

1. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex:  M  F  
(as it appears on your license)
2. Business Name: Money Concepts International Inc. Email: \_\_\_\_\_
3.  Business Address: \_\_\_\_\_  
Please check box to indicate mailing address  
Street City County State Zip
4.  Residence Address: \_\_\_\_\_  
Street City County State Zip
- Previous Residence: \_\_\_\_\_  
(if less than 5 years at present address) Street City County State Zip
5. Residence Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_
6. Social Security Number: \_\_\_\_\_ Taxpayer Identification Number: 20-4715468
7. CRD Number (if securities licensed): \_\_\_\_\_ Broker/Dealer Name: Money Concepts Capital Corporation
8. For which states do you wish non-resident appointment? \_\_\_\_\_  
(Attach copy of current license. Fees required for non-resident appointments)
9. Do you currently have a debit balance with any insurance company?  No  Yes (if yes give a company name and explanation below)  
 Balance: \$ \_\_\_\_\_
10. *If you answer "Yes" to any of the questions below, please write details on a separate sheet of paper and attach to this application.*
- a. Have you ever had your insurance license suspended or revoked? .....  No  Yes
  - b. Have you ever had a complaint filed against you with an insurance department? .....  No  Yes
  - c. Has any claim ever been made against you, your surety company, or errors and omissions insurer arising out of insurance sales, or have you been refused surety bonding? .....  No  Yes
  - d. Have you ever been convicted of a felony, including but not limited to crimes involving dishonesty, breach of trust, or a violation of any federal law? .....  No  Yes
  - e. Have you ever been party to any litigation? .....  No  Yes
  - f. Are there any unsatisfied judgments outstanding against you? .....  No  Yes
11. **Errors and Omissions Coverage – REQUIRED** (Must provide a copy of the declaration page).

### AGENT'S DECLARATION AND AUTHORIZATION

- 1) I hereby certify that all my answers to the above questions are true. I understand that this application will form a part of my Agent's Contract with EquiTrust Life Insurance Company (the Company) and the information is to the best of my knowledge an accurate statement of fact. I further understand that if any material information given in this application is found to be incorrect or incomplete, it will be grounds for termination for cause at the sole discretion of the Company.
- 2) Certification – Under penalty of perjury, I certify that:
  - a) The Social Security Number or Taxpayer Identification Number shown on this form is correct (or I am waiting for a number to be issued to me);
  - b) 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 that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.

### CONSENT TO INVESTIGATIVE REPORT

The Company may obtain independent investigative credit and criminal reports which would provide information concerning my character, general reputation, personal characteristics and mode of living, I hereby acknowledge and consent to the Company obtaining and utilizing such reports in its decision to contract with me. If requested in writing, I shall be provided with complete disclosure of the nature and scope of this report. Information obtained by the Company will be treated as confidential.

Applicants of CA, MN, OK only: Check here to have a copy of your consumer report sent directly to you by the appropriate credit repository.

Signature of Applicant: X \_\_\_\_\_ Date: \_\_\_\_\_



# AGENT LICENSE AGREEMENT

## AN AGREEMENT BETWEEN EQUITRUST LIFE INSURANCE COMPANY

AND \_\_\_\_\_ (Licensee)

I request an Insurance License or Appointment for the State(s) of \_\_\_\_\_.

I \_\_\_\_\_ request that the company make application with the Department of Insurance in said state(s) for the issuance of a life insurance agent's license authorizing me to solicit applications on behalf of EquiTrust Life Insurance Company.

I hereby agree that your consent to the issuance for such license is subject to, and I agree hereby to be bound by, each and all of the following conditions:

1. That I shall be an agent assigned to and under the jurisdiction of the agent listed below.
2. That the Company has no obligation to me for commissions, expense allowances or any form of compensation whatsoever in connection with the services performed and expenses incurred by me in the solicitation of applications for insurance issued by the Company, it being expressly understood that I am under direct contract with my agent, who has agreed to compensate me for such services; and
3. That I have no contractual relationship with the Company and that I am not, and I shall refrain from holding myself out as employee, partner, joint venturer or associate of the Company; and
4. That I shall comply with the rules, regulations and rate books of the Company, the laws of my state or states in which I am licensed, and the regulations of the Department of Insurance relating to my activities in the solicitation of insurance; and
5. That I shall not alter, modify, waive or change any of the terms, rates or conditions of an advertisements, receipts, policies or contracts of the Company, in any respect; and
6. That I shall promptly remit to my agent or the Company any and all monies or securities received by me on behalf of the Company, full or partial payment of first-year or renewal premiums, or any other item whatsoever; and
7. That I shall not obligate the Company nor incur expense in its behalf in any manner whatsoever; and
8. That the Company may, without liability to me whatsoever, upon request of my agent or upon its own initiative, cancel my license at any time.
9. I acknowledge receipt of the Company's privacy policy regarding use of policyholder information and I agree to comply with the terms of such policy, as applicable.

<b>FOR HOME OFFICE USE ONLY</b> Date of effective agreement (month/day/year) _____, 20____.
--

This applicant is recommended for appointment as an agent assigned to my jurisdiction, subject to the terms of my agent's contract with the Company and this agreement.

\* Signature of Agent (Licensee) X \_\_\_\_\_

Sponsoring Agent/Agency Mohity Concepts International, INC. # 20-4715468

Signature of Sponsor X \_\_\_\_\_  
Please Print Name

The Company approves the above agreement subject to all provisions herein.

Authorized Home Office Signature \_\_\_\_\_