

General Agents/Managers/Agents

Statement of Understanding

Name_____

SSN_____

Address_____

Manager_____

This statement certifies that I have a full understanding and acknowledge the following:

- United America Financial, Inc, Employee Services Division, and National Benefits Services is NOT an entity of the Federal, Postal, or District Government.
- I am NOT an employee or representative of the Federal, Postal, or District Government.
- I am NEVER to indicate, intimate, or otherwise mislead a government employee into thinking that I am an employee or representative of the Federal, Postal, or District Government
- I will not alter my sales material, business cards, or contractor ID to indicate, intimate, or otherwise mislead a government employee into thinking that I am an employee or representative of the Federal, Postal, or District Government.
- I am an independent contractor with United America Financial, Inc. and its affiliates, Employee Services Division and National Benefits Services
- I am to be fully licensed, contracted, and appointed in all states in which I wish to transact business
- Violation may lead to my termination with United America Financial, and a cancellation of all contracts

By signing below, I am hereby verifying that I have thoroughly read the above declarations, and will abide by and uphold the integrity of United America Financial Inc., Employee Services, and National Benefits Services.

Signature of Agent _____ Date_____

Signature of UAF Representative _____ Date_____