SENIOR MARKETING SPECIALISTS

Guarantee Trust Life

Contracting Checklist

Please submit the following information to **SMS** when licensing with GTL:

- **Completed Contracting Request Form**
- **Completed and Signed Contract/Appointment Application**
- **Completed and Signed Automatic Deposit Form w/ Voided check** *(required)*
- **Completed and Signed W9**
- **Advanced Commissions Agreement** *(optional)*
- **Completed and Signed Authorization for Release Form (Georgia agents only)**
- **Completed and Signed General Agent Agreement** *(page 8)*
- **Completed and Signed AML Acknowledgment Form**
- **Copy of Agent/Agency license (s)**
- **Check for Appointment Fees, Payable to GTL** *(PA only)*

Please return all contracting to Senior Marketing Specialist via:

Mail:
801 Gray Oak Dr
Columbia, MO 65201

Email: contracting@smsteam.net
Fax: 800-878-2025

The licensing process cannot begin until all of the above items have been received! If you have any questions, please call us at: 1- 800-689-2800.

SENIOR MARKETING
SPECIALISTS

Contracting Request Form

Please complete the below and return it with your contracting paperwork:

Agent Name: _____

Carrier Name: _____

1. Have you or your agency (if applicable) ever been contracted previously? (Y/N)

_____

If you answered 'yes' to the question above, please complete the below:

2. What date did you contract?

_____

3. How were you contracted (indv. or corp.)?

_____

4. Do you have any downline agents?

_____

5. When was the last time you or your downline (if applicable) wrote a piece of business?

_____

GTL GUARANTEE TRUST LIFE

GUARANTEE TRUST LIFE INSURANCE COMPANY

1275 Milwaukee Avenue • Glenview, Illinois 60025
847-699-0600 • www.gtlic.co

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 _____

► Business Entity Information

8. Company Name _____ Fed. ID # _____

Company Insurance License # _____ (Copy Required)

Indicate other Principal Parties in Partnership or Business Entity, 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. Prior Employer: _____
    Contact Person: _____ Phone # _____ Start Date _____
27. Prior 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** _____ SIGN HERE 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 _____ 1st Yr. Commission Rate _____%

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

▶ Go to *www.irs.gov/FormW9* for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

Print or type.
See **Specific Instructions** on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN,* later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

☐☐☐ – ☐☐ – ☐☐☐☐

or

Employer identification number

☐☐ – ☐☐☐☐☐☐☐

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here **Signature of U.S. person ▶** SIGN HERE **Date ▶**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9.*

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, *later.*

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)

BY: _____ SIGN HERE
GA Signature

BY: _____

_____
Title

VICE PRESIDENT
Title

_____
Date

_____
Effective Date

Agent Acknowledgement

I have read and understand all policies set forth by this manual. I understand that my position as an agent/ broker is the first line of defense against those that attempt to defraud GTL and violate the rules established by the U.S. Patriot Act. I understand my responsibilities as an agent for GTL, and will comply with the reporting procedures that GTL has created to the best of my abilities. Additionally, I understand the possible consequences of my failure to comply with the aforementioned procedures. I will provide GTL with all information concerning activities that I have identified as suspicious and will comply with the following procedures:

1. Identification "Red Flags"
2. Reporting Suspicious Activity
3. Failure to Comply

Name (Please Print):_____

Signed:_____ SIGN HERE

Agent Code:_____

Date:_____

_____

10. If commission advances owed to the Company, or its designee, as a result of the terms of this Agreement are not repaid by the GA when due pursuant to the terms hereof, of if an agreement is not reached with the Company for the repayment of said obligations within thirty (30) days after the due date, the GA hereby agrees to pay all costs of collection, including, but not limited to, attorney fees and the costs of suit.

11. If any amounts owed to the Company are not paid as required hereunder, the GA hereby agrees that the Company may initiate suit against the GA in the jurisdiction of the Company's choice. The GA hereby expressly consents to the service of process in the jurisdiction if a suit is brought by the Company against the GA for amount owing hereunder.

12. There will be no advances allowed on monthly direct bill business.

If the foregoing sets forth the terms of the Agreement between the Company and the GA, please execute one copy of this Agreement and forward the selected copy to the Company.

General Agent

Dated: _____ _____ SIGN HERE

Signature of the General Agent

_____

Print or type name of General Agent

GUARANTEE TRUST LIFE INSURANCE CO.

Dated: _____ By:_____

Its: _____

REQUESTED ISSUE ADVANCE RATE: _____%

GTL | GUARANTEE TRUST LIFE

Automatic Deposit Payment Plan Authorization Form

With Guarantee Trust Life Insurance Company's ("GTL") Automatic Deposit Payment Plan ("Plan") agents will receive their commission checks automatically deposited into their designated bank account. The amount of your deposit will be reflected on the electronic statement generated for you. Benefits of enrollment 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 handled electronically

How to Enroll in the Automatic Deposit Payment Plan

Simply complete the Authorization for Direct Deposit Form below. Should your banking information change, you must notify the company's home office in writing. Such notification should include the name of your new bank as well as your new routing and account numbers, as applicable, and your agent number. For more information about the Plan, call our Commission Accounting Department at 800-323-6907.

Completed forms may be faxed to 847-699-0636, mailed to our home office at 1275 Milwaukee Avenue Glenview, Illinois 60025, or emailed to commissions@gtlic.com.

AUTHORIZATION FOR DIRECT DEPOSIT*

AGENT FIRST & LAST NAME:	BANK NAME:	BANK CITY STATE:
AGENT NUMBER:		
AGENT ADDRESS:	BANK ROUTING NUMBER:	
	BANK ACCOUNT NUMBER:	

Please Attach a Voided Check or provide Bank Verified Account Information with this Authorization

As a convenience to me, by my signature below, I request and authorize you to electronically deposit commissions and/or advances payable to me, by the company, in my bank account at the financial institution named above, which shall be substantiated by a voided check or the provision of verified bank account information to GTL. I also authorize GTL to electronically withdraw from my account any sum erroneously credited to my account in accordance with applicable law.

Please check one:

☐ I hereby certify that I conduct business under a "DBA" and that it is NOT a separate legal entity. I acknowledge all earnings will be recorded to me for tax purposes and not to the "DBA."

☐ I hereby certify that I do not conduct business under a "DBA."

I further acknowledge and 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 thirty (30) days of the deposit date if there is any discrepancy with my deposit or if my response regarding "DBA" status changes. I acknowledge that this will enable GTL to comply with Federal Banking laws and that failure to notify GTL may result in the loss of my deposit.

x_____ SIGN HERE _____/_____/_____

Signature Date

Authorization Form for Release of File Copies of Criminal History

I hereby authorize Interstate Background Research, Inc. acting on behalf of Guarantee Trust Life Insurance Company (GTL) to receive any criminal history record information pertaining to me, which may be in the files of any state or any local criminal justice, agency, or any law enforcement agency.

This request is valid for one (1) year from the date signed.

Part A: To be completed by AGENT:

Agent Social Security Number: _____-_____-_____

Agent Date of Birth: _____/_____/_____ *Gender: _____

Agent Full Name: _____

Agent Street Address: _____

Agent City, State and Zip Code: _____

Date of this Request: _____/_____/_____

Signature of Agent: _____ SIGN HERE **SIGN HERE

THANK YOU

*This request for your date of birth does not indicate discrimination; and the request in itself is not a violation of the Age Discrimination Act. Your date of birth is requested for a permissible purpose, under the code, and has been ruled a critical identifier for criminal and driving history information. Some states will not conduct a criminal search without the date of birth.

Form crim_rel_ga rev 7/11/2018

GUARANTEE TRUST LIFE INSURANCE COMPANY
1275 Milwaukee Avenue, Glenview, IL 60025

ADVERTISING SUBMISSION FORM

TO: _____ DATE: _____
Line of Business Manager

FROM: _____
Name Agency

REVIEW CHECKLIST for ADVERTISING and ADVERTISING POLICY BEFORE SUBMITTING to GTL.

This form must accompany every advertisement submitted to GTL for approval as required by General Agent Agreement.

Intended Use of Advertising:

Product Name and Form/Plan Number: _____

- ☐ Print Media Ad
- ☐ Telemarketing
- ☐ Sales Presentation
- ☐ Contact Letters
- ☐ Broadcast Media
- ☐ Other

STATES WHERE ADVERTISEMENT WILL BE USED: _____

_____

DATE ADVERTISEMENT WILL START TO BE USED: _____

AGE OF INTENDED MARKET: _____

Home Office Use:

	INITIALS	APPROVED	DISAPPROVED (EDITS SHOWN)	DATE
LOB/Marketing:	_____	_____	_____	_____
Regulatory Compliance:	_____	_____	_____	_____

Checklist For Advertising Material

This Checklist is for your use as a worksheet in preparing advertisements for Home Office approval. Items on the Checklist are based on the most commonly applicable state laws and rules governing the advertising of insurance products. Compare your advertising with the sections on this worksheet applicable to your piece. Check "Yes," "No" or "NA" (not applicable). Make changes to statements marked "No" before sending the advertisement to the Home Office for approval.

Corporate Identity and Logo

Yes	No	NA	
☐	☐	☐	Our full name, ***Guarantee Trust Life Insurance Company***, is used in the first reference.
☐	☐	☐	Initials are used only in the place of the Company name if mentioned parenthetically in the first reference.

Accuracy and Truthfulness

Yes	No	NA	
☐	☐	☐	No aspect of this piece could be considered untrue, deceptive, or misleading based on the information included ***or*** omitted.
☐	☐	☐	This piece, when examined as a whole, cannot lead a person of **average** intelligence to any false conclusions. This conclusion is based on the literal meaning of the words, impressions from nonverbal portions of the piece, and from materials and descriptions omitted from the advertising piece.
☐	☐	☐	All important or required information appears in a type size that is easy to read and is not mixed in with information that could confuse the reader.
☐	☐	☐	Absolute words such as "all," "will" and "shall" are not used.
☐	☐	☐	Words such as "free," "no cost" and "no extra cost" are not used unless actually true and then only if explained.

Comparisons, Ratings and Competition References

Yes	No	NA	
☐	☐	☐	Specific commercial ratings are not the focus of this piece.
☐	☐	☐	Any reference to a commercial rating is clear in describing the scope and extent of the rating (A.M. Best, B++, Very Good must all be used together).
☐	☐	☐	All statistical information is recent, relevant, and the source and date are identified.
☐	☐	☐	References to the competition are factual and not disparaging.

Testimonials, Endorsements, Analyses and Illustrating

Yes	No	NA	
☐	☐	☐	There is no use or implication of an endorsement or testimonial by a person or organization without their approval.

Identity of Insurer and Product

Yes	No	NA	
☐	☐	☐	The name of the insurer is clearly identified.
☐	☐	☐	The policy type and name are clearly and accurately identified including form number.
☐	☐	☐	No combination of words is used which could mislead prospective insureds into believing the solicitation is connected with a governmental agency or program unless true and supportable.

HOME OFFICE USE

____	____	____	The piece is identified with a unique form number assigned by Guarantee Trust Life Insurance Company.