

# Guarantee Trust Life

## Contracting Checklist

Please submit the following information to **SMS** when licensing with GTL:

- **Completed Contracting Request Form**
- **Completed and Signed Contract/Appointment Application**
- **Completed and Signed W9**
- **Completed and Signed Automatic Deposit Form w/ Voided check (required)**
- **Advanced Commissions Agreement (optional)**
- **Med Supp Advanced Commissions Agreement (optional)**
- **Completed and Signed Authorization for Release Form (GA and MS only)**
- **Completed and Signed General Agent Agreement**
- **Completed and Signed AML Acknowledgment Form**
- **Copy of Agent/Agency license (s)**
- **Check for Appointment Fees, Payable to GTL (PA only)**

Please return all contracting to Senior Marketing Specialist via:

**Mail:**  
801 Gray Oak Dr  
Columbia, MO 65201

**Email:** [contracting@smsteam.net](mailto:contracting@smsteam.net)  
**Fax:** 800-878-2025

The licensing process cannot begin until all of the above items have been received! If you have any questions, please call us at:

**1- 800-689-2800.**

# Contracting Request Form

Please complete the below and return it with your contracting paperwork:

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

Carrier Name: \_\_\_\_\_

1. Have you or your agency (if applicable) ever been contracted previously? (Y/N )

\_\_\_\_\_

*If you answered 'yes' to the question above, please complete the below:*

2. What date did you contract?

\_\_\_\_\_

3. How were you contracted (indv. or corp.)?

\_\_\_\_\_

4. Do you have any downline agents?

\_\_\_\_\_

5. When was the last time you or your downline (if applicable) wrote a piece of business?

\_\_\_\_\_



GUARANTEE  
TRUST  
LIFE

GUARANTEE TRUST LIFE INSURANCE COMPANY

1275 Milwaukee Ave, Glenview, IL 60025

800-323-6907 | www.gtlic.com | gtlcontracting@gtlic.com

CONTRACT/APPOINTMENT APPLICATION

Personal Information

1. Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_  
SSN \_\_\_\_\_

2. Date of Birth (MM/DD/YYYY) \_\_\_\_\_ Gender:  Male  Female

3. Home Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_

(If less than 7 years, please provide previous address) \_\_\_\_\_

Personal E-Mail Address \_\_\_\_\_

4. Business Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Business Entity Information

5. Company Name \_\_\_\_\_ Fed. ID # \_\_\_\_\_

Company Insurance License # \_\_\_\_\_ (Copy Required)

Indicate other Principal Parties in Partnership or Business Entity, List Officers of the Company:

Name \_\_\_\_\_ Title \_\_\_\_\_ SS# \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ SS# \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ SS# \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ SS# \_\_\_\_\_

Financial

6. Bank Name \_\_\_\_\_ Type of Account (Checking/Savings) \_\_\_\_\_

Account # \_\_\_\_\_ Routing # \_\_\_\_\_

Have you or your company:

7. Declared bankruptcy?  Yes  No

8. Been a defendant in a lawsuit?  Yes  No

9. Any outstanding and/or unsatisfied judgments or liens against you?  Yes  No

10. Ever been involved in a business venture that failed?  Yes  No

11. Any outstanding debt(s) with any insurance company or companies?  Yes  No

If you answered "Yes" to any of the above, please attached a detailed explanation.

**Licensing Information: All Agents must submit a copy of current license(s) (Resident & Non-Resident)**

12. Type of license:  Life  A&H  Broker License # \_\_\_\_\_  
AML (Life) Completion Date: \_\_\_\_\_
13. How long have you been in the Life field? \_\_\_\_\_ A&H field \_\_\_\_\_
14. Have you ever been licensed with GTL?  Yes  No Prior Code # \_\_\_\_\_
15. Are you full-time in the insurance business?  Yes  No If not, state other business: \_\_\_\_\_  
\_\_\_\_\_
16. With which other insurance companies are you presently licensed/appointed? \_\_\_\_\_  
\_\_\_\_\_

**Background Information**

17. Have you ever been investigated or fined by an Insurance Regulatory Authority?  Yes  No
18. Has your insurance license ever been suspended or revoked?  Yes  No
19. Have you ever plead guilty or “nolo contendere” to or been found guilty of a felony?  Yes  No
20. Have you ever had a bond canceled or declined?  Yes  No
21. Are you now the subject of any complaint, investigation or proceeding which could result in a “yes” answer to any of the above questions?  Yes  No

If you answered “Yes” to any of the above questions, please attach a detailed explanation.

**Employment History**

22. Current Employer: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_ Start Date: \_\_\_\_\_
23. Prior Employer: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_ Start Date: \_\_\_\_\_
24. Prior Employer: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_ Start Date: \_\_\_\_\_

**Fair Credit Reporting Act (FCRA)** — Public law requires that we advise you that a routine inquiry by accessing public records, may be made which will provide applicable information concerning your character, general reputation, personal characteristics, and mode of living. By signing below, you understand the above and authorize all persons and entities to release information about you they may have. You also acknowledge that you have read and understand the attached “Summary of Your Rights under the Fair Credit Reporting Act.” Upon written request additional information as to the nature and the scope of the report, if one is made, will be provided.

► **Signature of Applicant:** \_\_\_\_\_  **Date:** \_\_\_\_\_

**This section is to be completed by the recruiting General Agent:** Sub Agent Code: \_\_\_\_\_

Recruiting General Agent Name \_\_\_\_\_ Code # \_\_\_\_\_

Product Name _____	1st Yr. Comp Rate _____ %	Year 2+ Comp Rate: _____ %
Product Name _____	1st Yr. Comp Rate _____ %	Year 2+ Comp Rate: _____ %
Product Name _____	1st Yr. Comp Rate _____ %	Year 2+ Comp Rate: _____ %
Product Name _____	1st Yr. Comp Rate _____ %	Year 2+ Comp Rate: _____ %
Product Name _____	1st Yr. Comp Rate _____ %	Year 2+ Comp Rate: _____ %
Requested Advancing <input type="checkbox"/> Yes <input type="checkbox"/> No	% Amount Requested _____ % *	
Requested Med Sup Advancing <input type="checkbox"/> Yes <input type="checkbox"/> No	% Amount Requested _____ % *	

\*Please also complete advance agreement form.

# Request for Taxpayer Identification Number and Certification

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

▶ Go to [www.irs.gov/FormW9](http://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 <b>one</b> 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) ▶ _____ <b>Note:</b> 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 <b>not</b> 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) ▶ _____	(Applies to accounts maintained outside the U.S.)
	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.

<b>Social security number</b>											
				-			-				
<b>or</b>											
<b>Employer identification number</b>											
				-							

## 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. citizen or other U.S. person (defined below); and
- 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.

<b>Sign Here</b>	Signature of U.S. person ▶	<b>SIGN HERE</b>	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](http://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.*

## Automatic Deposit Payment Plan Authorization Form

With Guarantee Trust Life Insurance Company's ("GTL") Automatic Deposit Payment Plan ("Plan") agents will receive their commission checks automatically deposited into their designated bank account. The amount of your deposit will be reflected on the electronic statement generated for you. Benefits of enrollment include:

**Access to your money faster** - The time involved with mailing a check is eliminated

**A reduction in paper work** - Once you are on the Plan, your deposits are handled electronically

### How to Enroll in the Automatic Deposit Payment Plan

Simply complete the Authorization for Direct Deposit Form below. Should your banking information change, you must notify the company's home office in writing. Such notification should include the name of your new bank as well as your new routing and account numbers, as applicable, and your agent number. For more information about the Plan, call our Commission Accounting Department at 800-323-6907.

Completed forms may be faxed to 847-699-0636, mailed to our home office at 1275 Milwaukee Avenue Glenview, Illinois 60025, or emailed to [commissions@gtlic.com](mailto:commissions@gtlic.com).

#### AUTHORIZATION FOR DIRECT DEPOSIT\*

AGENT FIRST & LAST NAME:	BANK NAME:	BANK CITY, STATE:
AGENT NUMBER:		
AGENT ADDRESS:	BANK ROUTING NUMBER:	
	BANK ACCOUNT NUMBER:	

**\*Please Attach a Voided Check or provide Bank Verified Account Information with this Authorization**

As a convenience to me, by my signature below, I request and authorize you to electronically deposit commissions and/or advances payable to me, by the company, in my bank account at the financial institution named above, which shall be substantiated by a voided check or the provision of verified bank account information to GTL. I also authorize GTL to electronically withdraw from my account any sum erroneously credited to my account in accordance with applicable law.

**Please check one:**

- I hereby certify that I conduct business under a "DBA" and that it is NOT a separate legal entity. I acknowledge all earnings will be recorded to me for tax purposes and not to the "DBA."
- I hereby certify that I do not conduct business under a "DBA."

I further acknowledge and agree that my rights in respect to each payment shall be the same as if it were deposited by me and personally signed by me. I also agree to notify GTL within thirty (30) days of the deposit date if there is any discrepancy with my deposit or if my response regarding "DBA" status changes. I acknowledge that this will enable GTL to comply with Federal Banking laws and that failure to notify GTL may result in the loss of my deposit.

x \_\_\_\_\_ SIGN HERE \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Signature Date

# GA Agreement

The costs and expenses of arbitration, including the fees of the arbitrators, shall be borne by the losing party or in such proportions as the arbitrators shall determine. The successful party shall recover as expenses all reasonable attorneys' fees incurred by said party in connection with the arbitration proceedings.

## Miscellaneous

"Policy" means any policy; certificate or other evidence of insurance coverage.

## ENTIRE AGREEMENT

This Agreement, including any attached schedules, supplements, amendments, or other agreements incorporated herein by reference, represents the entire Agreement between you and us. No promise, agreement, understanding, or representation will be binding unless made in this Agreement, or by an instrument in writing, signed by you and one of our officers; provided, however, current schedules and supplements may be in a form of written notice from us to you which expresses by its terms an intention to modify prior schedules and/or supplements.

## EFFECTIVE DATE

This Agreement will be effective as of the Effective Date shown below, if you have been duly licensed in the appropriate jurisdictions, and if it is executed by you and at least one of our officers. The initial term of this Agreement shall be for one (1) year from the Effective Date and shall automatically renew for additional one year terms unless it is terminated as stated above.

To be completed by GENERAL AGENT

To be completed by GUARANTEE TRUST LIFE  
INSURANCE COMPANY

\_\_\_\_\_  
(Print Name on License)

By: \_\_\_\_\_  
GA Signature



By: \_\_\_\_\_

\_\_\_\_\_  
Title

\_\_\_\_\_  
Vice President

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Effective Date

# U.S. Patriot Act

## Agent Acknowledgement

I have read and understand all policies set forth by this manual. I understand that my position as an agent/broker is the first line of defense against those that attempt to defraud GTL and violate the rules established by the U.S. Patriot Act. I understand my responsibilities as an agent for GTL, and will comply with the reporting procedures that GTL has created to the best of my abilities. Additionally, I understand the possible consequences of my failure to comply with the aforementioned procedures. I will provide GTL with all information concerning activities that I have identified as suspicious and will comply with the following procedures:

1. Identification "Red Flags"
2. Reporting Suspicious Activity
3. Failure to Comply

Name (Please Print): \_\_\_\_\_

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



Agent Code: \_\_\_\_\_

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



# Authorization Form for Release of File Copies of Criminal History

I hereby authorize Interstate Background Research, Inc. acting on behalf of Guarantee Trust Life Insurance Company (GTL) to receive any criminal history record information pertaining to me, which may be in the files of any state or any local criminal justice, agency, or any law enforcement agency.

This request is valid for one (1) year from the date signed.

**Part A: To be completed by AGENT:**

Agent Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_


Agent Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ \* Gender: \_\_\_\_\_

Agent Full Name: \_\_\_\_\_

Agent Street Address: \_\_\_\_\_

Agent City, State and Zip Code: \_\_\_\_\_

Date of this Request: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Agent: \_\_\_\_\_  \*\*SIGN HERE

## THANK YOU

\*This request for your date of birth does not indicate discrimination; and the request in itself is not a violation of the Age Discrimination Act. Your date of birth is requested for a permissible purpose, under the code, and has been ruled a critical identifier for criminal and driving history information. Some states will not conduct a criminal search without the date of birth.

the receivables pledged herein such that the Company may, in the event of default by the GA, directly pursue as the GA's assignee, the amounts owed by the GA's agents and sales representatives, or such other monies payable to the GA by other insurance companies.

10. If commission advances owed to the Company, or its designee, as a result of the terms of this Agreement are not repaid by the GA when due pursuant to the terms hereof, or if an agreement is not reached with the Company for the repayment of said obligations within thirty (30) days after the due date, the GA hereby agrees to pay all costs of collection, including, but not limited to, attorney fees and the costs of suit.
11. If any amounts owed to the Company are not paid as required hereunder, the GA hereby agrees that the Company may initiate suit against the GA in the jurisdiction of the Company's choice. The GA hereby expressly consents to the service of process in the jurisdiction if a suit is brought by the Company against the GA for amount owing hereunder.
12. There will be no advances allowed on monthly direct bill business.



### **Debit-Check Agent/Agency Authorization Form**

Vector One Operations, LLC dba Vector One (collectively with its affiliates, "Vector One") manages the secured web portal interactive computer service provided by Debit-Check.com, LLC a ("Debit-Check"). This Debit-Check Agent/Agency Authorization Form is by and among the undersigned ("you", "me", "I" or "my"), Vector One, and the Company (as defined below) and is used by Debit-Check subscribers who desire to be granted authorization from you for the submission and/or receipt of your personal information to the Debit-Check service as necessary to conduct a commission related debit balance screening. The undersigned company and its affiliates and authorized third parties (collectively, the "Company") is a Debit-Check subscriber. Accordingly, as part of the contracting and appointment process or determination of eligibility for advancement of commissions, the Company may conduct a commission related debit balance screening via Debit-Check in order to determine your eligibility and may continue to conduct periodic commission related debit balance screenings as determined in the Company's sole discretion following the engagement of any employment, appointment, contract, tenure, or other relationship with the Company.

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**Access to Debit-Check Information:** You can obtain your commission related debit balance information by contacting the Vector One Agent Hotline at (800) 860-6546.

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#### **AGENT/AGENCY'S STATEMENT – READ CAREFULLY**

The Company is hereby authorized to obtain and conduct a commission related debit balance screening through Vector One's Debit-Check secured web portal to determine if another Debit-Check subscriber has posted that I have an outstanding commission related debit balance. I understand that the Company may consider the results of the commission related debit balance screening in order to determine my eligibility to be contracted and appointed or determine my eligibility for advancement of commissions as an insurance producer and may continue to conduct periodic commission related debit balance screenings as determined in the Company's sole discretion following the engagement of any employment, appointment, contract, tenure, or other relationship with the Company. I understand and acknowledge that the Company may obtain commission related debit balance information through Debit-Check as state law allows. I understand that my information, including my name and social security number ("My Information") may be used for the purpose of obtaining and conducting a commission related debit balance screening. I further understand that in the event of termination or expiration of my employment, appointment, contract, tenure, or other relationship with the Company, whether voluntary or involuntary, if a commission related debit balance is owed to the Company, the Company may post My Information to the Debit-Check service which may be accessed by Debit-Check subscribers until such time the debit balance is satisfied or otherwise removed.

**If the foregoing sets forth the terms of the Agreement between the Company and the GA, please execute one copy of this Agreement and forward the selected copy to the Company.**

**BY SIGNING BELOW, I HEREBY:**

(A) Authorize the Company to use My Information for purposes of conducting a commission related debit balance screening, and periodic commission related debit balance screenings as determined in the Company's sole discretion following the engagement of any employment, appointment, contract, tenure, or other relationship with the Company, utilizing Debit-Check.

(B) Authorize the Company to consider the results of the commission related debit balance screening in order to determine my eligibility to be contracted and appointed or determine my eligibility for advancement of commissions as an insurance producer.

(C) Authorize and direct Vector One to receive and process My Information as necessary to intentionally disclose and furnish the results of my commission related debt verification screening, whether directly or indirectly, to the Company.

(D) Authorize the Company to submit My Information to the Debit-Check service in the event of termination or expiration of my engagement with the Company, whether voluntary or involuntary, to the extent a commission related debit balance is owed to the Company.

(E) Authorize and direct Vector One to receive and process My Information and intentionally disclose to any Debit-Check subscriber who submits an inquiry utilizing My Information the results of my commission related debit balance screening, which will contain My Information, to the extent a debit balance is owed.

Dated: \_\_\_\_\_

General Agent

 SIGN HERE

\_\_\_\_\_  
Signature of the General Agent

\_\_\_\_\_  
Print or type name of the General Agent

GUARANTEE TRUST LIFE INSURANCE CO.

Dated: \_\_\_\_\_

By: \_\_\_\_\_

Its: \_\_\_\_\_

REQUESTED ISSUE ADVANCE RATE: \_\_\_\_%

11. If any amounts owed to the Company are not paid as required hereunder, the GA hereby agrees that the Company may initiate suit against the GA in the jurisdiction of the Company's choice. The GA hereby expressly consents to the service of process in the jurisdiction if a suit is brought by the Company against the GA for amount owing hereunder.
12. There will be no advances allowed on monthly direct bill business.



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**If the foregoing sets forth the terms of the Agreement between the Company and the GA, please execute one copy of this Agreement and forward the selected copy to the Company.**

**BY SIGNING BELOW, I HEREBY:**

(A) Authorize the Company to use My Information for purposes of conducting a commission related debit balance screening, and periodic commission related debit balance screenings as determined in the Company's sole discretion following the engagement of any employment, appointment, contract, tenure, or other relationship with the Company, utilizing Debit-Check.

(B) Authorize the Company to consider the results of the commission related debit balance screening in order to determine my eligibility to be contracted and appointed or determine my eligibility for advancement of commissions as an insurance producer.


(C) Authorize and direct Vector One to receive and process My Information as necessary to intentionally disclose and furnish the results of my commission related debt verification screening, whether directly or indirectly, to the Company.

(D) Authorize the Company to submit My Information to the Debit-Check service in the event of termination or expiration of my engagement with the Company, whether voluntary or involuntary, to the extent a commission related debit balance is owed to the Company.

(E) Authorize and direct Vector One to receive and process My Information and intentionally disclose to any Debit-Check subscriber who submits an inquiry utilizing My Information the results of my commission related debit balance screening, which will contain My Information, to the extent a debit balance is owed.

General Agent

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of General Agent  Agent Code

\_\_\_\_\_  
Print or type name of General Agent

Dated: \_\_\_\_\_

GUARANTEE TRUST LIFE INSURANC. E CO

By: \_\_\_\_\_

Its: \_\_\_\_\_

REQUESTED ISSUE ADVANCE RATE: 12 Month  
**PRODUCT: Medicare Supplement Only**

Fax completed form to sales support: 847-699-0895 or e-mail to [agency@gtlic.com](mailto:agency@gtlic.com)