TruStage™

Appointment data sheet

*Indicates required information

Section 1 - Applicant information

*Social security number		*DOB		Gender	
*Last name		*First name		MI	
*Residential address					
*City		*State		*Zip	
*Business address (where mail is received and where you are physically located)					
*City		*State		*Zip	
Phone		Email			
*Broker/Dealer or entity name	Oakwood Capital Securities, Inc				
*Credit union name					

Section 2 - Applicant license information

I am requesting an appointment in the state(s) of			
Resident license state		Resident license number	
National Producer Number (NPN)		CRD number	

*Required Section 3 – Application questionnaire

(Please note, all questions must be answered to process appointment)

1. Have you been convicted of, or plead guilty or nolo contendere (no contest), in a domestic or foreign court to:	○ Yes	○ No
a. Any felony?	○ Yes	○ No
b. Any misdemeanor (excluding minor traffic violations?)	○ Yes	○ No
c. Any violation of federal or state securities or investment related regulations?	○ Yes	○ No
d. Forgery?	○ Yes	○ No
e. Counterfeiting?	○ Yes	○ No
2. Are you currently subject to any proceedings that may result in a suspension, bar, revocation, or termination of your insurance and/or securities license?	○ Yes	○ No
3. Are you presently the subject of any criminal action investigation or proceeding?	○ Yes	○ No
4. Have you ever conducted business under another name?	○ Yes	○ No
5. Has any organization over which you exercised management or policy control, ever been convicted of any misdemeanor of felony act during or as a result of your employment?	○ Yes	○ No
6. Have you ever had any insurance or securities license or application for license refused, not renewed, suspended or revoked?	○ Yes	○ No
7. Has any insurance department, government agency or self-regulatory authority ever censored or barred or restricted your activities, or disciplined you with fines?	○ Yes	○ No
8. Have you ever had an appointment with another insurance company denied or terminated for cause?	○ Yes	○ No
9. Are you currently under investigation by any legal or regulatory authority?	○ Yes	○ No

 © TruStage

10. Have you ever been the subject of a consumer-initiated complaint or proceeding by any securities, commodities, or insurance regulatory body or organization or employer?	○ Yes	○ No
11. Do you now owe money to any life or health insurance company?	○ Yes	○ No
12. Have you or a firm in which you were a partner, office or Director been declared bankrupt or been a party to a bankruptcy or receivership proceeding, or have you had a salary garnished or had liens or judgments against you?	○ Yes	○ No
13. Has a bonding company ever denied, paid out on, modified or revoked a bond for you?	○ Yes	○ No
14. Have you ever had a claim file against your professional liability or errors and omissions insurance coverage? **Amount of Claim: $**	○ Yes	○ No

Please explain in detail below any "Yes" answers for questions 1 – 14 and attach supporting documentation.

TruStage™ Annuities are issued by CMFG Life Insurance Company (CMFG Life) and MEMBERS Life Insurance Company (MEMBERS Life) and distributed by their affiliate, CUNA Brokerage Services, Inc., member FINRA/SIPC,a registered broker/dealer, 2000 Heritage Way, Waverly, IA, 50677. CMFG Life and MEMBERS Life are stock insurance companies. Investment and insurance products are not federally insured, may involve investment risk, may lose value and are not obligations of or guaranteed by any depository or lending institution. All contracts and forms may vary by state and may not be available in all states or through all broker/dealers.

THE VIOLENT CRIME CONTROL AND LAW ENFORCEMENT ACT OF 1994

The Violent Crime Control and Law Enforcement Act of 1994 (the "1994 Crime Act") makes it a federal crime to: (1) knowingly make false material statements in financial reports submitted to insurance regulators; (2) embezzle or misappropriate monies or funds of an insurance company; (3) make material false entries in the records of an insurance company in an effort to deceive officials of the company or regulators regarding the financial condition of the company; or (4) obstruct an investigation by an insurance regulator. THE 1994 CRIME ACT ALSO MAKES IT A FEDERAL CRIME FOR INDIVIDUALS WHO HAVE BEEN CONVICTED OF A FELONY INVOLVING DISHONESTY, BREACH OF TRUST, OR ANY OF THE OFFENSES LISTED ABOVE TO WILLFULLY PARTICIPATE IN THE BUSINESS OF INSURANCE. WILLFULLY PARTICIPATING IN THE BUSINESS OF INSURANCE INCLUDES ACTING AS AN INSURANCE AGENT. Penalties for violating the 1994 Crime Act include civil fines up to $50,000 and imprisonment for up to 15 years. I have thoroughly reviewed this application for appointment and have answered all questions to the best of my knowledge. I hereby agree that by signing this form I will abide by all federal and state insurance laws and regulations and any related securities regulation if applicable. Additionally, I will comply with the administrative procedures of CMFG Life Insurance relating to privacy, agent conduct and similar matters to the extent such policies and procedures are applicable to the soliciting, sale and servicing of the Products, as those administrative procedures and other policies and procedures are now in affect or may be amended or established in the future by CMFG Life Insurance in its sole discretion. I recognize by signing this form I am attesting that I will not sell, solicit or negotiate any Product for CMFG Life Insurance unless I am duly licensed and appointed appropriately, and as such no commission will be paid unless I am appropriately licensed and appointed.

Name (printed) Last 4 digits of social:

AUTHORIZATION AND RELEASE FOR USE OF CONSUMER REPORTS

In connection with my request to be appointed as a life insurance agent and / or my request to become associated with a broker dealer of CMFG Life Insurance Company and its affiliates including CUNA Brokerage Services, Inc., CUMIS Insurance Society, Inc., MEMBERS Life Insurance Company, hereinafter collectively referred to as "CMFG Life Insurance". I understand that an investigative consumer report may be requested that will include information as to my character, general reputation, personal characteristics, work habits, performance, education and experience, along with reasons for termination of past employment from previous employers. I understand that I am entitled to a written disclosure of the nature and scope of any investigation and a copy of the summary of my rights that has been prepared by the Federal Trade Commission pursuant to §609(c)(15 .S.C. 1681(g)) of the Fair Credit Reporting Act if I submit a request for such disclosures to CMFG Life Insurance in writing and within a reasonable time of receipt of this notice. Further, I understand that you may be requesting information concerning my workers' compensation claims, motor vehicle operation history, education, professional license verification and criminal history from various states, private and insurance sources along with other public records available. I further understand workers compensation information will only be requested in compliance with the ADA. I HEREBY AUTHORIZE, WITHOUT RESERVATION, ANY LAW ENFORCEMENT AGENCY, ADMINISTRATOR, STATE AGENCY, INSTITUTION, INFORMATION SERVICE BUREAU, EMPLOYER OR INSURANCE COMPANY CONTACTED BY A BACKGROUND INVESTIGATION ORGANIZATION, ITS AGENTS SUBCONTRACTORS, OR EMPLOYEES TO FURNISH THE ABOVEMENTIONED INFORMATION. I further acknowledge that a telephone facsimile (FAX) or photographic copy shall be as valid as the original. This release includes all state and federal agencies including any state's Department of Labor. According to the Fair Credit Reporting Act, I am entitled to know if appointment is denied because of information obtained by CMFG Life Insurance from a consumer reporting agency. If so, I will be so advised by CMFG Life Insurance and be given the name of the agency or source of information. I agree to release all persons and entities providing or receiving such information, including CMFG Life Insurance and its agents, from any liability connected with the release or receipt of requested information.

Please sign this agreement, signifying that you agree:

- To permit CMFG Life to retrieve your state insurance licensing and appointment data as needed from the National Insurance Producer Registry.
- To authorize CMFG Life to obtain updated consumer credit and/or investigative reports about you in the future without additional prior approval or notice so long as you are appointed by CMFG Life.
- It is the advisors responsibility to update CMFG Life on any changes to your background information.

*Today's date *Signature of applicant

Please forward completed form to licensingrequests@trustage.com or fax to 608.236.7192.

California, Minnesota, Oklahoma residents:

☐ Check here to receive a copy of your consumer report mailed to you at the resident address indicated above.

TruStage™