

NO Background check states form.

WESTERN NATIONAL LIFE INSURANCE COMPANY  
AGENT APPOINTMENT QUESTIONNAIRE (BROKER-DEALER)

CONTRACTED AGENCY NAME NESTEGG BUILDERS CORP # 09BDB6

BROKER DEALER N/A

APPLICANT NAME: \_\_\_\_\_

NICKNAME: \_\_\_\_\_

DATE OF BIRTH:

LAST FIRST M MAIDEN

MO DAY YR

SEX: M F  
Please Circle

RESIDENCE: \_\_\_\_\_  
STREET

SOCIAL SECURITY: \_\_\_\_\_

CITY STATE ZIP

PLACE OF BIRTH: \_\_\_\_\_

COUNTY

HOME TELEPHONE: (\_\_\_\_) \_\_\_\_\_

BUSINESS TELEPHONE (\_\_\_\_) \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

BRANCH/BUSINESS NAME

BUSINESS FAX (\_\_\_\_) \_\_\_\_\_

STREET

HAVE YOU EVER BEEN APPOINTED WITH WNL?

YES \_\_\_ NO \_\_\_

CITY STATE ZIP

LICENSE NUMBERS: (RES) NATIONAL PRODUCER #

TYPE OF APPOINTMENT REQUESTED:  
( ) FIXED ANNUITY

LIFE: \_\_\_\_\_ NPN: \_\_\_\_\_

STATES FOR WHICH APPOINTMENT IS REQUESTED: \_\_\_\_\_

REQUIRED ATTACHMENTS  
FIXED ANNUITY APPOINTMENT:  
INSURANCE LICENSE FOR ALL APPLICABLE STATES  
BACKGROUND AUTHORIZATION

I UNDERSTAND NO CONTRACT EXISTS BETWEEN WESTERN NATIONAL LIFE AND ME. ANY CONTRACTUAL AGREEMENT IS BETWEEN THE AFOREMENTIONED CONTRACTED AGENCY AND ME. ALL COMMISSIONS PAYABLE ARE PAYABLE TO THE CONTRACTED AGENCY, AND THEY IN TURN ARE LIABLE TO PAY ME ACCORDING TO OUR AGREEMENT.

I AGREE THAT I WILL NOTIFY WESTERN NATIONAL LIFE IN WRITING WITHIN 10 BUSINESS DAYS OF ANY INCIDENT THAT WOULD CAUSE AN ANSWER TO THE 8 QUESTIONS ON PAGE TWO TO CHANGE.

FIVE YEAR RESIDENCE HISTORY (IF MOVED WITHIN LAST 5 YEARS):

STREET	CITY	STATE	ZIP	YEAR(S)
STREET	CITY	STATE	ZIP	YEAR(S)

FIVE YEAR EMPLOYMENT HISTORY:

PRESENT	COMPANY NAME	ADDRESS	CONTACT
YEAR(S)	COMPANY NAME	ADDRESS	CONTACT
YEAR(S)	COMPANY NAME	ADDRESS	CONTACT

CONFIDENTIAL HISTORY/BACKGROUND INFORMATION: (WRITE "YES" OR "NO" IN BLANKS--EXPLAIN BELOW)

- HAVE YOU EVER BEEN KNOWN OR CONDUCTED BUSINESS IN ANY NAME OTHER THAN AS SHOWN ON THIS APPLICATION? \_\_\_\_\_
- HAVE YOU EVER DECLARED PERSONAL BANKRUPTCY? \_\_\_\_\_
- HAVE YOU EVER BEEN CONVICTED OR PLED NOLO CONTENDERE TO ANY OFFENSE OTHER THAN A MINOR TRAFFIC VIOLATION? \_\_\_\_\_
- HAVE YOU EVER HAD A COMPLAINT FILED AGAINST YOU OR BEEN FINED BY AN INSURANCE REGULATORY DEPARTMENT? \_\_\_\_\_
- HAVE YOU EVER BEEN DENIED, SUSPENDED, OR HAD REVOKED AN INSURANCE LICENSE IN ANY JURISDICTION? \_\_\_\_\_
- HAS ANY SURETY COMPANY OR E&O CARRIER DENIED COVERAGE OR PAID OUT FUNDS ON YOUR COVERAGE? \_\_\_\_\_
- ARE YOU PRESENTLY INVOLVED IN ANY LITIGATION CONNECTED WITH THE INSURANCE BUSINESS OR ARE THERE ANY UNSATISFIED JUDGEMENTS OUTSTANDING AGAINST YOU ARISING OUT OF THE INSURANCE BUSINESS? \_\_\_\_\_
- DO YOU HAVE ANY OUTSTANDING JUDGEMENTS OR LIENS? \_\_\_\_\_

DETAILS OF "YES" ANSWERS:

\_\_\_\_\_

\_\_\_\_\_


\_\_\_\_\_

LIST TWO (2) REFERENCE CONTACTS:

NAME	YRS KNOWN	RELATIONSHIP	TELEPHONE
NAME	YRS KNOWN	RELATIONSHIP	TELEPHONE

ATTESTATION:

- I AGREE NOT TO SOLICIT BUSINESS UNTIL I HAVE BEEN NOTIFIED THAT I AM PROPERLY APPOINTED BY WESTERN NATIONAL LIFE.
- I HEREBY CERTIFY THAT ALL MY ANSWERS TO THE QUESTIONS ON THIS QUESTIONNAIRE ARE TRUE, COMPLETE AND ACCURATE.
- I UNDERSTAND THE VIOLENT CRIME CONTROL AND LAW ENFORCEMENT ACT OF 1994 ("ACT") PROHIBITS ANYONE WHO HAS EVER BEEN CONVICTED OF A FELONY INVOLVING DISHONESTY OR A BREACH OF TRUST FROM PARTICIPATING IN THE INSURANCE BUSINESS. VIOLATORS ARE SUBJECT TO FINES AND UP TO 5 YEARS IMPRISONMENT. I CERTIFY THAT I AM IN COMPLIANCE WITH THE ACT.

AGENT'S SIGNATURE 

DATE \_\_\_\_\_