



4343 N. Scottsdale Rd., Suite 300  
 Scottsdale, Arizona 85251  
 888-724-4267



BC101002

# Application for Appointment

LIFE INSURANCE COMPANY

## INDIVIDUAL PRODUCER/AGENCY PRINCIPAL INFORMATION

Name: \_\_\_\_\_  CLU  ChFC  CFP  CSA  
 LUTCF  Other \_\_\_\_\_

Email Address: \_\_\_\_\_ Website address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Residence Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

Residence Phone: ( ) \_\_\_\_\_

## ADDRESS HISTORY (5 years, if necessary use separate page)

Street	City	State	Zip	# of Years

## EMPLOYMENT HISTORY AND COMPANIES REPRESENTING (5 years, if necessary use separate page)

Company	City	State	Phone #	# of Years

## AGENCY/ENTITY INFORMATION (Complete this section if either a (1) producer whose commissions are to be paid to agency/entity or (2) a principal)

Agency/Entity Name (Attach a copy of Agency/Entity License): \_\_\_\_\_

Tax Identification Number: \_\_\_\_\_  Individual/Sole Proprietor  Partnership  Corporation/LLC

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

Business Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_ Website Address: \_\_\_\_\_

## LICENSE INFORMATION

Resident State: \_\_\_\_\_ Resident License Number: \_\_\_\_\_

Non-Resident Appointment States (Attach Non-Resident licenses and applicable appointment fees): \_\_\_\_\_

FLORIDA LICENSED PRODUCERS indicate what County(s) in Florida you will be soliciting business:  
 \_\_\_\_\_





4343 N. Scottsdale Rd., Suite 300  
 Scottsdale, Arizona 85251  
 888-724-4267

## Application for Appointment

LIFE INSURANCE COMPANY

### BACKGROUND/PERSONAL HISTORY INFORMATION

**IMPORTANT:** Please read and answer the following questions. For each "Yes" answer, provide a detailed explanation on a separate sheet of paper. The answers provided will be verified with a consumer reporting agency. If any information requested below has not been disclosed, this could be sufficient reason to close this application for appointment.

1. Have you ever been convicted of or plead guilty or no contest to any felony, misdemeanor or a violation of federal or state securities or investment related regulations? (Sagicor Life Insurance Company prohibits appointment of an agent <b>convicted</b> of any felony)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are you currently under investigation by any legal or regulatory authority?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do you now owe money to any life or health insurance company?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. In the past ten years have you or a firm in which you were a partner, officer or Director been declared bankrupt or been party to a bankruptcy or receivership proceeding, or have you had a salary garnished or had liens or judgments against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Has any insurance company or securities broker-dealer terminated your contract or permitted you to resign for reasons other than non-production?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you ever been the subject of a consumer-initiated complaint or proceeding by any self-regulatory body or any securities commodities or insurance regulatory body or organization or employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Have you ever had a claim filed against your professional liability or errors and omissions insurance coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Has any insurance department, government agency or self-regulatory authority ever denied, suspended, revoked, censured or barred your license or registration or disciplined you with fines or by restricting your activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Have you ever been appointed with Sagicor Life Insurance Company or one of its affiliates?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Are you related to any Sagicor Employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No

### ANTI-MONEY LAUNDERING TRAINING

11. Have you had any anti-money laundering training in the last 24 months?

Yes I certify that within the last 24 months I have taken an anti-money laundering training course from another insurance company or an approved third party.

Date course taken: \_\_\_\_\_ (DATE REQUIRED)

Course Provider: \_\_\_\_\_ (NAME REQUIRED)

**I acknowledge a refresher anti-money laundering course will be required every two years.**

No I understand that my appointment will not be approved until I complete training and provide a completion date and Course Provider Name. (Note: Call Agent Licensing for training availability)

**Note: Sagicor requires you to maintain E&O coverage as a condition of your appointment. Please provide a copy of your current E&O Policy Declaration Page with your completed application.**

I hereby certify that the statements contained in this Appointment Application are true and correct to the best of my knowledge and belief. I understand that any false statements on this Application may be considered as sufficient cause for rejection of this Application, or for termination if such false statement is discovered subsequently.

I understand and agree that:

- I can solicit business only in states where I am licensed and appointed with Sagicor Life Insurance Company.
- I will not solicit business in states that prohibit solicitation prior to my appointment.
- As a general rule, it is not acceptable to solicit applications anywhere other than the resident state of the applicant.
- I will abide by all current written rules and regulations set forth by the Company.

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

Producer/Principal

Principal Title: \_\_\_\_\_



4343 N. Scottsdale Rd., Suite 300  
 Scottsdale, Arizona 85251  
 888-724-4267

## Producer - Agency Profile

LIFE INSURANCE COMPANY

**PLEASE COMPLETE THIS VOLUNTARY SURVEY TO HELP US BETTER SERVE YOUR BUSINESS NEEDS!**

1.	How did you hear about Sagicor Life Insurance Company?
2.	What was the primary reason you contracted with Sagicor Life?
3.	How long have you been in the insurance/financial services industry?
4.	What companies are you currently representing?
5.	What are your favorite life and annuity companies? Why?
6.	Please show the percent of business income you or your agency receive from: ___% Life                      ___% Mutual Funds                      ___% P & C ___% Annuities                      ___% Health                      ___% Other:
7.	Which life products generate production for you? Please show the percentage. ___% Term                      ___% U.L.                      ___% Equity Indexed products ___% Whole Life                      ___% V.U.L.                      ___% Single Premium
8.	Which annuity products generate production for you? Please show the percentage. ___% Fixed                      ___% Variable                      ___% Equity Index
9.	Does any company provide you with annualized compensation? <input type="checkbox"/> Yes <input type="checkbox"/> No    If so, what percentage? ___%
10.	How do you prospect for clients? <input type="checkbox"/> Seminars <input type="checkbox"/> Client Dinner <input type="checkbox"/> Direct Mail <input type="checkbox"/> Referrals <input type="checkbox"/> Company-provided leads <input type="checkbox"/> Purchase leads  Which companies assist you with prospecting and how?
11.	Please indicate which agent or agency channel best describes you and your business: <input type="checkbox"/> PPGA <input type="checkbox"/> RGA <input type="checkbox"/> Broker Dealer <input type="checkbox"/> MGA <input type="checkbox"/> IMO <input type="checkbox"/> Other _____  How many agents do you have contracted? _____ Where are they geographically located? _____
12.	What are your Professional Designations? <input type="checkbox"/> CLU <input type="checkbox"/> LUTCF <input type="checkbox"/> CSA <input type="checkbox"/> ChFC <input type="checkbox"/> CFP <input type="checkbox"/> Other _____
13.	What can we do to help you build your business?



I HAVE READ, UNDERSTAND, ACCEPT, AND AGREE TO ABIDE BY ALL TERMS AND CONDITIONS OF THIS CONTRACT, AND I AGREE TO READ, ACCEPT AND ABIDE BY ALL TERMS AND CONDITIONS STATED IN SAGICOR LIFE INSURANCE COMPANY'S OPERATING AND COMPLIANCE MANUAL AS OF THE DATE OF MY EXECUTION OF THIS AGREEMENT AND AS IT IS SUBSEQUENTLY AMENDED BY THE COMPANY.

I understand and agree, that as a producer of Sagikor Life Insurance Company, it is not only my "ethical responsibility" but it is required that I have a thorough understanding of the Company's products. I will present accurately and honestly all facts essential to each potential policyholder's decision and recommend only a product suitable for their needs.

This contract shall be first signed by you and shall not be effective until thereafter accepted and signed by the Company. I hereby affirm that all answers and information provided by me are true.

\_\_\_\_\_  
Name (and title if signing as Principal for Entity) Tax Identification Number

\_\_\_\_\_  
Signature of Producer or Principal of Entity Date Signed

To be completed by the Home Office:

By (Name): \_\_\_\_\_ Title: \_\_\_\_\_  
Name

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

## Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2:	Name (as shown on your income tax return)	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ ..... <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
	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 Line 1 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
or
Employer identification number

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

### Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- 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 ▶
------------------	----------------------------	--------

### 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:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- 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.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,





4343 N. Scottsdale Rd., Suite 300  
Scottsdale, Arizona 85251  
888-724-4267



BC101005

LIFE INSURANCE COMPANY

### Disclosure of Intent to Obtain Consumer Reports

Sagicor Life Insurance Company may obtain one or more consumer reports with respect to establishing your eligibility for appointment, annualization, contract or hierarchy changes, reassignment, and/or retention as a producer of Sagicor Life Insurance Company.

If requested, the report(s) could be obtained from one or both of the investigative consumer-reporting agencies below:

As disclosed below, the reports may contain information regarding your character, general reputation, personal characteristics and mode of living. The nature and scope of these reports are: financial and credit history, criminal records search, licensing and disciplinary action history, and employment history verification.

Vector One	GIS (eQuest+)
PO Box 12368	PO Box 353
Scottsdale, AZ 85267	Chapin, SC 29036
(800) 851-8559	(888) 333-5696

### Authorization to Obtain Consumer Reports

The undersigned hereby authorizes Sagicor Life Insurance Company to procure one or more consumer reports and to access the information obtained with respect to establishing your eligibility for appointment, annualization, contract or hierarchy changes, reassignment, and/or retention as a producer of Sagicor Life Insurance Company.

X \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name/Agency Name (if requesting an agency/corporate appointment)

\_\_\_\_\_  
Title

#### Fair Credit Reporting Act - Notice of Proposed Investigative Consumer Report

Pursuant to the Fair Credit Reporting Act, this notice is to inform you that as a component of our contracting and appointing process, Sagicor Life Insurance Company may request an investigative consumer report which may include information related to your character, general reputation, personal characteristics, and mode of living. You have the right to request in writing, within a reasonable period of time after receipt of this notice, a complete disclosure of the scope of the investigation requested and a written summary of your rights under the Fair Credit Reporting Act. Send your request to: Licensing and Contracting Department, Sagicor Life Insurance Company, 4343 N. Scottsdale Road, Suite 300, Scottsdale, AZ 85251. Disclosure information must be in writing and mailed to you, along with the written summary of your rights, within five (5) business days after receipt of your written request. Also Sagicor Life Insurance Company may share the information contained in the investigative report and other information in your file, with its affiliates; unless you send a written request to the above-described address directing that this information not be disclosed or shared with affiliates.