

# Appointment Data Sheet

\* Indicates required information

Section 1 - Applicant Information (Please Print Clearly)			
*Social Security Number:		*Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
*Last Name:	*First Name:		MI:
*Residential Address:			
*City:		*State:	*Zip Code:
**Business Address: (where mail is received and where you are physically located)			
*City:		*State:	*Zip Code:
Phone:	Fax:	Email:	
*U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, of which country are you a citizen?	
*Broker/Dealer or Credit Union Name:		*Federal Tax ID Number:	

Section 2 — Product Information	
Select what you wish to sell: (please indicate)	<b>CMFG Life Insurancy Company</b> <input type="checkbox"/> Variable Annuity <input type="checkbox"/> Single Premium Immediate Annuity <input type="checkbox"/> Fixed and Index Annuity <input type="checkbox"/> Life and Health <input type="checkbox"/> 401K, Choice, ClearDirection Custom, ClearDirection Portfolio <input type="checkbox"/> Stable Value - Guaranteed Account
	<b>MEMBERS Life Insurance Company</b> <input type="checkbox"/> MEMBERS Zone Annuity <input type="checkbox"/> MEMBERS Future Income Annuity
	<b>CUMIS Insurance Society, Inc.</b> <input type="checkbox"/> Property and Casualty

Section 3 — Applicant License Information
I am requesting an appointment in the state(s) of:
Resident License State:
Resident License Number:
CRD Number:

**\*Required Section 4 – Application Questionnaire**

(Please note, all questions must be answered to process appointment)

1. Have you been convicted of, or plead guilty or nolo contendere (no contest), in a domestic or foreign court to a. Any felony? b. Any misdemeanor (excluding minor traffic violations?) c. Any violation of federal or state securities or investment related regulations? d. Forgery? e. Counterfeiting?	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Are you currently subject to any proceedings that may result in a suspension, bar, revocation, or termination of your insurance and/or securities license?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Are you presently the subject of any criminal action investigation or proceeding?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Have you ever conducted business under another name?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Has any organization over which you exercised management or policy control, ever been convicted of any misdemeanor or felony act during or as a result of your employment?	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Have you ever had any insurance or securities license or application for license refused, not renewed, suspended or revoked?	Yes <input type="checkbox"/> No <input type="checkbox"/>
7. Has any insurance department, government agency or self-regulatory authority ever censored or barred or restricted your activities, or disciplined you with fines?	Yes <input type="checkbox"/> No <input type="checkbox"/>
8. Have you ever had an appointment with another insurance company denied or terminated for cause?	Yes <input type="checkbox"/> No <input type="checkbox"/>
9. Are you currently under investigation by any legal or regulatory authority?	Yes <input type="checkbox"/> No <input type="checkbox"/>
10. Have you ever been the subject of a consumer-initiated complaint or proceeding by any securities, commodities, or insurance regulatory body or organization or employer?	Yes <input type="checkbox"/> No <input type="checkbox"/>
11. Do you now owe money to any life or health insurance company?	Yes <input type="checkbox"/> No <input type="checkbox"/>
12. Have you or a firm in which you were a partner, officer or Director been declared bankrupt or been a party to a bankruptcy or receivership proceeding, or have you had a salary garnished or had liens or judgments against you?	Yes <input type="checkbox"/> No <input type="checkbox"/>
13. Has a bonding company ever denied, paid out on, modified or revoked a bond for you?	Yes <input type="checkbox"/> No <input type="checkbox"/>
14. Have you ever had a claim filed against your professional liability or errors and omissions insurance coverage? Amount of Claim: \$ _____	Yes <input type="checkbox"/> No <input type="checkbox"/>

Please explain in detail below any “Yes” answers for questions 1 – 14 and attach supporting documentation:

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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.

Name (printed): \_\_\_\_\_

Last 4 digits of social: \_\_\_\_\_

**AUTHORIZATION AND RELEASE FOR USE OF CONSUMER REPORTS**

In connection with my request to be appointed as a life insurance agent and / or my request to become associated with a broker dealer of CMFG Life Insurance Company and its affiliates, including CUNA Brokerage Services, Inc., CUMIS Insurance Society, Inc., MEMBERS Life Insurance Company, hereinafter collectively referred to as "CMFG Life". I understand that an investigative consumer report may be requested that will include information as to my character, general reputation, personal characteristics, work habits, performance, education and experience, along with reasons for termination of past employment from previous employers. I understand that I am entitled to a written disclosure of the nature and scope of any investigation and a copy of the summary of my rights that has been prepared by the Federal Trade Commission pursuant to §609(c)(15 .S.C. 1681(g)) of the Fair Credit Reporting Act if I submit a request for such disclosures to CMFG Life in writing and within a reasonable time of receipt of this notice. Further, I understand that you may be requesting information concerning my workers' compensation claims, motor vehicle operation history, education, professional license verification and criminal history from various states, private and insurance sources along with other public records available. I further understand workers compensation information will only be requested in compliance with the ADA. I **HEREBY AUTHORIZE, WITHOUT RESERVATION, ANY LAW ENFORCEMENT AGENCY, ADMINISTRATOR, STATE AGENCY, INSTITUTION, INFORMATION SERVICE BUREAU, EMPLOYER OR INSURANCE COMPANY CONTACTED BY A BACKGROUND INVESTIGATION ORGANIZATION, ITS AGENTS SUBCONTRACTORS, OR EMPLOYEES TO FURNISH THE ABOVE-MENTIONED INFORMATION.** I further acknowledge that a telephone facsimile (FAX) or photographic copy shall be as valid as the original. This release includes all state and federal agencies including any state's Department of Labor. According to the Fair Credit Reporting Act, I am entitled to know if appointment is denied because of information obtained by CMFG Life from a consumer reporting agency. If so, I will be so advised by CMFG Life and be given the name of the agency or source of information.

I agree to release all persons and entities providing or receiving such information, including CMFG Life and its agents, from any liability connected with the release or receipt of requested information.

Please sign this agreement, signifying that you agree

- to permit CMFG Life to retrieve your state insurance licensing and appointment data as needed from the National Insurance Producer Registry
- to abide by **CMFG Life** compliance and ethics requirements in the distribution of CMFG Life products
- to authorize CMFG Life to obtain updated consumer credit and/or investigative reports about you in the future without additional prior approval or notice so long as you are appointed by CMFG Life
- it is the advisors responsibility to update CMFG Life on any changes to your background information.

*Today's Date:	*Signature of Applicant:
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**Please forward completed form to [licensingrequests@cunamutual.com](mailto:licensingrequests@cunamutual.com) or fax to 608-236-7192.**

**CA, MN, OK Residents:**

Check here to receive a copy of your consumer report mailed to you at the resident address indicated above.

Updated Date: \_\_\_\_\_

Licensing &amp; Registration Dept.