



REPRESENTATIVE LICENSING APPLICATION

4333 Edgewood Rd. NE
 Cedar Rapids, IA 52499
 800-443-9975, ext. 6564
 Fax 727-299-1864

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| W/S Name: _____ W/S #: _____ |
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INSTRUCTIONS:
 1. Please print legibly in black ink (or type), complete form in its entirety, and sign and date reverse side.
 2. Submit current copy of license(s).
 3. If information is faxed, please **DO NOT** mail.

| PERSONAL AND BUSINESS DATA | | | | |
|---|---------------|--|--|------------------|
| (Please contact us via our web-site www.westernreserve.com if any of your information changes.) | | | | |
| FULL NAME OF REPRESENTATIVE | | | BROKER-DEALER AFFILIATION | |
| Last: | First: | MI: | | |
| BUSINESS TELEPHONE () () | | HOME TELEPHONE () () | | FAX # () () |
| SOCIAL SECURITY NO. | DATE OF BIRTH | SEX <input type="checkbox"/> Male <input type="checkbox"/> Female | PROFESSIONAL DESIGNATIONS <input type="checkbox"/> CFP <input type="checkbox"/> ChFC <input type="checkbox"/> CLU <input type="checkbox"/> FLMI | |
| INTERNET E-MAIL ADDRESS: (Please provide e-mail address as Licensing & Compensation communicates electronically with agents whenever possible. Email messages sent in clear text over the public Internet <i>can</i> be observed by an unintended third party. If you wish to keep your information private, please do not send sensitive personal information or requests for sensitive personal information via e-mail for any reason. If you have inquiries regarding your personal information, you may contact us via telephone, fax or letter.) | | | | |
| BUSINESS/MAILING ADDRESS (If mailing address is a P.O. Box, please provide street address for shipping purposes) | | | | |
| STREET: | STE #: | CITY: | STATE: | ZIP: |
| HOME ADDRESS | | | | |
| STREET: | APT #: | CITY: | STATE: | ZIP: |

| LICENSE INFORMATION | |
|---|--|
| Resident appointment fees will be paid by the Company. First-time licensing fees must be paid by agents in advance. | |
| PLEASE ATTACH COPIES OF ALL INSURANCE LICENSES FOR THE STATES IN WHICH YOU WISH TO BE APPOINTED. | |
| ARE YOU CURRENTLY LICENSED IN YOUR RESIDENT STATE? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| NON-RESIDENT APPOINTMENTS DESIRED: _____ | |
| CHECK ALL LICENSES YOU CURRENTLY HOLD <input type="checkbox"/> Life <input type="checkbox"/> Life & Disability <input type="checkbox"/> Variable Annuity <input type="checkbox"/> Variable Life <input type="checkbox"/> NASD | |

| FINANCIAL INFORMATION | (FAILURE TO ANSWER QUESTIONS OR DISCLOSE INFORMATION MAY RESULT IN A DELAY IN PROCESSING YOUR APPOINTMENT.) | |
|--|---|--------------------------|
| A. Have you personally or a firm that you exercised management control over, or owned 10% or more of the securities of, failed in business, made a compromise with creditors, filed a bankruptcy petition or been declared bankrupt? (Attach copy of original filing and/or discharge.) | YES | NO |
| B. Have you been convicted of, or pleaded guilty or nolo contendere ("no contest") to a felony or misdemeanor involving: insurance, investments or a related business, fraud, false statements or omissions, wrongful taking of property, or bribery, forgery, counterfeiting or extortion, or breach of trust? (Attach complete details for "yes" answers.) | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Have you been convicted of, or pleaded guilty or nolo contendere ("no contest") to any other felony or misdemeanor? (Attach complete details for "yes" answers.) | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Has any State Insurance Department, any other State or Federal Regulatory Agency, or the NASD or SEC ever entered an order against you relative to a violation of insurance or investment-related regulations or statutes? (Attach complete details for "yes" answers.) | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Has any State Insurance Department or other State or Federal Regulatory Agency ever denied, suspended or revoked your license or registration? (Attach complete details for "yes" answers.) | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Do you have any unsatisfied judgments or liens, including tax liens, against you? (Attach complete details for "yes" answers, i.e. a copy of IRS repayment schedule, etc.) | <input type="checkbox"/> | <input type="checkbox"/> |
| G. Has a bonding company denied, paid out on or revoked a bond for you? (Attach complete details for "yes" answers.) | <input type="checkbox"/> | <input type="checkbox"/> |

(PLEASE READ, COMPLETE, AND SIGN REVERSE SIDE)

INSURANCE AGENT LICENSE ONLY AGREEMENT

I hereby request that Western Reserve Life Assurance Co. of Ohio (hereinafter referred to as the Company) consent to my appointment as an insurance agent with the Company, and in so doing, I agree to be bound by the following conditions:

1. The Company has no obligation to me for commissions or any form of compensation whatsoever in connection with the services performed and expenses incurred by me in the solicitation of applications for insurance products issued by the Company, it being expressly understood that I shall be compensated pursuant to a separate agreement between me and my current Broker-Dealer or Agency and I shall have no right, remedy or recourse against the Company for any compensation. Unless otherwise notified by the Company in writing, this Agreement shall remain in effect upon my transfer to another Broker-Dealer or Agency having a Selling Agreement in effect with the Company, provided my appointment with the Company has not been terminated. It is further understood that no commissions are payable on a policy which replaces, exchanges, or terminates another policy of the Company unless such replacement is accomplished in accordance with the Company rules in force at that time. The understandings in this paragraph shall not apply to the sale of any products for which I have entered into a separate agreement with the Company.
2. I shall comply with the rules and regulations of the Company as they may be established from time to time, and the laws of the states in which I am licensed and the regulations of the Department of Insurance of each such state, including, but not limited to, keeping in force all licenses and permits for the solicitation of insurance.
3. I shall not alter, modify, waive or change any of the terms, rates or conditions of any advertisements, receipts, policies or contracts of the Company in any respect. I shall not use any advertising or sales material relating directly or indirectly to the Company or the Company's products unless it is provided by the Company or approved by the Company in writing prior to use.
4. I shall not deliver any insurance policy until the initial premium for such policy has been paid and I shall personally deliver any annuity or life contract personally written by me within thirty (30) days from the postmark date such policies are mailed by the Company.
5. I shall promptly remit to the Company any and all monies received by me on behalf of the Company as payments on annuities or life insurance policies, and I have no right or authority to receive or collect monies for and on behalf of the Company at any time or for any purpose except the initial premium necessary to put the annuity or insurance policy in force.
6. The Company may, with or without cause and without liability to me whatsoever, cancel my appointment at any time, and upon termination of this Agreement I shall immediately deliver to the Company all records, sales and advertising material, stationery, business cards, computer software and other supplies connected with the Company's business.
7. I shall comply with the concepts in the Company's Code of Professional Conduct, abide by the Company's Privacy Principles and the Compliance Bulletin WRL 01-14, and hereby acknowledge that I have received copies of these items. I also acknowledge and agree to comply with the Company's anti-money laundering policies as contained in the Compliance Bulletin, as such policies may be modified from time to time. I understand that if I make telephone calls for the purposes of selling goods, services, investments, property, etc. on behalf of my agency, I must obtain access to the national and any state specific Do-Not-Call registries in my own right, and must maintain my own company-specific Do-Not-Call list.

- I hereby request that the Company apply for my license and/or appointment to represent the Company in the state(s) indicated as an insurance agent for the lines of FIXED / VARIABLE LIFE INSURANCE and/or FIXED / VARIABLE ANNUITIES.
- I further certify that the information contained in this application is true and complete to the best of my knowledge and belief.
- I have received the "Investigative Consumer Report Disclosure" and "A Summary of Your Rights Under the Fair Credit Reporting Act".
- **If I have been notified by the IRS that I have previously given an incorrect taxpayer identification number, my signature below constitutes my certification under penalties of perjury to the following: (1) the taxpayer identification number on this form is my correct taxpayer identification number; and (2) I am not subject to backup withholding; and (3) I am a U.S. person (including a U.S. resident alien).**

I acknowledge that the IRS does not require my consent to any provision of this form other than the certification required to avoid backup withholding.

AUTHORIZATION FOR RELEASE OF INFORMATION

To Whom it May Concern:

I hereby authorize any employer, insurance company, managing agent, educational institution, financial institution, consumer reporting agency, criminal justice agency, insurance department or individual having any information relating to my activities to release such information to the Company, or any affiliated company, or any consumer reporting agency acting for and on behalf of the Company or for and on behalf of any other affiliated company. This information may include, but is not limited to, employment and job performance history, academic records, credit records, disciplinary, arrest and conviction records, and personal history, including information as to character, general reputation and mode of living.

I agree that a photographic, electronic, or computer imaged copy of the authorization shall be valid as the original and is valid and acceptable for the duration of my appointment with the Company.

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|----------------------------------|-----------------|
| _____ (Signature – Full Name) | _____ (Date) |
| PRINT NAME: | SSN: |