



R.F.S.

Rosenthal Financial Services, LLC

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Things you need to know when contracting with American General (Accident Plan), Golden Rule / United Health Care, and Humana:

- Due to recent changes these companies will no longer offer “Direct Advancing”. In order to receive advancing, you must assign your commissions and be paid directly by a third party administrator. **R.F.S.** uses HCO (Health Choice One). If you do NOT wish to be paid advances, the HCO EFT Form and Assignment of commissions is NOT necessary. However, **R.F.S.** recommends that you apply for advancing.
- The above companies do pre-licensing. Basically, once you have completed and returned the required forms, your information will be auto-filled (computer typed) into the contracts. The contracts will then be e-mailed to you for you to print, complete, and send back in.

If you have any question, comments, or concerns, please feel free to contact us Monday thru Thursday from 9:00 am until 4:30 pm (EST), and on Fridays from 9:00 am until 3:00 pm. Please note that R.F.S. will be closed for lunch from 12:00 to 1:00 pm for lunch. You can also visit us on the web at www.RealFastService.com.

Sincerely,

Matthew Rosenthal

Matthew Rosenthal
Field Marketing Director

INDEPENDENT CONTRACTOR AGREEMENT

THIS INDEPENDENT CONTRACTOR AGREEMENT (hereinafter referred to as this "Agreement") is made and entered into effective as of the ____ day of _____, 20__ ("Effective Date") by and between Health Choice One, Inc., a Colorado corporation ("Health Choice One") and _____ ("Contractor").

RECITALS

A. Health Choice One is a Colorado corporation organized under the laws of the State of Colorado. Health Choice One is a general agency for insurance companies that sell health, accident, life, and other products ("Insurance Products").

B. Health Choice One desires to contract with Contractor to provide independent services to one another pursuant to the terms and conditions of this Agreement.

NOW, THEREFORE, in consideration of the mutual covenants contained herein, Health Choice One and Contractor agree as follows:

AGREEMENT

1. **Contractor and Health Choice One Services.** Health Choice One and Contractor hereby agree to provide services to one another as determined by Health Choice One and described in this Agreement.

a. Contractor shall provide such services as requested from time to time by Health Choice One, consistent with Contractor's experience and expertise, including but not limited to, the sale of insurance products from insurance companies for which Health Choice One is a general agency.

b. Health Choice One may elect to provide training courses, seminars and materials for Contractor to facilitate the performance of Contractor's services as provided hereunder; however, any such training is optional and not required for Contractor in connection with this Agreement. Contractor shall not be required to meet minimum production requirements pursuant to this Agreement; however, Contractor may elect to voluntarily report production, sales status and other such activities to Health Choice One for informational purposes.

2. **Term.** The term of this Agreement shall commence on the Effective Date and shall continue for a term of one (1) year, unless earlier terminated as provided herein. This Agreement will automatically renew for additional one (1) year terms, unless either party gives notice of non-renewal within ten (10) days prior to the end of the term.

3. **Nature of Contractor Relationship.** Contractor is an independent contractor and is not an employee of Health Choice One. Under no circumstances, for any reason, may Contractor represent or hold his/her self out as anything other than an independent contractor of Health

Choice One. Contractor shall not be entitled to employee benefits offered by Health Choice One to its employees, including workers' compensation benefits or any other benefits.

4. Time, Place and Manner of Performance. Contractor may perform services under this Agreement at any time and in any manner as Contractor deems reasonable and necessary. Health Choice One shall have no right or authority under this Agreement to direct or control Contractor's performance of this Agreement, except to inform Contractor of specific areas of concern and general focus of Contractor's services. Contractor may elect to use Health Choice One's office equipment and conference rooms when they are not otherwise needed, including facsimile machine and telephone (long distance rates may apply).

5. Compensation. Contractor receives no monetary compensation from Health Choice One for its services. Contractor and Health Choice One receive compensation from Contractor's sale of insurance products issued by insurance companies for which Health Choice One is a general agency.

6. Equipment and Expenses. Contractor shall be solely responsible for its methods of operation, including equipment, business expenses, insurance, and other ordinary and necessary business expenses necessary to Contractor's services pursuant to this Agreement, except that Health Choice One shall reimburse Contractor for expenses that are approved in advance by Health Choice One, in its sole discretion, and that are supported by appropriate documentation.

7. Insurance. Contractor shall have in effect and maintain adequate insurance coverage at Contractor's own cost and expense, including but not limited to, general liability insurance, and errors and omissions coverage.

8. Ownership of Business Materials and Intellectual Property. The parties agree that all written or electronic materials and documents made by Contractor or coming into the possession of Contractor concerning the business and affairs of Health Choice One shall be the sole property of Health Choice One. Contractor further covenants and agrees that upon termination of this Agreement with Health Choice One, for any reason whatsoever, it shall return or cause to be returned to Health Choice One, in any manner directed by Health Choice One, all such written or electronic materials and documents, together provided to Contractor by Health Choice One, marketing and sales information, training manuals and other such information pertaining to the manner of the business and affairs of Health Choice One in Contractor's possession or in Contractor's control, and shall keep no copies thereof.

9. Trademarks. Health Choice One hereby grants to Contractor, during the term of this Agreement, a non-exclusive, non-transferable, royalty free license and right to use Health Choice One's "Health Choice One" trademark (the "Mark") and logo solely for the purpose of performing hereunder. Prior to any use or distribution of Health Choice One materials, including, but not limited to, business cards, stationary, marketing materials, visual aids and other such items ("Materials"), Contractor shall submit such use or distribution to Health Choice One for its review and approval to be granted or withheld in Health Choice One's sole and absolute discretion. Contractor shall include on Materials containing the Mark, all appropriate

legal notices regarding the Mark and Health Choice One's ownership thereof. Under no circumstances, for any reason, shall Contractor represent on such Materials or in conjunction with such Mark, that Contractor is anything other than an independent contractor for Health Choice One. Contractor further agrees that it has no intellectual property or other proprietary rights in or to the Mark, and that all such rights are owned exclusively by Health Choice One. Contractor shall not, in any way, dispute Health Choice One's exclusive right to the same, and agrees that all use thereof by Contractor inures solely and exclusively to Health Choice One's benefit. Contractor shall not remove, destroy or in any way alter any copyright, trademark or other proprietary notices or markings on any materials provided to Contractor by Health Choice One. Upon termination of this Agreement for any reason, Contractor shall immediately cease from using the Mark in any manner and for any purpose, and shall promptly return to Health Choice One all Materials in its possession at the time of such termination.

10. Confidentiality. Contractor hereby covenants and agrees that it shall not, at any time, either during the term of this Agreement or thereafter, divulge to any third party or use for its own benefit or benefit of any person, firm, corporation, partnership, or other entity, or otherwise use to the detriment and hindrance of Health Choice One, any trade secrets, training materials, confidential and proprietary information whatsoever relating to the business, products, suppliers, customers, marketing plans or other marketing materials, and similar items of Health Choice One obtained during the course of Contractor's engagement with Health Choice One.

11. Rights and remedies concerning disclosure and/or use of confidential information. Contractor acknowledges that monetary damages may not be a sufficient remedy for unauthorized use and/or disclosure of confidential information, as described herein, and that, without waiving any other rights or remedies, Health Choice One shall be entitled to such injunctive or equitable relief as may be deemed proper by a court of competent jurisdiction.

12. Services Rendered to Others. Contractor shall have the right to render services to other individuals, non-profit corporations or business entities.

13. Indemnity. Contractor shall indemnify, defend and hold harmless Health Choice One, its directors, officers, employees, agents and attorneys as against any and all claims, suits, actions, judgments, demands, losses, expenses, damages and liability of any nature caused by, resulting from or arising out of the negligent acts, errors or omissions of Contractor, its officers, employees, agents or representatives in the performance of the services described herein. Health Choice One shall have the right, but not the obligation, either to tender its defense to Contractor, or to secure counsel of its choosing to defend itself. In the latter case, Contractor shall reimburse Health Choice One for all expenses, including attorney's fees and costs, that Health Choice One incurs in defending a claim subject to this indemnification agreement.

14. Assignability and Transferability. Contractor shall not assign its rights or delegate its duties arising from this Agreement without the prior written consent of Health Choice One.

15. Entire Agreement. This Agreement states the entire understanding and agreement between the parties and may only be amended by a written instrument duly executed by Health

Choice One and Contractor. No prior representations or promises by Health Choice One or any of its representatives shall be enforceable, unless they are incorporated into this Agreement.

16. Opportunity to consult with counsel. By executing this Agreement, the Parties acknowledge that they have consulted with, or have had sufficient opportunity to consult with, an attorney of their own choosing regarding the terms of this Agreement, that they have read this Agreement and fully understand its terms and their import, and that they are entering into this Agreement voluntarily, of their own free will, and without any coercion, undue influence, threat, or intimidation of any kind whatsoever.

17. Non-Waiver. Failure to insist upon strict compliance with any provision of this Agreement or the waiver of any specific event of non-compliance shall not be deemed to be or operate as a waiver of such provision or any other provision hereof, or any other event of non-compliance.

18. Amendments. No amendments or variations of the terms of this Agreement shall be valid unless the same is in writing and signed by all parties hereto.

19. Severability. If any term of this Agreement shall be adjudged by a court to be invalid or unenforceable, said adjudication shall not affect the validity or enforceability of any other term of this Agreement.

20. Dispute Resolution and Attorney's Fees. Any dispute between Contractor and Health Choice One directly or indirectly relating to or arising out of this Agreement, except if the dispute in question is for injunctive or mandatory relief to enforce the Confidentiality provisions in Sections 11 and 12 herein, shall be first submitted to mediation in Denver, Colorado, before a mediator mutually agreed upon by the parties. If mediation is not successful, either party may demand arbitration of said dispute before the American Arbitration Association in accordance with its rules for the arbitration of commercial disputes. The prevailing party in any dispute shall be entitled to an award of costs and reasonable attorneys' fees.

21. Termination. This Agreement may be terminated at any time by either party, with or without cause, upon ten (10) days written notice to the other party.

22. Governing Law. This Agreement shall be deemed to have been executed within and shall be governed by the laws of the State of Colorado.

23. No Third Party Beneficiaries. None of the terms, obligations or rights contained in this Agreement is or shall be deemed to be for the benefit of any third party other than the Contractor and Health Choice One, and no third party shall have any rights under this Agreement.

24. Counterparts. This Agreement may be executed in counterparts, via facsimile or original signatures, which when taken together, will be deemed one original instrument.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the dates written below.

**Health Choice One, Inc.,
a Colorado corporation**

Independent Contractor

By: _____
Name: _____
Title: _____

By: _____

Date: _____

Date: _____

HCO EFT



Health Choice One

Authorization for Direct Deposit

I Authorize **Health Choice One** to initiate direct deposit of commissions and, if necessary, make corrections for any entries made to my account in error.

Agent or Agency Name	
Social Security Number or Tax ID Number	
Phone Number	Email Address
Commission Type <input type="checkbox"/> Advance <input type="checkbox"/> As Earn	
Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Name Of Financial Institution	
Routing Number	
Account Number	

Agent Signature

Date

Please Attach a Voided Check

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification (required): <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶	
	<input type="checkbox"/> Other (see instructions) ▶	
Address (number, street, and apt. or suite no.)		Requester's name and address (optional)
City, state, and ZIP code		
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number									

Part II Certification

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), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (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 U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,
- The U.S. grantor or other owner of a grantor trust and not the trust, and
- The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a “saving clause.” Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS a percentage of such payments. This is called “backup withholding.” Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate Instructions for the Requester of Form W-9.

Also see *Special rules for partnerships* on page 1.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account, for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your income tax return on the “Name” line. You may enter your business, trade, or “doing business as (DBA)” name on the “Business name/disregarded entity name” line.

Partnership, C Corporation, or S Corporation. Enter the entity's name on the “Name” line and any business, trade, or “doing business as (DBA) name” on the “Business name/disregarded entity name” line.

Disregarded entity. Enter the owner's name on the “Name” line. The name of the entity entered on the “Name” line should never be a disregarded entity. The name on the “Name” line must be the name shown on the income tax return on which the income will be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a domestic owner, the domestic owner's name is required to be provided on the “Name” line. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on the “Business name/disregarded entity name” line. If the owner of the disregarded entity is a foreign person, you must complete an appropriate Form W-8.

Note. Check the appropriate box for the federal tax classification of the person whose name is entered on the “Name” line (Individual/sole proprietor, Partnership, C Corporation, S Corporation, Trust/estate).

Limited Liability Company (LLC). If the person identified on the “Name” line is an LLC, check the “Limited liability company” box only and enter the appropriate code for the tax classification in the space provided. If you are an LLC that is treated as a partnership for federal tax purposes, enter “P” for partnership. If you are an LLC that has filed a Form 8832 or a Form 2553 to be taxed as a corporation, enter “C” for C corporation or “S” for S corporation. If you are an LLC that is disregarded as an entity separate from its owner under Regulation section 301.7701-3 (except for employment and excise tax), do not check the LLC box unless the owner of the LLC (required to be identified on the “Name” line) is another LLC that is not disregarded for federal tax purposes. If the LLC is disregarded as an entity separate from its owner, enter the appropriate tax classification of the owner identified on the “Name” line.

Other entities. Enter your business name as shown on required federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name/disregarded entity name" line.

Exempt Payee

If you are exempt from backup withholding, enter your name as described above and check the appropriate box for your status, then check the "Exempt payee" box in the line following the "Business name/disregarded entity name," sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following payees are exempt from backup withholding:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),
 2. The United States or any of its agencies or instrumentalities,
 3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,
 4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or
 5. An international organization or any of its agencies or instrumentalities.
- Other payees that may be exempt from backup withholding include:
6. A corporation,
 7. A foreign central bank of issue,
 8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,
 9. A futures commission merchant registered with the Commodity Futures Trading Commission,
 10. A real estate investment trust,
 11. An entity registered at all times during the tax year under the Investment Company Act of 1940,
 12. A common trust fund operated by a bank under section 584(a),
 13. A financial institution,
 14. A middleman known in the investment community as a nominee or custodian, or
 15. A trust exempt from tax under section 664 or described in section 4947.

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 15.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 9
Broker transactions	Exempt payees 1 through 5 and 7 through 13. Also, C corporations.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 5
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 7 ²

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney, and payments for services paid by a federal executive agency.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on page 2), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at www.ssa.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting IRS.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, below, and items 4 and 5 on page 4 indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on the "Name" line must sign. Exempt payees, see *Exempt Payee* on page 3.

Signature requirements. Complete the certification as indicated in items 1 through 3, below, and items 4 and 5 on page 4.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee ¹ The actual owner ¹
5. Sole proprietorship or disregarded entity owned by an individual	The owner ³
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulation section 1.671-4(b)(2)(i)(A))	The grantor*
For this type of account:	Give name and EIN of:
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity ⁴
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulation section 1.671-4(b)(2)(i)(B))	The trust

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or "DBA" name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 1.

*Note. Grantor also must provide a Form W-9 to trustee of trust.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, social security number (SSN), or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes.

Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: spam@uce.gov or contact them at www.ftc.gov/idtheft or 1-877-IDTHEFT (1-877-438-4338).

Visit IRS.gov to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.



Rosenthal Financial Services, LLC

7179 Jonesboro Rd – Suite #202 – Morrow, Georgia 30260
Phone 770-968-5757 – Fax 770-968-2657 – Toll Free 1-877-968-5757
www.RealFastService.com

Agent Data Form

Personal Information:			GA Name:	
_____			_____	
First Name	MI	Last Name		
_____		_____	_____	_____
Residential Address	City	State	Zip	Length of time at this address
_____		_____	_____	_____
Date of Birth	Place of Birth	M/F	Social Security Number	
_____	_____	_____	_____	
Email Address		Home Phone		Cell Phone
_____		_____		_____

Agency Information:				
_____			Insurance Licensed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Agency Name				
_____		_____	_____	_____
Business Mailing Address		City	State	Zip
_____		_____	_____	_____
<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> LLC	_____
			Tax ID	Date of Incorporation
			_____	_____

Personal References:					
_____			_____		
First	Last	First		Last	
_____		_____		_____	
City	State	Phone	City	State	Phone
_____	_____	_____	_____	_____	_____

Please email or fax both pages of this contracting sheet and supporting documents to;

MattGRosenthal@aol.com **770-968-2657 Fax**

Background Information:**GA Name:**

Current Insurance License Number _____

States Licenses Held _____

States to Appoint in _____

Lines of Authority: ___ Life and Health ___ Property and Casualty ___ Medicare Certified

Please provide an explanation for any "yes" answer:

- 1.) Do you have any outstanding Debt / Debit Balance with any insurance company? ___ Yes ___ No
- 2.) Have you ever had a Civil Judgment entered against you? ___ Yes ___ No
- 3.) Have you ever filed bankruptcy or reorganization either personal or business? ___ Yes ___ No
- 4.) Has an Insurance Company ever cancelled a contract with you for cause? ___ Yes ___ No
- 5.) Have you ever had a bond declined or cancelled? ___ Yes ___ No
- 6.) If currently licensed, has your insurance license ever been cancelled or suspended? ___ Yes ___ No
- 7.) Have you ever withdrawn an application or surrendered a license to avoid discipline action? ___ Yes ___ No
- 8.) Have you ever been refused an insurance license in any state? ___ Yes ___ No
- 9.) Have you ever been fined by any insurance regulatory authority? ___ Yes ___ No
- 10.) Have you ever been named as a party in a lawsuit or had civil charges filed against you? ___ Yes ___ No
- 11.) Do you have any felony charges pending against you, or have you ever plead guilty or Nolo contendere to or been convicted of a felony or a crime involving moral turpitude? ___ Yes ___ No
- 12.) Do you have any outstanding liens (tax or otherwise) or judgments (civil or otherwise) ___ Yes ___ No
- 13.) Is your primary source of income from Life and Health insurance sales? ___ Yes ___ No
- If no, please explain _____

How many years have you been in the insurance industry? _____

Do you currently have Errors and Omissions insurance? ___ Yes ___ No

Have you ever had a claim filed against it? ___ Yes ___ No

Name of Carrier _____

Policy Number _____

Coverage amount _____

Previous 5 years Employment History:

Employer Name _____

Employer Name _____

Address City, State Zip

Address City, State Zip

Phone Position Held

Phone Position Held

Employment Dates Reason for leaving

Employment Dates Reason for leaving

Current Carrier Appointments:

___ Aetna ___ Assurant ___ Companion ___ Humana One ___ RMHP

___ Anthem ___ Celtic ___ Coventry One ___ Kaiser ___ United American

___ ARIC ___ Cigna ___ Golden Rule (UHO) ___ Madison Nat'l ___ World

Product List

Please check, which Companies you wish to be appointed with. Once we have received back your information, it will be auto-filled into contracts that will then be e-mailed to you for you to print, complete, sign, and return to us for processing.

____ **American General – AEP (Accident Expense Plan)**

____ **Golden Rule – United Health**

____ **HumanaOne**



R.F.S.

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www.RealFastService.com

Agent Data Form

Recruiter / GA Name: Matthew Rosenthal

Please email, postal mail, or fax this packet back to:

MattGRosenthal@aol.com

Rosenthal Financial Services, LLC
7179 Jonesboro Rd Suite #202
Morrow, GA 30260
(770) 968-2657 Fax

Please be sure to include:

- 1.) Current copy of Insurance License(s) / Agency License(s)
- 2.) Current copy of E&O
- 3.) 1 Voided Check for Direct Deposits
- 4.) Explanation / Supporting Docs for any “yes” answers
- 5.) EFT Form
- 6.) HCO Independent Agreement