

ONE AMERICA



New Agent Name: _____

States to be appointed in: _____
(Attach license copies)

Anti-Money Laundering (AML) Training Requirements:

AML training was completed through LIMRA on: ____/____/____

AML training was completed through an independent program on: ____/____/____ (Certificate Attached)

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize Benchmark Insurance Group to obtain a consumer report or investigative consumer report about me. I further authorize any employer, insurance company, general or managing agent, school, financial institution, consumer reporting agency, criminal justice agency, regulatory authority or individual having information about myself- including without limitation information regarding my past and present employment, academic record, record of arrest, conviction and regulatory sanctions, credit worthiness, credit standing, credit capacity, character, general reputation, person characteristics and mode of living – to release such information to Benchmark Insurance Group or any consumer reporting agency that is preparing a consumer report of investigative consumer report about myself for Benchmark Insurance Group.

I HAVE READ AND UNDERSTAND THE REPORTING AND DISCLOSURE AUTHORIZATION FOR RELEASE OF INFORMATION SET FORTH ABOVE.

I AUTHORIZE THE RELEASE OF INFORMATION ACCORDING TO THE TERMS OF THE AUTHORIZATION FOR RELEASE OF INFORMATION SET FORTH ABOVE.

Signature of Agent: _____ Date: _____

Appointment Requirements:

- _____ Complete and sign Appointment Application
- _____ Complete and sign Agency Agreement
- _____ **REQUIRED:** Complete EFT form and attached a voided check copy
- _____ **REQUIRED:** Attach current copy of Resident State Life License (non-resident fees apply)
- _____ **REQUIRED:** Attach current copy of E&O declaration page

Pre-Appointment States: GA

Please return to:

Benchmark Insurance Group

1515 Mockingbird Ln.

Suite 820

Charlotte, NC 28209

800-998-9997

Fax: 704-527-7371

www.benchmarkigroup.com



Agent Contract Guarantee Agreement Form

Benchmark Insurance Group has agreed to guarantee the obligation(s) of the undersigned to repay loans, advances of commissions and/ or overpayment of commissions made by various insurance companies to the undersigned. In the event at any time in the future Benchmark Insurance Group pays any of the aforesaid obligations, the undersigned agrees to reimburse Benchmark Insurance Group for the sums paid by Benchmark Insurance Group and further agrees that Benchmark Insurance Group shall have the right and is hereby authorized to identified below as a non-exclusive method of receiving payment for said sums. The undersigned acknowledges that said sums may be charged at any time after Benchmark Insurance Group pays the obligation and acknowledges that payment by Benchmark Insurance Group may not be made for several years after the obligation is incurred by the undersigned. The undersigned hereby waives any statute of limitations with regard to sums owed by the undersigned to Benchmark Insurance Group and agrees that, in the event of nonpayment by the undersigned, Benchmark Insurance Group may report said obligation as unpaid to any credit bureau or reporting agency.

The undersigned agrees to immediately notify Benchmark Insurance Group in the event that any of the credit cards listed below are revoked, surrendered, terminated or credit is no longer available under said card. The undersigned further agrees to provide all updated information, including any replacement or expiration of said card. In the event that the undersigned contests any charge and the charge is deemed valid, the undersigned shall reimburse Benchmark Insurance Group for all costs and fees, including attorneys' fees, associated with such contest.

Because this authorization relates to an on-going guarantee of commercial obligations, the undersigned agrees that this authorization shall be irrevocable.

Date

Signature

Printed Name



AUTHORIZATION TO CHARGE SUMS TO CREDIT CARD Please initial one of the following:

I do not require commission loan advancement, and therefore am not providing credit card information below. I understand, however, that I am required to reimburse Benchmark Insurance Group for any sums paid as guarantee for obligations as detailed above.

I request commission loan advancement, and am providing two (2) credit card numbers below. I understand that the results of a Vector Check will directly impact the processing of my request of commission loan advancement.

Card One (Required)

VISA

Mastercard

Card number: _____ Security Code: _____

Expiration Date: _____ Name on Card: _____

Billing Address: _____

Cardholder Signature: _____

Card Two (Required)

VISA

Mastercard

Card number: _____ Security Code: _____

Expiration Date: _____ Name on Card: _____

Billing Address: _____

Cardholder Signature: _____

**Appointment
Application for
Individuals**

*American United Life
Insurance Company*
a ONEAMERICA® company
One American Square
P.O. Box 368
Indianapolis, IN 46206-0368
(317) 285-1792*

*Pioneer Mutual Life Insurance Co.
A stock subsidiary of American United
Mutual Insurance Holding Company
a ONEAMERICA® company
101 North 10th Street
Fargo, ND 58102
(701) 297-5700*

*The State Life
Insurance Company
a ONEAMERICA® company
P.O. Box 406
Indianapolis, IN 46206
(317) 285-2300*



Personal Data

Name _____

Social Security Number _____ Date of Birth _____

Broker - Dealer Name _____

Residence Address _____ Business Name and Address _____

Residence Phone # _____ Business Phone # _____

E-mail Address: _____ Fax # _____

Please check your responses to the following questions. "Yes" responses require full disclosure on a separate sheet.

The "YES" answer should be checked if, at the time this application is completed, the applicant has any knowledge of current circumstances which would make a "NO" answer misleading or incomplete.

1. Has any court, state or federal regulatory agency or exchange ever entered an order against you involving insurance, investments or fraud? Yes No
2. Has any disciplinary action, including but not limited to, refusal, suspension, or revocation, ever been taken by any state or federal regulatory agency against you or any business with which you have been directly connected? Yes No
3. Have you ever, at any time, filed personal bankruptcy or been declared bankrupt (including Chapter 7, 11, or 13)? Yes No
4. Do you currently have any unsatisfied judgments, liens, collection items or accounts more than 120 days past due? Yes No
5. Have you ever been arrested, convicted, pled guilty or "nolo contendere" to any of the following:
 - a.) A felony Yes No
 - b.) A misdemeanor involving or pertaining to investments, insurance, commodities, futures, banking, false statements or omissions, theft, wrongful taking of property, bribery, forgery, counterfeiting, extortion, perjury, burglary, fraud, moral turpitude, or conspiracy to commit any of the foregoing? Yes No
 - c.) Any offense other than a minor traffic violation? Yes No
6. Has any bonding company ever denied your application or suspended, revoked, or paid a claim on your behalf? Yes No
7. Has any person ever complained to an insurance department, NASD, NYSE, SEC, or other agency about your conduct as an insurance producer? Yes No

Applicant shall comply with all federal and state laws, rules, and regulations including but not limited to those concerning privacy. All nonpublic personal information (including financial and health) shall be held in the strictest of confidence. Such information shall not be disclosed to any other party except as required by law. Applicant shall establish procedures to protect the security and confidentiality of such information. By signing below, I hereby attest my answers to the questions above are true and complete. I authorize OneAmerica Financial Partners, Inc. and its affiliated companies to conduct a background investigation relating to my insurance appointment and understand that this investigation may include a felony/misdemeanor check, a national credit file report, motor vehicle report, Vector Debit Check and a NASD/CRD check. If this form is received by OneAmerica Financial Partners by facsimile or other electronic format, I further attest that this form has not been altered or changed in any manner from the original form provided and that my signature in such facsimile or other electronic format shall be deemed an original signature for purposes of agreeing to the background check and the attestation of the truth of the answers provided herein. 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. (3) I am a US person (including a US resident alien).

Applicant's signature _____ Date _____

Appointment Application for Individuals

*Products and financial services provided by
The State Life Insurance Company
a ONEAMERICA® company
P.O. Box 406
Indianapolis, IN 46206
(317) 285-1781*



Home Office use only

Additional Personal Data

Name _____

REQUEST FOR ASSIGNMENT OF COMMISSIONS

If your commissions are to be made payable to a corporation, please complete the following section.

Please note you may only assign commissions to licensed corporations unless otherwise permitted by the state insurance department. An appointment application for corporations must also be completed by an officer of the corporation (unless already on file).

Please pay all commissions generated on my behalf to _____

Under the following corporation tax identification number _____

Applicant's signature _____ Date _____

Producer Contract

Products and financial services provided by
The State Life Insurance Company
a ONEAMERICA® company
P.O. Box 406
Indianapolis, IN 46206
(317) 285-2300



This Contract is made and entered into by and between The State Life Insurance Company of Indianapolis, Indiana, hereinafter called the Company, and _____ hereinafter called the Producer.

1. APPOINTMENT

The Producer is appointed as Broker of The State Life Insurance Company. Territories are not exclusively assigned, and the Company retains the right to make additional appointments in the same territory.

2. APPOINTMENT OF PRODUCERS

The Producer may recommend other Producers (hereafter, referred to as Sub-Producers) for appointment under the Producer by the Company. The Company shall be responsible for the compensation of the Sub-Producer if such Sub-Producer is under contract with the Company. The Producer shall be responsible for the compensation of any Sub-Producer not under contract with the Company.

3. PRODUCER'S AUTHORITY

The Producer is authorized to secure applications for approval or disapproval of the Company and to collect the first premium. The Producer shall remit the entire gross premium to the Company immediately. Premiums after the first shall be payable by the policyholder directly to the Company.

4. INDEPENDENT CONTRACTOR

The Producer agrees to become familiar and to conform with any rules and regulations issued by the Company. However, it is mutually agreed that this contract shall be deemed to create a relationship calling for results and shall not be construed to create the relationship of employer and employee between the parties. The Producer shall be free and independent to exercise its own judgment as to the persons from whom it and its Sub-Producer will solicit insurance; and the time and place of such solicitation and the manner and methods of its daily acts are not directed.

5. COMPANY FUNDS

The Producer shall be responsible to the Company for all funds collected by him as Producer. Such funds shall be promptly remitted to the Company.

6. COMPENSATION

Compensation is payable based on the attached Commission Schedules.

The Compensation Schedules show the maximum compensation the Company will pay for any plan of insurance. The compensation of the Producer under this Contract will be the difference between the maximum payable under the Schedule and the amount the Company pays to any Sub-Producer, if applicable.

7. COMPENSATION PAYABLE

All compensation shall be paid not later than thirty days after the end of the calendar month it was earned.

8. COMPENSATION CHANGE

Upon 30 days' notice to the Producer, the Company may, as to all business thereafter written under this contract, modify or change any rate of compensation hereunder.

9. COMPANY LIEN AND OFFSET

The Company shall at all times have a lien on commissions and allowances due or to become due to the broker or his estate to the extent of any indebtedness of the Broker to the Company whether arising under this contract, under any contract with an affiliated company of the Company, or otherwise, and may at any time offset against such commissions and allowances the amount of any such indebtedness.

10. FEES

The Producer shall pay all taxes and fees, including fees for licenses, which may be required of it by any local authority. The Company shall pay all premium taxes and fees, which may be required of it by any State authority.

State insurance department appointment fees will be paid in accordance with the Company's "Appointment and Contracting Procedures."

11. ASSIGNMENT

The assignment of any of the rights of the Producer hereunder shall be of no effect without the written consent of the Company.

12. SURETY BOND

The Producer shall furnish surety bond, when requested by the Company, in an amount and with such carrier as the Company may approve.

13. REPLACEMENT

If any policy be deemed by the Company, in its sole judgment, to replace a policy on the same life, then the compensation, if any, payable on such policy shall be determined by the Company and paid in accordance with the Company's "Commission Rules" in effect at that time. The termination of any existing policy on the same insured (except by maturity in accordance with its terms) within six months before or after the date of the new policy shall be prima facie evidence that the new policy is replacement insurance.

14. REINSTATEMENT

If any policy lapses for a period of two months or more after expiration of grace and is reinstated, future commissions thereon will not be due the Producer unless they accomplish such reinstatement. Commissions will be paid in accordance with the

Company's "Commission Rules" in effect at that time.

15. PREMIUM REFUNDS

If the Company shall return the premiums paid on any policy issued, the Producer, on demand, shall repay the Company the amount of compensation received on any premiums so returned.

16. ADVERTISING

The Producer shall not place advertising or distribute any printed material, except for that provided by the Company, pertaining to the business of the Company without first obtaining the written approval of an officer of the Company.

17. NO WAIVER OF RIGHTS

Failure of the Company to exercise its rights as provided herein in event of breach or failure on the part of the Producer shall not constitute a precedent or be construed as a waiver of such rights or provisions as to such breach or failure or future breach or failure.

18. GENERAL

- A. Compensation on policies issued upon one form and later changed to a different form or plan, on premiums paid in advance, and on increases in Specified Amount will be in accordance with the Company's "Commission Rules" in effect at that time.
- B. A policy shall be deemed to have been paid for only after it is issued and when the first full premium, in addition to any interim short-term premium, shall have been received by the Company and entered on its books.

All questions arising out of the interpretation of this Section shall be determined solely by the Company.

19. TERMINATION OF CONTRACT: AUTOMATIC

If the Producer is a natural person this contract shall automatically terminate on the death of the Producer. Unpaid compensation may be paid to the Producer's surviving spouse or to any other person appearing to the Company to be equitably entitled to such payment and any such payment shall fully discharge the Company from all obligations hereunder.

If the Producer is a corporation, this contract shall automatically terminate upon the dissolution of the corporation or disqualification of the corporation to do business under the applicable state laws. Unpaid compensation shall be paid to said corporation as provided by law.

20. TERMINATION OF CONTRACT: BY NOTICE

Either party to this contract may terminate it at any time by giving 10 days' written notice to that effect.

21. TERMINATION OF CONTRACT: EFFECT ON COMPENSATION

- A. If this contract is terminated for a reason other than cause, compensation will be paid in accordance with the attached schedules of commissions.
- B. No compensation, however, shall be due or payable

after termination of this contract if the Producer shall have perpetrated any fraud upon the Company; or shall have encouraged or condoned actions by any Sub-Producers which cause policyholders to relinquish or lapse their policies with the Company.

Compensation also shall not be payable to the extent the Producer shall have misapplied or withheld funds of the Company; or shall have defaulted in the payment to the Company of premiums collected by the Producer or any Sub-Producers.

22. MODIFICATION

This contract shall not be modified except in writing signed by the parties; for the Company and a corporate Producer, such modifications must be signed by the President or a Vice President.

23. NOTICE

Any notice under this contract by the Company shall be in writing signed by the President or a Vice President and mailed to the Producer at the address shown on the records of the Company. Any notice by the Producer shall be in writing signed by the Producer and mailed to the Home Office of the Company.

24. CORPORATION – PARTNERSHIP

Wherever in this contract reference is made to a natural person who is to act as Producer, and the Producer is either a partnership or a corporation, such reference shall be deemed to mean the partners or officers, as the case may be, and the provisions of the contract which are applicable only to a natural person shall not apply.

25. RECORDS AND INSPECTION

All documents, records, software and other data and information, in whatever form they may be, which pertain to policyholders or any other business of the Company, are and will remain the property of the Company. In addition, Producer agrees that it will maintain customary and accurate books and records relating to business solicited for the Company. Any such property shall be, upon reasonable notice, open to inspection by the Company or by its authorized representatives. Company may inspect such property, and make copies of the records of such accounts, records and documents, and all such records, documents, supplies and other property relating to the business transacted under this agreement.

26. PRIVACY COMPLIANCE

The Producer shall comply with all law, rules, and regulations while acting under the color of this contract. As part of this compliance, the Producer is hereby obligated to comply with all federal and state laws, rules, and regulations concerning privacy. Specifically, the Producer agrees that all nonpublic personal information (including financial and health) obtained by him on behalf of or from the Company in the performance of his duties under this contract shall be held in the strictest of confidence and shall not be used for any other purpose except to perform his duties under this contract or as required by law. The Producer shall establish procedures to protect the security and

confidentiality of such information.

(including but not limited to) any alleged fiduciary, good faith, and fair dealing duties, shall be decided by binding arbitration in accordance with the Federal Arbitration Act, the procedures of the commercial arbitration rules of the American Arbitration Association, and this contract. The Court of Arbitrators, which is to be held in Indianapolis, Indiana, where the Company is domiciled, shall consist of three (3) qualified arbitrators familiar with the Company's products. The arbitrators shall decide by a majority of votes, the award shall be in writing, the decision shall be signed by a majority of the arbitrators, and they shall include a statement regarding the reasons for the disposition of any claim. Judgment on the award rendered by the arbitrators may be entered by any court having jurisdiction thereof. The parties are not precluded from challenging the decision under the Federal Arbitration Act or applicable law. Each party shall bear the expense of its own attorney and arbitrator, and shall equally with the other party the expenses of the third arbitrator and of the arbitration.

27. PATRIOT ACT COMPLIANCE

Producer agrees to cooperate fully with the Company and do all things necessary and requested by Company to assist Company in its compliance efforts with the USA Patriot Act and the Bank Secrecy Act. Broker recognizes that such compliance requirements may change from time to time and agrees to cooperate fully with the Company in its efforts to comply with those requirements.

28. GOVERNING LAW

This contract shall be interpreted in accordance with the laws of the State of Indiana.

29. ARBITRATION

Any controversy or claim arising out of or relating to this contract, the sale or solicitation of any policy, or its breach thereof whether in tort, contract, breach of duty

IN WITNESS WHEREOF the parties have executed this contract

Producer or Corporate officer

Name: _____
(Printed)

Name: _____
(Signature)

(Title) _____

Date: _____ EIN or SSN: _____

Driver's License #: _____

Recruiter: _____

The State Life Insurance Co.

By: _____

Printed: _____

(Title) _____

Date: _____

Professional Data

OneAmerica Financial Partners, Inc.
One American Square, P.O. Box 368
Indianapolis, IN 46206-0368
(317) 285-1111



How would you categorize yourself? Life/Health Agent Financial Planner Retirement Planner
 Investment Advisor Estate Planner Securities Dealer

Professional Designations or Memberships:

CLU ChFC CFP MDRT NASD CPA Other _____

How many years have you been in the insurance industry? _____

How many clients do you have in the 50+ age market? _____

What percentage of your clients are age 50+? _____ %

Do you have a Broker/Dealer? Yes No Who is your Broker/Dealer? _____

Do you write a single premium, asset-based products (i.e., single premium annuities, mutual funds, or life insurance)? Yes No

If yes: Approximately how much do you write in single premium business annually? _____

How much do you have in assets under management? \$ _____

Who is your primary annuity company? _____

Who is your primary life company? _____

Are you currently doing long-term care planning for your clients? Yes No

Who is your primary long-term care insurance company? _____

Approximately how many long-term care cases do you sell annually? _____

Are you interested in attending CE or product oriented seminars? Yes No

For Internal Use Only

How was licensing lead generated?

Lead Card Call In Yellow Pages Referral Advertisement

Other (Please explain) _____

What product was the producer licensed to sell? (Choose only one.)

Individual Health Asset-Based Products Group

Brokerage Manager Signature

Print Name

Authorization Agreement for Electronic Funds Transfer

American United Life Insurance Company®
a ONEAMERICA® company
One American Square
P.O. Box 368
Indianapolis, IN 46206-0368
(317) 285-1877

Pioneer Mutual Life Insurance Co.
A stock subsidiary of American United Mutual Insurance Holding Company
a ONEAMERICA® company
101 North 10th Street
Fargo, ND 58102
(701) 297-5700

The State Life Insurance Company
a ONEAMERICA® company
P.O. Box 406
Indianapolis, IN 46206
(317) 285-2300



Name _____

Producer Social Security Number _____ Producer Number _____

Please indicate where you want the following checks deposited. (There is a 3-5 day prenote period and you may only change your accounts one time per year):

Account 1 (please print)

Type of account: Checking Savings (check one)

Depository institution name _____

City _____ State _____ Zip Code _____

Transit/ABA Bank Number (9 digits) _____

Account Number (up to 17 digits) _____

Name(s) on account _____

Account 2 (please print) (only for GA/AGA checks)

Type of account: Checking Savings (check one)

Depository institution name _____

City _____ State _____ Zip Code _____

Transit/ABA Bank Number (9 digits) _____

Account Number (up to 17 digits) _____

Name(s) on account _____

I hereby authorize American United Life Insurance Company®, The State Life Insurance Co. and/or Pioneer Mutual Life Insurance Co., hereinafter called the Company, to initiate credit entries to my account(s) in the Depository Institution(s) to accept and to credit the amount of such entries to my account(s).

This authority is to remain in full force and effect until American United Life Insurance Company® has received written notification of its termination in such time and in such manner as to afford the Company a reasonable opportunity to act on it and in no event shall it be effective with respect to entries processed by the Company prior to the receipt of notice of termination.

The undersigned hereby agree that all entries initiated hereunder are to be governed in all respects by the rules of the National Automated Clearing Association (NACHA) and agree(s) to be bound thereby.

(Agent/Broker Signature)

(Other)

(Date)