AWL New Agent Carrier Contracting Guide

You will be contracting with different carriers through 3 different systems/portals. This guide will help you through the process.

1) AmeriLife contracting through Agent Xcelerator portal

- Liberty Bankers
- Shenandoah
- Thrivent
- Transamerica
- Medico

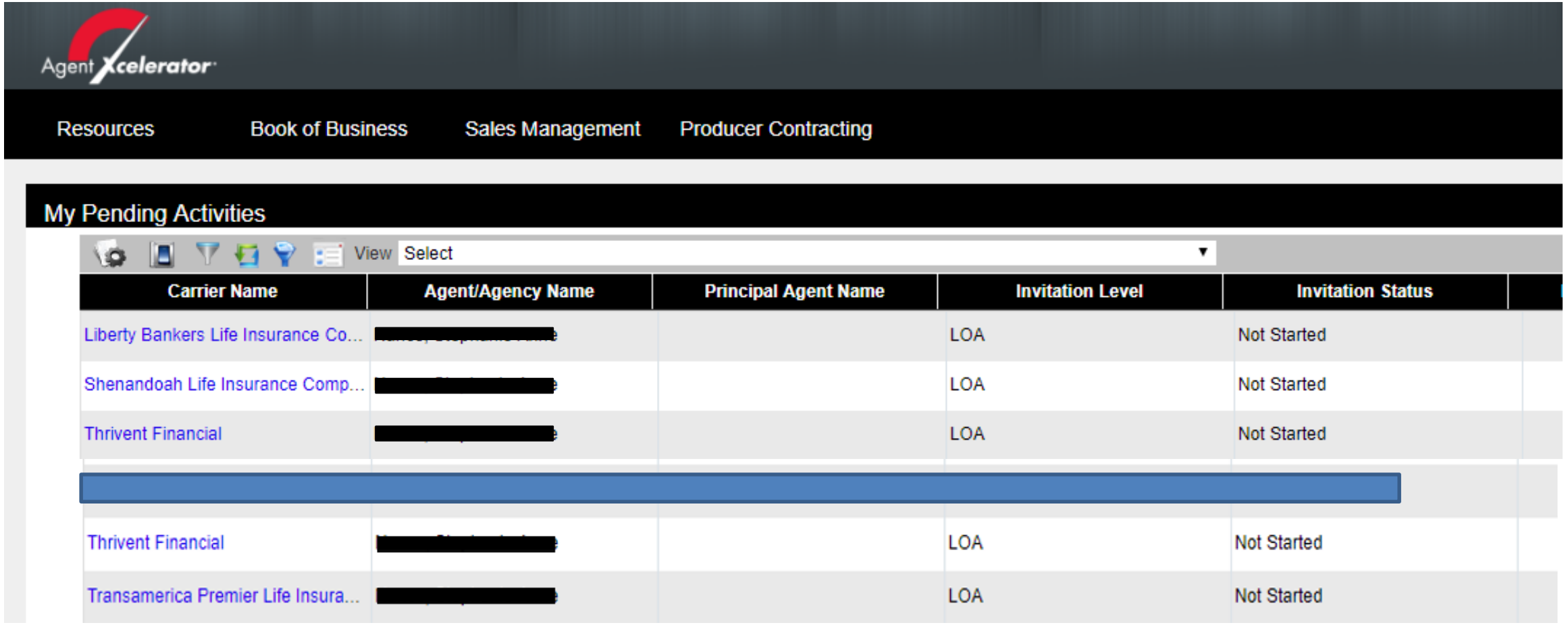
2) Cigna contracting through Expressway portal

- Loyal American Life
- American Retirement Life
- Cigna Health & Life

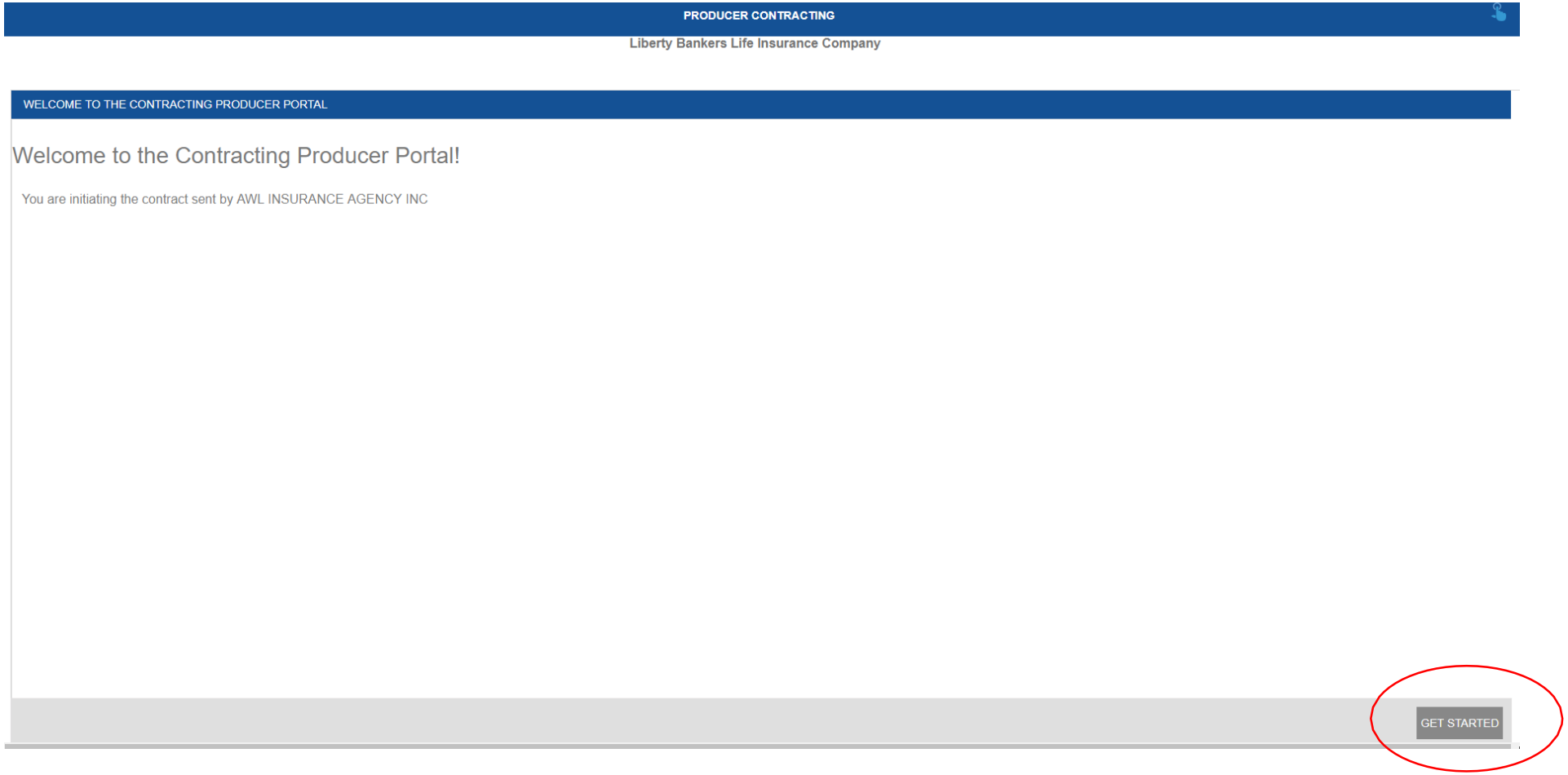
3) Manhattan Life through EZ-Appoint portal

- EZ-Appoint

****NOTE: Please use the following email address when filling out paperwork MGcarriers@medicaregenius.com rather than your personal email address**


Agent Xcelerator
Resources
Book of Business
Sales Management
Producer Contracting
My Pending Activities
View
Select
Carrier Name
Agent/Agency Name
Principal Agent Name
Invitation Level
Invitation Status
Liberty Bankers Life Insurance Co...
LOA
Not Started
Shenandoah Life Insurance Comp...
LOA
Not Started
Thrivent Financial
LOA
Not Started
Thrivent Financial
LOA
Not Started
Transamerica Premier Life Insura...
LOA
Not Started

Liberty Bankers



PRODUCER CONTRACTING

Liberty Bankers Life Insurance Company

INDIVIDUAL / CORPORATION

Select the appropriate option to indicate if you would like to contract as a corporation/agency or an individual agent. If you select Agency, select the Principal Agent using the options provided.

Once you click “Next” on this page, you cannot change this information in this e-Contract invitation. If you need to make changes after you leave this page, contact AWL INSURANCE AGENCY INC to send you another invitation for this carrier contract.

Agent/Agency*

Agent

NEXT

Demographics > Contracting

Demographic Information > ErrorsOmmissions > License Details > Signature

GENERAL INFORMATION

* = Required = Read only

GENERAL INFORMATION

Legal First Name [redacted]

Legal Last Name [redacted]

Legal Middle Name [redacted]

Suffix: Select

Agent Code [redacted]

Gender *: Female

SSN [redacted]

NPN [redacted]

Date of Birth* [redacted]

ADDRESS INFORMATION

To delete an address, click the "X" box on the right hand side of the incorrect row. To change your address, select the "pencil" box located between the "Is Primary" checkbox and the box with an X then overtype the information and then click the checkmark box to save your changes. One and only one Residence address is required. Your Residence address may not be a PO Box.

ADD NEW ADDRESS

Address Type	Address Line1	Address Line2	City	State	Zip Code	County	Is Primary	Actions
Business	7300 FM 2222 STE 100		AUSTIN	TX	78730		☑	
Mailing Address	[redacted]		AUSTIN	TX	78752		☐	
Home Address			AUSTIN	TX	78752		☐	

CONTACT INFORMATION

Use this phone number

Preferred Contact *: Business Email

Business Fax:

Business Phone *: 844-858-8276

Business Email: MGcarriers@medicaregenius.com

Enter THIS email address

Home Phone:

Other Mobile:

Individual Applicant Email: Mgcarriers@medicaregenius.com

Enter THIS email address

Contracting Email:

SAVE & EXIT

NEXT

Liberty Bankers Life Insurance Company

ERRORS & OMISSIONS

Please select E & O information for Carrier.

	E&O Carrier	Effective Date	Expiration Date	Certification No	Coverage Amount
No records to display.					

ADD ERRORS & OMISSIONS

No need to add anything here

PREVIOUS SAVE & EXIT NEXT

PRODUCER CONTRACTING

Liberty Bankers Life Insurance Company

Demographics > Contracting

LICENSING INFORMATION

This page lists the state(s) in which you are licensed. Please select the state(s) in which you would like to be appointed for this carrier.

Please be aware that this carrier may require the agent to pay non-resident appointment fees. If you are unsure if this carrier requires you to pay appointment fees, please contact your Recruiter or Marketer.

LICENSE DETAILS

	State	Status	License No	Issue Date	Expiration Date	Is Resident	Agent Name	Line Of Authority
☐	ME	Active	[redacted]	11/24/2015		No	[redacted]	Health~Life
☐	MT	Active		11/23/2015	04/29/2019	No		Disability (Health)~Life
☐	NC	Active		11/23/2015		No		Accident and Health or Sick...
☑	TX	Active		11/12/2015	04/29/2020	Yes		Life, Accident, Health and H...

Even if you are licensed in other states, TEXAS is the only one you checkmark on this section.

PREVIOUS SAVE & EXIT NEXT

PRODUCER CONTRACTING

Liberty Bankers Life Insurance Company

Demographics > Contracting

LIBERTY BANKERS LIFE INSURANCE COMPANY-QUESTIONNAIRE

* = Required = Read only

QUESTIONNAIRE

1. Do you have Errors & Omissions (E&O) coverage? *

Yes (○) No (◉)

Check “NO” for E&O. We provide this to the carrier.

2. Have you ever been convicted of any crime, other than minor traffic offenses? *

Yes (○) No (○)

3. Has any insurance company ever canceled any Agreement of employment or your agent's appointment for any reason other than non-production? *

Yes (○) No (○)

4. Does any insurer or agent claim that you are indebted to them under any agency Agreement or otherwise? If “yes,” give amount of debt and how the debt will be repaid. *

Yes (○) No (○)

5. Have you ever been refused an original or renewal license or had a license suspended or revoked or terminated for any type of insurance license by any state government or regulatory agency? *

Yes (○) No (○)

6. Have you ever been fined or had disciplinary action taken against you with any Department of insurance? *

Yes (○) No (○)

7. Are you currently involved in any litigation or are there any unsatisfied judgments or liens (Including state or federal tax liens) against you? *

Yes (○) No (○)

8. Do you currently have a pending bankruptcy or have you ever declared bankruptcy? *

Yes (○) No (○)

PREVIOUS SAVE & EXIT NEXT

SIGNATURE

* = Required = Read only

I, hereby authorize American Insurance Administrators, LLC and its employees and related companies (the "Authorized Parties") to affix or append a copy or facsimile of my signature, as set forth below, to any and all signature fields on any insurance carriers' ("Insurance Carriers") documents and agreements for which I have designated or authorized the Authorized Parties orally or in writing.

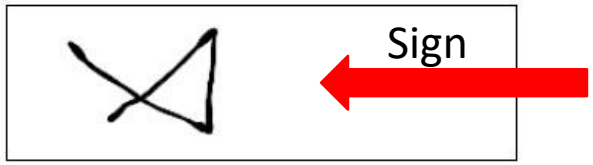
The Authorized Parties shall be and are empowered to complete and submit on my behalf all such Insurance Carrier documents and agreements for the purpose of me becoming appointed or contracted to sell Insurance Carrier products.

I acknowledge that I have read and understand the documents and agreements for which I have authorized the Authorized Parties to affix or append my signature. I certify that the information and biographical information that I have furnished to the Authorized Parties is true and accurate. I agree to indemnify, defend and hold harmless the Authorized Parties, the Insurance Carriers, and any third party of, from , and against any and all claims, actions, demands, causes of action, loss, liability, damages, costs, and reasonable attorneys' fees arising out of and/or relating to any reliance on or use or acceptance of any document or agreement bearing a copy or facsimile of my signature.

◉ Draw Signature ○ Upload Signature Image

Sign using your mouse, or, if you are using a device with a touchscreen, sign with your finger or stylus.

Clear



☑ I Agree

PREVIOUS SAVE & EXIT NEXT

© Computer Solutions and Software International, LLC

Liberty Bankers Life Insurance Company

LIBERTY BANKERS LIFE INSURANCE COMPANY-DOCUMENTS

Document Name	Category Name	Subcategory Name	Status
Liberty LOA	Carrier Contract	Carrier PDF Form	View/Download
Request Appointment States	Agent Contract	Contracting Acknowledge	View/Download
DOCUMENT_PDB Report	Agent	PDBLICENSEREPORT	View/Download

☑ I acknowledge that the applications and contracts I completed during a prior VUE session will now be submitted with a current date to the applicable carriers. I attest that there have been no changes to the information provided on the application when first completed and that it is true and complete.

PREVIOUS CLOSE SUBMIT

PRODUCER CONTRACTING

Liberty Bankers Life Insurance Company

Demographics > Contracting

LIBERTY BANKERS LIFE INSURANCE COMPANY-DOCUMENTS

Document Name	Category Name	Subcategory Name	Status
Liberty LOA	Carrier Contract	Carrier PDF Form	View/Download
Request Appointment States	Agent Contract	Contracting Acknowledge	View/Download
DOCUMENT_PDB Report	Agent	PDBLICENSEREPORT	View/Download

I acknowledge that the applications and contracts I completed during a prior VUE session will now be submitted with a current date to nformation provided on the application when first completed and that it is true and complete.

PREVIOUS CLOSE SUBMIT

CONFIRMATION

Do you want to submit these documents for licensing review? Once submitted, you cannot edit them again

CANCEL NO YES

PRODUCER CONTRACTING

Liberty Bankers Life Insurance Company

Demographics > Contracting

LIBERTY BANKERS LIFE INSURANCE COMPANY-DOCUMENTS

Document Name	Category Name	Subcategory Name	Status
Liberty LOA	Carrier Contract	Carrier PDF Form	View/Download
Request Appointment States	Agent Contract	Contracting Acknowledge	View/Download
DOCUMENT_PDB Report	Agent	PDBLICENSEREPORT	View/Download

SUCCESS

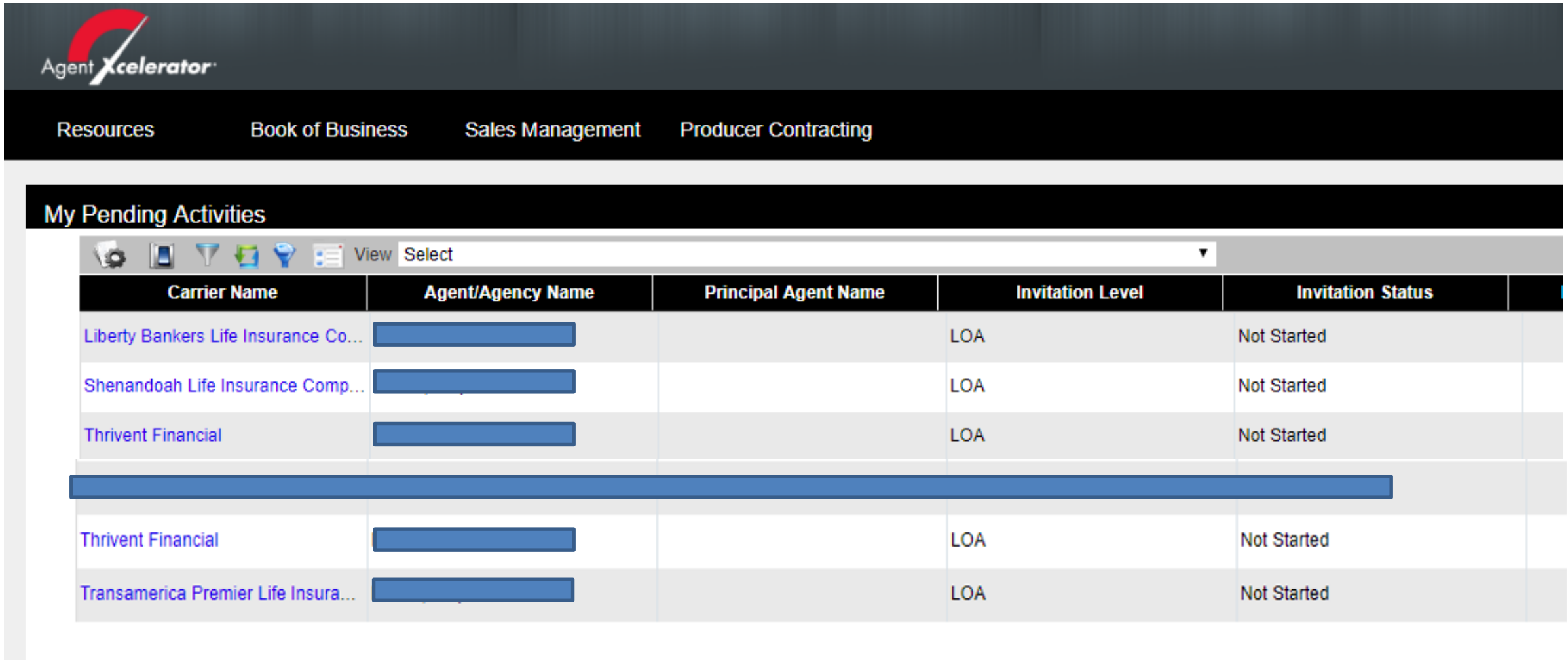
Congratulations! Your contracting documents submitted successfully.

Ok

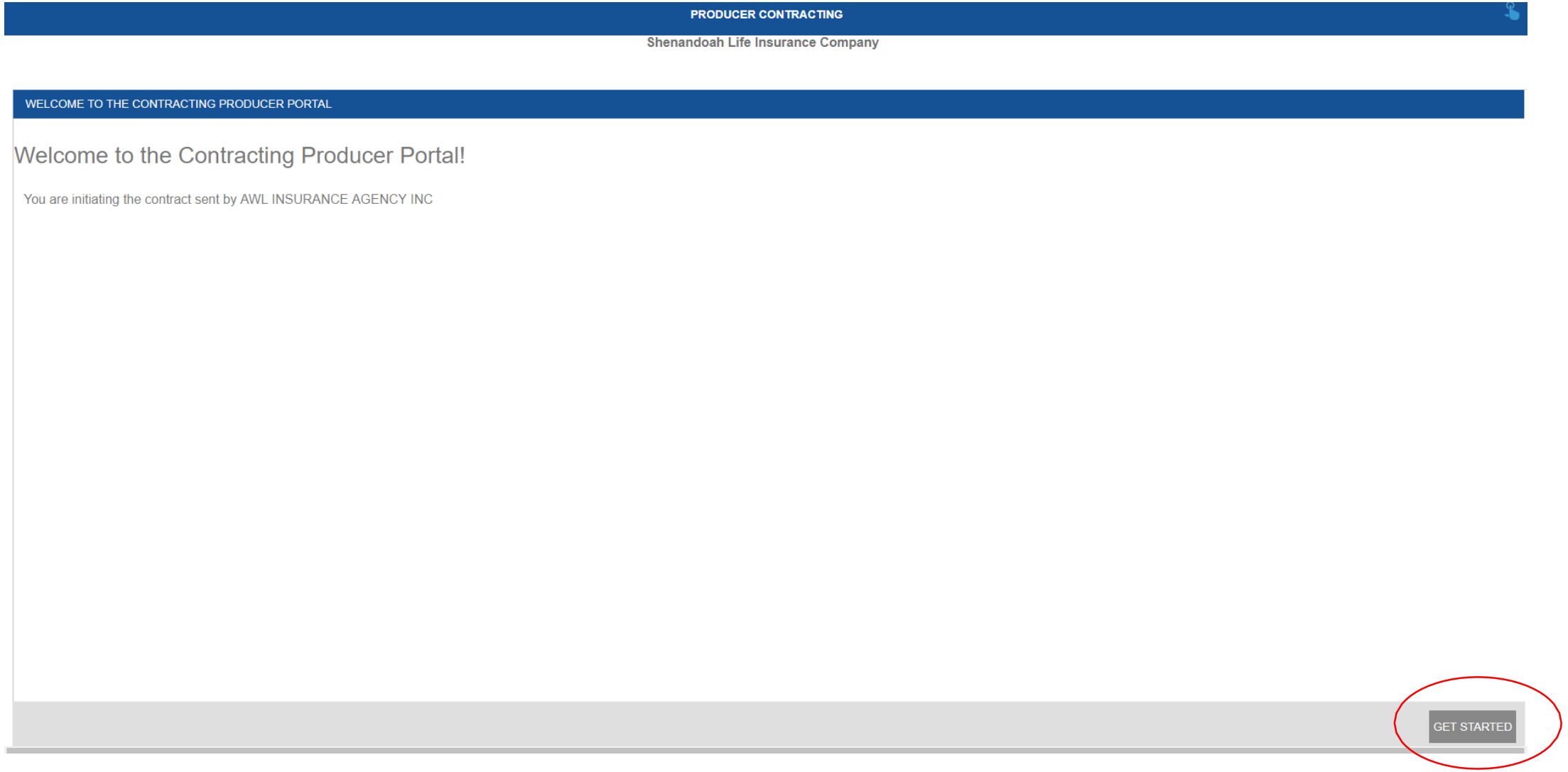
I acknowledge that the applications and contracts I completed during a prior VUE session will now be submitted with a current date to th ormation provided on the application when first completed and that it is true and complete.

PREVIOUS CLOSE SUBMIT

Move on to next carrier contract in your queue…



Shenandoah – Same process as other carriers in Agent Xcelerator



SHENANDOAH LIFE INSURANCE COMPANY-QUESTIONNAIRE

12. Have you ever defaulted on a (a) promissory note, or (b) any other debt, including consumer or credit card debt? *

○ Yes ○ No

13. Are you currently involved in any litigation or are there any unsatisfied judgments or liens (including state or federal tax liens) against you? *

○ Yes ○ No

14. Doing Business As (Provide other name,if Existing) *

Type your name

15. Has any previous contract between you and Shenandoah Life ever been terminated? *

○ Yes ○ No

16. Are you resident of California, Minnesota and Oklahoma? *

○ Yes ◉ No

17. The Agent Is *

◉ Individual ○ Partnership ○ Limited liability company ○ Corporation

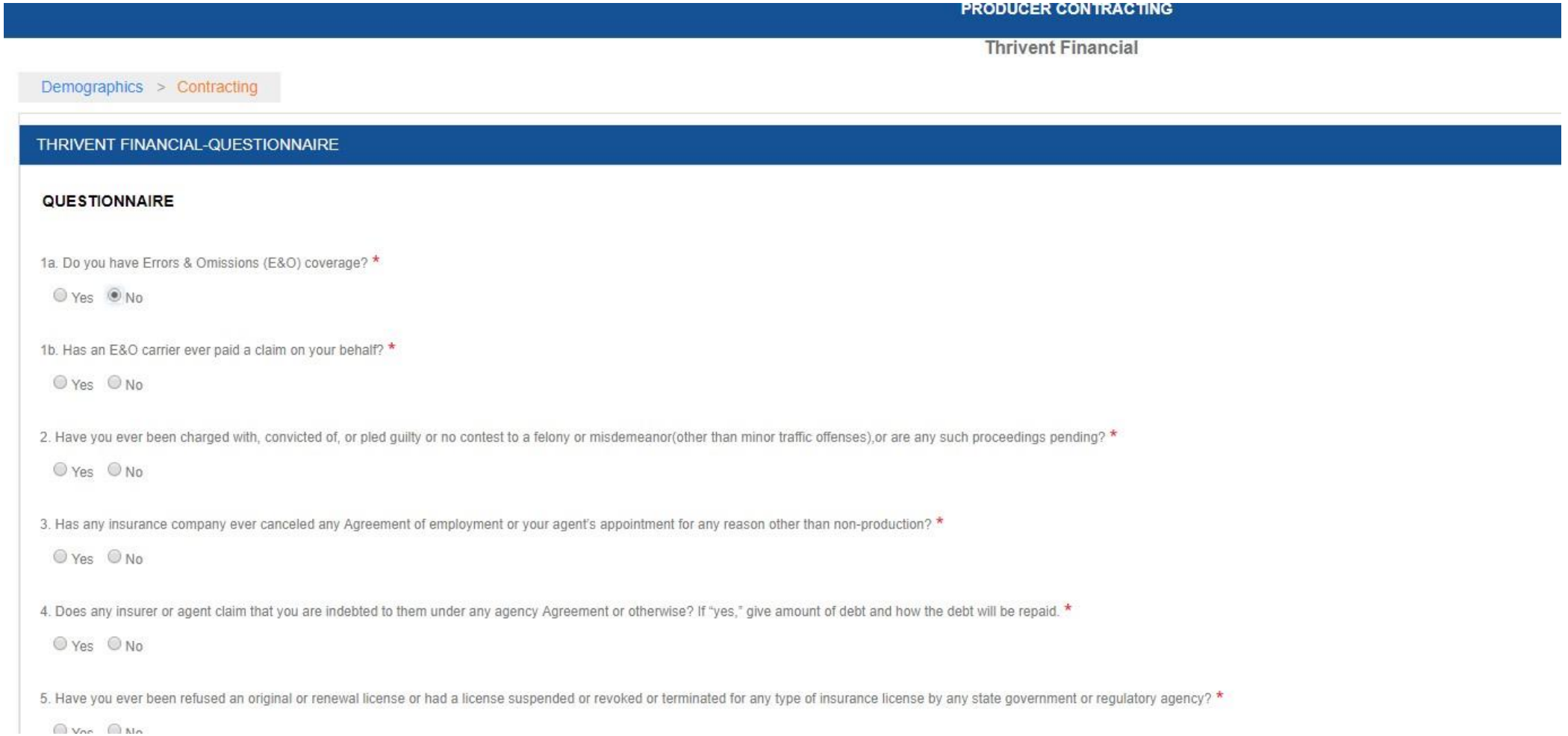
18. How long have you been an Agent or Broker? *

19. Please provide your Title

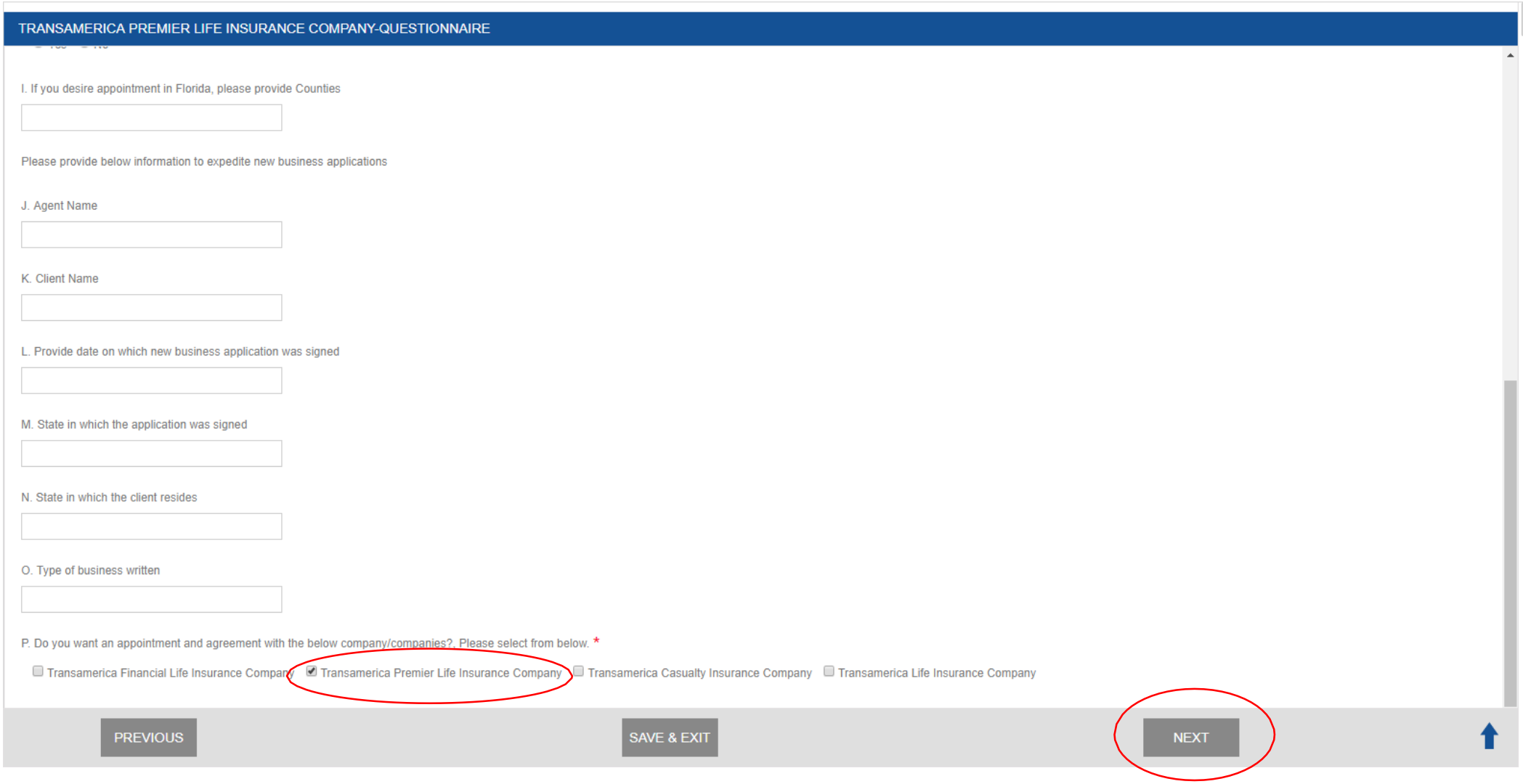
20. Please provide your Professional Designations

PREVIOUS SAVE & EXIT NEXT

Thrivent - Same process as other carriers in Agent Xcelerator



Transamerica - Same process as other carriers in Agent Xcelerator



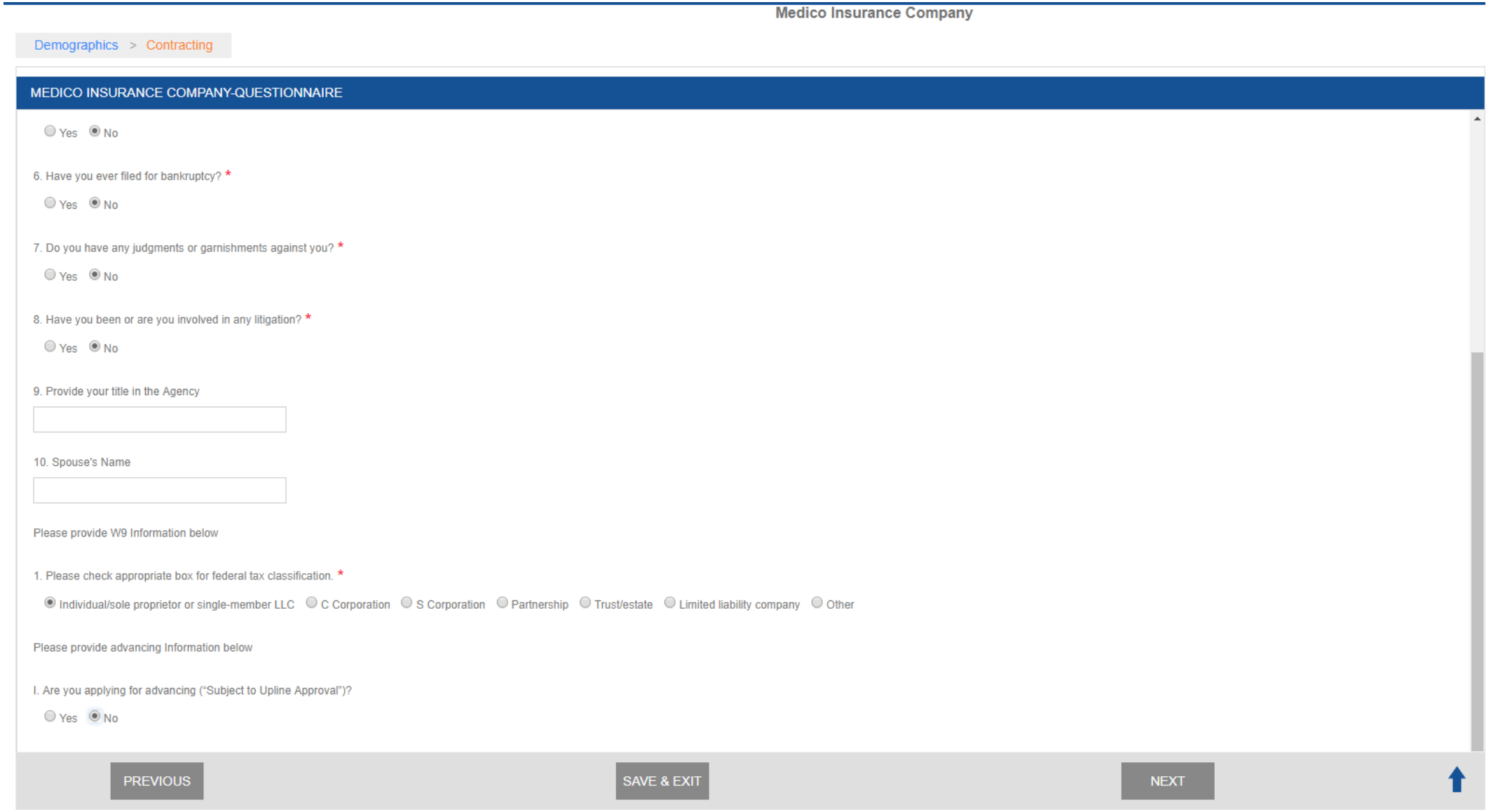
FAX COVERSHEET

If any documents have not been uploaded for delivery to the Marketing Company, you will see them listed here. You may use the Fax Coversheet to submit these documents separately. If no documents are listed, you may click on Continue below.

DOCUMENT NAME
E&O

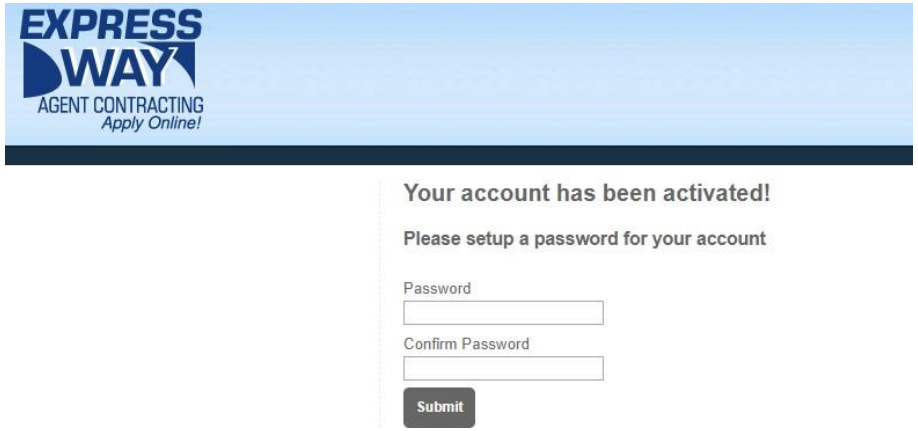
Note : please Download the **Fax Coversheet** and fax along with the above documents for completion of the process.

Medico - Same process as other carriers in Agent Xcelerator



Cigna

- Click on link in email
- Set up password



EXPRESS WAY
AGENT CONTRACTING
Apply Online!

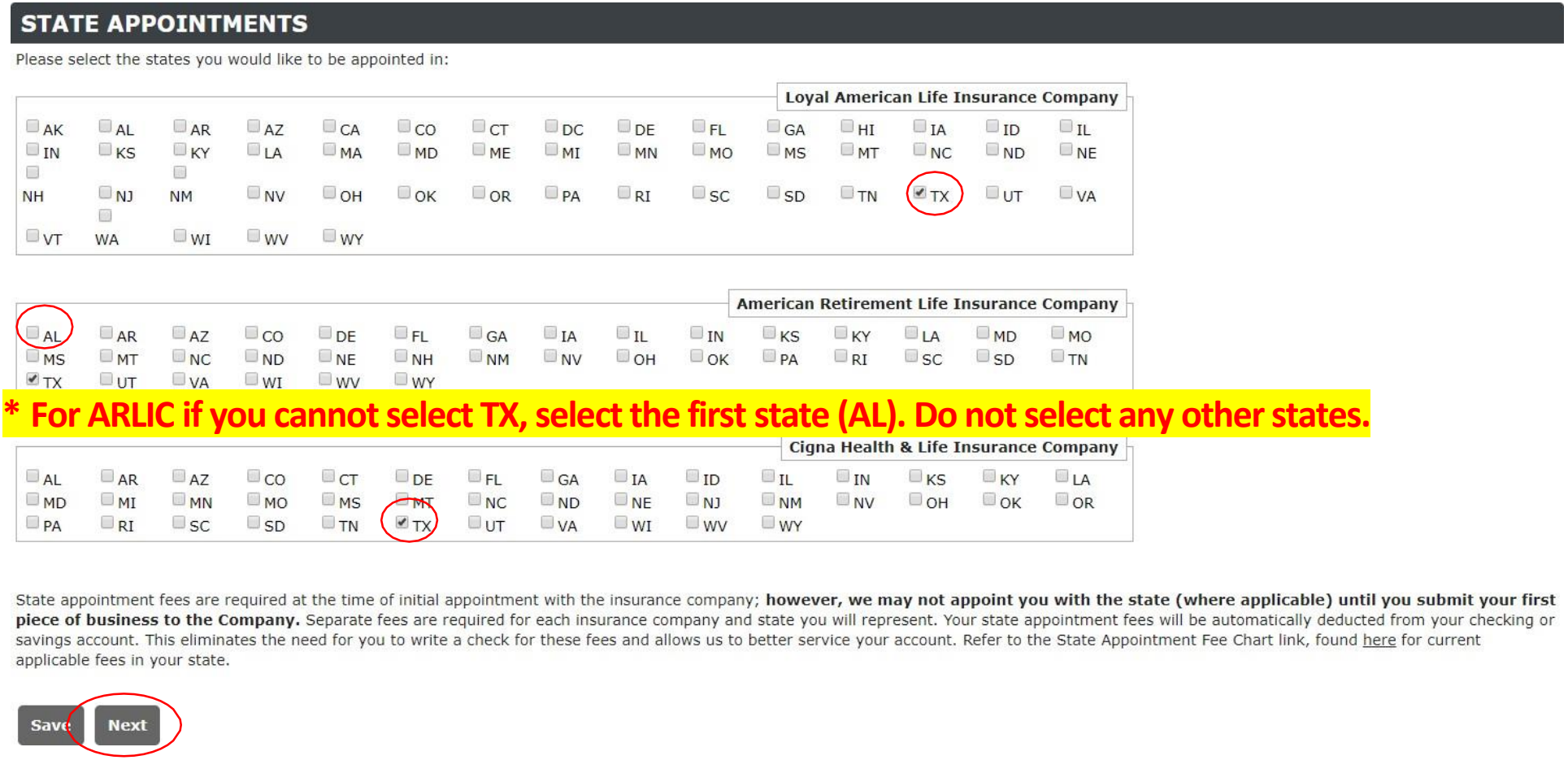
Contract Application for Stephanie Nance

Please fill out the information below. You can save your progress at any time using the "Save" button and then return at a later time to finish.

1. PERSONAL | 2. BACKGROUND | 3. AUTHORIZATION | 4. INPUT REVIEW & SIGNATURE(S)

* indicates a required field

*** ONLY checkmark Texas for State Appointments. Even if you are licensed in other states, it's important to ONLY checkmark TX for now.**



*** For ARLIC if you cannot select TX, select the first state (AL). Do not select any other states.**

1. PERSONAL | **2. BACKGROUND** | 3. AUTHORIZATION | 4. INPUT REVIEW & SIGNATURE(S)

* indicates a required field

BACKGROUND INFORMATION

1. * Are you or have you ever been appointed with Central Reserve Life Insurance Company, Continental General Insurance Company, Loyal American Life Insurance Company, Provident American Life & Health Insurance Company, and/or United Teacher Associates Insurance Company? ○ Yes ○ No
2. * Are you currently charged with or have you ever pled guilty or no contest to, or been convicted of, any crime (excluding minor traffic offenses and including disclosure of expunged or sealed records?) ○ Yes ○ No
3. * Are you now or have you ever been the subject of any lawsuit, claim, investigation or proceeding alleging breach of trust or fiduciary duty, forgery, fraud, or any other act of dishonesty? ○ Yes ○ No
4. * Have you ever had your agent' s license or registration suspended or revoked, or are you now, or have you ever been the subject of any professional license/registration or market conduct investigation, claim or proceeding? ○ Yes ○ No
5. * Have you ever been involuntarily terminated or permitted to resign from employment or from an agent or representative appointment, with any insurance or other financial services company other than for lack of production? ○ Yes ○ No
6. * Has a bonding, surety or E&O provider denied an application or claim, made payment for you or terminated coverage? ○ Yes ○ No
7. * Are you delinquent in any personal or business financial obligations, or does any insurance or financial services company hold a claim against you for commission debit balances or are there any outstanding judgments, liens or claims against you, including delinquent tax obligations? ○ Yes ○ No
8. * Have you or any business in which you were or are an owner, partner, officer or director, ever filed bankruptcy? ○ Yes ○ No

ERRORS AND OMISSIONS

If you have E&O coverage, please provide us with the insurance company name and your policy number in the spaces provided below. If you would like to learn more about our sponsored group E&O insurance program please click the link below.

E&O Carrier Name: E&O Policy Number:

You may apply through NAPA online at http://www.napa-benefits.org/cigna.

Previous Save Next

1. PERSONAL | 2. BACKGROUND | **3. AUTHORIZATION** | 4. INPUT REVIEW & SIGNATURE(S)

* indicates a required field

AUTHORIZATION TO CONDUCT A BACKGROUND INVESTIGATION

For appointment purposes, I hereby authorize the Company to obtain a consumer report and/or investigative consumer report that includes information about my character, general reputation, credit worthiness, and personal traits. I hereby authorize all entities having information about me, including, but not limited to present and former employers, personal references, criminal justice agencies, departments of motor vehicles, schools, licensing agencies, and credit reporting agencies, to release such information to the Company or any of its affiliates. I agree that an electronic version, fax or photocopy of this authorization and release shall be as valid and binding as an original. I acknowledge receipt of the Fair Credit Reporting Act disclosure form included in this document.

For Maine Applicants Only

Upon request, you will be informed whether or not a consumer report was requested, and if such report was requested, the name and address of the consumer reporting agency furnishing the report. You may request and receive from us, within 5 business days of our receipt of your request, the name, address and telephone number of the nearest unit designated to handle inquiries for the consumer reporting agency issuing the investigative report concerning you. You also have the right, under Maine law, to request and promptly receive all such agencies copies of any reports.

For Washington Applicants Only

If we request an investigative consumer report, you have the right, upon written request made within a reasonable period of time, to receive from us a complete and accurate disclosure of the nature and scope of the investigation. You have the right to request from the consumer reporting agency a summary of your rights and remedies under state law. The consumer reporting agency which furnished the report is Business Information Group, P.O. Box 541, Southhampton, PA, 18966, Telephone (800) 260-1680. www.bigreport.com.

For California, Minnesota & Oklahoma Applicants Only

Information Group, Inc. (B.I.G.), P.O. Box 541 Southhampton, PA, 18966, Telephone (800) 260-1680. www.bigreport.com .If a consumer credit report is obtained, I understand that I am entitled to receive a copy.

- ○ I want a copy _____ (initials)
- ○ I do not want a copy sn (initials)

If an investigative consumer report and/or consumer report is processed, I understand I am entitled to a copy.

- ○ I want a copy _____ (initials)
- ○ I do not want a copy sn (initials)

California applicants: If you choose to receive a copy of the consumer report, it will be sent within three (3) days of the employer receiving a copy of the consumer report and you will receive a copy of the investigative consumer report within seven (7) days of the employer's receipt of the report (unless you elected not to get a copy of the report). **BIG's privacy practices with respect to the preparation and processing of investigative consumer reports may be found at www.bigreport.com (link at bottom of page entitled, "Legal/Privacy").**

Signature of individual requesting to be contracted with the Company as an Associate

Question:	Answer:	Date:
Mother's maiden name ▾		08/23/2018

Previous | Save | Next

FORM ACCEPTANCE

Please click on the links below to open each document individually and the click "Accept" to agree to the terms contained therein.

Fair Credit Reporting: A summary of your rights.	Accept	You must open the document before accepting
Licensed Only Agent Agreement	Accept	
Licensed Only Agent Agreement	Accept	
Licensed Only Agent Agreement	Accept	

Confirmation of individual soliciting appointment

Stephanie Nance

Question:	Answer:	Date:
		08/23/2018

When you are ready to submit your contract application to your recruiter for their review and approval please click on the "Submit to Company" button below.

Submit to Company

To save your application and return later to complete it please click on the "Save & Complete Later" button below.

Save & Complete Later

Manhattan Life

MANHATTAN LIFE GROUP
WHAT WE STAND FOR;

Stability

Manhattan Life Insurance Company has been dedicated to serving America successfully since 1850. Our business has prospered for more than 150 years because we have held fast to a high ethical standard of fair minded and quality service to our policyholders.

Innovation

With the cost of employee benefits rising at ever increasing annual rates, employers today are faced with daunting health care challenges. Many small and mid-size employers are unable to afford Major Medical coverage for their employees. As a leading company in providing life and health benefits, Central United Life designs innovative products and services.

Responsive Service

Recognized by industry consultants for our "Responsive Home Office," we pride ourselves on providing the highest quality customer service to our customers. Our experienced and professional staff realizes that clients have a choice and we are committed to providing them with competitive, fast, efficient and personal service. Whether it is Manhattan Life, Central United Life, or Family Life, our Companies are committed to you.

Back Continue

JUST 5 EASY STEPS TO COMPLETE YOUR APPOINTMENT

To begin the process you will need a PDF copy of your state license and may be E&O certificate

Step 1 - Complete the Confidential Licensing Information

Provide all personal information and provide an explanation for any yes answer in the comments section or attach a letter of explanation.

Step 2 - Read and Sign your Agent Agreement

One agency contract will appoint you in all Companies, Central United Life, Manhattan Life or Family Life. Please check the box for the carriers you wish to be appointed in and digitally sign the Agent Agreement by typing in your mother's maiden name.

Step 3 - Choose, How to Get Paid

- W-9 Tax Form- completed by you or the commission recipient if your commissions are assigned
- Direct Deposit program- commissions can be deposited into the account you designate with no waiting for the mail to deliver checks. CUL and MLIC pays direct deposit commissions two times each month. FLIC pays direct deposit commissions once each week.
- Commission Assignment of commission- you may assign commission by completing the Assignment of Commission form.

Step 4 - Pay your Appointment Fees

You will have a chance at the end of this program to pay your appointment fees by EFT or credit card.

Step 5 - Attach Supporting Documents

Provide us with copies of your:

- State License
- E & O Certificate

If you have any difficulties with the program call 888-441-0770.

Back Continue

STEP 1 - PERSONAL INFORMATION

Tell us who you are:

First Name: *		Last Name: *	
Middle Name:		SSN:	
Birth Date:		Email Address:	MGcarriers@medicaregenius.com
			In order to validate the provided email address, the system will email a confirmation message. Please take required steps upon receiving the message.
Resident State Ins. License #: *		Driver's License #:	
NPN #:			

enter MGcarriers@medicaregenius.com

Home Address:

Address: *		City: *	
State:	Texas	Zip: *	
Phone #:			

Business Information:

Business Name:	AWL Insurance Agency	Corporation Tax ID:	

Type: ○ Individual/Sole Proprietor ◉ Corporation ○ Partnership ○ Other

If other:

Business Address: ☐ Same as Home Address

Address:	7300 FM 2222, Bldg 2, Ste 1	City:	Austin
State:	Texas	Zip:	78730
Phone #:	5128073594	Fax #:	

Copy information exactly as you see it in this section

Current Insurance Company Affilliations:

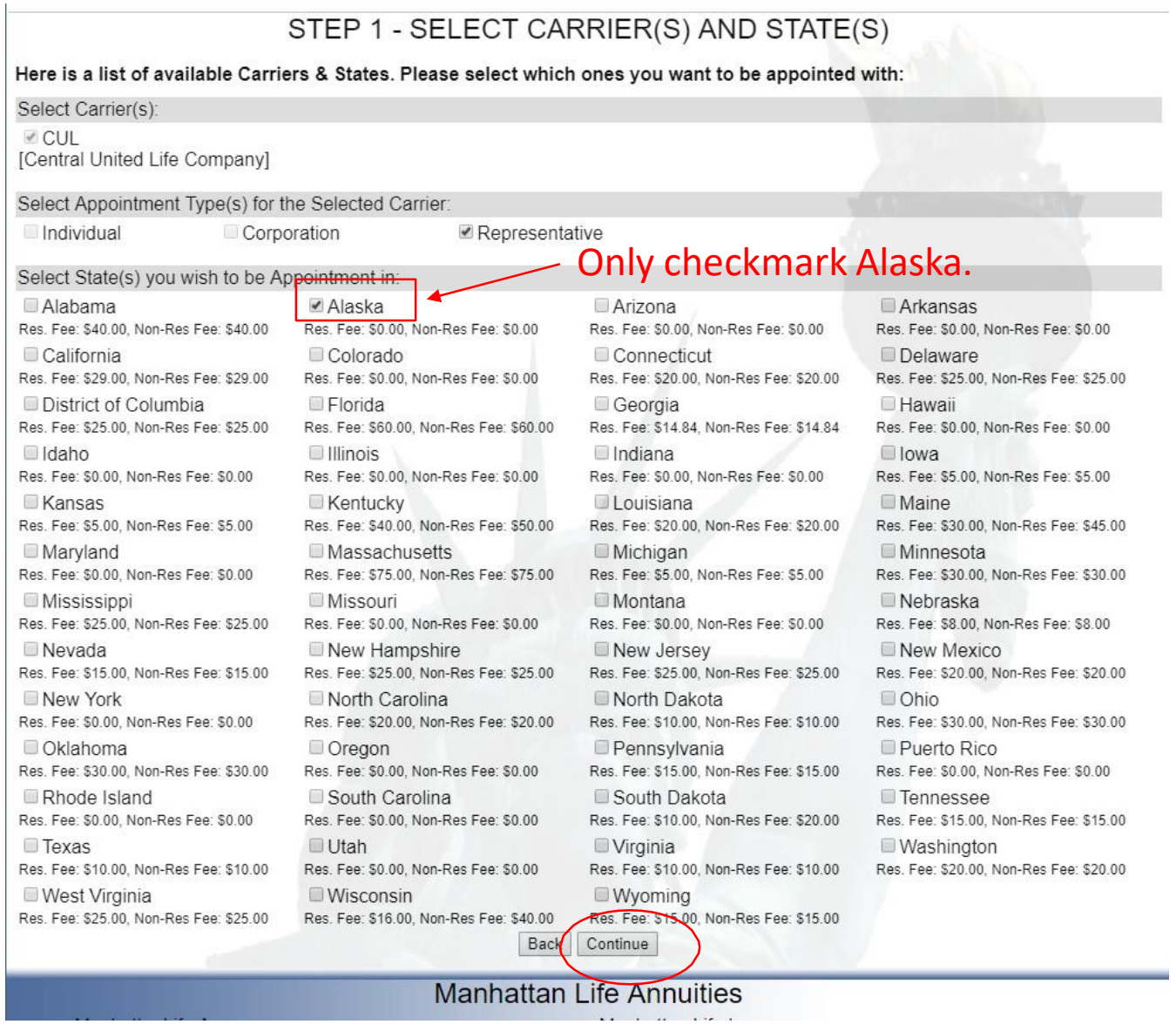
Company Name:		Type of Policy Sold:	Select Policy type
Annual Premiumn:		Persistency:	

Send Correspondence To: Please provide complete Business Address

○ Residence ◉ Business

Answer the following Questions:

1. Are you now or have you ever been included in litigation with an insurance company that you represented?


STEP 1 - SELECT CARRIER(S) AND STATE(S)
Here is a list of available Carriers & States. Please select which ones you want to be appointed with:
Select Carrier(s):
CUL
[Central United Life Company]
Select Appointment Type(s) for the Selected Carrier:
Individual
Corporation
Representative
Only checkmark Alaska.
Select State(s) you wish to be Appointment in:
Alabama
Res. Fee: $40.00, Non-Res Fee: $40.00
Alaska
Res. Fee: $0.00, Non-Res Fee: $0.00
Arizona
Res. Fee: $0.00, Non-Res Fee: $0.00
Arkansas
Res. Fee: $0.00, Non-Res Fee: $0.00
California
Res. Fee: $29.00, Non-Res Fee: $29.00
Colorado
Res. Fee: $0.00, Non-Res Fee: $0.00
Connecticut
Res. Fee: $20.00, Non-Res Fee: $20.00
Delaware
Res. Fee: $25.00, Non-Res Fee: $25.00
District of Columbia
Res. Fee: $25.00, Non-Res Fee: $25.00
Florida
Res. Fee: $60.00, Non-Res Fee: $60.00
Georgia
Res. Fee: $14.84, Non-Res Fee: $14.84
Hawaii
Res. Fee: $0.00, Non-Res Fee: $0.00
Idaho
Res. Fee: $0.00, Non-Res Fee: $0.00
Illinois
Res. Fee: $0.00, Non-Res Fee: $0.00
Indiana
Res. Fee: $0.00, Non-Res Fee: $0.00
Iowa
Res. Fee: $5.00, Non-Res Fee: $5.00
Kansas
Res. Fee: $5.00, Non-Res Fee: $5.00
Kentucky
Res. Fee: $40.00, Non-Res Fee: $50.00
Louisiana
Res. Fee: $20.00, Non-Res Fee: $20.00
Maine
Res. Fee: $30.00, Non-Res Fee: $45.00
Maryland
Res. Fee: $0.00, Non-Res Fee: $0.00
Massachusetts
Res. Fee: $75.00, Non-Res Fee: $75.00
Michigan
Res. Fee: $5.00, Non-Res Fee: $5.00
Minnesota
Res. Fee: $30.00, Non-Res Fee: $30.00
Mississippi
Res. Fee: $25.00, Non-Res Fee: $25.00
Missouri
Res. Fee: $0.00, Non-Res Fee: $0.00
Montana
Res. Fee: $0.00, Non-Res Fee: $0.00
Nebraska
Res. Fee: $8.00, Non-Res Fee: $8.00
Nevada
Res. Fee: $15.00, Non-Res Fee: $15.00
New Hampshire
Res. Fee: $25.00, Non-Res Fee: $25.00
New Jersey
Res. Fee: $25.00, Non-Res Fee: $25.00
New Mexico
Res. Fee: $20.00, Non-Res Fee: $20.00
New York
Res. Fee: $0.00, Non-Res Fee: $0.00
North Carolina
Res. Fee: $20.00, Non-Res Fee: $20.00
North Dakota
Res. Fee: $10.00, Non-Res Fee: $10.00
Ohio
Res. Fee: $30.00, Non-Res Fee: $30.00
Oklahoma
Res. Fee: $30.00, Non-Res Fee: $30.00
Oregon
Res. Fee: $0.00, Non-Res Fee: $0.00
Pennsylvania
Res. Fee: $15.00, Non-Res Fee: $15.00
Puerto Rico
Res. Fee: $0.00, Non-Res Fee: $0.00
Rhode Island
Res. Fee: $0.00, Non-Res Fee: $0.00
South Carolina
Res. Fee: $0.00, Non-Res Fee: $0.00
South Dakota
Res. Fee: $10.00, Non-Res Fee: $20.00
Tennessee
Res. Fee: $15.00, Non-Res Fee: $15.00
Texas
Res. Fee: $10.00, Non-Res Fee: $10.00
Utah
Res. Fee: $0.00, Non-Res Fee: $0.00
Virginia
Res. Fee: $10.00, Non-Res Fee: $10.00
Washington
Res. Fee: $20.00, Non-Res Fee: $20.00
West Virginia
Res. Fee: $25.00, Non-Res Fee: $25.00
Wisconsin
Res. Fee: $16.00, Non-Res Fee: $40.00
Wyoming
Res. Fee: $15.00, Non-Res Fee: $15.00
Back
Continue
Manhattan Life Annuities

STEP 2 - READ AND DIGITALLY SIGN YOUR AGENT AGREEMENT

Use your Mother's Maiden Name as your electronic signature.

The Representative's withholding or converting to his own use, funds or property of the Company, an applicant or insured, or his violation of any governmental law or regulation relating to insurance, shall constitute an automatic breach of this Agreement which shall forthwith terminate.

This Agreement shall automatically terminate upon the death of the Representative.

Termination of this Agreement shall automatically terminate any previous agreement between the Company and the Representative. If requested, the Representative shall return to the Company at his own expense all rate books and other supplies furnished the Associate which shall be the property of the Company.

This Agreement, unless otherwise terminated as provided above, may be terminated either by the Company or the Representative by giving the other party fifteen days notice in writing at the last known address of such other party.

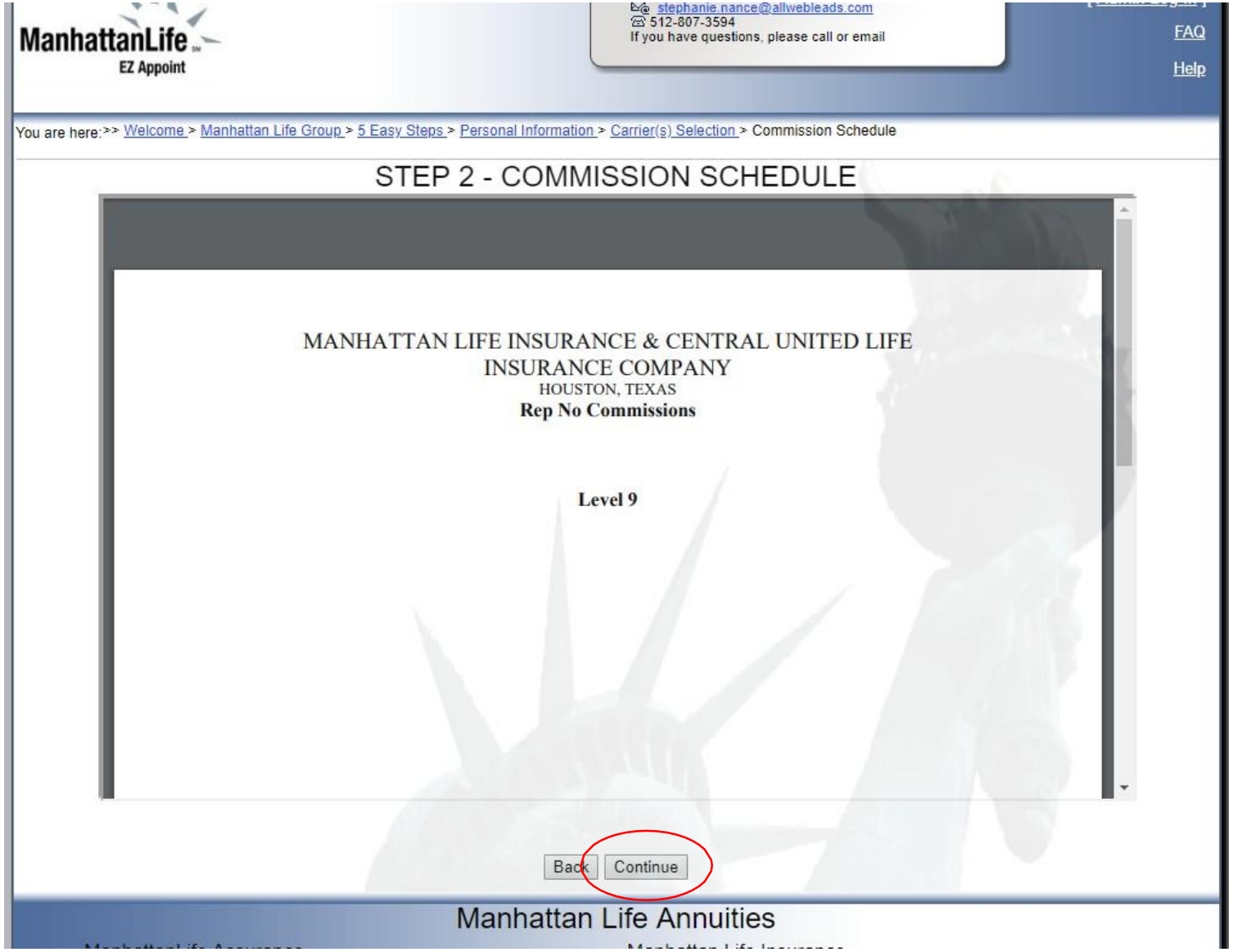
Click View in PDF format

☑ I have read the Agreement(s)

Agent's Name:

Agent's Signature [Mother's Maiden Name]:

Back Continue


ManhattanLife
EZ Appoint
stephanie.nance@allwebleads.com
512-807-3594
If you have questions, please call or email
FAQ
Help
You are here:>> Welcome > Manhattan Life Group > 5 Easy Steps > Personal Information > Carrier(s) Selection > Commission Schedule
STEP 2 - COMMISSION SCHEDULE
MANHATTAN LIFE INSURANCE & CENTRAL UNITED LIFE INSURANCE COMPANY
HOUSTON, TEXAS
Rep No Commissions
Level 9
Back
Continue
Manhattan Life Annuities

STEP 3 - SELECT YOUR COMMISSION REMITTANCE

Please select how you would like your compensation delivered:

- **I want Direct Deposit** - I will be paid 2 times each month for MLIC or CUL and Weekly for FLIC
- **I want a Paper Check** - I will receive my paper check once each month. We will not cut a check for less than $100
- **I want to Assign my Commission**

Please provide the Agent / Agency information

Agent/Agency Name:	AWL INSURANCE AGENCY	SSN / Tax ID #:	7236
Address:	7300 FM 2222, Bldg 2-100	City:	Austin
State:	Texas	Zip:	78730

View The Assignment of Commission Form

Back Continue

STEP 4 - PAY FOR YOUR STATE APPOINTMENT FEES

You have requested Appointment in the following State(s)

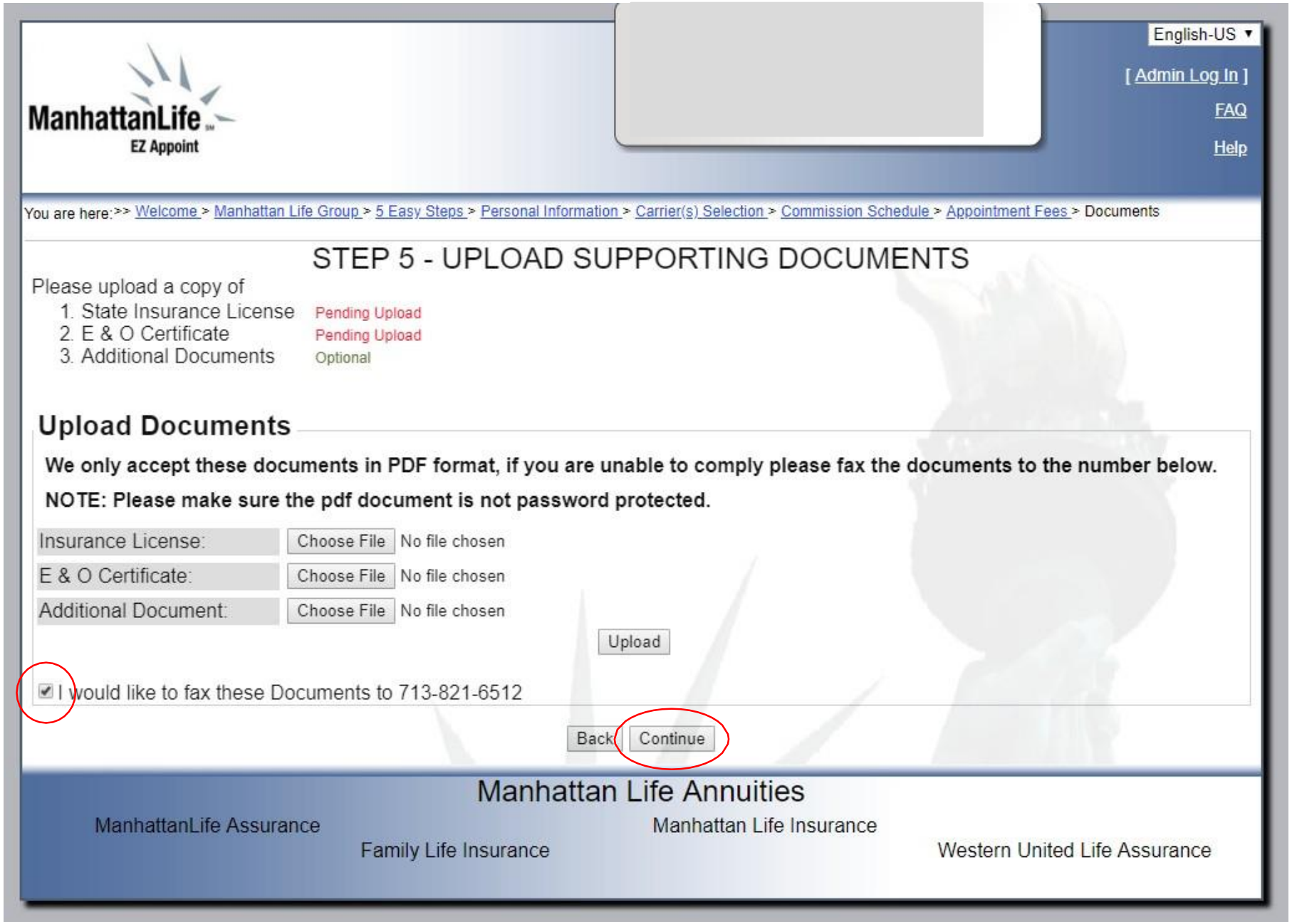
Fees per State:

Seleted State	Fees
Alaska	$0.00

Total Fees: $0.00 [Fees Amount will not be charged until you are appointed]

Agent's Signature [Mother's Maiden Name]: *

Back Continue


ManhattanLife
EZ Appoint
English-US
[Admin Log In]
FAQ
Help
You are here:>> Welcome > Manhattan Life Group > 5 Easy Steps > Personal Information > Carrier(s) Selection > Commission Schedule > Appointment Fees > Documents
STEP 5 - UPLOAD SUPPORTING DOCUMENTS
Please upload a copy of
1. State Insurance License Pending Upload
2. E & O Certificate Pending Upload
3. Additional Documents Optional
Upload Documents
We only accept these documents in PDF format, if you are unable to comply please fax the documents to the number below.
NOTE: Please make sure the pdf document is not password protected.
Insurance License: Choose File No file chosen
E & O Certificate: Choose File No file chosen
Additional Document: Choose File No file chosen
Upload
I would like to fax these Documents to 713-821-6512
Back
Continue
Manhattan Life Annuities
ManhattanLife Assurance
Manhattan Life Insurance
Family Life Insurance
Western United Life Assurance

ManhattanLife
EZ Appoint

STEP 5 - REVIEW & ACKNOWLEDGE OUR COMPANY POLICY

All Company contracts and agreements provide that, if an agent commits any offense which would be a basis under any insurance code for denial or revocation of agent's license, the Company shall have the right to terminate the contract or agreement and all rights to receive commissions. All insurance codes provide that an agent's license may be denied or revoked if the agent materially misrepresents the terms and conditions of insurance policies or contracts, has been guilty of fraudulent or dishonest practices, or has otherwise shown untrustworthiness in the conduct of business and has exposed the public or those whom they are dealing to the danger of loss through wrongful acts of or practices.

TWO OF THE MOST SERIOUS OFFENSES ARE AS FOLLOWS:

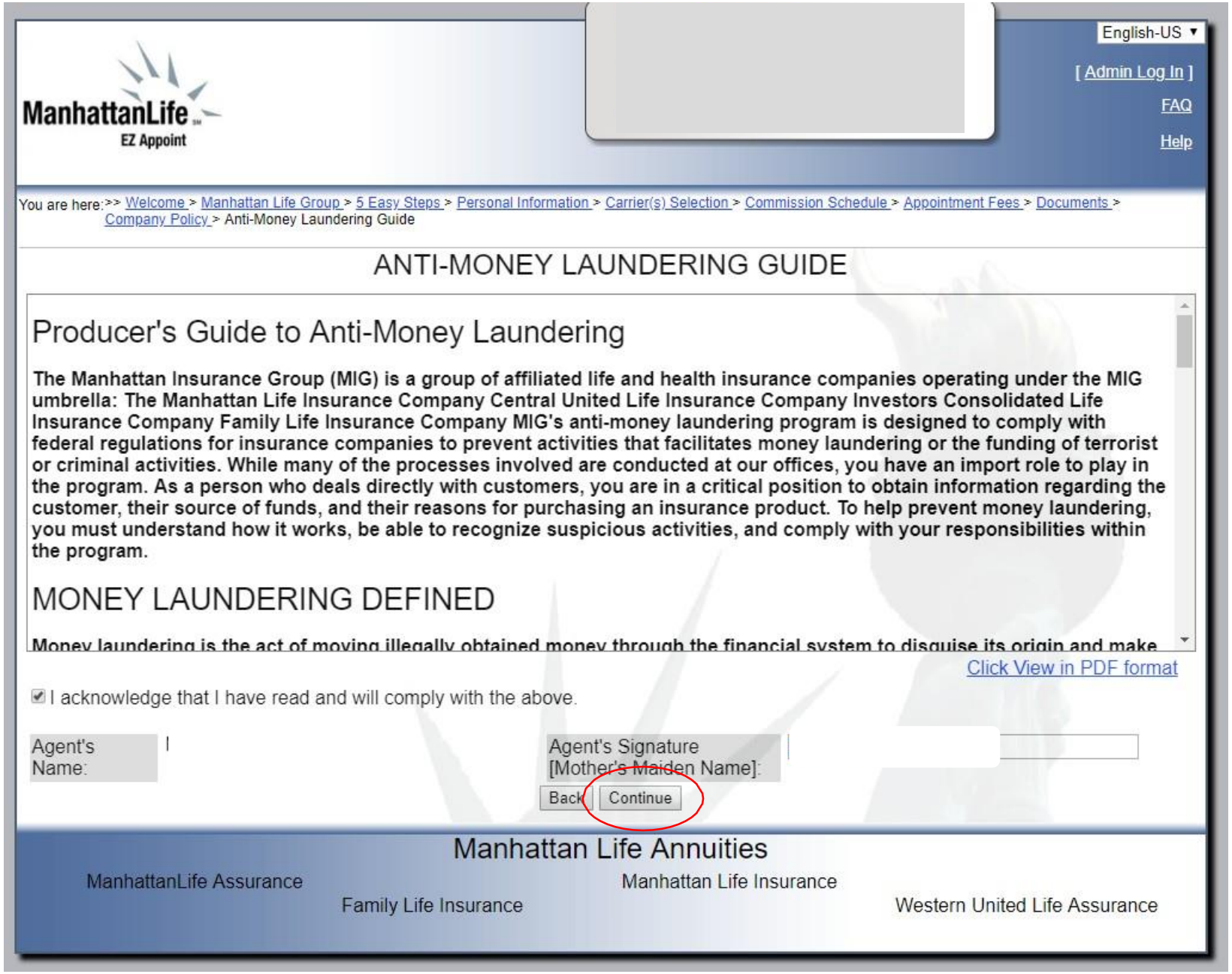
1. Forgery. Signing an applicant's name or initials to any document involved in the insurance contract, including amendments, or making any changes in such documents without the applicants signature or initials.

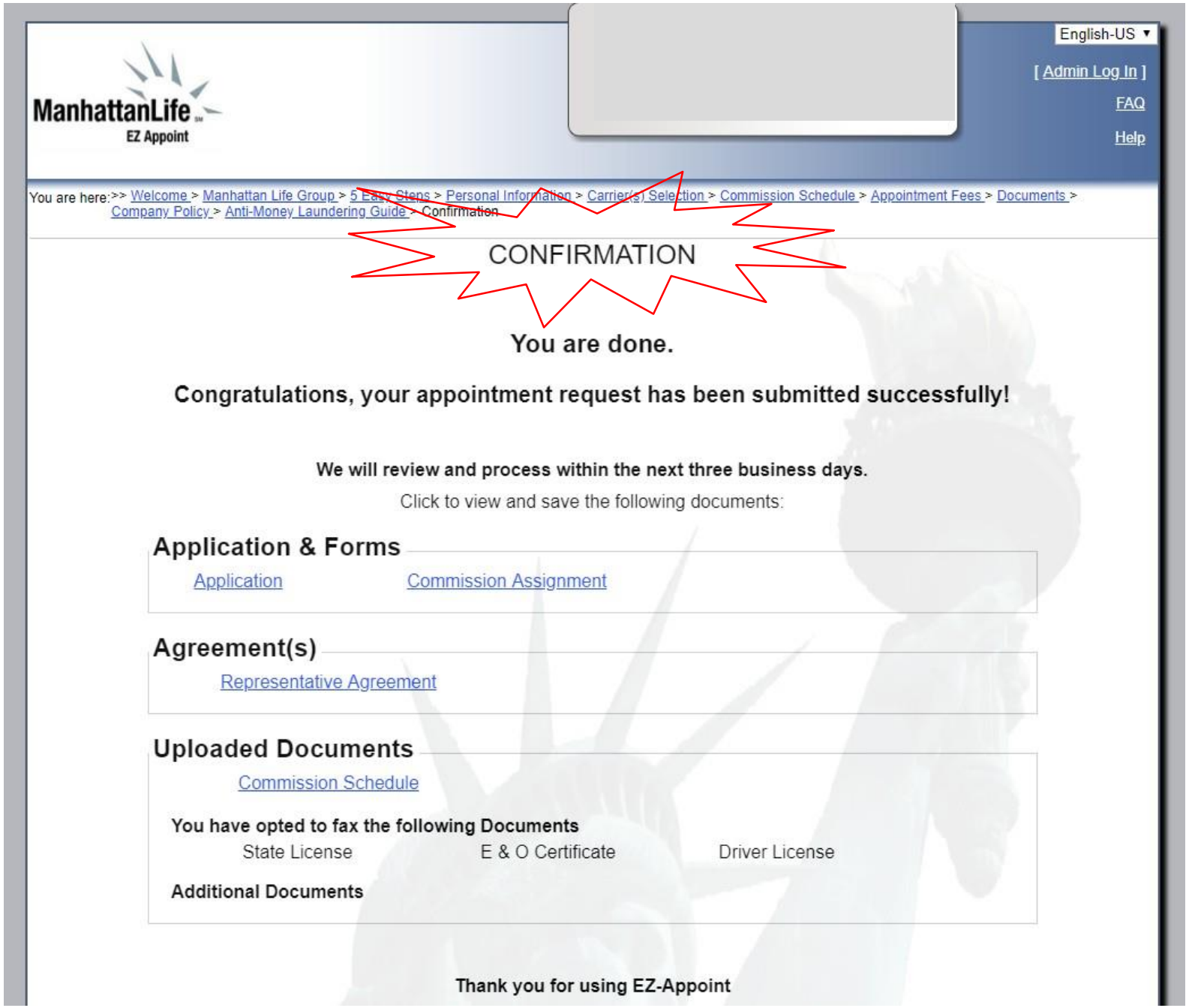
2. Personal use of funds. Using the agent's own funds for binding an insurance risk with the initial premium (cash with application).

Such unauthorized conduct is a violation of any agent's duty under the insurance codes and could lead to a conviction under

◉ I have read and agree to abide by the company policy above.

Back Continue


ManhattanLife
EZ Appoint
English-US
[Admin Log In]
FAQ
Help
You are here:>> Welcome > Manhattan Life Group > 5 Easy Steps > Personal Information > Carrier(s) Selection > Commission Schedule > Appointment Fees > Documents > Company Policy > Anti-Money Laundering Guide
ANTI-MONEY LAUNDERING GUIDE
Producer's Guide to Anti-Money Laundering
The Manhattan Insurance Group (MIG) is a group of affiliated life and health insurance companies operating under the MIG umbrella: The Manhattan Life Insurance Company Central United Life Insurance Company Investors Consolidated Life Insurance Company Family Life Insurance Company MIG's anti-money laundering program is designed to comply with federal regulations for insurance companies to prevent activities that facilitates money laundering or the funding of terrorist or criminal activities. While many of the processes involved are conducted at our offices, you have an import role to play in the program. As a person who deals directly with customers, you are in a critical position to obtain information regarding the customer, their source of funds, and their reasons for purchasing an insurance product. To help prevent money laundering, you must understand how it works, be able to recognize suspicious activities, and comply with your responsibilities within the program.
MONEY LAUNDERING DEFINED
Money laundering is the act of moving illegally obtained money through the financial system to disguise its origin and make
Click View in PDF format
I acknowledge that I have read and will comply with the above.
Agent's Name:
Agent's Signature [Mother's Maiden Name]:
Back
Continue
Manhattan Life Annuities
ManhattanLife Assurance
Manhattan Life Insurance
Family Life Insurance
Western United Life Assurance


ManhattanLife
EZ Appoint
English-US
[Admin Log In]
FAQ
Help
You are here:>> Welcome > Manhattan Life Group > 5 Easy Steps > Personal Information > Carrier(s) Selection > Commission Schedule > Appointment Fees > Documents > Company Policy > Anti-Money Laundering Guide > Confirmation
CONFIRMATION
You are done.
Congratulations, your appointment request has been submitted successfully!
We will review and process within the next three business days.
Click to view and save the following documents:
Application & Forms
Application
Commission Assignment
Agreement(s)
Representative Agreement
Uploaded Documents
Commission Schedule
You have opted to fax the following Documents
State License
E & O Certificate
Driver License
Additional Documents
Thank you for using EZ-Appoint