

QuickForm

INDIVIDUAL DIRECT CONTRACT

PLEASE SEND COPY OF E&O INSURANCE, AML INFORMATION, & PERSONAL VOIDED CHECK

Name: _____ Social Security Number: _____ Date of Birth (MM/DD/YYYY): _____

Business Phone: _____ 2nd Phone: _____ Fax: _____

Email Address: _____ Gender: _____ MALE _____ FEMALE What is your martial status?: _____

Business Mailing Address: _____

Assistant/Contact Name: _____ Assistant Phone/Email: _____ / _____

Residential Address: _____

When did you move to current residential address? (MM/YYYY): _____ Where were you born? (City, State): _____

Name of high school where you graduated: _____ Location: _____ Year of completion: _____

List all states where you are licensed to solicit life insurance: _____ Driver's License Number: _____

Number of years licensed as an insurance agent: _____ Are you health/long term care licensed? (CHOOSE ONE): ___ YES ___ NO

Where would you like your policies sent? (CHOOSE ONE): ___ CLIENT ___ MY OFFICE Are you a US Citizen?: _____

Are you currently or have you ever been bonded? (CHOOSE ONE): ___ YES ___ NO

Are there any legal or financial incidents from your past or present that may affect your appointment with a carrier?
(CHOOSE ONE): ___ YES ___ NO

If you answered yes please provide a signed explanation as to the circumstances of the situation and any supplemental documents. (This includes but is not limited to misdemeanors felonies, bankruptcy, excessive debt, insurance department violations, complaints, court cases, legal proceedings, affiliation with any companies with criminal violations, appointment denials, FINRA violations, previous appointment denials, E&O claims, or any behavior that could be deemed unethical or illegal by any person, entity, or government power.)

Please put a check mark by each of the carriers below with whom you are affiliated with or at which you have had previous appointments:

___AIG ___Assurity ___Aviva ___Fidelity ___Genworth ___ING/SLD ___John Hancock ___Lincoln ___MetLife ___Principal ___Protective
___Prudential ___Transamerica ___WCL

Anti-Money Laundering (AML) Training within the last 12 months is REQUIRED by all carriers. Please list recent AML training course title, course provider, and date of completion: _____ Date (MM/DD/YYYY): _____

Please list your employment positions, company, location, dates (MM/YY) of employment, and reason for leaving for the last 10 years:

Position: _____ Company: _____ Location: _____ Dates: _____ - _____ Reason Left: _____

Position: _____ Company: _____ Location: _____ Dates: _____ - _____ Reason Left: _____

Please add additional sheet of paper in order to provide more previous employment information as necessary

By signing below I hereby authorize Quick Life Center to affix or append a facsimile of my signature, as set forth below, to all required signature fields on all Insurance Carrier documents for which I have authorized Quick Life Center to submit on my behalf, for the purposes of selling life insurance products through Quick Life Center. I acknowledge and agree to indemnify and hold harmless any third party from and against any and all loss arising out of its reliance and acceptance of a facsimile of my signature. I hereby agree to indemnify and hold harmless Quick Life Center, Capitas Financial, The Leaders Group, The Lincoln National Life Insurance Company, Lincoln Life & Annuity Company of New York, ING Reliastar Life Insurance Company, American General Life Insurance Company, Transamerica Life Insurance Company, West Coast Life Insurance Company, Fidelity Life Assurance, Genworth Life Insurance Company, Principal Life Insurance Company, their officers, directors, agents, registered representatives, successors, heirs and assigns forever (the "Companies"), from any claim or controversy arising from the Companies' acceptance and use of my stamped signature, an exemplar of which is affixed below hereto, to any documents or forms relating to the purchase, sale and maintenance of any of the Companies' products. I agree that this policy will also apply to any future companies added as part of the Quick Life Website. By signing below, I certify that the above information is accurate to the best of my knowledge. I grant permission for this information to be used on the behalf of myself, the Producer, for use in the Efficient Forms eContracting system and/or the SureLC contracting system. I realize that my commission payments will be sent directly to me and will be assigned to my social security number for 1099 form tax purposes. I understand that commission payment annualization will be requested on my behalf. I understand that this request is not guaranteed by the carrier and that the carriers may charge fees in order to annualize the commission payments. I accept these commission charges and I understand that I am responsible for any repayments of commissions that I receive on contracts that are terminated before an anniversary date. I understand that annualized commission payments are not offered by all carriers and that no commissions will be annualized on policies written on myself or a member of my family but will be paid on an "as earned" basis. If I do not want to accept the annualization terms listed, I realize that I can contact the Quick Life Center Contracting Team and request all commission payments to be paid on an "as earned" basis. I understand that, from the date below, I have 24 hours to review my online profile and raise any objections before my appointment paperwork is submitted to any carrier. After the 24 hour period, I understand that my paperwork will be submitted on my behalf and I accept responsibility for any false information presented on this form. I authorize the use of my electronic signature below on all applicable carrier new business applications and contracting forms required.

PLEASE SIGN IN CENTER OF THE BOX BELOW

PLEASE USE A BLACK SHARPIE OR MARKER PEN