



AGENT'S APPLICATION
IMPORTANT: Please also sign and return Form SD274
Notification/Release of Information form.

PLEASE PRINT OR TYPE ALL INFORMATION MUST BE FURNISHED

PERSONAL	1. Full Name			2. SS No.	
	3a. Residence Street Address			3b. County	
	3c. City	3d. State	3e. Zip	4. Birthdate	5. Spouse's First Name
	6. Home Phone	7. Cell/Fax Number (circle one)	8. Email	9. Do you speak Spanish? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	10. Have you ever been convicted of a felony involving dishonesty or breach of trust? <input type="checkbox"/> Yes <input type="checkbox"/> No				

GA	11a. If you are to be appointed under one of our G.A.'s or National Account Agreements, please give us the name. GEL FINANCIAL SERVICES, LLC	11b. Agency Manager's Name GALE E LAWRENCE
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BUSINESS	12a. Agency Name (if applicable)	12b. Phone	12c. Fax		
	12d. Business Mailing Address: P.O. Box	12e. Street		12f. Suite	
	12g. City	12h. County	12i. State	12j. Zip	
	13a. Taxpayer's I.D. No., If other than SS No.			13b. Corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	13c. Commissions to Corp.? <input type="checkbox"/> Yes <input type="checkbox"/> No		13d. Are you the Owner/Officer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	13e. If you are not the primary officer/owner of the Corp., please have that individual complete a separate Agent Application to be appointed also.				

EMPLOYMENT	14. Employment Record 5 Years to Date				
	Period (from-to)	Company By Whom Employed	Location	Title	Reason for Leaving

MISC	15. Have you been licensed with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No	16. How did you learn of Illinois Mutual?
	17. Primary Life Company	18. Primary Health Company
	19. Primary Annuity Company	20. Primary Workplace Company

I hereby apply to be an agent of Illinois Mutual Life Insurance Company. I represent that the answers recorded in this application are true and correct to the best of my knowledge and belief. I agree to be bound by the terms of an Agent's Contract if one is issued to me.

Date _____ Signature _____
 NOTE: Please print your name with your signature on all applications and use your code number, when assigned.

We always appreciate referrals so we hope you know another agent who might be interested in representing us:

Name _____ Phone Number (_____) _____
 Street _____ City and State _____ Zip _____

PLEASE COMPLETE HO274 ON REVERSE SIDE



NOTIFICATION/RELEASE OF INFORMATION AUTHORIZATION

The purpose of this form is to notify you that a Consumer Report and/or Investigative Consumer Report will be obtained in the course of evaluating your application for appointment as an agent of Illinois Mutual Life Insurance Company ("Illinois Mutual").* I hereby authorize Illinois Mutual to obtain such reports.

I hereby authorize Illinois Mutual or its agents to contact any and all corporations, former employers, credit agencies, educational institutions, law enforcement agencies, city, state, county, federal courts, and military services to release information about my background including, but not limited to, information about my employment, education, consumer credit history, driving record, criminal record, character, general reputation, personal characteristics, mode of living, and general public records history to the person or company with which this form has been filed. This authorization releases the aforesaid parties from any liability and responsibility for collecting the above information. I understand I will obtain a free copy of this Consumer Report prior to an adverse action/decision being made based on the information in the Consumer Report. I understand that I must notify Illinois Mutual within 10 business days if I disagree with the accuracy of any information contained in the report.

I understand that Illinois Mutual will use the services of Vector One, a debit balance reporting agency, in the evaluation and processing of my application for appointment. I authorize and consent to Illinois Mutual conducting such an investigation and also consent to Illinois Mutual obtaining periodic debit balance checks through Vector One. I also understand that Illinois Mutual reserves the right to report any outstanding debit balances to Vector One.

I certify that I have been given a summary of my rights under the Fair Credit Reporting Act.

I release Illinois Mutual from any liability in connection with the information furnished pursuant to this authorization. I release and agree to hold Illinois Mutual harmless from all liability and responsibility for collecting the above referenced information. A copy of this authorization may be accepted with the same authority as the original.

I UNDERSTAND THIS AUTHORIZATION ALLOWS PROCUREMENT OF A CONSUMER OR INVESTIGATIVE REPORT FOR PURPOSES OF CONTRACTING AS AN AGENT OF ILLINOIS MUTUAL.

For Applicants in Minnesota, and Oklahoma ONLY:

- By checking this box, I hereby request a copy of any consumer report or investigative consumer report obtained by Illinois Mutual be sent to the address below.

For Applicants in California ONLY:

We will be obtaining a consumer report from GIS, 917 Chapin Rd, Chapin, SC 29036, (877)-590-4012. You have the right to request from that agency, upon proper identification, the nature and substance of all information in its files on you, including the sources of information and the recipients of any reports on you which the agency has previously furnished within the three-year period preceding your request. You may view the file maintained on you by the agency during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the actual costs of duplication services. Upon making a written request, you may receive a summary of your report via telephone.

- By checking this box, I hereby request a copy of any consumer report or investigative consumer report obtained by Illinois Mutual be sent to the address below.

Printed Name of Applicant: _____

Signature of Applicant: _____

Address: _____ Date: _____

*A Consumer Report for the purpose of employment, contracting, or appointment, has no effect on your credit score.

FAX TO: 309-674-1475

MAIL TO: Illinois Mutual, Agent Contracting, 300 S.W. Adams Street, Peoria, IL 61634



AGENT CONTRACTING AND COMMISSION APPOINTMENT GUIDE

Illinois Mutual sells insurance products in all states except NY, DC, AK, and HI; however, not all products are offered in all states. Insurance applications taken in states where Illinois Mutual is not licensed or where a product is not available are not accepted. Applications from someone whose resident state is NY, DC, AK, or HI also are not accepted (see Form 3192, Cross-Border Sales Policy). You must be properly licensed in all states where you sell, solicit or negotiate insurance. We require policies to be delivered in the application state.

APPOINTMENT GUIDE

State requirements are subject to change. Please contact our Agent Contracting and Commissions team at (800) 437-7355, ext. 753 to verify current licensing requirements for the state in which you are submitting business.

Concurrent Appointment States: In the following states, agents can be appointed after submitting the first application:

Alabama**	Maine**	Ohio^
Arizona	Maryland	Oklahoma**
Arkansas**	Massachusetts**	Oregon
Colorado	Michigan**	Rhode Island
Connecticut**	Minnesota**	South Carolina**
Delaware**	Mississippi**	South Dakota**
Florida***	Missouri	Tennessee**
Georgia**	Montana**	Texas^
Idaho**	Nebraska**	Utah**
Illinois	Nevada**	Vermont**
Indiana	New Hampshire**	Virginia^
Iowa^	New Jersey**	Washington**
Kansas^	New Mexico**	West Virginia**
Kentucky**	North Carolina**	Wisconsin**
Louisiana**	North Dakota^	Wyoming**

Pre-Appointment States: In the following states, agents must be appointed prior to submitting an application:

Pennsylvania^^

All agents must be licensed in the application state at the time of writing an application. The agent application to Illinois Mutual can be on file in the Home Office or can accompany the application (except in pre-appointment states).

Note: Some states have time limits within which Illinois Mutual must appoint agents. These time limits start on the date the first policy application is submitted to the Home Office. Policy applications will be declined if we do not receive your agent application in sufficient time to process your appointment within the time limit. Time limits are as follows (refer to state charts at left):

- ** 15-day states. These states require Illinois Mutual to appoint within 15 days of receipt of first application.
- ^ 30-day states. These states require Illinois Mutual to appoint within 30 days of receipt of first application.
- *** 45-day states. These states require Illinois Mutual to appoint within 45 days of receipt of first application.
- ^^ Agent can write on the day Illinois Mutual processes the appointment (minimum 3 working days from the date agent's paperwork is received in the Home Office).

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	Exempt payee code (if any) _____
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.	Exemption from FATCA reporting code (if any) _____
	<input type="checkbox"/> Other (see instructions) ▶ _____ <small>(Applies to accounts maintained outside the U.S.)</small>	
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code		
7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
-				-					
or									
Employer identification number									
-									

Part II Certification

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; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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 for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.