

# GENERAL AGENT *Contracting List*



Dear Agent/Agency,

To become contracted to sell **Government Personnel Mutual Life**, please return the following documents to Insurance Advisors Direct:

- Agent Agreement
- Advance Commissions
- Background Info
- Fair Credit Report
- Direct Deposit
- W-9
- License, Void check, E&O

Please send your contracting paperwork to:

Email: [htalley@iadinsures.com](mailto:htalley@iadinsures.com)

Fax: (248)946-4645 Attn: Licensing

Mail: Insurance Advisors Direct | 39555 Orchard Hill Place, Ste 203 | Novi, MI 48375

If you have any questions, please call IAD at (248)946-4640 x105 and ask for Heather Talley.

Thank you for your interest in **GPM Life**, we look forward to working with you.



**Insurance Advisors Direct**

Agency, LLC

39555 ORCHARD HILL PLACE ,SUITE 203, NOVI, MI 48375  
800.381.0977 | [WWW.INSURANCEADVISORSDIRECT.COM](http://WWW.INSURANCEADVISORSDIRECT.COM)



**GPM LIFE**

Government Personnel Mutual Life Insurance Company  
P.O. Box 2679  
Omaha, NE 68103-2679

## General Agent Contract Checklist

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

### REQUIRED DOCUMENTS FOR CONTRACTING

- General Agent Agreement —Return Signature Page Only**
- Signature Page Signed & Dated
- Full Name Printed or Typed
- SSN/Tax Identification Number Section Completed
- Certification Section Completed, Signed & Dated
  
- Special Agent Agreement (If setting up corporation)**
- Signature Page Signed & Dated
- Full Name Printed or Typed
- Tax Identification Number Section Completed
- Certification Section Completed, Signed & Dated by the Principal
  
- Advance Commission Issue Amendment**
- Select Advance Commission Mode on Signature Page
- Signature Page Signed & Dated by the Principal
  
- Background & Information Sheet**
- Personal Section Completed
- Business Section Completed
- Background Experience Questions 1 and 2 Answered
- Answering "YES" to either question requires a written, signed and dated explanation. Signed & Dated
  
- Fair Credit Reporting Act Disclosure**
- Signed & Dated
  
- Check Deposit Authorization (Optional)**
- Completed, Signed & Dated
- Voided Check or Deposit Slip Attached
  
- Current State Licenses**
- ALL States in Which General Agent Will Be Soliciting Business  
NOTE: For contracted entities who will not sell, solicit, negotiate or hold themselves out as an insurance agency, no license is required except in the following states:  
Corporations: GA KY MA MT PA UT VA  
Individuals: FL GA KS KY MA MT NC PA UT VA

**Return completed contracting material to us via email, fax, or mail:**

**Email:** victorridgeway@work.mgacoxmail.com      **Fax:** 478-741-8377

**Mail:** NVS Ridgeway, Inc. | P.O. Box 4425 | Macon, GA 31208

**Any Questions? Please contact Victor Ridgeway at 1-800-745-7121**



**General Agent**

▶ \_\_\_\_\_  
 Sign Name (required)

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Title

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

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Designated Beneficiary

**Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. For individuals, this is your social security number. For other entities, it is your employer identification number.

<b>Social Security Number</b>								

OR

<b>Employer Identification Number</b>								

**Certification**

Under penalties of perjury, I certify that:

1. The number provided is my correct taxpayer identification number, **and**
2. 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**
3. I am a U.S. person (a U.S. citizen or U.S. resident alien or a partnership, corporation, company or association created or organized in the U.S. or under the laws of the U.S. or an estate (other than a foreign estate) or a domestic trust (as defined in Regulations section 301.7701-7)).

**Certification instructions:** You must cross out item **2** above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

**The Internal Revenue Service does not require your consent to any provision of this document other than the above-referenced certifications required to avoid backup withholding.**

<b>Sign Here ▶</b>	<b>Signature of U.S. person ▶</b>	<b>Date</b>
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[Remainder of page blank]

# GPM Life

***General Agent Agreement***

\_\_\_\_\_

By

\_\_\_\_\_

Name

\_\_\_\_\_

Title

\_\_\_\_\_

Date

Please do not complete this page. If approved, you will receive an executed copy of this contract page.

**H. Selection of Mode of Advance.**

Please select one mode of advance from the choices below and acknowledge your choice by initialing under your selection. All choices are for advance of commission upon the issuance of an eligible Product.

Six-Month (QF6)       Nine-Month (QF7)       Twelve-Month (QF8)

<p><b>Master General Agency</b></p> <p>▷ _____ Sign Name (required)</p> <p>_____ Print Name</p> <p>_____ Title</p> <p>_____ Date</p>
--

<p><b>General Agent</b></p> <p>_____ By</p> <p>_____ Name</p> <p>_____ Title</p> <p>_____ Date</p>
--

<p><b>GPM Life</b></p> <p>_____ By</p> <p>_____ Name</p> <p>_____ Title</p> <p>_____ Date</p>
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***Special Agent***

▶ \_\_\_\_\_  
Sign Name (required)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Special Agent

\_\_\_\_\_  
Date

**[Remainder of page blank]**

# GPM Life

*Special Agent Agreement*

\_\_\_\_\_  
By

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Please do not complete this page. If approved, you will receive an executed copy of this contract page.



**GPM LIFE**

Government Personnel Mutual Life Insurance Company  
PO Box 2679  
Omaha, NE 68103 - 2679  
Phone (866) 701-5271 Fax (402) 997-1832

**BACKGROUND AND INFORMATION SHEET**

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

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address (must be a physical street address): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

(optional)

E-mail Address: \_\_\_\_\_

(optional)

Business Name: \_\_\_\_\_

(if applicable)

Personal Business Address: \_\_\_\_\_

**\*Note – All correspondence (including compensation statements), will be mailed to the personal business address indicated. Only one business address is supported per individual. If no business address is indicated, mail will be directed to home address.**

Address for overnight packages (cannot be a P.O. Box): \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

Tax I.D. Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Please identify your Master General Agency (if applicable): \_\_\_\_\_

**BACKGROUND EXPERIENCE. Note: Please read each question carefully. Failure to answer Yes below, when appropriate, may result in the denial of your request to be contracted.**

1. Have you ever been fined, suspended, placed on probation, paid administrative costs, entered into a consent order, been issued a restricted license or otherwise been disciplined or reprimanded, or are you currently under investigation by any insurance department, FINRA (formerly known as the NASD), SEC or any other regulatory authority?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

2. Have you ever been convicted or plead guilty or nolo contendere (no contest), served any probation, paid any fines or court costs, had charges dismissed through any type of first offender or deferred adjudication or suspended sentence procedure, or are any charges currently pending against you for any offense other than a minor traffic violation?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

PROVIDE A WRITTEN EXPLANATION AND APPLICABLE SUPPORTING DOCUMENTATION (i.e., court documents, insurance department documents, etc.) FOR ANY QUESTION TO WHICH YOU RESPONDED "YES". Please be sure to date and sign the written statement.

\_\_\_\_\_  
Candidate Signature

\_\_\_\_\_  
Date





**GPM LIFE**

Government Personnel Mutual Life Insurance Company  
P.O. Box 2679  
Omaha, NE 68103-2679

**FAIR CREDIT REPORTING ACT DISCLOSURE**

Government Personnel Mutual Life Insurance Company will obtain and use consumer reports for the purpose of serving as a factor in establishing your eligibility for contracting as an insurance producer. We will obtain these consumer reports from:

First Advantage Corporation  
100 Carillon Parkway, Suite 100  
St. Petersburg, FL 33716

“Consumer report” means a written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living which will be used by Government Personnel Mutual Life Insurance Company, in whole or in part for the purpose of serving as a factor in establishing your eligibility to be contracted as an insurance producer.

This means a credit report, criminal report and report of insurance department regulatory actions will be obtained and reviewed as part of a background investigation in order to determine your eligibility to be contracted and appointed.

**For California, Minnesota and Oklahoma:** You have a right to request a copy of the consumer report which will disclose the nature and scope of the report.

Yes, please provide me a copy of the consumer report

**For New York:** You have a right, upon written request, to be informed of whether or not a consumer report was requested. If a consumer report is requested, you will be provided with the name and address of the consumer reporting agency furnishing the report.

**CANDIDATE'S STATEMENT - READ CAREFULLY**

Government Personnel Mutual Life Insurance Company is hereby authorized to obtain and use a consumer report of my criminal record history, insurance department history and credit history through any consumer reporting agency or through inquiries with my past or present employers, neighbors, friends or others with whom I am acquainted. I understand that this consumer report will include information as to my general reputation, personal characteristics and mode of living.

**AUTHORIZATION**

I authorize any consumer reporting agency, insurance department, law enforcement agency, the Financial Industry Regulatory Authority, The Securities and Exchange Commission or any other person or organization having any consumer report records, data or information concerning my credit history, public record information, insurance license, regulatory action history or criminal record history to furnish such consumer report records, data and information to Government Personnel Mutual Life Insurance Company.

I understand that if contracted, this authorization will remain valid as long as I am contracted with Government Personnel Mutual Life Insurance Company.

A photocopy of this authorization shall be considered as effective as the original.

\_\_\_\_\_  
Candidate Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name



## Direct Deposit Authorization

I, the undersigned, do hereby authorize GPM Life Insurance Company to deposit my check as indicated below. This authority is to remain in full force and effect until GPM Life Insurance Company has received notification from me of its termination in such time and in such manner as to afford GPM Life Insurance Company a reasonable opportunity to act on it. In no event shall it be effective with respect to entries processed prior to receipt of notice.

**I also understand this is not an assignment of commissions, 1099's will continue to be issued to the commission owner.**

This Electronic Funds Deposit is for:

Name (please print) \_\_\_\_\_

Signature \_\_\_\_\_

Social Security Number or Tax ID \_\_\_\_\_

Production Number \_\_\_\_\_

Direct Deposit Effective Date \_\_\_\_\_

Telephone Number ( ) \_\_\_\_\_

New Deposit Account or  Change Deposit Account

Name of Financial Institution \_\_\_\_\_

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

Checking Account or  Savings Account

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

**A VOIDED IMPRINTED CHECK, SAVINGS DEPOSIT SLIP OR LETTER FROM THE BANK MUST BE ATTACHED TO VERIFY ACCOUNT AND ROUTING NUMBERS.**

GPM Life Insurance Company or Fax to: 866-931-5503  
Attn: 6 – ADM Compensation  
P. O. Box 2679  
Omaha, NE 68103-2679

### ADMINISTRATION USE ONLY

Entered & Verified by \_\_\_\_\_ Date \_\_\_\_\_

# Request for Taxpayer Identification Number and Certification

**Give form to the  
 requester. Do not  
 send to the IRS.**

Print or type See Specific Instructions on page 2	Name (as shown on your income tax return)	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶ .....	<input type="checkbox"/> Exempt from backup withholding
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
List account number(s) here (optional)		

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. 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 I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number								

or

Employer identification number								

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. 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
3. I am a U.S. person (including a U.S. resident alien).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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## Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

**U.S. person.** Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,