



A Pan-American Life Insurance Group Stock Company

1200 JORIE BOULEVARD
OAK BROOK, ILLINOIS 60523-2269
1-800-323-7320
WWW.MUTUALTRUST.COM

Confidential Background Questionnaire

The purpose of this form is to determine whether our products and services are compatible with your sales activities and objectives. Nothing on this form is intended for discriminatory purposes. All information will be held in confidence.

Please print or type (answer N/A where appropriate)

Contract Name:

- Individual/sole proprietor C Corporation S Corporation Partnership Trust/Estate
- Limited Liability company. Enter the tax classification (C=Corporation, S=S corporation, P=Partnership) _____
- Other _____

Agency Principal's Name (if different) <input type="checkbox"/> CLU <input type="checkbox"/> ChFC <input type="checkbox"/> CFP <input type="checkbox"/> Other _____			Other Names Used		DBA Name
Tax ID Number	Principal's Social Security Number	Principal's Gender	Principal's Date of Birth	Principal's Driver's License Number/State	
Business Address (number & street, city, state and zip code)			County:	Business Telephone	
Post Office Box (number, city, state and zip code)			Fax Number		
Principal's Residence Address (number & street, city, state and zip code)			County:	No. Years	Cell Telephone ()
Former Residence Addresses for past 10 years Attach separate sheet if necessary. (number & street, city, state and zip code)					
E-Mail Address					

LICENSES HELD

List ALL LICENSES CURRENTLY HELD that relate to the sale of life insurance and/or financial products for which you would like to be appointed by MTL Insurance. **Please enclose copy(ies) of current license(s).**

Kind of License	License Number	State	Line(s) of License(s)
Insurance Resident			
Insurance Non-Resident			

A copy of your professional liability certificate or declarations page must accompany your application papers.

Please Read and Answer Each Question

1. Were you ever previously contracted with MTL Insurance Company or its affiliates? Yes No
If yes, when? _____
2. Year you entered the life insurance business. _____
3. Do you owe any money to another insurance company or have you ever discontinued selling for another insurance company when you were indebted to the company? Yes No
4. Have you ever been a party to a bankruptcy or receivership proceeding involving your personal or business debts? Yes No
5. Have you ever had any personal or business debts, which resulted in collections or charge-offs? Yes No
6. Have you had or are you currently the subject of any personal or business tax liens, suits or judgments? Yes No
7. Has any insurance company ever terminated any producer, agency, agent or broker contract with you for reason other than insufficient sales? Yes No
8. Have you ever been the subject of any inquiry or proceeding by any insurance department? Yes No

Please Read and Answer Each Question

- | | |
|--|--|
| 9. Has any person ever complained to an insurance department or other agency about your conduct as an agent? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Has your insurance agent's license ever been suspended, revoked or have you ever been fined or denied a license? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. Have you ever had a surety or fidelity bond declined or cancelled? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 12. Have you been convicted or plead no contest to a felony or other crime? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 13. Have you ever been arrested and if so, for what reason? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If the answer to any of these questions (other than the first) is "YES," list the number and please provide a separate letter of explanation and supporting documentation. This will void delays in your appointment.

Provide Information About ALL Life Companies Represented for the Last Five Years

Date	Name & Address of Company	Paid Sales Premium in Last 12 Mo. Of Production	13 Month Persistency*	Last 12 Months Commissions Earned	Approx. Current Debit Balance
From Month/Year To Month/Year		Premium \$	%		
From Month/Year To Month/Year		Premium \$	%		
From Month/Year To Month/Year		Premium \$	%		
From Month/Year To Month/Year		Premium \$	%		

May your current employers and/or insurance companies be contacted? Yes No

I certify that the information furnished on the Confidential Background Questionnaire is true and complete and that I have not concealed any information requested. I understand that MTL Insurance Company will rely on this information in determining whether to offer a contract to me.

Taxpayer Certification

I certify that I understand under penalties of perjury:

1. **The payee's TIN is correct**
2. **The payee is not subject to backup withholding due to failure to report interest and dividend income**
3. **The payee is a U.S. person, and**
4. **The payee is exempt from FATCA reporting.**

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.*

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

*Please refer to Form W-9 Instructions at www.irs.gov

Signature of Applicant



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To insure full compliance with the 1997 Fair Credit Reporting Act and to facilitate easy access to all information necessary, please read and sign this authorization.

Background Investigation Authorization

As part of MTL Insurance Company's routine agency appointment procedure, I understand MTL Insurance Company will obtain an investigative consumer report which could include information relating to, but not limited to, my prior employment, military record, education, credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, criminal background, mode of living, verification of identification and/or Social Security Number, and credentials or licenses held by me. I further understand that none, some, or all of this information may be obtained through personal interviews with friends, family members, neighbors, and associates. I understand that any information contained in such reports may be taken into consideration in evaluating my suitability for appointment, promotion, reclassification, transfer or retention as an MTL independent agent.

By signing below, I authorize MTL Insurance Company to obtain an investigative consumer report on me. I also authorize all persons and entities (including, but not limited to, businesses, corporations, former supervisors, credit agencies, governmental agencies, law enforcement authorities, educational institutions, state insurance departments, FINRA, Vector One and all military services) to release all written and verbal information about me to MTL Insurance Company, or its designated investigative consumer reporting service. I release from all liability and agree to hold harmless any person or entity that provides MTL Insurance Company with this information.

I further understand that upon written request to MTL Insurance Company, I will be given full information as to the nature and scope of such background investigation.

This authorization, in original or copy form is valid now or any time in the future. I agree with all the provisions shown in this authorization form.

Signature of Applicant

Date