

## Agent's Application

**IMPORTANT: Sign and return Form SD-274  
Notification/Release of Information form.**

PLEASE PRINT OR TYPE      ALL INFORMATION MUST BE FURNISHED

P E R S O N A L	1. YOUR NAME IN FULL			2. S.S. NO.		
	3a. RESIDENCE STREET ADDRESS			3b. COUNTY		
	3c. CITY	3d. STATE	3e. ZIP	4. BIRTHDATE		5. SPOUSE'S FIRST NAME
	6. HOME PHONE (      )	7. CELL PHONE/FAX NUMBER (CIRCLE ONE) (      )	8. E-MAIL ADDRESS			
	9. <b>HAVE YOU EVER BEEN CONVICTED OF A FELONY INVOLVING DISHONESTY OR BREACH OF TRUST?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO					
	10. LIST NON-RESIDENT STATES YOU WISH TO BE APPOINTED IN AND INCLUDE LICENSE COPIES					11. DO YOU SPEAK SPANISH? <input type="checkbox"/> YES <input type="checkbox"/> NO

G A	12a. IF YOU ARE TO BE APPOINTED UNDER ONE OF OUR G.A.'S OR NATIONAL ACCOUNT AGREEMENTS, PLEASE GIVE US THE NAME	12b. AGENCY MANAGER'S NAME
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B U S I N E S S	13a. AGENCY NAME (IF APPLICABLE)		13b. PHONE (      )	13c. FAX		
	13d. BUSINESS MAILING ADDRESS: P.O. BOX		13e. STREET		13f. SUITE	
	13g. CITY	13h. COUNTY	13i. STATE	13j. ZIP		
	14a. TAXPAYER'S I.D. NO., IF OTHER THAN S.S.N.			14b. CORPORATION? <input type="checkbox"/> YES <input type="checkbox"/> NO		
	14c. COMMISSIONS TO CORP? <input type="checkbox"/> YES <input type="checkbox"/> NO		14d. ARE YOU THE OWNER/OFFICER? <input type="checkbox"/> YES <input type="checkbox"/> NO			
	14e. <b>IF YOU ARE NOT THE PRIMARY OFFICER/OWNER OF THE CORP, PLEASE HAVE THAT INDIVIDUAL COMPLETE A SEPARATE AGENT APPLICATION TO BE APPOINTED ALSO.</b>					

B A C K G R O U N D	15. EMPLOYMENT RECORD 5 YEARS TO DATE				
	PERIOD (FROM - TO)	COMPANY BY WHOM EMPLOYED	LOCATION	TITLE	REASON FOR LEAVING
	16. EDUCATION				
	PERIOD (FROM - TO)	SCHOOL ATTENDED	LOCATION	GRADUATE? (Indicate Yes or No)	

M I S C	17. HAVE YOU BEEN LICENSED WITH US BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO		18. HOW DID YOU LEARN OF ILLINOIS MUTUAL?		
	19. PRIMARY LIFE COMPANY		20. PRIMARY HEALTH COMPANY		
	21. PRIMARY ANNUITY COMPANY		22. PRIMARY WORKPLACE COMPANY		

I hereby apply to be an agent of Illinois Mutual Life Insurance Company. I represent that the answers recorded in this application are true and correct to the best of my knowledge and belief. I agree to be bound by the terms of an Agent's Contract if one is issued to me.

Date \_\_\_\_\_ Signature \_\_\_\_\_

NOTE: Please print your name with your signature on all applications and use your code number, when assigned.

We always appreciate referrals so we hope you know another agent who might be interested in representing us:

Name \_\_\_\_\_ Phone Number (      ) \_\_\_\_\_

Street \_\_\_\_\_ City and State \_\_\_\_\_ Zip \_\_\_\_\_



Insurance Department regulations dictate under what circumstances Illinois Mutual, as an insurer, may accept business. As the Agent, you must currently be licensed in the state in which you are writing the application. Illinois Mutual is unable to accept business from any agent until the proper licensing and appointment requirements are met.

Every agent must submit an **Illinois Mutual Agent's Application and Form SD-274, Notification/Release of Information**, along with a copy of the resident state license and any non-resident state license in which the agent intends to conduct business. Form 3116 is used for all contracted agents, and SD-253 is used for all coded agents to be licensed (but not contracted) under another Illinois Mutual agent.

The following guidelines have been established to comply with Insurance Department regulations and to ensure quality field underwriting:

1. Only properly licensed and appointed agents are permitted to solicit business on behalf of Illinois Mutual.
2. Agents who are not appointed with the Company are not allowed to submit business under a contracted Illinois Mutual agent in order to bypass the licensing and appointment procedure.
3. Contracted agents are not to accept brokerage business which has actually been written by an unlicensed or non-appointed agent.
4. In joint case situations, both agents involved must be licensed and appointed representatives of Illinois Mutual.

### Illinois Mutual Licensed States

Illinois Mutual is licensed to do business in the states listed. Applications are not acceptable if the applications are taken in states where Illinois Mutual is not licensed.

Residents of states where Illinois Mutual is not licensed will be considered only if the agent certifies that the application was taken and the policy will be delivered in a state where Illinois Mutual is licensed.

### License and Appointment Guide

This information is current as of 12/22/06.

Please furnish us with a copy of your license in all states.

1. The agent application and a copy of current license can be submitted with the first policy application from qualified<sup>†</sup> agents in the following states:

Alabama	Iowa	Nebraska**	South Dakota
Arizona	Kansas <sup>††</sup>	Nevada**	Tennessee
Arkansas	Kentucky	New Hampshire	Texas
California	Louisiana	New Jersey	Utah
Colorado	Maine**	New Mexico	Vermont
Connecticut**	Maryland	North Dakota	Virginia
Delaware	Massachusetts	Ohio	Washington <sup>††</sup>
Florida	Michigan	Oklahoma	West Virginia
Idaho**	Minnesota	Oregon	Wisconsin
Illinois	Mississippi**	Rhode Island	Wyoming
Indiana	Missouri	South Carolina	

2. Agents must be appointed prior to taking policy applications in the following states:

Georgia*	North Carolina*	Pennsylvania*
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- \* Agent can write the day after Illinois Mutual processes the appointment. (Minimum 3 working days from the date agent's paperwork is received in the Home Office.)
- † Qualified: agent is licensed in the state and the agent application and a copy of current license is on file in the Home Office, or accompanies policy application.
- \*\* Illinois Mutual must appoint within 15 days of the date the 1st policy application is signed. Policy applications received after 15 days will be declined and must be rewritten.
- †† Illinois Mutual must appoint within 30 days of the date the 1st policy application is signed. Policy applications received after 30 days will be declined and must be rewritten.

## Notification/Release of Information

The purpose of this form is to notify you that a Consumer Report and/or an Investigative Consumer Report will be conducted on you in the course of consideration for appointment.\*

I hereby authorize your company or any agent of your company to contact any and all corporations, former employers, credit agencies, educational institutions, law enforcement agencies, city, state, county, and federal courts and military services to release information about my background including, but not limited to, information about my employment, education, consumer credit history, driving record, criminal record, and general public records history to the person or company with which this form has been filed. This releases the aforesaid parties from any liability and responsibility for collecting the above information. I understand I will obtain a free copy of this Consumer Report if an adverse action/decision is made based on the information in the Consumer Report. I believe to the best of my knowledge that all information I have provided is accurate, true and correct and that I fully understand the terms of this release.

\* A Consumer Report for the purpose of employment, contracting or appointment, has no effect on your credit score.

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Signature of Agent

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Date

FAX TO:

MAIL TO:

### CHECKLIST:

All items listed below **MUST** be received before your appointment will be processed.

- Copy of Your License
- Copy of Agency License  
(If commissions are to be paid to an agency or corporation)
- Signed Notification/Release of Information (above)
- Completed Illinois Mutual Agent Application

**SAMPLE**

**COMMISSION SCHEDULE**

**COMM SCALE: 49**

**TYPE: LIFE**

**COMMISSION**

<b>Plan</b>	<b>1st</b>	<b>2-3</b>	<b>4-5</b>	<b>6-10</b>	<b>11-Up*</b>
VALUELIFE PROTECTOR UL	90.00	3.00	3.00	3.00	1.00
TERM TO 95/ 1-5-10-15 YR	60.00	3.00	3.00	3.00	1.00
TERM TO 95/ 20-30 YR	75.00	3.00	3.00	3.00	1.00
CHILD GUARD***	30.00	.00	.00	.00	.00
<b>Life Foundations Whole Life</b>					
WHOLE LIFE**	80.00	5.00	5.00	3.00	1.00
20 PAY	65.00	5.00	5.00	3.00	1.00
10 PAY	55.00	5.00	5.00	3.00	1.00
SINGLE PAY	7.00	.00	.00	.00	.00
<b>Mature Market Series</b>					
SINGLE PREMIUM WL LIFE	12.00	.00	.00	.00	.00
MODIFIED DTH BEN (AGES 45-65)	75.00	10.00	10.00	5.00	1.00
MODIFIED DTH BEN (AGES 66-75)	65.00	10.00	10.00	5.00	1.00
MODIFIED DTH BEN (AGES 76-85)	55.00	10.00	10.00	5.00	1.00
LEVEL DEATH BENEFIT	90.00	10.00	10.00	5.00	1.00

**COMM SCALE: 09**

**TYPE: DISABILITY INCOME**

**COMMISSION**

<b>Plan</b>	<b>1st</b>	<b>2-3</b>	<b>4-5</b>	<b>6-10*</b>	<b>11-Up*</b>
GR21, NC21, BE21	50.00	10.00	10.00	7.00	5.00
SR21, SRBE21	25.00	5.00	5.00	5.00	3.00
PD21	25.00	25.00	20.00	5.00	5.00

Universal Life commissions are paid on basic first year commissionable premium. Renewal commissions are paid on any payment in excess of the basic first year commissionable premium. If a policyowner changes from Option 2 to Option 1 in the first two contract years, the Agent's account will be debited for the commissions paid on the minimum premium difference between Option 2 and Option 1. In the year following the date of an increase in specified amount, no first year commission will be paid until the premiums paid for the year exceed the previously commissioned premium. First year commissions will only be paid on premiums paid up to the new target premium. If the increased Specified Amount is decreased prior to the 13th month from the effective date of the increase, the Agent's account will be debited for the unearned commissions.

Inforce policy changes/replacements: Payment of commissions on rewrites, reinstatements, occupational class changes, replacements, changes, conversion, exchanges, term renewals, etc, will be paid as a renewal commission unless there is an increase in the original premium, in which case a new first year commission, based on the commission schedule in your Contract for the same contract type, will be paid on the increased portion of the premium only.

\* 1/2 is service fee and paid only if an **Active Selling and Servicing Agent** of the Company.

\*\* Continuous Pay and To Age 65 Pay

\*\*\* Renewal Commission of 1% paid when premiums continue at Child's Age 23

# Available only in MN. NC. SC

COMM SCALE: 49

TYPE: ANNUITY

COMMISSION

Select Advantage Annuity	1st	Renewal**
3 Year	1.75	1.15
4 Year	2.00	1.45
5 Year	3.15	2.50
6 Year	3.50	2.75
7 Year	4.00	3.00
8 Year	4.50	3.50
10 Year	5.00	4.00

**All Annuities:** The Agent's account will be debited for a percentage of commissions paid according to the following:

Death from other than accidental causes in the 1st 6 months: 100%  
Death from other than accidental causes in the 2nd 6 months: 50%

For immediate annuities, this debit will only be made if the remaining periodic payments are paid to the beneficiary in a single lump sum.

**Select Advantage Annuity:** If a policyholder receives a penalty-free automatic distribution that exceeds 10% of the account value at the beginning of the policy year due to minimum distribution requirements and no surrender charges or market value adjustment is imposed, no further renewal commissions will be paid on the policy.

If annuitized within 24 months of the beginning of any Interest Rate Guarantee Period (IRGP), the agent's account will be debited any commission paid at the beginning of that IRGP and credited the appropriate percentage below.

SPIA	Base Commission
Less than 5 years certain	0%
5 to less than 6 years certain	1.5%
6 to less than 7 years certain	1.7%
7 to less than 8 years certain	1.9%
8 to less than 9 years certain	2.1%
9 to less than 10 years certain	2.3%
10+ years certain	2.5%

Group Voluntary Short Term Disability#

Writing Commission

15% level all years

# Not available in FL, NJ, RI, TX

\*\* Select Advantage Annuities pay the renewal commission on the fund value only when the contract is renewed for the next term.



## ANNUITY PRODUCTS

[Products By State](#)

[Select Advantage](#)

[Market Adjusted](#)

[Single Premium Immediate](#)

## CURRENT INTEREST RATES

Current Rates		
Guaranteed Interest Rates		Guarantee Period
4.25%	-	3 Years
4.40%	-	4 Years
4.80%	-	5 Years
5.00%	-	6 Years
5.20%	-	7 Years
5.50%	-	8 Years
5.55%	-	10 Years

Current interest rates are subject to change without notice.

[Click here for Treasury Trends](#)

Marie was ready to retire, but wasn't completely secure about her retirement savings, so she met with her Illinois Mutual agent to purchase an annuity. Soon after, her former employer's stock tumbled, devaluing from \$70 to \$1. If Marie had left her money in her 401K, her retirement would have been lost. [Click here to read more.](#)



## LIFE EVENTS

### HOME & FAMILY

[Staying Single](#)  
[Being Married](#)

### WORK & BUSINESS

[Working Women](#)  
[Stay-at-Home Spouses](#)

### HEALTH & DEPENDENCY

[Experiencing Tragedy](#)  
[Changing Health](#)

### RETIREMENT & LEGACIES

[Planning Retirement](#)  
[Empty Nesting](#)

### DID YOU KNOW?

Not much can be guaranteed these days. This rings especially true when evaluating the risks you want to take in choosing an investment. However, Illinois Mutual guarantees annuity payments under the terms of your contract. This is a guarantee no investment could match. As a long-term savings vehicle, there is not another investment that provides the unique distribution features during the investor's retirement years than a fixed annuity.

### DEFINITIONS

#### Deferred Annuity

An annuity contract under which premiums are accumulated at interest but the annuity payment period is postponed (Definitionerred) for one or more periods.

# Illinois Mutual

**Group Affiliation:** Illinois Mutual Life Ins Co  
**Address:** 300 S.W. Adams Street  
 Peoria IL 61634

**Domicile:** IL  
**NAIC Number:** 64580  
**Year Established:** 1912  
**Company Type:** Mutual

## Ratings

A.M. Best Company(Best's Rating, 15 ratings)  
 TheStreet.com(Safety Rating, 16 ratings)

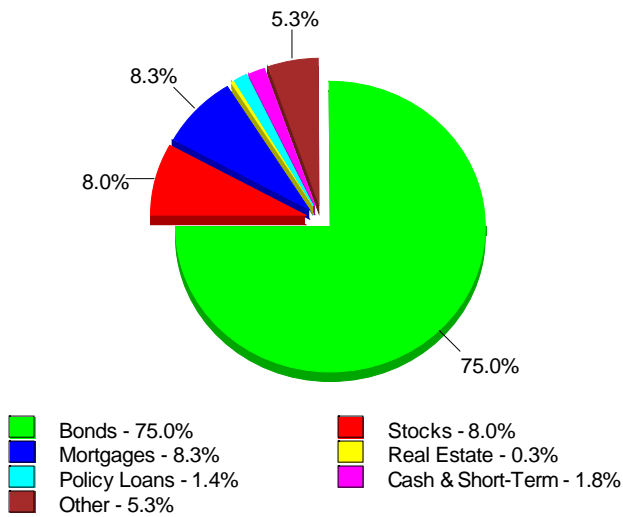
A- (4)  
 A- (3)

## Assets & Liabilities

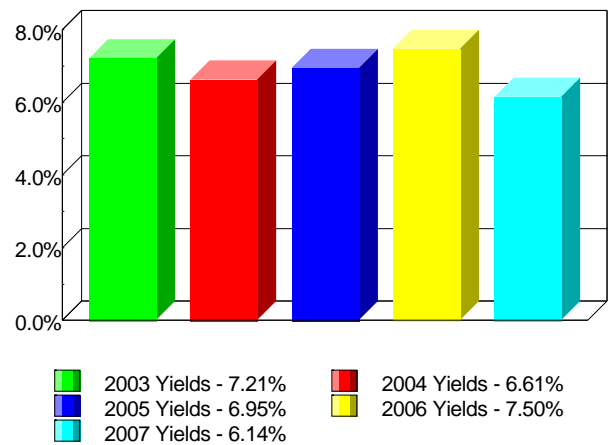
Total Admitted Assets	1,253,563
Total Liabilities	1,107,916
Separate Accounts	44,043
Total Surplus & AVR	162,477
As % of General Account Assets	13.4%

## Invested Assets

Total Invested Assets 1,171,057



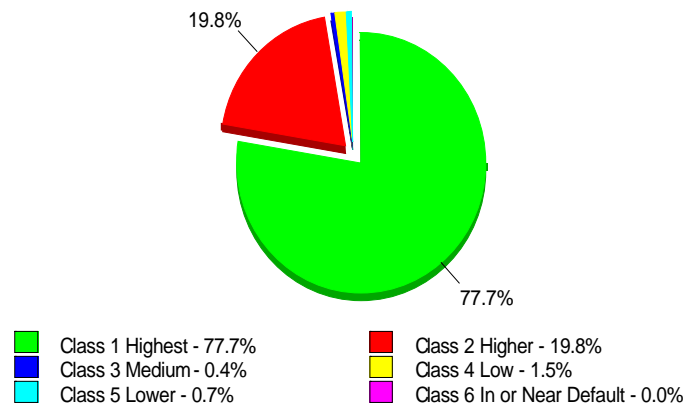
## Investment Yields



5 Year Average

6.88%

## Bond Quality



## Non-Performing Assets

Bonds In or Near Default	0.0%
Problem Mortgages	0.0%
Real Estate Acquired by Foreclosure	0.0%
Total Non-Performing Assets/Surplus & AVR	0.0%
As a Percent of Invested Assets	0.0%

## Income & Earnings

Total Income	220,395
Net Premiums Written	151,269
Earnings Before Dividends and Taxes	13,593
Net Operating Earnings	11,331

Data for Year-End 2007 from the life insurance companies' statutory annual statements. All dollar amounts are in thousands. All ratings shown are current as of September 15, 2008.