

The Fisher Agency

Financial Advisors Since 1975

Danny Fisher, CLU, ChFC
President

Danny@MrAnnuity.com
www.MrAnnuity.com

13140 Coit Road, Suite 102
Dallas, TX 75240-5790

In Dallas: 972-238-1450
In Texas: 800-822-1450
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This file contains the following:

Page	Document:	Number of Pages:	Instructions:	File Name:
1	This page	1 page		Instructions.doc
2	Sunset Life Checklist	1 page		SunChecklistC.doc
3-6	Agent Application	4 Pages or 2 pages, front and back	Please make one set/copy.	SunAgentAppC.doc
7-10	Agent Contract	4 Pages or 2 pages, front and back	Please make 3 sets/copies first and sign each copy.	SunAgentContactC.doc

Submit completed papers and requirements to:

**The Fisher Agency, Inc.
13140 Coit Road, Suite 102
Dallas, TX 75240-5790**

Office Hours: 9:00–4:00 Monday thru Thursday & 9:00–12:00 on Fridays



SUNSET LIFE

PO Box 219564 • Kansas City, Missouri 64121-9564
3520 Broadway • Kansas City, Missouri 64111-2565
800-821-6164 • 816-753-7000 • FAX 816-753-0138 •
www.SunsetLife.com

CHECKLIST FOR APPOINTING AGENTS

REGIONAL: STOEBER

Danny Fisher, CLU, ChFC

GENERAL AGENT: The Fisher Agency, Inc.

AGENT NAME: _____

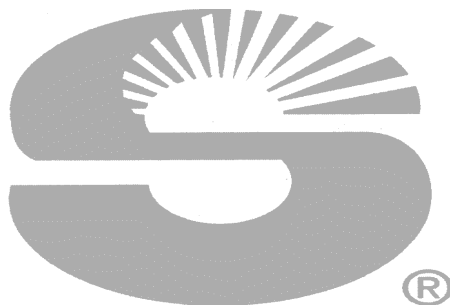
- 1. GENERAL AGENT/AGENT APPLICATION FOR APPOINTMENT WITH BACK PAGE SIGNED
- 2. **THREE** SIGNED COPIES OF AGENT CONTRACT (AGENT & GENERAL AGENT)
- 3. COPY OF LICENSE FOR TEXAS INSURANCE DEPARTMENT
- 4. PROOF OF ERRORS & OMISSIONS COVERAGE

*** THE HOME OFFICE MUST RECEIVE PROOF OF E&O COVERAGE BEFORE ANY NEW BUSINESS APPLICATIONS OR COMPANY APPOINTMENTS WILL BE PROCESSED.**

Send completed papers and requirements to:

GENERAL AGENT
Danny Fisher, CLU, ChFC · The Fisher Agency, Inc. · 13140 Coit Road, Suite 102 · Dallas, TX 75240-5790
972-238-1450 · 800-822-1450 · Fax: 972-680-0562 · Danny@MrAnnuity.com · www.MrAnnuity.com

**SUNSET LIFE INSURANCE COMPANY OF AMERICA
GENERAL AGENT/AGENT APPLICATION FOR APPOINTMENT**



PLEASE NOTE: Information concerning age and sex will not be used to discriminate against or give preference to any individual. Certain states require this information for Agent appointments.

APPLICANT INFORMATION

Name: First, Middle, Last (As reported to the IRS)

Social Security Number

Date of Birth

Male Female

Nickname

Spouse's Name

Home Address

City, State, Zip

County

() _____
Home Phone Number

Where else has the applicant lived in last 5 years?

City, State, County

City, State, County

SHIPPING INFORMATION (NO PO BOX)

Street Address

City, State, Zip

AGENT'S MAILING ADDRESS

Company Name

Mailing Address

City, State, Zip

() () _____
Business Phone Number Fax Number

E-mail Address

Complete only if this application is made on behalf of a corporation.

Corporation Name (As reported to the IRS)

Principal Officer's Name and Title

Tax Identification Number (Please attach a copy of the certificate of good standing.)

Mailing Address

City, State, Zip

() () _____
Business Phone Number Fax Number

EMPLOYMENT AND AGENCY INFORMATION (continued):

Name of Company

()

Phone Number

Mailing Address

City, State, Zip

From

Dates _____
To

Duties _____

PROFESSIONAL REFERENCES:

Your references should not include persons who also are applying for appointment with the Company.

Name

Name

Address

Address

()

Phone Number

()

Phone Number

Relationship to you

Relationship to you

INSURANCE COURSES AND AWARDS – OPTIONAL

Have you taken courses for:

LUTCF designation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Dates	_____
CLU designation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Dates	_____
ChFC designation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Dates	_____
CFP designation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Dates	_____

Have you ever qualified for:

National Quality Award	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Dates	_____
National Sales Achievement Award	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Dates	_____
Million Dollar Round Table	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Dates	_____
Other insurance-related awards and dates				_____

PROFESSIONAL LIABILITY INSURANCE:

Sunset Life Insurance Company of America requires all agents to have errors and omissions (E&O) insurance. Please attach a copy of the declaration page as proof of coverage.

BACKGROUND QUESTIONS:

An incorrect or incomplete response to any questions will constitute cause for termination of your appointment.

- 1. Has your insurance license or securities registration been suspended or revoked, or have you ever been denied an insurance or securities license or securities registration? Yes No
- 2. Have you been fined or disciplined, or entered into a consent order with any state insurance department, state securities department, the Securities Exchange Commission (SEC) or the National Association of Securities Dealers, Inc. (NASD)? Yes No
- 3. Has any insurance company terminated your agent, agency or broker contract for any reason other than insufficient production? Yes No
- 4. Do you owe money to any insurance company you have worked for as an agent or broker? Yes No
- 5. Have you ever made a claim against your errors and omissions (E&O) insurance carrier? Yes No
- 6. Have you been sued by a policyholder, contract holder, beneficiary, insurance company or other person based on your activities as an insurance agent? Yes No
- 7. Have any court judgments been entered against you? Yes No
- 8. Have any garnishments or tax liens been entered against you? Yes No
- 9. Have you filed for bankruptcy or sought legal protection from your creditors through other means? Yes No
- 10. Have you been denied a fidelity or surety bond? Yes No
- 11. Have you been convicted of a crime, other than minor traffic offenses? Yes No

If your answer to any of these questions is "Yes", please provide a full explanation, including dates, in the space below. If necessary, continue your explanation on a separate sheet of paper and attach it to this Application for Appointment. Attach copies of any documents which will help us understand your explanation.

Privacy Amendment is attached and signed.

PRODUCTION COMMITMENT:

First Year Production Commitment \$ _____ Second Year Production Commitment \$ _____

I certify the above information I have provided in this application is correct. I consent to further investigation of my background and credit history by Sunset Life Insurance Company of America or any contractor of Sunset Life Insurance Company of America.

Signatures:

X

Signature of Applicant (If an individual) _____ Date _____

X

Signature of Applicant (If an corporation) _____ Date _____

By _____

Title _____

**The Fisher Agency, Inc.
13140 Coit Rd #102
Dallas, TX 75240-5790**

General Agent _____ Date _____

Regional Director _____ Date _____

Agent Contract



Agent

Please Print Name of Agent

Signed this _____ day of _____, 20 _____

X

Agent Signature

Danny Fisher - The Fisher Agency Inc.

General Agent Signature

Signed and effective at Kansas City, Missouri this _____ day of _____, 20 _____.

Accepted

SUNSET LIFE INSURANCE COMPANY

By: _____
Company Officer

1. Parties to the Contract

This contract is between the Agent named on the preceding page and Sunset Life Insurance Company. As used in this contract, the words "you" and "your" refer to the Agent. The words "we," "our" and "us" refer to Sunset Life Insurance Company. The words "affiliated company" refer to Kansas City Life Insurance Company and its subsidiaries other than Sunset Life Insurance Company.

2. Appointment

You understand that Sunset Life Insurance Company has minimum appointment standards that must be maintained to keep an active appointment with the company.

- A. You must have and maintain a current license in each state you solicit the company's products.
- B. You must maintain adequate Errors and Omissions insurance coverage consistent with the parameters communicated by the company.
- C. You must be in good standing with the regulatory agencies for which you are licensed and, upon a diligent review by the company, have no evidence that would dispute your character and business repute.

You are appointed as Agent to:

- A. solicit applications for our insurance and annuity policies; and
- B. collect and send us the first premium on applications you solicit;

3. Conduct and Relationship

You agree to be governed by this contract and to observe and comply with the rules described in rate books, manuals and bulletins we issue and to conduct yourself in a manner consistent with the Principles of Ethical Market conduct as presented by the company.

You will be an independent contractor and nothing in this contract will be construed to create the relationship of employee and employer between you and us.

4. Limits of Authority

You do not have the authority and you agree not to perform the following acts on our behalf:

- A. collect renewal premiums;
- B. make, alter or discharge contracts;
- C. incur any indebtedness or liability;
- D. waive forfeitures;
- E. extend the time for payment of any premium;
- F. withhold any of our monies or property;
- G. rebate premiums; or

- H. commingle our funds with any other funds;
- I. use any sales materials not developed and approved for general distribution by the company without prior written approval from the company's legal staff.

5. Commissions

We will pay you first year and renewal commissions on policies issued as a result of applications solicited by you.

Your first year and renewal commissions will be fully vested and payable to you, upon death, to your legal representative, provided you have completed three (3) years of service under this contract, have a minimum of \$15,000 of in-force life premium, and you do not forfeit commissions as described in Section 7, Forfeiture. Your commissions will be based on premiums we receive. We will determine your commissions from the attached Commission Schedules.

We may change the Commission Schedules at any time by notifying you. Any changes we make will apply only to policies issued after the effective date of the revisions.

We may pay reduced commissions on a new policy when an old policy we or an affiliated company issued on the same insured has terminated within six months prior to or after the date of the new application.

No commissions will be paid on:

- A. premiums for temporary insurance;
- B. extra premiums payable for five years or less; or
- C. premiums waived under policy provisions.

We will pay you service fees on policies issued as a result of applications solicited by you or your agents provided this contract is in force.

6. Refunds

You agree to repay on demand any amount paid to you on:

- A. premiums we have refunded; or
- B. a new policy when an old policy we or an affiliated company issued on the same insured terminates within six months prior to or after the date of the new application.

7. Forfeiture

You agree to forfeit any amounts due you under this contract if you:

- A. either while this contract is in force or after it is terminated:
 - (1) replace or assist in replacing a policy we or an affiliated company issued with a policy of another insurer; or
 - (2) induce or attempt to induce an agent to leave our service; or

- B. violate:
 - (1) the terms of this contract;
 - (2) our rules; or
 - (3) insurance laws or regulations in the states in which you may solicit applications; or
- C. after at least two years from the effective date of this contract have no business in force subject to first year commissions, and are paid less than \$120 in renewal commissions during the last consecutive 12-month period.

8. Termination

This contract will automatically terminate upon your death. It also may be terminated by you or us, with or without cause, upon written notice mailed to the other's last known address.

Upon termination of this contract, you agree to return any supplies, printed materials or other property we furnish you.

9. Privacy of Customer Information

From time to time to time the Company may provide you with or make available to you nonpublic personal information about our customers to help you perform your duties under this Agreement. You agree that you will not further disclose such customer information or use such customer information except to further the purposes of this Agreement, or as we may specifically agree to in writing, or as otherwise permitted by applicable laws and regulations. You also agree to carefully safeguard all nonpublic personal customer information which you acquire from the Company. Your obligations as to re-use, disclosure and safeguarding of customer information under this paragraph will continue after termination of this Agreement.

10. General Provisions

- A. We may deduct any amounts you owe us from any commissions due you. Earnings due you under previous contracts may be used to offset any obligations you owe us.
- B. We have the right to settle claims against you as a result of transactions arising out of this contract and you agree to repay on demand any disbursements we make.
- C. Our failure to require your strict compliance with this contract or failure to promptly notify you of noncompliance will not waive our rights under this contract.
- D. This and any attached schedules (which we may change as described in section 5, commissions) is the entire contract between you and us. This contract shall not nullify or impair your rights to commissions earned under your previous contracts.
- E. No modification, amendment or assignment of this contract or of commissions or payment due under this contract will be valid unless approved in writing in advance by us.
- F. As often as we request, you shall make available your books and records of your agency, including those of bank accounts, for examination by our representative at your office, and you shall cooperate in such examination.