

**Independent Appointment Application**

Products and financial services provided by  
 OneAmerica Securities Inc.  
 a ONEAMERICA® company  
 a Registered Investment Advisor  
 Member FINRA, SIPC  
 One American Square, P.O. Box 1984  
 Indianapolis, IN 46206-1984

Products and financial services provided by  
 American United Life Insurance Company®  
 a ONEAMERICA® company  
 One American Square, P.O. Box 368  
 Indianapolis, IN 46206-0368  
 1-877-999-9883



Fax To: (317) 285-1781

Please attach a copy of your life insurance license(s) for all states in which you wish to write business.

<input type="checkbox"/> Please appoint me to sell Individual products	
<input type="checkbox"/> Please appoint me to sell Retirement Services products	Regional Sales Office / Name GR _____ / _____ <i>Home Office Use Only</i>
<input type="checkbox"/> Please appoint me to sell Employee Benefits products	

Full Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Full Residence Address: \_\_\_\_\_ Full Business Name and Address: \_\_\_\_\_

County: \_\_\_\_\_ Business Phone #: (\_\_\_\_) \_\_\_\_\_

Residence Phone #: (\_\_\_\_) \_\_\_\_\_ Fax Phone #: (\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Please check your responses to the following questions. "YES" responses require full disclosure on a separate sheet. The "YES" answer should be checked if, at the time this application is completed, the applicant has any knowledge of current circumstances which would make a "NO" answer misleading or incomplete.**

- Has any court, state or federal regulatory agency or exchange ever entered an order against you involving insurance, investments, or fraud? .....  Yes  No
- Has any disciplinary action, including but not limited to, refusal, suspension, or revocation, ever been taken by any state or federal regulatory agency against you or any business with which you have been directly connected?....  Yes  No
- Have you ever, at any time, filed personal bankruptcy or been declared bankrupt (including Chapter 7, 11 or 13)? ...  Yes  No
- Do you currently have any unsatisfied judgments, liens, collection items or accounts more than 120 days past due?  Yes  No
- Have you ever been convicted, pled guilty or "nolo contendere" to any of the following:
  - a felony? .....  Yes  No
  - a misdemeanor involving or pertaining to investments, insurance, commodities futures, banking, false statements or omissions, theft, wrongful taking of property, bribery, forgery, counterfeiting, extortion, perjury, burglary, fraud, moral turpitude, or conspiracy to commit any of the foregoing?.....  Yes  No
  - Any offense other than a minor traffic violation?.....  Yes  No
- Has any bonding company ever denied your application or suspended, revoked, or paid a claim on your behalf? ...  Yes  No
- Has any person ever complained to an insurance department, FINRA, NYSE, SEC, or other agency about your conduct as an insurance producer? .....  Yes  No

**FOR TRANSFERS OF COMMISSIONS:** If your commissions are to be made payable to a corporation, please complete the following statement. Please note that you may only transfer commissions to licensed corporations unless otherwise permitted by the state insurance department. **If you are affiliated with a broker-dealer that AUL has a selling agreement with, your commissions will automatically be paid to the broker-dealer.**

Pay all commissions generated on my behalf to \_\_\_\_\_ under corporate tax ID# \_\_\_\_\_

Applicant shall comply with all federal and state laws, rules, and regulations including but not limited to those concerning privacy. All nonpublic personal information (including financial and health) shall be held in the strictest of confidence. Such information shall not be disclosed to any other party except as required by law. Applicant shall establish procedures to protect the security and confidentiality of such information. By signing below, I hereby attest my answers to the questions above are true and complete. I authorize American United Life Insurance Company® (AUL) to conduct a background investigation relating to my insurance appointment and understand that this investigation may include a felony/misdemeanor check, a consumer report, motor vehicle report, and a FINRA/CRD check. If this form is received by AUL by facsimile or other electronic format, I further attest that this form as not been altered or changed in any manner from the original form provided by AUL and that my signature in such facsimile or other electronic format shall be deemed an original signature for purposes of agreeing to the background check and the attestation of the truth of the answers provided herein.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_