



AGENT APPLICATION FOR APPOINTMENT

IA 97 - 1A Rev. 08-22

Company Use Life Agent No. _____

This application must be completed by each agent to be appointed by National Security. You may make copies if needed. All questions must be answered. If a question is not applicable, enter N/A.

GENERAL INFORMATION

- 1. Applicant's Full Name
2. Applicant's Home Street Address
Mailing (if different):
City State Zip County
3. Phone No. Fax No. Cell No.
4. Social Security No. 5. Date of Birth
6. State Producer License Number 7. National Producer Number (NPN)
8. E-mail Address 9. Years working in Life Insurance
10. Website:

BACKGROUND INFORMATION

- 10. Have you EVER declared bankruptcy?
11. Are there any suits or outstanding judgments or liens...
12. Have you EVER had your insurance license suspended?
13. Have you EVER been convicted of a felony involving dishonesty or a breach of trust?

Federal law (18 U.S.C. 1033) prohibits anyone who has been convicted of a felony involving dishonesty or a breach of trust from conducting the business of insurance. If you answered yes to question number 13 you must attach a copy of court records, a copy of the pardon restoring your rights, and a 1033 waiver approval from your home state.

14. a. What companies do you represent for the lines of business we write?

Table with 3 columns: Company, Phone No., Line of Business. Rows 1 and 2.

b. Has any company withdrawn an agency appointment within the last 5 years? YES NO If yes, explain below.

Table with 4 columns: Company, Phone No., Line of Business, Reason. Rows 1 and 2.

15. Attach a copy of your current Life / Health insurance license.

Applicant's Statement

In making this application for appointment by National Security Insurance Company, it is understood that National Security Insurance Company is required by the state insurance department to conduct an investigation into the background / character of each applicant.

It is further understood that National Security Insurance Company has the approval to contact any companies or individuals concerning my work habits and nature of my work and this information will be taken into consideration upon my approval for appointment.

Signed _____ Print Name _____
Agency _____ Date _____

(Continued on Reverse)



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Commissions Paid to Agency Authorization

16. Should your life / health commissions be paid to an agency? [] Yes [] No
If yes, complete and sign the following:

I represent the insurance agency named below and commissions payable related to the activities of agents contracted by me representing the agency should be paid directly to the agency. Payment to the agency does not constitute or create a contractual relationship between the company and the agency or obligate the company to the agency to any extent. (Note: To receive the commission check, the agency must have a direct appointment with the Company.)

Agency Name _____

Agency Address _____
Street City State Zip

Agency Phone Number _____

Signature _____ Agency Tax I.D. Number _____

Sponsor Information

17. Do you have a sponsor or will you be applying for a direct appointment?
[] I have a sponsor currently active with National Security. If you have a sponsor, complete question number 18 below.
[] I do not have a sponsor. I am applying for a direct appointment with National Security.

18. Sponsor's Name _____ Sponsor's Phone Number _____

Sponsor's Address _____
Street City State Zip

Sponsor's National Security Agency Code Number _____

RELEASE OF LIABILITY AND CONSENT FORM
FOR PROCUREMENT OF CREDIT REPORT AND BACKGROUND INVESTIGATION

I am aware that any omission, falsification, misstatement, or misrepresentation on my application may disqualify me for appointment consideration, and if I am appointed, that may be grounds for termination at a later date.

I understand that any information that I provide may be verified as allowed by law. I authorize the procurement of a credit report. I also authorize all persons and entities (including but not limited to: former employers and supervisors; businesses; corporations; credit reporting agencies; law enforcement agencies, including the State of Georgia; government agencies; educational institutions; and all military services) to release all verbal and all written information regarding my ability and fitness for consideration for appointment.

I hereby authorize Interstate Background Research, Inc. to receive any criminal history record pertaining to me found in the files of any law enforcement or criminal justice agency.

I realize that public record information may not be 100% accurate, and that I may be required to submit a fingerprint card for positive identification.

I release each individual and company from all liability, and from all responsibility for providing said information and / or records.

I understand that if I am denied appointment based upon the information provided in my credit file, that upon request, a copy of my Credit Report and a copy of my rights under the Fair Credit Reporting Act will be provided to me. This request / release is valid for one (1) year from this date hereon.

Your Full name, typed or printed

Your Address

Your City State Zip Code

*Date of birth

Social Security Number

Your Signature

Date Signed

THANK YOU

* May be deemed necessary to conduct a thorough criminal record search, in accordance with the "Code of Federal Regulations" Equal Employment Opportunity Commission Code 1625.5. The request for your date of birth does not indicate discrimination and the date request in itself is not a violation of the, "Age Discrimination Act." Your date of birth is requested for a permissible purpose and has been ruled a critical identifier for criminal and driving history information. Certain states will not conduct a criminal search without the date of birth.