

Sub-Agent Confidential Information Form

SECTION 1

PRODUCER INFORMATION

INDIVIDUAL PRODUCER NAME _____ SOC SEC.# _____

RESIDENCE ADDRESS _____

(If using a P.O. Box, also include street address)

CITY _____ STATE _____ ZIP _____ BUS.PHONE (____) _____

BUSINESS E-MAIL ADDRESS: _____ FAX # (____) _____

AGENCY/FIRM NAME _____ TAX ID# _____

PRINCIPAL NAME _____

(Required information)

CHECK HERE IF BUSINESS ADDRESS SAME AS RESIDENCE ADDRESS. (YOUR BUSINESS CARD MUST BE ATTACHED.)

BUSINESS MAILING ADDRESS _____

(If using a P.O. Box, also include street address)

CITY _____ STATE _____ ZIP _____

SECTION 2

CONTRACTING AND COMMISSION INFORMATION

ATTACH A COPY OF CURRENT LICENSE

NEW CONTRACT RECONTRACT: Orig. Term Date _____ NEW SUB-AGENT

PLEASE CHECK APPROPRIATE BOX:

FOR OFFICE USE ONLY

TERRITORY _____

ISSUE CONTRACT IN MY NAME.

(COMMISSIONS TO BE PAID TO ME)

ISSUE CONTRACT IN AGENCY NAME. TAX I.D.# _____

(COMMISSIONS TO BE PAID TO THE AGENCY)

AGENCY TAX ID # _____

SUB-AGENT: COPY OF LICENSE ATTACHED _____

(COMMISSIONS TO BE PAID TO THE CONTRACT HOLDER)

CONTRACTED PRODUCER NAME AND TAX ID # _____

SECTION 3

PROFESSIONAL DATA

1. PROFESSIONAL DESIGNATIONS: CLU CHFC RHU CPCU OTHER _____

2. ARE YOU CURRENTLY INDEBTED TO ANY INSURANCE COMPANY? YES NO

(PLEASE GIVE DETAILS) _____

3. HAS YOUR LICENSE EVER BEEN SUSPENDED, REVOKED, OR TERMINATED? YES NO

(PLEASE GIVE DETAILS) _____

4. ARE YOU CURRENTLY INVOLVED IN AN INSURANCE DEPARTMENT HEARING? YES NO

5. DO YOU CARRY ERRORS AND OMISSIONS PROTECTION? YES NO

6. WHAT MARKETS DO YOU SPECIALIZE IN?

INDIVIDUAL HEALTH SENIOR MARKET LIFE & ANNUITIES

FAIR CREDIT REPORTING ACT—Public Law 91-508 requires that we advise you that a routine inquiry may be made which will provide applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

PRODUCER SIGNATURE

Group Marketing Services, Inc. 406/326

DATE

MARKETING CONSULTANT/General Agent

APPROVAL (MARKETING EXECUTIVE)

DATE