



Liberty Bankers Life

The Capitol Life

NEW AGENT DATA SHEET

All fields must be completed

Legal Name _____ Male () Female () Social Security Number _____ | _____ | _____

Date of Birth _____ | _____ | _____ NPN (National Producer Number) _____ Previous Name(s) Used _____

Home Address ** _____ City _____ State _____ Zip _____

(**NOTE: Home Physical Address must be provided in order to run background check)

Business Address _____ City _____ State _____ Zip _____

Business Phone () _____ Home Phone () _____

Email Address: _____

LICENSE DATA	Resident State License Required (Resident State License Address must match Home Address)			
	a. State of Resident License _____			
	b. Resident License No.(Enclose a copy) _____			
	c. Licensed for (Must Have Life License) <input type="checkbox"/> Life Only <input type="checkbox"/> Life and A & H <input type="checkbox"/> Health			
	d. Business will be conducted as <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation			
	e. Partnership/Corporation Name (Must have corp license) _____			
	Tax ID# _____			
	ENCLOSE A COPY OF YOUR CURRENT LIFE LICENSE(S)			
LICENSE QUESTIONS	YES	NO	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1. Are you indebted to any Insurance "Companies", Agency of Manager? (Including debit balance)		4. Have you ever been fined or had a license to Solicit insurance refused, suspended, or revoked?	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2. Have you ever been convicted of a crime?		5. Are you a defendant in any suit or legal action. or the subject of any regulatory action?	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3. Have you ever filed bankruptcy?		6. Have you ever been refused a bond?	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>NOTE: If the answers to any of these questions is YES, you must attach a letter of explanation</i>			
PREVIOUS INSURANCE EXPERIENCE	DATES EMPLOYED	INSURANCE "COMPANIES" NAME CITY & STATE	LATEST MONTHLY EARNINGS	CURRENT DEBIT BALANCE

I HEREBY certify that the foregoing statements are true and correct to the best of my knowledge and belief, grant permission to "Companies" or any of its Master General Agents to verify such answers. I release any person or company contacted from liability with respect to the content of any information given. I understand that any false statement may be considered sufficient cause for rejection of this application or for termination if discovered subsequent to my becoming contracted.

I understand that more information may be required to complete my file. I understand that this may include obtaining a credit report and by signing this form I am authorizing "Companies" to do so.

SIGNATURE DATE

Recommended by: _____



Agent Direct Deposits

PO Box 224 Brownwood, TX 76804 1-888-525-4467

Agent Name: _____ Agent Number: _____

Address / City / State / Zip: _____

Phone Number: _____ Social Security or Tax ID Number: _____

I hereby request that until I notify Liberty Bankers Life Insurance Company otherwise, each commissions payment, commencing with the next payment due, shall be paid by Electronic Fund Transfer (EFT) to:

Name of Financial Institution: _____

Address / City / State / Zip: _____

Phone Number: _____

For credit to my (please choose one) Checking Savings

ABA Routing Number: _____ Account Number: _____

PLEASE ATTACH A "VOIDED" CHECK
Deposit slip is not acceptable.

I authorize Liberty Bankers Life Insurance Company to make deposits to the bank account noted above. I shall deem receipt by said Financial Institution of such credit entries as receipt by me. In the unlikely event of a deposit error, I authorize the Company to make adjustments to correct the error. This authority is to remain in full force and effect until Liberty Bankers Life Insurance Company has received written notification from me of its termination in such time and in such manner as to afford Liberty Bankers Life Insurance Company a reasonable opportunity to act.

Agent Signature: _____ Date: _____



**Commission Advance Agreement
(Applicable to Your Entire Hierarchy)**

You and Your appointed Agents can qualify to receive advanced commissions at the request of your MGA. The amount of the advance and reserve is based on each agent's own "Product Blended" Persistency. Agent's "Product Blended" Persistency will be reviewed quarterly. Newly appointed agents will have their persistency reviewed after their 3rd month.

If the "Companies" via Master General Agent advances monies to You, and/or your down-line agents, against anticipated compensation under your Compensation Schedule, You agree to pay the "Companies", upon demand the aggregate amount of all such monies so advanced, less any compensation due You and at the option of the "Companies", interest upon the unpaid balance of all such monies so advanced at a rate not greater than the current prime lending rate of the Chase Bank of Texas, Dallas, Texas.

In practice, the "Companies" will pay Commissions daily and will include statements made available to you. The amount of advanced commissions will be adjusted quarterly according to the "Commission Advance & Renewal Bonus Program".

Basic Advance Formula:

1. The "Companies" will advance 100% of either the first six or nine months of Commissions on "monthly bank draft" mode only.
2. The "Companies" will retain 10% or 20% (as requested) of such advance in a salvage account;
3. The "Companies" will deduct any Commission "charge backs" due to lapses or other terminations occurring during the first year, first from the salvage account, and then from the current payable Commissions;
4. Any policy that has been advanced commissions, lapsed, then re-instated, will be paid as earned once the policy status becomes in-force.

WITNESS the following signatures:

APPLICANT

GENERAL AGENT

(name of corporation, if licensing)

(name of corporation, if licensing)

BY: _____
(signature of principal "corporate" or individual)

BY: _____
(signature of principal "corporate" or individual)

(print name)

MASTER GENERAL AGENT

**LIBERTY BANKERS AND/OR THE CAPITOL
LIFE INSURANCE COMPANY"**

(name of corporation, if licensing)

BY: _____
(signature of authorized employee)

BY: _____
(signature of principal "corporate" or individual)

(effective date)



**Liberty Bankers Life Insurance Company
The Capitol Life Insurance Company ("Companies")
1605 LBJ Freeway, Suite 710
Dallas, Texas 75234
(469) 522-4400 / FAX (469) 522-4401**

GENERAL AGENT AGREEMENT

THIS AGREEMENT is entered into by and between LIBERTY BANKERS LIFE INSURANCE COMPANY AND/OR THE CAPITOL LIFE INSURANCE COMPANY ("Companies"), and _____ ("Master General Agent"), and _____ ("General Agent"), and _____, the undersigned applicant.

WHEREAS LIBERTY BANKERS LIFE INSURANCE COMPANY is an Oklahoma life insurance authorized to write life insurance in all states except Alabama, Connecticut, District of Columbia, Maine, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, Rhode Island, Vermont, Wyoming, American Samoa, Guam, Puerto Rico and The US Virgin Islands; and

WHEREAS THE CAPITOL LIFE INSURANCE COMPANY is a Texas life insurance company authorized to write life insurance in the states of Alabama, District of Columbia, Missouri and New Jersey; and

WHEREAS General Agent is licensed as a life agent in the state(s) where he will do business; and

WHEREAS "Companies" and General Agent desire to enter into an agreement whereby General Agent shall be authorized to solicit applications for life insurance contracts and annuity contracts issued by "Companies" (collectively "Policies") and to recruit and supervise sub-agents for the purpose of soliciting said Policies;

In consideration of the mutual covenants in this Agreement, it is agreed that:

AUTHORITY

- 1. General Agent shall have the authority to solicit applications for Policies in accordance with the terms of this Agreement. General Agent is entitled to solicit only those Policies for which a commission schedule is in effect and has been delivered to General Agent by "Companies" ("Commission Schedule"). "Companies" may withdraw, supplement or amend any Commission Schedule at any time and may deliver via Master General Agent to General Agent additional Commission Schedules relating to new Policies. "Companies" may, at its discretion, withdraw any Policy from sale at any time.**
- 2. General Agent shall also have the authority to recommend, recruit and supervise sub-agents ("Agents") for the purpose of soliciting Policies, the applications of such Agents to be submitted to "Companies" for approval. Upon the approval of "Companies" at its sole discretion, "Companies" shall enter into Agent Agreements permitting such individuals to solicit said Policies. General Agent shall be responsible for direct supervision of Agents in accordance with directions provided by "Companies".**
- 3. General Agent shall use his best efforts and exercise his best judgment as to the persons or businesses to be solicited and the time, place and manner of solicitation as well as in the recommending and recruiting of Agents. In the performance of his duties hereunder, General Agent shall be an independent contractor acting on his/her own behalf and for his/her own account. General Agent shall have no authority, expressed or implied, to act in any manner or by any means for or on behalf of "Companies" in any capacity other than that of an independent contractor, and no authority to act in any manner except as herein expressly set forth or as it may from time to time be requested in writing by "Companies". General Agent is not authorized or**



WITNESS the following signatures:

APPLICANT

(name of corporation, if licensing)

BY: _____
(signature of principal "corporate" or individual)

(print name)

MASTER GENERAL AGENT

(name of corporation, if licensing)

BY: _____
(signature of principal "corporate" or individual)

(print name)

GENERAL AGENT

(name of corporation, if licensing)

BY: _____
(signature of principal "corporate" or individual)

(print name)

**LIBERTY BANKERS LIFE AND/OR THE CAPITOL
LIFE INSURANCE COMPANY**

BY: _____
(signature of authorized employee)

(effective date)

(agent number)



Liberty Bankers Life
Insurance Company

**COMPLIANCE POLICY
STATEMENT OF UNDERSTANDING**

I acknowledge having access to a copy of the *“Conduct and Compliance Guide for the Producer”* for Liberty Bankers Life Insurance Company, Winnfield Life Insurance Company, Mid-Continent Preferred Life Insurance Company, American Reserve Life Insurance Company and The Capitol Life Insurance Company (“Companies”). The link to this document is:

http://libertybankerslife.com/repository/unmanaged_content/Publications/2008 Producers Guide.pdf

I acknowledge that I have read and understand the contents of the *“Conduct and Compliance Guide for the Producer”* and understand that if I do not comply with its provisions, it will be a violation of my contract and may result in, without limitation, the cancellation of my contract(s) with Companies.

I acknowledge that Companies insist upon strict adherence to all applicable state, federal, and military regulations regarding the solicitation and sale of life insurance and annuities and I understand that I am individually accountable for my own actions.

I acknowledge that I must be professional in my sales presentations and that I must accurately and completely describe the insurance product being offered and help the purchaser understand the terms and conditions of the insurance product being offered.

I acknowledge that this agreement does not alter or amend my contract(s) with Companies or create an employment relationship with Companies. This agreement does not change the at-will relationship between Companies and me. The contract(s) between Companies and me may be terminated at any time by either party upon notice, as set forth in the contracts(s).

Signature

Print Name

Date

RETURN A SIGNED COPY OF THIS DOCUMENT WITH YOUR SIGNED CONTRACT