

Return to → Unkefer & Associates  
 Fax: 623-463-2336

**FIDELITY SECURITY LIFE INSURANCE COMPANY  
 AGENT DATA SHEET**

Agent # \_\_\_\_\_  
 Date \_\_\_\_\_

**OMISSION OF ANY INFORMATION WILL RESULT IN A  
 DELAY OF APPOINTMENT AND PAYING OF COMMISSION**

**NOTE:** No person is permitted to solicit, sell or procure an application for insurance until he has in his possession an insurance agent's license authorizing him to solicit, sell or procure applications for Fidelity Security Life Insurance Company.

**A. IDENTIFICATION:** (Please print in ink or type - **Do Not Abbreviate**)

Name (Last, First, Middle)					Sex: <input type="checkbox"/> M <input type="checkbox"/> F	
Social Security Number		Date of Birth	Place of Birth		Tax I.D. No.	
Firm Name (Agency Name if applicable)						Send Mail to:
Business Address					Telephone & Fax #	
Street	City	State	County	Zip	( )	
Resident Address					Telephone & Fax #	
Street	City	State	County	Zip	( )	
Currently Licensed By State Of:		License No.		Issued To:		
(attach a copy of home state license)				<input type="checkbox"/> Ind.	<input type="checkbox"/> Corp.	<input type="checkbox"/> Partnership <input type="checkbox"/> Sole
Proprietor						
What type of product(s) do you plan to sell for FSL?				<input type="checkbox"/> Life	<input type="checkbox"/> Health/Accident	<input type="checkbox"/> Fixed Annuity

**B. BACKGROUND** - Use separate page if needed .....IF YES TO ANY OF QUESTIONS 1-9, PLEASE ATTACH DETAILS AND DATES.

	Yes	No	Month/Year
1. Have you ever had ownership interest in a business venture which declared bankruptcy? (If Yes, give month and year.)	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Have you been a Judgment Debtor or ever declared personal bankruptcy? (If Yes, give month and year.)	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Are you in good standing and full compliance with respect to state taxes or child support? (If no, give details.)	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Have you ever had a bond declined or cancelled?	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Have you ever been convicted for any offense other than a minor traffic violation? <b>Your failure to disclose a felony conviction will result in an automatic denial.</b>	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Have you ever been cited, fined, suspended, revoked or refused a license by any state? (If Yes, give state, month and year.)	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. Have you ever been short in accounts with any employer?	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. Do you owe an unpaid balance to any insurance company?	<input type="checkbox"/>	<input type="checkbox"/>	_____
9. Are you now employed by, or associated with to any degree, directly or indirectly, a bank, savings and loan or other financial institution?	<input type="checkbox"/>	<input type="checkbox"/>	_____
10. Please provide the carrier for your Errors & Omissions coverage, the policy number and the name of the insured.			_____

11. List past and current companies you represent or have represented in the last 5 years.

From	To	Name	Street Address, City, State, Zip	Telephone No.
				( )
				( )

**C. CERTIFICATION / AUTHORIZATION**

12. a. I certify that I have answered all questions honestly and to the best of my knowledge.  
 b. I also authorize Fidelity Security Life Insurance Company to order an investigative report as may be required. I understand that information for the report may be secured from financial resources, and/or public records, or personal interviews with third parties, such as family members, business associates and/or others with whom I am acquainted.

This inquiry may include information as to my character, general reputation, personal characteristics, mode of living or educational background. I understand I have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of this information if I so desire.

Date \_\_\_\_\_ Signature \_\_\_\_\_  
 Date \_\_\_\_\_ Appointing Premier General Agent \_\_\_\_\_

Owner or Partner  
 Corporate Officer  
 Representative (Agent)



**Fidelity Security Life Insurance Co.**

3130 Broadway  
Kansas City, MO 64111

**Estate Enhancer  
General Agent (GA)**

### Commission Schedule

#### Policies and Commission

Commissions are equal to the percentages shown shall apply to premiums received on Certificates/Policies placed in force during the effectiveness of this schedule. Policy (ies) covered by this Commission Schedule are as followed:

#### Commissions \*

Policy	First	
WL-133	Year**	12.00%

Commissions will be paid when a minimum of \$25.00 is accumulated.

\*Any commissions paid or credited to sub-Agents will reduce the commission percentages shown. Unless otherwise identified, commissions will only be applied to collected premiums.

\*\* New Business: First Year commissions on issue ages 81-85 are reduced by 50%.

#### Renewal Compensation

Only first year commissions are payable. There are no renewal commissions.

#### Vesting

First year commissions vest immediately for life in the name of the individual or company.

#### Chargebacks

We will reverse compensation paid to you on premiums refunded for any reason except surrender or death of insured. Should any such reversal of compensation create a deficit on your earnings statements, the deficit will be repaid to FSL upon demand and will be offset against compensation otherwise payable to you. Compensation will be reversed at 100% in the first year, 50% in the second year, 25% in the third year, and 0% after.

#### Unkefer & Associates

By \_\_\_\_\_  
 Printed \_\_\_\_\_  
 Name \_\_\_\_\_  
 Title \_\_\_\_\_  
 Date \_\_\_\_\_

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