



WNezAppoint[®]

INSTRUCTION GUIDE AGENT EDITION

WASHINGTON NATIONAL INSURANCE COMPANY
Home Office: Carmel, IN 46032

WashingtonNational.com

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(02/17) 176005
WN-BR-EZAPPT-AGT

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 wnezAppoint. 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[®] 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

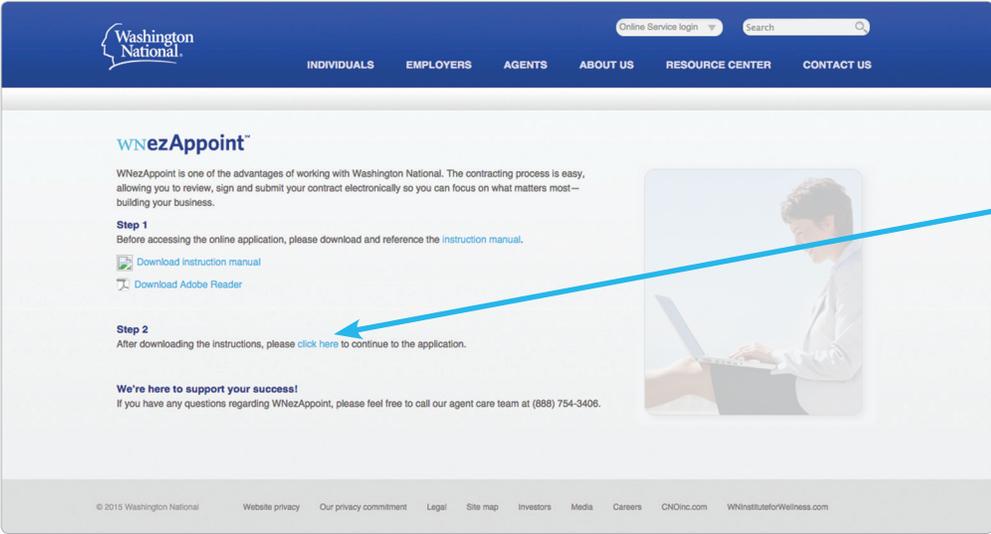
Thank you for using wnezAppoint—the easiest way to complete and submit contracts.

*IP PACKAGE CODE:
PAID AGENT*

*IP PACKAGE CODE:
CALIFORNIA RESIDENT PAID AGENT*

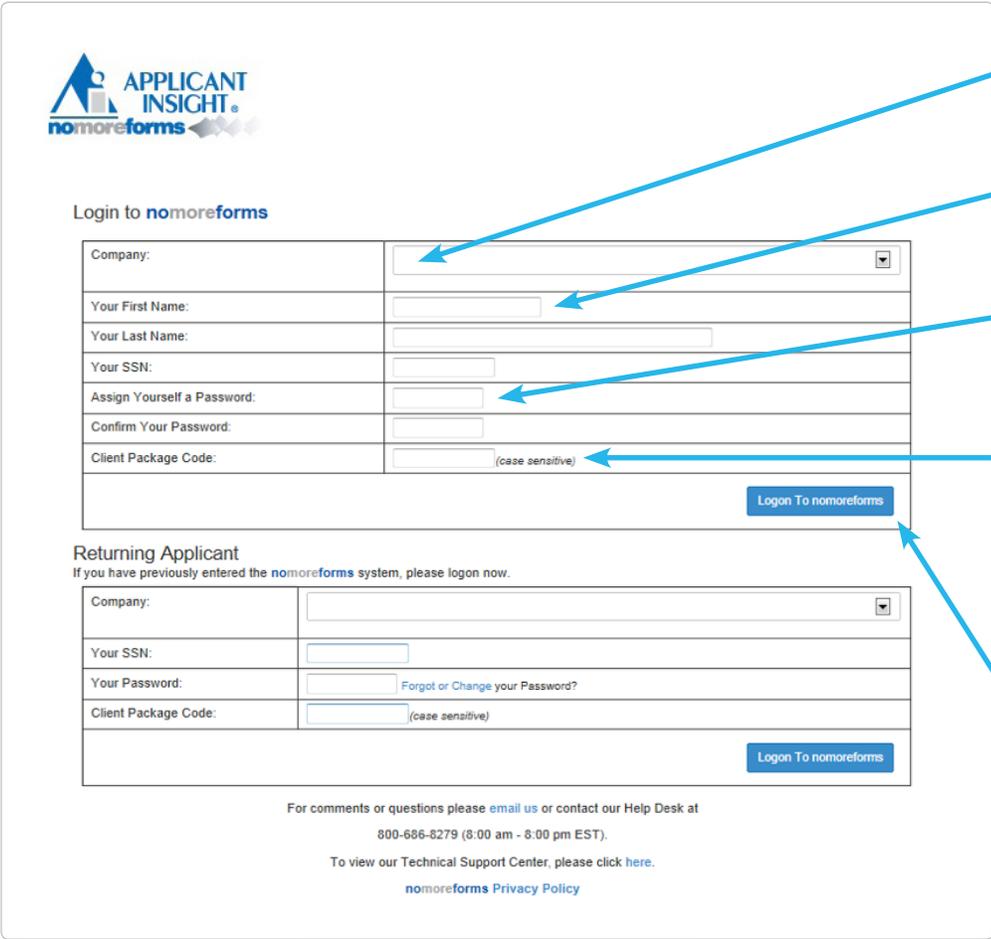
*IP PACKAGE CODE:
LICENSED-ONLY AGENT*

PASSWORD



Go to
WashingtonNational.com/
ezappoint

Select **click here**
to get started



Select Washington
National Insurance Co.

Enter your First Name,
Last Name and
Social Security Number

Create a password

IMPORTANT NOTE:
Be sure to remember
this password

Input IP Package Code
provided by your IP.
(This code can be found on
page 1 of this manual.)

Click the **Logon To
nomoreforms** button



- Athomas, to complete the form(s) required in the WNIC Package 1 - CFK3401 simply click the name of any form with an **Incomplete** status.
- You can view, edit or print any form - by clicking its name.
- There are no attachments for HH Company. Please click [here](#) to add attachments as necessary.

WNIC Package 1 - CFK3401 Forms	Status	Submitted
Agent Application printable	Incomplete	No
Sales Rep Agreement printable	Incomplete	No
Release and Authorization printable	Incomplete	No
Mississippi Appts Only printable	Optional	No
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

[Return to Packages](#)

[Return to nmf Logon](#)

For comments or questions please [email 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](#).

Complete all forms with a status of **Incomplete**.
To select a form, click on the form name.

SAMPLE AGENT APPLICATION

Complete all required fields—highlighted in red

IMPORTANT NOTE: If you are a corporation, you will need to enter that information at the bottom of this page.

RED BOXES ARE REQUIRED FIELDS.

WASHINGTON NATIONAL INSURANCE COMPANY
DIRECT PAID AGENT CONTRACT APPLICATION

SECTION I A - Contact Information

Name: First, Middle, Last, Suffix; Other Name Used; Social Security Number; Date of Birth; Home Phone Number; Business Number; Fax Number; Email Address; Appointment Type: Individual, Corporate

SECTION I B - Insurance License Information

Resident Insurance License Information: State, License Number, Expiration Date, Lines of Authority; Non-Resident Insurance License Information: State, License Number, Expiration Date, Lines of Authority

List below which states you wish non-resident appointments (agent will be charged for any non-resident appointment fees)

SECTION II - Entity Information (Provide only if a Corporation will be paid commission)

Corporation Name; Tax ID Number; Email Address

[Address]; [Relationship]; [Name]; [Address]; [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.

Form W-9. I 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 relationship with the company.

Signature; Date

GUARANTEE BY PRINCIPAL OF CORPORATE/LLC OBLIGATIONS

In the event that application is made in the name of a corporation, LLC or other entity, the undersigned individual, as principal of such entity, hereby unconditionally guarantees the full and prompt performance by such entity of any and all obligations under any resulting Sales Representative Agreement.

Principal Signature; Date

Save Draft; Save Your Info

Click the Save Your Info button at the bottom of the page.

SAMPLE SALES REP AGREEMENT

Complete all required fields—highlighted in red

During the term of this Agreement and for 24 months thereafter, the Agent shall not, induce or attempt to induce, directly or indirectly, any agents to terminate their contract with us. Induce or attempt to induce, directly or indirectly, any policyholder to terminate any policy or to stop the payment of any premium on such policy.

OPPORTUNITY TO REVIEW

YOU REPRESENT THAT, PRIOR TO ACKNOWLEDGING THIS AGREEMENT, YOU HAVE READ, FULLY UNDERSTAND AND VOLUNTARILY AGREE TO THE TERMS AND CONDITIONS AS STATED ABOVE, THAT YOU WERE NOT UNDER DURESS AT THE TIME YOU SIGNED THIS AGREEMENT AND THAT YOU HAD ADEQUATE TIME TO CONSIDER ENTERING INTO THIS AGREEMENT, INCLUDING WITHOUT LIMITATION, THE OPPORTUNITY TO DISCUSS THE TERMS AND CONDITIONS OF THIS AGREEMENT, AS WELL AS ITS LEGAL CONSEQUENCES, WITH AN ATTORNEY OF YOUR CHOICE.

IF A SALES REPRESENTATIVE IS A CORPORATION, AN AUTHORIZED OFFICER MUST SIGN AND INDICATE THE OFFICER'S TITLE.

SALES REPRESENTATIVE

Signature: **This field is required**

Date:

No additional signature required with submission of Contract Application form WN-APP-PD.

WASHINGTON NATIONAL INSURANCE COMPANY

Signature:

Name: Date:

At its Executive Office in Carmel, Indiana

Agreement Date:

13. THIRD PARTY RIGHTS

The terms of this Privacy Addendum do not grant any rights to any parties other than to Agent and Company.

14. BREACH OF THIS ADDENDUM

If the Agent materially breaches or threatens to breach its obligations under this Privacy Addendum, Company shall have the right, in addition to such other remedies that may be available to it, to injunctive relief enjoining such acts or attempts, it being acknowledged that legal remedies would be inadequate.

15. INDEMNIFICATION

Agent agrees to indemnify and hold Company, its directors, officers, employees and affiliates harmless, for any damage, loss, or liability (including criminal or civil penalties, fines, court costs, reasonable attorneys' fees, the cost of enforcing this indemnity provision and costs incurred by Company as a result of a Data Breach or an audit or investigation by a federal or state regulatory agency with enforcement authority for privacy and security of information arising out of or resulting from the unauthorized use or disclosure of PII by or through Agent or Agent's workforce.

16. AMENDMENT

Agent and Company will take action to amend this Privacy Addendum from time to time as is necessary for Company to comply with the requirements of any federal or state statute or regulation governing privacy and security of information, which Company, in its sole discretion, determines to be applicable to itself.

17. AMBIGUITY

Any ambiguity in this Privacy Addendum, and/or any conflict between this Privacy Addendum and the Agreement, shall be resolved to permit Company to comply with applicable federal and state statute or regulation governing privacy and security of information.

Click the **Agree** button at the bottom of the page.



• Athomas, you've completed all the Required form(s) in the WNIC Package 1 - CFK3401.

• You're almost done...to electronically submit the form(s), click the 'Submit Forms' button at the bottom of this page, retype your password and click 'Submit' again.

• You can view, edit or print any form - by clicking its name.

• There are no attachments for HH Company. Please click here to add attachments as necessary.

WNIC Package 1 - CFK3401 Forms	Status	Submitted
Agent Application printable	Complete	No
Sales Rep Agreement printable	Complete	No
Release and Authorization printable	Complete	No
Mississippi Appts Only printable	Optional	No
Advance Comp Agreement printable	Optional	No
Agent Compliance Guidelines printable	Complete	No
WNIC HIPAA to HITECH printable	Complete	No
Non-CA Arbitration Agreement printable	Complete	No

For comments or questions please email us or contact our Help Desk at 800-686-8279 (8:00 am - 8:00 pm EST).

If you need to attach a document, click **here** and follow the instructions.

Once ALL forms are complete, click the **Submit Forms** button

APPLICANT INSIGHT
no more forms

Athomas, please re-enter your password - that's the same password you used to logon to this System - to digitally sign each of the forms you have just completed.
Re-entering your password is the final step in the form submission process. This will constitute your digital signature, and is intended by you to have a legally binding effect.

Your Password:

[I Do Not Agree](#) [Return to Forms](#) [Submit Forms](#)

Digital Signature Policy

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DIGITAL SIGNATURE SCREEN

Enter your password from the initial login screen, then click the **Submit Forms** button

APPLICANT INSIGHT
no more forms

Athomas, review the information below and click the 'Submit' button at the bottom of this page.
There are no attachments for submission.

Your information will be delivered to this location:

WNIC Package 1 - CFK3401 Forms	Status
Release and Authorization	Required
Agent Compliance Guidelines	Required
Agent Application	Required
Sales Rep Agreement	Required
WNIC HIPAA to HITECH	Required
Non-CA Arbitration Agreement	Required

[Return to Forms](#) [Submit Forms](#)

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CONFIRM SUBMISSION SCREEN

Confirm all of the required forms are completed and then click the **Submit Forms** button



*** Submission Confirmation Number: 3024617 ***

- Athomas , your form(s) have been successfully submitted to HH Company.
- You can view, edit or print any form - by clicking its name.
- There are no attachments for HH Company. Please click here to add attachments as necessary.

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[Return to Packages](#) [Return to nmf Logon](#) [Submit Forms](#)

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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.