



# ISDA FINANCIAL LIFE

Life Insurance and Annuities

## ISDA FRATERNAL ASSOCIATION

A Fraternal Benefit Society  
(Herein called ISDA)

### AGENT LICENSING APPOINTMENT APPLICATION

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other protected status.

**Please supply a copy of your: state insurance licenses, E & O coverage, and business card.**

**Please Print**  
**All areas must be completed**

**Name:** \_\_\_\_\_  
Last Name First Name Middle Name

**Physical Address:** \_\_\_\_\_  
Street City State Zip

**Date of Birth:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

**Business Name:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_  
Street City State Zip

**Business Phone Number:** \_\_\_\_\_ **Cell Phone Number:** \_\_\_\_\_

**Fax Number:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**All documents can be faxed to 818-881-6973  
or emailed to [darren@fsdfinancial.com](mailto:darren@fsdfinancial.com)**

Where do you prefer any correspondence to be sent?  Home  Office

What lines are you licensed for? \_\_\_\_\_

What lines do you prefer to work in? \_\_\_\_\_

List the companies that you are currently licensed with: \_\_\_\_\_

List the states where you are licensed: \_\_\_\_\_

Do you carry E & O insurance?  Yes  No If yes, please supply copy.

Have you ever been convicted of a felony?  Yes  No If yes, please explain: \_\_\_\_\_

Name all professional designations you are currently holding: \_\_\_\_\_

List professional, trade, business, or civic activities and offices held: \_\_\_\_\_

Highest level of education:

High School: \_\_\_\_\_  
Name City State Year

College: \_\_\_\_\_  
Name City State Year

Graduate/Professional: \_\_\_\_\_  
Name City State Year

Personal Reference:

\_\_\_\_\_  
Name Address Phone number Relationship

Business Reference:

\_\_\_\_\_  
Name Address Phone number Relationship

### APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application as may be necessary in arriving at an appointment decision.

The application shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any relationship with this organization is that of an independent contractor reserving the right to exercise independent judgment as to the time, place, and manner of soliciting and generally achieving the authorized purposes set forth in Section One of the agent contract which is attached and made part of this application.

**X**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



# ISDA FINANCIAL LIFE

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### AGENT APPOINTMENT AND AGREEMENT

\_\_\_\_\_, 20\_\_\_\_  
Name Effective Date

You are hereby appointed an Agent (You) of ISDA, to procure applications for benefits in ISDA for Life Insurance and Annuity contracts from individuals qualified for membership therein in the following territory:

This territory is not exclusive, and ISDA, without affecting this agreement, may appointment other Licensed Agents/Field Representatives to operate in the same territory.

This appointment and agreement is all subject to the following provisions and conditions:

#### 1. REGULATIONS AND RESPONSIBILITIES

ISDA's rules and regulations now in force or hereafter established shall be binding upon You and shall form a part of this Agreement as if set forth herein. You also agree to observe and comply with the existing laws and rules of the insurance department in the state(s) You operate in.

#### 2. SCOPE OF AUTHORITY

Your authority shall extend no further than as stated in this Agreement. You shall not alter, modify, waive, or change any of the terms, rates, or conditions of ISDA's insurance contracts; or collect any premium except the initial premium which will promptly be forwarded, together with applications, to ISDA.

#### 3. RELATIONSHIP

The relationship between ISDA and You shall be that of independent contractor and contractee, and shall not for any purpose whatsoever be that of employer and employee.

#### 4. COMMISSIONS

- a. You shall receive, as exclusive compensation for your services under this Agreement, first year and renewal commissions on premiums paid to ISDA in cash on account of new life insurance and/or annuity contracts issued upon life and annuity applications bearing Your name as Agent and procured by your hereunder. Such commissions shall equal the percentage of premiums set forth in the Schedule of Commissions attached hereto. The amount, if any, and the time of payment of commissions and fees on replacements, charges, conversions, exchanges, and other special cases shall be governed by ISDA rules and regulations as promulgated and modified from time to time. Renewal commissions shall be paid under the following condition:

Personal production of less than \$3,000 new life premium each calendar year of new insurance acceptable to ISDA may be automatic cause for termination of this Agreement. This production requirement will be prorated should this Agreement not have been in force for a full calendar year.

- b. **Conversions.** No commissions or fees shall be payable on conversion premiums, nor shall any conversion premium be included in compiling awards, bonuses, or other prizes.

## **5. CHANGES IN RATES OF COMMISSION**

From time to time, ISDA shall have the right to change the rates of commission, as set forth in the schedule attached hereto; and other incentives granted as part of this Contract; by giving thirty (30) days' written notice. The changes will apply to policies and contracts issued, as a result of applications written after the effective date of the notice.

## **6. EXPENSES AND REFUNDS**

You shall not incur any expenses or obligations of any character whatsoever, nor contract for or publish any advertising matter or other statement, in the name of, for, or on behalf of ISDA except when You have been specifically authorized, in writing, in advance, by ISDA to do so. In the event ISDA, for any reason, refunds premium on any insurance contract on which You have received commission on the refunded premium, then You shall repay, on demand, any commission received. ISDA may offset any debt of obligation due from You against any claim for commissions hereunder.

## **7. ASSIGNMENT**

No assignment of this Agreement or Commissions or other compensation due or to become due to You shall be valid unless authorized, in advance, in writing, by ISDA, and any assignment so authorized shall be subject to any and all indebtedness by You to ISDA then existing or thereafter accruing.

## **8. FORFEITURE**

Should You at any time endeavor to induce other representatives of ISDA to discontinue their Contracts, or ISDA insurance contract holders to relinquish their insurance or annuity contracts with ISDA, You shall forfeit any and all commission interest that You might otherwise have acquired under this Agreement.

## **9. TERMINATION**

This Agreement will terminate upon Your death or upon notice of termination, in writing, by one party to the other, which shall be either delivered personally or mailed to the last known address of the other party at least fifteen (15) days before the date therein fixed for such terminations.

## **10. REJECTION OF APPLICATIONS**

ISDA shall have the absolute right in its sole discretion without specifying any cause whatsoever to reject any application or postpone the issuance of any policy of insurance or contract of annuity, and to make a counter-offer of insurance of a different kind, date, or amount, or at a premium rate different from that applied for.

## **11. DELIVERY OF POLICIES**

You shall not deliver a policy of insurance after the expiration of the delivery period established by the insurance department of the state in which you are licensed or by ISDA, nor unless and until the first premium shall have been fully paid during the applicant's lifetime and sound health. Immediately after such delivery period You shall return all first premium receipts and policies on which the first premiums have not been paid. The premium is due to ISDA immediately after the delivery of any policy.

## 12. AGENT'S ACCOUNTABILITY

- a. You are responsible for any and all premiums collected by You and for all ISDA property and money entrusted to You or due to ISDA from you.
- b. All premiums collected shall constitute trust funds in Your hands, separate and distinct from all other of Your funds, and shall not be subject to any other use by You whatsoever. All such moneys, promptly upon collection thereof, shall be remitted by you to ISDA in accordance with the rules of ISDA.

## 13. INDEBTEDNESS

Any indebtedness owed to ISDA by You shall be a first lien against any commissions, incentive payments, or bonuses or other moneys owed by ISDA to You. Any moneys due You from ISDA may be first applied by ISDA in its discretion to liquidate any such indebtedness of Yours to ISDA.

## 14. SOLE AGREEMENT

This Agreement supersedes any and all previous Agreements between parties hereto which pertain to the solicitation of applications mentioned herein. Provided, however, Your right to commissions from premiums on insurance contracts issued by ISDA under a previous Agreement with You, nor ISDA's lien or right of offset against such compensation, is not hereby impaired.

**The failure of ISDA to insist upon strict compliance with any of the provisions of this Agreement or rules, regulations, or instructions of ISDA shall not be construed as a waiver thereof, but they shall continue to be in full force and effect.**

In Witness Whereof, the parts have hereunto set their hands this day and year first above written.

### ISDA FRATERNAL ASSOCIATION

By \_\_\_\_\_  
President

Accepted by:

\_\_\_\_\_  
(Licensed Agent)



**Agent Acknowledgement of Completion of Annuity Specific Suitability Training**

Insurance agents licensed in the state with ISDA to complete four (4) hours of approved annuity-specific suitability training.

Please indicate below if you have or have not completed four (4) hours of an approved state annuity-specific/suitability training.

I HAVE completed four (4) hours of approved annuity-specific suitability training.

I HAVE NOT completed four (4) hours of approved annuity-specific suitability training.

**Agent Acknowledgement of Completion of Anti-Money Laundering Training**

I am aware of my requirement to have Anti-Money Laundering training.

I am aware that ISDA will **not accept cash**, money orders, or traveler's checks in an amount over \$50 as payment for any permanent life insurance policy or annuity contract.

I understand that I must verify the identity of all applicants by viewing a government-issued identification (e.g. driver's license, passport, government-issued photo ID).

I have received Anti-Money Laundering training through another insurance company (Name): \_\_\_\_\_

I have received Anti-Money Laundering training through a third-party organization (e.g. continuing education course)

(Name): \_\_\_\_\_

I have NOT completed any training course in Anti-Money Laundering.

\_\_\_\_\_  
Print Agent Name

**X**  
\_\_\_\_\_  
Agent Signature

\_\_\_\_\_  
Date

**ISDA Web Agent Portal**  
**Login Request and Confidentiality Agreement**

**Agent Name:** \_\_\_\_\_

**ISDA Web Portal Login Information:**

**Username:** \_\_\_\_\_

**Password:** \_\_\_\_\_

**Email:** \_\_\_\_\_

Enter a password that contains at least 5 characters (10 character maximum). Your password should include at least 1 letter and 1 number and should not be a variation of the username.

**ISDA Web Portal Confidentiality Agreement:**

My signature below certifies that I have requested a user login to access ISDA's Agent Portal. I understand that this user login is for my use only and that this login information should not be shared with other individuals. This ISDA Agent Portal login provides access to confidential information, my personal policy information, and my clients' policy information. Using this login will also provide access to certain agent information and client information for any agents contracted under my General Agent Agreement, if applicable.

My signature below certifies that I am aware of ISDA's Privacy Policy and the references to the disclosure of confidential information and that I will adhere to the stated policy. I understand that this login is for my use only; if necessary, I may request additional user logins with limited access for my support staff.

I understand that at ISDA's discretion, a new user login may be assigned to me, or that I may be requested to submit a new user login. My signature below certifies that all terms of this Confidentiality Agreement will remain in effect upon receipt of a new user login.

Any violation or mishandling of confidential information will result in the termination of my agent contract.

\_\_\_\_\_  
Agent's Signature

\_\_\_\_\_  
Date

For Home Office Use

Date Received: \_\_\_\_\_

Activated: \_\_\_\_\_



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**LICENSED AGENT COMMISSION SCHEDULE**

Attached to and made a part of:

Agreement Number: \_\_\_\_\_ Effective Date: \_\_\_\_\_, 20\_\_\_\_

ISDA will pay to the Licensed Agent commissions and service fees as set forth below. Such payment shall be: (1) Subject to the terms and conditions of the agreement, numbered above, in which this commission schedule is included; and (2) based on premiums paid in cash to ISDA for certificates or contracts issued as a result of applications provided, on or subsequent to the effective date shown above by the Licensed Agent.

Renewal commissions, expressed as a percentage of the premium paid to ISDA on insurance certificates in years following the first year, are payable at the rates and for the periods specified herein, and will be payable subject only to the conditions in the agreement or the schedule.

At the election of ISDA, renewal commissions will not be paid after the termination of the Agreement if: (a) on the date of termination of the agreement or at any time thereafter the renewal commissions to which the Licensed Agent is otherwise entitled is less than \$600 per year, or (b) at any time the Licensed Agent interferes with, or attempts to persuade, any Licensed Agent or agent of ISDA to leave ISDA's service or does anything to cause the lapsing of insurance certificates or create dissatisfaction among the members of ISDA. It being understood that such renewal commissions are granted to encourage the Licensed Agent in the faithful discharge of the duties in keeping insurance written by the Licensed Agent in force on the books of ISDA, to insure payment of any indebtedness that the Licensed Agent may owe ISDA, and in recognition of the Licensed Agent's loyalty and fidelity to ISDA as a Licensed Agent of ISDA while that relationship existed, and for the Licensed Agent's continued loyalty and fidelity after it shall cease. Any waiver or failure of ISDA to exercise its option to cease paying renewal commissions under this paragraph shall not constitute a waiver of ISDA's right to exercise its option to cease paying such renewal commissions at any future time.

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A Fraternal Benefit Society

**Annuity Products Commission Schedule Contract (AG-4)**

<b>ANNUITY POLICIES</b>		<b>Commission's Year 1</b>	<b>Commission's Years 2-5 or 2-8</b>
Platinum 8-Year FPDA*		2.50%	0.50%
Elite 8-Year FPDA*		3.00%	0.75%
Gold 5-Year FPDA*		2.50%	0.25%
Premier 5-Year FPDA*		2.50%	0.50%
Silver 2-Year FPDA		0.25%	0.15%
Choice 2-Year FPDA		0.75%	0%
Institution Deposit Agreement		0.75%	0%
<b>SPIA</b>	2-9 Years	0.75%	0%
	10 + Years	2.75%	0%

\*Commissions reduced by 1% ages 81-85, 1.5% ages 86-90, 2% ages 91+.

Annuity Chargebacks – Annuity withdrawals in the first year are subject to 100% chargebacks, except for scheduled recurring annuity withdrawals.

\*\*Commissions paid on new business only, not on internal exchanges or rewritings.

Chargebacks – 100% of commissions will be charged back on any unearned premium refund that occurs.

In witness whereof, the parties hereto have executed this Schedule on this date set forth in the first paragraph hereof.

**X**  
\_\_\_\_\_  
Agent Signature

By: **X**  
\_\_\_\_\_  
ISDA President

