

John P. Pearl & Associates, Ltd.

I N S U R A N C E

1200 EAST GLEN AVENUE • PEORIA HEIGHTS, IL 61614-5348 • (309) 688-9000
FAX (309) 688-5444 • <http://www.pearlins.com>

RE: Pearl Dental Plan

Dear Agent:

Thank you for inquiring about our Pearl Dental Plan.

Our dental plan offers you a quality, stand-alone dental product for any individual or group. Clients can use the dentist of their choice.

In order to sell our dental plan please complete the following:

- **AGENT QUESTIONNAIRE**
- **SIGN BOTH OF THE AGENT AGREEMENTS**
- **ENCLOSE A COPY OF YOUR AGENT (AND OR) AGENCY LICENSES FOR LIFE AND HEALTH**
- **SUBMIT THE APPROPRIATE APPOINTMENT FEE (AND FORM) FOR EACH STATE WHERE YOU WISH TO SELL COVERAGE**
- **COMPLETE THE ASSIGNMENT OF COMMISSION SHEET IF YOU WISH THAT YOUR COMMISSIONS BE PAID TO SOMEONE OTHER THAN YOURSELF**
- **COMPLETE THE W-9 FORM**

For efficiency purposes, **PLEASE DO NOT** send any paperwork back to John P. Pearl & Associates, Ltd. Until you submit your first piece of business, unless you live in a pre-appointment state (see enclosed Agent Appointment Guide). **At that time, enclose the application, check, appointment fee and all paperwork in the envelope provided.**

Please note that once your agent forms are received, we will review them for completeness. If all forms are completed with no missing information, we will be able to process your forms upon receipt. **HOWEVER, IF THE FORMS ARE MISSING ANY INFORMATION, OR YOUR APPOINTMENT FEE AND A COPY OF YOUR LICENSES ARE NOT ATTACHED, WE WILL RETURN THE ORIGINAL FORMS FOR COMPLETION. AT THAT TIME, WE WILL ASK YOU TO RETURN THE COMPLETED FORMS WITHIN TWO WEEKS.** This process will only insure we are properly servicing you, our new agent.

Should you have any questions regarding these procedures or how to complete these forms or the appointment fees, please contact Mary Helms at 1-800-447-4982, ext. 261. If you need to order supplies, please contact Carrie Gregg at ext. 263.

Sincerely,

JOHN P. PEARL & ASSOCIATES, LTD.

APPLICATION FOR APPOINTMENT

SECURITY LIFE INSURANCE COMPANY OF AMERICA

Answer every question IN FULL or this application will be returned to you for correction.
TYPE OR PRINT

_____ RESIDENT

JOHN P. PEARL & ASSOCIATES, LTD.
ADMINISTRATOR/GENERAL AGENT

_____ NON RESIDENT

FOR SLICA HOME OFFICE USE ONLY

State(s): _____

Effective Date of Appt.: _____

Amount due: \$ _____

Processed By: _____

Notes: _____

FULL NAME (No Initials) _____ Social Security # _____
Last First Middle

LEGAL CORPORATION NAME _____ Federal ID # _____

HOME ADDRESS _____
Number & Street City State Zip Code County

BUSINESS/MAILING ADDRESS _____
Number & Street City State Zip Code County

TELEPHONE NUMBERS Home _____ Business _____

Fax _____ E-mail Address _____

DATE OF BIRTH _____ Sex _____ Are you a citizen of the United States? _____

Professional Designations or Memberships:

_____ CLU _____ CPCU _____ MDRT _____ NQA _____ NASD _____ NALU _____ Other

1. Lines of insurance for which you are licensed _____ Life _____ Accident/Health _____ Other

2. Are you currently appointed with Security Life? _____

3. List the state(s) in which you are licensed and wish to be appointed	State _____	License Number _____
	State _____	License Number _____
	State _____	License Number _____

If additional space is required, attach a separate sheet.

4. In the state(s) you are requesting an appointment, do you hold a current appointment with another insurance company?
 _____ If yes, please list below.

Name	Address	Phone
Name	Address	Phone
Name	Address	Phone

If additional space is required, attach a separate sheet.

5. List the Non Resident licenses currently held	State _____	License Number _____
	State _____	License Number _____

If additional space is required, attach a separate sheet.

APPLICATION FOR APPOINTMENT
PAGE 2

6. How long have you lived at your present address? _____

7. Please give your resident address for the past five years (city & state only)

_____ city state _____ city state _____ city state _____ city state

8. Check your highest educational achievement.
Grade School _____ High School _____ College _____ Post Graduate _____ Did you graduate? _____

9. If you are assigning your commissions to an agency, please give its name and address and check your status with the organization. *(Please enclose a copy of your corporate license)*

_____ Name of Agency Street Address City State Zip

STATUS: _____ Owner or Partner _____ Corporate Officer _____ Representative (Agent)
Federal ID# _____

10. Do you carry Errors and Omissions Protection? _____

11. FIVE-YEAR EMPLOYMENT HISTORY. Begin with present employment. If self-employed, describe your job and give address and phone number.

<u>Dates</u>	<u>Name of Employer</u>	<u>City</u>	<u>Your Position</u>	<u>Reason You Left</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

12. Have you ever had an application for an insurance license declined by any insurance department? _____

13. Have you ever had an insurance license suspended or revoked by any insurance department or had a complaint issued against you by any insurance department? _____

14. Is any charge by any state currently pending against you or against the agency or any member of the agency?..... _____

15. Have you ever been charged with or convicted of a felony or of any crime involving moral turpitude?..... _____

16. Are there any outstanding judgments or liens (including state or federal tax liens) against you?..... _____

17. Has your appointment ever been terminated by an insurance company for reasons other than lack of production? . _____

18. Does any insurer, insured, or other person claim any indebtedness of you as a result of any insurance transactions or business? _____

NOTE: A "yes" to any question 12 through 18 requires an explanation below or on separate sheets attached to this form.

REFERENCES

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____



PRODUCING AGENT AGREEMENT JOHN P. PEARL & ASSOCIATES, LTD.

JOHN P. PEARL & ASSOCIATES, LTD. hereby recognizes _____ (Print) as WRITING AGENT (WA) for products available through JOHN P. PEARL & ASSOCIATES, LTD., 1200 E. GLEN AVENUE, PEORIA HEIGHTS, IL 61614 (“Administrator”) subject to the terms, intent and provisions herein set forth effective this 1st of November 1999. This agreement constitutes the only agreement between the parties and supersedes all previous agreements, which are hereby declared null and void. This agreement may be terminated at any time by either party.

- (1) WA agrees:
- a. To maintain proper licenses as required by governmental authorities for the business transacted hereunder.
 - b. To produce a minimum of 1 case issued in the first (6) months of the agreement and 2 per year issued thereafter. In the event the WA fails to maintain production levels or acceptable standards, the Administrator reserves the right to terminate this agreement. All commissions will be paid on a monthly basis subject to a minimum monthly payment of twenty-five (\$25) dollars. Commissions will be accrued month to month in order to meet these requirements. Unearned commissions will be deducted from future payments or in the event there are no future payments, agent will reimburse JPPA.
 - c. To submit prior to publication or distribution, for written approval by the Administrator, all written promotional type material produced by WA, which is intended to highlight any or all of the plan features of any product made available to them by the Administrator.
 - d. To utilize his/her best efforts to produce and place business offered through various plans/products listed below and to follow guidelines provided to him/her by the underwriting company or Administrator.
 - e. That the Administrator can change the rate of any or all commissions, at its sole discretion, upon thirty (30) days written notice.
 - f. That in the event that this WA Agreement is canceled or terminated, compensation will be extended, in full, for twelve (12) months after cancellation and continue thereafter only if the compensation equals two hundred fifty (\$250.00) dollars, annualized, or more after the twelve (12) month termination period; that this contract, together with any and all riders and supplements hereto, shall terminate immediately for any act of dishonesty or fraud. Upon the occurrence of any such event, either before or after termination of the contract, including your rights to commissions to which you might otherwise become entitled, shall thereupon cease.
 - g. To treat all gross premiums and/or policy fees received or collected by you for the Administrator and the Insurance Providers as properly held in trust, and remit such money at once to the Administrator.
 - h. To be governed by all rules, regulations and instructions of the Administrator together with all other Trust regulations instituted from time to time, and observe and comply with the Insurance laws and regulations of the state or states in which you operate.
 - i. That nothing contained herein shall be construed to create the relationship of employee and employer between you and John P. Pearl & Associates, Ltd. It is the intent of both parties that you shall be an independent contractor. The Administrator shall not be liable for any expenses incurred by you.
 - j. That the territory covered by this Agreement is the area in which you are licensed to represent the Administrator, but such area is not assigned exclusively to you, and the Administrator retains the right in its sole discretion to limit the activities on behalf of the program or any part of such territory.
 - k. That the Administrator may offset against any compensation due to you hereunder, any amount now due or which may become due at any time from you, and these shall be a first lien against the compensation due you under this contract.
 - l. That you may not assign this contract or the compensation accruing under it or any interest herein except with the prior written consent of the Administrator and any assignment by you shall always be subject to the lien provided for in the preceding paragraph, whether for debts or liabilities existing at the time of the assignment or thereafter arising.

- (2) WA has no authority and agrees not to:
 - a. Bind the Trustee, the Administrator or the Insurance Providers by any promise or agreement or incur any debt, expense or liability whatever in their name or account, or waiver of any of the provisions of policies or agreements issued by them.
 - b. Pay or allow or offer to pay or allow, as an inducement to any person to insure, any rebate of premium or consideration of any inducement not specified in the policy.
- (3) The Administrator agrees:
 - a. To assist the agent in his/her efforts to acquire business by providing current rate date, brochures and other sales aids or materials it produced for its field force.
 - b. To advise the agent, on a current basis, of changes in the plan design or rating structure or other pertinent data,
 - c. To pay the agent his/her commission as outlined below subject to the conditions of Paragraph (1) (f).
 - d. To provide current sales materials as soon as possible upon completion and acceptance of this agreement.
 - e. To review from time to time, certain claim experience information relative to the agent's book of business.

Agent may produce applications for life, accident and health insurance, as follows:

<input type="checkbox"/> DEPENDABLE DENTAL	States _____	
	WRITING AGENT	
PRODUCT(S)	1ST	RENEWAL
DEPENDABLE DENTAL— For new business effective November 1, 1999 and after.	10% OF ORIGINAL PREMIUM	5% OF ORIGINAL PREMIUM

Original premium is the premium in force on the insureds' original effective date. Original premium does not include future rate increases.

PLEASE COMPLETE AND SIGN

AGENT NAME _____

AGENT SIGNATURE _____

AGENT ADDRESS _____

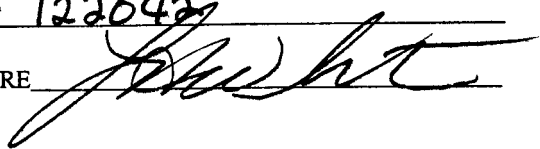
AGENT PHONE NUMBER _____

FID# OR SS# _____ DATE _____

ACCEPTED BY:

JOHN P. PEARL & ASSOCIATES, LTD.

SIGNATURE _____
PRESIDENT

~~DECA~~# GCA 122042
~~CA~~
~~DECA~~ SIGNATURE 
 DATE _____

FOR OFFICE USE ONLY

WA# _____



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- c. To submit prior to publication or distribution, for written approval by the Administrator, all written promotional type material produced by WA, which is intended to highlight any or all of the plan features of any product made available to them by the Administrator.
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- g. To treat all gross premiums and/or policy fees received or collected by you for the Administrator and the Insurance Providers as properly held in trust, and remit such money at once to the Administrator.
- h. To be governed by all rules, regulations and instructions of the Administrator together with all other Trust regulations instituted from time to time, and observe and comply with the Insurance laws and regulations of the state or states in which you operate.
- i. That nothing contained herein shall be construed to create the relationship of employee and employer between you and John P. Pearl & Associates, Ltd. It is the intent of both parties that you shall be an independent contractor. The Administrator shall not be liable for any expenses incurred by you.
- j. That the territory covered by this Agreement is the area in which you are licensed to represent the Administrator, but such area is not assigned exclusively to you, and the Administrator retains the right in its sole discretion to limit the activities on behalf of the program or any part of such territory.
- k. That the Administrator may offset against any compensation due to you hereunder, any amount now due or which may become due at any time from you, and these shall be a first lien against the compensation due you under this contract.
- l. That you may not assign this contract or the compensation accruing under it or any interest herein except with the prior written consent of the Administrator and any assignment by you shall always be subject to the lien provided for in the preceding paragraph, whether for debts or liabilities existing at the time of the assignment or thereafter arising.

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Original premium is the premium in force on the insureds' original effective date. Original premium does not include future rate increases.

PLEASE COMPLETE AND SIGN

AGENT NAME _____

AGENT SIGNATURE _____

AGENT ADDRESS _____

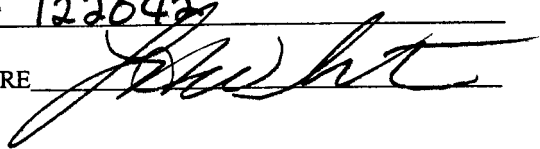
AGENT PHONE NUMBER _____

FID# OR SS# _____ DATE _____

ACCEPTED BY:

JOHN P. PEARL & ASSOCIATES, LTD.

SIGNATURE _____
PRESIDENT

~~DECA~~# GCA 122042
~~CA~~
~~DECA~~ SIGNATURE 
 DATE _____

FOR OFFICE USE ONLY

WA# _____

ASSIGNMENT OF FIRST YEAR AND RENEWAL COMMISSIONS

For and in consideration of value received, I, _____ of _____ do hereby bargain, sell, assign, transfer, set over and convey unto _____* all of my right, title, interest, claim, or demand in and to any and all commissions, first year and renewal, due or to become due and payable to me by John P. Pearl & Associates, Ltd. of Peoria Heights, Illinois, under and in accordance with that certain commission Agreement dated _____, 19_____, entered into by and between said Company and myself.

Executed this _____ day of _____, 19_____

Witness

Assignor

Social Security Number of Agent _____

Federal Identification Number of Agency _____

Name of Agency _____

Address _____

Address _____

*Please attach a copy of the assignee's license.

AGAFYRC

Request for Taxpayer Identification Number and Certification

Give form to the
requester. Do NOT
send to the IRS.

Please print or type	Name (If a joint account or you changed your name, see Specific Instructions on page 2.)	
	Business name, if different from above. (See Specific Instructions on page 2.)	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code		

Part I Taxpayer Identification Number (TIN)	List account number(s) here (optional)				
<p>Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). However, if you are a resident alien OR a sole proprietor, see the 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.</p> <p>Note: If the account is in more than one name, see the chart on page 2 for guidelines on whose number to enter.</p>	Part II For Payees Exempt From Backup Withholding (See the instructions on page 2.)				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; border-bottom: 1px solid black;">Social security number</td> </tr> <tr> <td style="text-align: center; border-bottom: 1px solid black;"> + </td> </tr> <tr> <td style="text-align: center;">OR</td> </tr> <tr> <td style="text-align: center; border-bottom: 1px solid black;">Employer identification number</td> </tr> <tr> <td style="text-align: center; border-bottom: 1px solid black;"> + </td> </tr> </table>		Social security number	+	OR	Employer identification number
Social security number					
+					
OR					
Employer identification number					
+					

Part III Certification

Under penalties of perjury, I certify that:

- 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**
- 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.

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 ▶	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, 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:

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

If you are a foreign person, IRS **prefers** you use a Form W-8 (certificate of foreign status). After December 31, 2000, foreign persons **must** use an appropriate Form W-8.

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 withhold and pay to the IRS 31% of such payments under certain conditions. 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.

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 not be subject to backup withholding. Payments you receive **will** be subject to backup withholding if:

- You do not furnish your TIN to the requester, or
- You do not certify your TIN when required (see the Part III instructions on page 2 for details), or
- The IRS tells the requester that you furnished an incorrect TIN, or
- 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

- You do not certify to the requester that you are not subject to backup withholding under 3 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the Part II instructions 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. You must enter your individual name as shown on your social security card. You may enter your business, trade, or "doing business as" name on the **business name** line.

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

Part I—Taxpayer Identification Number (TIN)

You must 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, using your EIN may result in unnecessary notices to the requester.

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's Internet Web Site at www.irs.gov.

If you 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. Other payments are subject to backup withholding.

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

Part II—For Payees Exempt From Backup Withholding

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 separate Instructions for the Requester of Form W-9.

If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding. Enter your correct TIN in Part I, write "Exempt" in Part II, and sign and date the form.

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

Part III—Certification

For a joint account, only the person whose TIN is shown in Part I should sign (when required).

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 state tuition program payments, IRA or 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 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 31% 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 of:
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 of:
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 "doing business as" 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.





Instructions for the Requester of Form W-9

(Rev. November 1999)

Request for Taxpayer Identification Number and Certification

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

These instructions supplement the instructions on the Form W-9 for the requester.

How Do I Know When To Use Form W-9?

Use Form W-9 to request the taxpayer identification number (TIN) of a **U.S. person** (including a resident alien) and to request certain certifications and claims for exemption. (See **Purpose of form** on the Form W-9.)

IRS **prefers** you use a Form W-8 (certificate of foreign status) for nonresident aliens and foreign entities not subject to backup withholding. After December 31, 2000, foreign persons **must** use an appropriate Form W-8.

Electronic Submission of Forms W-9

Requesters may establish a system for payees to submit Forms W-9 electronically, including by fax. A requester is anyone required to file an information return. A payee is anyone required to provide a taxpayer identification number (TIN) to the requester. Generally, the electronic system must —

- Ensure the information received is the information sent, and document all occasions of user access that result in the submission.
- Make it reasonably certain the person accessing the system and submitting the form is the person identified on Form W-9.
- Provide the same information as the paper Form W-9.
- Require as the final entry in the submission an electronic signature by the payee whose name is on Form W-9 that authenticates and verifies the submission. The electronic signature must be under penalties of perjury and the perjury statement must contain the language of the paper Form W-9.

Note: For Forms W-9 that are not required to be signed, the electronic system need not provide for an electronic signature or a perjury statement.

- Be able to supply a hard copy of the electronic Form W-9 if the Internal Revenue Service requests it.

Additional requirements may apply. See Announcement 98-27, 1998-1 C.B. 865.

Individual Taxpayer Identification Number (ITIN)

Form W-9 (or an acceptable substitute) is used by persons required to file information returns with the IRS to get the payee's (or other person's) correct TIN. For individuals, the TIN is generally a social security number (SSN).

However, in some cases, individuals who become U.S. resident aliens for tax purposes are not eligible to obtain an SSN. This includes certain resident aliens who must receive information returns but who cannot obtain an SSN.

These individuals must apply for an ITIN on **Form W-7**, Application for IRS Individual Taxpayer Identification Number, unless they have an application pending for an SSN. Individuals who have an ITIN must provide it on Form W-9.

Substitute Form W-9

You may develop and use your own Form W-9 (a substitute Form W-9) if its content is substantially similar to the IRS's official Form W-9 and it satisfies certain certification requirements.

You may incorporate a substitute Form W-9 into other business forms you customarily use, such as account signature cards, provided the certifications that **(1)** the payee's TIN is correct and **(2)** the payee is not subject to backup withholding due to failure to report interest and dividend income, shown on the official Form W-9, are clearly set forth. You **may not**:

1. Use a substitute Form W-9 that requires the payee, by signing, to agree to provisions unrelated to the required certifications or

2. Imply that a payee may be subject to backup withholding unless the payee agrees to provisions on the substitute form that are unrelated to the required certifications.

A substitute Form W-9 that contains a **separate signature line** just for the certifications satisfies the requirement that the certifications be clearly set forth.

If a **single signature line** is used for the required certifications and other provisions, the certifications must be highlighted, boxed, printed in bold-face type, or presented in some other manner that causes the language to stand out from all other information contained on the substitute form. Additionally, the following statement must be presented in the same manner as in the preceding sentence and must appear immediately above the single signature line: "The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding."

If you use a substitute form, the instructions do not have to be furnished to the payee. The payee only needs to be instructed orally or in writing to strike out the language of the certification that relates to payee underreporting, if the payee is subject to backup withholding due to notified payee underreporting. However, you are encouraged to provide instructions relevant to the account, especially if the payee requests them.

TIN Applied For

For interest and dividend payments and certain payments with respect to readily tradable instruments, if the payee returns a properly completed Form W-9 with "Applied For" written in Part I (i.e., an "awaiting TIN" certificate), the payee must give you a TIN within 60 calendar days to avoid backup withholding. You may use one of the following rules to backup withhold during this 60-day period.

Note: The 60-day exemption from backup withholding does not apply to any payment other than interest, dividends, and certain payments made with respect to readily tradable instruments.

Therefore, any other payment, such as nonemployee compensation, is subject to backup withholding even if the payee has applied for and is awaiting a TIN.

Reserve rule. If a payee withdraws more than \$500 at one time during the 60-day period, you must backup withhold on any reportable payments made during the period, unless the payee reserves 31% of all reportable payments made to the account during the period.

Alternative rule (option 1). You must backup withhold on any reportable payments if the payee makes a withdrawal from the account after the close of 7 business days after you receive the awaiting-TIN certificate. Treat as reportable payments all cash withdrawals in an amount up to the reportable payments made from the day after you receive the awaiting-TIN certificate to the day of withdrawal.

Alternative rule (option 2). You must backup withhold on any reportable payments made to the payee's account, regardless of whether the payee makes any withdrawals. Backup withholding under this option must begin no later than 7 business days after you receive the awaiting-TIN certificate.

Payees Exempt From Backup Withholding

Even if the payee does not provide a TIN in the manner required, you are **not required** to backup withhold on any payments you make if the payee is:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2).
2. The United States or any of its agencies or instrumentalities.
3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities.
4. A foreign government or any of its political subdivisions, agencies, or instrumentalities.
5. An international organization or any of its agencies or instrumentalities.

Other payees that **may be exempt** from backup withholding include:

6. A corporation.
7. A foreign central bank of issue.
8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States.
9. A futures commission merchant registered with the Commodity Futures Trading Commission.
10. A real estate investment trust.
11. An entity registered at all times during the tax year under the Investment Company Act of 1940.
12. A common trust fund operated by a bank under section 584(a).
13. A financial institution.
14. A middleman known in the investment community as a nominee or custodian.
15. A trust exempt from tax under section 664 or described in section 4947.

Interest and dividend payments. All listed payees are exempt except the payee in item 9.

Broker transactions. All payees listed in items 1 through 13 are exempt. A person registered under the Investment Advisors Act of 1940 who regularly acts as a broker is also exempt.

Payments reportable under sections 6041 and 6041A. These payments are generally exempt from backup withholding only if made to payees listed in items 1 through 7. However, the following payments made to a **corporation** and reportable on Form 1099-MISC are not exempt from backup withholding:

- Medical and health care payments.
- Attorneys' fees.
- Payments for services paid by a Federal executive agency.

Gross proceeds; attorneys. Reportable gross proceeds paid to attorneys (under section 6045(f)), even if the attorney is a corporation, are not exempt from backup withholding.

Barter exchange transactions and patronage dividends. Only payees listed in items 1 through 5 are exempt from backup withholding on these payments.

Payments Exempt From Backup Withholding

Payments that are not subject to information reporting also are not subject to backup withholding. For details, see sections 6041, 6041A, 6042, 6044, 6045, 6049, 6050A, and 6050N, and their regulations.

Dividends and patronage dividends that generally are exempt from backup withholding include:

- Payments to nonresident aliens subject to withholding under section 1441.
- Payments to partnerships not engaged in a trade or business in the United States and that have at least one nonresident alien partner.
- Payments of patronage dividends not paid in money.

- Payments made by certain foreign organizations.
- Section 404(k) distributions made by an ESOP.

Interest payments that generally are exempt from backup withholding include:

- Payments of interest on obligations issued by individuals. However, if you pay \$600 or more of interest **in the course of your trade or business** to a payee, you must report the payment. Backup withholding applies to the reportable payment if the payee has not provided a TIN or has provided an incorrect TIN.
- Payments of tax-exempt interest (including exempt-interest dividends under section 852).
- Payments described in section 6049(b)(5) to nonresident aliens.
- Payments on tax-free covenant bonds under section 1451.
- Payments made by certain foreign organizations.
- Mortgage or student loan interest paid to you.

Other types of payments that generally are exempt from backup withholding include:

- Wages.
- Distributions from a pension, annuity, profit-sharing or stock bonus plan, any IRA, or an owner-employee plan.
- Certain surrenders of life insurance contracts.
- Gambling winnings if withholding is required under section 3402(q). However, if withholding is not required under section 3402(q), backup withholding applies if the payee fails to furnish a TIN.
- Real estate transactions reportable under section 6045(e).
- Cancelled debts reportable under section 6050P.
- Distributions from a medical savings account and long-term care benefits.
- Fish purchases for cash reportable under section 6050R.

Joint Foreign Payees

If the first payee listed on an account gives you a Form W-8 (certificate of foreign status) or a similar statement signed under penalties of perjury, backup withholding applies unless:

1. Every joint payee provides the statement regarding foreign status or
2. Any one of the joint payees who has not established foreign status gives you a TIN.

If any one of the joint payees who has not established foreign status gives you a TIN, use that number for purposes of backup withholding and information reporting.

Names and TINs To Use for Information Reporting

Show the full name and address as provided on Form W-9 on the information return filed with the IRS and on the copy furnished to the payee. If you made payments to more than one payee or the account is in more than one name, enter on the first name line **ONLY** the name of the payee whose TIN is shown on the information return. Show the names of any other individual payees in the area below the first name line, if desired.

Sole proprietors. You must show the individual's name on the first name line. On the second name line, you may enter the business name or "doing business as (DBA)" if provided. You **may not** enter only the business name. For the TIN, you may enter either the individual's SSN or the employer identification number (EIN) of the business. However, the IRS prefers that you show the SSN.

Additional Information

For more information on backup withholding, get **Pub. 1679**, A Guide to Backup Withholding, or **Pub. 1281**, Backup Withholding on Missing and Incorrect Name/TINs.

Notices From the IRS

The IRS will send you a notice if the payee's name and TIN on the information return you filed do not match the IRS's records. You may have to send a "B" notice to the payee to solicit another TIN. See Pubs. 1679 and 1281 for copies of the two types of "B" notices.

SECURITY LIFE'S AGENT APPOINTMENT GUIDE

The enclosed **Producer's Information Questionnaire**, a copy of your **Health License**, and the appropriate **Appointment Fee** (payable to Security Life Insurance Company of America) for your state must be submitted as indicated below under **STATE LICENSING REQUIREMENTS (PLEASE NOTE: some states require you to be pre-appointed before sales materials can be released to you or before you can solicit new business)**.

If you are licensed and wish to sell in the following states:

Delaware, Kentucky, Mississippi, Montana, New Mexico, Ohio (N/R Only), Oklahoma, South Dakota, Washington, West Virginia, Wyoming or D.C.

Please complete the attached Agent Information Forms and return same with the applicable appointment fees (see attached), as soon as possible. You must be appointed **prior** to solicitation in the states listed above.

If you are in any other state (not listed above), please do not send your agent appointment paperwork in until you sell your first case. We are no longer accepting agent appointment requests without a case to go with them. If you send in your agent appointment package without a case, we will return your package to you and request that you hold on to it and resubmit with the sale of your first case.

Thank you for your assistance.

STATE LICENSING REQUIREMENTS

STATE	APPOINTMENT FEES			ASSIGNMENT OF COMMISSIONS			
	SUBMISSION OF APPOINTMENT FORM	RESIDENT	NON-RESIDENT	NON-RESIDENT REQUIREMENTS?	NEED AGENCY LICENSE?	APPOINT AGENCY?	NOTES
AK	WITH AP	NO FEE	NO FEE		YES	YES	Need both licenses.
AR	WITH AP	NO FEE	NO FEE		YES	YES	Need both licenses (Appoint agency only)
AZ	WITH AP	NO FEE	NO FEE		YES	YES	Need both licenses.
CA	WITH AP	\$22.00	\$22.00		YES	YES	Need both licenses & 1 fee
CO	WITH AP	NO FEE	NO FEE		YES	YES	Need both licenses.
DE	PRE 3	\$25.00	\$25.00		YES	NO	Need Agent & Agency License & Appoint Agent.
GA	WITH AP	\$20 + \$45 BKGD CHECK	\$20 + \$45 BKGD CHECK		YES	NO	(Appointment form must be signed by agent if sending in form) (Appoint agent only)
ID	WITH AP	NO FEE	NO FEE		YES	YES	Need both licenses (Appoint both)
IL	WITH AP	NO FEE	NO FEE		YES	NO	Need both licenses
IN	WITH AP	NO FEE	NO FEE		YES	YES	Need both licenses
IA	WITH AP	\$5.00	RETALIATORY		NO	NO	Appoint agents only.
KS	WITH AP	\$5.00 + Proof of E&O Cov.	\$5.00 + Proof of E&O Cov.		YES	YES	Need both licenses and two fees.
KY	PRE 3	Agent: \$40; Agency: \$100	Agent: \$50; Agency: \$120		YES	YES	Need both licenses and two fees.
LA	WITH AP	\$10.00	RETALIATORY		YES	YES	Need both licenses and two fees, if Agent is not an Officer, then appoint both . If agent is an officer, then appoint Agency only & one fee is needed.
MD	WITH AP	NO FEE	NO FEE		YES	YES	Need both licenses. (Do not appoint brokers.) Group sales only.
MI	WITH AP	\$5.00	\$5.00		YES	YES	Need both licenses and two fees. Must appoint the Officer Agent in order to appoint the agency. If the agent is not the Officer Agent, we must appoint all three.
MN	WITH AP	\$10.00	\$10.00		YES	NO	Appoint agents only.
MS	PRE 3	\$10.00	\$10.00		NO	NO	Appoint agents only.
MO	WITH AP	\$10.00	\$10.00		YES	NO	Do not appoint brokers.
MT	PRE 3	NO FEE	NO FEE		YES	YES	Need both licenses
NE	WITH AP	\$8.00	\$8.00		NO	NO	Appoint agents only
NV	WITH AP	\$5.00	\$25.00		YES	YES	Need both licenses and two fees
NM	PRE 3	\$23.00	RETALIATORY		NO	NO	Appoint agents only
ND	WITH AP	\$10.00	RETALIATORY		YES	YES	Need both licenses and two fees.
OH	RES - WITH AP, N/R-PRE 1, 3	\$20.00	\$20.00		YES	YES	Need both licenses & two fees.
OK	PRE 3	\$40.00	\$40.00		YES	YES	No appointment fees for brokers.
OR	WITH AP	NO FEE	NO FEE		YES	YES	Need both licenses and affiliation certificate if commissions are assigned. (Appoint agency only). If agent is not affiliated with agency, check with state
PA	WITH AP	\$18.00	\$18.00		YES	YES	Need both licenses and two fees. Must appoint the Qualifying Active Agent in order to appoint the agency. If the agent is not the Qualifying Active agent, we must appoint all three. Do not appoint brokers.
SC	WITH AP	NO FEE	NO FEE	LETTER OF CERT	YES	NO	Appoint agents only
TN	WITH AP	\$15.00	\$15.00		NO	NO	Appoint agents only
TX	WITH AP	\$10.00	\$10.00		YES	YES	Need both licenses and two fees.
UT	WITH AP	NO FEE	NO FEE		YES	YES	Need both licenses.
VA	WITH AP	\$14.00 & Copy of current Letter of Certification	\$14.00 & Copy of current Letter of Certification		YES	YES	Need both licenses.
WA	PRE 3	\$20.00	\$20.00		YES	YES	Affiliation Certificate available. Need Affiliation Cert., agent's license, agency's license, and one fee. Do not appoint brokers.
WV	PRE 1, 3	\$25.00	\$25.00	LETTER OF CERT	NO	NO	Appoint agents only
WI	WITH AP	\$8.00	\$24.00		NO	NO	Appoint agents only
WY	PRE 3	\$10 MAY-JAN, \$20 FEB-APR	\$10 MAY-JAN, \$20 FEB-APR		YES	YES	Need both licenses and one fee.
D.C.	PRE 3	\$25.00	\$25.00		YES	YES	Need both licenses and two fees.

WITH AP - Questionnaire, Copy of License, and Fee can be submitted with your first case.

PRE - Questionnaire, Copy of License, and Fee must be submitted for appointment prior to submitting your first case.

1 - A State form is required with license.

3 - Appointment required before solicitation.



Uniform Producer Application

(Please Print or Type)

① Soc. Security Number				
② Last Name JR./SR. etc		③ First Name	④ Middle Name	⑤ Date of Birth (month) ___ (day) ___ (year) ___
⑥ Residence/Home Address (Physical Street)		⑦ P.O. Box	⑧ City	⑨ State ⑩ ZIP
⑪ Home Phone Number () -	⑫ Gender (Circle One) Male Female	⑬ Are you a Citizen of the United States? (Check One) Yes <input type="checkbox"/> No <input type="checkbox"/> (If No, of which country are you a citizen?) (If No, you must supply work authorization)		
⑭ Business Name				
⑮ Business Address (Physical Street)		⑯ P.O. Box	⑰ City	⑱ State ⑲ ZIP
⑳ Business Phone Number () -	㉑ Business Fax Number () -	㉒ Business E-Mail Address		㉓ Business Web Site Address
㉔ Mailing Address		㉕ P.O. Box	㉖ City	㉗ State ㉘ ZIP
㉙ Assumed Business Name/Trade Name (See Matrix of State Requirements)				

Agency or Business Entity Affiliations

⑤0 List your Insurance Agency Affiliations: (Complete only if the applicant is to be licensed as an active member of the business entity)

Fein # _____	Name of Agency _____
Fein # _____	Name of Agency _____
Fein # _____	Name of Agency _____
Fein # _____	Name of Agency _____

Employment History

⑤1 Account for all time for the past five years. Give all employment experience starting with your previous employer working back five years. Include full and part-time work, self-employment, military service, unemployment and full-time education.

Name	City	State	From		To		Position Held
			Month	Year	Month	Year	

(State Use)

Jurisdiction and Type of License Requested

② Next to each jurisdiction, check the license type(s) and line(s) of authority for which you are applying. Check the last column if you have been previously licensed in the jurisdiction to which you are applying:

License Types : A – Agent B – Broker P – Producer
 Lines of Authority: L – Life H – Accident & Health or Sickness P – Property C – Casualty V – Variable Life/Variable Annuity

A	License Type			Jurisdiction	Line of Authority					Previously Licensed? (jurisdictions you are applying to only)
	B	P			V	L	H	P	C	
				AK						<input type="checkbox"/> Yes
				AL						<input type="checkbox"/> Yes
				AR						<input type="checkbox"/> Yes
				AZ						<input type="checkbox"/> Yes
				CA						<input type="checkbox"/> Yes
				CO						<input type="checkbox"/> Yes
				CT						<input type="checkbox"/> Yes
				DC						<input type="checkbox"/> Yes
				DE						<input type="checkbox"/> Yes
	*			FL						<input type="checkbox"/> Yes
				GA						<input type="checkbox"/> Yes
				GU						<input type="checkbox"/> Yes
				HI						<input type="checkbox"/> Yes
				IA						<input type="checkbox"/> Yes
				ID						<input type="checkbox"/> Yes
				IL						<input type="checkbox"/> Yes
				IN						<input type="checkbox"/> Yes
*	*			KS						<input type="checkbox"/> Yes
				KY						<input type="checkbox"/> Yes
				LA						<input type="checkbox"/> Yes
				MA						<input type="checkbox"/> Yes
				MD						<input type="checkbox"/> Yes
	*			ME						<input type="checkbox"/> Yes
				MI						<input type="checkbox"/> Yes
				MN						<input type="checkbox"/> Yes
				MO						<input type="checkbox"/> Yes
				MS						<input type="checkbox"/> Yes
				MT						<input type="checkbox"/> Yes
				NC						<input type="checkbox"/> Yes
				ND						<input type="checkbox"/> Yes
				NE						<input type="checkbox"/> Yes
				NH						<input type="checkbox"/> Yes
				NJ						<input type="checkbox"/> Yes
				NM						<input type="checkbox"/> Yes
				NV						<input type="checkbox"/> Yes
				NY						<input type="checkbox"/> Yes
				OH						<input type="checkbox"/> Yes
	*			OK						<input type="checkbox"/> Yes
				OR						<input type="checkbox"/> Yes
				PA						<input type="checkbox"/> Yes
				PR						<input type="checkbox"/> Yes
				RI						<input type="checkbox"/> Yes
				SC						<input type="checkbox"/> Yes
				SD						<input type="checkbox"/> Yes
				TN						<input type="checkbox"/> Yes
				TX			*			<input type="checkbox"/> Yes
				UT						<input type="checkbox"/> Yes
				VI						<input type="checkbox"/> Yes
				VA						<input type="checkbox"/> Yes
				VT						<input type="checkbox"/> Yes
				WA						<input type="checkbox"/> Yes
				WI						<input type="checkbox"/> Yes
				WV						<input type="checkbox"/> Yes
				WY						<input type="checkbox"/> Yes

* See Matrix of State Requirements

Background Information

33 The Applicant must read the following very carefully and answer every question:

1. Have you ever been convicted of, or are you currently charged with, committing a crime, whether or not adjudication was withheld? Yes ___ No ___

“Crime” includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations and juvenile offenses.
 “Convicted” includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence or a fine.

If you answer yes, you must attach to this application:

- a) a written statement explaining the circumstances of each incident,
- b) a copy of the charging document, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

2. Have you or any business in which you are or were an owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license? Yes ___ No ___

“Involved” means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, placed on probation or surrendering a license to resolve an administrative action. “Involved” also means being named as a party to an administrative or arbitration proceeding which is related to a professional or occupational license. “Involved” also means having a license application denied or the act of withdrawing an application to avoid a denial. You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer yes, you must attach to this application:

- a) a written statement identifying the type of license and explaining the circumstances of each incident,
- b) a copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

3. Has any demand been made or judgment rendered against you for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Yes ___ No ___

If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment, and/or type and location of bankruptcy.

4. Have you been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement? Yes ___ No ___

If you answer yes, identify the jurisdiction(s): _____

5. Are you currently a party to, or have you ever been found liable in, any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? Yes ___ No ___

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident,
- b) a copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

6. Have you or any business in which you are or were an owner, partner, officer or director ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? Yes ___ No ___

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and
- b) copies of all relevant documents.

7. Do you have a child support obligation in arrearage? Yes ___ No ___

If you answer yes to Question 7, by how many months are you in arrearage? _____ Months

8. Are you the subject of a child support related subpoena or warrant? Yes ___ No ___

Applicants Certification and Attestation

34 The Applicant must read the following very carefully:

1. I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.
2. Where required by law, I hereby designate the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to be my agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner, Director or Superintendent of Insurance, or other appropriate party of that jurisdiction is of the same legal force and validity as personal service upon myself.
3. I further certify that I grant permission to the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to verify information with any federal, state or local government agency, current or former employer, or insurance company.
4. I further certify that, under penalty of perjury, either a) I have no child-support obligation, or b) I have a child-support obligation and I am currently in compliance with that obligation.
5. I authorize the jurisdictions to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
6. I acknowledge that I am familiar with the insurance laws and regulations of the jurisdictions to which I am applying for licensure.

Month Day Year

Original Applicant Signature

Full Legal Name (Printed or Typed)

Notary

35 Complete this section only if you are applying for licensure in one or more of the required states: [See Matrix of State Requirements]

SUBSCRIBED AND SWORN TO BEFORE ME THIS

DAY OF _____, _____

(SEAL)

NOTARY PUBLIC

COMMISSION EXPIRES

Attachments

36 The following attachments must accompany the application otherwise the application may be returned unprocessed or considered deficient.

1. Original Letter of Certification from your resident license jurisdiction dated within 90 days of application (copies of your resident license are not acceptable)
2. Any jurisdiction specific attachments listed in the Matrix of State Requirements

SUPPLY ORDER FORM FOR PEARL DENTAL PLAN

Date: _____

Agent's Name: _____

Agency Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Quantity Desired

Product Brochures: _____

Return To: John P. Pearl & Associates, Ltd.
1200 E. Glen Avenue.
Peoria Heights, IL 61614-5348

Or

Fax To: (309) 688-5444
Attn.: Marketing Dept.

Call Taken By: _____ Agent#: _____

Date Shipped: _____ By: _____