

# UNIVERSAL CONTRACTING INSTRUCTIONS:

## Please Return All Documents to:

Legacy Secure  
41000 Woodward Ave East Bldg Ste 350  
Bloomfield Hills, MI 48304



Phone: +1.248.461.3360

FAX: +1.248.461.3363

Contracting@LegacyAgent.com

## REQUIRED DOCUMENTS:

- Complete the forms attached with all questions answered.
- Provide letter of explanation for any YES answered legal questions and supply additional documents.
- Complete Signature Authorization pages.
- Complete W-9 for Individual or Entity.
- Include the EFT form and a copy of a voided check.
- Provide current E&O certificate.
- Supply a current Anti-Money Laundering (AML) training certificate. Or if completed via LIMRA, please supply a date and time: \_\_\_\_\_/\_\_\_\_\_.
- Supply 8 hour LTC Training and 4 hour Refresher Certificates.
- Provide current license(s), individual and/or corporate.
- Supply **STATE** Specific Training Certificate(s) for NAIC adopted states. ([Click here for a list of NAIC Approved States.](#))
- Please Note:** If you are selling an Annuity, go to the Carrier website to complete the **CARRIER** Specific product training.



Please indicate the carrier(s) you would like to contract with.

### Traditional Life & Annuity Carriers

- |   |  |  |
|---|--|--|
| <input type="radio"/> <b>Accordia Life</b>        |  | <input type="radio"/> <b>Lafayette Life</b>  |
| <input type="radio"/> <b>Allianz Life</b>         | <input type="radio"/> Life <input type="radio"/> Annuity | <input type="radio"/> <b>LSW/NLG</b>   |
| <input type="radio"/> <b>American Equity</b>      |  | <input type="radio"/> <b>Lincoln Financial</b>   |
| <input type="radio"/> <b>American General</b>     |  | <input type="radio"/> <b>MetLife</b>   |
| <input type="radio"/> <b>American National</b>    |  | <input type="radio"/> <b>Mutual of Omaha</b>   |
| <input type="radio"/> <b>Athene</b>               | <input type="radio"/> Life <input type="radio"/> Annuity | <input type="radio"/> <b>Mutual Trust</b>  |
| <input type="radio"/> <b>AXA Equitable</b>        |  | <input type="radio"/> <b>National Western</b> <input type="radio"/> Life <input type="radio"/> Annuity |
| <input type="radio"/> <b>Banner Life</b>          |  | <input type="radio"/> <b>North American</b>  |
| <input type="radio"/> <b>Cincinnati Life</b>      |  | <input type="radio"/> <b>Principal</b> <input type="radio"/> Life <input type="radio"/> Annuity        |
| <input type="radio"/> <b>Equitrust</b>            | <input type="radio"/> Annuity Only                       | <input type="radio"/> <b>Protective Life</b>   |
| <input type="radio"/> <b>F&amp;G Life</b>         |  | <input type="radio"/> <b>Prudential</b>  |
| <input type="radio"/> <b>Fidelity Life</b>        |  | <input type="radio"/> <b>Reliance Standard</b>   |
| <input type="radio"/> <b>Forethought</b>          | <input type="radio"/> Annuity Only                       | <input type="radio"/> <b>ReliaStar</b> <input type="radio"/> Life <input type="radio"/> Annuity        |
| <input type="radio"/> <b>Genworth</b>             |  | <input type="radio"/> <b>Sagicor</b>   |
| <input type="radio"/> <b>Great American</b>       |  | <input type="radio"/> <b>Symetra Life</b>  |
| <input type="radio"/> <b>Guggenheim</b>           |  | <input type="radio"/> <b>Transamerica Life</b>   |
| <input type="radio"/> <b>Integrity Life (WSL)</b> |  | <input type="radio"/> <b>VOYA</b>  |
| <input type="radio"/> <b>John Hancock</b>         | <input type="radio"/> Life <input type="radio"/> LTC     |  |

Don't see your carrier(s) listed? Please call your MGA for more info.

### Final Expense & Mortgage Protection Carriers

Do you want to be advanced?  None  50%  75%

- |   |   |   |
|---|---|---|
| <input type="radio"/> <b>Aetna - AmCon</b>        | <input type="radio"/> <b>Foresters</b>            | <input type="radio"/> <b>Royal Neighbors (RNA)</b>        |
| <input type="radio"/> <b>AmAm/Occidental Life</b> | <input type="radio"/> <b>Gerber - GIWL</b>        | <input type="radio"/> <b>Settlers Life</b>                |
| <input type="radio"/> <b>Americo</b>              | <input type="radio"/> <b>Great Western - GIWL</b> | <input type="radio"/> <b>Standard Life &amp; Accident</b> |
| <input type="radio"/> <b>Assurity</b>             | <input type="radio"/> <b>Liberty Bankers Life</b> | <input type="radio"/> <b>Transamerica FE</b>              |
| <input type="radio"/> <b>Baltimore Life</b>       | <input type="radio"/> <b>MOO/United of Omaha</b>  | <input type="radio"/> <b>United Home Life</b>             |

Don't see your carrier(s) listed? Please call your MGA for more info.

### Health & MedSup Carriers

- |                                       |                                      |  |  |   |
|---------------------------------------|--------------------------------------|--|--|---|
| <input type="radio"/> <b>Aetna</b>    | <input type="radio"/> <b>MedSup</b>  | <input type="radio"/> <b>Ancillary</b> | <input type="radio"/> <b>Life Secure</b> | <input type="radio"/> <b>LTC</b>  |
| <input type="radio"/> <b>Assurity</b> | <input type="radio"/> <b>CI / DI</b> |  | <input type="radio"/> <b>MOO</b>         | <input type="radio"/> <b>CI / DI</b> <input type="radio"/> <b>LTC</b> <input type="radio"/> <b>MedSup</b> |
| <input type="radio"/> <b>CIGNA</b>    | <input type="radio"/> <b>MedSup</b>  | <input type="radio"/> <b>Ancillary</b> | <input type="radio"/> <b>UHC/AARP</b>    | <input type="radio"/> <b>MedSup</b>   |

Don't see your carrier(s) listed? Please call your MGA for more info.

## Just In Time Processing

Many carriers now use “Just In Time” processing for contracting requests. This means that contracting should be submitted at the same time as new business as long as it is not a pre-appointment State. Carriers that use this method do not process appointment requests until business is received. As such, **contracts submitted for the carriers below will be processed only when business is written.**

<u>Just In Time Carriers</u>	<u>Pre-Appointment States</u>
American General	PA
Athene USA	MT, PA
Athene Annuity	MT, PA
AXA Equitable	PR
Fidelity Life	NONE
Forethought	DC, PA, LA, NM
Genworth Life	MT, PA
Genworth Long Term Care	MT, PA
Gerber Life	GA, LA, PA, WI, PR
Great American	MT, PA
John Hancock Life & LTC	MT, PA, WI, Guam, PR, VI
Kemper	KS, KY, OR, PA, UT, MT
Lafayette Life	PA
Life Secure	PA
LSW-National Life Group	NONE
Lincoln Financial	MT, PA, Guam, VI
Met Life	IN, KS, MO, MT, OR, PA, PR
Mutual Trust	MA, PA
National Western	AL, LA, MA, PA, PR, VT, WA, WI
Principal Financial Group	PA
Protective Life	PA, PR
Prudential	PA
Transamerica (Transfers)	KS, LA, MT, NM, PA
Reliance Standard	NC, NM, PA, UT
Reliastar Life and Annuity	USVI
Voya Financial	FL, GA, MA, MT, NM, VA

Social Security #: \_\_\_\_\_ Email: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Maiden Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_ Gender: \_\_\_\_\_

Driver's Lic. # / State: \_\_\_\_\_ Exp: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Spouses Name: \_\_\_\_\_ Spouse DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Residential Address (No PO Boxes)** Move In Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Add: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Mailing Address (No PO Boxes)** Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Add: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**AML Provider:** LIMRA NONE OTHER Date Completed: \_\_\_\_/\_\_\_\_/\_\_\_\_  
*If Other, Provide Certificate of Completion.* LIMRA-Provide Password: \_\_\_\_\_

Are you a Registered Rep with FINRA? Yes No  
*If Yes, Broker/Dealer Name: \_\_\_\_\_ CRD #: \_\_\_\_\_*

Please list any Honors you currently hold: \_\_\_\_\_

**Doing Business As:** Individual Business Entity Solicitor/LOA

If DBA Solicitor/LOA, list who you are assigning commissions to: \_\_\_\_\_

**Complete the following only if DBA a Business Entity:**

EIN: \_\_\_\_\_ Business Name: \_\_\_\_\_ Website: \_\_\_\_\_

Your Title: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Principal Name: \_\_\_\_\_ Principal Title: \_\_\_\_\_ Email: \_\_\_\_\_

**Corporate Address (No PO Boxes)** Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
**City/State Not Needed**

Add: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**History**

**\*NOTE\* Attach additional info if needed**

**Employment** -- Please provide past 7 years of employment history:

From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_

Company: \_\_\_\_\_ Position: \_\_\_\_\_

Location: \_\_\_\_\_

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From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_

Company: \_\_\_\_\_ Position: \_\_\_\_\_

Location: \_\_\_\_\_

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From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_

Company: \_\_\_\_\_ Position: \_\_\_\_\_

Location: \_\_\_\_\_

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**Address History** -- Please provide past 7 years of address history:

**\*NOTE\* Attach additional info if needed**

From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_ **City/State Not Needed**

Line 1: \_\_\_\_\_ Line 2: \_\_\_\_\_ Zipcode: \_\_\_\_\_

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From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_ **City/State Not Needed**

Line 1: \_\_\_\_\_ Line 2: \_\_\_\_\_ Zipcode: \_\_\_\_\_

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From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_ **City/State Not Needed**

Line 1: \_\_\_\_\_ Line 2: \_\_\_\_\_ Zipcode: \_\_\_\_\_

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## Legal Questions for Contracting and Appointment Requests

Please answer the following questions. If you answer YES to any question, be sure to provide a full, detailed explanation including specific dates.

Name: \_\_\_\_\_

1	Have you ever been charged or convicted of or plead guilty or no contest to any Felony, Misdemeanor, federal/state insurance and/or securities or investments regulations or statutes? Have you ever been on probation?	Yes	No
1A	Have you ever been convicted of or plead guilty or no contest to any Felony?	Yes	No
1B	Have you ever been convicted of or plead guilty or no contest to any Misdemeanor?	Yes	No
1C	Have you ever been convicted of or plead guilty or no contest to a violation of federal or state securities or investment related regulations?	Yes	No
1D	Have you ever been convicted of or plead guilty or no contest to a violation of state insurance department regulations or statutes?	Yes	No
1E	Has any foreign government, court, regulatory agency, or exchange ever entered an order against you related to investments or fraud?	Yes	No
1F	Have you ever been charged with a Felony?	Yes	No
1G	Have you ever been charged with a Misdemeanor?	Yes	No
1H	Have you ever been on probation?	Yes	No
2	Have you ever been or are you currently being investigated, have any pending indictment, lawsuits, or have you ever been in a lawsuit with an insurance company?	Yes	No
2A	Are you currently under investigation by any legal or regulatory authority?	Yes	No
2B	Have you been under investigation by any insurance company?	Yes	No
2C	Have you ever been or are you currently involved in any pending indictments, lawsuits, civil judgments or other legal proceedings (civil or criminal)(you may omit family court).	Yes	No
2D	Have you ever been named as a defendant or codefendant in a lawsuit, or have you ever sued or been sued by an insurance company?	Yes	No
3	Have you ever been alleged to have engaged in any fraud?	Yes	No
4	Have you ever been found to have engaged in any fraud?	Yes	No
5	Has any insurance or financial services company or broker-dealer terminated your contract or appointment or permitted you to resign for reason other than lack of sales?	Yes	No
5A	Were you fired because you were accused of violating insurance or investment related statutes, regulations, rules or industry standards of conduct?	Yes	No
5B	Were you fired because you were accused of fraud or the wrongful taking of property?	Yes	No
5C	Failure to supervise in connection with insurance or investment related statutes, regulations, rules or industry standards of conduct?	Yes	No
6	Have you ever had an appointment with any insurance company denied or terminated for cause?	Yes	No
7	Does any insurer, insured, or other person claim any commission chargeback or other indebtedness from you as a result of any insurance transactions or business?	Yes	No

8	Has any lawsuit or claim ever been made against you, your surety company, or errors and omissions insurer arising out of your sales or practices, or, have you been refused surety bonding or E&O coverage?	Yes	No
8A	Has a bonding or surety company ever denied, paid on or revoked a bond for you?	Yes	No
8B	Has any Errors & Omissions (E&O) carrier ever denied, paid claims on or cancelled your coverage?	Yes	No
9	Have you ever had an insurance or securities license denied, suspended, cancelled or revoked?	Yes	No
10	Has any state or federal regulatory body found you to have been a cause of an investment – or insurance – related business having its authorization to do business denied, suspended, revoked, or restricted?	Yes	No
11	Has any state or federal regulatory agency revoked or suspended your license as an attorney, accountant, or federal contractor?	Yes	No
12	Has any state or federal regulatory agency found you to have made a false statement or omission or been dishonest, unfair, or unethical?	Yes	No
13	Have you had any interruptions in licensing?	Yes	No
14	Has any state, federal or self-regulatory agency filed a complaint against you, fined, sanctioned, censured, penalized or otherwise disciplined you for a violation of their regulations or state or federal statutes?	Yes	No
14A	Has any regulatory body ever sanctioned, censured, penalized or otherwise disciplined you?	Yes	No
14B	Has any state, federal, or self-regulatory agency filed a complaint against you, fined or sanctioned you?	Yes	No
14C	Have you ever been the subject of a consumer initiated complaint?	Yes	No
15	Have you personally or any insurance or securities brokerage firm with whom you have been associated filed a bankruptcy petition or declared bankruptcy?	Yes	No
15A	Have you personally filed a bankruptcy petition or declared bankruptcy?	Yes	No
15B	Has any insurance or securities brokerage firm with whom you have been associated filed a bankruptcy petition or been declared bankrupt either during your association or within five years after termination of such association?	Yes	No
15C	Is the bankruptcy pending?	Yes	No
16	Are there any unsatisfied judgments, garnishments or liens against you?	Yes	No
17	Are you connected in any way with a bank, savings & loan association, or other lending or financial institution?	Yes	No
18	Have you ever used any other names or aliases?	Yes	No
19	Do you have any unresolved matters pending with the Internal Revenue Service or other taxing authority?	Yes	No

**If you answered any questions YES, provide an explanation that includes dates, actions, and descriptions. Attach additional paper if necessary.**

**I attest that the information I have provided is true to the best of my knowledge. I acknowledge that if any information changes, I will notify my agency office within 5 days of such change. Further, I understand that my agency may contact me when I need to answer carrier specific questions.**

Signature: \_\_\_\_\_

**SIGN HERE**

Date: \_\_\_\_\_

**Carrier Specific Questions**

1. Please list your state and county of residence and business for the last 10 years:

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2. If you have ever been FINRA registered, do you have any U4/U5 reportable events? If yes, please provide details.

Yes No

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3. Will you be in violation of the 1994 crime act if you act as an insurance agent?

Yes No

**REQUIRED FOR ALLIANZ ONLY:**

4. Are you currently an Investment Advisory Representative?

RIA #: \_\_\_\_\_

IAR #: \_\_\_\_\_

5. Have you or an officer of your company ever been involved in any litigation or arbitration in which you and Allianz life had opposing claims? If yes, please provide details.

Yes No

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6. Are any immediate family members currently contracted with Allianz Life? If yes, please list their names.

Yes No

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7. Have you had any foreclosures within the last 3 years? If yes, please provide dates and details.

Yes No

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8. Do you have any collections or charged off debt items? If yes, please provide details.

Yes No

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9. Please list any other names you are known by:

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## Request for Taxpayer Identification Number and Certification

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

<b>Print or type See Specific Instructions on page 2.</b>	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: Individual/sole proprietor      C Corporation      S Corporation      Partnership      Trust/estate  Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶	
	Other (see instructions) ▶	
	<input type="checkbox"/> Exempt payee	
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.

<b>Sign Here</b>	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.

## AGENT/AGENCY ELECTRONIC SIGNATURE AUTHORIZATION FORM

By signing this form, I (print name) \_\_\_\_\_ acknowledge and authorize Legacy Assurance Group Inc or its affiliates, officers or managers (Authorized Parties) to perform a scan of my signature and electronically 'stamp' or 'sign' common policy documents requiring my signature or official authorization. I hereby release, indemnify and hold harmless the Authorized Parties against any and all claims, demands, losses, damages, and causes of action, including expenses, costs and reasonable attorneys' fees which they may sustain or incur as a result of carrying out the authority granted hereunder..

I authorize Legacy Assurance Group Inc or its affiliates, officers or managers to use the scanned signatures on my behalf in order to aid in the processing of commonly-required insurance documents as well as to be a convenience to me, thereby avoiding excess email correspondence, mailing time, and delays in processing requests. By my signature below, I certify that the information I have submitted to the Authorized Parties is correct to the best of my knowledge and acknowledge that I have read and reviewed the forms and agreements which the Authorized Parties have been authorized to affix my signature. I agree to indemnify and hold any third party harmless from and against any and all claims, demands, losses, damages, and causes of action, including expenses, costs and reasonable attorneys' fees which such third party may incur as a result of its reliance on any form or agreement bearing my signature pursuant to this authorization.

I also understand that I may revoke this signature authorization at any time by sending a request in writing (email correspondence is acceptable) to Legacy Assurance Group Inc.

\_\_\_\_\_  
Authorization Signature

\_\_\_\_\_  
Date of Authorization

Please inscribe both your normal signature and your initials (in **BLACK** ink) into each of the boxes below so that they may be scanned accurately. **PLEASE MAKE CERTAIN THAT THESE ARE FULLY CONTAINED WITHIN THE BOXES AND THAT THEY DO NOT TOUCH THE BORDERS.**

**PLACE YOUR NORMAL SIGNATURE IN THE BOXES BELOW**

**PLACE INITIALS BELOW**  
*(required on some forms)*

## Signature Authorization

PLEASE READ THIS AUTHORIZATION, SIGN IN THE BOX BELOW AND SUBMIT THIS FORM BY FOLLOWING THE INSTRUCTIONS PROVIDED ON THE COVER PAGE.

I, \_\_\_\_\_, hereby authorize SureanceBay, LLC and its general agency customers (the "Authorized Parties") to affix or append a copy of my signature, as set forth below, to any and all required signature fields on forms and agreements of any insurance carrier (a "Carrier") designated by me through the SureLC software or through any other means, including without limitation, by e-mail or orally. The Authorized Parties shall be permitted to complete and submit all such forms and agreements on my behalf for the purpose of becoming authorized to sell Carrier insurance products. I hereby release, indemnify and hold harmless the Authorized Parties against any and all claims, demands, losses, damages, and causes of action, including expenses, costs and reasonable attorneys' fees which they may sustain or incur as a result of carrying out the authority granted hereunder.

By my signature below, I certify that the information I have submitted to the Authorized Parties is correct to the best of my knowledge and acknowledge that I have read and reviewed the forms and agreements which the Authorized Parties have been authorized to affix my signature. I agree to indemnify and hold any third party harmless from and against any and all claims, demands, losses, damages, and causes of action, including expenses, costs and reasonable attorneys' fees which such third party may incur as a result of its reliance on any form or agreement bearing my signature pursuant to this authorization.

Please sign in the center of the box below. Please use BLACK ink.



PRODUCERIDXXX

**ELECTRONIC FUND TRANSFERS (EFT)**

Account Owner Name (Required): \_\_\_\_\_

Transit/ABA #: \_\_\_\_\_

Account #: \_\_\_\_\_

Financial Institution Name: \_\_\_\_\_

Branch Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Account Type:  Checking  Saving Phone: \_\_\_\_\_

By signing below I hereby authorize the Company to initiate credit entries and, if necessary, adjustments for credit entries in error to the checking and/or savings account indicated on this form. This authority is to remain in full effect until the Company has received written notification from me of its termination. I understand that this authorization is subject to the terms of any agent or representative contract, commission agreement, or loan agreement that I may have now, or in the future, with the Company.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Attach copy of the check here for checking account or deposit slip for saving account:

# Replace this page with a copy of your E&O Insurance Certificate of Coverage

IMPORTANT: E & O Certificate must list your full name as the insured.  
Please refer to the following examples.

CORRECT:

My Insurance Agency Inc.

**Joe Agent**

123 Main Ave

City, State, 12345

INCORRECT:

My Insurance Agency Inc.

123 Main Ave

City, State, 12345

If individual name is not listed correctly please provide a letter from the E&O  
Carrier listing agents covered under agency policy.

Replace this page with a copy of your  
current Anti-Money Laundering (AML)  
Training Certificate.

Or if completed via LIMRA,  
please supply a date and time:

\_\_\_\_\_/\_\_\_\_\_.

Replace this page with your current license(s), individual and/or corporate.

Replace this page with a copy of your  
STATE Specific Training Certificate(s) for  
NAIC adopted states.