

# Appointment Application For Individuals

American United Life Insurance Company®  
 Attn: Licensing Department, 1012A  
 One American Square, P.O. Box 368  
 Indianapolis, IN 46206-0368  
 FAX: (317) 285-1792



**Please attach a copy of your life/variable license, LTC certificate, and NASD CRD status report**

<input type="checkbox"/> Please appoint me to sell Individual products	Wholesaler or Agency _____
<input type="checkbox"/> Please appoint me to sell Pension products <input type="checkbox"/> Please appoint me to sell Group L&H products <input type="checkbox"/> Please appoint me to sell Credit Insurance	Regional Sales Office / Name _____ GR _____ / _____ <i>Home Office Use Only</i>

Full Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Broker-Dealer Name \_\_\_\_\_

Full Residence Address: \_\_\_\_\_ Full Business Name and Address: \_\_\_\_\_

County: \_\_\_\_\_

Residence Phone #: (\_\_\_\_) \_\_\_\_\_ Business Phone #: (\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Fax Phone #: (\_\_\_\_) \_\_\_\_\_

**Please check your responses to the following questions. "YES" responses require full disclosure on a separate sheet.**  
 The "YES" answer should be checked if, at the time this application is completed, the applicant has any knowledge of current circumstances which would make a "NO" answer misleading or incomplete.

1. Has any court, state or federal regulatory agency or exchange ever entered an order against you involving insurance, investments, or fraud? .....  YES .....  NO
2. Has any disciplinary action, including but not limited to, refusal, suspension, or revocation, ever been taken by any state or federal regulatory agency against you or any business with which you have been directly connected? .....  YES .....  NO
3. Have you ever, at any time, filed personal bankruptcy or been declared bankrupt (including Chapter 7, 11, or 13)? .....  YES .....  NO
4. Do you currently have any unsatisfied judgments, liens, collection items or accounts more than 120 days past due? ...  YES .....  NO
5. Have you ever been convicted, pled guilty or "nolo contendere" to any of the following: .....  YES .....  NO
  - a. a felony? .....  YES .....  NO
  - b. a misdemeanor involving or pertaining to investments, insurance, commodities futures, banking, false statements or omissions, theft, wrongful taking of property, bribery, forgery, counterfeiting, extortion, perjury, burglary, fraud, moral turpitude, or conspiracy to commit any of the foregoing? .....  YES .....  NO
6. Has any bonding company ever denied your application or suspended, revoked, or paid a claim on your behalf? .....  YES .....  NO

### FOR TRANSFERS OF COMMISSIONS

If your commissions are to be made payable to a corporation, please complete the following statement. The reverse of this application must be completed by an officer of the corporation (unless already on file). Please note you may only transfer commissions to licensed corporations unless otherwise permitted by the state insurance department. **If you are affiliated with a broker-dealer that AUL has a selling agreement with, your commissions will automatically be paid to the broker-dealer.**

Please pay all commissions generated on my behalf to \_\_\_\_\_  
 under the following corporation tax identification number \_\_\_\_\_

Applicant shall comply with all federal and state laws, rules, and regulations including but not limited to those concerning privacy. All nonpublic personal information (including financial and health) shall be held in the strictest of confidence. Such information shall not be disclosed to any other party except as required by law. Applicant shall establish procedures to protect the security and confidentiality of such information. By signing below, I hereby attest my answers to the questions above are true and complete. I authorize American United Life Insurance Company® (AUL) to conduct a background investigation relating to my insurance appointment and understand that this investigation may include a felony/misdemeanor check, a national credit file report, motor vehicle report, and a NASD/CRD check. If this form is received by AUL by facsimile or other electronic format, I further attest that this form has not been altered or changed in any manner from the original form provided by AUL and that my signature in such facsimile or other electronic format shall be deemed an original signature for purposes of agreeing to the background check and the attestation of the truth of the answers provided herein.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_