



Western and Southern
Licensing

Phone: 888-888-7441

Fax: 888-888-7449

Regular Mail:

CPS United Insurance Services
P.O. Box 71339
Salt Lake City, UT 84171

Overnight Mail:

CPS United Insurance Services
1100 East 6600 South, Ste 505
Salt Lake City, UT 84121

In order to avoid delays, please follow these instructions:

1. Fill out and sign individual appointment request
2. Sign commission schedule
3. Attach a copy of a current state life license
4. Please mail all completed paperwork to address above

Western & Southern Financial Group
Individual Appointment Request

- WS Life Insurance Co. Integrity Life
 WS Life Assurance Co. National Integrity
 Columbus Life Touchstone

<input type="checkbox"/> APPOINTMENT REQUEST		<input type="checkbox"/> FIRST TIME LICENSING		<input type="checkbox"/> INFORMATION UPDATE	
Agent Name			Other Names Known By (i.e. maiden)		
Firm Name					
Branch Address		City		State	Zip
Phone #		Fax #		Email	
Home Address		City		State	Zip
Phone #		County of Residence			
Date of Birth		Place of Birth		Social Security #	
STATE REQUESTS					
Please mark "X" by the state in which you wish to obtain an appointment.					
<input type="checkbox"/> AL	<input type="checkbox"/> AK	<input type="checkbox"/> AR	<input type="checkbox"/> AZ	<input type="checkbox"/> CA	<input type="checkbox"/> CO
<input type="checkbox"/> CT	<input type="checkbox"/> DE	<input type="checkbox"/> DC	<input type="checkbox"/> FL	<input type="checkbox"/> GA	<input type="checkbox"/> HI
<input type="checkbox"/> ID	<input type="checkbox"/> IL	<input type="checkbox"/> IN	<input type="checkbox"/> IA	<input type="checkbox"/> KS	<input type="checkbox"/> KY
<input type="checkbox"/> LA	<input type="checkbox"/> ME	<input type="checkbox"/> MD	<input type="checkbox"/> MA	<input type="checkbox"/> MI	<input type="checkbox"/> MN
<input type="checkbox"/> MS	<input type="checkbox"/> MO	<input type="checkbox"/> MT	<input type="checkbox"/> NE	<input type="checkbox"/> NV	<input type="checkbox"/> NH
<input type="checkbox"/> NJ	<input type="checkbox"/> NM	<input type="checkbox"/> NY	<input type="checkbox"/> NC	<input type="checkbox"/> ND	<input type="checkbox"/> OH
<input type="checkbox"/> OK	<input type="checkbox"/> OR	<input type="checkbox"/> PA	<input type="checkbox"/> RI	<input type="checkbox"/> SC	<input type="checkbox"/> SD
<input type="checkbox"/> TN	<input type="checkbox"/> TX	<input type="checkbox"/> UT	<input type="checkbox"/> VT	<input type="checkbox"/> VA	<input type="checkbox"/> WA
<input type="checkbox"/> WV	<input type="checkbox"/> WI	<input type="checkbox"/> WY			
Please attach a copy of your life license. Are you NASD registered? <input type="checkbox"/> Yes <input type="checkbox"/> No Please attach a CRD report					
Please check the box that best describes your current position:					
<input type="checkbox"/> Bank Platform Rep	<input type="checkbox"/> Wirehouse Brokers	<input type="checkbox"/> Corporate Officer/Non-Producer			
<input type="checkbox"/> Bank Dedicated Rep	<input type="checkbox"/> Independent Financial Planner	<input type="checkbox"/> W-S Financial Group Employee			
<input type="checkbox"/> Regional Brokers	<input type="checkbox"/> Fee-Only Advisors	<input type="checkbox"/> Independent Insurance Agent			
<input type="checkbox"/> Customer Service/Call Center					
I hereby certify that the above information is true to the best of my knowledge. I fully understand and authorize the Western-Southern Enterprise to conduct an investigative report on my behalf if required by the state insurance department for license or appointment requested. I hereby authorize and request any present or former employer, school, police department, financial institutions or other persons having personal knowledge about me, to furnish bearer with any and all information in their possession, regarding, in connection with this request. I also certify that I have never been convicted of a felony involving dishonesty or breach of trust. I am willing that a photocopy or electronic transmission of this authorization be accepted with the same authority as the original, and I specifically waive any written notice from any present or former employer who may provide information based upon this authorized request. I understand that this authorization is to be part of the written appointment request which I now sign. I authorize the insurance company to assign all commissions on policies written by me to my general agent, if appropriate.					
Signature				Date	

PGA056

Western – Southern Life Ins. Co.

Commission for Accessible Life Guarantee Issue Life Insurance

First Year: 50%

1. There will not be a chargeback for death during the first year except for unearned premium.
2. There are no renewal commissions.
3. All commissions will be paid to you by CPS/United on the 25th of each month as long as it is over \$50.00. Balances will be carried over until they reach \$50.00.
4. All applications must be mailed to CPS/United.
5. You cannot write an application until you are appointed by Western – Southern.

X _____
Agent Signature