

Merchants Benefit Administration – GTL Appointment Form

Guaranteed Trust Life Insurance Company (GTL)
1275 Milwaukee Ave | Glenview, IL 60025

Please return appointment form and license(s) to:
Merchants Benefit Administration
13840 N. Northsight Blvd Ste 101, Scottsdale, AZ 85260
Ph: (800) 800-6543 Fax (480) 374-8952

1. Name: _____
(Last) (First) (MI)
2. SSN: _____
3. Date of Birth: _____ Place of Birth: _____ Male Female
4. Spouse's Full Name: _____
5. Home Address: _____
6. Home Phone: _____ Email: _____
7. Business Address: _____ Fax #: _____
8. Business Phone: _____ Email: _____

CORPORATE INFORMATION

9. Company Name: _____ Tax ID#: _____
Insurance License #: _____ (Copy required)

LICENSING INFORMATION: All Agents must submit a copy of current resident and/or non-resident license(s).
Please provide state license where the active group (s) is located.

10. Type of License: Life A & H Broker
11. Have you ever been licensed with GTL? No Yes (Prior Code) # _____

BACKGROUND INFORMATION

12. Have you ever been investigated or fined by an Insurance Regulatory Authority? Yes No
13. Has your insurance license ever been suspended or revoked? Yes No
14. Have you ever pleaded guilty or "nolo contendere" to or been found guilty of a felony? Yes No
15. Have you ever had a bond canceled or declined? Yes No
16. Are you now the subject of any complaint, investigation or proceeding which could result in a "Yes" answer to any of the above questions? Yes No

If you answered "Yes" to any of the above questions, please attach a detailed explanation.

FAIR CREDIT REPORTING ACT (FCRA)

Public law requires that we advise you that a routine inquiry by accessing public records, may be made which will provide applicable information concerning your character, general reputation, personal characteristics and mode of living. By signing below, you understand the above and authorize all persons and entities to release information about you they may have. You also acknowledge that you have read and understand the attached "Summary of Your Rights under the Fair Credit Reporting Act". Upon written request, additional information as to the nature and the scope of the report, if one is made, will be provided.

Signature of Applicant: _____ Date: _____



We are pleased to offer you a new payment convenience—*Direct Deposit*. Now you can have your commissions payable by Gilsbar automatically deposited in your checking or savings account. **You do not have to change your present banking relationship to take advantage of this service.**

Direct Deposit will help you in many ways.

- Your money is deposited faster—no more waiting for the mail
- It saves trips to your financial institution.
- It saves time in depositing checks—no long lines to wait in.
- It eliminates the possibility of lost, stolen or forged checks.
- It means you get your money deposited to your account even if you are on vacation or away from the office on business or illness.

Direct Deposit is safe, convenient and easy. To take advantage of this service, complete the attached authorization form and return it to Gilsbar.

The authorization form, which is provided below, gives Gilsbar and your financial institution authority to deposit your payment to your account. Simply complete the form in order to take advantage of Direct Deposit.

All you need do is:

1. Complete the authorization form below. Missing information may delay the process of your application.
2. Mail completed form and voided check to:
Gilsbar
Attn: Finance
PO Box 998
Covington, LA 70434
3. Or you may fax the authorization form and a copy of a voided check to 985-898-1507.

AUTHORIZATION FOR DIRECT DEPOSIT

I authorize Gilsbar, Inc. to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my account each pay period. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have cancelled it in writing.

Agent Number (optional): _____

Name (Please Print): _____

Company/ Agency Name: _____

Business Address: _____

Business Phone: _____

Personal Phone: _____

****Signature:** _____ **Date:** ____ / ____ / ____

Pay to: ___ Agent or ___ Agency

****Type of Account:** checking account or savings

PLEASE INCLUDE A VOIDED CHECK WITH THIS FORM.

Financial Institution Name (Please Print): _____

Account Number at Financial Institution: _____

Financial Institution Routing/Transit Number: _____

Financial Institution City and State: _____

PLEASE KEEP A COPY OF THIS AUTHORIZATION FOR YOUR RECORDS.