



6455Y

AGENT CONTRACT APPLICATION

Agent Number _____

(Home Office Use Only)

FIRST NAME MI		LAST NAME		GENDER <input type="checkbox"/> M <input type="checkbox"/> F	DATE OF BIRTH	SOCIAL SECURITY NUMBER	NATIONAL PRODUCER NUMBER
TYPE OF APPOINTMENT (SELECT ALL THAT APPLY) <input type="checkbox"/> LIFE <input type="checkbox"/> ANNUITY <input type="checkbox"/> VARIABLE UL		CONTRACT TYPE <input type="checkbox"/> LLC* <input type="checkbox"/> CORPORATION* <input type="checkbox"/> PARTNERSHIP* <input type="checkbox"/> SOLE PROPRIETORSHIP* <input type="checkbox"/> INDIVIDUAL		TAXPAYER ID NUMBER (IF CORPORATION)		CRD NUMBER (IF REGISTERED REP)	
RESIDENCE ADDRESS — STREET, CITY, STATE, ZIP						RESIDENCE TELEPHONE ()	
BUSINESS NAME (DBA)						BUSINESS TELEPHONE ()	
BUSINESS ADDRESS — STREET, CITY, STATE, ZIP						BUSINESS FAX ()	
PREFERRED MAILING <input type="checkbox"/> RESIDENCE ADDRESS <input type="checkbox"/> BUSINESS ADDRESS						CELL PHONE ()	
EMAIL ADDRESS (REQUIRED)						PREFERRED CONTACT <input type="checkbox"/> RES. PHONE <input type="checkbox"/> BUS PHONE <input type="checkbox"/> CELL PHONE <input type="checkbox"/> EMAIL	
BROKER/DEALER NAME (IF REGISTERED REP)						PROFESSIONAL DESIGNATION <input type="checkbox"/> CLU <input type="checkbox"/> ChFC <input type="checkbox"/> LUTCF <input type="checkbox"/> CFP SECURITIES LICENSES <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 24 <input type="checkbox"/> 26 <input type="checkbox"/> 63	
BROKER/DEALER ADDRESS (IF REGISTERED REP)						BROKER/DEALER CRD# (IF KNOWN)	

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 EXPLANATION WITH ALL RELEVANT INFORMATION AND SUPPORTING DOCUMENTS.

- ☐ Yes ☐ No 1. Have you ever been convicted, pled guilty or nolo contendere, or do you have pending charges to a felony or misdemeanor? If yes, attach copy of court records.
- ☐ Yes ☐ No 2. Have you ever had any regulatory action taken against you, or had your insurance or securities license denied, suspended, terminated or revoked by an insurance department, FINRA or any other regulatory agency?
- ☐ Yes ☐ No 3. Have you ever had a complaint filed or do you anticipate a complaint being filed against you by a consumer, an insurance department, FINRA or any other regulatory agency?
- ☐ Yes ☐ No 4. Has your contract or appointment ever been terminated involuntarily by an insurer or FINRA member firm?
- ☐ Yes ☐ No 5. Has any claim ever been made against you, your surety company or errors and omissions insurer arising out of insurance and/or securities sales?
- ☐ Yes ☐ No 6. Are you currently involved or ever been involved in litigation?
- ☐ Yes ☐ No 7. Do you have past due financial obligations, unsatisfied judgments or liens, including any delinquent state or federal tax obligations?
- ☐ Yes ☐ No 8. Have you ever filed bankruptcy?
- ☐ Yes ☐ No 9. Does any person or entity claim any indebtedness from you as a result of any insurance transaction or business?

COMPLIANCE

☐ Yes ☐ No I will conform to the procedures outlined in the "Compliance Manual" and all company product guides.

Please list all relatives who are currently licensed to sell life insurance, including annuities.

Name _____	Relationship _____	SSN _____
Name _____	Relationship _____	SSN _____

CONDITIONS AND AGREEMENTS – By signing this application, I hereby acknowledge I have read a specimen copy of the proposed contract and all applicable supplements and addendums thereto to be entered into between myself and Midland National Life Insurance Company (Midland National). I agree to be bound by all of the terms and conditions of such contract, supplements and addendums, which includes applicable commission schedule(s), and further agree that upon authorization to solicit business by Midland National, such contract, supplements and addendums shall be legally binding on me without further action required on my part. Thereafter, such contract, supplements and addendums shall govern my relationship with Midland National, a personalized copy of which shall be made available to me by Midland National by electronic delivery. I agree not to solicit business until I have been notified by Midland National that I am authorized to do so. I represent and warrant that all information and answers to questions are true and complete.

I understand the Fair Credit Reporting act requires Midland National to notify me that, as a routine part of processing my contract application, a consumer report may be obtained which may include information bearing on my credit worthiness, credit standing, credit capacity, character, general reputation, and personal characteristics or mode of living. I further authorize Midland National or its affiliates' to obtain a consumer report and Vector

One report in connection with this contract application. I further authorize Midland National or any of its affiliates or their duly authorized representatives to contact any organization or individual who has knowledge of my employment history, credit history, financial status, or record of any illegal activity to (a) obtain a record of such history, status or activities and (b) hereby authorize the release of such information by such organization or individual in connection with this application and (c) authorize Midland National or any of its affiliates to release information about any debit balance I may incur to Vector One, its successors, or any organization designated to replace Vector One. This authorization shall remain valid and in effect during the term of my contract. We reserve the right to obtain subsequent consumer reports and/or investigative consumer reports on an as needed basis.

Any Marketing materials which have not been provided by Midland National must be approved by Midland National prior to their use. I understand that any specimen sales brochures and material I have received are provided only for my personal examination of product provisions and rates.

A photocopy of this authorization shall be as valid as the original, regardless of the date it is signed.

*Affiliate means any company owned, directly or indirectly, by Sammons Financial Group, Inc.

AGENT AUTHORIZATION – Under penalties of perjury, I certify that: 1) The Social Security Number or Taxpayer Identification 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 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.

AGENT SIGNATURE	OFFICER SIGNATURE*	DATE
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I have reviewed the above application and I hereby recommend this agent contract for consideration by Midland National.

SIGNATURE OF RECRUITING AGENCY	CODE	DATE
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* If Officer of a Corporation, LLC, Partnership, or Sole Proprietorship please sign both as Agent and Officer.

Completed form should be forwarded to the appropriate Life or Annuity Division at the address below.