



**United
Benefits Inc.**
UNITED FUNERAL BENEFIT LIFE INS. CO.
UNITED FUNERAL DIRECTORS BENEFIT LIFE INS. CO.
RICHARDSON, TEXAS

NEW AGENT DATA SHEET

DATE _____

FIRST NAME _____ MI _____ LAST NAME _____

MAILING ADDRESS: _____

CITY/STATE/ ZIP: _____

TELEPHONE NO. _____

FAX NO. (If available) _____

E-MAIL (Required) _____

STATE INSURANCE LICENSE NO. _____, **ATTACH A COPY**

NATIONAL PRODUCER NUMBER (if known) _____

SOCIAL SECURITY NO. _____

DATE OF BIRTH _____ Male _____ Female _____

MARITAL STATUS _____ SPOUSES NAME _____ NO. OF CHILDREN _____

INSURANCE EXPERIENCE _____

OTHER COMPANIES REPRESENTED IN LAST THREE YEARS _____

Do you have an unpaid debit balance with any Insurance Company? _____. If so, amount \$ _____

Have you been convicted of, plead guilty to or nolo contend ere to a felony or a misdemeanor involving moral turpitude? Yes ____ No ____
If yes, explain fully. Have you ever committed a violation of any State Insurance Law? Yes ____ No ____ If yes, explain fully.

I certify that I have a current and valid license to sell life insurance in Texas or Oklahoma (or am applying for a license).

I Agree that, if appointed by UFD or UFB, I will ensure proper and total completion of the applications, contracts and other forms that may be required in accordance with the instructions given, including answering all questions correctly. I will not alter or omit the prospect's responses on the application. I will complete the applications accurately and clearly (print) and will obtain the necessary applicant/owner's signature.

I agree that any form of advertising or promotional material used in the sale of company's products will be submitted to the company for approval before use. I also agree that company information will not be communicated or disseminated through social networking (such as Twitter, Facebook or Link In) in any form whatsoever.

I certify that I have read, and I agree to comply with, the UFD and UFB Code of Ethics and that I have been given a copy.

I have executed and attached the Background Check Consent Waiver and Authorization attached hereto.

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

SIGNATURE OF PROPOSED AGENT

WITNESSED BY COMPANY REPRESENTATIVE,
MGA, OR GA

**UNITED FUNERAL BENEFIT LIFE INSURANCE COMPANY
UNITED FUNERAL DIRECTORS BENEFIT LIFE INSURANCE COMPANY**

CODE OF ETHICS

Can you define ethics? Most people know what ethics is, but stumble when asked to define it. Webster defines ethics as “a system of moral principles” or the branch of philosophy dealing with right or wrong and the morality of motives and ends”.

Most of us were taught the difference between right and wrong by our parents, our teachers, our church or maybe even our youthful associations such as the Girl or Boy Scouts. The difference is usually very clear. We should live by the old adage “make sure you’re right, then go ahead”.

What about the part of Webster’s definition concerning the “morality of motives and ends”? This definition is harder to understand and the most likely area where people stray off course. It is talking about how you relate to yourself and how you conduct yourself in your relationship with others. Simply put, the following “standards of conduct” should be our guide in the conduct of insurance and pre-need sales.

Always be honest with yourself, with your prospect and with the funeral home and insurance company you represent.

Always follow the policies and procedures set forth by the insurance company and by the funeral home. Always abide by the laws and regulations of the insurance department of the state in which you are licensed and of the Funeral Rule of the Federal Trade Commission.

Always be guided by what is best for your prospect. Show the product that best fits the prospects needs.

Always tell it all and tell it like it is. Thoroughly explain the product to your prospect. Make certain that your prospect comprehends the product and is competent to make his or her own decisions.

Always do what you say you will do when you said you would do it. When you over-commit, admit it, and tell the prospect what you can do.

Always be punctual, respecting your prospects time.

Always be attentive to your prospects individual situation. Be empathetic.

Always honor the opinions and contributions of your peers and others. You are probably not right all of the time, and your way is not always the only way.

Always take personal responsibility for your decisions and actions. Be accountable.

Following these simple “standards of conduct” will insure that you gain the trust and confidence of your applicants, your company, and your peers. You may still have a hard time defining ethics, but you will have experienced the satisfaction and the results of conducting yourself in an ethical manner.

Please initial here _____.

UFD/UFDETHICS (0110)

UNITED FUNERAL BENEFIT LIFE INSURANCE COMPANY
UNITED FUNERAL DIRECTORS BENEFIT LIFE INSURANCE COMPANY
UNITED PRE-NEED FUNERAL PLANS, INC.
RICHARDSON, TEXAS

BACKGROUND CHECK CONSENT WAIVER AND AUTHORIZATION

(You do not have to complete this form if you are a licensed Funeral Director
or a permanent employee of a funeral home.)

It has been determined that the above companies may have a duty and responsibility to undertake a background check and due diligence investigation of applicants for employment and individuals who may be seeking a contractual relationship as a result of either applying for a State insurance license or as a result of having a State insurance license. Included are independent agents who seek appointment by the companies to sell the company's insurance and annuity products.

Therefore, I do hereby consent and authorize the above named companies, either individually or as a group, to conduct background investigations on me and to obtain information from all persons, firms, corporations, prior employers or insurance companies or agencies in which I have been involved as well as to obtain information from any and all state or federal law enforcement agencies as to any prior occasions whereupon I was arrested and/or convicted of any state or federal criminal offense.

I understand that my social security number may be checked against the credit reporting agencies to ensure that my identity is true and accurate resulting in an inquiry being posted.

I understand that the company's decision to employ me, or to enter into a contractual relationship with me, may be impacted on the finding of the background check or investigation. I also verify that I have signed this authorization freely and voluntarily.

Print Full Name

Maiden Name or Aliases

Street Address

Social Security Number

City, State, Zip Code

State Driver's License Number

Date of birth

Signature

Printed Name of Witness

Date

Signature of Witness



AGENT REQUEST FOR ACH PAYMENT

Please provide the Company with the following information. The information provided will be held in the strictest of confidence. The information will only be used by the accounting department for the express purpose of paying commissions and production bonuses. It will not be shared with any third party except those financial institutions involved in the ACH transfer.

The Bank closes ACH transfers at 2 P.M. To insure Wednesday payment by ACH transfer your applications must be in our office by 12 P.M, Tuesday.

PLEASE PRINT LEGIBLY

AGENT NAME: _____

AGENT ADDRESS: _____

CITY, STATE, ZIP: _____

AGENT'S BANK NAME: _____

BANK ROUTING NUMBER: _____

AGENT'S ACCOUNT NUMBER: _____

ACCOUNT TYPE: CHECKING SAVINGS

E-MAIL CONFIRMATION TO (if desired): _____

DATE: _____ SIGNATURE: _____

****Please mark one of your pre-printed checks "void" and attach to this request.**

Voided Check

NAME ADDRESS CITY, STATE, ZIP	0123 0123456789	
PAY TO THE ORDER OF	\$ _____	
BANK NAME ADDRESS CITY, STATE, ZIP	_____ DOLLARS	
FOR	_____	
⑆0 ⑆ 234 56 78 90 ⑆ 12 ⑆ 34 56 78 90 ⑆ 231* ⑆ 12 ⑆ 3		
Bank Routing Number	Bank Account Number	Check Number