

INSTRUCTION GUIDE AGENT EDITION

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WASHINGTON NATIONAL INSURANCE COMPANY Home Office: Carmel, IN 46032

#### WashingtonNational.com

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#### Welcome to wnezAppoint!

wNezAppoint has been designed to make online appointment fast and easy. This manual provides step-by-step instructions to get you started.

You will note two boxes in the lower right-hand corner of the page. This information will be required each time you log on to wwezAppoint. Your IP package code has already been issued. You have been given a temporary password, but you will need to create a new one the first time you log on. Once you have selected your password, note it in the space provided for easy reference.

WNezAppoint works best in conjunction with Adobe Acrobat<sup>®</sup> Reader 8 or higher. If you don't have that software on your computer, a free download is available on the wnezAppoint site.

Once you begin the appointment process, you'll need to provide some personal and business information. This includes:

- Your IP package code and password
- Your Social Security number
- Your banking information
- Your resident license number and expiration date
- And, if applicable, your corporate tax ID number and license

Thank you for using wNezAppoint—the easiest way to complete and submit contracts.

IP PACKAGE CODE: PAID AGENT

IP PACKAGE CODE: CALIFORNIA RESIDENT PAID AGENT

> IP PACKAGE CODE: LICENSED-ONLY AGENT

> > PASSWORD

Washington National.	INDIVIDUALS EMPLOYERS AGENT	Online Service login 💌 Gearch	C) Contact us	Go to WashingtonNational.com/ ezappoint
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	For comments or questions please email us 800-686-8279 (8:00 am - 8:0 To view our Technical Support Cente nomoreforms Privacy	or contact our Help Desk at 30 pm EST). er, please click here. Policy	,	

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Advance Comp Agreement printable	Optional	No	
Agent Compliance Guidelines printable	Incomplete	No	
WNIC HIPAA to HITECH printable	Incomplete	No	
Non-CA Arbitration Agreement printable	Incomplete	No	
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For comments or questions please e	mail us or contact our Help Desk at 800-686-8279 (8:00	) am - 8:00 pm EST).	
To view	our Technical Support Center, please click here.		

RED BOXES ARE REQUIRED FIELDS.	SAMPLE AGEN APPLICATION
WASHINGTON NATIONAL INSURANCE COMPANY DIRECT PAID AGENT CONTRACT APPLICATION	Complete all requi fields— <b>highlighted</b>
SECTION I A - Contact Information	
Name: First:       Middle:       Last:       Suffix:         Other Name Used:       From:       To:       Social Security Number:       To:         Social Security Number:       Date of Birth:       To:       Social Security Number:       To:         Home Phone Number:       Business Number:       Fax Number:       Fax Number:       Email Address:         Email Address:       (YOUR EMAIL ADDRESS IS REQUIRED TO ACCESS ONLINE COMMISSION INFORMATION.)       Appointment Type:       Corporate	<b>IMPORTANT NO</b> If you are a corpora you will need to ente information at the be of this page.
SECTION I B - Insurance License Information	
Resident Insurance License Number: Expiration Date: Lines of Authority: Life Health Annuilles Non-Resident Insurance License Information: State: License Number: Expiration Date: Lines of Authority: Life Health Annuilles State: License Number: Expiration Date: Lines of Authority: Life Health Annuilles State: License Number: Expiration Date: Lines of Authority: Life Health Annuilles State: License Number: Expiration Date: Lines of Authority: Life Health Annuilles State: License Number: Expiration Date: Lines of Authority: Life Health Annuilles State: License Number: Expiration Date: Lines of Authority: Life Health Annuilles State: License Number: Expiration Date: Lines of Authority: Life Health Annuilles State: License Number: Expiration Date: Lines of Authority: Life Health Annuilles State: License Number: Expiration Date: Lines of Authority: Life Health Annuilles State: License Number: Expiration Date: Lines of Authority: Life Health Annuilles State: License Number: Expiration Date: Lines of Authority: Life Health Annuilles State: License Number: Expiration Date: Lines of Authority: Life Health Annuilles State: License Number: Expiration Date: Lines of Authority: Life Health Annuilles State: License Number: Expiration Date: Lines of Authority: Life Health Annuilles State: License Number: Expiration Date: Lines of Authority: Life Health Annuilles State: License Number: Expiration Date: Lines of Authority: Life Health Annuilles State: License Number: Expiration Date: Lines of Authority: Life Health Annuilles State: License Number: Expiration Date: Lines of Authority: Life Health Annuilles State: License Number: Expiration Date: Lines of Authority: Life Health Annuilles Life Health Annuilles State: License Number: Expiration Date: Lines of Authority: Life Health Annuilles State: Life Health Annuilles Life Health Annuilles State: Life Health An	
SECTION II - Entity Information (Provide only if a Corporation will be paid commission)	
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Cerporation Name: Tax ID Number: Tax ID Number: Enail Address: [Pediatorship]: [Pediatorship]: [Pediatorship]: [Relationship]: [Relationship]: [Relationship]: SECTION VI - Errors and Omissions Information Errors and Omissions coverage is required for the following states: Alabama \$2 million, Mississippi \$2 million and Texas corporations \$250,000. A copy of your Errors and Omissions can be faxed to 317-817-2332 or attached to this application. (Follow attachment instructions.) Form W-9.1 Certify that: (1) The payee's TIN is correct; (2) The payee is NOT subject to backup withholding due to failure to report interest and dividend income; (3) The payee is a US person. Provide the name of the agent to whom you will be reporting: The undersigned representative understands and consents to the use of an electronic signature/record to document the relatorship with the company. By attings an electronic signature, the undersigned acknowledges reading and understanding the agter repersentative agreement and agrees that its terms will govern and control the undersigned relationship with the company. By attings an electronic signature/ the undersigned representative understands and consents to the use of an electronic signature/ the undersigned representative understands and consents to the use of an electronic signature/ the undersigned representative understand agrees that its terms will govern and control the undersigned relationship with the company. By attings a network will govern and control the undersigned relationship with the company.	
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	At its Executive Office in Carmel, Indiana			
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rms of this Privacy Addendum do not grant any rights to any parties other than to Agent a	nd Company.			
REACH OF THIS ADDENDUM				
gent materially breaches or threatens to breach its obligations under this Privacy Addend ledged that legal remedies would be inadequate.	um, Company shall have the right, in addition to such other remedies t	hat may be available to it, to injunctive relief enjoining such acts or attempts,	it being	
IDEMNIFICATION				
igrees to indemnify and hold Company. Its directors, officers, employees and affiliates ha ify provision and costs incurred by Company as a result of a Data Breach or an audit or i prized use or disclosure of Pil by or through Agent or Agent's workforce.	rmless, for any damage, loss, or liability (including criminal or civil pena nvestigation by a federal or state regulatory agency with enforcement a	illies, fines, court costs, reasonable attorneys' fees, the cost of enforcing this uthority for privacy and security of information arising out of or resulting from	the	
MENDMENT				
and Company will take action to amend this Privacy Addendum from time to time as is ne	cessary for Company to comply with the requirements of any federal or	state statute or regulation governing privacy and security of information, wh	ch	
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For comments or questions please email us or contact our Help Desk at 800-686-8279 (8:00 am - 8:00 pm EST).

WNezAppoint Instruction Guide

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WNIC Package 1 - CFK3401 Forms	Status	Submitted
Agent Application printable	Complete	Yes
Sales Rep Agreement printable	Complete	Yes
Release and Authorization printable	Complete	Yes
Mississippi Appts Only printable	Optional	No
Advance Comp Agreement printable	Optional	No
Agent Compliance Guidelines printable	Complete	Yes
	Complete	Yes
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#### CONFIRMATION SCREEN

#### YOUR FORMS HAVE BEEN SUBMITTED!

#### IMPORTANT NOTE: Print and retain a copy of your Submission Confirmation Number for your records.