



Raccuglia Financial
BROKERAGE, INC.

Commitment to Integrity and Service

7270 W. 98th Terrace, Ste 120
Overland Park, KS 66212

Washington National APPOINTMENT INSTRUCTIONS

Thank you for your interest in contracting with Washington National through Raccuglia Financial.

To complete the appointment process with WN, please complete and return the following items:

- Contract Application
- Anti-Money Laundering Completion Form
- Direct Deposit Authorization
- Void check
- Copy of Errors and Omissions Insurance Certificate
- Copy of licenses (if applicable)

The completed forms can be faxed, emailed, or mailed to us at the address below.

Raccuglia Financial
7270 W. 98th Terrace, Ste 120
Overland Park, KS 66212
Fax: 913.385.9055
Email: lyndi@rfb-inc.com

If you have any questions please contact Lyndi Barker.

913.385.9050

800.842.7324

913.385.9055 – FAX

www.rfb-inc.com

WASHINGTON NATIONAL INSURANCE COMPANY
DIRECT PAID AGENT CONTRACT APPLICATION

TYPE OR PRINT

Appointment Type: Individual Corporate

Name: _____

Corporation Name: _____

Social Security #: _____

Tax ID: _____

Birth Date: _____

Mailing Preference: Home Business

Home Address: _____

Business Address: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Business Phone: _____

Fax Number: _____

Email Address: _____

(YOUR EMAIL ADDRESS IS REQUIRED TO ACCESS ONLINE COMMISSION INFORMATION.)

List below which states you wish non-resident appointments (*agent will be charged for any non-resident appointment fees*)

Errors and omissions coverage? Yes No If yes, please provide name of carrier and amount: _____

BACKGROUND – Please provide a complete explanation of any “yes” answers on a separate sheet:

1. Have you ever had your insurance license or securities license suspended or revoked or have you ever had any application for an insurance license denied by any insurance department? Yes No
2. Have you ever pled guilty or nolo contendere to or been found guilty of a felony or a crime including but not limited to crimes involving dishonesty, breach of trust, or a violation of any federal law or are you now under indictment? Yes No
3. Have you ever had a complaint filed against you with an insurance department, NASD or other regulatory agency or do you anticipate one being filed or have you ever been terminated by any company for cause? Yes No
4. Are you at the present time involved in any litigation or are there any unsatisfied judgments or liens (including state or federal tax liens) against you? Yes No
5. Do you owe an insurance company or other person for any premiums collected or money advanced? Yes No
6. Has any company or other person alleged that it has not received premiums or other monies due such company or person from you? Yes No

CONDITIONS AND AGREEMENTS

I have thoroughly reviewed this application and have answered all questions to the best of my knowledge. By signing below, I hereby attest to all matters set forth above and agree to all matters set forth below. I hereby agree that if the Company issues to me Sales Representative Agreement WN-CNRT-PD (12/12) and Exhibit A for which I hereby apply, I will be bound by Agreement WN-CNRT-PD (12/12) and Exhibit A. I understand that my supervising office has specimen forms of Agreement WN-CNRT-PD (12/12) and Exhibit A on file and I have had the opportunity to review Agreement WN-CNRT-PD (12/12) and Exhibit A. Submitting to the company any application for an insurance policy or annuity contract shall constitute my agreement to Agreement WN-CNRT-PD (12/12) and Exhibit A, and all of the terms, conditions, and provisions set forth therein. I acknowledge that by signing this Contract Application and by submitting any such insurance application for an insurance policy or annuity contract, I have so agreed to Agreement WN-CNRT-PD (12/12) and Exhibit A and no further signature by me shall be necessary. In addition, I agree to act in accordance with the ethical and compliance expectations set forth in the Agent Compliance Guidelines that have been presented to me, and any future revised versions, as applicable. I will be made aware of revised versions of the Guidelines by Field Bulletin and I can access any current version of the Guidelines via WNBizlink.

FORM W-9. I hereby certify that (1.) The payee’s TIN is correct; (2.) The payee is not subject to backup withholding due to failure to report interest and dividend income. *(Note: You must mark out #2 if you are subject to backup withholding) (3.) The payee is a U.S. person.

I have executed this Contract Application as evidence of the understanding, acceptance and consent of its terms, and I agree that I will not solicit business until I receive notification from the Company that this acknowledgment has been approved. I understand that, as a part of its approval process, the Company may obtain an investigative consumer report which will contain information regarding my character, general reputation, credit history, personal characteristics and mode of living. Additionally, the Company may obtain an investigative consumer report at any time that it has a business need to do so during my contract term or after termination of my contract for any and all purposes allowable under federal and state law. I hereby authorize the Company to obtain such a report and share findings with others who have a business need to know or who are in a business or contractual relationship with Washington National Insurance Company.

Applicant Signature _____ Date: _____

TO BE COMPLETED BY THE INDEPENDENT PARTNER:	
Partner: _____	Partner Signature: _____ Date: _____
New Agent Reports Directly to: _____	Agent Number: _____

WASHINGTON NATIONAL INSURANCE COMPANY
DIRECT PAID AGENT CONTRACT APPLICATION

TO BE COMPLETED BY INDEPENDENT PARTNER

AGENT NAME _____

Please indicate the product(s) your agent has committed to sell by placing their level in the corresponding box(es).

Health Products

Active Care	<input type="checkbox"/>
Providence (Whole Life)	<input type="checkbox"/>
Hospital Secure (Indemnity)	<input type="checkbox"/>
Accident Secure Plus	<input type="checkbox"/>
Cancer Secure (Lump Sum)	<input type="checkbox"/>
Pulse Protection Series (KH Heart/BM Accident)	<input type="checkbox"/>
CH Cancer	<input type="checkbox"/>
Cancer Solutions (CN Cancer)	<input type="checkbox"/>
Critical Solutions (Critical Illness)	<input type="checkbox"/>
Critical Solutions (Critical Illness) - <u>GROUP ONLY</u>	<input type="checkbox"/>
Wage Guard (Short Term DI) - <u>GROUP ONLY</u>	<input type="checkbox"/>

Life Products

Term Life Plus	<input type="checkbox"/>
Life Options (Indexed Universal Life)	<input type="checkbox"/>
WSUL II (Worksite Universal Life)	<input type="checkbox"/>
Term	<input type="checkbox"/>

Annuity Products

Vesting option requested: _____

WASHINGTON NATIONAL INSURANCE COMPANY
DIRECT PAID AGENT CONTRACT APPLICATION

Release of Information

I have given permission to Washington National Insurance Company or its duly authorized representative to contact any organization or individual that has knowledge of my past or present employment and financial status. I also give permission for Washington National Insurance Company or its duly authorized representatives to provide information, ask questions, or share findings regarding my background, including information from my credit report, with others who have a business need to know or who are in a business or contractual relationship with Washington National Insurance Company.

In accordance with the privacy act (5 USC 552), Freedom of Information Act and the Fair Credit Reporting Act, I have expressly authorized any person associated with any educational institution, past or present employer, law enforcement agency (local, state, or federal), any private or public medical institution, office, practice, person or practitioner, or any person who has control over any records relating to me or personal knowledge of my character, work experience, criminal or civil records, motor vehicle records, education, medical history, worker compensation history, and overall mode of living, to release this information.

I have released all persons from liability as a result of providing true, accurate information. I also authorize that a copy, photocopy or facsimile of the release contained in the Contract Application be as valid as the original.

Authorization for Release of Military History Information

I authorize the National Personnel Records Center, St. Louis, Missouri, or other custodian of my military record(s) to release all such information including information of photocopies from my military personnel records and/or any related records. This could include a photocopy of my DD Form 214, Report of Separation. I also authorize that a copy, photocopy or facsimile of this release be as valid as the original.

Required Notice Under FCRA

Public Law 91-508 (Fair Credit Reporting Act) requires that we advise you that routine inquiries, such as a consumer report or an investigative consumer report, may be obtained during our initial or subsequent processing which will provide applicable information concerning credit rating, character, general reputation, personal characteristics and mode of living. This information may be obtained from one or more of the commercial reporting agencies offering this service as well as from others. Additional information as to the nature and scope of the inquiry, if one is made, will be provided.

I acknowledge the delivery to me of notice that routine inquiries may be made in connection with my application for a contract with Washington National Insurance Company.

Certification

I understand that the answers given by me to the information contained in the Contract Application and the statements made by me are complete and true to the best of my knowledge and belief. I further acknowledge that I have read all of the above and consent freely to the release and waivers authorized. I understand that any misrepresented, inaccurate, or omitted information may result in denial of appointment or disciplinary action up to and including termination of contract.

ELECTRONIC FUNDS TRANSFER (EFT) REQUEST FORM

Agent Information

Name on Contract _____

Address _____

City _____ State _____ Zip _____

Phone Number _____

Note: only one of the following fields needs to be completed. Please provide the Social Security or Tax ID number if you would like ALL of your agent numbers under that ID updated. If not, please list only the Agent Number(s) to be updated.

Social Security Number or Tax ID on Contract _____

Agent Number(s) _____

Bank Information

Bank Name _____

ABA Routing Number _____

Bank Account Number _____

Checking Account Savings Account

Sue & Bob Agent
1234 Main St.
Anytown, USA 10000

Date _____

Pay to the order of: _____ \$ 1234

_____ Dollars

Anytown Bank
Anytown, USA 10000

For _____

ABA Routing Number: 0500454618
Bank Account Number: _____
Check Number: 1234

⑆250250025⑆ 0500454618⑆ 1234

ABA Routing Number: The routing number must be nine digits. The first digits must be 01 through 12 or 21 through 32. Do not use a deposit slip to verify the number because it may contain internal routing numbers that are not part of the actual routing number. If your bank has recently had a merger or name change, please confirm your routing number.

Bank Account Number: The account number can be up to 17 digits and include numbers and letters. Omit hyphens, spaces, and special symbols. Be sure not to include the check number.

Signature _____ Date _____

Please return to:
Commission Accounting
P.O. Box 1956
Carmel, IN 46082-1956
Or fax to (317) 817-2855

Please allow 7 business days for your request to be processed.
Please note that EFT transmissions can take up to 72 hours to be posted to your account.

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**ANTI-MONEY LAUNDERING TRAINING
CERTIFICATION OF COMPLETION**

A. Producer Information

Name _____

Address _____

City _____ State _____ Zip Code _____

Daytime Phone # _____ Evening Phone # _____

B. Training Information

Date training program was completed _____, 20 _____

Title of training program _____

Training was provided by _____

Name of contact at the above insurance company _____

Telephone number of contact at the above insurance company (____) _____ - _____

Note: Attach certificate

Attach outline of training program

C. Affirmation of Completion of Anti-Money Laundering Training Program

I am a duly licensed insurance producer and certify I have completed the above-referenced training program, which to the best of my knowledge satisfies requirements imposed on insurance companies by regulations issued under USA Patriot Act Section 352 (US 31 CFR 103.137). I acknowledge that the insurance company to which this certification has been provided retains the right to review and approve the training program and its curriculum before accepting this certification and also reserves the right to withdraw its prior acceptance of a training program if it is later determined that a previously accepted program is no longer satisfactory.

I affirm (i) that I have read and understand the insurance company's Producer's Guide for Insurance Agents and (ii) that I am knowledgeable about my obligations under the regulation.

Producer Signature _____ Date _____, 20 _____

**WASHINGTON NATIONAL INSURANCE COMPANY
ADVANCE COMPENSATION AGREEMENT**

This Advance Compensation Agreement is made and entered into by and between
Washington National Insurance Company ("Company") and
_____("Representative")

WITNESSETH:

WHEREAS, on _____, the Representative entered into Representative Contract, with Company which, among other things, authorizes the Representative to solicit applications of insurance for Company and provides for payment of compensation by Company to the Representative upon his/her sale of insurance products as premiums are collected (on an as-earned basis); and

WHEREAS, the Representative wishes to modify this compensation arrangement in order to permit him/her to receive compensation in advance of premiums being collected by Company.

NOW, THEREFORE, Company agrees to permit compensation to be paid to the Representative in advance of said compensation being earned subject to the following terms and conditions:

TERMS AND CONDITIONS

1. Compensation on first year premiums may be paid on an advance basis for the sale of any qualifying insurance policy. A policy issued by Company shall be construed as a qualifying insurance policy if it is designated as such by Company.
2. Upon the Representative's execution of this Agreement, that compensation be paid under this section of this Agreement, Company shall make an advance compensation payment to the Representative which shall be defined by the published guidelines of the Company. The guidelines are solely within the control of the Company and may be changed by Company without prior notice. Compensation advanced on any policy under this Agreement shall constitute an indebtedness of the Representative and shall be treated as income at date of disbursement.
3. All advance commission payments made under this Agreement shall be made by Company and forwarded to the Representative in accordance with Company's normal payment practices and cycles.
4. Advance balances are recovered as commission is earned on a policy-by-policy basis. The advance balance of any policy that lapses or is terminated before the advance is fully recovered will be recouped (charged back) immediately and transferred to the Secondary 1 Account balance. Balances in the Secondary 1 account will immediately begin accruing interest at a rate determined by the company, currently 9% per annum. The company retains the right to change the interest rate upon written notice of said change.
5. This Agreement may be terminated or suspended at any time by Company. Termination or suspension of this Agreement shall be effective on the date written notice of termination or suspension is mailed by Company to the Representative at the last known business address of the Representative shown in Company's files. Any business in process as of the date of termination or suspension shall be processed on an as-earned basis unless Company advises to the contrary in its notice of termination or suspension. In the event of termination of this Agreement all outstanding advance compensation shall be due and payable to Company immediately.
6. Company may, at its sole discretion, modify the terms of this Agreement at any time. Such modification shall take effect upon Company's mailing of notice of modification to the last known business address of the Representative shown in Company's files. All business in process as of the effective date of any modification shall be processed in a manner consistent with such modification.
7. All the terms, conditions and definitions of the Representative Contract and any supplements to it, shall remain in force and effect unless specifically modified in this Agreement.
8. Should it become necessary for Company to engage counsel to enforce the terms and conditions of this Agreement or the Representative's Contract, the Representative will pay Company's actual attorneys' fees plus all other costs of collection.

**WASHINGTON NATIONAL INSURANCE COMPANY
ADVANCE COMPENSATION AGREEMENT**

9. This Agreement shall have no force or effect until accepted by Company.

I, _____, affirm and fully understand the terms and conditions of the Guidelines and this Agreement.

Dated this _____ day of _____, 20_____.

Representative

ANNUALIZATION SPECIFICATIONS:

Maximum Advance Per Policy	\$1,500
Maximum Advances Outstanding	\$50,000
Minimum Advance EFT Issued	\$25

Dated this _____ day of _____, 20_____.

_____ Independent Partner Printed Name

_____ Independent Partner Signature

_____ Washington National Insurance Company Signature

**WASHINGTON NATIONAL INSURANCE COMPANY
ADVANCE COMPENSATION AGREEMENT**

GUIDELINES FOR PAYMENT OF ADVANCE COMPENSATION

1. Annualized Commissions on First Year Premiums

In the sole discretion of the Company, it may from time to time make payments of advance commissions to those Representatives who have executed an Advance Compensation Agreement.

A payment of advance commissions shall mean the payment by Company, on an insurance contract for which the premiums or consideration are to be paid to Company during the first policy year, or in such a manner as the Company may determine from time to time.

Payment of advance commissions will not occur on any life or annuity policies of family members of the representative. Family members shall mean the Representative, Representative's spouse, children, parents and Representative's brothers, sisters and their families.

2. Effective Date

The Advance Compensation Agreement will become effective only after having been duly approved and executed by the Company. Any new business submitted prior to notification of approval will not be available for advance compensation.

3. Indebtedness

If, after such payment of advance commission on an insurance contract, any portion of the first year premium for that contract shall fail to be paid to Company when due, Representative shall be fully responsible for and shall repay Company an amount equal to all commissions previously paid by Company on all first year premiums remaining unpaid to Company on such insurance contract at the

time of such failure to pay. The amount to be repaid shall be the general indebtedness of Representative to Company deemed incurred as of the time of such failure to pay, and shall be immediately due and payable in full by Representative, unless a subsequent due date for payment shall, in the sole discretion of Company, be agreed to by Company in writing.

The Company may at any time without notice or demand to Representative exercise any rights or remedies available to it to enforce payment or collection of any such indebtedness including, but not limited to, charging to Representative all attorney's fees and other collection expenses as permitted by law. Any indebtedness under this Agreement is a first lien against any and all compensation payable to Representative by Company, and Company may offset such indebtedness against Representative's compensation and/or chargeback such indebtedness to Representative.

4. Chargeback

For the purpose of calculating the first year commission obligations of Company to Representative, an offset and/or chargeback of commissions will be deemed as a negative commission reducing first year commissions earned by Representative in the contract year in which such offset and/or chargeback occurs.