

Royal Neighbors of America

New Agent Name: _____

Appointing Agent: Douglas B. Mitchell

Appointing Agent Contracted? If Yes, give Agent Code # _____
If No, please attach contracts and license(s)

New Agent Commission Level: _____ State(s) to be licensed in: _____
(Attach license copies)

Appointment Checklist

- Complete and Sign Producer Contracting Application
- Review and Sign Contract to Represent with Authority to Recruit
- If Requesting Direct Deposit: Complete EFT section of Contract Application and **attach void check copy**
- Include a copy of Resident State Life License for individual and agency (if requesting agency appointment)
- Required:** Include Membership fee of **\$14.95** (payable to Royal Neighbors of America)

please return to:
FAX - 1-404-348-4356
Ogletree Financial
2272 Moores Mill Road
Suite 209
Auburn, AL 36830
Email: doug@ofslife.com
www.ogletreefinancial.com

COMMUNICATION AUTHORIZATION

Beginning July 1st, 2005, FCC regulations require us to obtain a written consent from all our clients enabling us to utilize fax or email communications. Without express written consent, we will not be allowed to send you any form of communication by fax or email. The following authorization acknowledges that Oak Tree Life and Annuity Brokerage may send fax and/or email communications to the numbers/addresses listed below.

Select the method(s) of communication you will allow. (You may select both.)

Fax Fax Number: _____

Email Email Address: _____

⇒ **x** _____
Authorized Signature Date

This authorization will remain in effect and have no expiration date, unless revoked in writing.



RNA
Royal Neighbors of America®

Royal Neighbors of America • Austin Division
5910 Courtyard Drive, Suite 240 • Austin, TX 78731
Phone: (512) 418-3300 • Toll free: (866) 733-9758 • Fax: (512) 418-3369

Know Your Worth®... Know Royal Neighbors

PRODUCER CONTRACTING APPLICATION

I. PERSONAL INFORMATION SECTION (Authorized officer or partner if corporation or partnership)

First name _____ MI _____ Last name _____ Suffix _____ Social Security no. _____
(*Jr., III, etc.*)
Professional designation(s) _____ Nickname _____ Driver's License no./State _____
(*CLU, CSA, LUTCF, etc.*)
 Male Female Date of birth _____ / _____ / _____ State of birth _____ Resident Insurance License no./State _____ / _____

II. ADDRESSES (Mailing address for all correspondence and supplies)

SEND ALL MAIL (Correspondence, commissions, supplies) TO: BUSINESS HOME

Business: Street _____ Apt./Suite _____ Telephone no. (____) _____
City _____ State _____ ZIP Code _____ - _____

Home: Street _____ Apt./Suite _____ Telephone No. (____) _____
City _____ State _____ ZIP Code _____ - _____

E-MAIL ADDRESS _____ CELL PHONE NO _____ FAX _____

III. PARTNERSHIP INFORMATION SECTION (if applicable)

Check if commissions are to be paid to the agency and income reported to the Federal Tax ID no. below

Agency name _____ Federal Tax ID no. _____

Full name of each general partner

Resident Insurance License no./State _____ / _____

Resident Insurance License no./State _____ / _____

IV. CORPORATION INFORMATION (if applicable)

Check if commissions are to be paid to the corporation and income reported to the Federal Tax ID no. below

Corporation name _____ Federal Tax ID no. _____

Resident Insurance License no./State _____ / _____ Resident state does not require a corporate license

V. INSURANCE LICENSES

I have attached a copy of the Resident Insurance License(s) shown above

I also wish to be appointed in the following states, and all corresponding non-resident licenses and fees for such licenses are attached

VI. BACKGROUND INFORMATION

Have you ever represented, or are you currently representing Royal Neighbors of America? If YES, Producer Code # _____ YES NO

Have you ever had your insurance license or securities license suspended or revoked, or have you ever had an application for an insurance license denied or revoked by an insurance department? _____ YES NO

Have you ever had a complaint filed against you with an insurance department or other regulatory agency? _____ YES NO

Has any claim ever been made against you, your surety company, or errors & omissions insurer arising out of insurance sales or practices, or have you been refused surety bonding or errors & omission coverage? _____ YES NO

Are you at present involved in any litigation or are there any unsatisfied judgments or liens (including tax liens) against you? _____ YES NO

Do you currently have a pending bankruptcy or have you declared bankruptcy within the past seven years? _____ YES NO

Have you pled guilty or nolo contendere to or been found guilty of a felony or a crime involving dishonesty or breach of trust? _____ YES NO

Does any insurer, insured, or other person claim any indebtedness from you as a result of any insurance transactions or business? _____ YES NO

PLEASE EXPLAIN ANY "YES" ANSWER(S) _____



Notice of Vector One Report

Royal Neighbors of America is a participant in the Vector One Program. Vector One is a cooperative service which provides member insurance companies information about agent debit account balances.

Fair Credit Reporting Act Disclosure

This notice is provided to you pursuant to 15 U.S.C.A. §1681b(b) of the Fair Credit Reporting Act. Please be advised that Royal Neighbors of America may obtain your consumer report for use in evaluating you as an applicant and prospective producer. 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, previous employment, character, general reputation, personal characteristics, mode of living, criminal records or education records. Information obtained from a credit reporting agency will not be used for any impermissible purpose or in violation of any federal or state equal protection law or regulation.

By your signature below, you acknowledge that you have received and understand the contents of this notice, and authorize Royal Neighbors of America to obtain your consumer report from any credit reporting agency. You further release any employer, former employer and each other person from any and all liability of whatever nature by reason of furnishing any of the above information. You recognize that you may be the subject of an investigative consumer report and to the extent permitted by law you waive any requirements of notification with respect to this investigation. You understand that you have the right to request a complete and accurate disclosure regarding the nature and scope of any consumer investigative report prepared on you. You further authorize Royal Neighbors of America to provide any report or information obtained in connection herewith to any other insurance company with whom you request appointment.

Check here if you wish to receive a copy of your consumer report.

Certification of Taxpayer Identification Number

By my signature below and under penalties of perjury, I certify that the number(s) shown on this form is/are the correct taxpayer identification number(s), and I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and I am a U.S. person (including a U.S. resident alien).

Application for General Membership

By my signature below, I am applying for General Membership in the Society, Royal Neighbors of America. I support the purposes of the Society and will comply with its laws.

Conditions and Agreements

By my signature below, I hereby acknowledge I have read a specimen copy of the proposed contract and all applicable supplements and addendums thereto to be entered into between myself and Royal Neighbors of America. I agree to be bound by all of the terms and conditions of such contract, supplements, and addendums, a personalized copy of which will be subsequently forwarded to me by Royal Neighbors of America. I agree not to solicit business until I have been notified by Royal Neighbors of America that I am authorized to do so.

I represent and warrant that all information and answers to questions are true and complete. Any marketing materials which have not been provided by Royal Neighbors of America must be approved by the National Headquarters prior to their use. I understand that any specimen sales brochures and material I have received are provided only for my personal examination of product provisions and rates.

I further acknowledge that I am familiar with and will adhere to the Royal Neighbors of America Agent's Code of Ethics and that I have been trained and understand Royal Neighbors of America products.

Signature * Date Printed name

DIRECT DEPOSIT AUTHORIZATION AGREEMENT

NEW ENROLLMENT

I hereby authorize Royal Neighbors of America to initiate credit entries and to initiate, if necessary, debit entries and adjustments for credit entries made in error to my

CHECKING

SAVINGS Account (select one) with the financial institution indicated below.

Bank name Branch

Address

City State ZIP Code

Account number Routing transit number

This authority is to remain in full force and effect until terminated with written notification by me.

Signature * Date Printed name

ATTACH VOIDED CHECK



6. Copies & Electronic Retention of this Contract

You agree that the Society may retain this contract solely as an imaged or electronic version and may destroy any original signed version of this contract; provided the imaged or electronic version accurately represents this contract including the parties' signatures. You and the Society agree that a facsimile or other electronic reproduction of this contract shall be deemed as valid as the original.

7. Privacy Act Notice

By your signature below You acknowledge you have received a copy of the Privacy Notice, attached to and made a part of this contract. You acknowledge and agree You are acting as a third party service provider to the Society, as contemplated under §503 of the Gramm-Leach-Bliley Privacy Act and are therefore bound by the stated policy of the Society regarding the release of nonpublic information derived by, or for, the Society in its normal course and conduct of business.

This contract becomes effective on the date it is accepted by the Society.

By: * _____ Executed this _____ day of _____
Your Signature
(if Corporation, authorized officer)

Accepted this _____ day of _____

By: _____
Signature for Royal Neighbors of America

Printed name

Royal Neighbors of America • Austin Division
5910 Courtyard Drive, Ste 240
Austin, Texas 78731
(866) 733-9758

**Royal Neighbors of America
CODE OF ETHICS**

Royal Neighbors of America believes that serving the needs of our customers with integrity is of utmost importance. All 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 Royal Neighbors of America agent, I agree to:

- Adhere to all provisions contained in the Agent's contract.
- Fully comply, at all times, with all laws and regulations regarding the solicitation and sale of any Royal Neighbors of America product.
- 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 premiums; 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 Contract to Represent.
- Use only appropriate sales materials 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 annuities or to share commissions with anyone not licensed and under contract 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.

