



## PSM Contracting Transmittal

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

Carrier: \_\_\_\_\_

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

Direct Upline: \_\_\_\_\_

Agent Level: \_\_\_\_\_

Product Line(s): \_\_\_\_\_

Advancing: \_\_\_\_\_

Comments:

## Step 1: Personal Information

Upline Number _____	
First Name _____	Last Name _____
Social Security Number _____	Taxpayer ID _____
Date of Birth _____	Preferred Name _____
Spouse Name _____	

## Step 2: Contact Information

Agency Name (if any) _____		
Mailing Address _____		
Address Line 2 _____		
City _____	State _____	Zip _____
<input type="checkbox"/> Same as Above      Type: <input type="checkbox"/> Commercial <input type="checkbox"/> Residential		
Shipping Address _____		
Address Line 2 _____		
City _____	State _____	Zip _____
<input type="checkbox"/> Same as Above		
Home Address _____		
Address Line 2 _____		
City _____	State _____	Zip _____

## Step 3: Additional Contact Information - At least one phone number and email address required.

Business Phone _____	Home Phone _____
Mobile Phone _____	Fax Number _____
Email 1 _____	
Email 2 _____	

**Step 4: Commissions EFT Enrollment****EFT is required to become appointed.**

Name as it Appears on Account \_\_\_\_\_

Account Number \_\_\_\_\_

Routing Number \_\_\_\_\_

Bank Name \_\_\_\_\_

Account Type:       Savings       Checking**EFT Terms of Service**

I, \_\_\_\_\_, hereby authorize Heartland National Life to initiate credit entries to my bank account. I understand that this authorization will allow Heartland National Life to debit the above account if funds are credited erroneously to this account. This authority is to remain in effect until revoked by me in writing and until Heartland National Life actually receives such notice of termination. All commission accounts within Heartland National Life will be included in this request unless specified otherwise.

**To agree to the above EFT Terms of Service, sign your full name below and check the box.**

\_\_\_\_\_   I agree to the EFT Terms of Service

**Step 5: W-9 Form Information**

Name as Shown on Your Income Tax Return \_\_\_\_\_

Business Name, if Different From Above \_\_\_\_\_

Check Appropriate Box:       Individual/Sole Proprietor       Corporation       Partnership Limited Liability Company - Enter Tax Classification (D=Disregarded Entity, C=Corporation, P=Partnership) \_\_\_\_\_ Exempt Payee       Other \_\_\_\_\_Address (Number, Street, and Apt. or Suite No.)  
\_\_\_\_\_City, State, and Zip Code  
\_\_\_\_\_List Account Number(s) Here (Optional)  
\_\_\_\_\_**Part I - Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate blank. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part 1 instructions. For other entities, it is your employer identification number (EIN). Note: If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social Security Number \_\_\_\_\_ **OR** Employer Identification Number \_\_\_\_\_

387

PAY TO THE  
ORDER OF: \_\_\_\_\_

\$

**DOLLARS**

\* Discount  
DOLLARS

FOR \_\_\_\_\_

**:000000000872:00000007:00387**

Bank Routing Number  
**000000872**

Account Number  
**00000007**

Check Number  
**00387**

## Step 6: General information

### Select the products you are interested in selling:

- Medicare Supplement
- Cash Supplement
- Cancer plan

### Select the states in which you are licensed and wish to be appointed:

Alabama (Ind)	(\$40.00)	Mississippi	(\$25.00)
* Alabama (Agency)	(\$40.00)	Missouri	(\$0.00)
Arizona	(\$0.00)	Nebraska	(\$8.00)
Arkansas	(\$0.00)	Nevada	(\$15.00)
Colorado	(\$0.00)	New Mexico (NA)	(\$23.00)
Florida	(\$60.00)	Oklahoma	(\$30.00)
Georgia	(\$10.00)	South Carolina	(\$0.00)
Illinois	(\$0.00)	Tennessee	(\$15.00)
Indiana	(\$0.00)	Texas	(\$10.00)
Kansas	(\$5.00)	Utah	(\$0.00)
Louisiana	(\$20.00)	Wyoming	(\$15.00)

How did you hear about Heartland? \_\_\_\_\_

Please explain: \_\_\_\_\_

### License Information

State	Type	License #	Expiration Date	State	Type	License #	Expiration Date
AL				MO			
AR				NE			
AZ				NV			
CO				NM			
FL				OK			
GA				SC			
IL				TN			
IN				TX			
KS				UT			
LA				WY			
MS							

## Step 7: Questions

1. Have you ever had your Insurance suspended or revoked? Yes No

2. Have you ever had disciplinary action taken against you by the department of insurance? Yes No

Please explain. Any documents supporting explanation should be faxed to 816-655-5075 Attn: HNL License Dept.

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3. Have you ever been refused E&O coverage?	Yes	No
4. Has an E&O company paid a claim for you?	Yes	No
5. Have you declared bankruptcy in the last seven years?	Yes	No
6. Have you been convicted of any felony or misdemeanor which involved the sale of insurance or which arose out of your business practices?	Yes	No
7. Are you a party in any litigation connected with the insurance business, or, are there any Unsatisfied judgments outstanding against you arising out of the insurance business?	Yes	No
8. Do you have any unpaid debts with other insurers? Please explain. Any documents supporting explanation should be faxed to 816-655-5075, Attn: HNL License Dept.	Yes	No
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### Step 8: Acknowledgement

I, \_\_\_\_\_, understand that as part of the Company's procedures for processing my application or evaluating me for contract and licensing purposes, an investigative report can be made where information can be obtained through personal interviews with third parties, such as family members, business associates, financial sources, friends, neighbors, or others with whom I'm acquainted. This inquiry includes information as to my character, business reputation and financial stability, whichever may be applicable. I have the right to make a written request within a reasonable period for a complete disclosure of information concerning the nature and scope of the investigation. My signature below operates to release from all liability and responsibility those parties supplying information to the Company and I authorize the Company to use this information where its legal interest and/or obligations are involved. Further, I acknowledge that I have no objection to the Company's investigating any of these facts and agree to indemnify and hold the Company harmless against any liability which may result in conducting such investigation.

The Company may also request a consumer credit report for contract and licensing purposes from a consumer credit reporting agency. If I wish the credit reporting agency to send me a free copy of both this consumer credit report and any investigative report sent to the Company, I have checked the following box:

I understand that this application will form a part of my contract with Heartland National Life and the information is accurate and true to the best of my knowledge. I further understand that if any material information given in this application is found to be incorrect or incomplete, it will be grounds for termination of my contract at the sole discretion of the Company.

**New business applications may not be written until you have received notification that your contract has been approved and, if by law, your appointment is registered with the state insurance department.**

To acknowledge, sign your full name below and check the box



I agree

\_\_\_\_\_

### Step 9: Background Investigation Consent

This will be this agent's first appointment in \_\_\_\_\_ .

I, \_\_\_\_\_, hereby authorize Heartland National Life and/or its agents to make an independent investigation of my background, references, character, past employment, education, credit history, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for contracting now and, if applicable, during the tenure of my appointment with Heartland National Life.

I release Heartland National Life and/or its agents and any persons or entity, which provides information pursuant to this authorization form, any and all liabilities, claims or lawsuits in regard to the information obtained from any and all of the above referenced sources used.

As part of the background investigation referenced above, I understand that Heartland National Life utilizes the services of Debit-Check.com to investigate if a debit balance exists with any other insurance company with whom I have or have had a contract and/or appointment. I understand the information compiled by Debit-Check.com comes from companies that subscribe to their service, and those companies are solely responsible for the accuracy of the information provided. I further understand that data supplied to Debit-Check.com is added or deleted on an ongoing basis and is accurate only as of the specific date and time processed. In association with the background investigation referenced above, I hereby authorize Heartland National Life to proceed with a Debit-Check.com search.

The following is my true and complete legal name and all information contained herein is true and correct to the best of my knowledge.

To give consent, sign your full name below and check the b

 SIGN HERE

I consent

### Step 10: Appointment Fees

State	Appointment Type	Amount
Application Fee		\$20.00
<b>Total:</b>		

The total amount of \_\_\_\_\_ will be electronically transferred from your checking account ending in \_\_\_\_\_ at \_\_\_\_\_ as a one time payment for appointment fees.

Upon appointment, I, \_\_\_\_\_, hereby authorize Heartland to debit the above account as a one time payment of appointment fees in the amount of \_\_\_\_\_.

To authorize, sign your full name below and check the box.

 SIGN HERE

Mary Smith's Signature

I Agree

## Step 11: Contract Agreement

### Agent Agreement

This Agreement is made this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ between Heartland National Life Insurance Company of Blue Springs, Missouri, called "the Company", and \_\_\_\_\_  
of \_\_\_\_\_, \_\_\_\_\_, called, the "Agent", as an independent contractor.  
CITY STATE NAME

The word "policy" or "policies" in this Agreement means those insurance contracts that, at the Company's discretion, are authorized in writing for sale by or through the Agent.

**Jurisdiction** The Agent is contracted and appointed for the purpose of soliciting and transacting the business of insurance, under the provisions of this Agreement, on a non-exclusive basis.

**Authority** Nothing in this Agreement shall be construed to create the relationship of employer-employee between the Company and the Agent. The Agent may exercise independent judgment as to the time, place and manner in which business is performed under this Agreement. The Company may issue directives or bulletins respecting the conduct of business, but will not interfere with freedom of action of the Agent.

**Limitation of Authority** The Agent has no authority to obligate the Company in any manner outside the authority granted in this Agreement. The Agent has no authority to alter, modify, waive or change any of the rates, terms or conditions of the Company's insurance policies. The Agent is limited to collect only initial first year premium on any policy forms, except by written consent from the Company. If such consent is given, commission compensation on advanced premiums shall be paid on an earned premium basis only.

The Company has the right to reject applications for insurance without specifying a reason. The Company has the right to withdraw any policy form from any State. This provision does not alter the relationship of the parties as provided in the "Authority" Section of this Agreement.

**Compensation** The Company allows the Agent, subject to the conditions of this Agreement, as compensation for all services performed and expenses incurred, first year commission compensation and renewal commission compensation on premiums paid to the Company on policies sold by the Agent upon applications bearing the name of the Agent. First year and renewal commission compensation will be paid at rates disclosed in any schedule attached to and made a part of this Agreement.

**Life Insurance Compensation** The Company will pay a first year and subsequent renewal commission compensation for premiums collected for Life Insurance policies as set forth on schedules attached to and made a part of this Agreement. Commission compensation shall not be paid on premiums waived or commuted by reason of death, disability, or the exercise of the policy benefits or options, including nonforfeiture provisions.

**Accident and Health Insurance Compensation** The Company will pay first year and subsequent renewal commission compensation for premiums collected for Accident and Health Insurance policies as set forth on schedules attached to and made part of this Agreement.



<b>Termination</b>	This Agreement may be terminated by either party by written notice mailed to the other party's last known address. In case of termination of this Agreement, the Company shall not be held liable for damages by reason of said termination.
<b>Prior Agreements</b>	This Agreement supersedes all prior Agreements relating to solicitation of insurance between the parties.
<b>Construction and Interpretation</b>	The parties agree this Agreement shall be construed and interpreted concerning its validity, performance interpretation or effect under the laws of the State of Missouri.
<b>Compliance</b>	Forbearance or neglect on the part of the Company to insist upon compliance by the Agent with any provision of this Agreement or the directives or bulletins of the Company shall not constitute a waiver of compliance.
<b>Severability</b>	If any provision of this Agreement violates any statute, law or regulation such provision shall be inoperative to the extent of the violation with the remainder of this Agreement remaining effective and enforceable.
<b>HIPAA Business Associate Agreement ("HIPAA Addendum")</b>	The parties agree that the attached HIPAA Addendum is incorporated into and becomes a part of this Agreement. Notwithstanding anything herein to the contrary, Company may unilaterally amend the HIPAA Addendum at its discretion to comply with regulatory or other requirements and will thereafter distribute a revised HIPAA Addendum to the Agent with an effective date for the revision.
<b>Binding Arbitration</b>	Any controversy of claim arising out of relating to this Agreement, or to the breach thereof, shall be settled by binding arbitration in accord with the rules of the American Arbitration Association. The parties shall select three (3) neutral arbitrators in Jackson County, Missouri and submit their claims to said panel. A judgment upon the award rendered by the arbitration panel shall be entered in any court in Jackson County, Missouri having jurisdiction to enter said judgment.

"THIS CONTRACT CONTAINS A BINDING ARBITRATION PROVISION  
WHICH MAY BE ENFORCED BY THE PARTIES."

**IN WITNESS WHEREOF**, the parties have executed this Agreement as of the Effective Date stated herein.

HEARTLAND NATIONAL  
LIFE INSURANCE COMPANY

Mary Smith's Signature  01/01/16

Agent Signature \_\_\_\_\_ Date

by: \_\_\_\_\_  
Authorized Company Officer

Phillip J Upline's Signature  \_\_\_\_\_

Recruiting Agent Signature \_\_\_\_\_ Date

by: \_\_\_\_\_  
Authorized Agency Representative

**COMMISSION ADVANCE ADDENDUM**

This Commission Advance Addendum (Advance Addendum) is made part of the Agent Agreement.

Agent has an Agent Agreement with Heartland National Life Insurance Company (the Company) for transacting the business of insurance and the Company is willing to advance the payment of all or a portion of First Year commission compensation, as agreed upon, on selected policy forms; therefore, for good and valuable consideration, the parties agree as follows:

Subject to the conditions contained herein, the Company will advance all or a portion of First Year commission compensation, as agreed upon, to Agent when Agent has sold and the Company has issued any of the Company's policy form(s) except for Medicare Supplement policies issued to persons under the age of 64 ½.

Any First Year commission compensation advance is subject to each of the following:

1. The maximum First Year commission compensation advance on any applicable life insurance policy is limited to no more than Two Thousand dollars (\$2,000.00). The maximum First Year commission compensation advance on any insurance policy other than life insurance is limited to no more than Two Thousand Five Hundred dollars (\$2,500.00).
2. No First Year commission compensation advance is payable on any applicable insurance policy sold by Agent and issued to the Agent or to an immediate family member of the Agent; for purposes of this Advance Addendum, an immediate family member shall mean the Agent's spouse, father, mother, brother, sister, son, daughter, grandson, granddaughter, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, step-father, step-mother, step-brother, step sister, or any member of the Agent's household.
3. First year commission compensation will only be advanced for applications submitted on the monthly Bank Draft mode of payment.
4. For Medicare Supplement applications, advance commission compensation is not payable on any Guarantee Issue application; except that, advance commission compensation shall be paid during the annual policy anniversary period or other annual enrollment period allowed by state law and considered an open enrollment period by the Company at the Company's sole discretion.

Advanced commission compensation is an indebtedness of Agent until the advance balance is fully recovered by the Company. Advance balances are recovered, as commissions are earned on a policy-by-policy basis. The advance balance of a policy that is cancelled, lapses or is terminated before the advance is fully recovered will be charged back immediately. Repayment of advanced commission compensation shall be charged back with interest accrued at the rate of one and one-tenth percent (1.1%), compounded monthly, on the outstanding balance.

If the Company cannot recover the advance balance from Agent and such balance exceeds \$50 or more for three (3) consecutive months, the Company may offset the advance balance against any commission or override compensation owed to the Upline General Agent, if applicable. This right of offset against the Upline General Agent, if applicable, shall survive termination of this Advance Addendum.

Either party may terminate this Advance Addendum upon ten (10) days written notice without terminating the Agent Agreement. Upon termination of this Advance Addendum, the outstanding advance balance shall be immediately due and owing by Agent.

All other terms and conditions of the Agent Agreement shall remain in full force and effect.

Signed this \_\_\_\_ day of \_\_\_\_\_, 2016.

Heartland National Life Insurance Company By: Mary Smith

[Agent]

[Writing #]

By: Mary Smith's Signature



By: Phillip J Upline's Signature



[Authorized Agency Representative]

[Managing Agent]





**Texas Department of Insurance**  
 Licensing Division, MC 107-1A  
 333 Guadalupe • P. O. Box 149104  
 Austin, Texas 78714-9104  
 512-322-3503 telephone  
 www.tdi.texas.gov

**General Lines - LAH & HMO** licensees may sell any line authorized by Texas Insurance Code (TIC) Ch. 4054, including variable contracts.  
**General Lines - P&C** licensees may sell any line authorized by TIC Ch. 4051.

FRANK BRYAN RAGSDALE  
 10610 MORADO CIR APT 821  
 AUSTIN TX 78759

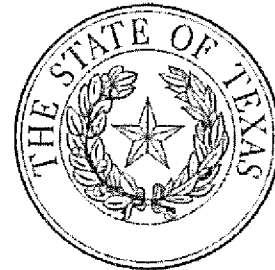
**Texas Department of Insurance**  
**FRANK BRYAN RAGSDALE**

License No: 1836087

NPN: 911767

**BE IT KNOWN**, the above named, having fulfilled all requirements for licensure under the laws of the State of Texas, is authorized to engage in the business of insurance in the State of Texas as a


Licensed as	General Lines Agent	Effective Date	06-27-2013	Expiration Date	06-27-2015
Qualified for	Life, Accident, Health & HMO		06-27-2013		



*Jamie Walker*  
 Jamie Walker, Associate Commissioner  
 Licensing Services Section

Signature Required on Wallet License.

Cut along Exterior Line and Fold in the middle.

<p>Texas Department of Insurance          License No: 1836087 NPN:  <b>FRANK BRYAN RAGSDALE</b>          10610 MORADO CIR APT 821          AUSTIN TX 78759</p> <hr/> <p>Signature of Licensee</p>	<p>Texas Department of Insurance  <b>FRANK BRYAN RAGSDALE</b>          License No: 1836087 NPN:  <b>BE IT KNOWN</b>, the above named, having fulfilled all requirements for the licensure under the laws of State of Texas, is authorized to engage in the business of insurance in the State of Texas as a</p> <table border="0"> <tr> <td>Licensed as/Qualified for</td> <td>Effective Date</td> <td>Expiration Date</td> </tr> <tr> <td>General Lines Agent</td> <td>06-27-2013</td> <td>06-27-2015</td> </tr> <tr> <td>Life, Accident, Health &amp; HMO</td> <td>06-27-2013</td> <td></td> </tr> </table> <p><i>Jamie Walker</i>          Jamie Walker, Associate Commissioner          Licensing Services Section</p> 	Licensed as/Qualified for	Effective Date	Expiration Date	General Lines Agent	06-27-2013	06-27-2015	Life, Accident, Health & HMO	06-27-2013	
Licensed as/Qualified for	Effective Date	Expiration Date								
General Lines Agent	06-27-2013	06-27-2015								
Life, Accident, Health & HMO	06-27-2013									

# Letter of Explanation

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Date 12/01/14

Location of occurrence

Travis County

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Date of occurrence

2010

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Description of occurrence

In 2010 I filed for bankruptcy. It was discharged on  
12/30/11.

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Additional information

Any other important information is listed here.

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Agent Name Mary Karen Smith

Agent Signature Mary Smith