



# SHENANDOAH LIFE INSURANCE COMPANY

## PRODUCER DATA SHEET

Date \_\_\_\_\_

PLEASE PRINT OR TYPE

### PERSONAL

First Middle Nickname Last Designations

Home Address City State Zip County

Social Security Number Date of Birth Home Phone Marital Status Spouse

### BUSINESS

Name E-mail Address

Business Mailing Address City State Zip County

Business Street Address City State Zip County

Tax ID Number Business Phone Fax Number Years in Insurance

- Yes  No Have you ever been convicted of a felony?  
If yes, explain \_\_\_\_\_
- Yes  No Have you ever had your license suspended or revoked by a state insurance department?  
If yes, explain \_\_\_\_\_
- Yes  No Do you have outstanding debt with any insurance company?  
If yes, explain \_\_\_\_\_
- Yes  No Have you ever filed for bankruptcy? If yes, what year? \_\_\_\_\_  Chapter 7  Chapter 11  Chapter 13
- Yes  No Do you wish to be on Shenandoah Life's software distribution list?

### ERRORS AND OMISSIONS (Attach a copy of your certificate)

Agent Errors and Omissions insurance carrier \_\_\_\_\_  
If you do not have a current carrier, you should complete our brochure. Errors and Omissions coverage is mandatory for all Shenandoah Life producers.

### LICENSING (Attach a copy of your current license)

(If from GA or OH, please sign and enclose your state's appointment form.)

1. Are you currently licensed with Shenandoah Life Insurance Company? .....  Yes  No
2. Do you need a Non Resident License? .....  Yes  No (Agent responsible for fee)  
If so, what states? \_\_\_\_\_
3. Will you personally write business? .....  Yes  No
4. If you plan to recruit, in which states will the agents you recruit write business? \_\_\_\_\_

### CURRENT COMPANY AFFILIATIONS

Company name	Primary Product Sold	Percent of Business

Who recruited you? \_\_\_\_\_

**THIS FORM MUST BE SIGNED AND RETURNED IN ORDER  
FOR US TO PROCESS YOUR CONTRACTING PAPERWORK**

**PUBLIC LAW 91-508 (PLEASE READ)**

In making this application, it is understood that an investigative consumer report may be prepared whereby information is obtained through personal interviews with your neighbors, friends, or others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics and mode of living. You have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation.

In addition, Shenandoah Life may obtain and use a consumer credit report for purposes of making an appointment decision, and Shenandoah Life may disclose that report to a contracted Independent Marketing Organization agent or agency in connection with that decision.

Shenandoah Life may utilize a clearinghouse to share information with other companies. This authorizes Shenandoah Life to release and receive information concerning your performance as an agent or your debit balance.

I hereby acknowledge that I have received notice of PUBLIC LAW 91 508, and hereby consent to the preparation of such a consumer credit report on myself. I also certify that the answers provided in the producer data sheet (Form 4330) are true and correct to the best of my knowledge and belief.

X \_\_\_\_\_  
Signature of Producer Date

**THIS INFORMATION WILL BE HELD IN STRICTEST CONFIDENCE**

\_\_\_\_\_ **Minnesota and Oklahoma Applicants Only:** Please check here to have a copy of your consumer report sent by the consumer reporting agency to you at the address listed on the Producer Data Sheet.

**Direct Deposit Authorization  
for  
Electronic Funds Transfer (EFT) for Shenandoah Life Producers**

**Please Note: EFT is required for all producers.**

**The requested information must be received before the contract will be made effective.**

I authorize Shenandoah Life Insurance Company to deposit all Individual business commission payments to my checking or savings account indicated below:

**FINANCIAL INSTITUTION INFORMATION:**

Account Number: \_\_\_\_\_

Bank Transit/ABA Routing Number: \_\_\_\_\_

**ACCOUNT TYPE:**

- ( ) **Checking**    Must attach a VOIDED CHECK.
- ( ) **Savings**    Verify with your financial institution that this EFT will be accepted and obtain the Transit/ABA Routing Number

Financial Institution Name: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**AGENT INFORMATION:**

Agent Name: \_\_\_\_\_ Agent Number: \_\_\_\_\_

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

*Commissions are generated by check until the authorization is completed by the bank, usually within one or two pay periods.*

*All banks guarantee to process within three business days of receiving the funds.*



BENEFICIARY DESIGNATION

This form is used to enable the Agent to designate a beneficiary to receive money due the Agent from the Company after the death of the Agent. Unless this form is completed and received by the Company prior to the Agent's death, money due the Agent posthumously under the contract shall be paid in the following order of preference:

1. The spouse of the Agent if he or she survives the Agent by more than 30 days; or
2. The Agent's estate, executors or administrators as determined by the Company.

The Agent should review the tax consequences of this designation with his or her tax advisor.

I designate the following as my beneficiary under my Agent Contract.

_____	_____
Name of Beneficiary	Relationship to Agent
_____	
Street Address	
_____	
City, State, Zip	

_____	_____
Name of Contingent Beneficiary	Relationship to Agent
_____	
Street Address	
_____	
City, State, Zip	

**THIS DESIGNATION SUPERSEDES ANY PREVIOUS DESIGNATION**

_____	_____
Name of Agent (please print)	Date
<b>X</b> _____	_____
Signature of Agent	Witness

- 2. All compensation due under this contract shall be terminated after any calendar year in which the Agent's total compensation shall be less than \$500 for that year. For example, if the Agent's total compensation in a given year is \$501, the Agent will continue to receive compensation the following year. If the Agent's total compensation is \$499 in a given year, no further compensation will be due the Agent under this contract.
  - 3. Upon termination, all compensation will be paid by electronic fund transfer.
- B. In the event that this contract is terminated due to the death of the Agent, any compensation accruing after the date of termination will be paid, subject to Sections V. C.

and VIII. above, in the following order of preference:

- 1. A beneficiary named by the Agent on forms provided by the Company and received by the Company prior to the Agent's death; or
  - 2. The spouse of the Agent if he or she survives the Agent by more than 30 days; or
  - 3. The Agent's estate, executors or administrators as determined by the Company.
- C. If this contract is terminated for cause in accordance with Section VIII, all future and current compensation due Agent shall be forfeited.

PLEASE PRINT OR TYPE

Complete Section A only if the Agent is contracting with the Company as an individual (in which case, all Agent level compensation will be paid to the Agent as an individual). Complete Section B only if the Agent is incorporated and this contract is between the Company and the Agent's corporation (in which case, all Agent level compensation will be paid to the corporation unless the Agent completes a separate Agent contract as an individual with the Company).

**SECTION A**

**SECTION B**

\_\_\_\_\_  
Individual Agent Name (Print or Type)

\_\_\_\_\_  
Corporate Agent Name (Print or Type)

\_\_\_\_\_  
Signature of Agent

\_\_\_\_\_  
Signature of Authorized Officer

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Name of Authorized Officer (Print or Type)

\_\_\_\_\_  
Federal Tax Identification Number

Name of Independent Marketing Organization (IMO) \_\_\_\_\_

**HOME OFFICE USE**

Signature of Shenandoah Life Company Officer \_\_\_\_\_

This contract shall take effect on \_\_\_\_\_ and subsequent contract years shall begin with the anniversary of this date.

Agent Number \_\_\_\_\_

**II. Delivery Receipt, Sales Illustrations, and Internal Replacements**

- A. The Company reserves the right to require a signed policy delivery receipt and a complete illustration signed by the policyowner and the subagent, prior to the payment of compensation for the subject policy. In the event commission is paid prior to the receipt of the signed delivery receipt or illustration, the Company reserves the right to make a compensation chargeback as specified below.
- B. First-year commission rates may be reduced or eliminated on policies involving internal replacement. Refer to current Company published Guidelines for Internal Exchange.

**III. Compensation Chargeback**

Compensation Chargebacks shall result in the following situations. In the event that any insurance contract is rescinded by the Company for any reason, all compensation paid to the Agent on that contract shall be charged back to the Agent and/or IMO. If any delivery requirement is not received within 30 days of policy issue, Compensation Chargeback will result. If a life insurance contract lapses during the first year and compensation has been advanced to the Agent, any unearned compensation shall be a Compensation Chargeback.

Upon termination of the Agent contract, any unearned advanced compensation shall be a Compensation Chargeback.

If an annuity policy is surrendered in the first year, the entire compensation paid to the Agent for the sale of that annuity shall be a Compensation Chargeback. A Compensation Chargeback will result on any withdrawal or partial withdrawal of principal during the first policy year. For annuity policies with issue ages 76-85, the entire compensation paid to the Agent for the sale of that annuity shall be a Compensation Chargeback if the annuitant dies during the first six months of the policy year; fifty percent of the compensation paid shall be a Compensation Chargeback if the annuitant dies during the last six months of the policy year, provided, however, there will be no Compensation Chargeback if the beneficiary leaves the full annuity value with the Company. The Agent shall immediately repay all Compensation Chargebacks to the Company.

**IV. Advances**

- A. The Company may, at its sole discretion, advance a specified percentage of first year commissions in accordance with its published advancement schedule.
- B. The amount advanced is dependent on the product, and is based on the following:
  - 1. for UL policies other than Altis I & II, the fully commissionable premium;
  - 2. for Altis I & II, the amount advanced is based on the smaller of:
    - a. the planned annual premium less any flat extra premium; and
    - b. the fully commissionable premium.
  - 3. for traditional policies, the first year annualized premium less any flat extra premiums; and
  - 4. for flexible premium annuities, the stipulated annual premium.
- C. Advancing of first-year commissions is permitted on:
  - 1. policies sold on EFT, Government Allotment or Payroll Deduction (List Bill);
  - 2. increases in coverage to base policies or riders or additions of riders but not supplemental benefits; and
  - 3. special frequency modes (9 and 10 months) for annuities.
- D. Advancing is not permitted on policies written on the producer's immediate family or on policies that have been reinstated.
- E. Advances will be a percent of commission set forth on the advancement schedule up to a maximum of \$3,500 per policy.

**V. Amendments**

The Company reserves the right to modify or amend the Commission Schedule at any time during the term of the Contract with thirty (30) days written notice.

<hr/> <p>Individual Agent or Corporate Agent Name (Print or Type)</p> <hr/> <p>Signature of Agent or Authorized Officer, if Corporation</p> <hr/> <p>Name of Independent Marketing Organization (Print or Type)</p> <p style="text-align: center;"><b>HOME OFFICE USE</b></p> <hr/> <p>Signature of Shenandoah Life Company Officer</p>
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