

**KANSAS CITY LIFE
CAREER AGENT CHECKLIST**

- Application For Agent Appointment:** Form 452 (rev 11/07) – The agent and General Agent must complete and sign this form. Licensing uses this form to request inspection reports.

- Career Contract (Form 9171)** - Agent/GA signature required. Do not complete the effective date. The commission schedule and two copies of the contract will be returned to the GA..

- Licenses:** Current copy of the agent’s resident state license. If the agent has non-resident licenses and wants to be appointed in the non-resident states, copies of the licenses must also be included.

License Requirement: The agent who takes an application must be licensed in the state(s) where solicitation occurs (including where the app is taken) and where the proposed insured resides.

- Errors and Omissions Insurance:** An agent who has been previously appointed with Kansas City Life must submit proof of E&O coverage with contracting paperwork. Agents who have never been contracted with Kansas City Life must provide proof of coverage within three months after the date of first issue.

- Electronic Funds Transfer Form:** Form 4898 must be completed for commissions to be paid directly to the agent’s bank account.

- Anti Money Laundering Certificate:** Include the certificate if the agent has completed the training with a different company. *(If not, the agent is required to take the training within 30 days of the hire date.)*

- Pre-Registration Application:** If you are changing your Broker/Dealer affiliation to Sunset Financial Services, complete the Pre-Registration application and return it with your licensing paperwork. Sunset Financial Services will send out a U-4 to complete. If you are not changing your Broker/Dealer, please contact your existing B/D to secure a selling agreement from Kansas City Life. Contact Stephen Foster at ext. 8476 to learn more about Sunset Financial Services or for help in obtaining a selling agreement.

- Return Completed Paperwork to General Agent:** All paperwork must be returned to the General Agent to complete the file.

Agent Application for Appointment

Please Note: Information concerning age and sex will not be used to discriminate against or give preference to any individual. Certain states require this information for Agent licensing.

Type or Print Legibly

Name _____

Last, First, Middle *(As reported to the IRS)*

Preferred Mailing Address _____

Industry Designations _____

City, State, ZIP _____

Nickname _____

Phone Number _____

Social Security Number _____

Cell Phone Number _____

Date of Birth _____ Male Female

Fax Number _____

E-mail Address _____

Home Address (Required) _____

Complete only if this application is made on behalf of a corporation

City, State, ZIP, County (Required) _____

Corporation Name *(As reported to the IRS)* _____

Home Phone Number _____

Principal Officer's Name and Title _____

Where else has applicant lived in last seven years? _____

Tax Identification Number *(Please attach a copy of the certificate of good standing.)* _____

City, County, State _____

Mailing Address _____

City, County, State _____

Shipping Information (No PO Box) _____

City, State, ZIP _____

Address _____

Business Phone Number _____

City, State, ZIP _____

Business Fax Number _____

License Information — Attach legible copy of home state license and a copy of any nonresident licenses for state appointment purposes.

State	License No.	Expiration Date	Lines Qualified to Sell
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please Note: Contracts cannot be processed without proof of a valid license. If applying for a first-time license and a copy is not available, please so indicate and show the date applied for: _____

Have you previously sold life insurance? Yes No

Have you previously been contracted with Kansas City Life? Yes No

Have you submitted business? Yes No

If "Yes," date of application _____

Employment History

Employer Name _____

Employment Dates _____ to _____

Position _____

City _____ Country Code _____

Employer Name _____

Employment Dates _____ to _____

Position _____

City _____ Country Code _____

Professional Liability Insurance

Does Agent/GA have errors & omission (E&O) coverage? Yes No

If "Yes," please attach copy of Declaration Page. If "No," proof of coverage is required within 90 days after the month-end of the first paid case. Note: If Agent is a rehire, proof of E&O coverage is required.

Background Questions

An incorrect or incomplete response to any question will constitute cause for termination of your appointment.

1. Has your insurance license or securities registration been suspended or revoked or have you ever been denied an insurance or securities license or securities registration? Yes No
2. Have you been fined or disciplined or entered into a consent order with any State Insurance Department, State Securities Department, the Securities Exchange Commission (SEC) or the Financial Industry Regulatory Authority (FINRA)? Yes No
3. Has any insurance company terminated your Agent, Agency or Broker Contract for any reason other than insufficient production? Yes No
4. Do you owe money to any insurance company you have worked for as an Agent or Broker? Yes No
5. Have you ever made a claim against your errors and omissions (E&O) insurance carrier? Yes No
6. Have you been sued by a Policyholder, Contract Holder, Beneficiary, insurance company or other person based on your activities as an Insurance Agent? Yes No
7. Have any court judgments been entered against you? Yes No
8. Have any garnishments or tax liens been filed against you? Yes No
9. Have you filed for bankruptcy or sought legal protection from your creditors through other means? Yes No
10. Have you been denied a Fidelity or Surety Bond? Yes No
11. Have you been convicted of a crime, other than minor traffic offenses? Yes No

If your answer to any of these questions is "Yes," please provide a full explanation, including dates, in the space below. If necessary, continue your explanation on a separate sheet of paper and attach it to this Application for Appointment. Attach copies of any documents that will help us understand your explanation.

The Fair Credit Reporting Act requires that we inform you that a background investigation may be conducted as part of our screening and hiring process. This may include an inquiry to obtain information regarding your character, employment history, general reputation, personal characteristics, policy record, education, qualifications, motor vehicle record, mode of living and/or credit and indebtedness. The primary objective on any investigation will be to verify information you provided on your application or during the interview process in connection with your application for and/or continued contract with the company. A consumer report and/or an investigative consumer report may be obtained at any time during the application process or during your contract with the company. Upon timely written request to our Agent Licensing department, and within 5 days of the request, the name, address and phone number of the reporting agency and the nature and scope of the report (if one is made) will be provided to you. You have the right to request details of the report from the consumer reporting agency.

Before any adverse action is taken, based in whole or in part on the information contained in the consumer report, you will be provided a copy of the report, the name, address and telephone numbers of the reporting agency, a summary of your rights under the Fair Credit Reporting Act, as well as additional information on your rights under the law.

I hereby authorize Kansas City Life, and its subsidiaries, and/or designated screening firm to investigate my background as it pertains to employment history and performance, personal and professional references, educational history, licenses and information contained in public records, including but not limited to, credit, criminal, motor vehicle data and workers compensation. I hereby release all persons, companies or other entities furnishing such information from liability and responsibility in connection herewith. I further authorize ongoing procurement of the types of reports mentioned herein at any time during my contract with the company. A photocopy of this document maybe substituted for the original.

Signature of Applicant (if an individual)

Date

Signature of Applicant (if corporation)

Date

By _____

Title _____

General Agent (Please Print)

Date

Agency Number _____





Kansas City Life Insurance Company
Career Agent
Contract

Agent

Signed and effective at Kansas City, Jackson County, Missouri

this _____ day of _____, 20_____.

**Kansas City Life
Insurance Company**

General Agent

Company Representative

Agreed to:

Agent

1 PARTIES TO THE CONTRACT

This contract is between the agent named on the preceding page and Kansas City Life Insurance Company. As used in this contract, the words “you” and “your” refer to the agent. The words “we,” “our” and “us” refer to Kansas City Life Insurance Company. The words “affiliated company” refer to Kansas City Life Insurance Company and its subsidiaries.

2 DUTIES

As an Agent of Kansas City Life Insurance Company, you agree that you will:

- A. solicit applications for our life insurance policies and annuity contracts.
- B. receive and send checks for the first premium on applications you solicit;
- C. obey Kansas City Life’s rules for agents; and
- D. conduct yourself at all times in accordance with our Code of Professional Ethics and Business Practices.

3 RELATIONSHIP

You are an independent contractor, not our employee. You are in business for yourself and are not dependent on us for a livelihood. Within the limits of this contract and our rules, and subject to applicable laws, you must use your own judgment when, where and how to perform your duties. You will be responsible to pay all expenses which you may incur in the performance of your duties.

4 LIMITS OF AUTHORITY

You do not have the authority and you agree not to perform the following acts on our behalf:

- A. collect renewal premiums;
- B. make, alter, or discharge contracts;
- C. incur any indebtedness or liability;
- D. waive forfeitures;
- E. extend the time for payment of any premium;
- F. withhold any of our monies or property;
- G. rebate premiums;
- H. commingle our funds with any other funds;
- I. open bank accounts in our name; or
- J. endorse or deposit our checks.

5 COMMISSIONS

We will pay you first-year and renewal commissions on policies issued as a result of applications solicited by you.

Your first-year commissions will be fully vested and payable to you provided you do not forfeit them as described in Section 7, Forfeiture.

Renewal commissions will fully vest and be payable after your contract has been in effect four years. If your contract has been in effect less than four years, renewal commissions will be payable two years for every full year your contract has been in effect. Vested renewals may be forfeited as described in Section 7, Forfeiture. If your contract is terminated, we shall have the right to reduce your vested annual renewal payments by 20 percent.

Your commission will be based on premiums we receive. We will determine your commissions from our current Career Agent Commission Schedule. We will pay you prorated commissions on policies solicited jointly by you and other agents.

We may change the Commission Schedule at any time by notifying you. Any changes we make will apply only to policies issued after the effective date of the revisions. We may include commission rates for variable insurance products in the Commission Schedule, for your information only. Your broker dealer is responsible for payment of commissions on sales of variable products.

If you are an individual, you may designate a beneficiary to receive compensation that comes due under this contract after your death. If no beneficiary is on file with us when you die, any compensation payable after your death will be payable to your estate.

6 REFUNDS

You agree to repay on demand any amounts paid to you on:

- A. premiums we have refunded; or
- B. a new policy when an old policy we or an affiliated company issued on the same insured terminates.

7 FORFEITURE

You agree to forfeit any amount due you under this contract if you:

- A. either while this contract is in force or after it is terminated:
 1. replace or assist in replacing a policy we or an affiliated company issued with a policy of another insurer; or
 2. induce or attempt to induce an agent to leave our service; or
- B. are paid less than \$120 in renewal commissions during any consecutive twelve-month period beginning with the first anniversary of the effective date of this contract; or
- C. violate:
 1. the terms of this contract;
 2. our rules, or
 3. insurance laws or regulations in the states in which you may solicit applications.

8 TERMINATION

This contract will automatically terminate upon your death. If you are a corporation or partnership, this contract will automatically terminate upon death of a partner or dissolution of the corporation or partnership. It also may be terminated by you or us, with or without cause, upon written notice mailed to the other's last known address.

Upon termination of this contract, you agree to return any supplies, printed materials, or other property we have furnished you.

9 GENERAL PROVISIONS

- A. We may deduct any amounts you owe us or an affiliated company from any amounts due you.
- B. You will not participate, for a fee or commission, in any transaction involving viatication of a life insurance policy of the Company.
- C. Our failure to require your strict compliance with this contract or failure to promptly notify you of noncompliance will not waive our rights under this contract.
- D. This is the entire contract between you and us. This contract replaces any previous contracts we have made with you. This contract will not affect:
 1. obligations you already owe us or have previously assumed; or
 2. commissions you have previously earned.

- E. No modification, amendment or assignment of this contract or of commission or payments due under this contract will be valid unless approved in writing in advance by us.
- F. As often as we request, you shall make available the books and records of your agency, including those of bank accounts, for examination by our representative at your office, and you shall cooperate in such examination.
- G. You will notify us immediately upon receipt by you or any subagent of any written consumer complaint, correspondence from a state insurance department or other regulator agency, lawsuit or arbitration claim, which relates in any way to Kansas City Life, our products or the conduct of you or any of your subagents, and will promptly forward a copy of any such document.
- H. You will cooperate with us, and will require your subagents to cooperate with us, in defense of any lawsuit or claim in arbitration, and in any response to a consumer complaint or regulatory investigation.
- I. Any indebtedness of you to us or to any of our affiliates is payable in full on written demand by us at any time. Your indebtedness, in our discretion, may include the debts of your subagents to us. We may set off your indebtedness against compensation otherwise payable to you under this or any other contract with us or any affiliate. Indebtedness not paid in full upon demand shall bear interest at the maximum legal rate. In the event that we take legal action to collect outstanding indebtedness, you will be liable for our attorney's fees and costs.

10

PRIVACY OF CUSTOMER INFORMATION

From time to time the Company may provide you with or make available to you nonpublic personal information about our customers to help you perform your duties under this contract. You agree that you will not further disclose such customer information or use such customer information except to further the purposes of this contract, or as we may specifically agree to in writing, or as otherwise permitted by applicable laws and regulations. You also agree to carefully safeguard all nonpublic personal customer information, which you acquire from the Company. Your obligations as to re-use, disclosure and safeguarding of customer information under this paragraph will continue after termination of this contract.

Because money damages alone would not be a sufficient remedy for breach of this provision, you agree that, in addition to any other remedy which may be available, we shall be entitled to injunctive or other equitable relief without the necessity of posting a bond or other security.



KANSAS CITY LIFE

Career Agent Commission Schedule

Plan	Percent of Premium			Asset Trail ^d
	Year 1	Renewals Years 2-7	Service Fees ^c Years 8 +	
General Markets				
Life Protector				
Target (New Issue & Increase)	50.0%	2.0%	0.0%	
Excess	2.0	2.0	0.0	
SuperNOVA				
Target (New Issue & Increase)	50.0	3.0	2.0	
Excess	3.0	3.0	2.0	
FlexWealth Advantage				
				0.20% yrs 8+
\$10,000–\$24,999				
Target	40.0	3.0	0.0	
Excess	3.0	3.0	0.0	
\$25,000+				
Target	40.0	3.0	0.0	
Excess	3.0	3.0	0.0	
<i>On policies with more than \$25,000 death benefit, second year renewal is 20% and first year NAFYC credit is based on 50% of target premium.</i>				
Accumulator VUL^a				
				0.15% yrs 8+
Target (New Issue & Increase)	50.0	2.0	0.0	
Excess	2.0	2.0	0.0	
Gift of Life				
	50.0	3.0	2.0	
L-95				
	55.0	5.0	2.0	
Select Term Series^b				
Level 10, Level 15, Level 20, Level 30	50.0	3.0	2.0	
Level 10 Adv., Level 15 Adv.	45.0	0.0	0.0	
Level 20 Adv., Level 30 Adv.	50.0	0.0	0.0	
Cashback Term 20, Cashback Term 30				
\$50,000–\$99,999	40.0	2.0	0.0	
\$100,000+	50.0	2.0	0.0	

a Rates shown for information only. The broker/dealer, and not Kansas City Life, is responsible for payment of commissions on sales of variable products.

b No commission payable on Select Term Series policy fee.

c Service fees are payable only while this contract is in force and only if your Net Annualized First Year Commission (NAFYC) production is \$5000 or greater on a rolling 12-month basis.

d Asset-based trail compensation is paid based upon the fund value in force at the end of the first quarter in the year indicated. Asset trail is a transferable service fee.

Career Agent Commission Schedule (cont.)

Plan	Percent of Premium			Asset Trail ^f
	Year 1	Renewals Years 2-7	Service Fees ^b Years 8 +	
Annuities				
Growth Track				0.20% yrs 2+
	ages	0-80	3.00	
		81	2.75	
		82	2.50	
		83	2.25	
		84	2.00	
		85	2.00	
SelecTrack	5	ages 0-80	2.00	0.40% yrs 6+
		81-85	1.00	
	7		2.50	0.40% yrs 8+
	10		2.50	0.40% yrs 11+
SecurityTrack		ages 0-80	3.00	0.20% yrs 8+
Century II Variable Annuity^a			3.00	0.20% yrs 2+
Affinity VA^{a, d}	Option 1		3.00	0.20% yrs 2+
	Option 2		2.50	0.20% yrs 2-7
				0.70% yrs 8+
	Option 3		0.60	0.70% yrs 2+
Freedom VA^{a, e}			1.10	0.80% yrs 2+
SPIA^c				
	With Life Contingencies		3.00	
	Without Life Contingencies			
	Payments 10+ years		3.00	
	Payments 7 to < 10		1.50	
	Payments 6 to < 7		1.25	
	Payments 5 to < 6		1.00	
	Payments 4 to < 5		0.75	
	Payments 3 to < 4		0.60	
	Payments less than 3 years		0.00	

a Rates shown for information only. The broker/dealer, and not Kansas City Life, is responsible for payment of commissions on sales of variable products.

b Service fees are payable only while this contract is in force and only if your Net Annualized First Year Commission (NAFYC) production is \$5000 or greater on a rolling 12-month basis.

c If during the first policy year, a deferred annuity transfers the accumulated value to a period certain SPIA, the compensation that was paid on the deferred annuity is adjusted to equal the amount paid on the corresponding SPIA.

d The Affinity VA generates NAFYC credit based on Option 1 no matter which option is chosen.

e Kansas City Life reserves the right to cease payment of the asset-based commission if over 50% of the value of the contract is in the fixed account. If a Freedom VA is surrendered, exchanged or over 50% of the original premium is partially surrendered, a commission charge-back occurs in first policy year as follows: 100% charge-back in 1st quarter, 75% in 2nd quarter, 50% in 3rd, 25% in 4th and no charge-back after 4th.

f Asset-based trail compensation is paid based upon the fund value in force at the end of the first quarter in the year indicated. Asset trail is a transferable service fee.

Career Agent Commission Schedule (cont.)

Commission Adjustments for All Products

Kansas City Life may pay reduced commissions on any policy that causes extra expense or results in an excessively high premium for the insured due to:

1. Reinsurance
2. Age of the insured
3. Risk classification
4. Size of policy (typically any policy over \$5,000,000)
5. A new policy when an old policy Kansas City Life (or an affiliate company) issued on the same insured terminates, reduces coverage, or a withdrawal or loan is taken.

If commissions are to be adjusted for any of the above reasons, you are notified during the underwriting process (in the case of No. 5 above, you will be notified when the old policy terminates, reduces coverage, or a withdrawal or loan is taken).

No commission is paid on:

1. Premiums for temporary insurance;
2. Extra premiums (flat extras, etc.) for survivorship plans;
3. Extra premium (flat-extras, etc.) payable for nine years or less on single life or joint first-to-die products;
4. Premiums that are waived under a policy provision;
5. Premiums paid in advance until they are applied to current premiums.

Kansas City Life is repaid on demand for any amounts paid on premiums that have been refunded, or on a new policy when an existing Kansas City Life (or an affiliated company) issued on the same insured terminates or is replaced.

A commission reversal will be assessed on the Universal Life Policy which:

- Is surrendered in the first policy year;
- Lapses during the first policy year with an outstanding loan;
- Lapsed during the first policy year and had a partial withdrawal taken on it; or
- Is a first-month lapse.
 - o If the policy, which has no loans or partial withdrawals taken on it, lapses during the first policy year, the agent is paid for the number of months the policy was in force.
 - o If the total amount of policy loans and partial withdrawals taken on the new policy in the first three months exceeds the amount of premium deposited (not including the ACV transferred), the commission paid will be adjusted. A reversal will be made on the commission for the amount of premium paid and, if necessary, for the commission on the ACV. If the amount of the loan or partial withdrawal is repaid in the first policy year, these first year commissions will be reapplied. If the loan or partial withdrawal is repaid after the first policy year, renewal commissions on the amount will be paid.

A commission reversal is assessed on the Accumulator Variable UL as follows:

1. All unearned commissions, overrides and production bonuses are fully charged-back.
2. If the policy lapses in the first six months, 100 percent of earned commissions, overrides and production bonuses are charged-back. If the policy lapses in the second six months, 50 percent of earned commissions, overrides and production bonuses are charged-back.
3. We reserve the right to adjust commissions on policies with significant early duration face amount decreases

Commission Adjustments for Freedom Variable Annuity

If a policy is surrendered, exchanged or more than 50 percent of the original premium is partially surrendered, a commission charge-back occurs in first policy year as follows: 100 percent charge-back in 1st quarter, 75 percent in 2nd quarter, 50 percent in 3rd, 25 percent in 4th and no charge-back after 4th.

Commission Adjustment for Term Products

If a term policy is surrendered or lapsed during the first policy year with six months or less premium paid, all commissions paid will be reversed. If the lapse or surrender occurs during the first policy year with more than six months premium paid, one-half of the commissions paid will be reversed, except for the Select Term Series (Level 10, 15, 20, 30 and Level 10, 15, 20, 30 Advantage) where full charge-backs of any commission, override and office allowance will be reversed for any policy lapsing in the first 12 months.

Commission Adjustment for Traditional Products

If a traditional policy is lapsed or surrendered during the first policy year with only one month's premium paid, all commissions paid will be reversed.

Career Agent Commission Schedule (cont.)

Plan	Percent of Premium		
	Year 1-10 Commission		Years 11+ Service Fees
Deposit Administration			
Cumulative Deposits			
First \$10,000	10.00%		10.00%
Next \$40,000	4.00		4.00
Next \$50,000	2.00		2.00
Excess over \$100,000	1.30		1.30
Group			
	Year 1	Year 2	Years 3+
Term Life			
Annual Premiums			
First \$5,000	12.00%	12.00%	12.00%
Next \$5,000	8.00	8.00	8.00
Next \$10,000	6.00	6.00	6.00
Next \$30,000	3.00	3.00	3.00
Next \$50,000	1.20	1.20	1.20
Excess over \$100,000	0.60	0.60	0.60
Short-Term Disability			
Annual Premiums			
First \$5,000	12.00	12.00	12.00
Next \$5,000	8.00	8.00	8.00
Next \$10,000	6.00	6.00	6.00
Next \$30,000	3.00	3.00	3.00
Next \$50,000	1.20	1.20	1.20
Excess over \$100,000	0.60	0.60	0.60
Long-Term Disability			
Annual Premiums			
First \$15,000	15.00	15.00	15.00
Next \$10,000	10.00	10.00	10.00
Next \$25,000	5.00	5.00	5.00
Excess over \$50,000	1.00	1.00	1.00
Dental and Vision			
Annual Premiums			
First \$5,000	10.00	10.00	10.00
Next \$5,000	8.00	8.00	8.00
Next \$10,000	6.00	6.00	6.00
Next \$30,000	4.00	4.00	4.00
Next \$50,000	2.00	2.00	2.00
Excess over \$100,000	1.00	1.00	1.00
Voluntary Dental/STP Dental			
Annual Premiums			
Flat Commission	10.00	10.00	10.00
Voluntary Life/Voluntary Disability			
	15.00	15.00	15.00

LICENSES

**Submit photocopies of State Insurance
Licenses**



KANSAS CITY LIFE

Broadway at Armour • Box 219139 • Kansas City MO 64121-9139

STRAIGHT ANNUALIZATION PLAN

Name of Agent _____ Date _____

Agency _____

Remarks _____

General Agent *J. R. Kupp* _____

Home Office Approval _____

For H.O. Use Only

Agent's Code _____

Annualization Approved:

For General Agent's Use

_____ Percent Annualization

Effective Date _____

REQUEST TO ANNUALIZE COMISSIONS ON FOLLOWING

Policyowner Name	Policy Number	Annual or Target Premium	Advance Commission	H.O. Use
			Total	

(Instructions on reverse side)

ANNUALIZATION PROCEDURES

Losses, if any, are the responsibility of the General Agent. All checks will be sent to the General Agent's attention.

Home Office approval usually is a formality, as long as the General Agent has reason to believe the Agent will pay for at least \$3,000 NAFYC annually.

Annualization accounts are paid 52 times a year (every Friday). Special advances will not be made.

Advance is on issued and paid-for cases only:

- 100% on annuals;
- 80% of annual commission on most fractional modes;
- 50% of annual commission on regular monthly.

The annualization rate will be reduced, or no further advances will be made, if the Agent's "Bonus" persistency falls below 82%.

The commission advance on Universal Life products will be based on the lesser of the planned or target premium, and no advance will be generated until one-twelfth (1/12th) of that lesser amount has been received.

The advance on "paid cancellations" – or on Policies that lapse after only one month is paid – will be deducted from the advance due on current business.

The Company reserves the right to limit advances to \$2,500 in any one month.

Renewal commissions will be credited to the Agent's recovery account as long as he or she is on straight annualization.

Policy issues not subject to advances:

- Group Insurance and Deposit Administration;
- Policies representing potential earned commissions of \$250.00 or more per month;
- Policies on the Agent's own life or immediate family members.
(Commissions on Policy issues not subject to advances will be paid as earned.)

Enrollment Procedures:

- Complete three Agent contracts and "Notice of New Agent Appointment" (Form 453);
- Complete license application or obtain a copy of the Agent's state license;
- Complete "Straight Annualization Plan" (Form 448);
- Send all the above to the Commission Accounting Department at the Home Office.

ERRORS AND OMISSIONS

To Enroll - see attached instruction sheet for information on signing up and viewing premium schedule.

If you already have E & O - send proof of coverage and copy of limits, etc.

To Obtain E&O Coverage through Kansas City Life

Please visit: <https://www.kclifeeoprogram.com>

Arthur J. Gallagher Risk Management Services
Arthur J. Gallagher & Co. Insurance Brokers of California Inc.
License # 0726293
15 Enterprise, Suite 200
Aliso Viejo, CA 92656
Phone: 949-349-9801
Fax: 949-349-9901

You'll see information about the program, many of your questions will be answered on this site.

Pick your limit option

Choose your coverage effective date – you can enroll mid-term and pay a prorated premium

The KC Life / Sunset E&O policy period is June 1 – June 1

Choose your coverage

Choose your method of payment

Complete the short enrollment form

Please contact me with any questions.

Carolyn Osborn
Account Manager
Professional Liability
Arthur J. Gallagher Risk Management Services
Arthur J. Gallagher & Co. Insurance Brokers of California Inc.
License # 0726293
15 Enterprise, Suite 200
Aliso Viejo, CA 92656
Phone: 949-349-9801
Fax: 949-349-9901
carolyn_osborn@ajg.com

REQUEST FOR ELECTRONIC FUND TRANSFER OF COMMISSIONS

The undersigned understands and acknowledges that Kansas City Life Insurance Company and/or a subsidiary of KCL hereafter will pay commissions due by means of Electronic Funds Transfer on request. The undersigned hereby requests the Electronic Funds Transfer be directed to the financial institution and account designated below. The undersigned reserves the right to designate a new or different financial institution, or, a new or different account, on written and signed notice to Kansas City Life Insurance Company or the subsidiary.

By entering your agent number next to the appropriate company below, you are authorizing the commissions for the agent number to be deposited in the account below.

Company	Agent Number(s)	Company	Agent Number(s)
KCL	_____	SFS	_____
SSL	_____	OAIC	_____

1. Name and address of financial institution:

2. Account number: _____

Routing number: _____

3. Indicate whether account is: Checking Savings

4. Signature and identifier. If you are an individual agent, sign, enter your agent number (if known) then enter your SOCIAL SECURITY NUMBER.

****SFS AND VARIABLE BUSINESS MUST DEPOSIT TO A PERSONAL ACCOUNT****

If you are incorporated, sign, enter your agent number (if known), then enter your TAX IDENTIFICATION NUMBER, and you must have your CORPORATE SECRETARY sign.

(Signature and Agent Number)

(Social Security and Tax Identification Number)

(Signature of CORPORATE SECRETARY if incorporated)

5. Date: _____

6. Attach a VOIDED CHECK showing the correct account number and bank routing numbers.

KANSAS CITY LIFE INSURANCE COMPANY