

AGENT'S APPLICATION
IMPORTANT: Please also sign and return Form SD-274
Notification/Release of Information form.

PLEASE PRINT OR TYPE ALL INFORMATION MUST BE FURNISHED

P E R S O N A L	1.	YOUR NAME IN FULL			2.	S.S. NO.				
	3a.	RESIDENCE STREET ADDRESS			3b.	COUNTY				
	3c.	CITY	3d.	STATE	3e.	ZIP	4.	BIRTHDATE	5.	SPOUSE'S FIRST NAME
	6.	HOME PHONE	7.	CELL PHONE/FAX NUMBER (CIRCLE ONE)	8.	E-MAIL ADDRESS		9.	DO YOU SPEAK SPANISH? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	10.	HAVE YOU EVER BEEN CONVICTED OF A FELONY INVOLVING DISHONESTY OR BREACH OF TRUST? <input type="checkbox"/> YES <input type="checkbox"/> NO								

G A	11a.	IF YOU ARE TO BE APPOINTED UNDER ONE OF OUR G.A.'S OR NATIONAL ACCOUNT AGREEMENTS, PLEASE GIVE US THE NAME			11b.	AGENCY MANAGER'S NAME	

B U S I N E S S	12a.	AGENCY NAME (IF APPLICABLE)			12b.	PHONE ()		12c.	FAX		
	12d.	BUSINESS MAILING ADDRESS: P.O. BOX			12e.	STREET			12f.	SUITE	
	12g.	CITY		12h.	COUNTY		12i.	STATE	12j.	ZIP	
	13a.	TAXPAYERS I.D. NO., IF OTHER THAN S.S.N.					13b.	CORPORATION? <input type="checkbox"/> YES <input type="checkbox"/> NO			
	13c.	COMMISSIONS TO CORP? <input type="checkbox"/> YES <input type="checkbox"/> NO			13d.	ARE YOU THE OWNER/OFFICER? <input type="checkbox"/> YES <input type="checkbox"/> NO					
13e.	IF YOU ARE NOT THE PRIMARY OFFICER/OWNER OF THE CORP, PLEASE HAVE THAT INDIVIDUAL COMPLETE A SEPARATE AGENT APPLICATION TO BE APPOINTED ALSO.										

E M P L O Y M E N T	14.	EMPLOYMENT RECORD 5 YEARS TO DATE				
		PERIOD (FROM - TO)	COMPANY BY WHOM EMPLOYED	LOCATION	TITLE	REASON FOR LEAVING

M I S C	15.	HAVE YOU BEEN LICENSED WITH US BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO		16.	HOW DID YOU LEARN OF ILLINOIS MUTUAL?		
	17.	PRIMARY LIFE COMPANY			18.	PRIMARY HEALTH COMPANY	
	19.	PRIMARY ANNUITY COMPANY			20.	PRIMARY WORKPLACE COMPANY	

I hereby apply to be an agent of Illinois Mutual Life Insurance Company. I represent that the answers recorded in this application are true and correct to the best of my knowledge and belief. I agree to be bound by the terms of an Agent's Contract if one is issued to me.

Date _____ Signature _____
 NOTE: Please print your name with your signature on all applications and use your code number, when assigned.

We always appreciate referrals so we hope you know another agent who might be interested in representing us:

Name _____ Phone Number (_____) _____
 Street _____ City and State _____ Zip _____



NOTIFICATION/RELEASE OF INFORMATION

The purpose of this form is to notify you that a Consumer Report and/or an Investigative Consumer Report will be conducted on you in the course of consideration for appointment.*

I hereby authorize your company or any agent of your company to contact any and all corporations, former employers, credit agencies, educational institutions, law enforcement agencies, city, state, county, and federal courts and military services to release information about my background including, but not limited to, information about my employment, education, consumer credit history, driving record, criminal record, and general public records history to the person or company with which this form has been filed. This releases the aforesaid parties from any liability and responsibility for collecting the above information. I understand I will obtain a free copy of this Consumer Report if an adverse action/decision is made based on the information in the Consumer Report. I believe to the best of my knowledge that all information I have provided is accurate, true and correct and that I fully understand the terms of this release.

* A Consumer Report for the purpose of employment, contracting or appointment, has no effect on your credit score.

Printed Name of Agent

Signature of Agent

Date

FAX TO: 1-309-674-1475

MAIL TO: Illinois Mutual, Agent Contracting
300 S.W. Adams Street
Peoria, IL 61634

CHECKLIST:

All items listed below **MUST** be received before your appointment will be processed.

- Completed W9 form
- Copy of E & O declaration page
- Copy of Anti-Money Laundering training certificate
- Signed Notification/Release of Information (above)
- Completed Illinois Mutual Agent Application

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/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	
	<input type="checkbox"/> Exempt payee	
	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 the "Name" line 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									

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

Employer identification number									

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. citizen or other U.S. person (defined below).

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.

Sign Here	Signature of U.S. person ▶ _____	Date ▶ _____
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

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.

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. 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.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

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.