POLISH ROMAN CATHOLIC UNION OF AMERICA
984 N Milwaukee Ave • Chicago IL • 60642-4101

NEW AGENT APPLICATION

Please return your application to kim@adams-moore.com.

Email completed Application to sales@prcua.org or fax to us at 773-278-4595.

AGENCY / AGENT NAME _____ PHONE NUMBER _____

MAIL OFFICE STREET ADDRESS / CITY / STATE / ZIP _____ FAX NUMBER _____

EMAIL ADDRESS _____ WEB SITE ADDRESS _____

1. Doing Business as: ☐ Corporation ☐ Partnership ☐ Individual ☐ LLC

2. If Corporation or Partnership, give names; titles of principal officers or partners; date entity formed; State of Incorporation:

_____

_____

3. National Producer Number for Agent(s) _____ _____ _____ _____

4. Name and Home Address of Agency(s)/Owner(s) Date of Birth SSN/FEIN #

_____ _____ _____

_____ _____ _____

_____ _____ _____

5. How long in insurance industry under above agency name or individually? _____ (years);
How long agency or individually licensed? _____ (years)

6. Percentage breakdown of Agency Revenue:

Commercial _____ Auto/Home _____ Life & Health_____ Annuities _____

7. List below, the top **3 Insurance Companies** you represent:

PRODUCT TYPE	ANNUAL VOLUME	LOSS RATIO/YEAR	INSURANCE COMPANY	YEAR CONTRACTED

8. Federal I.D. (FEIN) or Social Security Number (must be filled in for IRS Purposes): _____

9. Agent Licenses & Certifications: please include copy of most recent certifications

a. Anti-Money Laundering Certificate Date: _____

b. Annuity Suitability Training Certificate Date: _____

10. E & O Carrier (include copy): _____ Policy Number: _____

Expiration Date: _____ Limits: _____

11. Estimated annual premium commitment to PRCUA: $_____

12. Please list other States in which Agent/Agency is licensed in? _____

13. Has any insurance company terminated relations in the past? If yes, explain below ☐ Yes ☐ No

14. Has your, or any employed agent's license ever been suspended, revoked or terminated? If yes, explain below ☐ Yes ☐ No

15. Have you, or any employees ever been convicted of a felony? If yes, explain below ☐ Yes ☐ No

16. Have you been involved in any defaults, judgements, suits or Insurance Dept. hearings or inquiries? If yes, explain below ☐ Yes ☐ No

17. Number of Agency employees, including clerical and administrative staff: _____

18. **Florida Agents only:** is your license in good standing with the Florida Office of Insurance Regulation or Department of Financial Services? ☐ Yes ☐ No

19. Please include agency/agent banking information below, along with a copy of a voided check with application

NAME OF BANK

ADDRESS

ACCOUNT NUMBER

ROUTING NUMBER

Account Type: ☐ Personal ☐ Business / ☐ Checking ☐ Savings

SIGNATURE TO AUTHORIZE ELECTRONIC TRANSFER OF FUNDS

ACH AUTHORIZATION

I hereby authorize POLISH ROMAN CATHOLIC UNION OF AMERICA (PRCUA) to initiate credit (debit) entries to my account at the U.S. depository financial institution listed in above, and to debit (credit) the same to such account. I acknowledge that the origination of ACH (EFT) transactions to my account must comply with the provisions of U.S. law. PRCUA will only allow ACH (EFT) debit (credit) requests from authorized U.S. financial institutions.

This request shall not be construed as modifying any provision of the application and may be revoked by the PRCUA if any charge is not paid upon presentation. This authorization is to remain in full force and effect until the PRCUA has received thirty (30) day written notification from me of its termination in such time and in such manner as to afford the PRCUA and the financial institution a reasonable opportunity to act on it. ACH (EFT) may also be discontinued by the PRCUA, with a thirty (30) day written notification to me. **NOTE: If a credit transaction is returned for any reason, PRCUA will implement a $40 NSF fee.**

AGENT DECLARATION AND AUTHORIZATION

The Polish Roman Catholic Union of America, ("COMPANY"), as part of its agency qualification procedure, may make a routine investigation concerning information on your character, general reputation, personal characteristics and mode of living. Information on the nature and scope of any such inquiry, if made, is available to you upon written request. I hereby authorize the Company to conduct any investigation deemed necessary to verify the answers to the questions on this Application.

I understand this "Application for Agency Contract" ("Application") will become an integral part of my Agency Agreement, if such is issued. If my Application is accepted, I agree to comply with all the rules and regulations of the Company. I understand that falsification of any answer to a question on this Application is grounds for cancellation of my contract.

The Violent Crime Control and Law Enforcement Act of 1994 Title 18 U.S.C.A. Section 1033 and Section 1034 makes it a federal offense for an individual who has been convicted of any felony involving dishonesty or breach of trust to willfully engage in the business of insurance if those activities affect interstate commerce.

Signature of Owner(s)/Principal(s): _____ Title: _____ Date: _____

Signature of Owner(s)/Principal(s): _____ Title: _____ Date: _____

Form **W-9**
(Rev. December 2011)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Print or type See **Specific Instructions** on page 2.

Name (as shown on your income tax return)

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification:
☐ Individual/sole proprietor ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶

☐ Exempt payee

☐ Other (see instructions) ▶

Address (number, street, and apt. or suite no.)

Requester's name and address (optional)

City, state, and ZIP code

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number

			–		–				

Employer identification number

		–							

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. 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 (IRS) 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, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here **Signature of U.S. person ▶** **Date ▶**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

A Legal Reserve Fraternal Benefit Society

Polish Roman Catholic Union of America

984 N Milwaukee Avenue, Chicago, Illinois 60642-4101 ♦ e-info@prcua.org
(773) 782-2600 ♦ Fax (773) 278-4595 ♦ www.PRCUA.org

Anti-Money Laundering Course Requirement for Insurance Producers

As required by Federal Law, all insurance producers selling cash value life insurance products and annuities must understand their responsibilities under the company's anti-money laundering program. The PRCUA uses the services of LIMRA to administer the training for us. This course must be completed prior to submitting business to the PRCUA and after the initial course, agents must update the AML education by completing a renewal course every two years.

If you had already completed your AML course through LIMRA or through another provider, we would simply request a copy of any documentation stating that you have finished the training. Once you are contracted with the PRCUA, we will notify LIMRA and you will be able to have the option of completing a renewal course through their service once the valid status of your AML education requirement expires.

If you had not taken any AML training within the past 24 months, you may take it through LIMRA once we have received the contracting packet and assign you a PRCUA agent number. The training through LIMRA will be free of charge for you. Once you have received your agent number, please follow the instructions below for accessing the site:

To access the course, go to LIMRA's training site at https://knowledge.limra.com. Your Username is your National Producer Number (NPN) unless otherwise communicated. If you do not know your NPN you can look it up by visiting the National Insurance Producer Registry website at http://www.nipr.com/PacNpnSearch.htm.

If this is your first time logging in, your Password is your last name (lowercase). If you have previously accessed the LIMRA training site, please use the password you created the first time you logged in. If you have forgotten your password, click on the Forgot Your Password link and follow the prompts to reset it online.

Once on the Home Page click on the button for "Anti-Money Laundering (AML)" to navigate to your AML training area. Should you have technical questions accessing or navigating within the LIMRA site, please contact LIMRA's technical support partner's help desk at support@cfmpartners.com or (866) 364-2380

If you choose to complete it by another provider, please provide proof with a certificate stating your official completing date with your agent application.

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To insure full compliance with the 1997 Fair Credit Reporting Act and to facilitate easy access to all information necessary, please read and sign this authorization.

Background Investigation Authorization

As part of the PRCUA's appointment procedure, I understand that the PRCUA will obtain an investigative consumer report which could include information relating to, but not limited to, my prior employment, military record, education, credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, criminal background, mode of living, verification of identification and/or Social Security Number, and credentials or licenses held by me. I further understand that none, some, or all of this information may be obtained through personal interviews with friends, family members, neighbors, and associates. I understand that any information contained in such reports may be taken into consideration in evaluating my suitability for appointment, promotion, reclassification, transfer or retention as a PRCUA independent agent.

By signing below, I authorize the PRCUA to obtain an investigative consumer report on me. I also authorize all persons and entities (including, but not limited to, businesses, corporations, former supervisors, credit agencies, governmental agencies, law enforcement authorities, educational institutions, state insurance departments, FINRA, Vector One and all military services) to release all written and verbal information about me to the PRCUA, or its designated investigative consumer reporting service. I release from all liability and agree to hold harmless any person or entity that provides the PRCUA with this information.

I further understand that upon written request to the PRCUA, I will be given full information as to the nature and scope of such background investigation.

This authorization, in original or copy form is valid now or any time in the future. I agree with all the provisions shown in this authorization form.

_____ _____

Signature Date

_____

Print Name