

***Please be sure  
to return all  
completed  
paperwork to  
your Area  
Coordinator,  
not to the  
Home Office.\****

***Thank You***

**\*paperwork returned to the Home Office must be forwarded to the Area Coordinator, and may cause a delay in the processing of your appointment.**

NATIONAL FARM LIFE INSURANCE COMPANY  
CHECK LIST FOR NEW AGENTS

NAME \_\_\_\_\_

Sign, date and return all of the following forms to your Area Coordinator

(initial)

1. Personal Data

A. Background Information \_\_\_\_\_

B. Direct Deposit Agreement **(with voided check)** \_\_\_\_\_

\*\*\*If the account provided is an account other than your personal bank account it will be necessary to complete the additional form AG094B (addendum to Agts Direct Deposit form) \_\_\_\_\_

C. W-9 Form \_\_\_\_\_

D. Agent Contract  
*(be sure beneficiary information has been completed in its entirety)* \_\_\_\_\_

E. Compliance Plan \_\_\_\_\_

2. Additional information needed for appointment

A. Appointment Fee \$10.00 (Payable to *National Farm Life Insurance Company*) \_\_\_\_\_

B. Photograph (digital head shot- will be used for newsletter) \_\_\_\_\_

C. Copy of Life License (General Lines – must include Life License) \_\_\_\_\_

\*\*\*\*\*

FOR AREA COORDINATOR USE ONLY

Meeting List \_\_\_\_\_ ( ) Overrides 1<sup>st</sup> Level \_\_\_\_\_

\_\_\_\_\_ ( ) 2<sup>nd</sup> Level \_\_\_\_\_

3<sup>rd</sup> Level \_\_\_\_\_

4<sup>th</sup> Level \_\_\_\_\_

\_\_\_\_\_  
Signature - Area Coordinator



**RECORD OF BUSINESS EXPERIENCE**

BEGINNING WITH THE MOST RECENT, LIST BELOW THE NAMES OF YOUR PREVIOUS EMPLOYERS FOR THE PAST 5 YEARS.	KIND OF BUSINESS	TIME EMPLOYED			
		FROM	TO	MONTH	YEAR
1.					
2.					
3.					
4.					
5.					
6.					

Within the last 5 years:

a) Have you filed bankruptcy? YES \_\_\_\_\_ NO \_\_\_\_\_

b) Have you had a federal or state lien or civil judgment? YES \_\_\_\_\_ NO \_\_\_\_\_

If questions (a) or (b) have been answered "YES", please supply written statement of explanation.

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(If additional space is need, please attach a separate page).

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**By signing below, I authorize National Farm Life Insurance Company (NFLIC) to obtain a consumer credit report through a credit reporting company chosen by NFLIC. I understand and agree that NFLIC intends to use this consumer credit report for the purpose of evaluating me for prospective appointment as an agent representing NFLIC. I understand that this credit report will be retained on file at NFLIC and the information will not be disclosed to anyone without my prior written consent.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature - Agent

\_\_\_\_\_  
Signature - Area Coordinator



## Direct Deposit Agreement Form

New     Change

Agent/Agency Name: \_\_\_\_\_

Agent #: \_\_\_\_\_

### Authorization Agreement

I hereby authorize National Farm Life to initiate automatic deposits to my account at the financial institution named below. I also authorize National Farm Life to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold National Farm Life responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until National Farm Life receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Agency Department.

### Account Information

Name of Financial Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_  Checking |  Savings

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please attach a voided check and return this form to the Agency Department.**

## Request for Taxpayer Identification Number and Certification

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

<b>Print or type See Specific Instructions on page 2.</b>	<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	<b>2</b> Business name/disregarded entity name, if different from above	
	<b>3</b> Check appropriate box for federal tax classification; check only <b>one</b> of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <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) ▶ _____ <b>Note.</b> For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	
	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>	
	<b>5</b> Address (number, street, and apt. or suite no.)	
	Requester's name and address (optional)	
	<b>6</b> City, state, and ZIP code	
<b>7</b> 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 line 1 to avoid backup withholding. For individuals, this is generally 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.

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

<b>Social security number</b>									
-				-					
<b>or</b>									
<b>Employer identification number</b>									
-									

### Part II 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. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**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 3.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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### General Instructions

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

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

#### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.*

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- 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, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

**Note.** If you are a U.S. person and 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 under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 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 section 1446 withholding on your share of partnership income.

In the cases below, the following persons must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States:

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

**Foreign person.** If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

**Nonresident alien who becomes a resident alien.** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

## Backup Withholding

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive 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 be subject to backup withholding if:**

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),

3. The IRS tells the requester that you furnished an incorrect TIN,

4. 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

5. 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 *Exempt payee code* on page 3 and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships* above.

## What is FATCA reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code* on page 3 and the Instructions for the Requester of Form W-9 for more information.

## Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

## 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

### Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account, list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

**Note. ITIN applicant:** Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C Corporation, or S Corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. 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 line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

**Line 2**

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

**Line 3**

Check the appropriate box in line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box in line 3.

**Limited Liability Company (LLC).** If the name on line 1 is an LLC treated as a partnership for U.S. federal tax purposes, check the "Limited Liability Company" box and enter "P" in the space provided. If the LLC has filed Form 8832 or 2553 to be taxed as a corporation, check the "Limited Liability Company" box and in the space provided enter "C" for C corporation or "S" for S corporation. If it is a single-member LLC that is a disregarded entity, do not check the "Limited Liability Company" box; instead check the first box in line 3 "Individual/sole proprietor or single-member LLC."

**Line 4, Exemptions**

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space in line 4 any code(s) that may apply to you.

**Exempt payee code.**

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup>	Generally, exempt payees 1 through 5 <sup>2</sup>
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

<sup>1</sup> See Form 1099-MISC, Miscellaneous Income, and its instructions.

<sup>2</sup> However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

**Exemption from FATCA reporting code.** The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

**Note.** You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

**Line 5**

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns.

**Line 6**

Enter your city, state, and ZIP code.

**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 a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on this page), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

**Note.** See the chart on page 4 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 SSA office or get this form online at [www.ssa.gov](http://www.ssa.gov). You may also get this form by calling 1-800-772-1213. Use 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 apply for an EIN online by accessing the IRS website at [www.irs.gov/businesses](http://www.irs.gov/businesses) and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting [IRS.gov](http://IRS.gov) or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and 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.** Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

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



**Part II. 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, 4, or 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code* earlier.

**Signature requirements.** Complete the certification as indicated in items 1 through 5 below.

**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 made in settlement of payment card and third party network transactions, 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 tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

**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) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee <sup>1</sup> The actual owner <sup>1</sup>
5. Sole proprietorship or disregarded entity owned by an individual	The owner <sup>3</sup>
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor*
For this type of account:	Give name and EIN of:
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. 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
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

<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 and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

<sup>4</sup> List first and circle the name of the 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.) Also see *Special rules for partnerships* on page 2.

\*Note. Grantor also must provide a Form W-9 to trustee of trust.

**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.

**Secure Your Tax Records from Identity Theft**

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

**Protect yourself from suspicious emails or phishing schemes.** Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to [phishing@irs.gov](mailto:phishing@irs.gov). You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: [spam@uce.gov](mailto:spam@uce.gov) or contact them at [www.ftc.gov/idtheft](http://www.ftc.gov/idtheft) or 1-877-IDTHEFT (1-877-438-4338).

Visit [IRS.gov](http://IRS.gov) to learn more about identity theft and how to reduce your risk.

**Privacy Act Notice**

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

## **NATIONAL FARM LIFE INSURANCE COMPANY “COMPLIANCE PLAN”**

This guide is intended to help you to understand and comply with the laws and regulations that affect you as a licensed insurance agent in the State of Texas. Compliance is important because:

- These laws and regulations incorporate principles of fair dealing and ethical conduct,
- The Texas Department of Insurance requires compliance,
- National Farm Life’s company policy requires compliance, and
- The consequences of non-compliance may be severe.

National Farm Life agents who engage in misrepresentation or other unfair practices in the business of insurance may be suspended or terminated by National Farm Life. There may also be penalties, including the loss of their licenses and the payment of fines or civil damages.

You should read this guide, become familiar with it, and refer to it when questions about proper sales practices occur to you. The guide and the underlying legal requirements are not intended to inhibit your success as an agent. In fact, we believe that using proper sales techniques will lead to more sales, greater persistency, and a trusting relationship with customers and clients that can only benefit you and your career.

This guide is based primarily on Texas laws and regulations. At the core of all of the rules governing sales practices of both agents and carriers is the obligation to be truthful and not to mislead, in fact or by implication. The requirement of fair dealing applies to every phase of the sales process. The form and content of all that we say, orally and in writing, in the course of soliciting business must be sufficiently accurate, complete and clear so as to avoid deception or the capacity or tendency to mislead or deceive. Neither the delivery of a policy to the prospective policy owner for inspection prior to the sale nor the existence of a free-look provision can cure misleading statements made in the course of the sale. The provisions that follow apply the general principles of fair dealing to various specific aspects of sales practices. Remember that in situations not mentioned in this guide, integrity must be our watchword.

If you have any questions about the guide or any of its provisions, you should address them to Mark Williams, NFL Compliance Officer, 1-800-772-7557.

## **USA PATRIOT ACT REQUIREMENTS AND MONEY LAUNDERING PREVENTION**

The tragic events of September 11, 2001 caused major changes to the federal laws governing money laundering prevention. President Bush signed into law the Uniting and Strengthening America By Providing Appropriate Tools Required to Intercept and Obstruct Terrorism Act of 2001 – the “USA PATRIOT Act”. Part of the USA PATRIOT Act imposed more stringent requirements on financial services companies, including insurance companies, with regard to preventing money laundering and knowing their customers.

National Farm Life agents are required to comply with NFL’s Money Laundering Prevention Program, by completing an online course through LIMRA. The two common ways NFL Agents can assist the company in money laundering prevention involve knowing your customer and reporting suspicious activities.

### **REBATING AND OTHER PAYMENTS**

It is unlawful in Texas to rebate, or to offer to rebate, any part of the premium or commission (or to give or pay any other valuable consideration) as an inducement to an insurance policy. The payment by the agent of a premium (other than on behalf of a member of his or her immediate family) would be contrary to Company policy and would violate the Texas anti-rebating law.

It is likewise unlawful to share commissions or make payments to any person or firm for any services in connection with the sale of a life insurance or annuity contract, or for any lead or referral of a prospective purchaser, other than to another NFL Agent.

### **WRITTEN MATERIALS**

National Farm Life provides a very good selection of sales illustrations and other specialized material that you may use in appropriate situations. Company provided material is approved sales material unless restrictions are noted.

**No other written or audio/visual material (including prepared sales scripts) should ever be used or posted to a website without the prior permission of the Ethics and Compliance Department. Do not make any changes, even minor ones, to approved materials. Also, do not combine parts of separately approved materials into a new unit.**

If you feel that customized sales material is absolutely necessary, you must obtain Home Office written approval prior to using your materials.

### **DIVIDENDS**

A dividend should be properly described as a refund or return of part of the premium paid that is dependent upon the investment earnings and the mortality and expense experience of the Company. Dividends are not guaranteed; never state or imply that they are. We cannot make any false or misleading statement regarding dividends previously paid on any policy.

Dividend illustrations may be used only if they have been issued or approved by NFL; illustrations must never be altered.

## **UNDERWRITING**

As a National Farm Life agent, you are an important part of the underwriting process. Make it clear that the issuance of the insurance policy and the payment of benefits may depend on the results of a medical examination and/or the answers to the questions in the application.

In connection with underwriting, you also have important obligations to NFL. You have a duty to inform the Underwriting Department of any facts that you become aware of regarding the impaired health of an insured or proposed insured or of any misrepresentations made by the applicant (including any related to financial matters). You should also be vigilant in assuring that insurance is being sold and purchased for the legitimate purpose of protecting a valid insurable interest; your role in this regard is particularly important when the insured is not an immediate member of the family of the beneficiary or owner of the policy.

You also have an obligation to determine that there is a reasonable probability that the policy you sell will remain in force. Business that persists is good for everyone – you, your customer and NFL.

## **NEEDS BASED SELLING**

Needs based selling is a process that requires you, the agent, to analyze your customer's financial position, financial goals and objectives, and human factors in an effort to determine the customer's particular insurance need. It is the corporate philosophy of National Farm Life Insurance Company that a needs analysis be performed by its representatives in the solicitation of life insurance applications from prospective customers. The formality of your needs analysis may be more or less detailed depending on the type of solicitation (payroll deduction or individual), how familiar you are with the client's circumstances, size of the proposed purchase, and other factors about which you may be aware. Copies of any needs analysis should be kept in the client's file for future reference.

We encourage this process, because we believe that including a needs analysis in your sales process will result in satisfied customers and more persistent business. The agency department has needs analysis training materials and needs analysis tools available. You may order this material by calling 1-800-757-5440.

## **LIFE INSURANCE POLICY DELIVERY**

The delivery of the policy to the policy owner is an important part of your responsibility as a National Farm Life Agent. Your obligations with respect to the process of delivery include the following:

- a. All policies should be delivered to the policy owner promptly. The discretionary placing period for policy delivery is a maximum of 30 days.
- b. Do not deliver the policy or collect additional money if there has been an apparent change in the health of the insured or if the insured has consulted with or been treated by a physician or other practitioner since the completion of the application. All such circumstances should be reported to the Underwriting Department at the Home Office. The same rule applies in any situation where there is an indication that material facts have been omitted from or misrepresented in the application.

## **POLICY REPLACEMENT**

Texas Department of Insurance adopted Life Insurance and Annuity replacement code 3.9504 – effective January 1, 2008. “Replacement” means any transaction in which a new life insurance policy or a new annuity is to be purchased, and it is known or should be known by the proposing agent, or by the proposing insurer if there is no agent, that an existing individual life insurance policy or an annuity policy has been, or is to be lapsed, surrendered, converted, become extended insurance, or that the cash loan value, or any portion thereof, is used or contemplated for use in the future with the purchase of a new insurance policy or annuity policy.

What does it mean? If you answer YES to the replacement question on any application, you will need to complete a replacement form, send one to the Home Office and leave one for the applicant. You will do this if the proposed insured has other insurance, even if it is not a replacement. If the proposed insurance does not have other insurance, a replacement form does not need to be completed.

If the replacement question is answered “yes” on the application, the Home Office will notify the applicant. The Home Office will also send notification to the other company or companies. Replacement affects the suicide clause and contestable period. In some instances it may trigger a taxable event, or in the case of an annuity, a surrender charge. A thorough comparison should be made for the policyholder to justify the replacement of an NFL or other company’s policy.

## **ILLUSTRATION REGULATIONS AND SOFTWARE TRAINING**

A signed illustration must accompany each Participating application submitted, except for policies \$10,000 and under, brochure products, term products, or annuities. The illustration and the application must have identical information (age, face amount, premium, any and all riders, etc.). If an illustration is not signed at the time the application is completed, then the Illustration Certification form provided by NFL will be completed and submitted with the life insurance application.

## **ANNUITY SUITABILITY**

An Annuity Suitability Profile form must be completed for every annuity application and any agent writing an annuity must have completed the 4-hour Certification course and provide a copy of your Certification of Completion to the Home Office. Applications for annuities will be returned to the agent if the certificate is not on file with the Home Office.

## **CONTINUING EDUCATION**

Refer to the Texas Department of Insurance (TDI) website [www.tdi.state.tx.us/agent/](http://www.tdi.state.tx.us/agent/) or call 512-322-3503. Failure to comply may result in administrative penalty, suspension, revocation or cancellation of your license.

## **AGENT’S HOMEPAGE**

Each agent appointed to National Farm Life will be set up on their Agent’s Homepage and should utilize it to stay up to date on products, pending and changes within the company. Access includes the ability to update illustration or other software applications, commission statements, cash value and policy status, as well as application and document upload.

## **APPLICATION PROCEDURE**

Any material misrepresentation in the status of the health of any applicant or proposed insured may result in the denial of coverage by National Farm Life Insurance Company (the "Company"). The applicant or proposed insured must actually fill out the form, answering the questions on the application relating to the health status and medical history of the applicant or proposed insured. If the applicant or proposed insured is unable to personally fill out the form, the applicant or proposed insured must sign an acknowledgment stating that the agent filled out the form regarding these questions at the request of the applicant or proposed insured, and that the answers reflected on the application are true and correct.

Insurance coverage (excluding conditional receipt) is not effective until: (1) any policy applied for has been actually delivered to, and actually received and accepted by, the insured; (2) the first premium is paid. Paid means when the Company receives cash or a cashier's check; or, for any other mode of payment, when the funds are actually collected by the Company's financial institution. The agent must not, under any circumstances, represent to the applicant or proposed insured that coverage becomes effective at any time prior to those two contingencies being satisfied.

There are four conditions which must be met before coverage may become effective under the Conditional Receipt. These conditions are: (1) payment is made at the time of signing the application and the Receipt bears the same number and date as the application; and (2) the amount of money taken with the application is at least equal to the premium for one month and for the amount and plan of insurance applied for; and (3) all underwriting requirements, including any medical examinations, tests, x-rays, and EKGs required by the Company, are completed and received by the Company at its Home Office; and (4) every proposed insured is, on the insurance date, a risk acceptable to the Company for the amount applied for without modification. If all of these conditions are met exactly, then the insurance becomes effective on the later of; (a) the date on which all of the above four conditions have been met, or (b) the date of issue, if any, requested on the application. The agent must not, under any circumstances, represent to the applicant or proposed insured that coverage under the Conditional Receipt is or will become effective prior to the later of the date that all of the conditions are satisfied, or the date of issue requested in the application.

## **DEATH CLAIMS**

If you are notified of the death of one of your clients, you must not, under any circumstances, represent to the insured that the claim is covered or will be accepted prior to this determination being made by the Company. Contact Customer Service at the Home Office. There could be information unknown to the agent that would affect the payment of the claim. Late premiums, reinstatements or undisclosed medical conditions within the contestable period could be discovered during the review of the claim. Final decision is made by the Home Office.

## **CLAIMS PROCEDURE**

The Company must acknowledge receipt of the claim, commence investigation of the claim, and request from the claimant all items, statements, and forms reasonably believed to be required from the claimant not later than the 15<sup>th</sup> day after the receipt of notice of a claim. If an agent receives notice of a claim, the agent must forward the notice to the Home Office of the Company immediately.

The Company has at least 15 business days after the date the Company receives all items, statements, and forms required by the Company in order to secure final proof of loss to notify the claimant in writing of the Company's acceptance or rejection of the claim.

The Company has at least five business days after the Company notifies the claimant of the acceptance to pay the claim or part of the claim. The agent must not, under any circumstances, represent to the insured that payment will be made at any time inconsistent with this provision.

## **EXPLANATION OF PROMPT PAYMENT OF CLAIMS RULES**

### **TO DO:**

1. Acknowledge receipt of claim.

Commence investigation of claim.

Request from claimant all items, statements, and forms reasonably believed to be required from claimant (additional requests may be made later if necessary).

2. Notify claimant in writing of acceptance or rejection of the claim. If claim is rejected, the reasons must be stated. If insurer is unable to accept or reject, must state the reasons why additional time is needed.

3. If insurer was unable to accept or reject claim under #2 above, insurer shall accept or reject the claim. (The statute doesn't require the acceptance or rejection to be in writing, but it is recommended that the acceptance or rejection be in writing; and if rejected, that the reasons be stated).

4. Pay the claim or part of the claim (unless payment is conditional on the performance of an act by the claimant).

5. If payment was conditioned on the performance of an act by the claimant, pay the claim or part of the claim.

### **BY WHEN:**

Not later than the 15<sup>th</sup> day after receipt of notice.

Not later than the 15<sup>th</sup> business day after the date the insurer receives all items, statements, and forms required by insurer, in order to secure final proof of loss.

Not later than the 45<sup>th</sup> day after the date the insurer notified claimant of its inability to accept or reject under #2 above.

Not later than the 5<sup>th</sup> business day after the insurer notified claimant that it would pay the claim or part of the claim - See #2 or #3 above

Not later than the 5<sup>th</sup> business day after the date the act is performed by the claimant.

\*Business Day means a day other than a Saturday, Sunday, or holiday recognized by this state.

**AGENT'S RECEIPT AND ACKNOWLEDGMENT**

The undersigned acknowledges that (s)he understands the National Farm Life Insurance Company Compliance Plan (COMPLN Rev: 3-2016). The undersigned further acknowledges and agrees that if the undersigned fails to comply with the National Farm Life Insurance Company Compliance Plan (COMPLN Rev: 3-2016), such failure to comply may, in the Company's sole discretion, constitute good cause for the Company to terminate its contract with the undersigned.

\_\_\_\_\_  
Signature (Agent)

\_\_\_\_\_  
Signature (Area Coordinator)

\_\_\_\_\_  
Printed Name (Agent)

\_\_\_\_\_  
Printed Name (Area Coordinator)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



**NATIONAL FARM LIFE INSURANCE COMPANY**

**AGENT'S CONTRACT**

**NATIONAL FARM LIFE INSURANCE COMPANY**, a corporation of the State of Texas, whose Home Office is situated in Fort Worth, Texas, and referred to as the Company, and

---

AGENT

AGENT NUMBER

---

STREET

CITY

---

COUNTY

STATE

ZIP CODE

referred to as the **SECOND PARTY** have agreed to transact business upon the following terms and conditions:

**1. SECOND PARTY INDEPENDENT CONTRACTOR:**

It is distinctly understood that the Second Party's sole compensation is through the commission provided in this contract. It is further understood that the Second Party is not required to work any certain number of hours per week. Time and conditions worked are left entirely to the discretion of the Second Party.

**2. PRECEDENCE:**

The failure of the Company to exercise any rights arising under this contract or to enforce any breach or failure on the part of the Second Party shall not constitute a precedent or operate as a waiver of any of its rights under the contract.

**3. VIOLATIONS OF LAWS, COMPANY RULES, OR PROCEDURES:**

Should Second Party fail to comply with any of the conditions of this contract, or violate, or fail to comply with any applicable law, rule, regulation, or company procedure, the Company shall have the right to terminate this contract without notice. All of the terms, provisions and conditions of this contract shall be construed according to the laws of the State of Texas.

**4. REDUCTIONS OR REBATES:**

Under no circumstances shall the Second Party allow any reduction or rebate in premium in any manner, whatsoever, either directly or indirectly, and the penalty for the violation of this provision shall be the immediate termination of this contract and the forfeiture of all commissions to the Company.

5. **COMPANY PROPERTY:**

All rate books, printed matter or other supplies furnished by the Company shall at all times be deemed the property of the Company and such rate books or supplies, furnished the Second Party shall be for personal use only, and Second Party will be held responsible for any misuse. It is agreed and understood that upon the termination of this contract, rate book and agency materials furnished to the Second Party are to be returned to the Company within 30 days.

6. **COMPANY CONTRACTS, ENDORSEMENTS, ETC:**

The Second Party is not authorized to alter or modify contracts for the Company, make any endorsements on the policies issued by the Company or bind the Company in any way by naming special rates or by accepting representation from any applicant not written in the application for insurance made to the Company.

7. **RULES AND REGULATIONS:**

The Second Party shall be subject to all the rules, regulations, and procedures of the Company that appear in any contract between Second Party and the Company, and in any rate book or Second Party's manual issued by the Company, or of which Second Party may be notified in writing.

8. **ADVERTISING:**

No circular, advertisement, or other matter or material including the name of, or referring to, National Farm Life Insurance Company shall be printed, published or used in any way by the Second Party without being first approved in writing by the Home Office.

9. **LEGAL PROCEEDINGS AFFECTING COMPANY:**

The Company reserves the right at its option to settle any claim or claims of applicants or policyholders on account of any guarantee of the Second Party or on account of any promise, misrepresentation or fault of the Second Party, and the Second Party agrees to indemnify and reimburse the Company for any expenses incurred, unless the Company agrees in writing to bear such expense for the particular case.

The Second Party has no authority to institute legal proceedings in the name of the Company, nor shall such Second Party institute any legal proceedings in connection with the transaction of the business of the Company unless such action shall have been approved in advance by the Company is not satisfied with the manner in which such defense is conducted, it may employ counsel to conduct the defense, and any expenses thus incurred shall be paid by the Second Party unless in the judgment of the Company, the Second Party is in no way at fault or responsible for such suit and agrees in writing to bear the expenses of litigation.

**10. CONTRACT TERMINATION:**

This contract may be terminated by either the Second Party or the Company giving the other party written notice at least thirty days before the date of termination is to become effective. It is further agreed that any disclosure made by the Second Party, or any of the terms or conditions of Second Party's contract with the Company, or failure to pay accounts due within the time specified shall be sufficient cause for immediate cancellation of the contract. In the event any indebtedness is due the Company from the Second Party by reason of this contract, the indebtedness will be placed in the hands of an attorney for collection. If the indebtedness is collected through any legal or probate proceedings, the Second Party will be required to pay an additional sum of ten (10%) percent of the amount due as reasonable attorney's fees.

**11. MODE OF PAYMENT:**

Applications will be accepted for policies on one month (bank draft), three month and six month basis, and the same rate of commissions will be allowed the Second Party as on the twelve month basis. The Company will make collections on the remainder of the first-year premium and credit the commission to the first-year premium and credit the commission to the account of the Second Party when and as collected.

**12. RENEWAL COMMISSIONS:**

Subject to the conditions set forth in the next succeeding paragraphs, the Company agrees to allow the Second Party additional compensations for services to be continuously rendered in the collection of renewal premiums as set out in the schedule attached to this contract. Commissions on renewals provided for shall be paid the Second Party on the first business day of the month following the month in which such renewal premiums are received at the Home Office of the Company.

In the event of cancellation prior to contract being in force one year, no renewals will be paid. In the event of termination of this contract by the Second Party or the Company after a period of one year renewal commissions will continue to be paid for a period equal to the time the contract had been in force, but only during the specified renewal commission paying period of each individual policy remaining in force, as long as said commission amounts to as much as \$10.00 per month or \$120.00 in a calendar year.

**13. DEATH OR DISABILITY OF SECOND PARTY:**

After this contract has been in force for a period of one year, renewal commissions under this contract are not forfeited in the event of termination of this contract due to death or total and permanent disability. Renewal commissions will be continued to the Second Party's beneficiary as designated in this contract, or subsequent change of beneficiary form recorded by the Home Office, for the specified renewal paying period as set out in paragraph twelve.

**14. REINSTATED POLICIES:**

It is further understood and agreed that at the option of the Company, no renewal commission will be paid on a reinstated policy that has been terminated more than thirty days and is reinstated without any assistance on the part of the Second Party.

**15. ALL SUMS PAYABLE AT HOME OFFICE:**

Any and all sums of money due and to become due the Company by the Second Party shall be payable at the Home Office of the Company at Fort Worth, Texas. Likewise, any or all sums due by the Company to the Second Party shall be payable only at the Home Office of the Company at Fort Worth, Texas and in the event of any suit between the Company and the Second Party, growing out of any transaction whatsoever, it is agreed that the same shall be instituted and tried only in Tarrant County, Texas.

**16. EXCHANGE COMMISSION:**

The rate of commission, if any, on any policy issued in exchange for a policy formerly issued by the Company shall be determined by the Company or by special agreement between the Second Party and the Company.

**17. REFUNDS:**

If the Company should find it advisable for any reason whatsoever to refund any first year premium on a policy secured by the Second Party under this contract, the Second Party shall repay on demand any commission received on such premium.

**18. AUTHORIZATION OF ASSIGNMENTS:**

The Second Party shall have no authority to assign this contract unless such authority is delegated to the Second Party by written authorization signed by the Home Office.

**19. DEBT MAY BE OFFSET:**

Any debt due the Company by the Second Party may be offset at any time by the Company by withholding any or all compensations the Second Party may be entitled to under the provisions of this contract.

**20. ANNUITY TERMINATION:**

Should an Annuity product terminate within the first three policy contract years for any reason other than death, maturity, or freezing, the first year's commission paid on that contract will be charged back against the writing agent of record.

**21. PREMIUM RATES:**

The Company shall have the right at all times to change any and all premium rates, to alter its policy contracts in any way and to discontinue the issuance of any policy.

**22. APPLICATIONS, MEDICAL EXAMINATIONS AND CONSUMER INVESTIGATIVE REPORT:**

The Company shall at all times and in all cases have the absolute right to reject applications for insurance without specifying cause. Further, all applications and all Medical Examinations, whether favorable or unfavorable, obtained by the Second Party shall be delivered to the Company. Any examination expense incurred in violation of the Company's rules and instructions shall be paid by the Second Party.

**23. NON-MEDICALS:**

In permitting the writing of non-medical applications, the Company is placing on the Second Party the responsibility of obtaining the correct information required in the application. Omissions or misinformation will be considered grounds for withdrawing the privilege of non-medicals or cancellation of the agent's contract. The privilege may be withdrawn without notice or giving cause.

**24. SUB-STANDARD BUSINESS:**

In case the Company does not desire to issue business on the standard basis and a substandard policy is obtained for the Second Party and issued on the policy form of this Company, the rate of commission will be determined by the Company in each individual case.

**25. RATED POLICIES:**

In case of other rated policies, the commission on the first year premiums shall be calculated on the regular rate for standard policies at actual age.

**26. PREMIUM COLLECTIONS:**

Only the first year premium under any policy issued by the Company is to be paid to or collected by the Second Party, and the Second Party is responsible to the Company for all first year premiums which he collects, but in no case shall the Second Party have authority to accept renewal premiums unless authority is given in writing in special cases.

**27. APPROVAL:**

This contract shall not be effective until approved by a Vice President, or President of the Company.

_____	_____	_____	_____
Beneficiary of Second Party	Relationship	Social Security Number	Date of
(Printed Name)	to Second Party		Birth

_____	_____
<b>Signature of Second Party (Agent)</b>	<b>Date</b>

\*\*\*\*\*

For Home Office use only

**NATIONAL FARM LIFE INSURANCE COMPANY** \_\_\_\_\_  
Authorized Signature/Title

These parties have executed this contract on (Date)\_\_\_\_\_.

Subject to all provisions of this contract, the Second Party agrees to solicit insurance and the Company agrees to allow commissions on all business procured by Second Party on the basis shown in the following Schedule of Commission.

## **Schedule of Commission**

<b>Plan of Insurance</b>	<b>1<sup>st</sup> Policy Year %</b>	<b>2<sup>nd</sup> Policy Year %</b>	<b>3<sup>rd</sup>-10<sup>th</sup> Policy Year %</b>
<b><u>Participating</u></b>			
PWL	75	10	5
WorkSite Par	70	10	5
<b><u>Non-Participating</u></b>			
Premier Choice	110	3	3
<b><u>Term</u></b>			
Select Term	65	10	5
WorkSite Term			
<b><u>Riders</u></b>			
Guaranteed Insurability Option, Waiver of Premium, Accidental Death Benefit, and Accidental Death and Dismemberment		Pay the same commissions as base policy to which rider is attached.	
<b><u>Annuities</u></b>			
Flexible Premium Annuity	3.5	2.5	2.5

**THE COMPANY MAY WITHDRAW OR DISCONTINUE ANY FORM OR FORMS OF POLICIES AND FIX COMMISSIONS ON FORMS NOT SCHEDULED HEREIN.**