



Welcome

We are eager to receive your application for appointment with Monumental Life Insurance Company. Once registration is complete, you will receive a Monumental Life (Agent ID #) identification number from your managing agency. This number should be used for identification purposes on the web site and must be entered on all new business applications to ensure you receive proper credit.

Along with this document, 8 pages of the application are attached. The following outlines your procedures for completing your appointment request.

1. Complete and sign ALL forms where required.
2. Fax the following completed forms as soon as possible to your appointing Managing Agency or appropriate up-line manager.

- Application for Appointment (1 page - 2 pages in PA)
- Direct Deposit Form [place copy of voided check on form provided] (1 page)
- Applicant's Certification and Release of Liability (1 page)
- W-9 (1 page)
- Producer contracts and/or schedules
- Advance commission addendum (when applicable)
- Resident State Insurance License [place copy on form provided] – for non-resident appointment requests, please submit a check with your contracting paperwork. Contact the licensing unit at 866-721-3096, option 2 for current fees.

The following forms are for your records only. Do not fax.

- Fair Credit Reporting Act Disclosure (1 page)
- Summary of Your Rights Under the Fair Credit Reporting Act (2 pages)

***Monumental Life will not accept new business or pay commissions until all forms have been received and processed by our Licensing Department and the appropriate state appointment(s) have been confirmed.***

If you need assistance or have any questions, please contact the Licensing Department at 866-721-3096 or e-mail to [monlifelicense@monlife.com](mailto:monlifelicense@monlife.com).

You will be contacted by e-mail when your appointment has been confirmed, or if additional information is needed. You can monitor your appointment progress through the Monumental Life registration web site at [www.monlifeimo.com](http://www.monlifeimo.com). Your managing agency will supply your web site password and user ID. The web site user ID is your Monumental Life identification number (agent ID#).



**APPLICATION FOR APPOINTMENT**

Agent ID# \_\_\_\_\_

**Personal Information**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Other Names Used/Dates: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

List All Addresses For Past 7 Years:

\_\_\_\_\_ Dates: \_\_\_\_\_

\_\_\_\_\_ Dates: \_\_\_\_\_

\_\_\_\_\_ Dates: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Have you ever been convicted of or pled guilty or no contest to a misdemeanor or felony, other than a minor traffic violation? (Note: A DUI is not considered a minor traffic violation).  Yes  No If yes or unsure, describe in detail (Not all convictions will bar appointment. Each case will be reviewed on its own merit).

**Insurance Information**

List below your active licenses:

State	License#	Issue Date	Line of Business	Resident (Y/N)
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1. Have you ever had a license to write or sell insurance revoked or suspended, or have you ever entered into a Consent Order with an Insurance Department, or is your license currently under review?  Yes  No

If yes, explain:

2. Is your account with any Company, Agent, or insured delinquent or in dispute?  Yes  No

If yes, explain:

3. Do you engage in the insurance business as an individual under any name other than the one stated on this application?  Yes  No

If yes, explain:

**Fax to Managing Agency**

**DIRECT DEPOSIT AUTHORIZATION OF COMMISSION PAYMENTS**

AGENT ID# \_\_\_\_\_

\_\_\_\_\_  
Name

I authorize Monumental Life Insurance Company to automatically deposit 100% of my gross pay each pay period to my bank account listed below. If funds to which I am not entitled are deposited to my account, I authorize Monumental Life Insurance Company to direct the bank to return said funds.

**FOR DIRECT DEPOSIT TO A CHECKING ACCOUNT, A VOIDED CHECK MUST BE ATTACHED.**

**FOR DIRECT DEPOSIT TO A SAVINGS ACCOUNT, ATTACH STATEMENT FROM BANK (ON BANK LETTERHEAD) WITH BANK ROUTING NUMBER AND ACCOUNT NUMBER.**

Name of Bank:

\_\_\_\_\_

Bank Phone #: \_\_\_\_\_

Bank Routing #: \_\_\_\_\_

Checking: \_\_\_\_\_ Savings: \_\_\_\_\_

Account #: \_\_\_\_\_

.....

**IF CHECKING ACCOUNT**  
  
**ATTACH  
VOIDED  
CHECK  
HERE**

**Fair Credit Reporting Act Disclosure and Authorization to Conduct Background Investigation,  
Obtain Credit Report, and Check Debit Balances**

I understand that Monumental Life Insurance Company ("the Company") will utilize the services of Business Information Group (BIG), a consumer reporting agency, and Vector One, a debit balance reporting agency, as part of the procedure for processing my application for appointment.

I understand that Vector One will report any outstanding debit balances using Debit-Check.Com, a database containing names, social security numbers and federal tax identification numbers of thousands of agents who have been reported by subscribing insurers as having left them with a debit balance.

I understand that BIG will conduct an investigation which may include obtaining information covering up to the last seven (7) years regarding my credit background, reference, character, past employment, work habits, education, general reputation, personal characteristics, mode of living, judgments, liens and criminal background.

I understand that BIG's information may be obtained by direct or indirect contact from former employers, schools, financial institutions, landlords and public agencies and through personal interviews with my neighbors, friends and associates, acquaintances or other persons who may have such knowledge.

I also understand that before I am denied appointment based on information obtained from BIG, a consumer reporting agency, I will be provided a copy of the report and a description in writing of my rights under the Fair Credit Reporting Act. (15 U.S.C. Section 1681, et seq.). In addition, a report of a debit balance from Vector One will be shared with me.

I understand that if I disagree with the accuracy of any information in a BIG or Vector One report, I must notify the Company within a reasonable time after notice from the Company.

I hereby consent to this investigation and authorize the Company to procure reports on my background as stated above from BIG and Vector One.

I further authorize and request any former employer (and my current employer, if I have otherwise authorized in my appointment application or elsewhere), school, police department, financial institution, governmental agency, or other persons having personal knowledge about me, to furnish the Company with any and all information in their possession regarding me in connection with an application for appointment. I am willing that a photocopy of this authorization be accepted with the same authority as the original, and I specifically waive any written notice from any former employer who may provide information based upon this authorized request. I understand this authorization is to be part of the written appointment application that I sign.

I further certify that I have been given a stand alone, Fair Credit Reporting Act notification that a report will be requested and used for the purpose of evaluating me for appointment, as well as a summary of my rights under the Fair Credit Reporting Act.

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**"1994 Crime Bill" Notice To Applicants**

The Violent Crime Control and Law Enforcement Act of 1994 ("1994 Crime Bill") makes it a federal crime to:

- 1) knowingly make false material statements in financial reports submitted to insurance regulators;
- 2) embezzle or misappropriate monies or funds of an insurance company;
- 3) make material false entries in the records of an insurance company in an effort to deceive officials of the company or regulators regarding the financial condition of company;  
or
- 4) obstruct an investigation by an insurance regulator.

The 1994 Crime Bill also makes it a federal crime for individuals who have been convicted of a felony involving dishonesty, breach of trust, or any of the offenses listed above to willfully participate in the business of insurance. The law provides an exception where an individual who has been convicted of any of the felonies described above has obtained written consent to work in the insurance business from any insurance regulatory official authorized to regulate the company.

The penalties for violating this law can range up to \$50,000 in civil fines and five to fifteen years in prison.

***Maintain For Your Records***

## A Summary of Your Rights Under the Fair Credit Reporting Act

The Federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to [www.ftc.gov/credit](http://www.ftc.gov/credit) or write to: **Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment - or to take another adverse action against you - must tell you, and must give you the name, address, and phone number of the agency that provided the information.
  
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files if a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identify theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days. In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for additional information.
  
- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
  
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer-reporting agency, the agency must investigate unless your dispute is frivolous. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for an explanation of dispute procedures.
  
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
  
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer-reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
  
- **Access to your file is limited.** A consumer-reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

*Maintain For Your Records*

*A Summary of Your Rights Under the Fair Credit Reporting Act –continued-*

- **You must give your consent for reports to be provided to employers.** A consumer-reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.ftc.gov/credit](http://www.ftc.gov/credit).
- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.ftc.gov/credit](http://www.ftc.gov/credit).

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:**

Type of Business:	Federal Trade Commission: Consumer Response Center - FCRA
Consumer reporting agencies, creditors and others not listed below	Contact
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation ,Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051

**Business Information Group  
Attn: Consumer Disclosure  
P.O. Box 130, Southampton, PA 18966  
Toll-free phone - 800 260-1680**

*Maintain For Your Records*



***Applicant's Certification Authorization and Release of Liability***

I hereby certify that the information I have provided on this application and its attachments is true and correct to the best of my knowledge and that no attempt has been made by me to conceal any pertinent information. I understand that any material error or omission of information may constitute grounds for denial of appointment.

By signing this Certification, Authorization and Release of Liability, I acknowledge receipt of the Fair Credit Reporting Act Disclosure and 1994 Crime Bill Notice, and I certify that I am not in violation of the provisions of the 1994 Crime Bill described in that notice. I further authorize the Company and the financial institution named in the Direct Deposit Authorization of Commission Payments to automatically deposit commission and advance commission payments to the account specified in that Authorization and to abide by the terms contained in that Authorization.

Unless otherwise noted on this application, I authorize my previous employers, references, and other persons or institutions noted on this application to provide the Company with any information they may have regarding me including, but not limited to, employment history and salary information. I agree to release and hold harmless all persons supplying the information to the Company and its agents, associates and employees, for any and all liabilities arising out of their investigation of my application for appointment.

I hereby acknowledge that I have read the Company's Core Values, Business Principles and Rules of Conduct, and agree to abide by them. I have also reviewed the Company's training on its Anti-Money Laundering Policy.

A photocopy of this authorization shall have full force and effect of the original.

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Signature of Applicant

Date

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Applicant Name

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AgentID#

***Sign and Fax to Managing Agency***

**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:  Individual/ Sole proprietor  Corporation  Partnership  Other ▶ .....  Exempt from backup withholding

Address (number, street, and apt. or suite no.)

City, state, and ZIP code

List account number(s) here (optional)

Requester's name and address (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.

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

Social security number
OR
Employer identification number

**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. person (including a U.S. resident alien).

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 ▶

Date ▶

**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.

**U.S. person.** 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.

**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.

For federal tax purposes you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

**Foreign person.** If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

**Nonresident alien who becomes a resident alien.** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

- The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
- The treaty article addressing the income.
- The article number (or location) in the tax treaty that contains the saving clause and its exceptions.

*Complete and Fax to Managing Agency*

**ATTACH COPY  
OF  
INSURANCE  
LICENSE  
HERE**

***ATTACH COPY OF LICENSE FOR EACH STATE YOU WISH TO BE  
APPOINTED IN***