

Supplemental Worksite Contracting Kit

Assurity[®]

Life Insurance Company

Lincoln, Nebraska

* The Supplemental Contracting Kit is used for currently contracted and appointed agents who would like to sell Assurity's Worksite products.

Assurity® Life Insurance Company

1526 K Street • PO Box 82533

Lincoln, NE 68501-2533

Toll Free 800-276-7619

**Supplemental Worksite
Appointment Checklist**

** The Supplemental Contracting Kit is used for *currently* contracted and appointed agents who would like to sell Assurity's Worksite products.**

You must return all of the following items completed in full to Contracting at Assurity. Information should be typed or printed legibly. Missing items will delay the contracting and appointment process.

Appointment Application

When appointing an agency, you must include **both** the tax identification number and social security number on the Appointment Application.

** The e-mail address and other information provided is confidential and will be used for Assurity business purposes only. E-mail addresses are requested to facilitate communication between you and the company and/or its affiliates. E-mail addresses are not sold or furnished to any other entity except as may be required by law or regulatory authority.

Hierarchy Commission Structure

This requirement will be completed by your Regional Area Director.

NOTE: In doing business with Assurity, you will need to access our extranet site to obtain your commission statements and production reports as Assurity does not mail any commissions or production reports. You will receive more information about this once you have become contracted and appointed with Assurity.

The procedure for licensing agents differs in each state. All states, however, are uniform in requiring that an agent be properly licensed before soliciting insurance sales. Assurity supports this position and requests your complete compliance with the licensing laws of your state(s).

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Supplemental Worksite Appointment Application

COMPLETION INSTRUCTIONS

Individual Applicants: Complete sections I, III. Must sign and return applicable contracts.

Corporations: Complete sections I, II, & III. All Corporate appointments require that appointment information be submitted on at least one officer concurrent with the Corporation. Must sign & return applicable contracts for agency & Solicitor contracts for officer.

PLEASE PRINT OR TYPE AND RESPOND TO ALL QUESTIONS. DO NOT USE ABBREVIATIONS.

I. GENERAL INFORMATION

Mr. Mrs. Ms. Miss Name _____

Social Security # _____ Maiden or other name (If applicable) _____

Residence Address _____ Residence Phone (_____) _____

City _____ ST _____ Zip _____ Business Phone (_____) _____

Business Address _____ Fax Number (_____) _____

City _____ ST _____ Zip _____ Date of Birth _____

Email Address** _____ Gender (Optional) M F

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Primary mailing address to receive Company Information including Underwriting and Compensation correspondence
 Business Address Residence Address

II. AGENCY INFORMATION

Agency Name _____

Corporation Partnership Tax I.D. # _____

List officers and their titles below:

Name _____ Soc. Sec. # _____

Name _____ Soc. Sec. # _____

III. ASSIGNMENT OF COMMISSIONS (Select one option)

Paid Direct: The commission check is made payable and sent to the agent.

For value received, I irrevocably assign my commissions to the Agency/Agent listed in Section II. I understand that this assignment may be terminated only by written agreement of the Agency/Agent to whom I assign these commissions.

Agent's Signature _____ Date _____

I hereby certify that the statements contained in this Appointment Application are true and correct to the best of my knowledge and belief. I understand that any false statements on this Application may be considered as sufficient cause for rejection of this Application, or for termination if such false statement is discovered subsequently.

Agent's Signature _____ **Date** _____