING DISHONESTY OR BREACH OF TRUST? <input type="checkbox"/> YES <input type="checkbox"/> NO				
	13.	EMPLOYMENT RECORD 5 YEARS TO DATE				
		PERIOD (FROM - TO)	COMPANY BY WHOM EMPLOYED	LOCATION	TITLE	REASON FOR LEAVING
14.	EDUCATION					
	PERIOD (FROM - TO)	SCHOOL ATTENDED	LOCATION	GRADUATE? (Indicate Yes or No)		

M I S C	15.	HAVE YOU BEEN LICENSED WITH US BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	16.	HOW DID YOU LEARN OF ILLINOIS MUTUAL?
	17.	PRIMARY LIFE COMPANY	18.	PRIMARY HEALTH COMPANY

I hereby apply to be an agent of Illinois Mutual Life Insurance Company. I represent that the answers recorded in this application are true and correct to the best of my knowledge and belief. I agree to be bound by the terms of an Agent's Contract if one is issued to me.

Date _____ Signature _____

NOTE: To avoid delay in processing policy applications, please print your name with your signature on all applications and use your code number, when assigned.

We always appreciate referrals so we hope you know another agent who might be interested in representing us:

Name _____

Street _____ City and State _____ Zip _____

Phone (_____) _____

Notification/Release of Information

The purpose of this form is to notify you that a Consumer Report and/or an Investigative Consumer Report will be conducted on you in the course of consideration for appointment.

I hereby authorize your company or any agent of your company to contact any and all corporations, former employers, credit agencies, educational institutions, law enforcement agencies, city, state, county, and federal courts and military services to release information about my background including, but not limited to, information about my employment, education, consumer credit history, driving record, criminal record, and general public records history to the person or company with which this form has been filed. This releases the aforesaid parties from any liability and responsibility for collecting the above information. I understand I will obtain a free copy of this Consumer Report if an adverse action/decision is made based on the information in the Consumer Report. I believe to the best of my knowledge that all information I have provided is accurate, true and correct and that I fully understand the terms of this release.

Signature of Agent

Date

FAX TO: 1-309-674-1475

MAIL TO: Illinois Mutual, Sales Administration
300 S.W. Adams Street, Peoria, IL 61634

CHECKLIST:

All items listed below **MUST** be received before your appointment will be processed.

- Copy of Your License
- Copy of Agency License
(If commissions are to be paid to an agency or corporation)
- Signed Notification/Release of Information (above)
- Completed Illinois Mutual Agent Application



Licensing Procedures

Insurance Department regulations dictate under what circumstances Illinois Mutual, as an insurer, may accept business. As the Agent, you must currently be licensed in the state in which you are writing the application. Illinois Mutual is unable to accept business from any agent until the proper licensing and appointment requirements are met.

Every agent must submit an Illinois Mutual Agent's Application and Form SD-274, Notification/Release of Information, along with a copy of the resident state license and any non-resident state license in which the agent intends to conduct business. Form 3116 is used for all contracted agents, and SD-253 is used for all coded agents to be licensed (but not contracted) under another Illinois Mutual agent.

The following guidelines have been established to comply with Insurance Department regulations and to ensure quality field underwriting:

1. Only properly licensed and appointed agents are permitted to solicit business on behalf of Illinois Mutual.
2. Agent must have a resident state license in a state in which Illinois Mutual is licensed to do business, in order to be appointed in a non-resident state.
3. Agents who are not appointed with the Company are not allowed to submit business under a contracted Illinois Mutual agent in order to bypass the licensing and appointment procedure.
4. Contracted agents are not to accept brokerage business which has actually been written by an unlicensed or non-appointed agent.
5. In joint case situations, both agents involved must be licensed and appointed representatives of Illinois Mutual.

Illinois Mutual Licensed States

Illinois Mutual is licensed to do business in the states listed. Applications are not acceptable if the applications are taken in states where Illinois Mutual is not licensed.

Residents of states where Illinois Mutual is not licensed will be considered only if the agent certifies that the application was taken and the policy will be delivered in a state where Illinois Mutual is licensed.

License and Appointment Guide

This information is current as of 11/20/02.

Please furnish us with a copy of your license in all states.

1. The agent application and a copy of current license can be submitted with the first policy application from qualified[†] agents in the following states:

Alabama	Iowa	Missouri	South Dakota**
Arizona	Kentucky	Nebraska**	Tennessee
Arkansas	Louisiana	Nevada**	Texas
Colorado	Maine**	Ohio	Utah**
Connecticut**	Maryland	Oklahoma	Vermont
Florida	Michigan	Oregon	Virginia
Idaho**	Minnesota	Rhode Island	West Virginia
Illinois	Mississippi**	South Carolina	Wyoming
Indiana			

2. Agents must be appointed prior to taking policy applications in the following states:

Georgia*	New Mexico	Washington
Kansas*	North Carolina*	Wisconsin*
Massachusetts	North Dakota*	
New Jersey*	Pennsylvania*	

* Agent can write the day after Illinois Mutual processes the appointment. (Minimum 3 working days from the date agent's paperwork is received in the Home Office.)

[†] Qualified: agent is licensed in the state and the agent application and a copy of current license is on file in the Home Office, or accompanies policy application.

** Illinois Mutual must appoint within 15 days of the date the 1st policy application is signed. Policy applications received after 15 days will be declined and must be rewritten.

In all other pre-appointment states we must wait until the state confirms the appointment before the agent can write business. The Home Office will notify agent when approved.

In Massachusetts and North Dakota:

- A. If you only have an Agent's life and health license, we must list that license with the insurance department and notify you before you can take a policy application.
- B. If you have a Broker's license, you can write and submit your first policy application with your appointment papers and we can proceed with the appointment, but we must have the photocopy of your Broker's license.

Agent Life Commission

	<u>Total 1st Year</u>		<u>Total 1st Year</u>
Universal 6	40%	Mature Market Whole Life	60%
Universal 9	55%	Single Premium Whole Life	12%
Universal 10	40%	Term to Age 95	40%
		10 and 15 yr.	45%
		20 and 30 yr.	
Whole Life	35%		
Face Amt. - \$5,000 - \$24,999	45%	ChildGUARD	30%
Face Amt. - \$25,000 +		Market Adjusted Annuity	varies

Renewals

Total renewal commissions for all life plans are 3% in years 2-10, and 1% 11 and up*, except Whole Life which is 10% in years 2-3, and 2.5% 4 and up* and LDB/GDB Whole Life which is 6% in years 2-5, 3% in years 6-10, and 1% 11 and up*. No renewal on SPWL; ChildGUARD - renewal commissions paid when converted at child's age 25; SIWL - see contract.

* All or part of years 11 and up rates are service fees.