

**Monumental Life**  
**Agent Contract Checklist**

1. Please fill out the attached forms completely, as instructed on the following page. Make sure to sign, where indicated, as both "Applicant" and "Guarantor".
2. Include a copy of your insurance license(s), voided check, signed commission schedule, and E&O certificate of insurance. ( E&O insurance can be purchased through Insurance Sales Network of America, for only \$460/year. Go to [www.isnoa.com](http://www.isnoa.com) and click on the "E&O Insurance" tab. Follow the prompts to apply online, and download certificate.)

Fax completed agent contract to Insurance Sales Network of America at (727) 797-0488, or mail to the address below.

If you have any questions, please contact Judy Richardson toll-free at:

Phone: (877) 544-3113

Fax: (727) 797-0488

[judyrichardson@insurancesalesnetwork.com](mailto:judyrichardson@insurancesalesnetwork.com)

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If you cannot fax this information, please mail it to us at:

Insurance Sales Network of America  
Attn: Contracting Department  
1407 Crestwood Ct. North  
Safety Harbor, FL 34695

## INSTRUCTIONS

### THIS BOOKLET INCLUDES

- Application for Appointment Agreement
- Appointment Agreement
- Promissory Note, Guaranty and Security Agreement
- Assignment of Commissions
- Fair Credit Reporting Act Disclosure

### 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.*

### DID YOU SUBMIT:

- 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 Monumental Life Insurance Company, to pay all state appointment fees.
- Submit Errors and Omissions Insurance, submit a CERTIFICATE OF COVERAGE.
- Submit a SIGNED EXPLANATION of any “yes” answers you give to the questions in the “Other Information” section of the Application for Appointment Agreement.
- Submit the COMPLETED Application for Appointment Agreement, SIGNED Appointment Agreement, SIGNED Promissory Note, Guaranty and Security Agreement.
- Submit the SIGNED Assignment of Commissions ONLY IF you want to assign your commissions.
- Submit the SIGNED Fair Credit Reporting Act Disclosure and Authorization for Release of Information.

**Please retain a copy of this Agreement for your records.**

## APPLICATION FOR APPOINTMENT AGREEMENT

### 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	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 Companies? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Company(s): _____		Agent Number(s): _____

### APPLICANT WILL REPORT TO

Name: _____	Agent Number: _____	Bus. Phone: (Area Code)Number _____
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### COMMISSION % OR RANK, PAY PLAN, AND BANK INFORMATION FOR EFT (Electronic Funds Transfer)

Commission Level or Rank: _____  _____ Earned only _____ % of submitted advance _____ % placed advance (max 75%)	Financial Institution _____  Bank Account Number _____ Transit Number _____ _____ Checking      _____ Savings <p style="text-align: center;"><b>COPY OF VOID CHECK REQUIRED</b></p>
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## 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

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

1. Are there any criminal proceedings currently pending against you for any felony or misdemeanor other than a minor traffic violation?  Yes  No
2. Have you ever been arrested, 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
3. Has a complaint against you involving insurance or securities ever been filed with any legal authority, insurance regulator, the NASD/FINRA or SEC?  Yes  No
4. Are you currently being investigated, or have you ever been investigated, by any legal authority, insurance regulator, the NASD/FINRA or SEC regarding any matter involving insurance or securities?  Yes  No
5. Has any legal authority, insurance regulator, the NASD/FINRA 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
6. 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/FINRA or SEC?  Yes  No
7. 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
8. 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
9. Are you now or have you ever been involved in any lawsuit, arbitration or mediation of a dispute or bankruptcy? Please provide the "Schedule F" for a Chapter 7 Bankruptcy.  Yes  No
10. 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 and include all applicable court documentation.**

**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

# 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 Companies (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 applicable anti-money laundering laws, rules and government guidance, including the reporting, recordkeeping and compliance requirements, of the Bank Secrecy Act (“**BSA**”), as amended by The International Money Laundering Abatement and Financial Anti-Terrorism Act of 2002, Title III of the USA Patriot Act of 2001 (“**the Act**”), its implementing regulations, and related SEC and Self Regulatory Organization rules. These requirements include requirements to identify and report currency transactions and suspicious activity, to verify customer identity and to conduct customer due diligence. As required by the Act, the Company certifies that it maintains, and you certify that you have access to, a comprehensive anti-money laundering compliance program that includes policies, procedures and internal controls for complying with the BSA; policies, procedures and internal controls for identifying, evaluating and reporting suspicious activity; a designated compliance officer or officers; training for appropriate employees; and an independent audit function. You must comply with all written rules that the Company communicates to you from time to time including the Company’s Principles and Code of Ethical Market Conduct.

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 entities, but the Company is not obligated to do so. Any such person or entity that the Company does enter into an Appointment Agreement with shall be referred to as “**Your Agent**”. Your Agents may recommend that the Company enter into Appointment Agreements with other persons or entities, and if the Company does so, those persons and entities will also be considered Your Agents. You are responsible for ensuring the training and supervision of Your Agents and encouraging Your Agents to comply with their Appointment Agreements. You are responsible for all expenses and debts to the Company that you and Your Agent(s) 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 Your Agents. However, the Company will reduce commissions payable to you by the total of commissions paid by the Company to Your Agents who report directly or indirectly to you, and by the total of commissions forfeited by Your Agents if the Company terminates its agreement with Your 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 may 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 may 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 the debts of Your Agents and 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 and a Schedule form the entire agreement between the Company and yourself concerning matters covered by this Appointment Agreement. 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 you. From time to time the Company may amend a Schedule by giving you prior notice. Such amendments to a Schedule shall take effect as provided in such notice.

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 AGREE TO COMPLY WITH THE COMPANY'S ANTI-MONEY LAUNDERING PROGRAM; 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.

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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 Companies (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, except that any terms which are defined in your Appointment Agreement shall have the same meaning in this Agreement.

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 Your Agent, 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 Your 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 Your Agent’s indebtedness to the Company, and by thereafter treating such debit as part of your indebtedness to the Company. Except as set forth below, as long as You have an active appointment with the Company and are in good standing with the Company, the Company will not charge interest on Your Account. In the event that Your Account is not charged interest or is charged interest at a rate below the applicable federal rate (“**AFR**”) as determined by the Company, you may be considered to have additional income under the Internal Revenue Code which the Company will report to you and to appropriate taxing authorities. The amount of additional income is equal to the difference between the AFR and the interest actually charged. In the event your Appointment Agreement is terminated for any reason, or in the event you are no longer appointed with or in good standing with the Company, or 30 days after the Company provides you with notice.

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 0.75% 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 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.

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Date Signed

- 
- 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.

## GUARANTY

The natural person who signs below (“**Guarantor**”) guarantees to pay in full, on the date of a demand for repayment by a member of the AEGON Companies (the “**Company**”) any indebtedness to the Company incurred by the natural person or business entity (“**Debtor Insurance Agent**”) under the Promissory Note and Security Agreement above, plus interest accrued thereon to the date of payment; 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.

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

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- Guarantor’s signature (Guarantor MUST be a natural person).

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Date Signed

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- Print Guarantor’s name as signed.

# 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 Companies 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

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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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- 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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Date Signed

## ASSIGNEE

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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.

- 
- 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.

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Date Signed

Transamerica Life Insurance Company  
Transamerica Financial Life Insurance Company  
Western Reserve Life Assurance Co. of Ohio  
Monumental Life Insurance Company  
Stonebridge Life Insurance Company

4333 Edgewood Road NE  
Cedar Rapids, IA 52499

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

A consumer report or investigative consumer report about yourself from a consumer reporting agency may be requested by one of the above-referenced companies (“the Company”) 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 Company may have requested about yourself. Send your written request for such a disclosure to Contract Administration, 4333 Edgewood Road, Cedar Rapids, Iowa 52499.

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I hereby authorize the Company 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 Company or any consumer reporting agency that is preparing a consumer report or investigative consumer report about myself for the Company.

**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

\_\_\_\_\_  
SS#

# Request for Taxpayer Identification Number and Certification

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

<b>Please print or type</b>	Name (See <b>Specific Instructions</b> on page 2.)	
	Business name, if different from above. (See <b>Specific Instructions</b> on page 2.)	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶ .....	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code		

<b>Part I Taxpayer Identification Number (TIN)</b>	List account number(s) here (optional)						
<p>Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). <b>However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 2.</b> For other entities, it is your employer identification number (EIN). If you do not have a number, see <b>How to get a TIN</b> on page 2.</p> <p><b>Note:</b> <i>If the account is in more than one name, see the chart on page 2 for guidelines on whose number to enter.</i></p>	<b>Part II For U.S. Payees Exempt From Backup Withholding</b> (See the instructions on page 2.)						
<table style="margin: auto;"> <tr> <td style="border: 1px solid black; padding: 2px;">Social security number</td> </tr> <tr> <td style="text-align: center;">               </td> </tr> <tr> <td style="text-align: center;">+ +</td> </tr> <tr> <td style="text-align: center;">or</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">Employer identification number</td> </tr> <tr> <td style="text-align: center;">               </td> </tr> <tr> <td style="text-align: center;">+ +</td> </tr> </table>		Social security number		+ +	or	Employer identification number	
Social security number							
+ +							
or							
Employer identification number							
+ +							

**Part III Certification**

Under penalties of perjury, I certify that:

- 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**
- 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**
- 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 2.)

<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 get 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.

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

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

**If you are a foreign person, use the appropriate Form W-8.** See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Corporations.

**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.*

**What is backup withholding?** Persons making certain payments to you must withhold and pay to the IRS 31% of such payments under certain conditions. This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

If you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return, payments you receive will not be subject to backup withholding. **Payments you receive will be subject to backup withholding if:**

- You do not furnish your TIN to the requester, or
- You do not certify your TIN when required (see the Part III instructions on page 2 for details), or
- The IRS tells the requester that you furnished an incorrect TIN, or
- The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

- You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the Part II instructions and the separate **Instructions for the Requester of Form W-9.**

**Penalties**

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of Federal law, the requester may be subject to civil and criminal penalties.

## Specific Instructions

**Name.** If you are an individual, you must generally enter the name shown on your social security card. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first and then circle the name of the person or entity whose number you enter in Part I of the form.

**Sole proprietor.** Enter your **individual** name as shown on your social security card on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

**Limited liability company (LLC).** If you are a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Treasury regulations section 301.7701-3, **enter the owner's name on the "Name" line.** Enter the LLC's name on the "Business name" line.

**Caution:** A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

**Other entities.** Enter your business name as shown on required Federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name" line.

### Part I—Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box.

If you are a **resident alien** and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see **How to get a TIN** below.

If you are a **sole proprietor** and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are an **LLC** that is **disregarded as an entity** separate from its owner (see **Limited liability company (LLC)** above), and are owned by an individual, enter your SSN (or "pre-LLC" EIN, if desired). If the owner of a disregarded LLC is a corporation, partnership, etc., enter the owner's EIN.

**Note:** See the chart on this page for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get **Form SS-5**, Application for a Social Security Card, from your local Social Security Administration office. Get **Form W-7**, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN or **Form SS-4**, Application for Employer Identification Number, to apply for an EIN. You can get Forms W-7 and SS-4 from the IRS by calling 1-800-TAX-FORM (1-800-829-3676) or from the IRS's Internet Web Site at [www.irs.gov](http://www.irs.gov).

If you do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all

such payments until you provide your TIN to the requester.

**Note:** Writing "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

### Part II—For U.S. Payees Exempt From Backup Withholding

Individuals (including sole proprietors) are **not** exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends. For more information on exempt payees, see the separate Instructions for the Requester of Form W-9.

If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding. Enter your correct TIN in Part I, write "Exempt" in Part II, and sign and date the form.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

### Part III—Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 3, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required).

**1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.

**2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

**3. Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.

**4. Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

**5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified state tuition program payments, IRA or MSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

### Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to give your correct TIN to persons who must file information returns with the IRS to

report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA or MSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, and the District of Columbia to carry out their tax laws.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 31% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.

## What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup>
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee <sup>1</sup>
b. So-called trust account that is not a legal or valid trust under state law	The actual owner <sup>1</sup>
5. Sole proprietorship	The owner <sup>3</sup>
For this type of account:	Give name and EIN of:
6. Sole proprietorship	The owner <sup>3</sup>
7. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
8. Corporate	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership	The partnership
11. A broker or registered nominee	The broker or nominee
12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> You must show your individual name, but you may also enter your business or "DBA" name. You may use either your SSN or EIN (if you have one).

<sup>4</sup> List first and circle the name of the legal trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.)

**Note:** If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.



**INSERT COPY OF  
INSURANCE  
LICENSE(S)  
HERE**

**ATTACH  
VOIDED CHECK  
HERE**

**INSERT COPY OF  
E&O CERTIFICATE  
OF INSURANCE  
HERE**

**E&O insurance can be purchased through Insurance Sales Network of America, for only \$460/year. Go to [www.isnoa.com](http://www.isnoa.com) and click on the “E&O Insurance” tab. Follow the prompts to apply online, and download certificate.**

**INSERT  
SIGNED  
COMMISSION SCHEDULE  
HERE**