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## Consumer Report Disclosure Notice & Authorization

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This Disclosure Notice and Authorization is to inform you that, as part of your background investigation, Penn Mutual (including any of its subsidiaries) may obtain or cause to be obtained any or all of the following: (1) a consumer report which may contain information bearing on your criminal record, credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living; and (2) other information which Penn Mutual deems to pertain to appointing you, or continuing to appoint you. These reports and information, if obtained, will be used solely in connection with your potential or actual appointing with Penn Mutual. By signing this, you authorize Penn Mutual to obtain or cause to be obtained such reports or information. The fact that Penn Mutual may obtain such a report or information does not mean that Penn Mutual has otherwise decided to appoint you. If you are appointed, this authorization shall remain in effect and serve as continuing authorization for Penn Mutual to obtain such reports or information at any time during your relationship with Penn Mutual.

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\_\_\_\_\_  
Name

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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## Producer Corporation (Agency) Sub-Agent Appointment Data Form

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\_\_\_\_\_  
 Producer's Name (as appears on license)

\_\_\_\_\_  
 Social Security #

Male , or Female

\_\_\_\_\_  
 Resident Insurance License # and State

\_\_\_\_\_  
 Resident Address

\_\_\_\_\_  
 Business Address

\_\_\_\_\_  
 City State Zip

\_\_\_\_\_  
 City State Zip

\_\_\_\_\_  
 Home Phone

\_\_\_\_\_  
 Business Phone

\_\_\_\_\_  
 Business Fax

\_\_\_\_\_  
 Cell Phone

\_\_\_\_\_  
 Email

\_\_\_\_\_  
 Professional Designations

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Date of Birth (mm/dd/yyyy)

**1. Background Information – have you EVER been the subject of any of the following?**

	<b>YES</b>	<b>NO</b>
✓ Disciplinary action taken by <i>any</i> regulatory authority	<input type="checkbox"/>	<input type="checkbox"/>
✓ Civil judicial actions/ arbitration	<input type="checkbox"/>	<input type="checkbox"/>
✓ Customer complaints	<input type="checkbox"/>	<input type="checkbox"/>
✓ Termination for "Cause" or "Permitted to Resign"	<input type="checkbox"/>	<input type="checkbox"/>
✓ Plead "Guilty", "No Contest" or been convicted of a Felony	<input type="checkbox"/>	<input type="checkbox"/>
✓ Plead "Guilty", "No Contest" or been convicted of a Misdemeanor	<input type="checkbox"/>	<input type="checkbox"/>
✓ Unsatisfied judgments / liens	<input type="checkbox"/>	<input type="checkbox"/>
✓ Filed Petition for bankruptcy / tax lien (personal or business)	<input type="checkbox"/>	<input type="checkbox"/>
✓ Bonding company denying, paying out on, or revoking a bond for you	<input type="checkbox"/>	<input type="checkbox"/>

If you answered "Yes" to any of the above questions, this information must be fully disclosed, and additional information concerning these events may be required. A complete review of the above events will be conducted before you can be considered for appointment with Penn Mutual (or any of its subsidiaries).

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## 2. Producer Anti-Money Laundering (AML) Training Requirement

The Financial Crimes Enforcement Network (FinCEN), a bureau of the Treasury Department, published a final rule on anti-money laundering programs for insurance companies, which was effective May 2, 2006. To comply with this rule, Penn Mutual requires that all producers selling covered products complete AML training. Please complete the following section explaining how you completed this AML training.

I have completed the AML training through LIMRA within the last 12 months.

I have not completed the AML training through LIMRA within the last 12 months. I understand I will receive instructions under separate cover and will be required to complete the AML training within 45 days of my date of hire with Penn Mutual.

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### Certification and Acknowledgement

I certify that the information provided herein is true and correct, and I understand that this information will be used to assess my application for appointment with The Penn Mutual Life Insurance Company ("Penn Mutual"), and any of its related subsidiaries.

I acknowledge that (i) I am aware that Penn Mutual will communicate regulatory and compliance information and guidance to me via the Internet at [www.pennmutual.com](http://www.pennmutual.com), and I will regularly check for updates, (ii) I will promptly read the *Producer's Guide to Market Conduct*, and (iii) I will abide by the requirements described within the *Producer's Guide to Market Conduct* and in any updates and/or supplements. The Producer's Guide to Market Conduct and all updates and supplements are accessible via the Penn Mutual website at [www.pennmutual.com](http://www.pennmutual.com) under "*Producers Place*," "*Producers Desk*," "*Compliance & Market Conduct*".

\_\_\_\_\_  
Signature of Producer

\_\_\_\_\_  
Date

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### ***For Field Office Use Only:***

\_\_\_\_\_  
Producer Corporation (Agency) Name

\_\_\_\_\_  
Field Office # (for affiliation)

\_\_\_\_\_  
Contact for Questions & Appointment Confirmation

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Fax Number

Please complete and provide the following information for *each producer*. Photocopies acceptable.

- ✓ Copy of Consumer Report Disclosure Notice & Authorization
- ✓ Copies of Resident and Non-Resident Insurance Licenses for All Lines of Business (agent is responsible for fees associated with all non-resident appointments requested)
- ✓ Check made payable to Penn Mutual for sum of all non-resident appointment fees (PML & PIA)
- ✓ Copy of Certificate of Insurance for Proof of Errors & Omissions Insurance (minimum required coverage is \$1 million)
- ✓ If Producer answered "yes" to any of the items listed under "Background Information", attach a copy of a completed background report (credit and criminal) and related documentation, including approval from your office's VP or SVP.