

To Our Valued Agents,

We appreciate your consideration in allowing Pinnacle Insurance & Financial Services, LLC, to address your life insurance appointment needs. We are excited to have the privilege of offering you our services.

In order to start the appointment process, please complete the following questionnaire. Your responses will be submitted through our system, *Efficient Contracting Solutions*- a new electronic contract tool – which allows you to only complete one set of forms to contract with most of our carriers. There may be some additional questions to answer; however, we will work diligently with you or your staff to ensure the process moves as quickly and seamlessly as possible.

Please complete the attached packet and return to licensing@pinnacleifs.com, along with the following documents: **(Please be sure to answer all questions, as failure to do so may cause a delay in processing your contract request.)**

- **Copy of a voided check**
- **Copy of your individual and/or corporation insurance license(s)**
- **A copy of your E&O coverage declaration**
- **Proof of Anti-Money Laundering**

Please be sure to sign the Electronic Funds Transfer Authorization and in the box on the last page on the Signature Authorization.

Signing and submitting the Signature Page and Disclosure Release authorizes Pinnacle Insurance & Financial Services, LLC to submit your information through our contracting program. Signing the EFT Authorization allows for carriers to direct deposit your commissions.

These documents can be sent via email to licensing@pinnacleifs.com or fax to (904)296-3163.

For questions regarding the completion of this packet, please contact Joyce DeBoyd or Marilyn Rowe at (800) 356-1167.

Sincerely,

Joyce A. DeBoyd

Marilyn Rowe

7791 Belfort Parkway, Jacksonville, FL 32256 Phone (800) 356-1167 Fax (904) 296-3163



PROSPERA
FINANCIAL SERVICES

Agent Appointment Information

Please return this information with your Contracting Questionnaire. If we already have your personal information on file, contact our office to notify us of any changes to contact information (address, phone, email) or if you have experienced any life events (marriage, name change, compliance changes) that may need to have explanation letters included with your contracting paperwork.

Carrier(s) to Contract (Check product lines & contract type that will apply):

	Life	Annuity	LTC	DI	Personal	Corporate

_____ I want to assign commissions to my corporation, but I do not have a corporate license.

_____ I plan to assign my commissions to another agency affiliation

Do you have pending new business? _____

If yes, please note details pertaining to the case below:

<p><i>Proposed Insured #1</i></p> <p>Carrier _____</p> <p>Name _____</p> <p>DOB _____</p> <p>SSN _____</p> <p>Issue State _____</p>	<p><i>Proposed Insured #2</i></p> <p>Carrier _____</p> <p>Name _____</p> <p>DOB _____</p> <p>SSN _____</p> <p>Issue State _____</p>
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State(s) Soliciting New Business in?

(Include copies of producer/corporate license for each)

***NOTE: Potential Pre-Appointment States: If you have any pending new business or intend to write new business in any of these states, please call our office to find out if the company you are soliciting for considers the state to be Pre-Appointment.**

(800) 356 1167, ext. 122
GA, IN, KS, LA, MI, MS, MT, NC, OR, PA, UT, WV

Set-Up Packet

USE HIGH-RESOLUTION SCANNER OR HIGH-QUALITY FAX

Social Security #: _____ Gender: _____ Date of Birth: ____/____/____

Email: _____ Resident Insurance (Lic. # & State): _____

Last Name: _____ First Name: _____ MI: _____

Phone: _____ Fax: _____ Cell: _____

Title: _____ Marital Status: _____ Maiden Name: _____

Driver's Lic. #: _____ DL State: _____

Preferred Method of Communication (select one): Email Office Phone Cell Phone

Residential Address (No P.O. Boxes) Start Date: ____/____/____

Line 1: _____ Line 2: _____ Zip Code: _____

Mailing Address (No P.O. Boxes) Start Date: _____

Line 1: _____ Line 2: _____ Zip Code: _____

Doing Business As: Individual Business Entity Solicitor/LOA

If DBA Solicitor/LOA, list who you are assigning your commissions to: _____

Complete the following only if DBA a Business Entity:

EIN: _____ Business Name: _____ Website: _____

Your Title: _____ Phone: _____ Fax: _____

Principal Name: _____ Principal Title: _____ Email: _____

Company Type: Corporation Partnership LLC LLP

Broker Dealer: _____

Corporate Address (No P.O. Boxes) Start Date: ____/____/____ **(City/State not needed)**

***NOTE* Attach additional info. If needed**

Employment – Please provide past five (5) years of employment history:

From: ____/____/____ To: ____/____/____

Company: _____ Position: _____

Location: _____

From: ____/____/____ To: ____/____/____

Company: _____ Position: _____

Location: _____

From: ____/____/____ To: ____/____/____

Company: _____ Position: _____

Location: _____

Address History – Please provide past five (5) years of address history: ***NOTE* Attach additional info. If needed**

From: ____/____/____ To: ____/____/____

Line 1: _____ Line 2: _____ Zip Code: _____

From: ____/____/____ To: ____/____/____

Line 1: _____ Line 2: _____ Zip Code: _____

From: ____/____/____ To: ____/____/____

Line 1: _____ Line 2: _____ Zip Code: _____

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 pled 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 ever 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 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? Have you ever been the subject of a consumer initiated complaint?	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 (5) 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 matter 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 five (5) days of such change. Further, I understand that my agency may contact me when I need to answer carrier specific questions.

Signature: _____

Date: _____

Letter of Explanation

Date of Action: ____ / ____ / ____

Action: _____

Reason: _____

Explanation: _____

Date of Action: ____ / ____ / ____

Action: _____

Reason: _____

Explanation: _____

Date of Action: ____ / ____ / ____

Action: _____

Reason: _____

Explanation: _____

Date of Action: ____ / ____ / ____

Action: _____

Reason: _____

Explanation: _____

ELECTRONIC FUNDS TRANSFER (EFT)

Account Owner Name (Required): _____

Transit/ABA #: _____

Account #: _____

Financial Institution Name: _____

Branch Address: _____

City: _____ State: _____ Zip: _____

Account Type: Checking Savings Phone #: _____

By signing the 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: _____



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

LICENSES

AML Provider: LIMRA NONE OTHER Date Completed: ____/____/____

If other, provide Certificate of Completion.

Are you a Registered Rep with FINRA? Yes No

If Yes, Broker/Dealer Name: _____ CRD #: _____

Please list any Honors/designations you currently hold: _____

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 policy.

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 Efficient Contracting Solutions 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 Efficient Contracting Solutions 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 attorney's 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 attorney's fees which such third party may incur as a result of its reliance on any form or agreements bearing my signature pursuant to this authorization.

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



PRODUCERIDXXX