



Appointment Instructions

In order to complete your appointment request, please complete the following personal information packet (PIP). Upon receipt of your PIP, your information will be input into our online system called SureLC, which stores your information and carrier contracting forms. In the future, should you desire to be appointed with any additional carriers, we will use this information to complete contracting paperwork on your behalf, increasing speed and efficiency. The carriers also require an electronic approval so be sure to look for emails from Surancebay.com to complete your submission to the carrier.

Checklist:

- Questionnaire completed and signed
- Include letter of explanation for any questions answered yes
- Signed signature page
- Signed EFT form and void check (most carriers require EFT)
- Copies of your agent and/or agency state insurance licenses
- Copy of your E&O coverage
- Copy of NAIC state required Annuity or LTC CE
- Copy of Anti Money Laundering Completion
- I understand that before submitting business I may be required to complete carrier specific product training for Annuities, IUL, and Medicare.

Please send all documents to:

E-mail: fargo.licensing@simplicitygroup.com
Fax: 800.293.9897
Phone: 800.373.9807

Carrier Appointment Request

*******IMPORTANT*******

Most carriers now utilize just-in-time contracting. What does that mean?

Your contract will not be submitted until a client application is received. At that time the agent background and vector check will be completed. Please submit client information with this contracting paperwork and your contract will be processed immediately.

Annuity Product Training and Medicare Certification are still required prior to solicitation.

| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | To Get Appointed | Appointment process | E&O Required | Requires Add'l Paper or Link | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | To Get Appointed | Appointment process | E&O Required | Requires Add'l Paper or Link | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | To Get Appointed | Appointment process | E&O Required | Requires Add'l Paper or Link |
|--|--------------------------|-------------------------------------|------------------|---------------------|--------------|------------------------------|---|--------------------------|-------------------------------------|------------------|---------------------|--------------|------------------------------|---------------------------------------|--------------------------|-------------------------------------|------------------|---------------------|--------------|------------------------------|
| Accordia Life (Global Atlantic) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | JIT | N | | | Guarantee Trust Life | <input type="checkbox"/> | <input checked="" type="checkbox"/> | JIT | Y | | | New York Life- Annuity | <input type="checkbox"/> | <input checked="" type="checkbox"/> | JIT | Y | | |
| Aetna/Silverscript | <input type="checkbox"/> | <input type="checkbox"/> | P | Y | L* | | Guaranty Income Life | <input type="checkbox"/> | <input checked="" type="checkbox"/> | JIT | N | | | New York Life- Life | <input type="checkbox"/> | <input checked="" type="checkbox"/> | JIT | Y | | |
| Aetna- ACI, ACC, AHIC, AHLIC, CLI ¹ | <input type="checkbox"/> | <input checked="" type="checkbox"/> | JIT ^C | Y | | | Guggenheim | <input type="checkbox"/> | <input checked="" type="checkbox"/> | JIT | Y | | | North American- Annuity | <input type="checkbox"/> | <input checked="" type="checkbox"/> | JIT | Y | | |
| AIG American General | <input type="checkbox"/> | <input checked="" type="checkbox"/> | JIT | Y | | | Humana | <input type="checkbox"/> | <input type="checkbox"/> | P | N | L* | | North American- Life | <input type="checkbox"/> | <input checked="" type="checkbox"/> | JIT | Y | | |
| AIG GIWL | <input type="checkbox"/> | <input type="checkbox"/> | P | Y | | | Illinois Mutual | <input type="checkbox"/> | <input checked="" type="checkbox"/> | JIT | N | | | OceanView Life & Annuity | <input type="checkbox"/> | <input checked="" type="checkbox"/> | JIT | Y | | |
| AIG Partners Group | <input type="checkbox"/> | <input checked="" type="checkbox"/> | JIT | Y | P* | | Individual Assurance Company | <input type="checkbox"/> | <input type="checkbox"/> | P | N | L* | | Ohio National | <input type="checkbox"/> | <input checked="" type="checkbox"/> | JIT | Y | | |
| Allianz Life | <input type="checkbox"/> | <input type="checkbox"/> | P | Y | | | Integrity Life | <input type="checkbox"/> | <input checked="" type="checkbox"/> | JIT | Y | | | Ohio State Life Ins Co | <input type="checkbox"/> | <input checked="" type="checkbox"/> | JIT | Y | L* | |
| Allianz Life - Preferred | <input type="checkbox"/> | <input type="checkbox"/> | P | Y | | | Integrity Life (Legacy) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | JIT | Y | | | OneAmerica/State Life | <input type="checkbox"/> | <input checked="" type="checkbox"/> | BS | Y | | |
| American Equity | <input type="checkbox"/> | <input checked="" type="checkbox"/> | JIT | Y | | | Investors Heritage- Annuity | <input type="checkbox"/> | <input type="checkbox"/> | P | Y | | | Oxford Life/Christian Fidelity | <input type="checkbox"/> | <input type="checkbox"/> | P | Y | L* | |
| American Life | <input type="checkbox"/> | <input checked="" type="checkbox"/> | JIT | Y | | | John Hancock | <input type="checkbox"/> | <input checked="" type="checkbox"/> | JIT ^B | Y | | | Pacific Guardian Life | <input type="checkbox"/> | <input checked="" type="checkbox"/> | JIT | Y | | |
| American National | <input type="checkbox"/> | <input checked="" type="checkbox"/> | JIT | Y | | | Lafayette Life | <input type="checkbox"/> | <input checked="" type="checkbox"/> | JIT | Y | | | Pacific Life | <input type="checkbox"/> | <input checked="" type="checkbox"/> | JIT | Y | | |
| Americo- Life | <input type="checkbox"/> | <input checked="" type="checkbox"/> | JIT | Y | | | Legacy Marketing | <input type="checkbox"/> | <input checked="" type="checkbox"/> | JIT | Y | | | Pacific Life Lynchburg (Promise) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | JIT | Y | | |
| Americo/Great Southern- Med Supp | <input type="checkbox"/> | <input checked="" type="checkbox"/> | JIT | Y | | | Liberty Bankers Life- Annuity | <input type="checkbox"/> | <input type="checkbox"/> | BS | N | | | Penn Mutual | <input type="checkbox"/> | <input checked="" type="checkbox"/> | JIT | Y | | |
| Ameritas- Annuity (Legacy) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | JIT | Y | | | LifeShield National Ins Co ² | <input type="checkbox"/> | <input type="checkbox"/> | P | Y | | | Principal Life | <input type="checkbox"/> | <input checked="" type="checkbox"/> | JIT | Y | | |
| Ameritas- FLX Series | <input type="checkbox"/> | <input checked="" type="checkbox"/> | JIT | Y | | | Lincoln Financial- Annuity | <input type="checkbox"/> | <input checked="" type="checkbox"/> | JIT | Y | | | Protective Life | <input type="checkbox"/> | <input checked="" type="checkbox"/> | JIT | Y | | |
| Assured Life Association | <input type="checkbox"/> | <input checked="" type="checkbox"/> | JIT | Y | | | Lincoln Financial- Life, LTC | <input type="checkbox"/> | <input checked="" type="checkbox"/> | JIT ^A | Y | | | Prudential Life Ins- Life | <input type="checkbox"/> | <input checked="" type="checkbox"/> | JIT ^B | Y | | |
| Assurity- Life, CI, DI, Health | <input type="checkbox"/> | <input checked="" type="checkbox"/> | JITA | Y | | | Manhattan Life Assurance (MAC) | <input type="checkbox"/> | <input type="checkbox"/> | P | N | L* | | Prudential Life Ins- Annuity | <input type="checkbox"/> | <input checked="" type="checkbox"/> | JIT | Y | | |
| Assurity- Annuity | <input type="checkbox"/> | <input type="checkbox"/> | P | Y | | | Mass Mutual | <input type="checkbox"/> | <input type="checkbox"/> | P | Y | L* | | Reliance Standard | <input type="checkbox"/> | <input checked="" type="checkbox"/> | JIT | Y | | |
| Athene Annuity & Life | <input type="checkbox"/> | <input checked="" type="checkbox"/> | JIT | Y | | | Mass Mutual Ascend | <input type="checkbox"/> | <input checked="" type="checkbox"/> | JIT | Y | | | Sagicor | <input type="checkbox"/> | <input type="checkbox"/> | P | Y | | |
| Atlantic Coast Life- Annuity/RPM | <input type="checkbox"/> | <input checked="" type="checkbox"/> | JIT | Y | | | Medica | <input type="checkbox"/> | <input type="checkbox"/> | P | Y | L* | | Sanford | <input type="checkbox"/> | <input type="checkbox"/> | P | Y | | |
| Atlantic Coast Life- MedSupp | <input type="checkbox"/> | <input checked="" type="checkbox"/> | JIT | Y | | | Medico Corp | <input type="checkbox"/> | <input type="checkbox"/> | P | Y | | | SBLI of MA | <input type="checkbox"/> | <input checked="" type="checkbox"/> | JIT | Y | | |
| Baltimore Life | <input type="checkbox"/> | <input checked="" type="checkbox"/> | JIT | Y | | | Met Life (LTC) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | JIT | Y | | | Sentinel- Annuity/RPM | <input type="checkbox"/> | <input checked="" type="checkbox"/> | JIT | Y | | |
| Banner (Legal & General) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | JIT | Y | | | Minnesota Life (Securian)-Annuity | <input type="checkbox"/> | <input checked="" type="checkbox"/> | JIT | Y | | | Sentinel- Life, MedSupp ¹ | <input type="checkbox"/> | <input checked="" type="checkbox"/> | JIT | Y | | |
| Bestow | <input type="checkbox"/> | <input type="checkbox"/> | P | Y | L* | | Minnesota Life (Securian)-Life | <input type="checkbox"/> | <input checked="" type="checkbox"/> | JIT | Y | | | SILAC | <input type="checkbox"/> | <input type="checkbox"/> | P | Y | L* | |
| Blue Cross Blue Shield ND | <input type="checkbox"/> | <input type="checkbox"/> | P | Y | | | Mut of Omaha Cos- Life, CI, DI | <input type="checkbox"/> | <input checked="" type="checkbox"/> | JIT | Y | | | Symetra- Life | <input type="checkbox"/> | <input checked="" type="checkbox"/> | JIT | Y | | |
| Blue Cross Blue Shield MN1 | <input type="checkbox"/> | <input type="checkbox"/> | P | Y | P* | | Mut of Omaha Cos- Medsupp, Denta | <input type="checkbox"/> | <input checked="" type="checkbox"/> | JIT | Y | | | The Standard | <input type="checkbox"/> | <input checked="" type="checkbox"/> | JIT | Y | | |
| Cigna- ARLIC, CHLIC, CNHIC, LOYAL | <input type="checkbox"/> | <input checked="" type="checkbox"/> | JIT | Y | | | Mut of Omaha Cos- PDP | <input type="checkbox"/> | <input checked="" type="checkbox"/> | JIT | Y | | | Transamerica Life Ins Co ¹ | <input type="checkbox"/> | <input checked="" type="checkbox"/> | JIT | Y | | |
| Cigna Healthspring | <input type="checkbox"/> | <input type="checkbox"/> | P | Y | | | Mut of Omaha Cos- LTC | <input type="checkbox"/> | <input checked="" type="checkbox"/> | JIT | Y | | | Trinity Life/Family Benefit | <input type="checkbox"/> | <input type="checkbox"/> | P | Y | | |
| Columbus Life | <input type="checkbox"/> | <input checked="" type="checkbox"/> | JIT | Y | | | Mutual Trust Life | <input type="checkbox"/> | <input checked="" type="checkbox"/> | JIT | Y | | | UCare | <input type="checkbox"/> | <input type="checkbox"/> | P | N | P* | |
| Delaware Life | <input type="checkbox"/> | <input checked="" type="checkbox"/> | JIT | Y | | | Nassau Life & Annuity | <input type="checkbox"/> | <input type="checkbox"/> | BS | Y | | | United Healthcare | <input type="checkbox"/> | <input type="checkbox"/> | P | Y | L* | |
| Equitable (formerly AXA) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | BS | Y | | | Nationwide | <input type="checkbox"/> | <input checked="" type="checkbox"/> | JIT | Y | | | United Life | <input type="checkbox"/> | <input checked="" type="checkbox"/> | JIT | Y | | |
| EquiTrust | <input type="checkbox"/> | <input checked="" type="checkbox"/> | JIT | Y | | | National Care Dental | <input type="checkbox"/> | <input checked="" type="checkbox"/> | JIT | Y | L* | | United States Fire | <input type="checkbox"/> | <input checked="" type="checkbox"/> | JIT | Y | | |
| F&G Annuities & Life | <input type="checkbox"/> | <input type="checkbox"/> | BS | Y | | | National General Acc & Health | <input type="checkbox"/> | <input checked="" type="checkbox"/> | JIT | Y | L* | | Unity Financial ¹ | <input type="checkbox"/> | <input checked="" type="checkbox"/> | JIT | N | | |
| Foresters | <input type="checkbox"/> | <input checked="" type="checkbox"/> | JIT ^A | Y | | | National Guardian Life | <input type="checkbox"/> | <input checked="" type="checkbox"/> | JIT | Y | | | Upstream Life | <input type="checkbox"/> | <input type="checkbox"/> | P | Y | L* | |
| Forethought (Global Atlantic)- Ann | <input type="checkbox"/> | <input checked="" type="checkbox"/> | JIT | Y | | | National Life Group- LSW | <input type="checkbox"/> | <input checked="" type="checkbox"/> | JIT | Y | L* | | Wellcare (Centene) | <input type="checkbox"/> | <input type="checkbox"/> | P | N | L* | |
| Forethought (Global Atlantic)- LTC | <input type="checkbox"/> | <input checked="" type="checkbox"/> | JIT | Y | | | National Western- Annuity | <input type="checkbox"/> | <input checked="" type="checkbox"/> | JIT | Y | | | Western United Life (Manhattan) | <input type="checkbox"/> | <input type="checkbox"/> | P | N | L* | |
| Gerber Life | <input type="checkbox"/> | <input checked="" type="checkbox"/> | JIT | N | | | National Western- Life | <input type="checkbox"/> | <input checked="" type="checkbox"/> | JIT | Y | | | Zurich | <input type="checkbox"/> | <input checked="" type="checkbox"/> | JIT ^B | Y | | |

* If a carrier doesn't participate in SureLC add'l info is required and will be emailed to you: L - online link P - paper contract Q - must prove qualification

** Exception if agent writing TermAccel eApp send in contract right away with client name, state signing and that agent is writing TermAccel eApp.

JIT - Just in Time: Appt with state is not submitted until business is received, please provide client information below and submit copy of app to SG.

^A Exception if agent is doing eApp, submit contract with client name, state signing and that agent is doing eApp

^B First Application should be paper, eApp can be used after agent is appointed.

^C Does not process contracts during AEP.

BS - Business Strictly Required: Carrier will not hold contract. Business is required, please provide client information below.

P - Pre-Appointment Required: Requires agent number before business can be written. Also applies to pre-appointment states.

¹ All Resident appointment fees are paid by agent

² Resident renewal fees are paid by agent

I agree to be appointed with the carriers requested above: _____

Agent Signature

Date

Client Name (if applicable)

Carrier

App Date

Producer Information Packet (PIP)

Agency Name/Principal Name

DBA: Individual Business Entity Assign Commission to

Date of Birth (Month/Day/Year) Sex Social Security Number NPN (National Producer Number)

Drivers License Number State Expiration Date

Producer Legal First Name MI Last Name Preferred First Name

Agency Name Agency Tax ID

Title (President, VP, Owner, Partner, etc) Email Address

Business Phone Cell Phone Fax

Resident Address City State Zip Code

Business Address City State Zip Code

Send all mail to: Business Address Home Address

States to be appointed in: List Resident State First

Are you a Registered Rep with FINRA?
 Yes No

AML Completion Date (need every 2 years) AML Provider: LIMRA WEBCE OTHER Other provider name

NAIC Annuity Training Completion Date NAIC LTC Training Completion Date

E&O Carrier Expiration Date

This is this an Agency policy. (If individual name is not listed on policy please provide a letter from the E&O Carrier listing agents covered under agency policy.)

Please provide copies of Licenses, AML, E&O and Training Certificates.

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:

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 SuranceBay, 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

Legal Questions

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? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 1A | Have you ever been convicted of or plead guilty or no contest to any Felony? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 1B | Have you ever been convicted of or plead guilty or no contest to any Misdemeanor? | <input type="checkbox"/> Yes <input type="checkbox"/> 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? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 1D | Have you ever been convicted of or plead guilty or no contest to a violation of state insurance department regulations or statutes? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 1E | Has any foreign government, court, regulatory agency, or exchange ever entered an order against you related to investments or fraud? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 1F | Have you ever been charged with a Felony? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 1G | Have you ever been charged with a Misdemeanor? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 1H | Have you ever been on probation? | <input type="checkbox"/> Yes <input type="checkbox"/> 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? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2A | Are you currently under investigation by any legal or regulatory authority? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2B | Have you been under investigation by any insurance company? | <input type="checkbox"/> Yes <input type="checkbox"/> 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). | <input type="checkbox"/> Yes <input type="checkbox"/> 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? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3 | Have you ever been alleged to have engaged in any fraud? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4 | Have you ever been found to have engaged in any fraud? | <input type="checkbox"/> Yes <input type="checkbox"/> 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? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5A | Were you fired because you were accused of violating insurance or investment related statutes, regulations, rules or industry standards of conduct? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5B | Were you fired because you were accused of fraud or the wrongful taking of property? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5C | Failure to supervise in connection with insurance or investment related statutes, regulations, rules or industry standards of conduct? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 | Have you ever had an appointment with any insurance company denied or terminated for cause? | <input type="checkbox"/> Yes <input type="checkbox"/> 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? | <input type="checkbox"/> Yes <input type="checkbox"/> 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? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8A | Has a bonding or surety company ever denied, paid on or revoked a bond for you? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8B | Has any Errors & Omissions (E&O) carrier ever denied, paid claims on or cancelled your coverage? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9 | Have you ever had an insurance or securities license denied, suspended, cancelled or revoked? | <input type="checkbox"/> Yes <input type="checkbox"/> 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? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11 | Has any state or federal regulatory agency revoked or suspended your license as an attorney, accountant, or federal contractor? | <input type="checkbox"/> Yes <input type="checkbox"/> 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? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 13 | Have you had any interruptions in licensing? | <input type="checkbox"/> Yes <input type="checkbox"/> 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? Have you ever been the subject of a consumer initiated | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 14A | Has any regulatory body ever sanctioned, censured, penalized or otherwise disciplined you? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 14B | Has any state, federal, or self-regulatory agency filed a complaint against you, fined or sanctioned you? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 14C | Have you ever been the subject of a consumer initiated complaint? | <input type="checkbox"/> Yes <input type="checkbox"/> 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? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 15A | Have you personally filed a bankruptcy petition or declared bankruptcy? | <input type="checkbox"/> Yes <input type="checkbox"/> 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? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 15C | Is the bankruptcy pending? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 16 | Are there any unsatisfied judgments, garnishments or liens against you? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 17 | Are you connected in any way with a bank, savings & loan association, or other lending or financial institution? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 18 | Have you ever used any other names or aliases? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 19 | Do you have any unresolved matters pending with the Internal Revenue Service or other taxing authority? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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 Sunderland Group within 5 days of such change. Further, I understand that Sunderland Group may contact me when I need to answer carrier specific questions.

Signature: _____ Date: _____

Letter of Explanation

Question # _____ Date of Action: ____/____/____

Action: _____

Reason: _____

Explanation: _____

Question # _____ Date of Action: ____/____/____

Action: _____

Reason: _____

Explanation: _____

Question # _____ Date of Action: ____/____/____

Action: _____

Reason: _____

Explanation: _____

Question # _____ Date of Action: ____/____/____

Action: _____

Reason: _____

Explanation: _____

***NOTE* Use additional paper if necessary**

Employment History

Please provide past 5 years of address history:

From: ___/___/___ To: ___/___/___

Company: _____ Position: _____

Location: _____

From: ___/___/___ To: ___/___/___

Company: _____ Position: _____

Location: _____

From: ___/___/___ To: ___/___/___

Company: _____ Position: _____

Location: _____

Address History

Please provide past 5 years of address history:

From: ___/___/___ To: ___/___/___

Address: _____ State: _____ Zip code: _____

From: ___/___/___ To: ___/___/___

Address: _____ State: _____ Zip code: _____

From: ___/___/___ To: ___/___/___

Address: _____ State: _____ Zip code: _____

Advanced Commissions

What is Advanced Commission?

Sunderland Group is proud to offer advanced commissions. We want to make you aware that advanced commissions are usually a loan from the CARRIER based on your clients continuing to pay their modal premiums. Many of the CARRIERS charge a fee of 3-5% on the dollar amount advanced because it is a loan. If you were advanced \$1,000 they may charge \$50 advance fee and pay you \$950. CARRIERS can also base the advance calculation on the annual premium, NOT the modal premium causing you to lose out on difference. Annual premium does not always equal the monthly premium x 12 or quarterly premium x 4. We encourage you to make sure you know exactly what each CARRIER will charge for advancement prior to getting set up on advancement.

Please initial each line below to acknowledge that you have read it

_____ I understand that I am REQUIRED to provide current verifiable proof of production to be eligible for advancement. Examples of Verifiable Production: 1099, Carrier Production Report, Screen Shot of Carrier Website, etc.

_____ I understand that each CARRIER will conduct various background checks and upon completion it is at the sole discretion of each CARRIER and/or Sunderland Group to Accept/Reject the proposed advancement request.

_____ I understand that not all CARRIERS offer advanced commission.

_____ I understand if you request to have advanced commissions AFTER business is submitted, we cannot guarantee that your advancement will be processed correctly.

_____ I understand that I am liable to the CARRIER for any overpayment of commissions that occurs as a result of advances, and I agree that CARRIER will recapture and/or recoup commissions in accordance with existing lapse or cancellation rules for inforce policies. If I do not pay all amounts due to the CARRIER, Sunderland Group will use all means necessary to collect the debt after the CARRIER has made demand for repayment. All debts will be reported to Vector.

Please check box if applies

I would like a copy of advanced commission forms for the CARRIERS I have checked

Sunderland Group can terminate advances at any time under this Addendum at their sole discretion – if this happens you will receive written notice of the termination from the Company. Upon termination of advances under this Addendum, all commission advances shall cease and the Advance Debt reduced until there is no balance left. If you do not continue writing business to repay the debt a payment plan must be arranged for the remaining balance owed.

I understand and acknowledge the guidelines of Advanced Commissions above:

Signature: _____ Date: _____