

Producer Application

Ameritas Life Insurance Corp., Ameritas Life Insurance Corp. of New York



Legal Name (Last, First, Middle) _____ Nickname _____

Social Security Number _____ Date of Birth _____ Professional Designations (CLU, ChFC, other) _____

Fax Number _____ Cell Phone Number _____

Residence Address: Street _____ City _____ State _____ ZIP _____ Residence Telephone _____

Business Address: Street _____ City _____ State _____ ZIP _____ Business Telephone _____

Your E-mail Address _____ Web Page Address _____

Where is mail to be delivered? Business Residence

Are you currently or have you ever been a registered representative or a registered investment advisor? If yes, with whom? _____

Do you plan to change your current Broker/Dealer affiliation or become a newly registered representative of Ameritas Investment Corp? Yes No

If you become a registered representative with Ameritas Investment Corp. are you interested in contracting your corporation for Broker/Dealer activities? If Yes, additional paperwork is required. Yes No

BONDING, SECURITIES AND INSURANCE QUESTIONS.

If the answer to any of the following questions is "Yes," you must submit a detailed explanation of each issue/obligation, including documented repayment terms.

1. Do you now owe any money to another insurance company or have you ever discontinued selling for another insurance company when you were indebted to the company? Yes No
2. Have you ever been a party to a bankruptcy or receivership proceeding involving your personal or business debts? Yes No
3. Have you had or are you currently involved in any personal or business tax liens, suits, judgments, collections or charged off debt? Yes No
4. Has any insurance company ever terminated any agency, agent or broker contract with you for any reason other than insufficient sales? Yes No
5. Have you ever had any charges or complaints filed against you by any state insurance department or other entity? Yes No
6. Has any person ever complained to an insurance department or other agency about your conduct as an agent? Yes No
7. Has your insurance license ever been suspended or revoked or have you ever been denied a license? Yes No
8. Have you ever been charged with or convicted of a felony? Yes No
9. Have you been charged with or convicted of a misdemeanor in the past 5 years? Yes No
10. Are you now bonded to handle money belonging to others? Yes No

If yes, with whom? _____

11. Has a bonding company ever denied, paid out on, revoked or refused to bond you? Yes No
12. Do you have professional liability or errors and omissions insurance? Yes No

If yes, enter insurer's name and amount of coverage: _____

The following questions do not need to be completed for Producers applying under the Broker Contract or Brokerage General Agent contract. If yes to questions 12 or 13, please provide an executed copy of the applicable agreement(s).

13. Are you subject to any contractual restrictions with any other company regarding recruiting or soliciting business or agents? Yes No
14. Are you subject to any confidentiality or non-disclosure agreement? Yes No

I verify that my answers to these questions are true and complete to the best of my knowledge.

Signature of Agent _____ Date _____

Printed Name _____ Date _____

I have reviewed the statement signed by _____ and believe it to be true and complete to the best of my knowledge.

Signature: Agency Manager RVP _____ Printed Name: Agency Manager RVP _____

Disclosure and Authorization to Obtain Consumer Report

A Consumer Report Will Be Obtained



For use with the following: Ameritas Life Insurance Corp., Ameritas Life Insurance Corp. of New York, Acacia Life Insurance Company, The Union Central Life Insurance Company, and Ameritas Investment Corp., collectively referred to as "the Company".

I understand that the Company will utilize the services of an investigative consumer reporting agency to obtain a consumer credit report/investigative consumer report as part of the procedure for processing my application for appointment as a field representative with the Company.

The nature and scope of the investigation sought is as follows: to provide applicable information concerning my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living.

I understand I have the right to visually inspect the files concerning me maintained by an investigative consumer credit reporting agency during normal business hours and upon reasonable notice. The inspection can be done in person if I appear in person and furnish proper identification; I am entitled to a copy of the file for a fee not to exceed the actual costs of duplication. I am entitled to be accompanied by one person of my choosing, who shall furnish reasonable identification. The inspection can also be done via certified mail if I make a written request, with proper identification, for copies to be sent to a specified address. I can also request a summary of the information to be provided by telephone if I make a written request, with proper identification for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or directly charged to me. I further understand that the investigative consumer credit reporting agency shall provide trained personnel to explain to me any of the information furnished to me; I shall receive from the investigative consumer reporting agency a written explanation of any coded information contained in files maintained on me. Examples of proper forms of identification are valid driver's license, social security account number, military identification card and government issued IDs.

I also understand that before I am denied appointment based, in whole or part, on information obtained in the report, I will be provided a copy of the report and a description in writing of my rights under the Federal Fair Credit Reporting Act.

This consent will not affect my ability to question or dispute the accuracy of any information contained in my credit report. I understand if I disagree with the accuracy of any information in the report, I must notify the Company within five business days of the report that I am challenging information in the report. The Company will not make a final decision on my status until after I have had a reasonable opportunity to address the information contained in the report.

Application Authorization To Obtain Consumer Report and Other Information

I, the undersigned Applicant, do hereby consent to this investigation and authorize the Company to procure a consumer report and investigative consumer report on my background as stated above from a consumer agency and/or investigative consumer reporting agency, which will be used in whole or in part as a factor in establishing my eligibility for appointment as a field representative with the Company.

Further, I authorize the Company to retrieve and review any and all regulatory and criminal records submitted on my behalf, including records maintained on the Central Registration Depository ("CRD") system by prior employers (broker/dealers and registered investment advisors).

This authorization shall remain on file and serve as an ongoing authorization for you to obtain such records about me.

I also acknowledge that I have received the summary of my rights under the Fair Credit Reporting Act. Further, I acknowledge that I have received and read the "Disclosure That A Consumer Report Will Be Obtained" above and I am providing my authorization herein voluntarily.

I understand that as part of the Company's procedure for processing my application and/or evaluating me for contract and licensing purposes, a routine inquiry may be made whereby information is obtained through personal interviews and background checks with third parties, including, but not limited to, family members, employers, business associates, financial sources, landlords, public agencies, friends, neighbors, or others with whom I am acquainted. This inquiry includes information as to my character, business reputation and financial stability, whichever may be applicable. It may include obtaining information covering up to: the last seven years regarding my credit background, lawsuits, judgments, paid tax liens, unlawful detainer actions, failure to pay spousal or child support, accounts placed for collection, and criminal conviction records consistent with federal and state law; and the last ten years regarding bankruptcies. I have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of additional information concerning the nature and scope of the inquiry. My signature below operates to release from all liability and responsibility those parties supplying information to the Company and I authorize the Company to use this information where its legal interest and/or obligations are involved. Further, I acknowledge that I have no objection to the Company investigating any of these facts and agree to indemnify and hold the Company harmless against any liability which may result in conducting such investigation.

Applicant Signature _____ Date _____

Applicant Name (printed) _____ Social Security No. _____

FOR CALIFORNIA, MINNESOTA AND OKLAHOMA LICENSED AGENTS ONLY: I have the right to request a copy of my consumer credit report from the consumer credit reporting agency by checking the box icon below.

I wish to receive a copy of the consumer credit report. (Check box only if you wish to receive a copy.)

I further understand that I shall receive a copy of any investigative consumer credit report obtained by the Company, and information on who issued the report and how to contact them, either at the time of any meeting or interview between the Company and me or within seven days of the date the Company receives the report, whichever is earlier.