

TEXAS SERVICE LIFE INSURANCE COMPANY AGENT APPOINTMENT FORM

SUPERVISING AGENT/FUNERAL HOME: _____

Where is the agent working? Inside the funeral home Outside the funeral home Both

Name (Last, First, Middle)

SS #

Street Address

Date of Birth

City

State

Zip

TDL #

Business Phone #

Home Phone #

e-mail address

Current TX Dept of Ins Agent License Type(s): _____

Current TX Dept of Ins Agent License #: _____

COPY OF INSURANCE LICENSE ATTACHED COPY OF DRIVERS LICENSE ATTACHED

IMPORTANT: THE COMPANY RESERVES THE RIGHT TO RUN COMPLETE CREDIT AND CRIMINAL BACKGROUND CHECKS ON EACH AGENT/APPLICANT.

Have You EVER?

- | | | |
|--|------------------------------|-----------------------------|
| 1. Had an insurance license revoked or suspended? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Been charged or convicted of a FELONY? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Done business/Held a license under another name? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Have you ever been involuntarily terminated or permitted to resign from an Insurance Company position, including acting as a sales agent for the company? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Have you or any business in which you are or were an owner, partner, member, officer or director EVER filed for bankruptcy? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Are there any outstanding judgments, liens or claims against you, including delinquent tax obligations? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

List other Insurance Companies where you have worked as an Agent:

Company Name	From-To Dates	Type of Insurance Sold
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I hereby affirm that the information provided above is true, complete and correct. I understand that in conjunction with my desire to be a sales representative for Texas Service Life Insurance Company ("the Company"), that the Company intends to conduct an investigation of me and the Company intends to use the results of the investigation as a factor in determining whether or not I may be its sales representative. I authorize all agencies, bureaus, information service organizations, individuals, corporations, partnerships, companies, employers, law enforcement agencies, and the military services to release all written and verbal knowledge or information about me to the Company, or to any service it may hire to conduct an investigation of me. I release them from any liability associated with the release of the information. This authorization shall remain in effect until rescinded in writing to Texas Service Life Insurance Company, by certified mail, by me. A photocopy or facsimile of this authorization shall be as valid as the original.

Signature of Agent/Applicant

Date: _____