

INSTRUCTIONS

THIS BOOKLET INCLUDES

- Application for Appointment Agreement
- Appointment Agreement
- Promissory Note, Guaranty and Security Agreement
- Assignment of Commissions

You will also receive a Fair Credit Reporting Act Disclosure and Authorization for Release of Information on a separate sheet.

SUBMIT THE FOLLOWING

1. For states where you want to be appointed, submit:
 - Resident and Non-Resident state LICENSING FORMS, if you are *Not* already licensed there
 - Resident and Non-Resident state LICENSES, if you *Are* already licensed there
 - CHECK made payable to Life Investors Insurance Company of America, to pay Non-Resident state appointment fees.
2. If you have Errors and Omissions Insurance, submit a CERTIFICATE OF COVERAGE.
3. Submit a SIGNED EXPLANATION of any “yes” answers you give to the questions in the “Other Information” section of the Application for Appointment Agreement.
4. Submit the COMPLETED Application for Appointment Agreement, SIGNED Appointment Agreement, SIGNED Promissory Note, Guaranty and Security Agreement.
5. Submit the SIGNED Assignment of Commissions ONLY IF you want to assign your commissions.
6. Submit the SIGNED Fair Credit Reporting Act Disclosure and Authorization for Release of Information.

HOW TO COMPLETE

Application for Appointment Agreement

1. If you are applying as a *Natural Person*, DO complete the “Applicant is a Natural Person” section, but DO NOT complete the “Applicant is a Business Entity” section.
2. If you are applying as a *Business Entity*, DO complete the “Applicant is a Natural Person” section, and the “Applicant is a Business Entity” section. *You cannot apply as a Business Entity unless the Business Entity is licensed as an insurance agent in all states where agents associated with the Business Entity expect to sell.*
3. DO provide ALL other information requested by the Application for Appointment Agreement.

HOW TO SIGN

Appointment Agreement Promissory Note, Guaranty and Security Agreement Assignment of Commissions

1. READ all of the agreements.
2. SIGN the Appointment Agreement and Promissory Note, Guaranty and Security Agreement.
3. SIGN the Assignment of Commissions ONLY IF you want to irrevocably assign commissions. Have your assignee SIGN the Assignment of Commissions.
4. For each agreement, provide the DATE on which each person signs.
5. If you or your assignee is a business entity, the person who signs MUST BE AUTHORIZED to sign for that business entity.
6. PRINT the name of the person who signs beneath that person’s signature, UNLESS the person signs for a business entity. *If the person signs for a business entity, PRINT the FULL LEGAL NAME of the business entity beneath the person’s signature.*

Individual Division
 4333 Edgewood Road, N.E.
 Cedar Rapids, IA 52499



APPLICATION FOR APPOINTMENT AGREEMENT
 With an Insurance Company that is a Member of the AEGON Insurance Group

APPLICANT IS NATURAL PERSON

Name: Last		First		Middle		Social Security Number	
Home Address: Street		City				State Zip	
Home Phone: (Area Code)Number			Home Fax: (Area Code)Number			Home E-mail	
Date of Birth (optional)		Place of Birth (optional)		Spouse Name		How long in community?	
Business Address (Mailing): Street		City				State Zip	
Business Phone: (Area Code)Number			Business Fax: (Area Code)Number			Business E-mail	

APPLICANT IS BUSINESS ENTITY

Full Legal Name of Entity				Taxpayer Identification Number			
Business Address (Mailing): Street		City				State Zip	
Business Phone: (Area Code)Number			Business Fax: (Area Code)Number			Business E-mail	
State where Entity organized			Date Entity organized		How long doing business in community?		

LICENSING DATA: You must be licensed and appointed in each state where you expect to earn commissions.

You want to be appointed in which Resident State?	What licenses do you have there?
	<input type="checkbox"/> Life <input type="checkbox"/> Health <input type="checkbox"/> Variable
You want to be appointed in which Non-Resident States? _____	<input type="checkbox"/> Life <input type="checkbox"/> Health <input type="checkbox"/> Variable
	<input type="checkbox"/> Life <input type="checkbox"/> Health <input type="checkbox"/> Variable
	<input type="checkbox"/> Life <input type="checkbox"/> Health <input type="checkbox"/> Variable

INSURANCE BACKGROUND

Number years in insurance:	Number years qualified for MDRT:	Current member of NALU? <input type="checkbox"/> Yes <input type="checkbox"/> No
Other insurance companies you currently represent:		
Have you previously represented a Member of the AEGON Insurance Group? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Company(s):		Agent Number(s):

APPLICANT WILL REPORT TO			Date Stamp and Agent Number (Home Office use only)
Name:	Agent Number:	Bus. Phone: (Area Code)Number	

COMMISSION % OR RANK, PAY PLAN, AND BANK INFORMATION FOR EFT (Electronic Funds Transfer)

Commission Level or Rank: _____	Financial Institution _____
_____ Earned only	Bank Account Number _____ Transit Number _____
_____ % placed advance (max 75%)	_____ Checking _____ Savings

COPY OF VOID CHECK REQUIRED

5 YEAR RESIDENTIAL HISTORY: Begin with most recent residence. Attach extra sheet if necessary.

Home Address: Street	City	State	Zip	From/To
Home Address: Street	City	State	Zip	From/To
Home Address: Street	City	State	Zip	From/To

5 YEAR EMPLOYMENT HISTORY: Begin with most recent employment. Attach extra sheet if necessary.

Employer name, (area code) number	From/To	Position held	Net \$/mo.	Reason for leaving

OTHER INFORMATION: In this section, "you" means yourself and any business in which you are or were an owner, partner, director, officer or manager.

- Are there any criminal proceedings currently pending against you for any felony or misdemeanor other than a minor traffic violation? Yes No
- Have you ever been convicted of, pled guilty, nolo contendere or no contest to, or received a deferred or suspended judgment or sentence for, any felony or misdemeanor other than a minor traffic violation? Yes No
- Has a complaint against you involving insurance or securities ever been filed with any legal authority, insurance regulator, the NASD or SEC? Yes No
- Are you currently being investigated, or have you ever been investigated, by any legal authority, insurance regulator, the NASD or SEC regarding any matter involving insurance or securities? Yes No
- Has any legal authority, insurance regulator, the NASD or SEC ever suspended or revoked your insurance license or securities registration or taken other disciplinary action against you regarding any matter involving insurance or securities? Yes No
- Have you ever been discharged or requested to resign from any employment, or have you ever been barred or suspended from any employment by any legal authority, insurance regulator, the NASD or SEC? Yes No
- Has any bonding company or errors and omissions liability insurance company ever denied your application for coverage, rescinded or terminated your coverage or paid a claim on your behalf? Yes No
- Has any insurance company, insurance agency or broker-dealer ever terminated, or permitted you to resign rather than terminate, its relationship with you for cause or due to your alleged wrongful act or omission? Yes No
- Are you now or have you ever been involved in any lawsuit, arbitration or mediation of a dispute or bankruptcy? Yes No
- Is there now any unsatisfied judgment against you or any lien, including any tax lien, against any of your property? Yes No

If the answer is "yes" to any of the above questions, please write details on a separate sheet and attach it to this application.

THE VIOLENT CRIME CONTROL AND LAW ENFORCEMENT ACT OF 1994

The Violent Crime Control and Law Enforcement Act of 1994 (the "1994 Crime Act") makes it a federal crime to: (1) knowingly make false material statements in financial reports submitted to insurance regulators; (2) embezzle or misappropriate monies or funds of an insurance company; (3) make material false entries in the records of an insurance company in an effort to deceive officials of the company or regulators regarding the financial condition of the company; or (4) obstruct an investigation by an insurance regulator. THE 1994 CRIME ACT ALSO MAKES IT A FEDERAL CRIME FOR INDIVIDUALS WHO HAVE BEEN CONVICTED OF A FELONY INVOLVING DISHONESTY, BREACH OF TRUST, OR ANY OF THE OFFENSES LISTED ABOVE TO WILLFULLY PARTICIPATE IN THE BUSINESS OF INSURANCE. WILLFULLY PARTICIPATING IN THE BUSINESS OF INSURANCE INCLUDES ACTING AS AN INSURANCE AGENT. Penalties for violating the 1994 Crime Act include civil fines up to \$50,000 and imprisonment for up to 15 years.

Will you be in violation of the 1994 Crime Act if you act as an insurance agent? Yes No

APPOINTMENT AGREEMENT

1. This Appointment Agreement is between the natural person or business entity that signs below (“**you**,” “**your**,” or “**yourself**”) and the Member of the AEGON Insurance Group (the “**Company**”) that signs a schedule to this Appointment Agreement (a “**Schedule**”). If one Company signs one Schedule and another Company signs another Schedule, this Appointment Agreement and one Schedule shall be deemed a separate agreement from this Appointment Agreement and the other Schedule.

2. You are an independent contractor and not an employee of the Company. You may solicit applications for the Company only for: (a) those of the Company’s non-securities products that are listed in a Schedule; and/or (b) those of the Company’s securities products that are listed in an agreement regarding the sale of the Company’s securities products which is in force between the Company and a broker-dealer of which you are a registered representative (“**Your Broker-Dealer**”). You may not sell the Company’s securities products if such an agreement is not in force between the Company and Your Broker-Dealer, or if you are not a registered representative of, and in good standing with, Your Broker Dealer. (After this paragraph “**Product**” refers to a non-securities or a securities product of the Company unless otherwise indicated, and refers to a non-securities or securities product of an affiliate of the Company where indicated.)

You must comply with all applicable federal, state and local laws, including without limitation any law requiring that you protect the privacy of nonpublic information that you have about an applicant, owner, insured, annuitant, beneficiary or other person who seeks to obtain, obtains or has obtained a Product or service from the Company that is to be used primarily for personal, family or household purposes, and any law regarding the suitability of products sold by insurance agents. If you receive any such nonpublic information from the Company, you will use the information only in connection with your performance under this Appointment Agreement and as permitted by law. You must comply with all written rules that the Company communicates to you from time to time.

You may collect initial premiums for Products, but you may not collect other premiums for Products. You must keep initial premiums that you collect separate from your own funds, and you must promptly send initial premiums that you collect to the Company. You must promptly deliver Products to the appropriate applicants, and you must promptly return to the Company any Product that an applicant does not accept.

You may not: bind the Company by any promise or agreement; accept a promissory note for, or incur any obligation on behalf of, the Company; waive any of the Company’s rights or requirements regarding, or any provision of, a Product; use any of the Company’s names, logos or trademarks without the Company’s prior written consent; advertise any Product or the Company unless the Company provides the advertisement to you or has previously given you its written approval of the advertisement; or begin any legal proceeding on behalf of the Company without the Company’s prior written consent.

You may recommend that the Company enter into Appointment Agreements with other natural persons and business entities, but the Company is not obligated to do so. You are responsible for training and supervising any insurance agent who reports directly to you regarding the agent’s compliance with such an agreement. You are responsible for all expenses that you incur.

3. After giving you reasonable notice, the Company may visit your office, examine your files and records and accompany you while you represent the Company, all at reasonable times. The Company may require you to maintain errors and omissions insurance on yourself with an insurance company, and in form and amount, satisfactory to the Company. The Company may at any time stop doing business in any state or area within a state, stop offering any Product for sale, or change any term of a Product or any condition under which the Company may offer a Product.

4. The Company will pay commissions to you while this Appointment Agreement is in force and after it terminates, according to a Schedule, on commissionable premiums which the Company earns from non-securities Products that are shown on the Schedule and are sold by you or insurance agents who report directly or indirectly to you. However, the Company will reduce commissions payable to you by the total of commissions paid by the Company to insurance agents who report directly or indirectly to you, and by the total of commissions forfeited by an insurance agent who reports directly or indirectly to you if the Company terminates its agreement with the agent pursuant to (d) through (f) of section 6 of this Appointment Agreement. The Company will pay service fees to you while this Appointment Agreement is in force, according to a Schedule, on commissionable premiums which the Company earns from non-securities Products, shown on the Schedule, that you sell, so long as you personally service the owners of the non-securities Products. Premiums may include fees or charges that are not commissionable. The Company will not pay commissions to you for selling the Company’s securities Products, except that the Company may do so if the Company is an affiliate of Your Broker-Dealer. Otherwise, you must look to Your Broker-Dealer, and not to the Company, for any commission that may be payable to you for selling the Company’s securities Products. You may assign your right to receive commissions and service fees under this Appointment Agreement, but only with the Company’s prior written consent, which the Company may give in its sole discretion.

The Company will pay commissions and service fees on the conversion of term life insurance, at the insured’s attained age, to another Product as it would pay commissions and service fees on the other Product without regard to the conversion. The Company will pay commissions and service fees on a reinstated Product to the insurance agent responsible for the reinstatement, and commissions to the insurance agents to whom the responsible insurance agent directly or indirectly reports.

The Company will determine the commissions and service fees, if any, that the Company may pay to you in respect of a Product that the Company issues on an insured or annuitant within 12 months after a halt in the payment of premiums on a Product previously issued by the Company or one of its affiliates on the same insured or annuitant, or within 12 months after the previously issued Product of the Company or its affiliate lapses or is surrendered in whole or in part. The Company will determine whether or not to debit your commission and service fee account (“**Your Account**”) for part or all of the commissions and service fees that the Company credited to Your Account in respect of a Product that the Company issued on an insured or annuitant within 12 months prior to a halt in the payment of premiums on, or within 12 months prior to the lapse or surrender in whole or in part of, another Product that the Company or one of its affiliates had previously issued on the same insured or annuitant.

If the Company refunds premiums or determines that it should not have paid commissions or service fees to you, the Company will debit Your Account by an amount equal to the commissions and service fees previously credited to Your Account in respect of the refunded premiums or the commissions and services fees determined by the Company not to have been payable. The Company may also debit Your Account from time to time for miscellaneous expenses that you incur, such as fees charged by states for renewal of your appointments with the Company. The Company will send you periodic statements of Your Account.

5. While this Appointment Agreement is in force and after its termination you may not convey or disclose to any person or entity any of the Company’s property, for any reason. The Company’s property includes, without limitation, all information or supplies provided by the Company to you regarding: Products; the selling of Products; applicants for, owners and beneficiaries of, persons insured by, and annuitants of, Products; and the recruiting, training and compensation of insurance agents. On termination of this Appointment Agreement, you must promptly return to the Company all of its property.

While this Appointment Agreement is in force and for two (2) years after its termination, you may not: induce an employee or insurance agent of the Company or one of its affiliates to end his or her association with the Company or the affiliate; or induce an owner of a Product of the Company or one of its affiliates to halt the payment of premiums on the Product, allow the Product to lapse, or surrender the Product in whole or in part.

If you breach or threaten to breach this section 5, the Company will be entitled to an injunction restraining you from the breach or threatened breach, as well as to other appropriate relief, including without limitation money damages and reimbursement of attorney fees and other expenses incurred by the Company in seeking the injunction or other relief. If you breach this section you forfeit your right to receive commissions and service fees from the Company. This section will survive the termination of this Appointment Agreement.

6. This Appointment Agreement will terminate on the earliest occurrence of the following events:

- (a) your failure to obtain or renew any license that, by law, you are required to have in order to sell Products (“Your License”);
- (b) your death or, if you are a business entity, your dissolution;
- (c) the 30th day after the date of a written notice of termination (a “Termination Notice”) that Company may send to you by first class U.S. mail, postage prepaid, or on the 30th day after the date of a Termination Notice that you may send to the Company, in either case for a reason other than one described elsewhere in this section 6 or for no reason;
- (d) the 30th day after the date of a Termination Notice that the Company may send to you, if you commit a material breach of this Appointment Agreement, or you commit a material violation of applicable law;
- (e) the suspension or revocation of Your License, or on the refusal of a lawful authority to renew Your License; and
- (f) your conviction of a crime that, according to the The Violent Crime Control and Law Enforcement Act of 1994, makes it a crime for you to willfully participate in the business of insurance.

7. This Appointment Agreement will take effect when the Company signs a Schedule at the Company’s home office and appoints you as its insurance agent according to applicable law. A Schedule will take effect when signed by the Company at its home office. This Appointment Agreement and a Schedule form the entire agreement between the Company and yourself concerning matters covered by this Appointment Agreement and that Schedule. This Appointment Agreement terminates and replaces any prior agreement between the Company and yourself concerning matters covered by this Appointment Agreement. One Company’s Schedule terminates and replaces any prior Schedule of the same Company. This Appointment Agreement can be amended only by a document signed by the Company and yourself. From time to time the Company may amend a Schedule by a document signed only by the Company, or replace a Schedule with another Schedule signed only by the Company. Any amendment to this Appointment Agreement or a Schedule will take effect when signed by the Company at its home office. The Company will give you prior written notice before amending or replacing a Schedule.

8. Any failure by the Company to enforce any part of this Appointment Agreement will not be deemed a waiver by the Company of its right to enforce this Appointment Agreement according to its terms and applicable law. This Appointment Agreement is governed by Iowa law.

9. BY SIGNING BELOW, YOU CERTIFY TO THE COMPANY THAT: THE INFORMATION YOU HAVE GIVEN IN THE APPLICATION FOR APPOINTMENT AGREEMENT IS TRUE AND COMPLETE; THE SOCIAL SECURITY NUMBER OR TAXPAYER IDENTIFICATION NUMBER ON THE APPLICATION FOR APPOINTMENT AGREEMENT IS CORRECT, AND YOU ARE NOT CURRENTLY SUBJECT TO BACKUP WITHHOLDING; YOU HAVE READ AND UNDERSTAND THE COMPANY’S CODE OF PROFESSIONAL CONDUCT AND AGREE TO ABIDE BY ITS TERMS; YOU AGREE TO COOPERATE WITH THE COMPANY SO THAT IT MAY RETAIN ITS MEMBERSHIP IN THE INSURANCE MARKETPLACE STANDARDS ASSOCIATION (“IMSA”); YOU AGREE TO COMPLY WITH IMSA’S PRINCIPLES AND CODE OF ETHICAL MARKET CONDUCT; AND YOU HAVE READ AND UNDERSTAND THIS APPOINTMENT AGREEMENT AND AGREE TO BE BOUND BY ITS TERMS.

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- Signature of Applicant, if Applicant is a natural person.
 - Signature of Applicant’s authorized representative, if Applicant is a corporation, partnership, limited liability company or other business entity.

Date signed

-
- Print Applicant’s name as signed, if Applicant is a natural person.
 - If Applicant is a business entity, print the full legal name of the business entity, NOT the name of the person who signed on behalf of the business entity.

PROMISSORY NOTE, GUARANTY AND SECURITY AGREEMENT

For value received, the natural person or business entity that signs below (“**you**,” “**your**” or “**yourself**”) promises to repay in full, on the date when your Appointment Agreement with a member of the AEGON Insurance Group (the “**Company**”) terminates, the following indebtedness to the Company that you may incur, plus interest accrued thereon to the date of repayment: unearned commissions advanced by the Company to you and debited to your commission and service fee account (“**Your Account**”), special advances made by the Company to you and debited to Your Account, any amount debited to Your Account equal to commissions and service fees previously paid by the Company to you in respect of premiums later refunded by the Company or commissions and services fees determined by the Company not to have been payable to you, and any amount debited to Your Account for miscellaneous expenses that you incur which the Company pays on your behalf. This Promissory Note, Guaranty and Security Agreement (this “**Agreement**”) shall be deemed a separate Agreement between yourself and each Company with which you have an Appointment Agreement.

Interest shall accrue on the debits in Your Account, and such interest shall in turn be debited to Your Account, at a rate equal to three quarters of one percent (3/4 of 1.0%) per month. After the calendar year in which your Appointment Agreement with the Company begins, the interest rate shall increase to one percent (1.0%) per month for any month in which the debits in Your Account exceed ten times the total of earned first year commissions that are payable by the Company to you for that month. In no case shall interest accrue at a rate in excess of the maximum interest rate permitted by applicable law. The Company may increase the rate at which interest accrues on debits in Your Account, after giving you 30 days prior notice.

You authorize the Company to prepay your indebtedness to the Company, in full or in part at any time, by offsetting earned commissions, service fees, bonuses and any other cash compensation payable by the Company to you against debits in Your Account.

You guarantee to repay in full, on the date of the Company’s demand for repayment, any like indebtedness to the Company incurred by any other insurance agent (“**Debtor Insurance Agent**”) who reports directly or indirectly to you, plus interest accrued thereon to the date of repayment; provided, however, that the Company may not make such a demand prior to the 90th day after the date when the Debtor Insurance Agent’s Appointment Agreement with the Company terminates. The Company may collect repayment from you pursuant to this paragraph by debiting Your Account for the amount of the Debtor Insurance Agent’s indebtedness to the Company, and by thereafter treating such debit as part of your indebtedness to the Company.

You hereby grant the Company a continuing security interest in the following collateral, as security for indebtedness that you may incur to the Company and any of its affiliates, and as security for your guarantee of any Debtor Insurance Agent’s indebtedness to the Company: cash value and benefits of any product of the Company or any of its affiliates that you own now or hereafter; any other property that you own which the Company or any of its affiliates holds for you; any money and any other thing of value as it becomes due and payable or transferable by the Company or any of its affiliates, whether now or hereafter, to you, including without limitation commissions, service fees, bonuses, stock options, stock, and amounts payable under qualified and nonqualified deferred compensation plans; and any proceeds of the foregoing. You hereby authorize the Company to take possession of, and to sell or otherwise liquidate, any and all of the collateral, and to apply the collateral and the proceeds thereof to the repayment of your indebtedness to the Company and any of its affiliates and to the payment of your guarantee of any Debtor Insurance Agent’s indebtedness to the Company.

This Agreement shall survive termination of your Appointment Agreement or any other agreement you may have with the Company. This Agreement forms the entire agreement between the Company and yourself concerning matters covered by this Agreement. This Agreement can only be amended by a document signed by the Company and yourself. Any amendment to this Agreement will take effect when signed by the Company at its home office. You agree to pay the Company’s reasonable expenses of enforcing this Agreement, including attorney fees. Any failure by the Company to enforce any part of this Agreement shall not be deemed a waiver by the Company of its right to enforce this Agreement according to its terms and applicable law. This Agreement is governed by Iowa law.

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- Your signature, if you are a natural person.
 - The signature of your authorized representative, if you are a corporation, partnership, limited liability company or other business entity.

Date Signed

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- Print your name as signed, if you are a natural person.
 - If you are a business entity, print the full legal name of the business entity, NOT the name of the person who signed on behalf of the business entity.

ASSIGNMENT OF COMMISSIONS

In consideration of mutual covenants between them, the Assignor and Assignee named below hereby agree as follows. Assignor irrevocably assigns, conveys and transfers to Assignee, and Assignee accepts the assignment of, all of Assignor’s right, title and interest in advanced and earned commissions, service fees, bonuses and any other cash compensation payable to Assignor by each Member of the AEGON Insurance Group with which Assignor has an Appointment Agreement (the “Company”) in respect of the Company’s non-securities Products (“Compensation”). Assignor irrevocably instructs the Company to pay Compensation directly to Assignee. Assignor acknowledges that this assignment: does not amend, modify or waive any part of Assignor’s Appointment Agreement with the Company; is complete and irrevocable; and will remain in effect unless and until Assignee reassigns to Assignor, and Assignor accepts the reassignment of, the right, title and interest in Compensation that Assignee has hereby acquired. ASSIGNOR FURTHER ACKNOWLEDGES THAT THE COMPANY WILL REPORT THE ASSIGNED COMPENSATION IN A 1099 TAX FORM THAT IT SENDS TO ASSIGNOR. Assignor and Assignee respectively acknowledge that the Company is not obligated to honor this assignment or any later reassignment, unless the Company gives its prior written consent to this assignment or later reassignment, which the Company may give in its sole discretion.

ASSIGNOR

ASSIGNEE

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- Signature of Assignor, if Assignor is a natural person.
 - Signature of Assignor’s authorized representative, if Assignor is a corporation, partnership, limited liability company or other business entity.

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- Signature of Assignee, if Assignee is a natural person.
 - Signature of Assignee’s authorized representative, if Assignee is a corporation, partnership, limited liability company or other business entity.

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- Print Assignor’s name as signed, if Assignor is a natural person.
 - If Assignor is a business entity, print the full legal name of the business entity, NOT the name of the person who signed on behalf of the business entity.

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- Print Assignee’s name as signed, if Assignee is a natural person.
 - If Assignee is a business entity, print the full legal name of the business entity, NOT the name of the person who signed on behalf of the business entity.

Date signed _____

Date signed _____

A signature below expresses the prior written consent of each Company to the Assignment of Commissions above.

By _____

Date signed _____

**FAIR CREDIT REPORTING ACT DISCLOSURE
to applicants for Appointment Agreements**

The Individual Division may request a consumer report or investigative consumer report about yourself from a consumer reporting agency as part of its procedure for processing your Application for Appointment Agreement. A consumer report may contain information regarding your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living. An investigative consumer report may contain information regarding your character, general reputation, personal characteristics or mode of living. Information for an investigative consumer report may be obtained through personal interviews with your neighbors, friends and associates or with others with whom you are acquainted or who may have knowledge of such information. You have the right, within a reasonable period of time after submitting your Application for Appointment Agreement, to make a written request for a complete and accurate disclosure of the nature and scope of an investigative consumer report that the Individual Division may have requested about yourself. Send your written request for such a disclosure to Contract Administration, Individual Division, 4333 Edgewood Road Cedar Rapids, Iowa 52499.

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize the Individual Division to obtain a consumer report or investigative consumer report about me. I further authorize any employer, insurance company, general or managing agent, school, financial institution, consumer reporting agency, criminal justice agency, regulatory authority or individual having any information about myself – including without limitation information regarding my past and present employment, academic record, record of arrest, conviction and regulatory sanctions, credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics and mode of living – to release such information to the Individual Division or any consumer reporting agency that is preparing a consumer report or investigative consumer report about myself for the Individual Division.

I HAVE READ AND UNDERSTAND THE FAIR CREDIT REPORTING ACT DISCLOSURE AND AUTHORIZATION FOR RELEASE OF INFORMATION SET FORTH ABOVE.

I AUTHORIZE THE RELEASE OF INFORMATION ACCORDING TO THE TERMS OF THE AUTHORIZATION FOR RELEASE OF INFORMATION SET FORTH ABOVE.

Signature of Applicant

Date signed

Print Applicant's name as signed

**AUTHORIZATION FOR ELECTRONIC FUNDS TRANSFER (EFT) OF
ADVANCES AND/OR EARNED COMMISSION**

_____ Life Investors Insurance Company Of America

_____ Peoples Benefit Life Insurance Company

_____ Transamerica Life Insurance Company

By signing below, I authorize the company indicated above (the "Company") to electronically transfer to the financial institution and account indicated below any advanced or earned commission, any bonus payment, and any other monetary compensation due to me from the Company. This grant of authority shall remain in full force and effect until the Company has received, and has reasonable opportunity to act on, written notice which I have signed and dated that terminates this grant of authority.

Type of Account _____ Checking _____ Savings

Financial Institution

Bank Account Number

Address

Bank Transit Number

City, State, Zip

Print Name & Agent Number

Signature

Date

Social Security Number

****ATTACH A COPY OF VOID CHECK**

Return to Contract Administration - 1240
Fax to 319-298-4062

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