

# New Agent Contracting Set Up Sheet

Agent's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt./Suite No.: \_\_\_\_\_

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

E-Mail Address: \_\_\_\_\_

Agent number(s) requested for:  
*\*Include manager agent number(s)*

Product	Commission Lvl% / Code	Product	Commission Lvl% / Code
	%		%
110 American Amicable # _____	%		%
220 Pioneer American # _____	%		%
440 Pioneer Security # _____	%		%
770 Occidental # _____	%		%
050 IA American # _____	%		%

Agent Reports to (Manager Name) \_\_\_\_\_

**Checklist:**

- \_\_\_\_\_ Completed "Producer History" Sheet (9511)
- \_\_\_\_\_ Contract (9511) signed by Agent and Manager
- \_\_\_\_\_ Copy of current license or completed license application
- \_\_\_\_\_ Signed "Consumer Report Notification and Authorization" (Form 9127)
- \_\_\_\_\_ W-9 or copy of Social Security card (must be legible copy)
- \_\_\_\_\_ Signed "Compliance Guidelines Statement of Understanding" (Form 9528-C)
- \_\_\_\_\_ Anti-Money Laundering certificate from our Company or LIMRA noted on paperwork
- \_\_\_\_\_ Completed "Annualization Plan Supplemental Agreement" (Form 9518)
- \_\_\_\_\_ Agent's ACH Direct Deposit Request (Form 9508)  
 (If Annualization is desired, completed form must accompany and have manager and Home Office approval)
- \_\_\_\_\_ If corporation provide articles of incorporation and/or legal proof that you are authorized to contract on behalf of the corporation

Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# PRODUCER HISTORY

<b>1. WRITING AGREEMENT</b>						<i>Please Print in Black Ink</i>
Producer			Sex	Date of Birth		City, State of Birth (PR Only)
<b>Corporate Contracting Information:</b> Corporate Name (as printed on insurance license)				Your position in corporation (must be a principal)		
Residence Address			City, State, Zip		County	
Business Address			City, State, Zip		Send all mail to: <input type="checkbox"/> Business <input type="checkbox"/> Home	
Cell Phone		Business Phone	Resident Phone	Business E-mail		Personal E-mail
Producer Social Security Number		Corporate Tax Payer Identification Number		Drivers License (State & Number)		
Resident License State & Number			Corporate License State & Number		NPN Number of Individual	
<b>2. CONTRACTING QUESTIONS</b>						
a. Have you ever been appointed with American-Amicable Life Insurance Company of Texas, IA American Life Insurance Company, Pioneer American Insurance Company, Pioneer Security Life Insurance Company or Occidental Life Insurance Company of North Carolina? .....						<input type="checkbox"/> Yes <input type="checkbox"/> No
b. To your knowledge, are you presently the subject of any investigation or proceeding by any insurance, securities, or commodities agency, jurisdiction, or organization? .....						<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Are you now or have you ever been a defendant in any litigation alleging the violation of any agreement with or provision of any insurance securities or commodities law or regulation? .....						<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Has any insurance company within the past 10 years canceled any contract with you for any reason other than the nonproduction of business or at your request?.....						<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Have you ever been convicted of a misdemeanor (other than a minor traffic offense), a felony or violation of 18 USC 1033?....						<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> <li>• If yes, list: Date _____ County _____ State _____</li> <li>• If a 1033 violation, attach consent letter from appropriate Department of Insurance.</li> </ul>						
f. Do you have any judgments or tax liens, bad debts, or collections items of any kind against you? .....						<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Are you indebted to any insurance company, general agent, or manager (including debit balances)? .....						<input type="checkbox"/> Yes <input type="checkbox"/> No
h. Have you filed for bankruptcy under any bankruptcy act in the last 10 years?.....						<input type="checkbox"/> Yes <input type="checkbox"/> No
i. During the past 10 years, has any commissioner or any Department of Insurance or any stock exchange suspended, canceled, or revoked any license issued to you, fined you, or ever refused to issue or renew any such license for any reason whatsoever? .....						<input type="checkbox"/> Yes <input type="checkbox"/> No
j. Have you ever had any complaints, including but not limited to complaints with an Insurance Department or Insurance Company, filed against you? .....						<input type="checkbox"/> Yes <input type="checkbox"/> No
k. If you currently hold NASD license(s), provide series number(s) _____						
l. Have you taken the Anti-Money Laundering (AML) training course through:						<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Our Company <input type="checkbox"/> Other Company <input type="checkbox"/> LIMRA   Date Taken: <u>  </u> / <u>  </u> / <u>  </u> ..... <div style="text-align: center; font-size: small;">             m m / d d / y y           </div>						
If no, you <b>must</b> take the Company online AML training course located on the Company website. (See "AML Course Access Instructions" in your Contracting Kit.) <b>DO NOT SEND IN YOUR CONTRACT WITHOUT OUR COMPANY AML COMPLETION CERTIFICATION. (THE EXCEPTION TO THIS REQUIREMENT IS THAT IF YOU HAVE TAKEN THE LIMRA AML COURSE, YOU MAY SEND IN YOUR CONTRACT AND THE COMPANY WILL VERIFY YOUR COMPLETION OF THE AML COURSE).</b>						
<b>3. EXPLANATION</b> - Please explain any "Yes" answers here; attach additional sheets if necessary.						
This is just to advise you that your application for contract will be processed as quickly as possible. Public Law 91-508 requires that a routine inquiry may be made during our initial or subsequent processing which will provide applicable information concerning character, general reputation, criminal records, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the inquiry, if one is made, will be provided.						
Date			Your Signature			

# AGENT AGREEMENT

THIS **AGENT AGREEMENT** sets forth the terms of one or more separate agreements (each, an "Agreement"), between the Agent, the Recommending Agent, and one or more of the following insurance companies:

American-Amicable Life Insurance Company of Texas  
IA American Life Insurance Company  
Occidental Life Insurance Company of North Carolina  
Pioneer American Insurance Company  
Pioneer Security Life Insurance Company

(each, individually referred to as "we", "us", or "Company"). If Agent is issued an agent number by more than one Company, Agent acknowledges and agrees that this document sets forth a separate and distinct Agreement between Agent and each Company with which Agent has been issued an agent number(s). The rights, obligations, and responsibilities between Agent and one Company are separate and distinct from the rights, obligations, and responsibilities between Agent and any other Company with which Agent is appointed. No Company will have responsibility or liability for the acts or omissions of any other Company with which Agent is appointed under an Agreement.

## **SECTION 1 – APPOINTMENT, AUTHORITY, AND RESPONSIBILITY**

**1.1 Appointment and Authorization.** Company hereby appoints Agent to represent Company in the sale of those insurance policies ("Policy" or "Policies") listed on the Commission Schedules as they may be amended from time to time. Company retains the right to appoint other agents in the same territory as Agent. Agent is authorized to solicit and supervise the solicitation and procurement of Policy applications through sub-agents, recruited and recommended to Company by Agent, who shall execute a separate agent agreement with Company and be the responsibility of the Agent (collectively, the recruited sub-agents shall be referred to herein as "Recruited Agents"), to forward Policy applications to Company for approval or rejection, to collect premiums, and to deliver policies, all pursuant to Company guidelines. The licensing and appointment of Recruited Agents is described more fully in Section 2. The Company retains the right to modify Agent's hierarchy, should the Company deem it in the best interest of Agent and/or Company. Notice of any change may be provided upon request to Agent in writing, which may include email.

**1.2 Independent Contractor.** Agent is an independent contractor of Company. Nothing contained in this Agreement is to be construed to create the relationship of employer and employee, partnership, or joint venture

between Company and Agent. Agent may exercise its own judgment as to the time and manner in which it performs the services required to be performed under this Agreement. Company may, from time to time, prescribe rules and regulations concerning the conduct of the business covered by this Agreement which do not interfere with such freedom of action. Neither Agent nor its Recruited Agents shall have authority, other than that expressly granted herein, and no forbearance or neglect on the part of Company shall be construed to waive any of the terms of the Agreement or to imply the existence of any authority not expressly given. Neither Agent nor its Recruited Agents are authorized to:

- a. make, alter, amend, waive, extend or discharge any Policy or Policy rates, conditions, or provisions;
- b. waive or extend the time of payment of any premium due under any Policy;
- c. waive any breach, or proposed violation, or misrepresentation on the part of any insured or proposed insured;
- d. bind or obligate Company to any liability except as expressly provided herein;
- e. use any advertising, lead generation or sales materials without prior written consent of Company;
- f. make any endorsement or attach any instrument by way of illustration or otherwise to the Policies of Company;
- g. receive any moneys due, or to become due, to Company except on receipt signed by the President or Secretary of Company, without first obtaining from Company permission in writing to do so; or
- h. incur any indebtedness in the name or on behalf of Company.

**1.3 Right to Modify.** Company shall have the right at any time to modify or cease to issue any Policy or Policies, or to withdraw from any territory.

## **SECTION 2 – RECRUITING AND COMPLIANCE**

**2.1 Recruiting and Recommendation.** Agent may recruit and recommend qualified persons or entities for appointment as Recruited Agents to solicit Policy applications and shall manage, supervise, and train such Recruited Agents. Company may appoint such Recruited Agents in its sole discretion and retains the right to refuse to appoint any person or entity as its agent and may, without notice and in its sole discretion or upon the advice of Recommending Agent, terminate the Agent Agreement of any Recruited Agent. From time to time, we may prescribe rules regarding the transfer of Recruited Agents.

**2.2 Compliance with Laws and Regulations.** The Company

may, from time to time, notify Agent of Company rules and guidelines, Company rate books, Company compliance manuals, or federal, state, or local laws or governmental regulations (collectively, "Laws and Regulations") which may be applicable to Agent's activities or the activities of Recruited Agents. Agent agrees to promptly communicate this information to its employees and Recruited Agents, as appropriate or as requested by Company. Agent is responsible for its employees' and Recruited Agents' compliance with all Laws and Regulations, regardless of whether Company provided notice. Agent shall pay all federal, state, and other governmental taxes and license fees levied against Agent or its Recruited Agents by the laws of any government authority in jurisdictions where Agent does business. Agent shall pay all expenses which it incurs in the performance of this Agreement.

### **2.3 Complaints or Litigation Arising from Alleged Violation of Laws and Regulations.**

Agent shall be liable for any and all costs associated with any liability, loss, cost, damages, or suit brought against Company resulting from or in connection with alleged violations of federal or state laws and regulations by Agent, Agent's employees, or Recruited Agents.

## **SECTION 3 – PRIVACY**

Agent shall hold in strictest confidence all nonpublic personal financial information or nonpublic personal health information related to any insured or policyholder or to any consumer or customer (as such terms are defined under applicable state or federal privacy laws), whether or not such information was obtained by Agent in the performance of Agent's responsibilities under this Agreement. Agent shall not disclose or use such information except as necessary to carry out Agent's responsibilities under this Agreement or as otherwise required under applicable state or federal law. Agent shall comply with Company's Privacy Policy as amended from time to time and any privacy rules or training provided by Company. This provision survives termination of this Agreement.

## **SECTION 4 – COMPENSATION**

**4.1 Agent Compensation Generally.** Company shall compensate Agent in accordance with the Commission Schedules (as amended from time to time) for the products indicated on such Commission Schedules, for premiums received, accepted and retained by Company on applications written by Agent and its Recruited Agents. Commission Schedules assigned to the Agent will be available in the agent portal. As it pertains to the product sold, if Company refunds premium, returns policy values, waives surrender charges on any Policies for any reason, or pays a death claim during the first Policy year, then no commissions maybe payable with respect to said premiums and any commissions previously paid maybe returned to us. Company reserves the right to further define and restrict

Agent compensation pursuant to the terms of the Commission Schedule for any given product.

**4.2 Compensation of Recruited Agents.** Compensation due to Recruited Agents shall be deducted from the compensation paid to Agent and shall be paid directly to Recruited Agents. Agent shall be responsible for any debt remaining in default of Recruited Agents, this includes any debt incurred by any downline of Recruited Agents. Such remaining debt may be deducted from compensation due to Agent. Agent shall indemnify and hold Company harmless from any liability, loss, cost, or expense, including attorney's fees, incurred by Company resulting from or in connection with any claim or action brought by or against Agent or any Recruited Agents with respect to payment or nonpayment of compensation.

**4.3 Changes in Commission Schedules.** Company may, at the discretion of Company or Recommending Agent, modify Commission Schedules and change the compensation provided herein with respect to Policies issued for new business applications signed on or after the effective date of such change. Modifications of Commission Schedules or changes in compensation, such as a change in advancing of premiums, must be submitted to Company in writing, which may include email, and become a part of the Agent Agreement.

**4.4 Vesting.** The right of Agent to receive all compensation on Policies sold pursuant to this Agreement shall be immediately vested in Agent. Company shall pay compensation even after termination, subject to the exceptions set forth in this Agreement.

**4.5 Policy Service; Internal Replacements.** If Agent is unwilling or unable to provide an acceptable level of service to any policyholder, Agent will not be entitled to continued commissions with respect to such policyholder and Company may assign a new agent to such policyholder. Internal replacements must be approved by Company and if approved there may be a reduction or adjustment in commission payable on the new Policy.

**4.6 Termination of Vested Commissions.** Payment of compensation to Agent may be terminated by Company notwithstanding Section 4.4 when: (1) the total payable in the preceding calendar year is less than One Thousand Dollars (\$1,000); or (2) this Agreement has been terminated for reasons set forth in Section 7.2(f); or (3) Agent or any of its Recruited Agents does any act which would result in termination pursuant to Section 7.2(f) regardless of whether this Agreement has already been terminated.

**4.7 Financial Responsibility for Recruited Agents.** Agent shall assume responsibility for the financial integrity of all Recruited Agents, including but not limited to all indebtedness of Recruited Agents, including any downline of Recruited Agents, to Company, notwithstanding any laws or regulations that may contradict this obligation. Agent shall indemnify Company and Agent's account shall be charged the full amount of all such indebtedness that may

have been incurred and unpaid by any of the Agent's Recruited Agents, or downline of the Recruited Agents.

## **SECTION 5 – INDEBTEDNESS**

**5.1 Debtor-Creditor Relationship.** Any of the following transactions between Company and Agent shall be a loan and create a debtor-creditor relationship between Agent and Company:

- a. any commission paid on a Policy solicited or sold by Agent or any of its Recruited Agents for which Company has paid a commission, in the event that a refund or return of any premium results in a chargeback of such commissions previously paid;
- b. any advance made by Company to Agent against future compensation for any reason; or,
- c. any other loan or debt between Company and Agent.

**5.2 First Lien and Right of Offset.** The indebtedness created by any of the transactions of Section 5.1 above is due and payable on demand and shall create a first lien on any current or future compensation due to Agent. Company retains the right to offset such indebtedness against any amounts otherwise due to Agent. Any indebtedness not paid upon demand shall confer upon Company the authority and power to seek all available legal and equitable remedies against Agent to obtain repayment of the indebtedness. Agent shall be responsible for any debt remaining in default of Recruited Agents, and any unpaid indebtedness may be deducted from compensation due to Agent (all as provided in this Agreement).

## **SECTION 6 – ASSIGNMENT**

This Agreement shall not be assigned or otherwise transferred by Agent without the prior written approval of Company. Company, in its sole discretion, may decline to accept an assignment of business. Any assignee shall then be bound by the terms of this Agreement.

## **SECTION 7 – TERMINATION**

**7.1 Without Cause.** This Agreement shall remain in full force and effect until terminated upon thirty (30) days' prior written notice given by any party to the other except as set forth in section 7.2. Termination of this Agreement shall not affect any duties, obligations, or liabilities incurred prior to termination except as otherwise provided herein. Within thirty (30) days of termination of the Agreement, Agent shall return to Company all Company materials and shall indemnify Company for any cost incurred to secure Company's property should Agent fail to honor Company's demand for return thereof.

**7.2 Immediate Termination.** This Agreement may be terminated immediately, without notice in the event of and as of the date of the occurrence of:

- a. At the direction of an officer of the Company.

- b. bankruptcy, insolvency, receivership, liquidation, or assignment for the benefit of creditors by either party;
- c. cancellation, suspension, pending investigation or revocation of Agent's insurance license by any governmental or regulatory authority having jurisdiction;
- d. death or dissolution of Agent;
- e. IRS or other tax levies;
- f. failure to secure Company any new paid premium or have business in house pending review during any period of 180 days; or,
- g. Agent's action or failure to act, or breach of this Agreement, by:
  1. wrongful withholding of funds belonging to an applicant or Company for a Policy or Policies;
  2. engaging in systematic inducement of insured(s) to replace, lapse, relinquish, or surrender a Policy or Policies;
  3. committing any illegal, dishonest, or fraudulent acts in connection with any business of Company;
  4. failure to comply with applicable Laws and Regulations;
  5. any default in the performance of any material term or condition of this Agreement;
  6. conduct so as to injure Company's standing or good name in the community or elsewhere; or
  7. any other conduct that rises to the level of termination for cause that requires reporting to a governmental agency.

## **SECTION 8 – BOOKS, ACCOUNTS, AND RECORDS**

All books, accounts, correspondence, and other records of Agent relating to business transacted pursuant to this Agreement shall, at all times, be open to inspection by Company or its designated representatives and Company may make copies thereof before or after the termination of this Agreement.

## **SECTION 9 – AMENDMENT**

This Agreement may not be amended or modified without the express written approval of an authorized officer of Company, Recommending Agent, and Agent.

## **SECTION 10 – INDEMNIFICATION**

Agent shall indemnify and hold Company harmless from any liability, loss, cost or suit brought against Company resulting from or in connection with any unauthorized acts, any error or omission, or any breach of any of the provisions of this Agreement by Agent, Agent's employees, or Recruited Agents.

## SECTION 11 – MISCELLANEOUS

**11.1 Anti-Money Laundering Compliance.** Agent must comply with all applicable anti-money laundering (AML) laws, rules, regulations, and government guidance. These include requirements to identify suspicious activity, verify customer identity and conduct customer due diligence. In addition to applicable laws, Company has implemented an AML program which includes requirements for reporting suspicious activity and providing AML training to the Company's insurance distributors. Agent agrees to comply with Company's AML policies and reporting and training requirements.

**11.2 Electronic Imaging and Transmission.** Agent agrees to comply with Company's requirements for electronic imaging and transmission of documents.

**11.3 Suitability.** Agent agrees to comply with all applicable laws, regulations and Company policies pertaining to requirements that products be suitable for the consumer, including without limitation the suitability of any annuity or life insurance product for a consumer.

**11.4 Remedies at Law or Equity.** Should Agent or Agent's Recruited Agents engage, before or after termination of this Agreement, in any act prohibited by Section 7.2(f), it may result in irreparable injury to Company for which there may be no adequate remedy at law and Agent hereby agrees that Company may obtain injunctive relief.

**11.5 Severability; Waiver.** If any provision of this Agreement is deemed void, illegal, or unenforceable, the validity of the remaining portions shall not be affected thereby. Any waiver of the rights of Company under this Agreement on one occasion shall not constitute a continuing waiver of any such right or any other rights of the Company under this Agreement.

**11.6 Disputes, Complaints, Claims and Other Matters.** All parties agree to cooperate fully with each other in the resolution of all matters arising out of the business of this Agreement. Agent agrees to notify Company promptly of any complaint, claim or dispute involving an applicant, Policy, policyholder, or agent. Agent shall notify Company immediately upon receipt of any subpoena, summons or other notice of suit or any regulatory authority inquiry with respect to any of the transactions contemplated by this Agreement (including Agent's disqualification to sell insurance) and shall include with such notice a copy of any documents received. Agent will not litigate any dispute with an applicant or policyholder, on any matter involving the Company or relating to the business of this Agreement, without Company's prior written consent. Company may settle any claim against us or Agent arising out of the business of this Agreement, with or without Agent's consent.

**11.7 Venue; Governing Law.** This Agreement is performable in, and all sums due from one party to the other are payable in McLennan County, Texas, and all legal proceedings in regard hereto shall be instituted in

McLennan County, Texas, and all parties hereto expressly waive any privileges they may have as to venue contrary to this provision. It is further expressly agreed that all provisions of this Agreement and any controversy that may arise thereunder shall be construed according to the laws of the State of Texas, without giving effect to principles of conflicts of laws.

**11.8 Emphasis and Headings.** Certain provisions of this Agreement are emphasized for the convenience of the reader. Nevertheless, all provisions apply equally. The headings and titles of paragraphs contained in this Agreement are for convenience only and have no effect upon the construction or interpretation of any part of this Agreement.

**11.9 Death of Agent; Payment.** Compensation that is accrued following the death of an agent shall be paid to the Agent's estate or executor as determined by the Company.

## SECTION 12 – COMPLETELY INTEGRATED AGREEMENT

This Agreement along with each and all Commission Schedules, appointment paperwork for each Company, and any other supplemental Addendums, contains an entire and complete separate Agreement between Agent and each Company, and supersedes any prior or contemporaneous agreements, promises, or representations with respect to such matters.

## SECTION 13 – SOCIAL SECURITY/TAXPAYER IDENTIFICATION NUMBER CERTIFICATION

**13.1** I, \_\_\_\_\_, certify that \_\_\_\_\_ is my correct taxpayer identification number or social security number.

**13.2** I further certify that I am not subject to backup withholding either because I have not been notified by the IRA that I am subject of backup withholding as a result of a failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding.

NOTE: If you have been notified by the IRS that you are subject to backup withholding, cross out section 13.2 and attach a written explanation.

## GENERAL AUTHORIZATION AND RELEASE

I hereby authorize Company to contact any past employer, business associate, business partner, military service, court, law enforcement agent, insurance company, financial institution, or any other person or entity, to obtain information about my background, employment, schooling, business activities and experience, character, criminal record, or financial status.

I hereby authorize any of the above persons, institutions, or entities to provide the above information to Company and waive and release any claims I may have related to providing such information. I also authorize them to rely on a photocopy or facsimile copy of this authorization.

I also acknowledge that Company may participate in programs which provide background and financial information on insurance agents, including debit balances including without limitation Vector One. I authorize Company to obtain information from these programs and to share any information obtained from other sources with these programs. I also waive and release any claims I may have related to the sharing of such information by Company or the programs in which Company participates.

This authorization is continuing and remains in effect until revoked by me in writing delivered to an officer of Company. If this authorization is revoked by me while I am an active agent of Company, Company may immediately terminate this Agreement.

**I hereby certify that any representations and warranties made in this Agreement are true. I understand that if any representation or warranty given in this Agreement is found to be incorrect or incomplete, it may be grounds for Company to decline my application for appointment or immediate termination at the sole discretion of Company.**

**By signing below, I certify that: I have not been convicted of a felony involving theft, dishonesty or breach of trust, am not in violation of the Violent Crime Control and Law Enforcement Act of 1994 (the "1994 Crime Act") if the Company enters into this Agreement with me, and that I will immediately advise the Company of any situation that would cause me to be in violation of the 1994 Crime Act. I agree to foster high standards of ethical behavior and to adhere to the Company's policies and procedures concerning the sale of its insurance products. I acknowledge that I have read and understand this Agreement, and agree to be bound by its terms. I further acknowledge that this Agreement is deemed accepted and executed by the Company on the date an agent number is assigned.**

**Please complete either section 1 or section 2.**

<b>1. AGENT SIGNATURE</b>	
_____	_____
Printed Name	
_____	_____
Signature	
_____	_____
Date	

<b>2. AGENT PERSONAL GUARANTEE</b> (If a Business Entity, the following must be completed)		
The undersigned individual hereby personally guarantees the full and faithful performance of all duties, obligations, and repayment of indebtedness of Agent pursuant to the above Agreement.		
_____	_____	
Printed Name	Signature	
_____	_____	_____
Date of Birth	Social Security #	Date

<b>RECOMMENDING AGENT</b> (if applicable)	
_____	_____
Printed Name	Signature
_____	_____
Agent Number	

## ANTI-MONEY LAUNDERING TRAINING COURSE ACCESS INSTRUCTIONS

1. Access your contracting company website at one of the five companies below:

<b>American-Amicable</b>	<a href="http://www.americanamicable.com">http://www.americanamicable.com</a>
<b>IA American</b>	<a href="http://www.iaamerican-waco.com">http://www.iaamerican-waco.com</a>
<b>Occidental Life</b>	<a href="http://www.occidentallife.com">http://www.occidentallife.com</a>
<b>Pioneer American</b>	<a href="http://www.pioneeramerican.com">http://www.pioneeramerican.com</a>
<b>Pioneer Security</b>	<a href="http://www.pioneersecuritylife.com">http://www.pioneersecuritylife.com</a>

2. Hover over Login and Select Agent.

3. Enter Agent No., and Password. (Agent No. is: **AML** and Password is: **COURSE**)

4. Hit enter and follow instructions.

### **IMPORTANT!!**

When you complete the course, a Company AML training course certification page will reflect on your computer screen. Make two copies of this page. One is for your file and the other **must** be sent to the Company with your contracting paperwork.

**IF THE CERTIFICATION PAGE IS NOT SENT TO THE COMPANY WITH YOUR  
CONTRACTING PAPERWORK, YOUR CONTRACT WILL NOT BE PROCESSED!!**



## CONSUMER REPORT NOTIFICATION AND AUTHORIZATION

Through this document American-Amicable Life Ins. Co. of TX, IA American Life Ins. Co., Pioneer American Ins. Co., Pioneer Security Life Ins. Co. and Occidental Life Ins. Co. of NC, disclose to you that a consumer report or an investigative consumer report, is being obtained from a consumer reporting agency for the purpose of evaluating you for appointment as an agent. This report may contain information bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, criminal records, personal characteristics, or mode of living from public record sources or through personal interviews with your neighbors, friends or associates. You have a right to request additional disclosures regarding the nature and scope of the investigation and a written summary of your rights as a consumer.

I authorize and request any consumer reporting agency to furnish any and all information in their possession regarding me in connection with my appointment for agent. A photocopy of this authorization may be accepted with the same authority as the original, and I specifically waive any written authorized request.

I have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of this investigation.

I authorize American-Amicable Life Ins. Co. of TX., IA American Life Ins. Co., Pioneer American Ins. Co., Pioneer Security Life Ins. Co. and Occidental Life Ins. Co. of NC, to share this information with the authorized representatives involved in my licensing and contracting process.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date of Birth (for identification purposes only) \_\_\_\_\_

Social Security Number (for identification purposes only) \_\_\_\_\_

If name changed (through marriage or otherwise), print former name here

\_\_\_\_\_

# Request for Taxpayer Identification Number and Certification

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

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

<b>Print or type.</b>	<b>See Specific Instructions on page 3.</b>	<p><b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> <hr/> <p><b>2</b> Business name/disregarded entity name, if different from above</p> <hr/> <p><b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.</p> <p><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</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p><b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p>	<p><b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
		<p><b>5</b> Address (number, street, and apt. or suite no.) See instructions.</p>	<p>Requester's name and address (optional)</p>
		<p><b>6</b> City, state, and ZIP code</p>	
		<p><b>7</b> List account number(s) here (optional)</p>	

## 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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* 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:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below); and
4. 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 for Part II, later.

<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.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### 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, later.*

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. 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
4. 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*, later, 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 person 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 Pub. 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 24% 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 instructions for Part II 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*, later, and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships*, earlier.

## 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*, later, 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 (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a 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 on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3.

IF the entity/person on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation
• Individual • Sole proprietorship, or • Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes.	Individual/sole proprietor or single-member LLC
• LLC treated as a partnership for U.S. federal tax purposes, • LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or • LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes.	Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation)
• Partnership	Partnership
• Trust/estate	Trust/estate

### Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on 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. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

### 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.

If you are a single-member LLC that is disregarded as an entity separate from its owner, 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 *What Name and Number To Give the Requester*, later, 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. Go to [www.irs.gov/Forms](http://www.irs.gov/Forms) to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to [www.irs.gov/OrderForms](http://www.irs.gov/OrderForms) to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

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 item 1, 4, or 5 below indicates 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), ABLE accounts (under section 529A), 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) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup>
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
5. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee <sup>1</sup>
b. So-called trust account that is not a legal or valid trust under state law	The actual owner <sup>1</sup>
6. Sole proprietorship or disregarded entity owned by an individual	The owner <sup>3</sup>
7. 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:
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee

For this type of account:	Give name and EIN of:
14. 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
15. 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*, earlier.

\*Note: The 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 Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic 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 report them at [www.ftc.gov/complaint](http://www.ftc.gov/complaint). You can contact the FTC at [www.ftc.gov/idtheft](http://www.ftc.gov/idtheft) or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see [www.IdentityTheft.gov](http://www.IdentityTheft.gov) and Pub. 5027.

Visit [www.irs.gov/IdentityTheft](http://www.irs.gov/IdentityTheft) 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.

## **Compliance Guidelines**

### **Statement of Understanding**

I acknowledge that I have read and understand the contents of these Compliance Guidelines for IA American Life Insurance Company, American-Amicable Life Insurance Company of Texas, Occidental Life Insurance Company of North Carolina, Pioneer American Insurance Company, and Pioneer Security Life Insurance Company, referred to collectively as “the Company”.

I acknowledge that I have read and understand the contents of the Compliance Guidelines and further understand that if I do not comply, in full, with its provisions it will be a violation of my contract and may result in, without limitation, the cancellation of my contract with the before mentioned Company.

1. I acknowledge the need for strict compliance with all applicable state and federal regulations regarding the solicitation and sale of insurance.
2. I understand the Company will insist upon strict adherence to all applicable state and federal regulations regarding the solicitation and sale of insurance and understand that I am individually accountable for my own actions.
3. I acknowledge that I must be professional in my sales presentations. I acknowledge that I must accurately and completely describe the insurance product being offered, help the purchaser understand the terms and conditions of the insurance product being sold, and comply with all applicable state and federal regulations. I understand that violations of the Compliance Guidelines or applicable insurance regulations may result in the immediate termination of my contract with the companies.
4. I understand that I must immediately take the Company approved anti-money laundering training course. I understand that I must take a refresher of the company online anti-money laundering training course every two years.
5. I acknowledge that this Agreement does not alter or amend my contract or contracts with the Company or create an employment relationship with the Company. This Agreement does not change the at-will relationship between the parties and me. The contract or contracts between the Company may be terminated at any time by either party upon notice, as set forth in those contracts.

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Producer Signature

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Producer (Print name)



## Annualization Plan Supplemental Agreement

This Supplemental Agreement supplements your agent contract with the undersigned, selected Company(ies). It is intended to provide you with an advanced payment of a portion of first year commissions due on business written by you or your agents.

### **Plan Provisions:**

1. Commissions paid under this Supplemental Agreement are an advance of commission from us to you. Such commissions are considered unearned and an indebtedness under the terms of your contract with us until sufficient premiums are paid on a policy to justify the commissions advanced.
2. While this Supplemental Agreement is in effect, we will pay you advanced commissions as a percent of 1st year commission due on the annualized premium. Excess and renewal commissions and service fees will not be advanced.
3. Policies issued on a monthly direct premium mode, policies that have been reinstated, or policies on you, your spouse, your parents, children, brothers, sisters, business associates or employees are not eligible for annualization under this Supplemental Agreement.
4. We reserve the right to declare any policy not eligible for annualization.
5. We may, at our discretion, impose a per Policy maximum to any advanced commission payments.
6. If any Policy included in any advanced commission payment terminates for any reason prior to the end of its first Policy year, any unearned advanced commission for that Policy is repayable to us on demand, and may be deducted at our sole discretion from any commissions which would otherwise be payable to Agent.
7. Any indebtedness created in any of the companies, American-Amicable Life Insurance Company of Texas, IA American Life Insurance Company, Occidental Life Insurance Company of North Carolina, Pioneer American Insurance Company or Pioneer Security Life Insurance Company may be recovered from commissions and/or advances that may become due in any of the aforementioned companies at the sole discretion of the Company.

### **Termination Provisions:**

1. Continued eligibility for this plan is at our sole discretion. This Supplemental Agreement may be terminated by you, your recommending agency or us at any time. This Supplemental Agreement shall automatically terminate upon the termination of your contract with us.
2. Upon the termination of your contract, any advanced commissions which have not yet been earned will be treated as an indebtedness under the terms of your contract with us. This provision survives the termination of this Supplemental agreement.

**Agent Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of Agent** \_\_\_\_\_

As General Agent for the above agent, I agree to assume any indebtedness that may result from this Supplemental Agreement and that such indebtedness will be considered an indebtedness under the terms of my contract with the Company(ies).

**Print Recommending Agency Name** \_\_\_\_\_ **Advance %** \_\_\_\_\_

**Signature of Recommending Agent** \_\_\_\_\_ **Date** \_\_\_\_\_

### **Participating Companies:**

**American-Amicable Life Insurance Company of Texas**  
**IA American Life Insurance Company**  
**Occidental Life Insurance Company of North Carolina**

**Pioneer American Insurance Company**  
**Pioneer Security Life Insurance Company**

# Agent's ACH Direct Deposit Request

Fax To: 254 297-2126 or Mail to the Marketing Department  
P.O. Box 2549, Waco, Texas 76702

**PLEASE FILL THIS OUT AND RETURN WITH A PRE-PRINTED VOIDED CHECK OR SOMETHING FROM YOUR BANK THAT LISTS THE ROUTING/ACCOUNT #.**

## Bank Information

Bank Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Transit/ABA Number  
(lower left of your checks) \_\_\_\_\_

Account Number \_\_\_\_\_

Type of Account:  Checking  Savings

## Agent Information

Agent Name \_\_\_\_\_

Agent Number \_\_\_\_\_

Last 4 of SSN \_\_\_\_\_

Email Address \_\_\_\_\_

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

**You can upload documents to us securely using this link:**  
<https://www.insuranceapplication.com/cgi/webapp/AgtDrop.exe>

All you need to do is to log in using your agent number (no password is required) and select "browse," then select your document (must be in PDF format) and then select "upload." This will come to our contracting queue to be processed within 24 hours.

**Or you can return by fax to: 254-297-2126**

**PLEASE REFERENCE YOUR AGENT NUMBER(S)**

**\*\*\*Please note, we do not accept banking information via email, as it is not secure\*\*\***

**BUSINESS ENTITY ADDENDUM**

**Business Entity Name (as printed on insurance license):** \_\_\_\_\_  
**(the "Agency")**

**Business Address:** \_\_\_\_\_

**Business Phone:** \_\_\_\_\_ **E-mail Address:** \_\_\_\_\_

**Federal Tax ID Number:** \_\_\_\_\_ **Form of Business Entity:** \_\_\_\_\_

**State of Incorporation/Formation:** \_\_\_\_\_ **Date of Incorporation/Formation:** \_\_\_\_\_

**AUTHORIZED REPRESENTATIVES:**

Complete all information for current officers, owners and key personnel of the Agency (use extra pages if needed)

(Note: person listed first is responsible for maintaining individual insurance license(s) associated with the Agency):

NAME (List Full Name)	LAST 4 DIGITS OF SSN	TITLE	DATE APPOINTED/ELECTED

By signing below, I agree as follows:

1. The above-listed officers, owners and key personnel ("Authorized Representatives") are authorized to act on behalf of the Agency in all dealings with the above-named insurance companies ("Company"). The Authorized Representatives have been properly appointed or elected to the titles stated opposite their names, and/or otherwise properly authorized to act as a representative of the Agency.
2. The Agency and/or the Authorized Representatives will notify the Company in writing of all changes applicable to the Agency's corporate structure, ownership and/or operation, *including but not limited to changes in the list of Authorized Representatives*, relevant license and registration information, and contact information.
3. The Agency and the Authorized Representatives are in compliance and will continue to comply with all federal, state or local laws, rules and regulations including, but not limited to, maintaining appropriate licenses and registrations, paying all required fees and taxes, and keeping records of transactions involving Company business.
4. The Agency is in compliance and will continue to comply with its articles of incorporation, articles of organization, limited liability agreement, operating agreement, by-laws, charters and/or any related corporate governance documents.

The undersigned agrees that the Company shall have no further duty to inquire into the status and/or condition of the Agency's business structure or the Authorized Representatives. The Company shall be fully protected in taking or permitting any action in reliance on any document, information, communication, notification or report provided by any of the Authorized Representatives on behalf of the Agency, and the Company shall not incur any liability for such action. The Agency and the undersigned hereby agree to indemnify, defend and hold harmless the Company and its affiliates against all liability for losses, costs, and expenses, including attorneys' fees, which the Company may incur as a result of actions taken or not taken as the result of any document, information, communication, notification or report provided by any of the Authorized Representatives, even if such Authorized Representative is no longer so authorized at the time, *unless* the Company was previously notified of a change in the list of Authorized Representatives under Section 2 above. Nothing in this Addendum will alter or modify the Agency Agreement except as expressly stated herein.

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

Print: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_



## Debit-Check Agent/Agency Authorization Form

Vector One Operations, LLC dba Vector One (collectively with its affiliates, "Vector One") manages the secured web portal interactive computer service provided by Debit-Check.com, LLC a ("Debit-Check"). This Debit-Check Agent/Agency Authorization Form is by and among the undersigned ("you", "me", "I" or "my"), Vector One, and the Company (as defined below) and is used by Debit-Check subscribers who desire to be granted authorization from you for the submission and/or receipt of your personal information to the Debit-Check service as necessary to conduct a commission related debit balance screening. The undersigned company and its affiliates and authorized third parties (collectively, the "Company") is a Debit-Check subscriber. Accordingly, as part of the contracting and appointment process or determination of eligibility for advancement of commissions, the Company may conduct a commission related debit balance screening via Debit-Check in order to determine your eligibility and may continue to conduct periodic commission related debit balance screenings as determined in the Company's sole discretion following the engagement of any employment, appointment, contract, tenure, or other relationship with the Company.

**Access to Debit-Check Information:** You can obtain your commission related debit balance information by contacting the Vector One Agent Hotline at (800) 860-6546.

### AGENT/AGENCY'S STATEMENT – READ CAREFULLY

The Company is hereby authorized to obtain and conduct a commission related debit balance screening through Vector One's Debit-Check secured web portal to determine if another Debit-Check subscriber has posted that I have an outstanding commission related debit balance. I understand that the Company may consider the results of the commission related debit balance screening in order to determine my eligibility to be contracted and appointed or determine my eligibility for advancement of commissions as an insurance producer and may continue to conduct periodic commission related debit balance screenings as determined in the Company's sole discretion following the engagement of any employment, appointment, contract, tenure, or other relationship with the Company. I understand and acknowledge that the Company may obtain commission related debit balance information through Debit-Check as state law allows. I understand that my information, including my name and social security number ("My Information") may be used for the purpose of obtaining and conducting a commission related debit balance screening. I further understand that in the event of termination or expiration of my employment, appointment, contract, tenure, or other relationship with the Company, whether voluntary or involuntary, if a commission related debit balance is owed to the Company, the Company may post My Information to the Debit-Check service which may be accessed by Debit-Check subscribers until such time the debit balance is satisfied or otherwise removed.

**BY SIGNING BELOW, I HEREBY (PLEASE INITIAL ALL STATEMENTS):**

(A) \_\_\_\_\_ Authorize the Company to use My Information for purposes of conducting a commission related debit balance screening, and periodic commission related debit balance screenings as determined in the Company's sole discretion following the engagement of any employment, appointment, contract, tenure, or other relationship with the Company, utilizing Debit-Check.

(B) \_\_\_\_\_ Authorize the Company to consider the results of the commission related debit balance screening in order to determine my eligibility to be contracted and appointed or determine my eligibility for advancement of commissions as an insurance producer.

(C) \_\_\_\_\_ Authorize and direct Vector One to receive and process My Information as necessary to intentionally disclose and furnish the results of my commission related debt verification screening, whether directly or indirectly, to the Company.

(D) \_\_\_\_\_ Authorize the Company to submit My Information to the Debit-Check service in the event of termination or expiration of my engagement with the Company, whether voluntary or involuntary, to the extent a commission related debit balance is owed to the Company.

(E) \_\_\_\_\_ Authorize and direct Vector One to receive and process My Information and intentionally disclose to any Debit-Check subscriber who submits an inquiry utilizing My Information the results of my commission related debit balance screening, which will contain My Information, to the extent a debit balance is owed.

**Agent/Agency Printed Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**FOR COMPANY USE ONLY**

**AGREED AND ACKNOWLEDGED BY COMPANY:**

Name of Company: \_\_\_\_\_

Signature: \_\_\_\_\_

Name and Title: \_\_\_\_\_



# KEY CONTACTS

American-Amicable Life Insurance Company of Texas.....	<a href="http://www.americanamicable.com">www.americanamicable.com</a>
IA American Life Insurance Company.....	<a href="http://www.iaamerican-waco.com">www.iaamerican-waco.com</a>
Occidental Life Insurance Company of North Carolina.....	<a href="http://www.occidentallife.com">www.occidentallife.com</a>
Pioneer American Insurance Company.....	<a href="http://www.pioneeramerican.com">www.pioneeramerican.com</a>
Pioneer Security Life Insurance Company.....	<a href="http://www.pioneersecuritylife.com">www.pioneersecuritylife.com</a>



**LIVE CHAT** is available to address your support inquiries and is the quickest way to reach a customer service representative. To access Live Chat, log into the Marketing Sales page on the Company websites and click on Live Chat.

**LIVE CHAT** is available Monday - Friday 8:00 a.m. - 4:45 p.m, Central Time (excluding holidays).

You can also reach us using the following automated numerical prompts after dialing (800) 736-7311. Phone support is available Monday - Friday 8:00 a.m. - 4:00 p.m, Central Time (excluding holidays).

The following is a list of prompts that can be pressed to reach the various departments:

<u>DEPARTMENT:</u>	<u>PROMPTS:</u>	<u>DEPARTMENT:</u>	<u>PROMPTS:</u>
Agent Contracting	1, 1, 3	New Business Agent Support	1, 1, 1
Client Experience/Reinstatements	1, 1, 7	Supplies	1, 1, 6
Commissions	1, 1, 4	Risk Assessment	Live Chat Only
<b>E-Application</b>	Website: <a href="http://www.insuranceapplication.com/mobile">www.insuranceapplication.com/mobile</a>		
<b>New Application Submission (Paper)</b>	Website: <a href="http://www.insuranceapplication.com/appdrop">www.insuranceapplication.com/appdrop</a>		Fax: (254) 297-2100
<b>New Agent Contract Submission</b>	Website: <a href="http://www.insuranceapplication.com/contractdrop">www.insuranceapplication.com/contractdrop</a>		Fax: (254) 297-2110

## SERVICE HOURS

### **LIVE CHAT**

8:00 a.m - 4:45 p.m. Monday - Friday  
Central Time (excluding holidays).

### **PHONE HOURS**

8:00 a.m - 4:00 p.m. Monday - Friday  
Central Time (excluding holidays).

## MAILING ADDRESS

P.O. Box 2549  
Waco, Texas 76702-2549

## MAIN COMPANY PHONE NUMBER

(254) 297-2777

# DEPARTMENTAL LISTING

			EXT.	FAX NUMBER
<b>EXECUTIVE</b>				
Joe Dunlap	President	<a href="mailto:jdunlap@aatx.com">jdunlap@aatx.com</a>	3525	(254) 297-2710
<b>MARKETING SALES</b>				
Darren Sliva	Sr. Vice-President	<a href="mailto:dsliva@aatx.com">dsliva@aatx.com</a>	3466	
Jay Csipkes	Vice-President	<a href="mailto:jcsipkes@aatx.com">jcsipkes@aatx.com</a>	3417	
Paula Forero	Vice-President	<a href="mailto:pforero@aatx.com">pforero@aatx.com</a>		
Darren Hancock	Vice-President	<a href="mailto:dhancock@aatx.com">dhancock@aatx.com</a>	3203	
Mark Psencik	Vice-President	<a href="mailto:mpsencik@aatx.com">mpsencik@aatx.com</a>	3415	
Michelle Hilliker	Assistant Vice-President	<a href="mailto:mhilliker@aatx.com">mhilliker@aatx.com</a>		
Pete Mejia	Assistant Vice-President	<a href="mailto:pmejia@aatx.com">pmejia@aatx.com</a>	3416	
<b>MARKETING OPERATIONS (CONTRACTING &amp; COMMISSIONS)</b>				
Julio Ortega	Vice-President	<a href="mailto:jortega@aatx.com">jortega@aatx.com</a>	3263	(254) 297-2110
Brady Kaufmann	Manager	<a href="mailto:bkaufmann@aatx.com">bkaufmann@aatx.com</a>	3342	
<b>AGENT CONTRACTING</b>				
Heather Strange	Supervisor	<a href="mailto:hstrange@aatx.com">hstrange@aatx.com</a>	3262	(254) 297-2126
Erica Johnson	Senior Contracting Analyst	<a href="mailto:ejohnson@aatx.com">ejohnson@aatx.com</a>	3569	
Karen Claridy	Agent Contract Analyst	<a href="mailto:kclaridy@aatx.com">kclaridy@aatx.com</a>	3812	
Dena Hegefild	Agent Contracting Specialist	<a href="mailto:dhegefild@aatx.com">dhegefild@aatx.com</a>	3549	
Ashley Ricker	Agent Contracting Specialist	<a href="mailto:aricker@aatx.com">aricker@aatx.com</a>	3811	
Caroline Williams	Agent Contracting Specialist	<a href="mailto:cwilliams@aatx.com">cwilliams@aatx.com</a>	3825	
<b>COMMISSIONS</b>				
Michelle Seljos	Supervisor	<a href="mailto:msejlos@aatx.com">msejlos@aatx.com</a>	3307	(254) 297-2126
Valerie Burrow	Debt Collection Analyst	<a href="mailto:vburrow@aatx.com">vburrow@aatx.com</a>	3303	
<b>NEW BUSINESS OPERATIONS</b>				
Tina Holcomb	Sr. Vice-President	<a href="mailto:tholcomb@aatx.com">tholcomb@aatx.com</a>	3871	
<b>AGENT SUPPORT</b>				
Kayelee Watson	Manager	<a href="mailto:kwatson@aatx.com">kwatson@aatx.com</a>	3261	(254) 297-2100
Ashley Steele	Team Lead	<a href="mailto:asteele@aatx.com">asteele@aatx.com</a>	3505	
Matt Kolb	Senior Analyst	<a href="mailto:mkolb@aatx.com">mkolb@aatx.com</a>	3441	
Taylor Reese	Senior Analyst	<a href="mailto:treese@aatx.com">treese@aatx.com</a>	3265	
<b>POLICY ISSUE</b>				
Donna Nelson	Manager	<a href="mailto:dnelson@aatx.com">dnelson@aatx.com</a>	3387	(254) 297-2101
<b>UNDERWRITING</b>				
Katy Shaw	Manager	<a href="mailto:kshaw@aatx.com">kshaw@aatx.com</a>	3470	(254) 297-2102
Kim Christian	Chief Underwriter	<a href="mailto:kchristian@aatx.com">kchristian@aatx.com</a>	3269	
Risk Assessments		<a href="mailto:riskassess@aatx.com">riskassess@aatx.com</a>		<b>EMAIL OR LIVE CHAT ONLY</b>
<b>IN-FORCE OPERATIONS</b>				
<b>CLAIMS</b>				
Dennis Fones	Manager	<a href="mailto:dfones@aatx.com">dfones@aatx.com</a>	3518	(254) 297-2756
Shiniqua Sterling	Supervisor	<a href="mailto:ssterling@aatx.com">ssterling@aatx.com</a>	3538	
<b>CLIENT EXPERIENCE</b>				
Kevin Moore	Manager	<a href="mailto:kmoore@aatx.com">kmoore@aatx.com</a>	3521	(254) 297-2105
Brian Glick	Supervisor	<a href="mailto:bglick@aatx.com">bglick@aatx.com</a>	3452	
Mendee Moore	Supervisor	<a href="mailto:mmoore@aatx.com">mmoore@aatx.com</a>	3528	
Lizz Upshaw	Team Lead	<a href="mailto:eupshaw@aatx.com">eupshaw@aatx.com</a>	3517	
Anselmo Mondragon	Spanish CSR	<a href="mailto:amondragon@aatx.com">amondragon@aatx.com</a>	3260	
<b>PREMIUM ACCOUNTING</b>				
Jimmy Weatherby	Manager	<a href="mailto:jweatherby@aatx.com">jweatherby@aatx.com</a>	3394	(254) 297-2167
Tina Kolar	Direct Deposit Allotment	<a href="mailto:tkolar@aatx.com">tkolar@aatx.com</a>	3551	
<b>GENERAL SERVICES &amp; FACILITIES</b>				
Lakeyn Bolfing	Director	<a href="mailto:lbolfing@aatx.com">lbolfing@aatx.com</a>	3315	(254) 297-2155
Stacie Mizera	Purchasing/Supply Coordinator	<a href="mailto:smizera@aatx.com">smizera@aatx.com</a>	3366	
<b>IT DEPARTMENT</b>				
PC Technical Helpdesk		<a href="mailto:helpdesk@aatx.com">helpdesk@aatx.com</a>	2808	