



Levinson & Associates, Inc. 5551 N. University Dr. Suite 201 Coral Springs, FL. 33067

(800) 375.2279 Toll Free (954) 746.9535 Fax



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.

PERSONAL section containing fields 1-10: YOUR NAME IN FULL, SS. NO., RESIDENCE STREET ADDRESS, COUNTY, CITY, STATE, ZIP, BIRTHDATE, SPOUSES FIRST NAME, HOME PHONE, CELL PHONE/FAX NUMBER, EMAIL ADDRESS, and conviction questions.

GA section containing fields 12a and 12b: IF YOU ARE TO BE APPOINTED UNDER ONE OF OUR G.A.S OR NATIONAL ACCOUNT AGREEMENTS, PLEASE GIVE US THE NAME, and AGENCY MANAGER'S NAME.

BUSINESS section containing fields 13a-14e: AGENCY NAME, PHONE, FAX, BUSINESS MAILING ADDRESS, STREET, SUITE, CITY, COUNTY, STATE, ZIP, TAXPAYER'S I.D. NO., CORPORATION?, COMMISSIONS TO CORP?, and ARE YOU THE OWNER/OFFICER?.

EMPLOYMENT section containing field 15: EMPLOYMENT RECORD 5 YEARS TO DATE, with a table for PERIOD (FROM - TO), COMPANY BY WHOM EMPLOYED, LOCATION, TITLE, and REASON FOR LEAVING.

MISC section containing fields 17-22: HAVE YOU BEEN LICENSED WITH US BEFORE?, HOW DID YOU LEARN OF ILLINOIS MUTUAL?, PRIMARY LIFE COMPANY, PRIMARY HEALTH COMPANY, PRIMARY ANNUITY COMPANY, and PRIMARY WORKPLACE 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: 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 _____ Phone Number (_____) _____

Street _____ City and State _____ Zip _____



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.

* A Consumer Report for the purpose of employment, contracting or appointment, has no effect on your credit score.

Signature of Agent

Date

FAX TO: 1-309-674-1475

MAIL TO: Illinois Mutual, Agent Contracting
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



Commission Direct Deposit

What is it?

Direct Deposit is the electronic transfer of a payment from one entity into the checking or savings account of another. Now you can have your commissions directly deposited into your account and there's no minimum amount required.

What are the benefits?

- Direct deposit is safe and confidential. Payments are never lost. Any problems, though rare, can be quickly corrected.
- It's convenient. You can save time because you don't have to make a trip to the bank to deposit your check.
- It's fast. You have access to your money one to four days earlier than a check. There is no waiting for the check to clear.

This free service is available to all Illinois Mutual agents that are members of our online Agent Forum. Once you sign up for electronic deposits and the Agent Forum, your commission check will be automatically deposited in the account of your choice. You will receive a letter notifying you of the date this will begin. **Under this program, you will not receive a paper commission statement, but you will have access to your commission statements inside the Agent Forum.**

If you have further questions, please call your regional sales teams at (800) 437-7355.

Authorization To Have Funds Transferred Electronically (EFT) to My Bank Account by Illinois Mutual Life Insurance Company

I hereby authorize that any money due me by Illinois Mutual that would otherwise be paid to me by check be paid by electronic transfer to the bank account indicated below, the receipt of which will constitute payment in the same manner that my negotiation of a check would constitute. I further authorize Illinois Mutual to initiate, if necessary, debit entries and adjustments for any credit entries in error to the bank account indicated below. I agree to advise Illinois Mutual in the event that the bank account information listed below should change. This authorization may be cancelled at any time upon written notice to Illinois Mutual.

AGENT NAME					AGENT CODE(S)
FINANCIAL INSTITUTION NAME					
ADDRESS	STREET	CITY	STATE	ZIP	
ACCOUNT NUMBER					
ROUTING NUMBER		DATE	AUTHORIZED SIGNATURE		

- CHECKING - (ATTACH VOID CHECK)
 SAVINGS - (ATTACH DEPOSIT SLIP)

Sign up for Direct
Deposit today!



Agent Contract Guarantee Agreement Form

Levinson & Associates, Inc. has agreed to guarantee the obligation(s) of the undersigned to repay loans, advances or commissions and/or overpayment of commissions made by various Insurance companies to the undersigned. In the event at any time in the future Levinson & Associates, Inc. pays any of the aforesaid obligations; the undersigned agrees to reimburse Levinson & Associates, Inc. for the sums paid by Levinson & Associates, Inc. and further agrees that Levinson & Associates, Inc. shall have the right and is hereby authorized to charge any credit cards Identified below as a non-exclusive method of receiving payment for such sums. The undersigned acknowledges that said sums may be charged at any time after Levinson & Associates, Inc. pays the obligation and acknowledges that payment by Levinson & Associates, Inc. may not be made for several years after the obligation is incurred by the undersigned. The undersigned hereby waives any statute of limitations with regard to sums owed by the undersigned to Levinson & Associates, Inc. and agrees that, in the event of nonpayment by the undersigned, Levinson & Associates, Inc. may report said obligation as unpaid to any credit bureau or reporting agency.

The undersigned agrees to Immediately notify Levinson & Associates, Inc. in the event that any of the credit cards listed below are revoked, surrendered, terminated or credit is no longer available under said card. The undersigned further agrees to provide all updated information, including any replacement or expiration of said card. In the event that the undersigned contests any charge and the charge is deemed valid, the undersigned shall reimburse Levinson & Associates, Inc. for all costs and fees, including attorneys' fees, associated with such contest. Because this authorization relates to an on-going guarantee of commercial obligations, the undersigned agrees that this authorization shall be Irrevocable. If a debit is created for any reason, the undersigned will immediately be removed from annualization with all contracted carriers until the debit is 100% cleared.

Date

Signature

Printed Name

AUTHORIZATION TO CHARGE SUMS TO CREDIT CARD Please initial one of the following:

I do not require commission loan advancement, and therefore am not providing credit card information below. I understand, however, that I am required to reimburse Levinson & Associates, Inc. for any SUMS paid as guarantee for obligations as detailed above.

I request commission loan advancement and am providing two (2) credit card numbers below.

Card One (Required) Visa MasterCard

Card Number _____ Security Code _____

Expiration Date: _____ Name on the Card _____

Billing Address: _____ Zip Code: _____

Card Holder Signature: _____

Card One (Required) Visa MasterCard

Card Number _____ Security Code _____

Expiration Date: _____ Name on the Card _____

Billing Address: _____ Zip Code: _____

Card Holder Signature: _____

In order to validate the credit card information provided to Levinson & Associates, Inc., Levinson will temporarily withdraw the sum of \$5.00 from the aforementioned account. The purpose of such transaction is to verify the credit card has not expired and is operative. Once the transaction is deemed successful, the funds withdrawn (\$5.00), will be reinstated immediately and will not affect the cardholder.