



Western Catholic Union

A Fraternal Benefit Society

Founded in 1877

AGENT APPLICATION FOR APPOINTMENT

3/20/14

INDIVIDUAL DATA

Full Name

_____ *Last* _____ *First* _____ *Middle*

Date of Birth ____ / ____ / ____ Social Security # ____ - ____ - ____

National Producer Number (NPN) _____

Business Name (if different) _____

ADDRESS

Residence

_____ *Street* _____ *City* _____ *County* _____ *State* _____ *Zip+4*

Business

_____ *Street* _____ *City* _____ *County* _____ *State* _____ *Zip+4*

Preferred Mailing Address: Residential Business

E-mail _____

TELEPHONE NUMBERS

Business Phone (_____) _____ - _____

Cell Phone (_____) _____ - _____

Fax # Phone (_____) _____ - _____

Residence Phone (_____) _____ - _____

How long have you been an agent or broker? _____

Professional Designations: _____

AGENCY DATA (Only if an Agency is being contracted)

Agency Name _____

Address _____

_____ *Street* _____ *City* _____ *County* _____ *State* _____ *Zip*

Tax Identification # (must match W-9) _____

Corporation Partnership Sole Proprietor LLC D/B/A

How long have you been an agency? _____

Who is the appointed agent officer with the Department of Insurance? _____

LICENSE DATA

Enclose a current copy of each state agent/agency insurance license (life and health) under which you will be selling Western Catholic Union products.

Has an Agreement between you and Western Catholic Union ever been terminated?

No Yes If Yes, when? _____

GENERAL INFORMATION

Please respond to all questions for you personally and any organization over which you have exercised control. If you answer "Yes" to any questions, you must attach an additional sheet explaining all relevant information and include supporting documents.

- Yes No 1. Do you have Errors & Omissions (E&O) coverage?
- Yes No 2. Have you ever been convicted of any crime, other than minor traffic offenses?
- Yes No 3. Has any insurance company ever canceled any Agreement of employment or your agent's appointment for any reason other than non-production?
- Yes No 4. Does any insurer or agent claim that you are indebted to them under any agency Agreement or otherwise? If "yes," give amount of debt and how the debt will be repaid.
- Yes No 5. Have you ever been refused an original or renewal license or had a license suspended or revoked or terminated for any type of insurance license by any state government or regulatory agency?
- Yes No 6. Have you ever been fined or had disciplinary action taken against you with any Department of Insurance?
- Yes No 7. Are you currently involved in any litigation or are there any unsatisfied judgments or liens (including state or federal tax liens) against you?
- Yes No 8. Do you currently have a pending bankruptcy or have you ever declared bankruptcy?
- Yes No 9. Within the past 10 years, have you ever had a complaint filed against you that resulted in a fine, penalty, cease or desist order, censure or consent order?
- Yes No 10. Have you ever defaulted on a (a) promissory note, or (b) any other debt, including consumer or credit card debt?

I certify, under penalty of perjury, that all answers and responses to questions and inquiries contained in this application are true, correct and complete. I further certify that I have read and am familiar with the sections of the insurance code for the state/s in which I am seeking appointment and that I am withholding no information which would affect my qualification for this appointment with Western Catholic Union. I acknowledge that Western Catholic Union has informed me that it may obtain consumer reports, reports of insurance department regulatory actions, and conduct investigative reports and background investigations on me or this agency for licensing purposes, initial and renewal state appointments, and at any other times Western Catholic Union, at its discretion, deems necessary. I expressly authorize Western Catholic Union to conduct these investigations and obtain consumer and credit reports and hereby authorize all persons and entities (including past and present employers) to provide Western Catholic Union all requested information. I authorize Western Catholic Union to use these reports and to provide them and any other pertinent information to all third parties where the third parties' legal interests and/or obligations are involved. I also authorize Western Catholic Union to distribute any financial, business, legal, tax or work performance history regarding me or this agency that it receives from third parties or which is generated by Western Catholic Union's data source that is not part of the investigative report, to all third parties including but not limited to agents or agencies that assume my debt balance responsibilities. By my signature below, I hereby release any individual or institution, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may, at the time, result to me, as a result of conducting any investigation and/or using said information or as a result of compliance with this authorization and request to release information or any attempt to comply with it. A copy of this authorization is as valid as the original. I understand that if contracted, this authorization will remain valid as long as I am contracted with Western Catholic Union. Western Catholic Union obtains consumer reports from: General Information Services, Inc., 917 Chapin Rd, Chapin, SC 29036. 1-888-333-5696.

RESIDENTS OF CALIFORNIA, MINNESOTA AND OKLAHOMA HAVE A RIGHT TO REQUEST A COPY OF THE CONSUMER REPORT WHICH WILL DISCLOSE THE NATURE AND SCOPE OF THE REPORT.

Yes, please provide me a copy of the consumer report.

I certify that I have reviewed this application and acknowledge that this application will form a part of my agent agreement with Western Catholic Union. I further understand that if any information provided in this application is found to be incorrect or incomplete, it may be grounds for rejecting this application or for termination of my contract, all in the sole discretion of Western Catholic Union. I understand Western Catholic Union will accept business from me upon completion and acceptance of the Agent Appointment Packet from the Home Office.

I have completed all necessary forms and submitted any required fees with a copy of my current insurance license(s).

Agent Printed Name

____ / ____ / ____
Date

X _____
Signature of Agent

____ / ____ / ____
Date

The General Agent accepts all responsibility for the applicant Agent and sponsors him as an Agent for Western Catholic Union

General Agent Printed Name

____ / ____ / ____
Date

X _____
*Signature of General Agent
(Direct Up line)*

____ / ____ / ____
Date

AGENT AGREEMENT

THIS AGENT AGREEMENT (the "Agreement") is made and effective this ____ day of _____, 20____, by and between **Western Catholic Union, a Fraternal Benefit Society** ("Company" or "us") and _____, whose address is _____ ("Agent" or "you"). The Agent is: an individual, a partnership, a disregarded entity, a corporation organized under the laws of the State of _____. Company and Agent are each a "Party" and are sometimes collectively referred to as the "Parties."

WHEREAS, Agent desires to market and sell Medicare Supplement insurance products and other forms of insurance business of the Company.

NOW, THEREFORE, in consideration of the covenants, promises, representations, and warranties set forth herein, and for other good and valuable consideration (the receipt and sufficiency of which are hereby acknowledged by the Parties), intending to be legally bound hereby, the Parties agree as follows:

1. **AUTHORITY TO SOLICIT.** Company appoints Agent as one of its agents authorized to solicit applications for insurance and annuities for the Company; both personally and through properly licensed Sub-Agents appointed and assigned by the Company to the Agent from time to time. Agent warrants that it possesses legal authority to solicit, negotiate, and sell Medicare Supplement insurance products and other forms of insurance business of the Company.
2. **SUB-AGENTS.** The Agent has the authority to recruit, and may recommend for appointment to the Company, other agents and or agencies. Those agents who are appointed by the Company, in its discretion, are referred to as "Sub-Agents." Agent agrees to use best efforts to ensure that any Sub-Agent appointed on Agent's recommendation is properly trained and supervised, and Agent shall be responsible for such Sub-Agent's faithful performance of his/her contractual obligations with the Company. Each Sub-Agent whom Agent appoints must be validly licensed and execute a written agent's agreement directly with us, and such agreement shall be effective only when also accepted by us. Agent has no authority to modify or amend any part of such agreement. Company reserves the following rights which may be exercised at our sole discretion without liability to you: (a) to refuse to contract with any proposed agent; (b) to transfer any agent(s) to a different agency hierarchy; and (c) to terminate our agreement with any of your agents under the terms of such agreement.
3. **INDEPENDENT CONTRACTOR.** You are an independent contractor and nothing contained in this Agreement shall be construed to create the relationship of employer and employee between you, or any other agent, and us. You shall be free to exercise independent judgment as to the persons, from whom applications for insurance contracts will be solicited, and the time and place of such solicitations. As an independent contractor and not an employee of ours, all agency expenses, including but not limited to rentals, transportation, salaries, attorney or legal fees which pertain to the administration of your business, postage, advertising, agent licensing fees and/or agent occupational taxes, shall be your liability and not ours.
4. **DUTIES.** The Agent shall promote and safeguard the best interests of the Company; shall fairly, truthfully, and properly represent the Company and its products and services; and shall faithfully perform, in an ethical and professional manner, all the duties within the scope of the appointment under this Agreement. In particular, but without limitation, the Agent agrees to perform the duties set forth below:
 - a. Agent is aware of and agrees to comply with all applicable laws, rules, and regulations, including state insurance laws
 - b. Prior to soliciting business from customers, Agent agrees that he/she shall be familiar with the provisions of all the Company's insurance policies for which Agent shall be appointed.
 - c. Agent agrees to attend the Company's training sessions as deemed necessary by the Company.

IN WITNESS WHEREOF, the Parties hereto have executed this Agreement as of the date written above.

AGENT

Signature X _____
Print Name _____
Social Security/
Tax I.D. Number _____
General/Supervising Agent
Name _____
(Direct Up line)

WESTERN CATHOLIC UNION

Signature X _____
Print Name _____
Title _____

GUARANTEE BY OFFICERS OR PARTNERS

If the Agent is a corporation or partnership, each of the undersigned, in consideration of the Company executing this Agreement, represents to the Company that the principal stockholders or partners of the Agency, with their percentage of interest in the total ownership of the Agency, are as follows, and does hereby personally and severally guarantee the performance of all terms, liability and responsibility for any default in such terms, conditions, covenant, and/or amendments.

Signature	X _____	Title	_____	% Interest	_____
Signature	X _____	Title	_____	% Interest	_____
Signature	X _____	Title	_____	% Interest	_____
Signature	X _____	Title	_____	% Interest	_____
Signature	X _____	Title	_____	% Interest	_____
Signature	X _____	Title	_____	% Interest	_____

WESTERN CATHOLIC UNION

COMPANY ANNUALIZATION AGREEMENT

For value received, Western Catholic Union (the "Company") and the below indicated Borrower and/or Guarantor, enter into this Agreement upon the following terms and subject to the following conditions:

- General.** This Agreement is a supplement to, and subject to all the terms and conditions of, The Borrower's and/or Guarantor's most recent Agency Agreement with the Company.
- Production.** The Company may, upon their discretion, exclude from this Agreement any policy the Borrower places with the Company.
- Amount of Loan.** When a policy is placed, the Company will loan to the Borrower: (see below). The maximum amount the Company will loan to Borrower on any one policy is \$1,500.00; and in any one month on all policies is \$5,000.00.

% of annualized Commissions	
Medicare Supplement.....	75%
Medicare Select	75%

- Interest on Loan.** The current interest is 1% per month on the unpaid balance of the Borrower's account. Interest begins on the first day of the calendar month after the Borrower's initial Debit Balance begins.
- Repayment.** All advances/loans will be made on a policy by policy basis with the normal repayment of such advances/loans to be paid back to the Company from future commissions earned on the policyholder's future premium payments. If such policy is not issued, is not taken, or such policy lapses for any reason, the outstanding advance/loan on such policy becomes immediately payable to the Company. The Company at its sole discretion may offset this indebtedness from any and all money the Company might be paying to the Borrower and reserves the right to call for the repayment of the Borrower's aggregate Debit Balance (Account Balance) at any time.

While any balance is outstanding for loans made hereunder, or for interest on such loans, all commissions earned on any policy may be applied to the repayment of such advances/loans. Not taken fees, commission advance reversals and interest shall be deducted from any earned commission.

All such loans made under this Agreement shall be secured by the Agent's commissions from the sale of all life, annuity, and health insurance produced by said Agent, and shall be individually guaranteed by the Borrower and/or Guarantor. All loans made hereunder shall be payable upon demand should the Company at its sole discretion believe that the Borrower/Agent does not have sufficient commissions on the in-force business to repay the outstanding balance of the loans. In the event any policy is returned by the policyholder under the free-look provision, is cancelled or rescinded by the Company for any reason, lapses or otherwise terminates, the unpaid balance of the loan for that policy will be immediately due and payable, and, at the Company's option, the Company may apply future advances thereunder to the repayment of such balances. Such amount will be offset against any subsequent loans made on any policy that may be issued in the future and against any commissions earned on any policies.

- Right to Cancel.** Notwithstanding any other provision hereof, the Company shall have the right to cancel this Agreement at any time without prior notification to the Borrower and/or Guarantor, and in such event all amounts due the Company from the Borrower hereunder shall become immediately due and payable.
- Termination.** This Agreement will automatically terminate if the Borrower's or Guarantor's Agency Agreement with the Company is terminated except that Borrower's and Guarantor's obligations shall continue as long as any balance is outstanding hereunder.

Borrower/Agent:

Agent Printed Name

X _____
Agent Signature

Social Security/Tax I.D. Number

____/____/_____
Effective Date

GUARANTEE

The above Agreement having been executed at my request, I hereby guarantee the payment of all sums loaned pursuant to the foregoing Agreement. I understand any and all commissions, both first year and renewal, under any agreement I have entered or will enter into with the Company, are hereby assigned as security for the repayment of sums guaranteed by my endorsement hereon and that I am personally responsible upon demand for the repayment of any advances/loans made by the Company pursuant to the Agreement.

This Annualization Agreement shall survive the termination of any contractual relationship between the Company and the Borrower/Agent and the Guarantor/Agent.

Guarantor/Agent:

Agent Printed Name

X _____
Agent Signature

Social Security/Tax I.D. Number

____/____/_____
Effective Date

WESTERN CATHOLIC UNION

Administrative Office
PO Box 14007
Clearwater, FL 33766-4007
FAX: 855-406-9083

Check Deposit Authorization

I, the undersigned, do hereby authorize Western Catholic Union and its affiliates to deposit my check as indicated below. This authority is to remain in full force and effect until Western Catholic Union and its affiliates has received notification in writing from me of its termination in such time and in such manner as to afford Western Catholic Union and its affiliates a reasonable opportunity to act on it. In no event shall it be effective with respect to entries processed prior to receipt of notice of termination.

I understand, this is not an assignment of commissions.1099's will continue to be issued to the commission owner.

A VOIDED CHECK MUST BE ATTACHED TO VERIFY ACCOUNT NUMBER

New or Change Account
(check one)

Name of Bank _____

Bank Routing Number _____

Checking Account No. _____

or
Savings Account No. _____

Is This Electronic Deposit For:

Company or Individual
(check one)

Printed Name _____

Signature X _____

Tax I.D. or Social Security Number _____

**PLEASE REMEMBER TO ATTACH A VOIDED CHECK
TO VERIFY ACCOUNT NUMBER**

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 (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	Exemptions (see instructions): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____
	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. The TIN provided must match the name given on the "Name" line to avoid backup withholding. 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 3. 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 3.

Social security number									

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number									

Part II Certification

Under penalties of perjury, I certify that:

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

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

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

Future developments. The IRS has created a page on IRS.gov for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, 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 provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the

withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and 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.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.