

Appointment Application For Individuals

*Products and financial services provided by
American United Life Insurance Company[®]
a ONEAMERICA[®] company
Attn: Licensing Department, 1012A
One American Square, P.O. Box 368
Indianapolis, IN 46206-0368
Fax (317) 285-5242*



<input type="checkbox"/> Please appoint me to sell Pension products <input type="checkbox"/> Please appoint me to sell Group L & H products	Regional Sales Office/Name GR _____ <p style="text-align: right;">Home Office Use Only</p>
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Full Name _____

Social Security Number _____ Date of Birth _____

Full Residence Address: _____ Full Business Name and Address: _____

County: _____

Residence Phone #: _____ Business Phone #: _____

E-mail Address: _____ Fax Phone #: _____

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.

1. Has any court, state or federal regulatory agency or exchange ever entered an order against you involving insurance, investments, securities or fraud? YES NO
2. 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
3. Have you ever, at any time, filed personal bankruptcy or been declared bankrupt (including Chapter 7, 11, or 13)? YES NO
4. Do you currently have any unsatisfied judgments, liens, collection items or accounts more than 120 days past due? YES NO
5. Have you ever been arrested, convicted, pled guilty or "nolo contendere" to any of the following:
 - a. a felony? YES NO
 - b. 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
 - c. any offense other than a minor traffic violation? YES NO
6. Has any bonding company ever denied your application or suspended, revoked, or paid a claim on your behalf? YES NO
7. Has any person ever complained to an insurance company, insurance department, FINRA, NYSE, SEC, or other agency about your conduct as an insurance producer? YES NO
8. Has any insurance company or securities firm terminated or suspended your appointment for reasons other than at your request or for low production? YES NO

FOR TRANSFERS OF COMMISSIONS

If your commissions are to be made payable to a corporation, please complete the following statement. The Appointment Application for Corporate Broker must be completed by an officer of the corporation (unless already on file). Please note 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.**

Please pay all commissions generated on my behalf to _____
under the following corporation tax identification number _____

Appointment Application For Corporations

American United Life Insurance Company®
 Attn: Licensing Department, 1012A
 One American Square, P.O. Box 368
 Indianapolis, IN 46206-0368
 FAX: (317) 285-1792



Regional Sales Office Number/Name:
 GR _____ / _____
Home Office Use Only

Please note many state insurance departments will not approve corporate insurance appointments until the designated officer-agent of the corporation is appointed with the insurer. Please have the Brokerage Application for Individuals completed by the officer-agent designated with the state insurance department on behalf of your company. The Brokerage Application for Individuals must be completed by each agent requesting an appointment with American United Life Insurance Company®.

PLEASE ATTACH A COPY OF YOUR CORPORATION'S INSURANCE LICENSE.

Name of Corporation _____

Tax ID# _____ Fax Phone # (____) _____

Phone # _____ Toll-Free Phone # (____) _____

Business Address _____ Mailing 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.

1. Has any court, state or federal regulatory agency or exchange ever entered an order against the corporation involving insurance, investments or fraud? YES NO
2. Has the corporation ever, at any time, filed bankruptcy or been declared bankrupt (including Chapter 7, 11 or 13)? YES NO
3. Has any bonding company ever denied your corporate application or suspended, revoked, or paid a claim on your behalf? YES NO

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 that 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 this request for appointment. If this form is received by AUL by facsimile or other electronic format, I further attest that this form has 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.

 Signature of Officer of the Corporation
 (President or Vice President)

 Date

Violent Crime Control and Law Enforcement Act of 1994 (the "Act"): The Act makes it a federal crime to knowingly make false material statements in financial reports submitted to insurance regulator, embezzle or misappropriate monies or funds of an insurance company, or 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 obstruct an investigation by an insurance regulator. The 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 offense previously listed to willfully participate in the business of insurance.

Will you be in violation of the Violent Crime Control and Law Enforcement Act of 1994 if you act as an insurance agent? Yes No

By signing below, I affirm that the responses entered onto this Appointment Application for Individuals are true and complete. If I submit this Appointment Application other than as an original, I agree that the form has not been altered and that my signature shall be deemed an original signature for all purposes related to this Appointment Application.

Under penalties of perjury, I certify that (1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); (2) I am not subject to backup withholding because (a) I am exempt from backup withholding, (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and (3) I am a US person (including a US resident alien).

Background Check and Fair Credit Reporting Act Authorization and Consent

I authorize OneAmerica Financial Partners, Inc. and its subsidiary companies and/or broker dealer (collectively, "OAFP") to conduct background investigations now or in the future relating to my initial and continuing, if applicable, insurance appointment and/or securities registration with OAFP for purposes of verifying the information that I have provided or will provide in the future. I understand and agree that: (1) OAFP's background investigation may include but may not be limited to reports on my criminal, consumer, and motor vehicle history, as well as commission-related debit and FINRA Web CRD information; (2) an investigative report could be obtained, at OAFP's option, from personal interviews with third parties; (3) I have the right under the Fair Credit Reporting Act to be told if my appointment application is denied because of information obtained from a consumer reporting agency; (4) I understand that I have the right to submit a written request within a reasonable period of time to OAFP for a complete and accurate disclosure of the nature and scope of the investigation requested by OAFP; and (5) I may view the complete text of the Fair Credit Reporting Act at <http://www.ftc.gov>.

Notice to California applicants:

You have a right to obtain a copy of any consumer report or investigative consumer report obtained by OAFP from an investigative consumer reporting agency by checking the box below. The report will be provided to you within three business days after OAFP receives the requested reports. Under Section 1786.22 of the California Civil Code, you may view the file maintained on you by an investigative consumer reporting agency in person, by mail, or by phone after you submit proper identification during normal business hours and on reasonable notice. You are permitted to bring a person with you, with proper identification, to inspect your file. An investigative consumer reporting agency will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information in your file. This written explanation shall be distributed whenever a file is provided to you for visual inspection.

For California, Oklahoma, and Minnesota Resident Producers Only:

I wish to receive a copy of any consumer reports or investigative consumer reports ordered pursuant to this authorization.
(Check box to receive copy)

By signing below, I acknowledge that a facsimile, photocopy, or electronic copy of this release shall be as valid as the original. I authorize, without reservation, any financial institution, law enforcement agency, information service bureau, school, employer, securities firm or insurance company to furnish the information requested pursuant to this authorization.

Signature _____

Printed Name _____

SSN _____

DOB _____

Date _____