

Guarantee Trust Life Insurance Company

Contracting Guide

The forms which require your completion and/or signature immediately follow this page.

- STEP 1: Contract/Appointment Application:**
 - Individual Agent Appointment: List your legal name as shown on your resident license when completing all paperwork. Make sure to sign and date the Contract/Appointment Application form on page 2. Individual agents may leave the Corporate Information section blank.
 - Corporate Appointment: Complete both the Personal Information and Corporate Information sections. Remember to include both the SSN for the individual and Tax ID# for the Corporation.
- STEP 2: GTL General Agent Agreement:** After reviewing the agreement, sign page 8. If being appointed as a corporation, print the corporate name above the "Print Name on License" line and sign your name above the "GA Signature" line. Only the signed page 8 of the GTL General Agent Agreement need be submitted long with the rest of your contracting paperwork.
- STEP 4: Direct Deposit/EFT: (Mandatory)**

Commission payments are directly deposited via electronic funds transfer (EFT) into your checking or savings account. **Please complete the Automatic Deposit Payment Plan form and include a copy of an individual voided check or savings account statement if being set up as an individual agent. If you are also being set up as a corporation, include a copy of the corporate check. If you are a DBA ("Doing Business As"), please refer to the EFT form.**
- STEP 5: Insurance License(s):**

Submit a copy of your resident license and non-resident license(s) under which you will be submitting business. For Corporate Appointments, submit corporate license(s) along with the applicable individual license(s). GTL will complete your appointment and pay your initial resident state appointment fee upon receipt of your first submitted business, except as explained in the next paragraph.

Pre-appointment states only (FL and PA): FL will require the \$60 pre-appointment fee if you do not have at least one other carrier appointment. PA appointment fee is \$15 (\$30 Sept. through Dec.). Please make check for state appointment fee payable to GTL and mail along with all other appointment document to: Guarantee Trust Life Insurance Company, ATTN: Marketing Dept, 1275 Milwaukee Avenue, Glenview, IL 60025
- STEP 6: Print and submit your paperwork via email, fax or mail:**
 - Email address: agency@gtlic.com
 - Fax #: (847) 699-0895
 - Mailing address: Guarantee Trust Life Insurance Company
ATTN: Marketing Dept.
1275 Milwaukee Avenue
Glenview, IL 60025
- GA and MS resident agents/agencies:** Complete the State Background Check form.
- **GTL does not require proof of E & O insurance.**
- **Any advertisement referencing GTL, its products or features must be approved by the GTL Compliance Department prior to its use. Use the Advertising form in order to request approval.**

Upon review and approval of your individual and/or corporate request for appointment, you will receive a welcome letter indicating your agent and/or agency code(s). Retain the welcome letter along with the GTL General Agent Agreement. Contact the GTL Marketing Department at (800) 323-6907 with any questions.



GUARANTEE TRUST LIFE INSURANCE COMPANY

1275 Milwaukee Avenue • Glenview, Illinois 60025

847-699-0600 • www.gtlic.com

CONTRACT/APPOINTMENT APPLICATION

Please Print or Type All Information

► **Personal Information**

1. Name _____
(Last) (First) (Middle Initial) SS#

2. Date of Birth _____ Place of Birth _____ Male Female

3. Drivers License # _____ (State) _____

4. Marital Status Single Divorced Married 5. Spouse's Full Name _____

6. Home Address: _____
Street City State Zip

Home phone _____

(If less than 7 years, please provide previous address) _____

7. Business address: _____
Street City State Zip

Business phone _____
(Area Code) (Number)

Fax number _____
(Area Code) (Number)

E-Mail address _____

► **Corporation Information**

8. Company Name _____ Fed. ID # _____

Company Insurance License # _____ (Copy Required)

Indicate other Principal Parties in Partnership or Corporation, list Officers of the Company:

Name _____ Title _____ SS # _____

► **Financial**

9. Bank Name _____

Account # _____ Type of account _____

Have you or your company:

10. Declared bankruptcy? Yes No

11. Been a defendant in a lawsuit? Yes No

12. Any outstanding and/or unsatisfied judgments or liens against you? Yes No

13. Ever been involved in a business venture that failed? Yes No

14. Any outstanding debt(s) with any insurance company or companies? Yes No

If you answered "Yes" to any of the above, please attach a detailed explanation.

G·T·L

Safe...
Quick...
Easy...
Convenient...
Reliable...

With GTL's Automatic Deposit Payment Plan, agents can now enjoy the convenience millions of people across the country have discovered.

Benefits include:

- ***Access to your money faster.***
The time involved with mailing a check is eliminated.
- ***A reduction in paper work.***
Once you are on the Plan, your deposits are automatically handled.

Make life easier!

Take advantage of GTL's Automatic Deposit Payment Plan today!

G·T·L

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Rev. 12/10

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Automatic Deposit Payment Plan

How Your Automatic Deposit Payment Plan Works

GTL's Automatic Deposit payment Plan ensures that your commissions are received on time.

Here's how:

1. Your commissions are automatically deposited into your bank account. The amount of your deposit will be reflected on the statement sent to you.
2. With the Automatic Deposit Payment Plan, all amount due to you will be paid under this method.

How to Enroll in the Automatic Deposit Payment Plan

Simply complete the attached Automatic Deposit Plan form, making sure to include a copy of a voided check. It's that easy!

Changing Banks Or Accounts

Notify the Home Office in writing when you decide to change your bank or account with the new account and routing numbers. Make sure to include your agent number in the letter. This will help to provide a smooth transition in transferring your Automatic Deposit Payment Plan to your new account.

For more information, call our Commission Accounting Department at 1-800-323-6907. Completed forms may be faxed to 847-699-0636.



Automatic Deposit Payment Plan

Authorization for direct deposit into the indicated bank account.

To: _____
(Name of my bank)

(Address of my bank)

Please Attach Voided Check (A voided check is required to process your request.)

As a convenience to me, I request and authorize you to electronically deposit in my account, at the financial institution named on the attached voided check, commissions payable to me. I also authorize GTL to electronically withdraw from my account any sum erroneously credited to my account by GTL. **Please check one:**

- I hereby certify that I conduct business under a "DBA" and that it is **NOT** a separate legal entity. I acknowledge all earnings will be recorded to me for tax purposes and not to the "DBA".
- I hereby certify that I do not conduct business under a "DBA".

I agree that my rights in respect to each payment shall be the same as if it were deposited by me and personally signed by me. I also agree to notify GTL within 30 days of the deposit date if there is a discrepancy with my deposit or if my response regarding "DBA" status changes. This will enable GTL to comply with Federal Banking laws. Failure to notify GTL may result in the loss of my deposit.

_____/_____/_____
Date

X _____
Signature

Agent Name

Agent Number

Authorization Form for Release of File Copies of Criminal History

I hereby authorize Interstate Background Research, Inc. acting as an agent for _____ to receive any criminal history record information pertaining to me, which may be in the files of any state or any local criminal justice agency, or any law enforcement agency.

This request is valid for one (1) year from this date heron.

PART A: To be completed by EMPLOYEE:

Employee Social Security Number: _____ - _____ - _____

*Employee Date of Birth: _____ / _____ / _____ *Gender: _____

Employee Full Name: _____

Employee Street Address: _____

Employee City, State and Zip Code: _____

Date of this request: _____ / _____ / _____

Signature of Employee: _____ **SIGN HERE

THANK YOU

*May be deemed necessary to conduct a thorough criminal record search in accordance with the, "Code of Federal Regulations" Equal Employment Opportunity Commission Code 1625.5.

* This request for your date of birth does not indicate discrimination; and the request in itself is not a violation of the Age Discrimination Act. Your date of birth is requested for a permissible purpose, under the code, and has been ruled a critical identifier for criminal and driving history information. Some states will not conduct a criminal search without the date of birth.

The costs and expenses of arbitration, including the fees of the arbitrators, shall be borne by the losing party or in such proportions as the arbitrators shall determine. The successful party shall recover as expenses all reasonable attorneys' fees incurred by said party in connection with the arbitration proceedings.

H. Miscellaneous

“Policy” means any policy; certificate or other evidence of insurance coverage.

X ENTIRE AGREEMENT

This Agreement, including any attached schedules, supplements, amendments, or other agreements incorporated herein by reference, represents the entire Agreement between you and us. No promise, agreement, understanding, or representation will be binding unless made in this Agreement, or by an instrument in writing, signed by you and one of our officers; provided, however, current schedules and supplements may be in a form of written notice from us to you which expresses by its terms an intention to modify prior schedules and/or supplements.

XI EFFECTIVE DATE

This Agreement will be effective as of the Effective Date shown below, if you have been duly licensed in the appropriate jurisdictions, and if it is executed by you and at least one of our officers. The initial term of this Agreement shall be for one (1) year from the Effective Date and shall automatically renew for additional one year terms unless it is terminated as stated above.

To be completed by
GENERAL AGENT

To be completed by
GUARANTEE TRUST LIFE
INSURANCE COMPANY

(Print Name on License)

BY: _____
GA Signature

Title

Date

BY: _____

SENIOR VICE PRESIDENT
Title

Effective Date