



PRODUCER APPLICATION FOR APPOINTMENT

Liberty Life Insurance Company

US Financial Marketing Group llc

Ph: 877-392-7771 Fax: 1-636-720-2267

Personal Information

To be contracted as: Individual Corporation /Agency/Partnership

Application submitted with Appointment Form? Yes No

Commissions paid to: Individual Agency

Agent Name _____ Social Security # _____ - _____ - _____
First, Middle, Last - as it appears on license - please attach current copy

Residence Address _____
Street or PO Box Suite City State Zip Code

Mailing Address _____
Street or PO Box Suite City State Zip Code

Residence Phone (_____) _____ Business Phone (_____) _____

Date of Birth ____/____/____ FAX (_____) _____ Email Address _____

Agency Information (If Applicable)

Agency Name _____ Federal Tax I.D. # _____ - _____
(As it appears on company license - please attach current copy)

Business Address _____
Street or PO Box Suite City State Zip Code

Business Phone (_____) _____ FAX (_____) _____ Email Address _____

Qualified Officer for Agency _____

LICENSING & APPOINTMENT INFORMATION

Resident State Appointment _____ License Number: _____
IDENTIFY STATE (Include a copy of your resident license with this form.)

Non-Resident State Appointment(s) _____
(Check this box if you are requesting non-resident appointment(s) - List the states for which you are requesting appointments and attach a separate sheet listing all states if necessary). IMPORTANT: Include copies of all your non-resident licenses with this form.)

Additional Information:

1. Have you ever been convicted of, or are you currently charged with, committing a crime, whether or not adjudication was withheld?

If you have a felony conviction, have you applied for a waiver as required by 18 USC 1033?

If so, was that waiver granted? (Attach copy of 1033 waiver approved by home state.)

If you answer yes, you must attach to this application:

- a) A written statement explaining the circumstances of each incident,
- b) A certified copy of the charging document, and
- c) A certified copy of the official document which demonstrates the resolution of the charges or any final judgment.

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

	YES	NO
<p>2. Have you or any business in which you are or where an owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license?</p> <p>If you answer yes, you must attach to this application:</p> <p>a) A written statement identifying the type of license and explaining the circumstances of each incident, b) A certified copy of the Notice of Hearing or other document that states the charges and allegations, and c) A certified copy of the official document which demonstrates the resolution of the charges or any final judgment.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>3. Has any demand been made or judgment rendered against you for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding?</p> <p>If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment, and/or type and location of bankruptcy.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>4. Have you been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement?</p> <p>If you answer yes, identify the jurisdiction(s): _____</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>5. Are you currently a party to, or have you ever been found liable in, any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty?</p> <p>If you answer yes, you must attach to this application:</p> <p>a) A written statement summarizing the details of each incident, b) A certified copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and c) A certified copy of the official document which demonstrates the resolution of the charges or any final judgment.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>6. Have you or any business in which you are or were an owner, partner, officer or director ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct?</p> <p>If you answer yes, you must attach to this application:</p> <p>a) A written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and b) Certified copies of all relevant documents.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>7. Do you have a child support obligation in arrearage?</p> <p>If you answer yes to Question 7, by how many months are you in arrearage? _____ Months</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>8. Are you the subject of a child support related subpoena or warrant?</p>	<input type="checkbox"/>	<input type="checkbox"/>

I hereby certify that I have reviewed this Application for Appointment and that the information is true, correct and complete. If any information given to obtain or maintain an appointment is found to be incorrect or incomplete, it will be grounds for rejecting the application or for termination of my appointment. Liberty Life Insurance Company retains sole authority to terminate any appointments subject to applicable laws and regulations.

Dated at _____ this _____ day of _____, 20 _____

SIGNATURE

Name of Applicant (*Please print*)

Signature of Applicant

