



MYMD ASAP VBA REPRESENTATIVE DATA FORM

Representative Name: SS#: Date of Birth:
Commissions to be paid to: Tax ID:
Business Address: City: ST: Zip:
Residence Address: City: ST: Zip:
Business Phone: Fax: Residence Phone:
Email: Web Site:
Have you ever been convicted of a felony or crime, other than a traffic violation? Yes No (If yes, please explain on a separate piece of paper.)

MyMD ASAP VBA REPRESENTATIVE AGREEMENT

This Agreement is made by and between Value Benefits of America, ("VBA") and the representative whose signature appears on this Agreement, ("Representative"). IN CONSIDERATION of the mutual promises and covenants set forth below, the parties hereby agree as follows:

- 1: VBA or its designated third party administrator shall pay to Representative commissions as provided for in the commission schedule hereof as complete compensation for all enrollment forms procured and for all services performed by or required of Representative hereunder.
2: No commissions shall be payable on any membership not accepted by the applicant or on any membership declined by VBA.
3: Representative agrees to refrain from using advertising or any other material not supplied or approved in writing by VBA.
4: No forbearance or neglect by VBA to enforce any of the provisions of this Agreement shall invalidate it or thereafter constitute a waiver of any of these provisions.
5: This Agreement shall terminate automatically upon the death or total and permanent disability of Representative.
6: VBA may offset any indebtedness with VBA, General Agent Center (GAC), Colorado Bankers Services (CBS) or affiliates against commissions or overrides.
7: Nothing contained herein shall be construed to create the relationship of employer and employee or a partnership between VBA and Representative or between Representative and any company represented by VBA.
8: If Representative receives overriding commissions, representative shall be responsible in their hierarchy as per all provisions of the contract including all debit balances.
9: Commissions shall be paid so long as they total twenty-five dollars (\$25) in any month and Representative is active and does not violate any provisions of this Agreement.
10: Representative agrees not to influence or attempt to influence any representative or membership holder to any contract represented by VBA.
11: Representative hereby agrees that the ledger accounts of VBA shall be competent and sufficient prima facie evidence of the state of accounts between the parties hereto and the failure of Representative to object in writing to any statement of account furnished by VBA to Representative, within thirty (30) days from the date such statement is furnished, shall render such statement a correct account as between VBA and Representative.
12: If any provision of this Agreement is declared or found to be unenforceable all other provisions shall remain in full force and effect.
13: If Representative is a corporate entity, the persons executing this Agreement as officers of said corporation hereby agree and undertake the personal guarantee and satisfaction of all duties, performances and all obligations, including monies owed to VBA by such corporation, under this Agreement.
14: This Agreement shall be governed by the laws of the state of Arizona and enforceable at Scottsdale, Maricopa County. This Agreement is executed as of the date approved by VBA. Other products may be added or commissions adjusted on new business by addendum.

Representative - MyMD ASAP VBA COMMISSION ADDENDUM

This Addendum is executed as of the date approved by VBA. Other products may be added or commissions adjusted on new business by addendum. This addendum will become part of your signed and approved agreement.

MyMD ASAP VBA Membership - 30% Level Commission on Active and Paid Memberships

AGREEMENT & ADDENDUM ACCEPTED BY

AGREEMENT & ADDENDUM APPROVED BY VBA

X Representative's Signature Date

By: Date

Bay Insurance

Recruited By

X Is 9 month loan advance requested on above memberships sold on bank draft? YES NO
Representative's Signature (Advancing is a privilege and may be limited by qualifying factors).

If Loan Advance is selected, 25% will be held in reserve to cover not takers or refunds for any reason. Reserves over \$500.00 will be paid out on a monthly basis. A maximum of \$500.00 advance commission will be paid per application.

*Consumer Notification - This is used to inform you that a consumer report or an investigative report is being obtained from a consumer reporting agency for the purpose of evaluating you as a representative. This report may contain information bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living from public record sources or through personal interviews with your neighbors, friends or associates. You may also have a right to request additional disclosures regarding the nature and scope of the investigation.

MAIL OR FAX COMPLETED CONTRACT FORMS TO: GENERAL AGENT CENTER

8700 E. Vista Bonita Dr., SUITE 174 ~ SCOTTSDALE, AZ 85255
FAX: 1-800-471-7996 TOLL FREE: 1-800-366-2467 DIRECT: 1-480-596-6536

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 <i>How to get a TIN</i> on page 3.																			
	<table border="1" style="margin: auto;"> <tr><td colspan="9" style="text-align: center;">Social security number</td></tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>	Social security number																	
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Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.	<table border="1" style="margin: auto;"> <tr><td colspan="9" style="text-align: center;">Employer identification number</td></tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>	Employer identification number																	
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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.



15575 N. 79th Pl. Ste. 100 ~ Scottsdale, AZ 85260

Agent Authorization Agreement for Automatic Deposits - EFT Credits

Producer Name: _____

**Producer FEIN/SSN: _____

*Producer E-mail Address: _____

*(For notification of funds availability)

** Commission earnings will be reported to the IRS under the FEIN (or SSN) of the license holder (as allowed under State licensing regulations).

Producer Signature: _____ Date: _____

I (we) hereby authorize **General Agent Center**, through **Home National Bank, Scottsdale**, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries made in error to my (our) _____ Checking or _____ Savings (check one) account indicated below. I (we) also authorize my (our) depository named below, to debit and/or credit the same to such account.

Name(s) on Account:
(Please print) _____

Signing Authority:
(Please Print) _____

Bank/Credit Union Information: ***(Please attach a voided check or Authorized Bank Document)***

Bank Name: _____

Transit/ABA Number: _____

Account Number: _____

Authorized Account Signature: _____

EFT-GAC-06