



ADMIN USE ONLY			
State:	_____	_____	_____
R	NR	I	A
Dist Name	_____		
Number:	_____		

The United States Life Insurance Company in the City of New York
New York, New York

Member of American International Group, Inc.

Mail To: Allied National, Inc., Licensing Dept., P. O. Box 419254, Kansas City, MO 64141-6254

This form must accompany requests for appointment and/or license with our Company. In addition, if the applicant is a Company, Corporation or Partnership then the principal(s) must also complete an agent profile form in its entirety and supply a copy of his/her insurance license(s).

SECTION 1:

TPA Name: Allied National, Inc TPA Code: T4001
 TPA Licensing Contact: Beverly Sawyer TPA Telephone No.: 816-474-1200
 USL/AIG/AGAC Contact: Larry White Ins. Serv., Inc. N1695 (80208) Telephone No.: (530) 246-1040

SECTION 2: How are you doing business? Corporation Partnership DBA or T/A Individual

A. Companies must complete both Company and Individual applicant information.

Company Name: _____
 DBA (or T/A): _____
 Tax Identification #: _____
 Names of Agency Officers: _____
 Phone No. _____ Fax No. _____
 Email Address: _____
 Address: _____

B. Individual: To be completed by Agency Officer/Principal(s):

Male Female
 Last Name: _____ First Name: _____ Middle Initial: _____
 Suffix and/or Prefix if applicable: _____ Social Security #: _____ Date of Birth: _____
 Phone No. _____ Fax No. _____
 Email Address: _____
 Resident Address: _____

 Business Address: _____

SECTION 3: Florida non-residents must specify the Florida counties in which you will be representing our company:

(Note: Florida appointment expenses will be paid in the three counties you are primarily representing our Company. Additional appointment expenses will be paid by the applicant.)

SECTION 4: List all states you wish to be appointed with our Company and attach legible copies of your license(s) for appointment processing:

SECTION 5: Authorization To Collect And Disclose Information: I authorize the Company to obtain or have prepared an investigative consumer report as defined under the Fair Credit Reporting Act and as described in the Notice given to me. I elect to be interviewed if an investigative consumer report is prepared in connection with the application. I understand that consumer reporting agencies may disclose the information collected only as set forth in the contract with a member company or organization. I acknowledge that I have received and carefully read the Fair Credit Reporting Act Notice in Section 6.

SIGNATURE OF APPLICANT

DATE

List your residence address for the past five years up to and including present date:

From (Mo/Yr) to (Mo/Yr)

Address

City, State, Zip

Phone No.

The insurance departments of various states require companies to investigate the competence, character, and financial background of agents. **If the answer to any of the following questions is "yes", please give full details under explanation. Use additional paper if needed.**

YES NO

1.	Do you have outstanding debt(s) with any insurance companies?		
2.	Do you currently have any outstanding and/or unsatisfied judgments or liens against you?		
3.	Have you ever made a compromise with creditors, filed a bankruptcy petition or been declared bankrupt or insolvent, either personally or in business?		
4.	Have you ever been charged with, been convicted of, or pleaded "nolo contendere" (no contest) to: a. any crime, whether a felony or misdemeanor, involving fraud, dishonesty, misrepresentation, mishandling of money (such as larceny, embezzlement, conversion, etc.)? b. any violation of a state insurance department regulation or statute?		
5.	Are you or your firm and/or your partner(s) or other principal(s) currently a party to any litigation or arbitration involving you or your firm's business activities?		
6.	Have you ever been the subject of an investment or insurance-related consumer-initiated complaint or proceeding?		
7.	Have you ever had an insurance license denied or revoked by any state or federal regulatory agency?		
8.	Are you the subject of any complaint, investigation or proceeding which could result in a "yes" answer to any of the above?		

EXPLANATION:

SECTION 6:

Fair CREDIT REPORTING ACT NOTICE

When the Company begins to process your application, it may ask for a consumer report from an independent Consumer Reporting Agency (CRA). All or part of that report may be an "investigative consumer report" as defined by the Federal Fair Credit Reporting Act ("Act").

The Company may use the report to confirm or supplement information on your application, including but not limited to your residential address, occupation, marital status, character, mode of living (except as may be directly or indirectly related to sexual orientation), economic status, reputation and driving record. The report may also include information about drug and alcohol use and criminal history and may be based on interviews with your friends, neighbors or associates, as well as a review of motor vehicle, business and court records.

You may formally request to be interviewed by the CRA in connection with the preparation of the report by placing a check mark in the box contained in Section 5 of this application.

The CRA may keep a copy of the report, and may disclose its contents to other users for whom they perform similar services, to the extent permitted by the Act. The Company may request later consumer reports, all or part of which may be investigative consumer reports, at a future renewal of your application.

Upon your written request, the Company will provide a written disclosure detailing the nature and scope of the investigation which has been or will be performed, along with the name, address and telephone number of the CRA which is preparing the report. This disclosure will be provided to you within 5 business days of the date your request is received by the Company, or from the date the actual report is requested by the Company, whichever is later. You are entitled to contact the CRA that prepared the report to obtain additional information about your rights under the Act.

PRODUCER COMMISSION AGREEMENT

ALLIED NATIONAL, INC., 911 Broadway, Kansas City, MO, 64105, a Third Party Administrator for insurance companies that underwrite the insurance coverage referenced below, herein called Allied, and First Party, the Producer named below, in consideration of the following promises and covenants, AGREE AS FOLLOWS:

1. First Party may submit applications for insurance coverage administered by Allied. On issued certificates, First Party will receive as full compensation the commissions provided under the attached Schedule of Commissions.
2. First Party has no authority to make or alter any certificate, to extend the time of payment of monthly charges, to waive or extend any certificate term, provision, obligation or condition, or to receive any monthly charge due on any certificate.
3. First Party shall not place applications until and unless properly licensed (and appointed, if required) by law.
4. Commissions shall be payable to First Party or its legal representative. The Schedule of Commissions may be modified by Allied at any time upon written notice to First Party. No assignment of commissions (earned or accrued, or to be earned or accrued) shall be binding upon Allied without its written consent.
5. This Agreement shall terminate with respect to an Employer or Insured upon receipt by Allied of written notice from the Employer or Insured that First Party is no longer authorized to act as their agent.
6. Any monthly charges for issued certificates received by First Party shall be promptly paid to Allied.
7. If coverage under an issued certificate for which First Party is agent is rescinded or reformed, First Party hereby agrees to reimburse any and all commissions paid on such coverage.
8. Allied may, at any time, deduct from any monies due First Party, any indebtedness of First Party to the insurance company or Allied, together with interest at the maximum legal rate and any collection costs incurred by Allied.
9. This Agreement may be terminated for cause by Allied upon written notice to First Party, if First Party:
 - a) withholds any commissions, monthly charges or other monies due the insurance company or Allied;
 - b) fails to comply with applicable law or regulation, or any policy or procedure of Allied or the insurance company;
 - c) knowingly misrepresents any coverage, product or service offered through Allied;
 - d) knowingly or negligently fails to comply with a material term of this Agreement in any manner;
 - e) defrauds or attempts to defraud Allied or the insurance company;
 - f) has any required license revoked or non-renewed;
 - g) uses any advertising materials not authorized by Allied or the insurance company;
 - h) knowingly furnishes false information, or fails to disclose information, of a material nature to Allied; or
 - i) dies, or is dissolved, liquidated or sold.
10. If this Agreement is terminated for cause by Allied, First Party shall not be entitled to any commissions which would otherwise be payable under this Agreement, including renewal commissions, effective as of the date of termination. Either party may terminate this Agreement without cause upon 10 days written notice to the other party.
11. This Agreement constitutes the entire contract between the parties hereto. Any amendment to this Agreement shall be in writing, effective as of the date executed by Allied.
12. Allied retains the right to decline acceptance of any application for coverage, to change or withdraw any insurance certificate, or to change or discontinue any product or service at any time.
13. First Party acknowledges it may receive certain non-public, personal information of individuals insured under coverage administered by Allied ("Clients"). First Party shall:
 - a) securely and privately maintain the confidentiality of all non-public, personal information of Clients ("Client Information") pursuant to applicable state and federal privacy laws and regulations, and covenants and agrees not to use, disclose or in any manner reveal the Client Information other than as necessary for insurance purposes contemplated by this Agreement, to effect, administer or enforce transactions on behalf of and requested by Clients, or to comply with applicable laws or regulations; and
 - b) defend, indemnify and hold Allied harmless from all loss, costs, judgments, settlements, fines, assessments, penalties or other monetary expenditures, including reasonable attorney fees, incurred by Allied, as a direct or indirect result of a violation by First Party of this paragraph 13 of this Agreement.

Effective this ___ day of _____, ____.

First Party

Producer Name (Please Print): _____ SSN or Tax ID # _____

Signature: _____ Title: _____ Date: _____

Allied

_____ Date: _____

Allied National, Inc. Raymond Y. Fushimi, Executive Vice President

Return to: Allied National, Inc.
PO Box 419254
Kansas City, MO 64141-6254

Request for Taxpayer Identification Number and Certification

**Give form to the
requester. Do not
send to the IRS.**

Print or type
See Specific Instructions on page 2.

Name		
Business name, if different from above		
Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶	<input type="checkbox"/> Exempt from backup withholding	
Address (number, street, and apt. or suite no.)	Requester's name and address (optional)	
City, state, and ZIP code		
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). **However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 2.** For other entities, it is your employer identification number (EIN). If you do not have a number, see **How to get a TIN** on page 2.

Social security number								
or								
Employer identification number								

Note: If the account is in more than one name, see the chart on page 2 for guidelines on whose number to enter.

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. person (including a U.S. resident alien).

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 on page 2.)

Sign Here	Signature of U.S. person ▶	Date ▶
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Purpose of Form

A person who is required to file an information return with the IRS must get your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to give your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

If you are a foreign person, use the appropriate Form W-8. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities.

Note: If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 30% of such payments **after** December 31, 2001 (29% **after** December 31, 2003). This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will **not** be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester, or
2. You do not certify your TIN when required (see the Part II instructions on page 2 for details), or
3. The IRS tells the requester that you furnished an incorrect TIN, or
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions on page 2 and the separate **Instructions for the Requester of Form W-9.**

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of Federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name. If you are an individual, you must generally enter the name shown on your social security card. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first and then circle the name of the person or entity whose number you enter in Part I of the form.

Sole proprietor. Enter your **individual** name as shown on your social security card on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

Limited liability company (LLC). If you are a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Treasury regulations section 301.7701-3, **enter the owner's name on the "Name" line.** Enter the LLC's name on the "Business name" line.

Other entities. Enter your business name as shown on required Federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name" line.

Exempt from backup withholding. If you are exempt, enter your name as described above, then check the "Exempt from backup withholding" box in the line following the business name, sign and date the form.

Individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends. For more information on exempt payees, see the Instructions for the Requester of Form W-9.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

Note: If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

Part I—Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box.

If you are a **resident alien** and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see **How to get a TIN** below.

If you are a **sole proprietor** and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are an LLC that is **disregarded as an entity** separate from its owner (see **Limited liability company (LLC)** above), and are owned by an individual, enter your SSN (or "pre-LLC" EIN, if desired). If the owner of a disregarded LLC is a corporation, partnership, etc., enter the owner's EIN.

Note: See the chart on this page for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get **Form SS-5**, Application for a Social Security Card, from your local Social Security Administration office. Get **Form W-7**,

Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or **Form SS-4**, Application for Employer Identification Number, to apply for an EIN. You can get Forms W-7 and SS-4 from the IRS by calling 1-800-TAX-FORM (1-800-829-3676) or from the IRS Web Site at www.irs.gov.

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note: Writing "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

Part II—Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 3, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt recipients, see **Exempt from backup withholding** above.

Signature requirements. Complete the certification as indicated in 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA or Archer MSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to give your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA or Archer MSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, and the District of Columbia to carry out their tax laws.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 30% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN or:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ¹
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹
5. Sole proprietorship	The owner ³
For this type of account:	Give name and EIN or:
6. Sole proprietorship	The owner ³
7. A valid trust, estate, or pension trust	Legal entity ⁴
8. Corporate	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership	The partnership
11. A broker or registered nominee	The broker or nominee
12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name, but you may also enter your business or "DBA" name. You may use either your SSN or EIN (if you have one).

⁴ List first and circle the name of the legal trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.)

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

