



Date: _____

Number of pages including Cover Sheet: _____

TO: **Licensing Dept.**

Phone: _____

Fax: **800-696-8312**

CC: _____

FROM: _____

Phone: _____

Fax: _____

Email: _____

CONTRACTING CHECKLIST:



Urgent For your review Reply ASAP

**** DON'T FORGET ****

We cannot process your contract if you forget to include a photocopy of your active license.

1. Copy of Current State License(s) that the Producer will be appointed

2. NGL Agreement

The agreement must be completed with a signatures then returned for a signature. Then the form can be forwarded to the NGL Home Office for authorization. Once the appointment is completed, an authorized copy will be returned to the Producer.

3. Commission Schedule

A copy must be included with the content when mailed to NGL with the level noted on the signature page of the contract.

4. Non-Resident Appointment Fees (if applicable)

NGL will pay the appointment fees in the resident state only. If applying for appointments in other non-resident states, be sure to include a check or money order for the appropriate fee amount(s) with the copy of non-resident license(s). Once in receipt of the fees we will submit the appointments from our home office.

5. Copy of a Voided Check for your Direct Deposit

Please return all documents for signature and authorization. Thanks!

Fax to: 800-696-8312

Demographic Data:

Provide Producer Number & tax earnings (if applicable) to: Individual (default) Entity Both

Name _____

Gender Male Female Social Security Number _____ Date of Birth _____

Agency Name (Required if contracting entity) _____

Tax ID Number (Required if contracting entity) _____

Business Address _____

City _____ State _____ Zip _____

Resident Address _____

City _____ State _____ Zip _____

(Please check the primary phone number you wish to be reached at)

Business Phone _____ Cell Phone _____

Fax Number _____ Resident Phone _____

Email _____

Background: (Please explain, including dates, any "yes" answers on a separate sheet)

Complaint filed against you with an Insurance Department: Yes State? _____ No

Filed Bankruptcy: Yes No

Judgment in last seven years: Yes No

Felony conviction or violation of 18 U.S.C. § 1033: Yes No

Been bonded and had a claim against a bond due to your actions: Yes No

Applied for a bond and been refused: Yes No

Had a license refused/suspended/revoked, currently restricted or under investigation: Yes No

Indebted to any Insurance Company/Agency/Manager: Yes No

Direct Deposit: Please complete the information below or a check will be mailed bi-weekly (if applicable)

Bank Name _____ Checking Savings

(Attach a voided check, No deposit slips please)

Commission payment frequency (Default is bi-weekly): Daily Weekly Bi-Weekly Monthly

Routing # (lower left hand corner of check) _____

Account # (lower middle of check) _____

Reserve Account Authorization:

As a condition of Your representation of NGL, You authorize NGL to reduce commissions under all producer codes covered by this Agreement by placing the following percentages of Your commission into a Reserve Account.

Single Pay _____ % Direct Bill _____ % EFT _____ %

Credit Card _____ % Renewal _____ %

The percentages indicated above will be held until the *maximum amount* of \$ _____ is reached. NGL will cease reducing commissions until Your Reserve Account falls below the maximum amount. If a *minimum amount* is set, Your Reserve Account will not be charged below \$ _____. You acknowledge that NGL is treating amounts placed in Your Reserve Account as unearned pre-tax commissions that will not earn interest. You authorize the release of all information concerning Your Reserve Account to any of Your Managing Producers.

Your Reserve Account may be used to offset commission chargebacks, returns of premium or other unrecovered advances made to You or any of Your Producers for any company of the NGL Insurance Group. NGL may continue to hold Your Reserve Account during any chargeback period (normally thirteen months) after termination of Your Agreement. After expiration of the chargeback period, any funds remaining in Your Reserve Account will become earned and will be paid to You.

General Authorization and Release:

I hereby authorize National Guardian Life Insurance Company (NGL) to contact any past employer, business associate, business partner, military service, court, law enforcement agency, insurance company, financial institution, or any other person or entity to obtain information about my background, employment, schooling, business activities and experience, character, criminal record, or financial status.

I hereby authorize any of the above persons, institutions, or entities to provide the above information to NGL and waive and release any claims I may have related to the providing of such information. I also authorize them to rely on a photocopy or facsimile copy of this authorization.

I also acknowledge that NGL may participate in programs which provide background and financial information on insurance agencies, agents or producers, including debit balances. I authorize NGL to obtain information , about me personally and/or my entity (if applicable), from these programs and to share any information obtained from other sources with these programs. I also waive and release any claims I may have related to the sharing of such information by NGL or the programs in which NGL participates.

This authorization is continuing and remains in effect until revoked by me in a writing delivered to an officer of NGL.

Fair Credit Reporting Act Consumer Disclosure:

Obtaining a “Consumer Report” National Guardian Life Insurance Company (NGL), when making a decision to offer You a producer Agreement or to continue an Agreement, may obtain and use a “consumer report” from a “consumer reporting agency.” These terms are defined in the Fair Credit Reporting Act as amended, 15 U.S.C. § 1681 et seq. (“FCRA”).

A “consumer reporting agency” is defined in the FCRA as a person or business that, for monetary fees, dues, or on a cooperative nonprofit basis, regularly engages in whole or in part in the practice of assembling or evaluating consumer credit information or other information on consumers for the purpose of furnishing consumer reports to others.

A “consumer report” is defined by FCRA as including any written, oral or other communication of any information by a “consumer reporting agency” bearing on a consumer’s credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living, which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in employment-related decisions affecting a consumer.

As an individual with an interest in a relationship as a producer with NGL, You are a “consumer” with rights under the FCRA. If NGL obtains a “consumer report” about You and if NGL considers any information in the consumer report when making a decision that adversely affects You, You will be provided with a copy of the “consumer report” before the decision becomes final. You may also contact the Federal Trade Commission about Your rights under the FCRA.

Authorization to Obtain Consumer Reports:

Further, by signing below, I hereby voluntarily authorize NGL to obtain “consumer reports” about me from a “consumer reporting agency,” as those terms are defined in the Fair Credit Reporting Act as amended, 15 U.S.C. § 1681 et seq., and to consider the “consumer reports” when making decisions for any producer status purpose with NGL. I understand that I have rights under the Fair Credit Reporting Act, including the rights discussed in the separate disclosure statement provided to me. I hereby authorize NGL to obtain such reports. I also hereby acknowledge receipt of the Fair Credit Reporting Act Consumer Disclosure.

Signature of Producer _____ Date _____

Commission Schedule(s), if any, of Producer (Please submit a copy): _____

Printed Name of Managing Producer: _____

Managing Producer Number: _____

Acknowledged by Managing Producer: _____ Date _____

Accepted by NGL: _____ Date: _____



Assignment of Commissions

National Guardian Life Insurance Company • Settlers Life Insurance Company • PO Box 1191 • Madison WI 53701-1191
Phone 800.988.0826 • Fax 608.443.5042 • www.nglic.com

- I, _____ (referred to as Producer), for value received, the receipt of which is hereby acknowledged, do assign to _____ (referred to as Recipient), all right title and interest in all commission income due and payable hereafter to the Producer from the Company(ies) above (referred to as the Company) on business written by the Producer. This assignment of commissions does not include compensation obtained through any special contests, incentives, bonuses or awards which may be offered by the Company.
- The Producer further directs the Company to report to the Recipient all commission income hereby assigned, and acknowledges that the Company has made no representations as to the tax treatment of such assigned commissions.
- This assignment is subject to the right of the Company to offset against any such commission payable any indebtedness of the Producer to the Company existing or hereafter incurred.
- This assignment shall continue in effect until such time as no further commissions are due and payable to the Producer from the Company on the subject business, or until the Company receives written notice from the Recipient that this assignment has been terminated.

Signature of Producer: _____ Date: _____

Signature of Recipient: _____ Date: _____

Recipient Data:

Social Security or Tax ID: _____ Business Phone: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Direct Deposit: Please complete the information below or a check will be mailed bi-weekly

Bank Name _____ Checking Savings
(Attach a voided check, no deposit slips please)

Commission payment frequency (Default is bi-weekly): Daily Weekly Bi-Weekly Monthly

Routing # (lower left hand corner of check) _____

Account # (lower middle of check) _____

Accepted by NGL: _____ Date: _____



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National Guardian Life Insurance Company (NGL)

Guaranteed Issue Whole Life

% of Premium Commission Schedule

Ages	First Year Commission	Renewal Commission Years 2-10	Renewal Commission Years 11 +
40-80	60.00%	5.50%	1.00%

Chargebacks: No chargeback on accidental deaths. Non- Accidental Deaths in the first 6 months, chargebacks are 100% of all commission paid. In the second 6 months, chargebacks are 50% of earned commission and 100% of any unearned commissions. For lapses, surrenders and nonforfeiture options in the first policy year, unearned commissions will be charged back.

Please note: Commissions are fully vested. This schedule is subject to review and updating.

GIWL60 5/1/14 Producer Name

Annualization Plan Supplemental Agreement

This Supplemental Agreement supplements Your Contracting Agreement (referred to as the Agreement) with NGL. It is intended to provide You with an advance payment of a portion of the first year commissions due on business written by You or Your producers.

Plan Provisions:

1.) Commissions paid under this Supplemental Agreement are an advance of commission from Us to You. Such commissions are considered unearned and an Indebtness under the terms of Your Agreement with Us until sufficient premiums are paid on a policy to justify the commissions advanced. **2.)** While this Supplemental Agreement is in effect, We will pay You advanced commissions equal to Advanced Percentage chosen below of the first year commission due on the annualized premium, subject to a maximum advance payment of \$500 per policy. If no Advanced Percentage is chosen then the Advanced Percentage will default to "As Earned" or 0%. Once the advanced commissions have been earned, the balance of the commissions due on the policy will be paid as earned, provided the policy remains active. Excess and renewal commissions will not be advanced. **3.)** Policies which have been reinstated, or policies on You, Your spouse, Your parents, children, brothers, sisters, business associates or employees are not eligible for annualization under this Supplemental Agreement. **4.)** We reserve the right to change the advance commission percentage or to declare any policy not eligible for annualization upon notice to You.

Termination Provision:

1.) Continued eligibility for this plan is at Our sole discretion. This Supplemental Agreement may be terminated by You, Your Managing Producer or Us at any time. This Supplemental Agreement shall automatically terminate upon the termination of Your Agreement with Us. **2.)** Upon termination of Your Agreement, any advanced commissions, which have not yet been earned will be treated as an Indebtedness under the terms of Your Agreement with Us. This provision survives the termination of this Supplemental Agreement.

Advanced Percentage Request (Choose one): As Earned 25% 50%

If no Advanced Percentage is chosen then the Advanced Percentage will default to "As Earned" or 0%