

New Agent Checklist

Thank you for your interest in becoming appointed with us. Starting from day one, we want to make doing business with us easy. We've put together the following checklist to help ensure all required paperwork is submitted to avoid processing delays.

- The Prospective Agent's Application and Profile (With Power to Appoint) and Direct Deposit of Commissions Authorization Agreement are **required forms**.
- Include a **voided check** with the Direct Deposit of Commissions form.
- An **e-mail address** must be provided in Section I of the Prospective Agent's Application and Profile.
- Include copies of **current licenses in states you wish to be appointed**.
- Provide **Anti-Money Laundering** Certification of Training. We accept completed training from the following:
 - Brecek & Young • Ceres Financial Group • Financial Network Investment Corporation • Great American Advisors • John Hancock • Kaplan Financial
 - Lincoln Investment Planning • NASD • National City • National Planning
 - Reg Ed • SWBC Investment Services • Web CE
- Forward completed forms to the **Appointing Agent for signature**.

Please fax licensing back to Safe Harbor Financial, Inc (215) 564-0155





Please check one:

- Great American Life Insurance Company® (please reference X2616106NW)
- Annuity Investors Life Insurance Company® (please reference X2616306NW)
- Loyal American Life Insurance Company® (please reference X2616506NW)

PROSPECTIVE AGENT'S APPLICATION AND PROFILE (WITH POWER TO APPOINT)

I. PERSONAL INFORMATION

Full Name _____

Date of Birth ____ / ____ / ____ Gender ____ SSN _____

Residence Address _____

Mailing Address _____

Phone Number () _____ Fax Number () _____

E-mail Address (Required) _____

II. BUSINESS and LICENSE INFORMATION (Please attach copies of current licenses in states you wish to be appointed.)

This information is required:

Preferred method for delivery of client contracts? Send directly to Agent Send directly to Client

Are you registered with FINRA? Yes No If "Yes," current Broker/Dealer affiliation: _____

List CRD Number: _____

Last completion date of Anti-Money Laundering training? _____ (Please include a certification of your completion.)

Make commissions payable to: Individual Corporation (Complete form X2619207NW)

Are you applying for an advance? Yes No (If "Yes," please read the attached Annualization Advance Agreement.)

Are you an owner, partner, director or officer of any business? Yes No (If "Yes," please attach a separate piece of paper listing the incorporated name of the business (or DBA name), its tax identification number (TIN), complete address and state of incorporation.)

III. BACKGROUND INFORMATION

Please answer all questions. **If you answer "Yes" to any of the questions, please attach a separate sheet with details.**

	Yes	No
1) Are you currently charged with or have you ever pled guilty or no contest to, or been convicted of, any crime (excluding minor traffic offenses and including disclosure of expunged or sealed records?)	<input type="checkbox"/>	<input type="checkbox"/>
2) Are you now or have you ever been the subject of any lawsuit, claim, investigation or proceeding alleging breach of trust or fiduciary duty, forgery, fraud, or any other act of dishonesty?	<input type="checkbox"/>	<input type="checkbox"/>
3) Have you ever had your agent's license or registration suspended or revoked, or are you now, or have you ever been the subject of any professional license/registration or market conduct investigation, claim or proceeding?	<input type="checkbox"/>	<input type="checkbox"/>
4) Have you ever been involuntarily terminated or permitted to resign from employment or from an agent or representative appointment, with any insurance or other financial services company other than for lack of production?	<input type="checkbox"/>	<input type="checkbox"/>
5) Has a bonding, surety or E&O provider denied an application or claim, made payment for you or terminated coverage?	<input type="checkbox"/>	<input type="checkbox"/>
6) Are you delinquent in any personal or business financial obligations, or does any insurance or financial services company hold a claim against you for commission debit balances?	<input type="checkbox"/>	<input type="checkbox"/>
7) Are there any outstanding judgments, liens or claims against you, including delinquent tax obligations, or have you or any business in which you were or are an owner, partner, officer or director, ever filed bankruptcy?	<input type="checkbox"/>	<input type="checkbox"/>
BANKRUPTCY DISCHARGE/DISMISSAL DATE _____		
8) At any time during the past 10 years have you, or any business, in which you were an owner, partner, officer or director, been involved in any regulatory, civil or criminal matters not disclosed above?	<input type="checkbox"/>	<input type="checkbox"/>

IV. AUTHORIZATION and AGREEMENT

I certify that the information contained herein is true and complete to the best of my knowledge and belief. I further understand that failure to provide true and complete information may result in the denial of this request for appointment and/or subsequent termination thereof. I authorize the Company to conduct an investigation concerning my qualifications for appointment including my character, general reputation, credit worthiness, and personal traits and release any person and/or companies contacted from all liability with respect to the information given. I authorize the Company to investigate me now and at any time while I am contracted with the Company and to share any information obtained with: affiliated companies, appointing agent up-line management and Company management. I further understand that the Company may deny my request for appointment, and may subsequently cancel or rescind my appointment, at its sole discretion. I agree that a photocopy of this authorization and release shall be as valid and binding as an original. I understand and agree that, unless otherwise allowed by law, I am not authorized to solicit business for the Company until my license and appointment have been secured. I certify that I have read the Agent's Agreement with Power to Appoint and the Annualization Advance Agreement, if applied for in Section II above, both of which are attached to this Application and agree to be bound by all terms and conditions of said Agreements. Under penalty of perjury, I certify that the Social Security Number or taxpayer identification number shown on this form is my correct taxpayer identification number and I am not subject to backup withholding by the Internal Revenue Service.

Signature of individual soliciting appointment _____ Date _____

Signature of Corporate Officer (if applicable) _____ Date _____

To be completed by Appointing Agent

In consideration of the Company executing this application at my request, the undersigned does personally guarantee the performance of all terms, conditions and covenants of the Agent's Agreement with Power to Appoint and if applied for in Section II above, the Annualization Advance Agreement, both of which are attached to this Application and assumes personal liability and responsibility for any default in said terms, conditions and covenants of said Agreement. I understand that any and all commissions, both first year and renewal owing to me now or in the future under any contract I have entered into with the Company are hereby assigned as security for the repayment of sums guaranteed by my endorsement hereon and that I am personally responsible upon demand for monies owing hereunder. This guarantee shall survive the termination of any contractual relationship between the affiliates of the Company and the Agent or Appointing Agent.

Printed name of Appointing Agent _____ Prospective Agent's Commission Schedule _____

Signature of Appointing Agent _____ Agent Number _____ Date _____



Please check all that apply:

- Great American Life Insurance Company®
- Annuity Investors Life Insurance Company®
- Loyal American Life Insurance Company®

**DIRECT DEPOSIT OF COMMISSIONS
AUTHORIZATION AGREEMENT
(Required Form)**

- I (we) hereby authorize the Company to *initiate* credit/deposit entries to my (our) account indicated below, and the depository institution named below to credit the same to such account.
- I (we) hereby request a *change* to my (our) existing direct deposit as indicated below.

Note: To avoid delays in processing your appointment, **a voided check must accompany this request.** Please allow 5 business days for EFT processing to become effective.

Frequency: Daily Weekly Bi-weekly Monthly

INDIVIDUAL AGENT INFORMATION - Please print or type		
Primary Name on Account	Social Security or Tax ID Number	Agent #
Address	City, State	Zip Code
Secondary Name on Account (Optional)	Phone Number	
DEPOSITORY INFORMATION - Please print or type		
Depository Name	Depository Address	Depository Phone Number
Account Number	Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Transit/ABA Number

This authorization is to remain in full force and effect until the Company has received written notification from me (or either of us) to discontinue direct deposit. Please allow 15 business days for processing of EFT discontinuation. This authorization may not be used to assign commissions and will not constitute a commission assignment. If you want to assign your commissions, please use form X2619207NW.

Attach a voided check and e-mail, fax or mail to:

Great American Financial Resources
P.O. Box 5420
Cincinnati, Ohio 45201-5420
Attn: Contracting
E-mail: GafriLicensing@gafri.com
Fax: (513) 412-5144

Signature of Primary Account Holder

Date

E-mail Address (**Required**)

Signature of Secondary Account Holder (optional)

Date



Please check one:
 Great American Life Insurance Company®
 Annuity Investors Life Insurance Company®
 Loyal American Life Insurance Company®

CORPORATE APPOINTMENT/COMMISSION ASSIGNMENT FORM

I. TO BE COMPLETED FOR ALL REQUESTS FOR LEGAL ENTITY APPOINTMENT

Name _____ Business Phone () _____
Name of Legal Entity or Corporation

Address _____ Fax Number () _____
Street

_____ Tax I.D. Number _____
City, County, State, Zip Code

Corporate Officers/Partners (attach additional sheet if necessary)

1.	Name	Title	Social Security Number
2.	Name	Title	Social Security Number
3.	Name	Title	Social Security Number

II. TO BE COMPLETED FOR COMMISSION ASSIGNMENT

The undersigned Assignor hereby unconditionally assigns and you are hereby authorized to send any and all commission or other income due me to:

_____ Address of Assignee
Name of Assignee

_____ on my behalf.
City, State, Zip Code

- A. I understand, represent and agree that:
1. For income tax purposes, any commission or other income which I earn will continue to be reported to me unless Section B is completed.
 2. The Company is making these payments to the Assignee as an accommodation to me and is making them pursuant to this assignment and at my express direction.
 3. I am not making this commission assignment in order to evade any state law or laws which require that no payments can be made to any person or entity for the sale or solicitation of insurance, except to licensed agents.
 4. This commission assignment does not assign any rights, duties or obligations under my Agent's Agreement with Power to Appoint or my Agent's Agreement other than the right to receive any and all commissions or other income due me.
 5. The payment of commissions or other income made under this commission assignment shall provide full and complete discharge of the Company's payment obligation under my Agent's Agreement with Power to Appoint or my Agent's Agreement.
 6. I warrant that I have not executed any other commission assignments.
 7. I will indemnify and hold the Company harmless from and against any and all claims, losses, or damages the Company may incur in complying with or honoring this commission assignment.

Only the Assignee may revoke this commission assignment and then only upon the written acceptance of the Company.
 This commission assignment applies to any commission or other income due to me on all inforce policies and all policies issued in the future.

- B. The Assignee stated above under the foregoing commission assignment hereby acknowledges that commission or other income earned by the Agent and paid to the Assignee will be reported as the income of the Assignee and that any payments paid to you hereunder are governed solely by the terms of Assignor's Agent's Agreement and/or Agent's Agreement with Power to Appoint.

Assignee: _____ Tax I.D. Number: _____

By: _____ Title: _____ Date: _____

Assignor: _____ Assignor's Social Security Number: _____
Agent's Name - Printed or Typed

Assignor's Signature _____ Agent Number(s) _____ Date: _____

ACKNOWLEDGEMENT BY COMPANY

Great American Life Insurance Company, Annuity Investors Life Insurance Company, and/or Loyal American Life Insurance Company, as the case may be, acknowledges the foregoing commission assignment. This acknowledgment, however, shall not be taken as an amendment to the Assignor's Agent's Agreement with Power to Appoint or his/her Agent's Agreement, nor relieve the Assignor of any duties or obligations under that Agreement, nor limit the rights of Great American Life Insurance Company, Annuity Investors Life Insurance Company and/or Loyal American Life Insurance Company to enforce the terms of that Agreement against the Assignor.

By: _____ Title: _____ Date: _____



APPOINTMENT AMENDMENT

New Company(ies): *(Please select all that apply)*

- Great American Life Insurance Company®
- Annuity Investors Life Insurance Company®
- Loyal American Life Insurance Company®

Existing Company(ies): *(Please select all that apply)*

- Great American Life Insurance Company®
- Annuity Investors Life Insurance Company®
- Loyal American Life Insurance Company®

THIS AMENDMENT ("Amendment") is made and entered into by and between the New Appointing Company and Existing Appointing Company designated above and the undersigned Agent ("Agent") and is intended to form a part of that certain Agent's Agreement with Power to Appoint or Agent's Agreement to which it is attached ("Agreement").

WHEREAS, the parties desire to amend the Agreement to allow Agent to solicit insurance applications/order tickets on behalf of the New Appointing Company.

NOW THEREFORE, in consideration of the premises and the mutual promises and covenants hereinafter set forth, and for other good and valuable consideration in hand paid, including, but not limited to, the consideration supporting the Agreement, the parties agree that the Agreement is amended as follows:

- I. The New Company is hereby added as a party to the Agreement. All reference in the agreement to the term "Company" is hereby deemed to include the Existing Company and/or the New Company as the case may be unless the context clearly indicates otherwise.
- II. Agent hereby authorizes the Existing Company and/or the New Company as the case may be to conduct an investigation into his/her qualifications for appointment including, but not limited to, his/her character, general reputation, credit worthiness, and personal traits and releases all persons and/or companies contacted from all liability with respect to the information given. The undersigned authorizes the Existing Company and/or the New Company as the case may be to investigate him/her now and at any time while he/she is contracted with the Existing Company and/or the New Company and to share any information obtained with: affiliated companies, the up-line management of his/her appointing agent and Company management. The undersigned further agrees that the Existing Company and/or the New Company as the case may be may deny his/her request for appointment, revoke an existing appointment, or subsequently rescind his/her appointment, at any time in its sole discretion.
- III. A photocopy of the authorization and release contained herein shall be as valid and binding as an original.
- IV. The undersigned certifies under penalty of perjury that the social security number or taxpayer identification number shown on this Amendment is his/her correct taxpayer identification number and the undersigned is not subject to backup withholding by the Internal Revenue Service.
- V. All other terms and conditions of the Agreement remain unchanged.

IN WITNESS WHEREOF, this Amendment has been executed as of the dates set forth below.

TO BE COMPLETED BY AGENT

Printed Name: _____ Signature of Agent _____

Agent Number: _____ Social Security Number/Taxpayer ID _____

Signature of Corporate Officer (if applicable): _____

TO BE COMPLETED BY APPOINTING AGENT

In consideration of the Company executing this Amendment at my request, the undersigned does personally guarantee the performance of all terms, conditions and covenants of the Agreement as amended hereby and assumes personal liability and responsibility for any default in said terms, conditions and covenants. I understand that any and all commissions, both first year and renewal owing to me now or in the future under any contract I have entered into with the Company(ies) are hereby assigned as security for the repayment of sums guaranteed by my endorsement hereon and that I am personally responsible upon demand for monies owing hereunder. This guarantee shall survive the termination of any contractual relationship between the affiliates of the Company and the Agent or Appointing Agent.

Printed Name of Appointing Agent: _____ Signature of Appointing Agent: _____

Date: _____ Agent Code: _____ Commission Level: _____

DO NOT WRITE BELOW THIS LINE – TO BE COMPLETED BY HOME OFFICE

The undersigned insurance company has accepted this Amendment as of the date(s) set forth below.

New Company(ies): *(Please select all that apply)*

- Great American Life Insurance Company®
- Annuity Investors Life Insurance Company®
- Loyal American Life Insurance Company®

Existing Company(ies): *(Please select all that apply)*

- Great American Life Insurance Company®
- Annuity Investors Life Insurance Company®
- Loyal American Life Insurance Company®

By: _____

By: _____

Its: _____

Its: _____

Date: _____

Date: _____

ANNUALIZATION ADVANCE AGREEMENT

This Annualization Advance Agreement ("Advance Agreement") executed as of the dates set forth below between the Company(ies) identified below (also referred to as "we", "us", "our", "Company") and the Agent identified below (also referred to as "you", "your", "Agent"), is attached to and becomes part of that certain Agent's Agreement or Agent's Agreement with Power to Appoint dated _____ between the Company and the Agent (the "Agent's Agreement"), wherein it is mutually agreed as follows:

- 1. While this Advance Agreement remains in effect, we will advance to you annualized first year commissions and overrides (if applicable) on policy forms that are deemed in our sole discretion to be advanceable by us (hereinafter referred to as "policy forms") at the rates and subject to the terms set out below. We may in our sole discretion advance on the same basis annualized commissions and overrides (if applicable) on increases in premiums paid during the first year that the increase is in effect on the policy forms if (a) the annualized premium increase for a particular policy is at least \$1,000.00 and (b) we specifically approve in advance your request for such advances in writing on a case-by-case basis.
2. Your annualized commissions and overrides will be based on (a) the terms and conditions of your Agent's Agreement, (b) the rates set out in the Commission Schedule(s) that is (are) part of your Agent's Agreement, and (c) the total of periodic (monthly) premiums set out in the application for the policy forms or the annualized premium increase.
3. Check which option applies:
[] An advance will be made upon receipt at our Administrative Office in Cincinnati, Ohio of a fully completed application and any other forms we may in our sole discretion require, but only if the date of the application is less than 60 days prior to the date of the first salary reduction or other form of premium payment. Otherwise advances will be made upon our actual receipt of the first salary reduction or other form of premium payment.
[] Advances will be made upon our actual receipt of the first salary reduction or other form of premium payment.
4. Advances previously made will be charged back (deducted) from subsequent advances that would otherwise be made: (a) if the first premium is not paid within 30 days of the date of the first salary reduction stated on the application, in which case a new advance may be made in our sole discretion as of the date of our receipt of the first premium payment; (b) to the extent of any error in the amount of advances made; (c) to the extent that the annualized commissions or overrides have not been earned because of cancellation of a policy or the death of a policyholder; and (d) in full upon rescission of a policy, for any reason, even if a policy is rescinded voluntarily by us within our sole discretion. "Cancellation of a policy," for purposes of this Advance Agreement, includes but is not limited to a full surrender or discontinuance of premium payments.
5. The outstanding balance of advances made to you shall be a debt that you owe to us subject to the provisions of the Agent's Agreement, and we shall have a first lien against all monies we may owe to you from time to time to secure that debt herein.
6. _____% of a policy's first year commissions and overrides, and of commissions and overrides on increases (if allowed) will be payable in advance under this Advance Agreement. One hundred percent (100%) of the earned commission on each of the policy's premiums will be applied to offset this debt, until it is paid in full. Thereafter, commissions will be payable as earned. So long as this Advance Agreement has not been terminated, renewal and single sum transfer commissions will be paid to you as earned under and subject to the terms and conditions of your Agent's Agreement.
7. If this Advance Agreement is terminated by you or us, with or without cause, or if the Agent's Agreement is terminated for any reason, the debt you then owe us under this Advance Agreement shall become due and payable immediately, and you shall pay us interest at the rate set forth in your Agent's Agreement if any or at the highest rate permitted by law on any balance remaining unpaid thereafter. In such event, in addition to any other remedies set forth in your Agent's Agreement, we may enforce our lien under Paragraph 5 of this Advance Agreement by offset of the debt you owe us against monies we owe you or that become owing to you immediately and without notice or resort to judicial process. In addition, you agree to pay us all costs and reasonable fees (including attorneys fees) and costs of collection that we incur to effect payment of your debt, which will become part of that debt.
8. This Advance Agreement may be terminated at any time with or without cause, by either party by giving notice to the other by mail at the last known address, by telephone or telefax, or given in person. The termination will be effective immediately unless otherwise stated. Either you or we may suspend further advances and annualization of commissions and overrides, without termination of this Advance Agreement, on the same basis and in the same way.
9. If you are a partnership or corporation, each individual signing below on your behalf shall be jointly and severally liable for any debt hereunder and shall be subject to the lien provided under Paragraph 5 and enforcement of it on the same basis and to the same extent as you.
10. This is the entire agreement between you and us as to advances of annualized commissions and overrides, and it amends your Agent's Agreement only as and to the extent so stated. Any change in this Advance Agreement may be made only in writing signed by us. This Advance Agreement may not be assigned by you without our prior written consent. This Advance Agreement shall be subject to and construed under the laws of the state of Ohio.

Check any that apply:

- [] Great American Life Insurance Company® [] Annuity Investors Life Insurance Company® [] Loyal American Life Insurance Company®

Approved By: _____
Signature

Date

Title

FAIR CREDIT REPORTING ACT DISCLOSURE

RETAIN FOR YOUR FILES

This is to notify you that in connection with your application for appointment, you have authorized us to procure a consumer report on you as part of the process of considering your application. In the event that information from the report is utilized in whole or in part in making an adverse decision, before making the adverse decision, we will provide you with a copy of the consumer report and a description in writing of your rights under the Fair Credit Reporting Act.

Please be advised that we may also obtain an investigative consumer report including information as to your character, criminal history, creditworthiness, general reputation, personal characteristics and mode of living. Please be advised that you have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the information requested. The company reserves the right to obtain an investigative report now and at any time while you are contracted with the company.

RETAIN FOR YOUR FILES

FAIR CREDIT REPORTING ACT DISCLOSURE

A consumer report may be obtained, and used, by Safe Harbor Financial, Inc. in connection with the consideration of your application. A consumer report is any written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, person characteristics of mode of living.

By signing below, you acknowledge that you have received and understand this Disclosure, and you authorize Safe Harbor Financial, Inc. to obtain consumer reports relating to you.

Date

Applicant's Name (Printed or Typed)

Social Security Number

Applicant's Signature