

UNIVERSAL CONTRACTING INSTRUCTIONS:

1. Please complete all requested items.

If Universal Contracting is returned incomplete, it will **increase processing time**. Please "scrub" the documents prior to submission.

2. After all required documents are completed, please scan and email to the person who sent you this packet.

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 page.
- 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: _____/_____.
- Provide current license(s), individual and/or corporate.

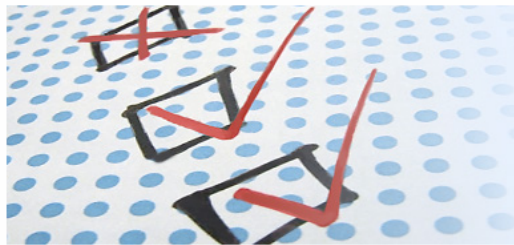
Please Note: If you are selling an Annuity, go to the Carrier website to complete the **CARRIER** Specific product training.

AML is a mandatory requirement & is reviewed every 2 years to assure agents are complaint

[CLICK HERE](#) to complete carrier required training



Canadian users [click here](#) ▶



Fulfill the carriers training requirements under the USA Patriot Act with LIMRA's industry-wide program.

AML Training Login

Enter your login information below.

* Username:

* Password:

Log In

- [Forgot Your Username](#)
- [Forgot Your Password](#)
- [Need additional help?](#)
- [Show CE Availability by State](#)

div>

NOTE: You are the sole user of your Username and Password. If anyone else accesses your account, you will lose all credit for previous courses, since we cannot verify who completed the coursework.



Independent Agent/Producer Authorization and Declaration

1. It is agreed that throughout this document, the use of "I" references the undersigned Agent. It is further understood and agreed that I, not Life & Annuity Masters (Lead Masters), will be responsible to the insurance company for any commission chargebacks incurred. I also agree that Life & Annuity Masters (Lead Masters) shall be entitled to offset any chargeback of commissions owed by me, or by a subagent under me, against any commissions which I have earned from any insurance carrier. In such event, I agree that payment of commissions to me less any such chargebacks owed by me (or my subagent) shall constitute full payment of my commissions from Life & Annuity Masters (Lead Masters). I also agree that I will be responsible for any debt that is rolled up to Life & Annuity Masters (Lead Masters) from any insurance carrier with whom I have an outstanding debt. I also agree that Life & Annuity Masters (Lead Masters) may send me to collections if any debt is not paid in full, and I agree to cooperate with the collections agency.
2. I fully understand and agree that I am not an employee, agent, representative, or independent contractor of Life & Annuity Masters (Lead Masters), and accordingly, that I am not authorized to so represent myself, nor will I hold Life & Annuity Masters (Lead Masters) responsible for my actions. Both Life & Annuity Masters (Lead Masters) and I may terminate this relationship at any time, for any reason, with or without cause, by delivering at least ten (10) business days' notice of such termination to the other.
3. I hereby agree to indemnify, defend and hold harmless Life & Annuity Masters (Lead Masters), as well as its owners, members, officers, directors, agents, employees, and representatives, from any claims or liabilities which may arise in any manner from my conduct and actions (or failures to act) as a licensed insurance agent, as well as from any claims or liabilities which may arise in any manner from my carrying out the authority granted under usage of signature (for any online contract) for the sole purposes of obtaining carrier appointment. The duty to defend includes any attorney's fees and costs incurred by Life & Annuity Masters (Lead Masters) as a result of any such claim or liability.
4. I am fully aware and agree that as a licensed insurance agent it is my responsibility to completely understand the products and companies I represent and to conduct my business in compliance with the laws and rules, including properly soliciting these products to consumers pursuant to state law within the state(s) where I hold a resident and/or non-resident license.
5. I hereby authorize any individual or company to provide Life & Annuity Masters (Lead Masters) any and all information with reference to my character, credits, debts owed insurance companies, business reputation and employment history, and I release said individual and/or company from any and all liability which results, or might result, from the disclosure of such information.
6. I understand that by providing my fax number, e-mail address, mail address, and telephone number, in this Declaration and Authorization, I am giving express permission to the receipt of advertisements and other communications by fax, e-mail, mail, and telephone from or on behalf of Life & Annuity Masters (Lead Masters) and its affiliates.



7. I understand that Life & Annuity Masters (Lead Masters) is a California corporation, and accordingly agree that my contract application and this Declaration and Authorization shall be governed by, and construed in accordance with, the laws of the State of California without reference to its choice of law rules. I hereby irrevocably consent to personal jurisdiction and venue in the state and federal courts located in Ventura County, California with respect to any actions, claims, or proceedings arising out of or in connection with this Declaration and Authorization. Notwithstanding the foregoing, I expressly acknowledge and agree that any claim or controversy arising out of or relating to this Declaration and Authorization shall be settled by arbitration conducted in Ventura County, California in accordance with the Commercial Arbitration Rules of the American Arbitration Association, and judgment on the award rendered by the arbitrator may be entered in any court in Ventura County, California, and the foregoing sentence regarding jurisdiction and venue in the state and federal courts located in Ventura County, California shall apply only with respect to judgment on the arbitrator's award, and enforcement of same, if necessary. I agree that either party which prevails shall be entitled to an award of attorney's and mediator's fees against the non-prevailing party.

8. Under penalties of perjury, I certify that all answers to the contract application and the social security number (or taxpayer identification number) shown on my application form are true and correct. I have read the above language in this Declaration and Authorization, and by signing below, I am agreeing to abide by all of the terms set forth herein.

Accepted and agreed to by individual or officer of entity receiving producer agreement:

Signature: _____

Address: _____

Date: _____

Print Name of Producer

Producer 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: _____

Residential Address (No PO Boxes)

Start Date: ____/____/____

Street: _____ City/State: _____ Zip code: _____

Mailing Address (No PO Boxes)

Start Date: ____/____/____

Street: _____ City/State: _____ Zip code: _____

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: _____

Company Type: Corporation Partnership LLC LLP

Corporate Address (No PO Boxes)

Start Date: ____/____/____

Street: _____ City/State: _____ 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 plead guilty or no contest to any Felony, Misdemeanor, federal/state insurance and/or securities or investments regulations and 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 regulation?	<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 regulation or statute?	<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 any Felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1G	Have you ever been charged with any 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 indictments, lawsuits, or have you ever been in lawsuit with 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 terminated/resigned 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 terminated/resigned 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 terminated for cause or been denied an appointment?	<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 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? Or, have you ever had a claim filed against your surety company?	<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? Or, have you ever had a claim filed against your E&O carrier?	<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 ever 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 complaint?	<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	Have you ever had 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

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: _____

Date: _____

Carrier Specific Questions

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

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

Yes No

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

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

Yes No

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

Yes No

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

Yes No

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

LETTER OF EXPLANATION

Date of Action: ___/___/___

Action: _____

Reason: _____

Explanation: _____

Date of Action: ___/___/___

Action: _____

Reason: _____

Explanation: _____

Date of Action: ___/___/___

Action: _____

Reason: _____

Explanation: _____

***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 you currently hold: _____

History

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

Employment -- Please provide past 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 5 years of address history:

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

From: ___/___/___ To: ___/___/___ *City/State Not Needed*

Line 1: _____ Line 2: _____ Zip code: _____

From: ___/___/___ To: ___/___/___ *City/State Not Needed*

Line 1: _____ Line 2: _____ Zip code: _____

From: ___/___/___ To: ___/___/___ *City/State Not Needed*

Line 1: _____ Line 2: _____ Zip code: _____

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 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.

[\(Click here for a list of
NAIC Approved States.\)](#)

Carriers that Require Producers to Confirm Contracting Paperwork

The following carriers require producers to confirm their contracting paperwork prior to applying the producer's signatures to the forms:

Accordia Life and Annuity Company

Allianz Life Ins Co of NorthAmerica

Allianz Life Ins Co of New York

American Equity Investment Life Ins Co

American Equity Investment Life Ins Co of New York

Assurity Life Ins Co

Athene Annuity & Life Assurance Company

Athene Annuity & Life Assurance Company of New York

Athene Annuity and Life Company (Formerly know as Aviva)

Athene Life Insurance Company of New York (Formerly known as Aviva)

Genworth Life and Annuity Insurance Company

Genworth Life Ins. Co.

Genworth Life Ins. Co. of New York

Gerber Life Ins Co

Minnesota Life Ins Co

National Life Group (National Life or LSW)

National Western Life Ins Co

Presidential Life Ins Co

ReliaStar Life Ins of New York

ReliaStar Life Insurance Company

Securian Life Ins Co

Security Life of Denver Ins Co

Stonebridge Life Ins Co

Transamerica - Blue Family Markets

Transamerica - Green Family Markets

Carriers that Require Producers to Confirm Contracting Paperwork

Carriers that Require Producers to Confirm Contracting Paperwork

The following carriers require producers to confirm their contracting paperwork prior to applying the producer's signatures to the forms:

Transamerica - Maroon Family Markets

Transamerica - Red Family Markets

Transamerica - TAN MO-02

Transamerica Financial Life (NY)

Transamerica Life Insurance Co

Transamerica Occidental Life Insurance Company

Transamerica Premier Life Ins Co

Voya Group Annuities

Voya Insurance and Annuity Company (VIAC)

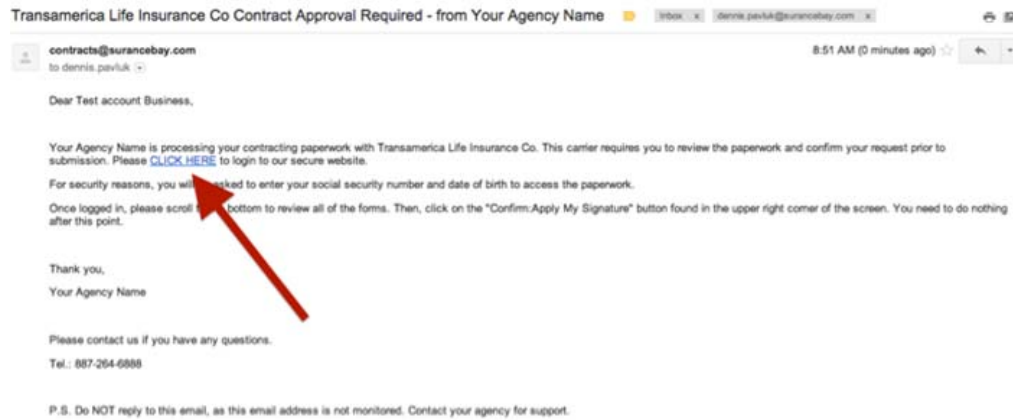
Voya Retirement Insurance and Annuity Company (VRIAC)

Western Reserve Life

How to complete SureLC Authorization

Step 1:

The producer will get an email that looks like this that includes the link to click to access SureLC.



Step 2:

After clicking the link embedded within the email, the producer is taken to the web version of SureLC. The producer logs in using his/her SSN and DOB.

Step 4:

Once logged in, the producer will be taken to the appropriate contracting paperwork to be reviewed. The producer simply scrolls through the forms and once at the bottom, presses the Confirm button in the upper right hand corner, followed by the Apply My Signature button.



Step 5:

Once completed, the producer gets a confirmation that their review was successful and that your agency has been notified.

