



1701 Research Boulevard  
Rockville, Maryland 20850  
(301) 279-4800  
(800) 638-8428

### AGENT OR AGENCY BIOGRAPHICAL INFORMATION FOR CONTRACT APPLICANT

This form must accompany all contracts submitted to Banner Life Insurance Company.

*Please print or type all information.*

#### Section I - CONTRACT TYPE

Please check only one. Contract is for:  individual - complete sections I, II, IV and V.  
 individual, but "doing business as" - complete all sections.  
 corporation - complete all sections.

#### Section II - INDIVIDUAL APPLICANT OR CORPORATE PRINCIPAL REQUIRED INFORMATION

Social Security Number: \_\_\_\_\_ Sex:  Male  Female  
Required

Name: \_\_\_\_\_  
Last First Middle Initial

Date of Birth: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
Month Day Year

Business Phone: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_  
Street Suite Number City State Zip

Home Address: \_\_\_\_\_  
Street Apt. Number City State Zip

Home Phone: \_\_\_\_\_ Web Site Address: \_\_\_\_\_

I am an officer of the below corporation.

#### Section III - CORPORATE APPLICANT REQUIRED INFORMATION

**INDIVIDUAL APPLICANTS  
DO NOT COMPLETE THIS SECTION.**

Tax ID Number: \_\_\_\_\_  
Required

Corporate Name: \_\_\_\_\_

Corporate Phone: \_\_\_\_\_ Corporate Fax No.: \_\_\_\_\_

Corporate Address: \_\_\_\_\_  
Street Suite Number City State Zip

Corporate E-mail Address: \_\_\_\_\_ Web Site Address: \_\_\_\_\_

Primary Principal for Corporate Records: \_\_\_\_\_

Background information reported on page 2 should provide information for the primary principal and the corporation.

Additional Principals: \_\_\_\_\_

Office Manager or Primary Contact: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Toll-Free Number for Client Calls: \_\_\_\_\_

**Please attach a copy of your license(s) for your state of residence and any other states where you plan to do business with Banner. Please complete the second page of this form as well.**

Incomplete information will delay contracting.

**Section IV - BACKGROUND INFORMATION REQUIRED FROM ALL APPLICANTS**

Please provide a detailed letter of explanation for any "yes" answers below. If this is a corporate application, the questions should be answered by the agency principal.

- 1. Do you have any unsatisfied judgements, garnishments or liens against you?
2. Are you in debt to any insurance company?
3. Have you ever filed for or been declared bankrupt or insolvent either personally or in business?
4. Have you ever been charged with, convicted of, or plead no contest to:
a. any felony or misdemeanor?
b. any violation of any state insurance regulations or statutes?
c. any violation of federal or state securities or investment related regulations?
5. Are you now or have you ever been the subject of any insurance or investment related customer complaint, investigation or proceeding?
6. Have you ever had your contract or appointment terminated or refused by any insurance or financial services company?
7. Have you ever had a license denied, revoked or suspended by any Securities and/or State Insurance Department?
8. Have you used any other names or aliases?

Remarks: \_\_\_\_\_

Current or previous employer: \_\_\_\_\_

Are you now or have you ever been contracted or otherwise associated with Banner Life? or William Penn?

If Yes, please provide details including agent # and agency name: \_\_\_\_\_

Do you have Errors and Omissions coverage?

If you are a general agent, does your E&O policy cover agent/broker activity?

E&O Carrier: \_\_\_\_\_ Policy No.: \_\_\_\_\_

Effective Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

I hereby certify that all the information given to Banner Life by me is true and correct without any omissions of any kind. I hereby authorize Banner Life to conduct a background investigation on me, including a review of credit worthiness, now or at any time. I understand that information may be obtained through written correspondence, personal or telephone interviews with family, friends, neighbors, business associates or other acquaintances, companies I have worked for or with whom I have been contracted, and any other persons or organizations contracted to supply such information. I also understand and acknowledge that information received by Banner Life may be shared with the general agencies indicated below and I hereby expressly consent to the sharing of such information with the general agencies indicated below. I further hereby certify that if this application is approved, I will comply with all the terms and conditions of the Company's Agent/Agency Agreement, including, but not limited to, the terms and conditions therein relating to the Company's Privacy Policy. A photocopy of this authorization shall be as valid as the original.

Print Name: \_\_\_\_\_

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

**Section V - AGENCY HIERARCHY STRUCTURE**

I certify that I have reviewed this candidate's information and recommend him/her for contracting.

Please appoint \_\_\_\_\_ with commission addendum ABNCA

who reports to BDGA (if any): Name Money Concepts International Code # W1M0001

who reports to BEGA (if any): Name \_\_\_\_\_ Code # \_\_\_\_\_

who reports to BMGA (if any): Name U.S. Marketing Corporation Code # W1M0000

who reports to GA (required): Name \_\_\_\_\_ Code # \_\_\_\_\_

Signature of GA \_\_\_\_\_ Date \_\_\_\_\_

Assignment of Commission form attached. (Assignee must be appointed by Banner Life.)



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**BANNER LIFE INSURANCE COMPANY  
ROCKVILLE, MARYLAND**

**Agent/Broker Agreement Adoption Authorization**

In consideration of the covenants contained in the Banner Life Agent/Broker Agreement (ABNCA (03/09)), this ADOPTION AUTHORIZATION is executed as set forth below by and among Banner Life Insurance Company, called the Company, the General Agent and the Agent/Broker.

All of the parties hereto acknowledge that they have received and read the Banner Life Agent/Broker Agreement (ABNCA (03/09)).

IN WITNESS WHEREOF, the parties hereto have signed this ADOPTION AUTHORIZATION and agree it is effective as of the date authorized by the Company, i.e, The Contract Date.

**Agent/Broker**

**General Agent**

\_\_\_\_\_  
Print Name of Agent/Broker

U.S. Marketing Corporation  
\_\_\_\_\_  
Print Name of General Agent

\_\_\_\_\_  
Print Name & Title of Principal or Authorized Officer for Agent/Broker, if applicable

Donald E. Fortney  
\_\_\_\_\_  
Print Name & Title of Principal or Authorized Officer for General Agent, if applicable

X \_\_\_\_\_  
Signature of Agent/Broker or Principal or Authorized Officer for Agent/Broker

Donald E. Fortney  
\_\_\_\_\_  
Signature of General Agent or Principal or Principal or Authorized Officer for General Agent

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Date Signed

**Banner Life Insurance Company**

Frank Gencarelli  
\_\_\_\_\_  
Print Name

SVP, Marketing and Distribution  
\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed



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**ASSIGNMENT OF AGENT/BROKER/GENERAL AGENT  
FIRST YEAR AND RENEWAL COMMISSIONS**

For good and valuable consideration, the receipt of which is hereby stipulated:

I, X \_\_\_\_\_ do hereby sell, assign, transfer, set over and convey  
(Agent/Broker/General Agency Name)  
to Money Concepts International of Palm Beach Gardens, FL all of  
(Print Name) (City, State)  
my right, title, interest, claim or demand in and to any and all first year and renewal commissions including service fees,  
if any, for all policies due or to become due and payable to me by BANNER LIFE INSURANCE COMPANY, under the  
Agent/Broker/General Agency number Pending (or if a number has not been issued, write  
"Pending" above and provide the date you signed your Banner Life Agreement \_\_\_\_\_),  
(Agent/Broker/General Agency Agreement Date)

I understand that this assignment will remain in force and be effective until written notice of the payment of the obligation for which it is given to secure is filed by said assignee with said Insurance Company. Until such time said Company is authorized and empowered to pay to said assignee the commissions covered hereby as and when the same become due and payable under said contract and said Insurance Company is released of and from all other and further liabilities by reason of payments made to said assignee by virtue hereof.

**Agent/Broker/General Agent Authorization**

\_\_\_\_\_  
Print Name of Agent/Broker/General Agent Assignor

\_\_\_\_\_  
Print Name and Title of Principal or Authorized Officer for Agent/Broker/General Agent, if applicable

X \_\_\_\_\_  
Signature of Agent/Broker/General Agent or Principal or Authorized Officer for Agent/Broker/General Agent

\_\_\_\_\_  
Date Signed

## Request for Taxpayer Identification Number and Certification

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

Print or type  
 See Specific instructions on page 2.

Name (as shown on your income tax return)	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ ..... <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code	
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 your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number
OR
Employer identification number

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

### 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).

**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 on page 4.

**Sign Here**

Signature of U.S. person ▶

*X*

Date ▶

### General Instructions

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

#### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,