



GPM LIFE

Government Personnel Mutual Life Insurance Company
P.O. Box 2679
Omaha, NE 68103-2679

Please include the following:

- Contracting Information and Signature Form
- Fair Credit Reporting Act Disclosure
- General Agent Agreement
- Special Agent Agreement - Required for LOA or Signer/Principal Officer of a Corporation.
- Issue Advance Commission Amendment (Optional)
- Your current state licenses

Return signature pages only to:

contracting@americangroupinsurance.com

Or fax to (972) 960-6058

Submit your first new business application directly to:

AMERICAN GROUP INSURANCE SERVICE, INC.

12700 Park Central Drive, Suite 460
Dallas, Texas 75251

PLEASE CONTACT US WITH ANY QUESTIONS

Toll Free 1 (800) 492-6345

Fax (972) 960-6058

www.americangroupinsurance.com



The American Group
Insurance Brokerage Service, Inc.
The Power to Succeed

GPM Life Group

Contracting Information and Signature Form

If contracting as a:

Producer only - complete sections 1, 3 & Individual FCRA Authorization Form
 Business Entity only - complete sections 2 & 3
 Business Entity & Principal- complete sections 1, 2, 3 (both signature blocks) & Individual FCRA Authorization Form

Section 1

Producer Information (Required)

Name: _____ SSN: _____ - _____ - _____ DOB: _____ - _____ - _____
First Name, Middle Initial, Last Name (as it appears on license) MM DD YYYY

Home Address: _____ City _____ State _____ Zip Code _____
Not a P.O. Box

Business Address: _____ City _____ State _____ Zip Code _____
P.O. Box Accepted

Primary Phone Number: _____ - _____ - _____ Business Phone: _____ - _____ - _____ Email Address: _____

Master General Agency (If applicable): _____

Background Information (Required - Must be answered)

<input type="checkbox"/> Yes <input type="checkbox"/> No	Has any regulatory authority, such as an insurance department, FINRA or the SEC ever fined or suspended you, placed you on probation, assessed you any administrative costs, entered into a consent order with you, issued you a restricted license, or otherwise disciplined you? Are you currently under investigation by any regulatory authority, such as an insurance department, FINRA or the SEC?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other than minor traffic offenses that did not result in harm to a person or property, have you ever been (1) convicted of any offense, (2) pled guilty or nolo contendere (no contest) to any offense?

NOTE: Answering "YES" to the above questions does not automatically preclude you from being contracted.

If Yes, please include county _____

Directions: PLEASE PROVIDE A WRITTEN EXPLANATION for any "YES" answer including the disposition and applicable supporting documentation (court documents, insurance department documents etc.). Failure to answer "YES", when appropriate, may result in denial of your request to be contracted.

Contracting Selection (Required)

<input type="checkbox"/>	I have received, reviewed and agree to be bound by the Terms & Conditions of the General Agent Agreement with GPM Life Insurance Company and its affiliate (BMO02P.005) Please retain a copy of the agreement for your files. A copy will not be returned to you.
<input type="checkbox"/>	I have received, reviewed and agree to be bound by the Terms & Conditions of the Special Agent Agreement with GPM Life Insurance Company and its affiliate (BMO03P.005) Please retain a copy of the agreement for your files. A copy will not be returned to you.

Direct Deposit Information (Complete if you are electing direct deposit - not applicable for Special Agents)

Financial Institution: _____

Routing Number: _____ Account Number: _____ Account Type Checking Savings

This is not an assignment of commissions. Form 1099 will be issued to the commission owner.

Designation of Beneficiary (if applicable)

Name: _____ Relationship: _____
First Name, Middle Initial, Last Name or Business Name

Home Address: _____ City _____ State _____ Zip Code _____
Not a P.O. Box

SSN: _____ - _____ - _____ or TIN: _____ - _____ DOB: _____ - _____ - _____ Phone Number: _____ - _____ - _____

W-9 Information

Taxpayer Identification Number (SSN)

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 _____ - ____ - ____ - ____

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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Contracting Information and Signature Form

Section 2

Business Information *(Only complete this section if contracting as an Incorporated Entity, Partnership or LLC)*

Name: _____ TIN: ____-_____
(As shown on income tax returns)

Doing Business As: _____

Address: _____
P.O. Box Accepted City State Zip Code

Phone: ____-____-____ Email Address: _____

Principal Officer: _____

Master General Agency *(If applicable)*: _____

Contracting Selection *(Required for Corporation)*

I have received, reviewed and agree to be bound by the Terms & Conditions of the **General Agent Agreement** with GPM Life Insurance Company and its affiliate **(BMO02P.005)**

Please retain a copy of the agreement for your files. A copy will not be returned to you.

Direct Deposit Information *(Complete if you are electing direct deposit)*

Financial Institution: _____

Routing Number: _____ Account Number: _____ Account Type Checking Savings

This is not an assignment of commissions. Form 1099 will be issued to the commission owner.

W-9 Information

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.

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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****Please proceed to Section 3****

Section 3 - Contract Signature, Certification and Direct Deposit Authorization

By signing below:

- (a) you agree to be bound by the terms and conditions of the Agreement(s) selected,
- (b) you certify that the information that you have provided is true and correct and you agree that you will report immediately any event that would change any of the information, in any manner, which you have provided,
- (c) you agree to maintain your state insurance license in good standing, stay current with required continuing education, and obtain and maintain E&O coverage as required, and
- (d) if you have completed the Direct Deposit section(s) you authorize GPM Life Insurance Company and its affiliate ("Company") to electronically credit the bank account and, if necessary, to electronically debit the account to correct erroneous credits. You understand that this authorization will remain in full force and effect until you notify Company that you wish to revoke this authorization.

Producer Signature

Name: _____
(Signature Required)

Date: _____

Business Signature *(If Signing on the behalf of the Business)*

Name: _____
(Signature Required)

Title: _____
(Required)

Date: _____

****Please proceed to the FCRA Authorization Form****

FAIR CREDIT REPORTING ACT DISCLOSURE

Disclosure Regarding Consumer Reports

GPM Life Insurance Company and its affiliate, with which you intend to contract, may obtain and use consumer reports about you in order to evaluate your eligibility to contract with GPM Life Insurance Company and its affiliate as an insurance producer or to remain contracted as an insurance producer for GPM Life Insurance Company and its affiliate.

Your Authorization

By signing below, I authorize GPM Life Insurance Company and its affiliate to obtain and use consumer reports about me in order to evaluate my eligibility to contract with GPM Life Insurance Company and its affiliates as an insurance producer. If I do contract with GPM Life Insurance Company and its affiliate as an insurance producer, by signing below, I also authorize GPM Life Insurance Company and its affiliate to obtain and use consumer reports about me while my contract is in effect in order to evaluate my continued eligibility to remain an insurance producer for GPM Life Insurance Company and its affiliate.

Candidate Signature

Date

Print Name

Additional Information About Consumer Reports

Consumer reports may include, among other things, information about your credit history, criminal record and history, and insurance department regulatory actions.

We will obtain a copy of your consumer report from: Name/Address/Phone

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.

GPM

General Agent Agreement

By: _____

Name: _____

Title: _____

Date: _____

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

GPM

Special Agent Agreement

By: _____

Name: _____

Title: _____

Date: _____

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

H. Selection of Advance Commission Option.

Please select **one** of the advance commission options from the choices below and acknowledge your choice by placing a check mark beside your selection. All choices are for advance of commission upon the issuance of an eligible Product.

6 Month Advance Options		
Check Here	Maximum Amount per Policy	For Internal Use
	\$1,000	RA2, G18
	\$2,000	RA3, G19
	\$3,000	RB7, G20

OR

9 Month Advance Options		
Check Here	Maximum Amount per Policy	For Internal Use
	\$1,000	QU7, G21
	\$2,000	QU9, G22
	\$3,000	QV2, G23
	\$4,000	RB8, G24

OR

12 Month Advance Options		
Check Here	Maximum Amount per Policy	For Internal Use
	\$1,000	QU8, G25
	\$2,000	QV1, G26
	\$3,000	QV3, G27
	\$4,000	QV4, G28
	\$5,000	RB9, G29

Check only one option

GENERAL AGENT

BY: _____
(Signature always required)

PRINTED
NAME: _____

TITLE: _____

DATE: _____

SUPER MASTER GENERAL AGENCY

I approve of the Advance of Commission pursuant to this Agreement.

BY: _____
(Signature always required)

PRINTED
NAME: _____

TITLE: _____

DATE: _____

This Amendment is subject to Company's written approval. If Company approves this Amendment, Company will send an executed signature page to the GA. The executed signature page will become part of this Amendment. The advance mode and the advance maximum amount per policy will be included on the executed signature page.