



Contracting Check list

To ensure your contracting experience runs as smooth as possible, please complete the agent name, recruiter name, carrier, and include the check points below.

Attach this check list to all new contracting when submitting.

Thank you!

Agent name: _____

Recruiter name: _____ Western Marketing

Carrier: _____ Woodmen of the World / Assured Life

✓ **Do you want advance commissions (if available)**
check one: _____ yes _____ no

✓ Included a copy of your current license?

✓ Included a copy of your current E&O?

✓ Included a Voided Check?

✓ Included a copy of your signed commission schedule?*

✓ Included a copy of your current AML training?

✓ Included any/all fees?***

✓ Signed where indicated

You can submit your contracting one of the following ways:

Fax: 712-642-4248

Mail: Western Marketing – 318 West Huron – Missouri Valley, IA 51555

Email contracting to: licensing@wmacorp.com

*if signature is required on commission schedule

**if fees are required, if you are not sure, call our contracting department: 800-852-7152

General Agent Contract Checklist (Corporation with Special Agent)

Individual/Entity Name: _____

REQUIRED DOCUMENTS FOR CONTRACTING

General Agent Agreement

- Signature Page Signed & Dated
- Full Name Printed or Typed
- Tax Identification Number Section Completed
- Certification Section Completed, Signed & Dated
- Return Signature Page Only

Special Agent Agreement

- Signature Page Signed & Dated
- Full Name Printed or Typed
- Certification Section Completed, Signed & Dated
- Return Signature Page Only

Background & Information Sheet

- Personal Section Completed
- Business Section Completed
- Background Experience Questions 1 and 2 Answered
- Answering "YES" to either question requires a written, signed and dated explanation.
- Signed & Dated

Fair Credit Reporting Act Disclosure

- Signed & Dated

Check Deposit Authorization (Optional)

- Completed, Signed & Dated
- Voided Check or Deposit Slip Attached

Current State Licenses


- ALL States in Which General Agent Will Be Soliciting Business
NOTE: For contracted entities who will not sell, solicit, negotiate or hold themselves out as an insurance agency, no license is required except in the following states:
 - Corporations: GA, MA, MT, NM, PA, PR, UT, VA
 - Individuals: GA, KS, MA, MT, NM, PA, PR, UT, VA

PLEASE NOTE

**ALL MATERIALS MUST BE RETURNED TO YOUR MASTER
GENERAL AGENCY TO CONTINUE THE CONTRACTING PROCESS**

Master General Agency: Transmittal Form(s) must accompany all General Agent contracting paperwork.

WOODMEN OF THE WORLD/ASSURED LIFE ASSOCIATION

GENERAL AGENT	
By: _____ <small>(Signature always required)</small>	
Printed Name: _____ <small>(Same as signature above)</small>	
Title: _____	
General Agent: _____ <small>(As it appears on license)</small>	
DBA: _____ <small>(If applicable)</small>	
Date: _____	
Designated Beneficiary _____	

Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number. For other entities, it is your employer identification number.

Social Security Number							
			+		+		

or

Employer Identification Number							
	+						

Certification

Under penalties of perjury, I certify that:

1. The number provided is my correct taxpayer identification number, **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. person (a U.S. citizen or U.S. resident alien or a partnership, corporation, company or association created or organized in the U.S. or under the laws of the U.S. or an estate (other than a foreign estate) or a domestic trust (as defined in Regulations section 301.7701-7)).

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.

The Internal Revenue Service does not require your consent to any provision of this document other than the above-referenced certifications required to avoid backup withholding.

Sign Here	Signature of U.S. person →	Date →
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GENERAL AGENT AGREEMENT

WOODMEN OF THE WORLD/ASSURED LIFE ASSOCIATION

By: _____

Name: _____

Title: _____

Date: _____

WOODMEN OF THE WORLD/ASSURED LIFE ASSOCIATION

SPECIAL AGENT	
By: _____	
<small>(Signature always required)</small>	
Printed Name: _____	
<small>(Same as signature above)</small>	
Special Agent: _____	
<small>(As it appears on license)</small>	
Date: _____	



**Complete ONLY if requesting AGENCY
appointment**

WOODMEN OF THE WORLD/ASSURED LIFE ASSOCIATION

SPECIAL AGENT AGREEMENT

WOODMEN OF THE WORLD/ASSURED LIFE ASSOCIATION	
By:	_____
Name:	_____
Title:	_____
Date:	_____

Complete **ONLY** if requesting **AGENCY**
appointment

**WOODMEN OF THE WORLD/ASSURED LIFE ASSOCIATION
BACKGROUND AND INFORMATION SHEET**

Name: _____

Social Security Number: _____ Date of Birth: _____

Home Address (must be a physical street address): _____

Home Phone: _____ Home Fax: _____
(optional)

Cell Phone: _____ E-mail Address: _____
(optional) (optional)

Business Name: _____
(if applicable)

Personal Business Address: _____

***Note** – All correspondence (including compensation statements), will be mailed to the personal business address indicated. Only one business address is supported per individual. If no business address is indicated, mail will be directed to home address.

Address for overnight packages (cannot be a P.O. Box): _____

Business Phone: _____ Business Fax: _____

Tax I.D. Number: _____ E-mail Address: _____

Please identify your Master General Agency (if applicable): Western Marketing/Mark Finken

BACKGROUND EXPERIENCE. Note: Please read each question carefully. Failure to answer "Yes" below, when appropriate, may result in the denial of your request to be contracted.

1. Have you ever been fined, suspended, placed on probation, paid administrative costs, entered into a consent order, been issued a restricted license or otherwise been disciplined or reprimanded, or are you currently under investigation by any insurance department, FINRA (formerly known as the NASD), SEC or any other regulatory authority?
_____ Yes _____ No

2. Have you ever been convicted or plead guilty or nolo contendere (no contest), served any probation, paid any fines or court costs, had charges dismissed through any type of first offender or deferred adjudication or suspended sentence procedure, or are any charges currently pending against you for any offense other than a minor traffic violation?
_____ Yes _____ No

PROVIDE A WRITTEN EXPLANATION AND APPLICABLE SUPPORTING DOCUMENTATION (i.e., court documents, insurance department documents, etc.) FOR ANY QUESTION TO WHICH YOU RESPONDED "YES". Please be sure to date and sign the written statement.

Candidate Signature

Date



Direct Deposit Authorization

I, the undersigned, do hereby authorize Woodmen of the World/Assured Life Association and its affiliates to deposit my check as indicated below. This authority is to remain in full force and effect until Woodmen of the World/Assured Life Association and its Affiliates have received notification from me of its termination in such time and in such manner as to afford Woodmen of the World/Assured Life Association and its affiliates a reasonable opportunity to act on it. In no event shall it be effective with respect to entries processed prior to receipt of notice.

I also understand this is not an assignment of commissions, 1099's will continue to be issued to the commission owner.

This Electronic Funds Deposit is for:

Individual/Business Name (please print) _____
Name Associated with SSN or Tax ID

Signature **X** _____
Authorized signature as shown on the account

Social Security Number or Tax ID _____

Production Number _____

Telephone Number () _____

Deposit Type: New Deposit Account or Change to Existing Deposit Account

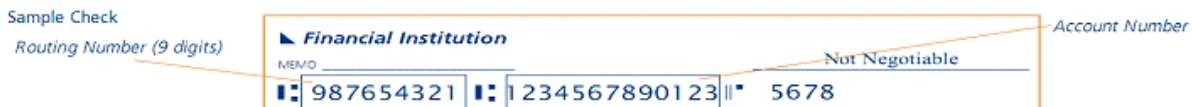
Name of Financial Institution _____

Bank Routing Number _____

Bank Account Number _____

Account Type: Checking Account or Savings Account

Business or Individual



A VOIDED IMPRINTED CHECK, SAVINGS DEPOSIT SLIP OR LETTER FROM THE BANK MUST BE ATTACHED TO VERIFY ACCOUNT AND ROUTING NUMBERS.

For Direct Deposit Setup Inquiries:
Phone: (888) 847-8829
Fax: (402) 997-1832
Email: woodmencontracting@medsuppservices.com

For Compensation Inquiries:
Phone: (877) 466-8353

FAIR CREDIT REPORTING ACT DISCLOSURE

Woodmen of the World/Assured Life Association will obtain consumer reports for the purpose of serving as a factor in establishing your eligibility for contracting as an insurance producer.

First Advantage Corporation
100 Carillon Parkway, Suite 100
St. Petersburg, FL 33716

"Consumer Report" means a written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living which will be used by Woodmen of the World/Assured Life Association, in whole or in part for the purpose of serving as a factor in establishing your eligibility to be contracted as an insurance producer.

This means a credit report, criminal report and report of insurance department regulatory actions will be obtained and reviewed as part of a background investigation in order to determine your eligibility to be appointed.

For California, Minnesota and Oklahoma: You have a right to request a copy of the consumer report which will disclose the nature and scope of the report.

Yes, please provide me a copy of the consumer report

For New York: You have a right, upon written request, to be informed of whether or not a consumer report was requested. If a consumer report is requested, you will be provided with the name and address of the consumer reporting agency furnishing the report.

CANDIDATE'S STATEMENT – READ CAREFULLY

Woodmen of the World/Assured Life Association is hereby authorized to make any investigation of my criminal record history, insurance department history and credit history through any consumer reporting agency or through inquiries with my past or present employers, neighbors, friends or others with whom I am acquainted. I understand that this inquiry will include information as to my general reputation, personal characteristics and mode of living.

AUTHORIZATION

I authorize any consumer reporting agency, insurance department, law enforcement agency, the Financial Industry Regulatory Authority, The Securities and Exchange Commission or any other person or organization having any records, data or information concerning my credit history, public record information, insurance license, regulatory action history or criminal record history to furnish such records, data and information to Woodmen of the World/Assured Life Association and Mutual of Omaha Insurance Company (acting as an administrator for Woodmen of the World/Assured Life Association.)

I understand that if contracted, this authorization will remain valid as long as I am contracted with Woodmen of the World/Assured Life Association.

A photocopy of this authorization shall be considered as effective as the original.

Candidate Signature

Date

Print Name

**WOODMEN OF THE WORLD/ASSURED LIFE ASSOCIATION
GENERAL AGENT/REPRESENTATIVE REPAY ADVANCE COMMISSION AMENDMENT**

This Amendment ("Amendment") is part of the General Agent Agreement or Representative Agreement ("Agreement") between General Agent or Representative ("GA/Rep") and Company which executes this Amendment and is effective on the date signed or stamped by Company. The parties would like to amend the Agreement to provide for the indemnification of Company in the event of non-repayment of advances of compensation on certain Company health insurance Products by General Agents/Representatives associated with GA/Rep.

A. AMENDMENT TO INDEMNIFICATION PROVISION. Section I. of the Agreement shall remain in effect in its entirety and shall be supplemented as follows:

"In addition, GA/Rep agrees to indemnify Company for any losses suffered by Company resulting from Company's agreement to make Advances to GA/Rep and other persons or entities in GA/Rep's down line distribution hierarchy. Upon GA/Rep's written request, Company shall cease making Advances to persons or entities in GA/Rep's down line distribution hierarchy, which request shall become effective on the date such request is processed by Company."

B. COLLECTION COSTS. In the event any suit or other action is commenced to enforce any provision of this Amendment or to force repayment of any Advances, GA/Rep agrees to pay such additional sums for attorney fees, costs of suit, collection fees or such other costs and expenses as may be incurred by Company in such suit or action.

C. TERMINATION. This Amendment shall be terminated upon the earlier of:

1. Termination of the Agreement, or
2. Receipt of notice from one party to the other that this Amendment is terminated.

D. MISCELLANEOUS.

1. This Amendment shall only be applicable to applications submitted to and received by Company in Omaha, Nebraska, on or after the effective date of this Amendment.
2. All production calculations will be based on Company records.
3. Advances on Products may be adjusted, modified or eliminated at Company's sole
4. The administrative rules, practices and procedures regarding Advances may be revised, modified or supplemented by Company from time to time.
5. This Amendment shall be read together and construed as one document with the but to the extent of any inconsistency or ambiguity, this Amendment shall govern. Except as specifically provided in this Amendment, all of the terms and conditions of the Agreement shall remain in full force and effect.
6. Capitalized terms not otherwise defined herein shall have the meaning given them in the Agreement.

GENERAL AGENT/REPRESENTATIVE

BY: _____
(Signature always required)

PRINTED NAME: _____

TITLE: _____

DATE: _____

MASTER GENERAL AGENCY

BY: Mark E. Finken
(Signature always required)

PRINTED NAME: Western Marketing/Mark Finken

TITLE: President

DATE: _____

WOODMEN OF THE WORLD/ASSURED LIFE ASSOCIATION

By: _____

Name: _____

Title: _____

Date: _____

**WOODMEN OF THE WORLD/ASSURED LIFE ASSOCIATION
GENERAL AGENT/REPRESENTATIVE
ISSUE ADVANCE COMMISSION AMENDMENT**

This Amendment ("Amendment") is part of the General Agent Agreement or Representative Agreement ("Agreement") between General Agent or Representative ("GA/Rep") and Company which executes this Amendment and is effective on the date signed or stamped by Company. The parties would like to amend the Agreement to provide for the advancing of certain first year commissions on Woodmen of the World/Assured Life Association Medicare Supplement and Medicare Select products ("Products").

A. COMMISSION ADVANCES.

1. Company agrees to provide GA/Rep with advances of certain first year commissions ("Advances") upon issuance of Products.
2. GA/Rep may receive Advances on Products as made available to GA/Rep from time to time. Advances will not be made on guaranteed issue or internal replacement business. Company may make additional products available for Advances or discontinue Advances on Products in its sole discretion.
3. Advances will be paid based on the advance option GA/Rep selects in this Amendment. Advances will be calculated in accordance with the terms and conditions established by Company, which may be changed from time to time at Company's sole discretion. Payment of Advances will be included with regular compensation payments made pursuant to the terms of the Agreement.

B. PAYMENT OF ADVANCES. Advances are subject to all provisions of the Agreement. Company shall have absolute and complete discretion to withhold payment of any or all Advances to GA/Rep. Advances may be withheld for any reason, including but not limited to, doubts that a certificate will be issued or accepted, failure to submit appropriate premium with applications, and actual or potential Indebtedness by GA/Rep and/or other persons or entities in GA/Rep's down line distribution hierarchy to Company. Further, Company shall have absolute and complete discretion to determine whether applications submitted by GA/Rep qualify for Advances.

C. REPAYMENT OF ADVANCES.

- 1. Advances generally will be repaid from commissions earned on the Products. However, all Advances are a debt owed by GA/Rep to Company, and GA/Rep agrees to repay any outstanding Advances to Company within ten (10) days of demand for repayment by Company.**
- 2. In addition to the right to repayment set forth in Section C.1 of this Amendment, GA/Rep agrees that the following Advances will be immediately repaid to Company:**
 - (a) Advances made on certificates which do not issue,**
 - (b) Advances made with respect to premium which is refunded for any reason, and**
 - (c) Advances made with respect to premium which is not collected by Company.**
- 3. Company may offset any Advance or other sum payable to GA/Rep, specifically including unearned commissions, against any amounts GA/Rep and/or other persons or entities in GA/Rep's distribution hierarchy owe to Company, without regard to whether such amounts relate to Products.**

D. AMENDMENT TO INDEMNIFICATION PROVISION. Section I. of the Agreement shall remain in effect in its entirety and shall be supplemented as follows:

"In addition, GA/Rep agrees to indemnify Company for any losses suffered by Company resulting from Company's agreement to make Advances to GA/Rep and/or other persons or entities in GA/Rep's down line distribution hierarchy. Upon GA/Rep's written request, Company shall cease making Advances to GA/Rep and/or other persons or entities in GA/Rep's down line distribution hierarchy, which request shall become effective on the date such request is processed by Company."

- E. COLLECTION COSTS. In the event any suit or other action is commenced to enforce any provision of this Amendment or to force repayment of any Advances, GA/Rep agrees to pay such additional sums for attorney fees, costs of suit, collection fees or such other costs and expenses as may be incurred by Company in such suit or action.**

F. TERMINATION. This Amendment shall be terminated upon the earlier of:

1. Termination of the Agreement, or
2. Receipt of notice from one party to the other that this Amendment is terminated.

G. MISCELLANEOUS.

1. This Amendment shall only apply to applications with an application sign date on or after the effective date of this Amendment, which shall be the date processed in Company's system.
2. All commission calculations will be based on Company records.
3. Advances on Products may be adjusted, modified or eliminated at Company's sole discretion.
4. The administrative rules, practices and procedures regarding Advances may be revised, modified or supplemented by Company from time to time.
5. This Amendment shall be read together and construed as one document with the Agreement, but to the extent of any inconsistency or ambiguity, this Amendment shall govern. Except as specifically provided in this Amendment, all of the terms and conditions of the Agreement shall remain in full force and effect.
6. Capitalized terms not otherwise defined herein shall have the meaning given them in the Agreement.

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H. **SELECTION OF ADVANCE COMMISSION OPTION.** Please select **one** of the advance commission options from the choices below and acknowledge your choice by placing your initials beside your selection. All choices are for advance of commission upon the issuance of an eligible Product.

6 Month Advance Options		
Initial Here	Maximum Amount per Policy	For Internal Use
	\$1,000	QZ9
	\$2,000	RA1
	\$3,000	RB4

OR

9 Month Advance Options		
Initial Here	Maximum Amount per Policy	For Internal Use
	\$1,000	QT7
	\$2,000	QT9
	\$3,000	QU2
	\$4,000	RB5

OR

12 Month Advance Options		
Initial Here	Maximum Amount per Policy	For Internal Use
	\$1,000	QT8
	\$2,000	QU1
	\$3,000	QU3
	\$4,000	QU4
	\$5,000	RB6

..)

Initial only one option

GENERAL AGENT/REPRESENTATIVE

BY: Mark E. Finken PRINTED NAME: Western Marketing/Mark Finken
 (Signature always required)

TITLE: President DATE: _____

MASTER GENERAL AGENCY

Master General Agency agrees to repay Company any and all Indebtedness incurred by GA/Rep pursuant to this Amendment and that such Indebtedness shall be subject to offset as provided in Section E.3 of the Master General Agency Agreement.

BY: _____ PRINTED NAME: _____
 (Signature always required)

TITLE: _____ DATE: _____

WOODMEN OF THE WORLD/ASSURED LIFE ASSOCIATION

By: _____
Name: _____
Title: _____
Date: _____

Please do not complete this page. If approved, you will receive an executed copy of this advance page.