

UNITED TEACHER ASSOCIATES INSURANCE COMPANY

5508 Parkcrest Drive - P.O. Box 26580
Austin, TX 78755-0580
(512) 451-2224

AGENT'S CONFIDENTIAL QUESTIONNAIRE

I. AGENT DATA (Please type or print clearly)				
Name:			Date:	
Residence Address	Number & Street:			
	City:	State:	Zip:	Years at this Address:
	Residence Phone:		Fax:	
Social Security #	Date of Birth:	Marital Status:	Male: <input type="checkbox"/>	Female: <input type="checkbox"/>
Web Site Address:		E-mail Address:		
II. AGENCY/CORPORATE DATA (complete only if you want to be appointed as an agency or corporation. Corporation must be licensed with resident state in order to receive commission.)				
Agency/Corporate Name:			Corp. Tax I.D. Number:	
Business Address:	Number & Street			
	City:	State:	Zip:	Years at this Address:
	Business Phone:		Fax:	
Type of License:	Individual <input type="checkbox"/>	Corporate <input type="checkbox"/>	Send Mail To:	
(Please include a copy of individual and/or corporate license)			Residence <input type="checkbox"/>	Business <input type="checkbox"/>
III. LICENSE INFORMATION				
Primary Insurance Company Affiliations Last 5 Years				
Company	From-To	Current Debit Balance (if any)		
Are you listed with Vector One? Yes <input type="checkbox"/> No <input type="checkbox"/> If "yes" Name of Company and Amount of Debit Balance				
Company _____		Balance \$ _____		
Do you carry Errors and Omissions Insurance? Yes <input type="checkbox"/> No <input type="checkbox"/>				
E & O Carrier _____		Expiration Date _____		
Have you ever been registered with the NASD? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please list CRD Number _____				
How long have you held an insurance license?		May we contact your present employer?		
In what name should the contract be issued?				
Please list any business and its tax identification number (TIN) of which you are an owner, partner, director or officer:				
Incorporated Name and/or DBA Name	Address	TIN	State of Incorporation	
Are you requesting the receipt of commission on an advance basis? Yes <input type="checkbox"/> No <input type="checkbox"/>				
IV. PRODUCTION				
Production Record	Prior Calendar Year		Current Year to Date	
	Personal	Agency	Personal	Agency
Supplemental Health Cancer/Heart Premium				
Other Health Premium				
Life Premium				
S.P.D.A. Premium Q__ NQ__				
Flex Annuity Premium Q__ NQ__				

V. BACKGROUND INFORMATION

The following questions have been developed to assist the Company in selecting reputable, trustworthy Representatives to sell and promote our products. Please answer all questions. **If you answer yes to any questions, please attach a separate sheet with details.** The Company will use the information and our best efforts to make a fair, informed decision regarding the appropriateness of an appointment. (An affirmative answer to any of the following questions will NOT automatically cause this application to be denied.)

	YES	NO
1. Are you or have you ever been appointed with United Teacher Associates Insurance Company?	___	___
2. Are you currently charged with or have you ever pled guilty or no contest to, or been convicted of, any crime (excluding minor traffic offenses and including disclosure of expunged or sealed records?)	___	___
3. Are you now or have you ever been the subject of any lawsuit, claim, investigation or proceeding alleging breach of trust or fiduciary duty, forgery, fraud, or any other act of dishonesty?	___	___
3. Have you ever had your agent's license or registration suspended or revoked, or are you now, or have you ever been the subject of a professional license/registration or market conduct investigation, claim or proceeding?	___	___
4. Have you ever been involuntarily terminated or permitted to resign from employment or from an agent representative appointment, with any insurance or other financial services company other than for lack of production?	___	___
5. Has a bonding, surety or E&O provider denied an application or claim, made payment for you or terminated coverage?	___	___
6. Are you delinquent in any personal or business financial obligations, or does any insurance or financial services company hold a claim against you for commission debit balances?	___	___
7. Are there any outstanding judgments, liens or claims against you, including delinquent tax obligations, or have you or any business in which you were or are an owner, partner, officer or director, ever filed bankruptcy? BANKRUPTCY DISCHARGE DATE _____	___	___
8. Have you ever done business under another name?	___	___
9. At any time during the past 10 years have you, or any business, in which you were an owner, partner, officer or director, been involved in any regulatory, civil or criminal matters not disclosed above?	___	___

VI. NOTICE

I certify that the information contained herein is true and complete to the best of my knowledge and belief. I further understand that failure to provide true and complete information may result in the denial of this request for appointment and/or subsequent termination thereof. I agree to promptly notify the Company if any of the information on this application changes. I authorize the Company to conduct an investigation concerning any qualifications for appointment including my character, general reputation, credit worthiness and personal traits and release any person and/or companies contacted from all liability with respect to the information given. I authorize the Company to investigate me now and at any time while I am contracted with the Company and to share any information obtained with: affiliated companies, appointing agent up-line management and company management. I further understand that the Company may deny my request for appointment, and may subsequently rescind my appointment, at its sole discretion.

I acknowledge that I am familiar with the insurance and securities laws, (if applicable), and regulations of the jurisdictions to which I am applying for appointment.

I agree that a photocopy of this authorization and release shall be as valid and binding as an original.

I understand and agree that I am not authorized, and am expressly forbidden, to solicit business for the Company until my license and appointment have been secured.

Under Penalty of perjury, I certify that the Social Security Number shown or taxpayer identification number shown on this form is my correct taxpayer identification number and I am not subject to backup withholding by the Internal Revenue Service.

Signature of individual soliciting appointment _____ Date _____
(Please attach copies of current licenses)

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	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶ <input type="checkbox"/> Exempt from backup withholding	
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. 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 2. 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 2.

Social security number								
OR								
Employer identification number								

Note: If the account is in more than one name, see the chart on page 2 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. person (including a U.S. resident alien).

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 2.)

Sign Here

Signature of U.S. person ▶ **X**

Date ▶

Purpose of Form

A person who is required to file an information return with the IRS must get your correct taxpayer identification number (TIN) to report, for example, income paid to you, 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 give your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee.

If you are a foreign person, use the appropriate Form W-8. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities.

Note: If 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.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 30% of such payments after December 31, 2001 (29% after December 31, 2003). This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

- You do not furnish your TIN to the requester, or
- You do not certify your TIN when required (see the Part II instructions on page 2 for details), or
- The IRS tells the requester that you furnished an incorrect TIN, or
- The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions on page 2 and the separate Instructions for the Requester of Form W-9.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of Federal law, the requester may be subject to civil and criminal penalties.

Business Associate Amendment to Agent Agreement

As a covered entity, Great American Life Insurance Company, and/or Loyal American Life Insurance Company and/or United Teacher Associates Insurance Company, hereinafter referred to as "the Company", is governed by state and federal laws designed to provide for the confidentiality of Protected Health Information of those individuals that the Company insures or reviews as a proposed insured.

The Company is required to limit the use or disclosure of Protected Health Information to the minimum necessary to accomplish the intended purpose of the use, disclosure or request.

For purposes of this Agreement, "Protected Health Information" shall have the same meaning as the term "protected health information" in 45 CFR § 164.501, limited to the information created or received by you for or on behalf of the Company.

As a Business Associate of the Company you may be privy to such information, and as such, the Company must obtain the necessary assurances that you will assist us in meeting this obligation by agreeing to:

- 1) Not use or further disclose Protected Health Information other than as permitted or required by your Agent Agreement or as required by law.
- 2) Use appropriate safeguards to prevent use or disclosure of any Protected Health Information other than as provided for in your Agent Agreement.
- 3) Report to the Company any use or disclosure of Protected Health Information not provided for by your Agent Agreement of which you become aware.
- 4) Ensure that any agent or subcontractor to whom you provide Protected Health Information received from, or created or received by you, on behalf of the Company, agrees to the same restrictions and conditions that apply to you under this Agreement with respect to such information.
- 5) Provide access to and make available for amendment the Protected Health Information, at the request of the Company, and in the time and manner designated by the Company.
- 6) Upon termination of this Agreement for any reason, if feasible, return or destroy all Protected Health Information received from, or created or received by you on behalf of the Company. In the event that returning the Protected Health Information is not feasible, notify the Company of such.

You further agree to comply with the applicable provisions of the Gramm Leach Bliley Financial Modernization Act of 1999, as amended from time to time, and any requirements associated with such Act that may be enacted in any state. To the extent that non-specific personal information of any individual is disclosed to you, you agree that you will not disclose or use the information other than to carry out your duties on behalf of the Company.

If it is determined that you, as a Business Associate, have violated any requirements of applicable state or federal law or any of the aforementioned conditions, such violation shall be deemed a breach of this Agreement.

Agent Name (print)

Date

Agent Signature

This form must be returned with your contract.

UTAIC. The rights of any assignee under any assignment to which consent has been or may be given shall be subject to the lien given to UTAIC in this Agreement.

- b. This writing represents the entire Agreement and understanding of the parties with respect to the subject matter hereof, it may not be altered or amended except by a subsequent written Agreement duly executed by all parties. This Agreement supersedes any prior agreement between the parties.
- c. No waiver of any breach or violation of any provision of this Agreement shall be deemed by UTAIC unless made in writing and signed by an officer of UTAIC. Any such waiver shall not operate or be construed as a waiver of any subsequent breach or violation of this Agreement.
- d. In case any of the provisions of this Agreement shall be held invalid, illegal or unenforceable such holding shall not affect any of the other provisions of this Agreement. This Agreement then shall be construed as if such invalid, illegal or unenforceable provision had never been contained or in a manner that is reasonable and reflects intent of the parties.
- e. The headings of paragraphs of the Agreement are for convenience only and shall not affect its interpretation.
- f. Words and phrases shall be read in context and construed according to the rules of grammar and common usage. Words and phrases that have acquired a technical or particular meaning whether by legislative definition or otherwise, shall be construed accordingly. Words in the present tense include the future tense. The singular includes the plural, and the plural includes the singular. Words of one gender include the other gender.

13. **COMMISSION SCHEDULES:**

RGA shall be entitled to and receive from Company on insurance business sold by RGA, as writing agent, while this Agreement is in force, commissions in accordance with the schedule of commissions attached hereto and made a part of this Agreement. The Commission Schedule attached to this Agreement may be changed by Company from time to time and at any time without prior notice to RGA, by furnishing RGA with a current Commission Schedule setting forth new commission rates applicable to business written by RGA under this Agreement. Any change in Commission Schedule shall be applicable only to policies of insurance issued on and after the date of the Commission Schedule, unless otherwise agreed in writing between RGA and Company. RGA shall receive, subject to offsets provided herein, commissions, in accordance with the Commission Schedule attached to this Agreement on policies sold by RGA under the terms of this Agreement.

RGA, by his/her signature hereon, accepts all the terms and conditions of this Agreement and warrants that RGA understands the same and has had the opportunity to consult an attorney regarding this Agreement prior to its signing.

EXECUTED this _____ day of _____, 2____ between UTAIC and RGA names below.

RECRUITING GENERAL AGENT

UNITED TEACHER ASSOCIATES INSURANCE CO.

Name (Please Print)

Signature of Appointing Official

X _____
Signature of RGA

Accepted this _____ day of _____, 2____

Social Security Number

Signature of Corporate Officer (if applicable)

Printed Name and Title of Corporate Officer

Recruiting Agents:

The undersigned acknowledge that they are RECRUITING AGENTS of, and agree to be jointly and severally responsible for, the faithful performance of this Agreement by the agent or agency appointed herein.

Signature of Recruiting Agent (if applicable) _____ Date _____

Printed Name _____ Recruiting Agent Number _____

Note: Corporate or Partnership entities must include Officer's or Partner's Signature and Title

Full Service Direct Deposit (FSDD) UTA Agent's Enrollment Form

To enroll in our Full Service Direct Deposit or make changes in your direct deposit, simply fill out this form and send it to the Commission Accounting Department. Attach a voided check for the checking account that you would like your checks deposited (deposit slips are not acceptable for checking accounts). If depositing to a savings account, ask your bank to give you the Routing/Transit Number for your account. It is not always the same as the number on a savings deposit slip. This will ensure that you are paid correctly.

IMPORTANT! Please read and complete carefully before submitting.

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

I hereby authorize United Teacher Associates Insurance Company (UTAIC) to deposit any amounts advanced or owed to me by initiating credit entries to my accounts at the financial institution (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by UTAIC to my account. In the event that UTAIC deposits funds erroneously into my account, I authorize UTAIC to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until UTAIC and Bank have received written notice from me of its termination in such time and in such manner as to afford UTAIC and Bank reasonable opportunity to act on it.

Agent Name: _____ Social Security #: _____ Agent #(s):* _____
(*if more than one agent number, please list all #s)

Signature:  _____ Date: _____

Account Information [] New account [] Change of account [] Stop direct deposit

Bank Name/City/State: _____

9 Digit Routing /Transit Number: _____

Account Number: _____

Checking: [] Please attach a voided check with this form.

Savings: [] Please confirm routing number with your bank.

E-MAIL ADDRESS

Please provide us with your e-mail address so that we may forward your advance and chargeback statements electronically.

E-mail Address: _____