



FARMERS LIFE INSURANCE COMPANY

Application for Producer Contract and Appointment

This application must be completed for each agent’s contract. Please PRINT. Photocopies of your appropriate licenses must be sent to us with this application. All sections of this form must be fully completed.

Contracting as:

Individual Applicant or Business Entity

Full name of applicant or principal if contracting as a business

SSN/TIN State of domicile Date of birth (MM/DD/YYYY)

Business entity name if applicable

Tax ID for business entity if applicable National producer number

Commissions

Individual’s relationship to business entity: Owner Officer Employee

Commissions to be paid to: Individual applicant Business entity

Addresses

Individual’s (or Principal’s) residence – street address (Required by state)

Street/P.O. Box City State ZIP

Business street address (Required if mailing address is P.O. Box)

Street/P.O. Box City State ZIP

Preferred mailing address

Street/PO Box City State ZIP

Email (required) Other (optional)

Contact Numbers

Home Mobile Business Fax

1. Have you ever been licensed with Farmers Life Insurance Company? Yes No

2. For which states do you wish non-resident appointments? _____
(Attach a copy of current licenses. You will be responsible for payment of any required fees for non-resident appointments.)

If you answer “yes” to any of the following questions, please provide COMPLETE details on a separate sheet and obtain home office approval of your appointment prior to selling Farmers Life products.

3. Have you ever been refused an original or renewal license or had a license suspended or revoked for any type of insurance license by any state? Yes No

4. Have any formal charges been filed with the insurance department of any state arising out of your activities in the insurance business, or have you ever been cited to appear before the insurance department of this or any other state for an infraction of the insurance laws or for unfair practices? Yes No

5. Has any insurance company ever canceled any contract of employment or your agent’s appointment for any reason other than non-production? Yes No

6. Does any insurer or agent claim that you are indebted to them under any agency contract or otherwise? If “yes,” give amount of debt and how the debt will be repaid. Yes No

7. Are you currently involved in any litigation or are there any unsatisfied judgments or liens (including state or federal tax liens) against you? Yes No

8. Do you currently have a pending bankruptcy or have you ever declared bankruptcy? Yes No

9. Have you ever been convicted of any crime, other than minor traffic offenses? Yes No

Referred to us by: _____

AGENT’S DECLARATION AND AUTHORIZATION

I certify, under penalty of perjury, that all answers and responses to questions and inquiries contained in this application are true, correct and complete. I further certify that I have read and am familiar with the sections of the insurance code for the state in which I am seeking appointment and that I am withholding no information which would affect my qualification for this appointment with Farmers Life Insurance Company (“Farmers”). I further agree to conduct myself/agency in accordance with the terms of the contract(s) issued to me. I agree that FLIC has no obligation to approve this request, and I release FLIC from all liability if they decline this request and refuse to appoint me. I understand that if this application for producer’s appointment is approved, my relationship with FLIC will be that of an independent contractor and that no employee/employer relationship will be created by the producer contract. I agree that by accepting commission from FLIC, I acknowledge my acceptance of all terms and conditions of the producer contract. Unless checked here , I authorize all FLIC affiliated companies to send bulletins, announcements and other information in electronic format to my email address. I acknowledge that I have read and understand the contents of “*Conduct and Compliance Guide for the Producer*” which is located on www.Farmerslifeins.com and will comply with its provisions.

As evidence of my desire to obtain a producer’s contract with FLIC, I empower FLIC and its affiliates to retrieve information from all personnel records, educational institutions, government agencies, companies, corporations,



credit reporting agencies and law enforcement agencies at the federal, state or county level, relating to my past activities, to supply any and all information concerning my background, and release from any liability resulting from providing such information. The information received may include, but is not limited to, residential, achievement, job performance, litigation, personal history, credit reports, driving history, disciplinary and conviction records.

I authorize all FLIC affiliated companies to share any pertinent information they may have obtained regarding my financial, business, legal, tax or work performance or any information obtained under the Fair Credit Reporting Act, including copies of licenses and applications for purposes of appointment under this agreement.

I have read and understand the Disclosure Consumer Report and the Summary of My Rights Under the Fair Credit Reporting Act that were provided to me by FLIC.

By my signature below, I hereby release any individual or institution, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may, at the time, result to me, because of compliance with this authorization and request to release information or any attempt to comply with it. A copy of this authorization is as valid as the original. This authorization is valid until you receive written revocation from me.

- a) The Social Security Number or Taxpayer Identification Number shown on this form is my correct Taxpayer Identification Number (or I am waiting for a number to be issued to me), and
- b) 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 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.

Applicant/Agent signature _____
Date

TO BE COMPLETED BY HOME OFFICE

Application accepted by Farmers Life Insurance Company

Benjamin Jacobs, President

Commission schedule form number Agent number Effective date of agreement

Countersigned _____
(The agent agreement will be of no force or effect unless this application is countersigned by an authorized employee of the company.)



GENERAL AGENT CONTRACT

This contract is made on the _____ day of _____, 20____ by and between Farmers Life Insurance Company, (“Farmers Life” or “FLIC”), with its home office located at 243 North Peters Rd., Knoxville, TN 37923 and _____, its non-exclusive GENERAL AGENT, (“you”).

1. APPOINTMENT

Appointment. FLIC hereby appoints you on a non-exclusive basis to solicit applications for insurance policies and annuity contracts (individually a “Policy,” collectively the “Policies”) issued by FLIC. This appointment shall also include the sub-agents and brokers, if any, which are or may be appointed and assigned to you by FLIC as approved hereunder.

Territory. It is understood and agreed that this Contract does not grant any exclusive territory to you or your agency and does not impose upon you any territorial limit of operation.

Relationship. This Contract is not a contract of employment and does not create the relationship of employer and employee between FLIC and you. You are not expected or obliged to devote full time and effort to the business of FLIC or to represent FLIC exclusively. It is understood and agreed that this Contract calls for results and does not purport to control the time or manner of your performance. Rather, you are an independent contractor and shall exercise your own judgment and discretion in the conduct of the business contemplated under this Contract, subject to the provisions herein. You specifically recognize and accept responsibility for payment of any applicable taxes levied by federal, state or local authorities as a result of compensation arising hereunder.

2. YOUR AUTHORITY

Your powers and authority are limited to only those expressly provided under this Contract. Any and all such powers and authority shall continue only during the duration of this Contract and shall terminate on the date of termination hereof.

Solicitation. You will actively solicit and present applications for the Policies to FLIC for acceptance, both personally and through properly licensed sub-agents and brokers appointed and assigned by FLIC to you from time to time. Coverage applied for must meet suitability requirements in accordance with applicable laws and regulations.

Recruiting. You may recruit and recommend the appointment by FLIC of sub-agents and brokers. You shall have no authority to make any such appointment on behalf of FLIC, and no purported appointment shall be valid unless and until sub-agent or broker has been appointed by FLIC and has executed a contract on a form provided and signed by FLIC shall not be obligated to appoint any sub-agent or broker or to assign any sub-agent or broker to you, and FLIC expressly reserves the exclusive right and sole discretion to terminate the appointment of any sub-agent or broker at any time. The assignment of any sub-agent or broker to you shall be terminated immediately upon the earlier of the termination of this Contract or termination of the contract between FLIC and such sub-agent or broker.



Limitation of Authority. You shall have no power or authority to, and hereby agree and warrant that you will not, do anything not expressly authorized herein including, but not limited to, any of the following:

- a) Waive, alter, amend, modify or discharge any policy or contract of FLIC,
- b) Waive forfeiture under any policy,
- c) Quote rates other than as provided in writing by FLIC,
- d) Extend the time for payment of any premium due FLIC,
- e) Receive any funds for the benefit of FLIC, except for initial premiums,
- f) Incur any liability, obligation or indebtedness on account of FLIC,
- g) Endorse or negotiate any checks or other instruments payable to the order of FLIC, or Voluntarily accept service of process on behalf of FLIC.

3. DUTIES AND RESPONSIBILITIES

You and all sub-agents and brokers assigned to you shall fairly, truthfully and properly represent FLIC and its products and services and shall faithfully perform all the duties within the scope of the appointment under this Contract. In particular, but without limitation, you agree to perform the duties set forth below:

- a) **Premiums.** You shall collect and receive, or cause to be collected and received, the initial gross premium on Policies secured by you or by sub-agents and brokers assigned to you by FLIC, and shall immediately remit all such premiums to FLIC. You agree to hold in trust and separate from any other funds all premiums and other funds collected and received by you for the benefit of FLIC. All such premiums and other funds shall at all times remain the property of FLIC and shall be immediately forwarded to FLIC without offset or deduction.
- b) **Compliance.** You will comply with all rules and regulations provided to you by FLIC in performing your obligations hereunder.
- c) **Legal Compliance.** You will keep in good standing all licenses that you need to solicit applications for Policies to be issued by FLIC. You will comply fully with all regulations, rulings, circular letters, proclamations and statutes, federal, state or local, which are applicable to your appointment and status hereunder.
- d) **Acts of others.** You shall be responsible and liable for the acts and omissions of the sub-agents and brokers assigned to you by FLIC and any damages and obligations arising therefrom, which acts and omissions shall, for purposes of this Contract, be deemed to be those of you and not of FLIC.
- e) **Bond.** You shall, upon demand by FLIC, promptly furnish and maintain, at your expense, a security bond satisfactory to FLIC for the payment of any and all amounts which are or become due or payable to FLIC under this Contract or under any prior or subsequent agreement between you and FLIC.
- f) **Processing of Applications.** You shall immediately forward to FLIC all applications for the Policies that you may receive. We will pay all customary underwriting costs, including all reasonable costs, expenses and fees for obtaining such medical and other information we consider necessary to determine the insurability of applicants for Policies. If a Policy is issued as applied for and you personally are unable to deliver said Policy to the applicant for any cause whatsoever, or the applicant fails or refuses to accept the Policy as issued, or if you cause us in any way to incur unnecessary underwriting costs, then we reserve the right to offset from your compensation any and all such underwriting expenses.



- g) **Delivery of Policies.** You agree not to deliver a Policy unless you can reasonably determine that the proposed insured is in as good health as at the time of application, and unless the first premium has been fully paid. You agree to return any Policy which cannot be delivered within thirty (30) days for any reason to the FLIC's home office at the end of the thirty (30) day delivery period.
- h) **Servicing Business.** You will provide for all usual and customary services to insureds and policyholders, including prompt delivery of Policies, appropriate responses to inquiries and to complaints from insureds or policyholders or members of the public and to comply with any service standards set forth in any exhibit. You will maintain sufficient supplies and equipment and a staff of competent and trained personnel to produce, develop, underwrite and supervise the Policies covered by this Contract.
- i) **Privacy.** You agree that any nonpublic personal information on any customer or consumer of FLIC is provided for the sole purpose of performing routine and essential transactions at the request of FLIC. You further agree that said information is considered confidential and will not be disclosed to any other person or entity without the express written consent of FLIC.

4. INDEBTEDNESS

The following obligations shall be due and payable to FLIC on demand:

- a) **Failure to Remit Premiums.** You shall reimburse FLIC and hold it harmless from any loss that may result from your failure to remit premiums collected.
- b) **Repayment of Commissions.** If FLIC refunds any premiums received on policies solicited by you, then you shall immediately reimburse FLIC for any commissions received.
- c) Any commissions that are charged back as provided in the Commission Schedules, as amended, that are part of this Contract.
- d) If you are a partnership or corporation, those amounts due to FLIC shall be a debt to all of the partners or to all of the officers, directors and shareholders of the corporation.

We may offset any indebtedness owed by you, or any sub-agent or broker assigned to you, against any sums due or becoming due to you under the terms of this Contract.

5. COMPENSATION DURING TERM OF CONTRACT

Commission Schedules. Attached hereto as part of this Contract are Commission Schedules that specify the percentages of premium that will be paid to you as commissions in connection with the sale of the Policies by you. Commissions shall be paid only with respect to premiums actually received by FLIC. Commissions payable hereunder will be reduced by any commissions paid to any sub-agent or broker appointed to you by FLIC on business written by such sub-agent or broker.

Changes in Commission Schedules. FLIC shall have the exclusive right and sole discretion at any time to unilaterally terminate any Commission Schedule or to modify all or any portion of any such Schedule, or the rate, amount or method for determining the commission or compensation, provided such action is uniformly taken with respect to all persons to whom such Commission Schedules apply. Such modifications or terminations shall become effective no less than thirty (30) days from the date FLIC gives you written notice and, unless otherwise agreed to by you and FLIC in writing, shall have no effect on compensation resulting from policies with an effective date prior to the effective date of such modification or termination.



Accumulation of Commissions. If commissions payable to you in any period amount to less than fifty dollars (\$50), FLIC may defer payment until the accumulated commissions due to you amount to at least fifty dollars (\$50).

Commissions Relating to Special Situations. The commissions paid to you by FLIC with reference to conversion, extra premiums and Policies substituted for others upon the same life and modified forms of Policies shall be determined by such practices and regulations as FLIC shall establish from time to time, and shall not be affected by the Commission Schedules. No commissions shall be allowed to you with reference to preliminary term insurance, temporary extra premiums of five years or less, or premiums waived or commuted by reason of death, disability or exercise of Policy options.

Licensing. You will pay the fee for your initial resident license and appointment fee. You will bear the cost of any nonresident license and appointment fee for you and any sub-agents and brokers assigned to you by FLIC. You will bear the cost of all renewal resident license fees and the costs associated with license maintenance for you and any sub-agents and brokers assigned to you by FLIC will pay the resident renewal appointment fee for you or any sub-agent or broker if you or the applicable sub-agent or broker has met FLIC's requirement for paid business in the preceding twelve (12) months.

Company Forms. FLIC will provide you, at FLIC's cost, with application forms, brochures and the various forms necessary to write and service Policies. You will be responsible for all other business expenses.

Advertising and Sales Promotion. FLIC will furnish, at FLIC's cost, all blanks, advertising materials, circulars and other printed sales material. FLIC will consider your suggestions or requests for specialized solicitation material, but none may be used without FLIC's prior written approval.

Premium Refunds. If FLIC shall refund any premium received by us in accordance with Article 4 (b) hereof, you shall immediately repay FLIC any commissions received by you with respect to such premium.

6. VESTING OF COMMISSIONS

All first year and renewal commissions are vested unless this Contract is terminated "for cause."

7. TERMINATION OF THIS CONTRACT

This Contract may be terminated without cause and for any reason by either party upon fifteen (15) days written notice delivered or mailed to the other party at its last known address.

This Contract shall automatically terminate as of your date of death or incompetency. In the event of such death or incompetency, any compensation due you shall be paid when due to your lawful spouse, if living and co-habiting with you, otherwise to your estate.

FLIC may terminate this Contract "for cause" by sending to your last known address a written notice of such termination, which shall be effective immediately upon mailing of such notice, if you do any of the following acts:

- a) Fail to strictly observe any company rule, regulation, requirement or instruction, whether written or unwritten,
- b) Violate any state insurance law, regulation or policy,
- c) Withhold any money, policy receipt or property of FLIC,
- d) Rebate or offer to rebate all or part of a premium on a policy of insurance issued by FLIC in violation of the anti-rebate laws of the state in which the Policy is issued,



- e) In the sole judgment of FLIC, establish a pattern of inducing or attempting to induce policyholders of FLIC to discontinue payment of premiums or relinquish all or part of any Policy,
- f) Induce or attempt to induce any agent, sub-agent or broker to leave FLIC's service,
- g) Violate any criminal law or statute,
- h) Make any material misrepresentation or perform any fraud or dishonesty affecting FLIC or its policyholders, or
- i) Breach or violate any provision of this Contract.

FLIC shall have, for each and every such act or omission, the right to terminate this Contract "for cause," and you shall, as of the date of termination, unconditionally forfeit all rights, claims and demands whatsoever you have against FLIC. This forfeiture includes both first year and renewal commissions or other compensation or payment, whether accrued and not payable at the date of termination or to accrue after the date of termination, under this or any previous Contract, agreement or supplementary or amendatory contract or agreement between you and FLIC, but nothing herein shall be construed to affect the rights or claims of FLIC against you under this Contract or otherwise.

Effect of Termination. Upon any termination of this Contract, any and all of your obligations to FLIC shall mature, accelerate and become immediately due and payable in full notwithstanding any agreement to the contrary, and you shall immediately and without further notice return all then undelivered policies and all other property furnished or provided to you by FLIC.

If, subsequent to termination of this Contract, you shall misappropriate or impair any funds or property of FLIC or any funds received on account of FLIC, or fail to remit any funds due or property of FLIC within ten (10) days after receipt of demand therefore, FLIC shall and completely discharged with respect to any and all its obligations under this Contract, including, but not limited to, the payment of any commissions.

Minimum Payment. Following termination of this Contract, no Renewal Commissions or Service Fees will be paid to you following any calendar year in which the total amount of such Commissions and Service Fees due to you shall amount to less than three hundred dollars (\$300).

8. ENTIRE CONTRACT

This Contract and the Commission Schedules, as amended, and Application for Agent's Appointment and Contract attached hereto contain the entire understanding between the parties and supersedes all prior contracts and agreements there between, whether written or oral, on all matters. No modification of any provision of this Contract, except modifications of the Commission Schedules, shall be effective unless evidenced in a writing signed by you and FLIC.

9. NOTICE

Any written notice required under this Contract shall be deemed received on the date mailed, if sent properly addressed to the last known address of the other party by prepaid certified mail, return receipt requested and, if otherwise given, on the date actually received.



10. APPLICABLE LAW AND VENUE

This Contract shall be governed by the laws of the state of Texas, and any interpretation of the language, intent, performance or obligation of this Contract shall be done in accordance with the laws of the state of Texas. This Contract is performable in Dallas County, Texas, and any suit, action or proceeding by either party to this Contract must be initiated and brought in Dallas County, Texas. All sums or amounts due or to become due to either party are payable in Dallas, Dallas County, Texas.

11. ASSIGNMENT

You may not assign this Contract, or any compensation accruing to you hereunder, or any interest herein except with the written consent of FLIC.

12. WAIVER

Failure of FLIC to insist upon strict compliance with any of the provisions of this Contract or any of the rules or regulations of FLIC shall not be construed as a waiver thereof, but such provisions, rules and regulations shall continue to be in full force and effect.

13. SEVERABILITY

Any provision of this Contract which shall prove to be invalid, void or illegal shall in no way affect, impair or invalidate any other provision contained herein, and such other provisions shall remain in full force and effect.

	FARMERS LIFE INSURANCE COMPANY KNOXVILLE, TENNESSEE
_____	By: _____
Agent name (print or type)	Authorized representative
_____	_____
Applicant/Agent signature	Title
_____	_____
Date	Date



Farmers Life Insurance Company Producer Marketing Acknowledgment

As part of Your contracting with any Farmers Life Insurance Company (“Farmers Life”) company, You are required to review and sign this Acknowledgment regarding telemarketing practices where a Farmers Life Insurance service, or product might be mentioned or offered (including inbound calls from a lead vendor, texts, emails, faxes). All reference to “Seller” in this document means You, Your sub-agents or sub-producers, and Your lead vendor. “Call” means all attempted outbound telephone calls or texts, attempted telephone call transfers, and acceptance of telephone call transfers that involve or encourage the potential purchase of, or investment in, property, goods, or services.

Calls are subject to specific state and federal laws. Federal laws impose disclosure requirements, set permitted hours, and impose other conditions and restrictions. To the extent Seller engages in telemarketing calls, or hires or permits others to do so on Seller’s behalf, Seller must be aware of, and strictly comply with, all federal telemarketing laws and states telemarketing laws related to the Call. For example, the Telephone Consumer Protection Act (“TCPA”) is the primary federal law that applies to Calls. The TCPA contains numerous restrictions on when, where, how, and to whom telemarketing Calls may be placed. The TCPA law and related regulations are complex. If Seller is unfamiliar with the TCPA, a good starting place is the Federal Communications Commission consumer website that can be found here: <https://www.fcc.gov/tags/telephone-consumer-protection-act-tcpa>. Please note that some states have additional consumer protections, if Seller is unfamiliar with state law, a good starting place is this compilation: <https://tcpa.mobi/state-do-not-call-list/> and this resource: <https://www.dnc.com/news/tags/state-laws>. However, Seller should also check the state Attorney General’s website for the telephone area code for the consumers who Seller attempts to contact (a good lead vendor will provide the consumer’s area code before transferring a Call).

Seller should **never**: (1) use an automatic telephone dialing system; (2) use a pre-recorded message; or (3) Call numbers on a Do-Not-Call (“DNC”) registry – there is a federal DNC registry, some states also have a DNC registry. In some instances, Calls may be permissible if the person receiving the Call has given **prior express written consent**. However, it is Seller’s responsibility to verify the prior written consent before placing a Call, transferring a Call, or accepting a Call transfer.

The TCPA also contains rules regarding the time of day Calls may be made and number of rings allowed or required on a Call. For example, companies must let Calls ring for at least 15 seconds or 4 rings, and must prohibit Calls before 9:00 am or after 8:00 pm local time in the consumer’s location.

Seller must take complaints regarding marketing or unethical sales behavior seriously. You must investigate any complaints thoroughly, and, if a violation is discovered, terminate and, if necessary, take legal action against who is responsible for such violations.

By signing below, You hereby acknowledge, understand, and agree:

- As an independent contractor, it is Your sole and exclusive responsibility to ensure that Seller abides by all federal, state, and local laws, including telemarketing laws.
- Seller will ensure anyone who works for Seller understands and abides by these same rules.
- You and Your up-line will indemnify and hold harmless the Farmers Life Insurance Company that Seller is acting on behalf of for any and all legal claims related to Seller’s violation of consumer protection laws.
- Your contract may be terminated if Farmers Life becomes aware of Seller’s failure to comply.

Your signature

Individually, and on behalf of your entity name (if any)

Your printed name

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



Disclosure Consumer Report

Farmers Life Insurance Company (the “Company”) discloses to you that a consumer report is being obtained from a consumer reporting agency for the purpose of evaluating you for a Producer Contract with the Company. It may be an investigative consumer report that includes information as to your character, general reputation, personal characteristics and mode of living.

Must be completed for contracting and appointment.

My signature below serves as an acknowledgment that I have received this Disclosure in accordance with the requirements under the Fair Credit Reporting Act, as amended.

- I authorize the Company, now and at any time while I am contracted and appointed to represent the Company for the sale and solicitation of the Company’s products, to obtain a consumer report and/or investigative consumer report on me.
- I authorize and request any consumer reporting agency to furnish any and all information in their possession regarding me in connection with the Company’s evaluation for a Producer Contract. I authorize that a photocopy of this disclosure be accepted with the same authority as the original;
- I have the right to make a written request within a reasonable period of time to receive the additional, detailed information about the nature and scope of this investigation;
- I authorize the Company to share this information with the appropriate people in the Company, including but not limited to identified persons and those involved in the licensing and contracting process; and
- I understand I am not to solicit business on behalf of any Company until all required licenses and appointments have been obtained and all required contracts have been executed.

I have received “A Summary of Your Rights Under the Fair Credit Reporting Act.”

Agent’s name (please print)

Agent’s signature

California, Minnesota and Oklahoma applicants only.

Please check here to have a copy of your consumer report sent directly to you by the appropriate credit repository. If you have checked this box to receive a copy of your credit report, you must return this form with your agent contracting paperwork and provide your Social Security number below.

SSN/TIN



A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information. Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days.** However, a consumer reporting agency may continue to report information it has verified as accurate.



- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need –usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).

The following FCRA right applies with respect to nationwide consumer reporting agencies:

CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE

You have a right to place a “security freeze” on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is placed on a consumer’s credit file. Upon seeing a fraud alert display on a consumer’s credit file, a business is required to take steps to verify the consumer’s identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.



States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS	CONTACT
<p>1. a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>	<p>a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552</p> <p>b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act.</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Financial Protection (OCFP) Division of Consumer Compliance Policy and Outreach 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590</p>
<p>4. Creditors Subject to the Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423</p>
<p>5. Creditors Subject to the Packers and Stockyards Act, 1921</p>	<p>Nearest Packers and Stockyards Administration area supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., Suite 8200 Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>

