

## Annuity Investors Life Insurance Company

New Agent Name: \_\_\_\_\_

Appointing Agent: Douglas B. Mitchell

### Anti-Money Laundering Training Requirements:

- AML training was completed through LIMRA on \_\_\_\_/\_\_\_\_/\_\_\_\_
- AML training was completed through an independent program, completion certificate is attached  
*(If you have not met your AML training requirement, please visit our website and follow the link for training through LIMRA)*

### Appointment Requirements:

- Complete and Sign Prospective Agent's Application and Profile
- If Requesting Advance Commissions: Complete and Sign Annualization Advance Agreement
- If Requesting Additional Great American Life Appointment:** Complete and Sign Amendment
- If Corporate Appointment: Complete and Sign Corporate Licensing/Commission Assignment Form
- If Requesting Direct Deposit: Complete form and **attach void check**
- Include a copy of Resident State Life License(s)

### Fair Credit Reporting Act Notice/Communication Authorization:

I hereby authorize Oak Tree Financial, Inc., and any and all of its affiliates or subsidiary companies, to conduct a thorough background investigation regarding my qualifications for appointment and credit worthiness, including, but not limited to, periodic debit checks through Vector One. I also understand that Oak Tree Financial, Inc. reserves the right to report any outstanding debit balances to Vector One and to revoke or suspend commission advances at any time without prior notice.

I further authorize Oak Tree Financial, Inc., and any and all of its affiliates or subsidiary companies, to communicate with me via mail, fax and/or email, unless a request is submitted by me in writing.

I agree that a fax or photocopy of this authorization with my signature will be accepted with the same authority as the original.

I have carefully read and understand these authorizations and by signing below, agree to all terms and conditions.

⇒ Agent Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**FAX - 1-404-348-4356**

Return to →

Ogletree Financial  
2272 Moores Mill Road  
Suite 209  
Auburn, AL 36830

Email: [doug@ofslife.com](mailto:doug@ofslife.com)  
[www.ogletreefinancial.com](http://www.ogletreefinancial.com)

Office Use Only: Rep: \_\_\_\_\_ Comp/Prod Cmt Level: \_\_\_\_\_ Upline: \_\_\_\_\_ Processor: \_\_\_\_\_

Primary Market: (check one)  
 Single Premium Annuities  
 Flex/403(b) Annuities

**PROSPECTIVE AGENT'S APPLICATION & PROFILE**



Please print legibly or type

Agent Agreement – Power to Appoint

**I-PERSONAL INFORMATION**

Full Name \_\_\_\_\_  
*First Middle Last*

Date of Birth \_\_\_/\_\_\_/\_\_\_  Male  Female Social Security # \_\_\_\_\_

Residence Address \_\_\_\_\_  
*Street City State County Zip*

Previous Address (If less than five years at the above listed address)  
 \_\_\_\_\_  
*Street City State County Zip*

Residence Phone ( ) \_\_\_\_\_ Spouse's Name \_\_\_\_\_

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

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

Mailing Address \_\_\_\_\_  
*Street City State County Zip*

Fax Phone ( ) \_\_\_\_\_ Other Number ( ) \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Website Address, if applicable \_\_\_\_\_

**II-BUSINESS and LICENSE INFORMATION (Please attach copies of current licenses)**

Year you entered the business \_\_\_\_\_ Licensed to sell:  Life  Health  Annuity  Variable Annuity  Other \_\_\_\_\_

Resident License State \_\_\_\_\_ Other State(s) \_\_\_\_\_

Error and Omissions Carrier \_\_\_\_\_ E & O Expiration Date \_\_\_\_\_

E & O Coverage \_\_\_\_\_ (Attach declaration page to application) Number of years you qualified for MDRT \_\_\_\_\_

Have you ever been registered with the NASD?  Yes  No If "Yes," please list CRD Number \_\_\_\_\_

Currently a member of NALU:  Yes  No List any other membership affiliations: \_\_\_\_\_

Make commissions payable to:

- Individual
- Corporation (Complete Commission Assignment/Corporate Licensing form #X2611602NW)

Please list any business and its tax identification number (TIN) of which you are an owner, partner, director or officer:

Incorporated Name and/or DBA Name	Address	TIN	State of Incorporation

**III-EMPLOYMENT HISTORY**

Include insurance companies you are contracted with, or have been contracted with during the last five years. If you have less than five years insurance experience, please include employment history for the last ten years.

From	To	Name of Company	Address (City & State)	Reason for Leaving

**IV – BACKGROUND INFORMATION**

The following questions have been developed to assist the Company in selecting reputable, trustworthy Representatives to sell and promote our products. Please answer all questions. **If you answer yes to any of the questions, please attach a separate sheet with details.** The Company will use the information and our best efforts to make a fair, informed decision regarding the appropriateness of an appointment. (A "Yes" answer to any of the following questions will NOT automatically cause this application to be denied.)

- |   | 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 a 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?<br>BANKRUPTCY DISCHARGE DATE _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 8) Have you ever done business under another name?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 9) 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"/> |

**V-NOTICE**

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 agree to promptly notify the Company if any of the information on this application changes. I authorize the Company to conduct an investigation concerning my qualifications for appointment including my character, general reputation, credit worthiness, and person 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 rescind my appointment, at its sole discretion.

I acknowledge that I am familiar with the insurance and securities laws, (if applicable), and regulations of the jurisdictions to which I am applying for appointment.

I agree that a photocopy of this authorization and release shall be as valid and binding as an original.

I understand and agree that I am not authorized, and am expressly forbidden, to solicit business for the Company until my license and appointment have been secured.

I certify that I have read the Agent's Agreement attached to this Application and agree to be bound by all terms and conditions of said Agreement.

Under penalty of perjury, I certify that the Social Security Number shown 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 \_\_\_\_\_  
*(Please attach copies of current licenses)*

Signature of Corporate Officer (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

**To be completed by Appointing Agent**

The undersigned certifies that the applicant has answered the above questions as indicated, and that to the best of my knowledge and belief, those answers are true and complete. The undersigned is satisfied that such applicant is trustworthy, is qualified to act as an agent, and will act in good faith with the general public. The undersigned acknowledges that they are the appointing agent of, and agree to be jointly and severally responsible for the faithful performance of the Agent's Agreement by the agent or agency appointed herein.

Printed name of Appointing Agent Doug Mitchell - Ogletree Financial Agent Code \_\_\_\_\_

Signature of Appointing Agent Doug Mitchell Date \_\_\_\_\_

- g. To the extent that any provision of this Agreement is in conflict with any statute, regulation, ordinance or other binding legislative or regulatory prohibition, such statute, regulation, ordinance or prohibition shall control and such provision shall be construed as void from its inception, it being the intent of both parties hereto to fully and completely conform to the laws of each jurisdiction in which the Company's business is being conducted.
- h. You agree to adopt and abide by the Principles and Code of Ethical Marketing adopted by the Insurance Marketplace Standards Association.
- i. You agree that by providing your fax number, email address, mail address, and telephone number that you are providing consent to receive advertisements and other communications by fax, e-mail, mail and telephone from or on behalf of the Company and its affiliates. You understand that you can revoke your consent by submitting a written request, using the appropriate form if applicable, to the Company.
- j. You hereby authorize the Company and its affiliates to release information about you maintained by the Company or its affiliates to state or federal regulatory or law enforcement authorities on request.
- k. You agree that you are an independent contractor and not an employee of the Company.
- l. You agree to maintain the confidentiality of any nonpublic personal information about your sub-agents that we are authorized by your sub-agents to provide to you.

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

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Schedule of Commissions \_\_\_\_\_

Annuity Investors Life Insurance Company®

Agent Number \_\_\_\_\_

This Agreement will be of no force or effect unless countersigned below by an authorized Officer of the Company.

By \_\_\_\_\_  
Signature

Its \_\_\_\_\_  
Title

Effective Date \_\_\_\_\_



## DIRECT DEPOSIT OF COMMISSIONS AUTHORIZATION AGREEMENT

Sign up for the Great American Financial Resources® direct deposit program, and we'll deposit your commissions into your bank account within **three** business days from when your commissions are scheduled to be paid. You can **CHOOSE** how you want to receive direct deposit—just complete the form below and return it with your contracting paperwork.

- YES, I WANT TO RECEIVE COMMISSION DEPOSITS VIA DIRECT DEPOSIT AND SIGN UP FOR GAFRI'S SECURED AGENT WEB SITES.**  
I understand I must register for the secured agent site to access and view my commission statements. (Sign-up requires computer and Internet access.) **To register, I will complete the registration process on [www.GAFRI.com](http://www.GAFRI.com).**

Select your payment frequency below:

- Daily
                 
  Weekly
                 
  Biweekly
                 
  Monthly (15<sup>th</sup> of each month)

- I hereby request a change to my existing direct deposit as indicated below.

Your request will become effective in approximately 15 days

*Please note: The frequency of commission statements generated on [www.GAFRI.com](http://www.GAFRI.com) will match the payment frequency selected for commission deposits as selected above. I understand GAFRI will not withdraw any funds from my account.*

I (we) hereby authorize Great American Financial Resources ("The Company") to initiate credit entries to my checking/savings account, and if necessary, debit entries and adjustments for any credit entries in error to my account, as indicated below. I also authorize the depository institution named below ("Depository") to credit and/or debit the same to such account.

Depository Name		Branch Phone Number
City	State	Zip Code
Transit/ABA Number	Account Number <input type="checkbox"/> Checking <input type="checkbox"/> Savings	

This authority remains in force and effect until the Company receives written notification from me (or either of us) of its termination in such time and manner as to afford the Company and the Depository a reasonable opportunity to act on it.

Date	Social Security Number	Agent Code #
Name on Account (Please Print)		Authorized Signature
Additional Name on Account (Please Print)		Authorized Signature of Additional Name

➔ **ATTACH VOIDED CHECK HERE AND RETURN TO—**  
 Great American Financial Resources® • Attn: Licensing Department 11<sup>th</sup> Floor  
 P.O. Box 5420 • Cincinnati, OH 45201-5420  
 Fax Number (513) 412-8019

**ANNUALIZATION  
ADVANCE AGREEMENT**

This Annualization Advance Agreement ("Advance Agreement") executed this day of \_\_\_\_\_, 20\_\_\_\_, between Annuity Investors Life Insurance Company® ("we", "us", "our") and \_\_\_\_\_ ("you", "your"), the Agent identified below, is attached to and becomes part of certain Agent Agreement dated \_\_\_\_\_ between the Company and the Agent (the "Agent's Agreement"),

**wherein it is mutually agreed as follows:**

1. While this 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) you specifically request such advances in writing on a case-by-case basis. "Policy forms business" means business authorized under your Agent's Agreement.
2. Your annualized commissions and overrides will be based on (a) 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. We will advance \_\_\_\_\_% of your annualized commissions and overrides while this Advance Agreement remains in effect.
3. 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 require 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, unless otherwise indicated below:  
\_\_\_\_\_Advances will be made upon 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 by the end of one month after 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 the 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 commissions or overrides annualized have not been earned upon cancellation of a policy or at the death of a policyholder; and (d) in full upon rescission of a policy, for any reason, even if a policy is rescinded voluntarily within our sole discretion. "Cancellation of a policy," for purposes of this Advance Agreement, includes surrender as a whole or discontinuance of premium payments.
5. The outstanding balance of advances made to you shall be a debt that you owe to us, and we shall have a first lien against all monies we may owe to you from time to time to secure that debt, including any interest payable as provided in Paragraphs 6 and 7 of this Advance Agreement.
6. Any balance owed us either as a result of advances made under this Advance Agreement or as a result of the charge-back provision in Paragraph 5 will bear interest at the rate set forth in the Agent's Agreement or at the highest rate permitted by law.
7. \_\_\_\_\_% 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.
8. If this Advance Agreement is terminated by you or us, automatically, with or without cause, 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 are 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.

- 9. In addition to any debt under this Advance Agreement, including interest, 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.
- 10. Neither this Advance Agreement nor any rights under it may be assigned without our prior written consent.
- 11. 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. This Advance Agreement will terminate automatically upon and at the same time as termination of your Agent's Agreement.
- 12. 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 6 and enforcement of it on the same basis and to the same extent as you.
- 13. 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 stated. Any change in this Advance Agreement may be made only in writing signed by us.
- 14. This Advance Agreement is signed for us at our Administration Office in Cincinnati, Ohio, and shall be subject to and construed under the law of the State of Ohio.

\_\_\_\_\_  
Agent's Printed Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Agent's Signature

\_\_\_\_\_  
Date

**SIGNATURES OF APPOINTING AGENTS**

(Each Appointing Agent/Managing General Agent agrees to be jointly and severally liable for any debts, as that term is described in the above Advance Agreement, of the agent signing the above Advance Agreement, and each Appointing Agent/Managing General Agent agrees that such a debt will be a first lien against any money owed by us to the Appointing Agent/Managing General Agent.)

  
\_\_\_\_\_  
Appointing Agent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Managing General Agent

\_\_\_\_\_  
Date

**ANNUITY INVESTORS LIFE INSURANCE COMPANY**

Approved By: \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

IN WITNESS WHEREOF, the parties have executed this Amendment as of the dates set forth below.

GREAT AMERICAN LIFE INSURANCE COMPANY

By: \_\_\_\_\_

Its: \_\_\_\_\_

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

ANNUITY INVESTORS LIFE INSURANCE COMPANY

By: \_\_\_\_\_

Its: \_\_\_\_\_

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

AGENT

\_\_\_\_\_

(Signature)

AGENT

\_\_\_\_\_

(Printed Name of Agent)

Signature of Corporate Officer (if applicable):

\_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

Agent Number (if any): \_\_\_\_\_

Social Security #/Taxpayer ID: \_\_\_\_\_

TO BE COMPLETED BY APPOINTING AGENT

The undersigned certifies that he/she is satisfied that Agent is trustworthy, is qualified to act as an agent and will act in good faith with the general public. The undersigned acknowledges that he/she is the appointing agent of Agent and expressly agrees to be jointly and severally responsible with Agent for the faithful performance by Agent of all terms and conditions of the Agreement by the agent or agency appointed herein.

Printed Name of Appointing Agent: Douglas B. Mitchell

Signature of Appointing Agent: Doug Mitchell

Date: \_\_\_\_\_ Agent Code: \_\_\_\_\_