



## APPOINTED AGENT CHECKLIST

In order to complete the licensing and contracting process, please follow the checklist below. All forms must be filled out in their entirety. Each question must be answered in some way: if a question does not apply to your situation, place the abbreviation "N/A" in the blank.

Submit the following items:

1. One (1) check for \$\_\_\_\_\_ which includes your state appointment fees, if any, and \$15.00 for processing fees which include one or more of the following: criminal background investigation, credit history, and Vector One.

-- **Make check payable to "AIMC, LLC".**

-- **CBIs are only required in the following states: AL, AR, DC, DE, FL, GA, ME, MS, NC, NV, OH, OK, WI and WY.**

-- **PLEASE NOTE: Credit History and Vector are required in ALL STATES**

--- OR ---

**Completed Credit Card Authorization if you would like to pay your fees by credit card**

2. One (1) New Agent Data Sheet. After answering all questions, please sign and date where indicated. Remember - complete information is required!
3. Two (2) Appointed Agent's Agreements. Sign and date both agreements.
4. One (1) copy of agent/agency current state residence insurance license.  
Attach to license sheet enclosed.
5. Signed KSKJ Code of Ethics
6. Complete Website Attestation at <http://my.aimc.net/kskj/>.

**NOTICE: The licensing process cannot begin until ALL of the above items have been received.**

### **REMEMBER:**

***No applications may be written IN ANY STATE until an effective date and writing number have been assigned.***

We can help! If you have any questions, please call 800-283-0040

S.A. Nichols Brokerage



# NEW AGENT DATA SHEET

Name \_\_\_\_\_ Home Phone(\_\_\_\_\_) \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Address\* \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone(\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Spouse's Name \_\_\_\_\_

E-mail address \_\_\_\_\_

**\*Unless otherwise requested , we will use your business address for mailing purposes.  
\*\*A PHYSICAL ADDRESS IS REQUIRED TO SEND SUPPLIES\*\***

**LICENSE DATA** Currently Licensed?  No  Yes If yes, complete the following:

A. Resident License State \_\_\_\_\_

B. Resident License Number \_\_\_\_\_

C. Licensed for:  Health Only  Life Only  Life & Health  Other

D. Business will be conducted as:  Individual  Partnership  Corporation

E. Partnership / Corporation Name: \_\_\_\_\_

Tax ID # \_\_\_\_\_

**\*\* PLEASE REMEMBER TO ENCLOSE A COPY OF YOUR CURRENT HEALTH AND/OR LIFE LICENSE\*\***

<b>LICENSE QUESTIONS</b>	<b>YES</b>	<b>NO</b>
Are you indebted to any Insurance Company, Agency or Manager (including debit balance)?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been convicted of a crime?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever filed bankruptcy?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been fined or had a license to solicit insurance refused, suspended or revoked?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a defendant in any suit or legal action or the subject of any regulatory action?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been refused a bond?	<input type="checkbox"/>	<input type="checkbox"/>

**\*\*IF THE ANSWER TO ANY OF THE ABOVE LICENSE QUESTIONS IS YES,  
YOU MUST PROVIDE AN EXPLANATION IN THE SPACE BELOW\*\***

\_\_\_\_\_  
\_\_\_\_\_

**CURRENT AND PREVIOUS APPOINTMENTS:**

COMPANY

	<u>Appointment Status</u>		<u>Permission to Contact</u>	
	<u>Active</u>	<u>Inactive</u>	<u>Yes</u>	<u>No</u>
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**REFERENCES IN THE INSURANCE INDUSTRY:**

1. Name \_\_\_\_\_ Phone \_\_\_\_\_
2. Name \_\_\_\_\_ Phone \_\_\_\_\_

I HEREBY certify that the foregoing statements are true and correct to the best of my knowledge and belief, and grant permission to the Society or any of its General Agents to verify such answers. I release any person or company contacted from liability with respect to the content of any information given. I understand that any false statement may be considered sufficient cause for rejection of this application or for termination if discovered subsequent to my becoming contracted.

I understand that more information may be required to complete my file. I understand that this may include obtaining a credit report, Vector One search and a background check and by signing this form I am authorizing the company to do so. I also understand that any information obtained by the Society will be made available to me upon my written request.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Recommended By**

Return Contacts to:  
S.A. Nichols Brokerage  
4030 Mt. Carmel Tobasco Rd.  
Suite 126  
Cincinnati, Ohio 45255  
Atten: Contracting



## Appointed Agent's Agreement

An Agreement between KSKJ Life (hereinafter referred to as the Society);

and \_\_\_\_\_ (hereinafter referred to as the Agent).

The Society is requested to make application to the Department of Insurance of the state indicated below for the issuance of an insurance agent's license or appointment authorizing the agent to solicit applications on behalf of the Society. The agent herein agrees that the Society's consent to the issuance of such license or appointment is subject to, and I hereby agree to be bound by, each and all of the following conditions:

1. The agent is assigned to and under the jurisdiction of the General Agent indicated below.
2. Society has no obligation to me for commissions, expense allowances, or any form of compensation whatsoever in connection with the services performed and expenses incurred by me in the solicitation of applications for insurance issued by the Society, it being expressly understood that the agent is under direct contract with my General Agent who has agreed to compensate me for such services; and
3. The agent shall comply with the rules, regulations and rate books of the Society, the laws of the State or States in which the agent solicits applications and the regulations of the Department of Insurance relating to my activities in the solicitation of Insurance; and
4. The agent shall not alter, modify, waive or change any of the terms, rates or conditions of any advertisements, receipts, policies or contracts of the Society in respect; and
5. The agent shall promptly remit to my General Agent or the Society any and all monies or securities received by me on behalf of the Society as full or partial payment of first year or renewal premiums, or any other item whatsoever; and
6. The agent shall not obligate the Society nor incur expenses in its behalf in any manner whatsoever; and
7. That the Society may, without liability to me whatsoever, up on request of my General Agent or upon its own initiative, cancel my license or appointment at any time.

I request an Insurance License or Appointment for the State of \_\_\_\_\_.

The Agreement, effective this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

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

This applicant is recommended for appointment as an agent assigned to my jurisdiction, subject to the terms of my Agency Agreement with the Society, and this Agreement. I understand that I am responsible for the Agent and the Agent's compliance with all Society rules, regulations and the rate books of the Society.

General Agent's Signature \_\_\_\_\_ Date \_\_\_\_\_

General Agent Printed name \_\_\_\_\_

KSKJ Life approves the above agreement subject to all the provisions herein.

Agent No. assigned: \_\_\_\_\_ KSKJ Life

By: \_\_\_\_\_ Corporate Officer



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1. The agent is assigned to and under the jurisdiction of the General Agent indicated below.
2. Society has no obligation to me for commissions, expense allowances, or any form of compensation whatsoever in connection with the services performed and expenses incurred by me in the solicitation of applications for insurance issued by the Society, it being expressly understood that the agent is under direct contract with my General Agent who has agreed to compensate me for such services; and
3. The agent shall comply with the rules, regulations and rate books of the Society, the laws of the State or States in which the agent solicits applications and the regulations of the Department of Insurance relating to my activities in the solicitation of Insurance; and
4. The agent shall not alter, modify, waive or change any of the terms, rates or conditions of any advertisements, receipts, policies or contracts of the Society in respect; and
5. The agent shall promptly remit to my General Agent or the Society any and all monies or securities received by me on behalf of the Society as full or partial payment of first year or renewal premiums, or any other item whatsoever; and
6. The agent shall not obligate the Society nor incur expenses in its behalf in any manner whatsoever; and
7. That the Society may, without liability to me whatsoever, up on request of my General Agent or upon its own initiative, cancel my license or appointment at any time.

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

This applicant is recommended for appointment as an agent assigned to my jurisdiction, subject to the terms of my Agency Agreement with the Society, and this Agreement. I understand that I am responsible for the Agent and the Agent's compliance with all Society rules, regulations and the rate books of the Society.

General Agent's Signature \_\_\_\_\_ Date \_\_\_\_\_

General Agent Printed name \_\_\_\_\_

KSKJ Life approves the above agreement subject to all the provisions herein.

Agent No. assigned: \_\_\_\_\_ KSKJ Life

By: \_\_\_\_\_ Corporate Officer



## Exhibit B - Privacy Notice

### Privacy notice to our members

We provide this notice because you have a right to know how we protect the privacy of the personal information you share with us. We welcome the opportunity to describe how KSKJ Life protects your personal information.

### What information do we collect?

We collect personal information needed only to service and administer your business with us. The type of information that we collect depends on the type of product or service you request. This includes:

- Information you provide on an application or other form (for example, name, address, Social Security number, or income)
- Information from credit reporting agencies and information to verify employment or income.
- Information about your past transactions with us.
- Medical or health information you permit us to receive from doctors or other health care providers.

### How do we use and disclose your information?

- We do not sell information about you.
- We do not share your information with anyone else for marketing purposes.
- We use your personal information only to help transact the business you have with us.

### We use your information to:

- Underwrite certificates.
- Process claims.
- Confirm your identity.
- Service your certificates with us.

Information may be disclosed to other entities that perform services for us related to our transactions with you. This includes underwriting, claims, and member services. Before we disclose your information, these entities must agree to keep it private. Information may be disclosed to entities with whom we have a joint marketing agreement that offer products we believe may be of interest to you, as permitted by law. We may also share information with our affiliates to provide services and products to you.

We may disclose information when it is permitted or required by law.

Examples are:

- To accountants or auditors.
- In response to a subpoena.
- To our attorneys.
- To prevent fraud.
- To comply with a request from a regulatory agency.

We may receive health information about you. We do not share that health information without your proper written authorization or as permitted or required by law.

### How do we protect the security of your information?

Access to personal information is available only to those people who need to know it in order to service your business. This includes our employees and agents who are trained to abide by our privacy policy. We have physical, electronic, and procedural safeguards to ensure privacy of your information.

Should your relationship with us end, we will continue to follow the privacy policies described in this notice to the extent that we retain information about you. If we no longer need to retain that information, we will dispose of it in a secure manner.

### Commitment to privacy

We will send our members a current privacy policy at least annually. KSKJ Life is committed to protecting the privacy of your information. We also strive to keep our records accurate and will make appropriate corrections when you notify us. We value the trust that you have placed in us.



## KSKJ Life Code of Ethics

**KSKJ Life believes that serving the needs of our customers with integrity is of utmost importance. All National Headquarters employees and agents are expected to conduct themselves at all times with the highest degree of ethical business practices and in accordance with all state insurance laws and Society regulations.**

**As a KSKJ agent I agree to:**

- Adhere to all provisions contained in the Appointed Agent's Agreement.
- Fully comply at all times with all laws and regulations regarding the solicitation and sale of any KSKJ Life products.
- Make a conscientious effort to ascertain and understand the needs and financial circumstances of my clients, and make every effort to render the same quality of service to my clients which in the same circumstances, I would expect myself.
- Not place the Society under any legal obligation that is not within the scope of my authority.
- Not accept risks of any kind; make, modify, or discharge contracts; extend the time for paying the premium; waive forfeitures or any of the Society's rights or requirements; bind the Society by any statement, promise, or representation; or collect any monies other than as provided in the Appointed Agent's Agreement.
- To use only appropriate sales material approved by the Society and include all appropriate disclaimers.
- Make sure all signatures on applications or other documents submitted by me are authentic.
- Deliver all certificates and contracts to the respective owner in an expedient manner.
- Not enter into any contracts for the solicitation of insurance or to share commissions with anyone not licensed and under agreement with the Society.
- Not represent the Society in any manner whatsoever before any state insurance department or official thereof, or any governmental agency without the knowledge and approval of the Society
- Comply with the requirements contained in the attached Privacy Notice.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please attach a copy of your license here**



AIMC, LLC  
(800) 321-0102  
(706) 232-2179 (Licensing FAX)

**Credit Card Acceptance Form**  
**MasterCard, Visa or American Express Only**

Date: \_\_\_\_\_

Name on card: \_\_\_\_\_  
(exactly as it appears on card )

Card Number: \_\_\_\_\_

CVC2#: \_\_\_\_\_ Card Type (circle one): Mastercard; Visa; Amex  
(MasterCard/Visa: last three digits on back of card)  
(American Express: four digit number above credit card number)

Billing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Expiration date: \_\_\_\_\_

Transaction amount: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

By signing below, I authorize AIMC, LLC to electronically charge my credit card account as specified above to pay the appropriate license fees/appointment fees.

**Signature:** \_\_\_\_\_

AIMC, LLC will accept credit card payments for the following appointment fees, renewals and background fees:

**Admiral Life – appointment and background fees only**

**Family Life – appointment, renewals and background fees**

**KSKJ – appointment, renewals and background fees**

**Lincoln Heritage – appointment fees only**

**Royal Neighbors of America (RNA) – appointment, renewals and background fees**

**Sterling Investors Life Insurance Co. (SILIC) – appointment, renewals and background fees**

**Home Office Use Only:**

**Purpose of transaction (include carrier):** \_\_\_\_\_

**Initials of Authorized Transaction Personnel:** \_\_\_\_\_