



**PROSPECTIVE AGENT APPLICATION**

**1. CONTRACT TYPE**

Individual                       Corporate                       Solicitor (No compensation by the Company)

**2. PERSONAL INFORMATION**

Please Print Clearly

Last Name \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Do you plan to market using a DBA?  Yes  No If Yes, please provide supporting documentation i.e., approval of required jurisdiction(s), DBA Name: \_\_\_\_\_  
(See page 3 for general instructions concerning Taxpayer Identification Number (TIN) Information.)

Date of Birth (Month/Day/Year): \_\_\_\_\_ Gender:  Male  Female

Resident/Home Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Business Address: \_\_\_\_\_ Suite: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_  I am an officer of the below corporation.

**3. PREVIOUS RESIDENTIAL ADDRESS (if at current address less than 5 years)**

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Period from \_\_\_\_\_ to \_\_\_\_\_

**4. CORPORATE APPLICANTS (Individual Applicants Do Not Complete This Section)**

Please Print Clearly

Corporate Name: \_\_\_\_\_ EIN #: \_\_\_\_\_

Do you plan to market using a DBA?  Yes  No If yes, please provide supporting documentation i.e., approval of required jurisdiction(s), DBA Name: \_\_\_\_\_ and EIN for DBA if acquired \_\_\_\_\_  
(See page 3 for general instructions concerning Taxpayer Identification Number (TIN) Information.)

Corporate Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Corporate Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_ State Incorporated: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Primary Officer for Corporate Records: \_\_\_\_\_

Title of Primary Officer: \_\_\_\_\_

**5. LICENSING AND STATE APPOINTMENT**

(Attach copies of licenses for all requested state appointments)

Applicant Name: \_\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ EIN: \_\_\_\_\_

Licensed for:  Life  Annuities Contracted as:  Individual  Agency Applicant's name to be included in Company publications?

YES  NO Resident State: \_\_\_\_\_ Resident State License Number: \_\_\_\_\_

Nonresident Appointment State(s): \_\_\_\_\_



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## 6. PLEASE READ AND ANSWER EACH QUESTION IN THE BELOW QUESTION

If this is a corporate application, the questions should be answered by and about the agency principal. If you answer 'Yes' to any of the following questions, please provide a full explanation in Section 8.	Yes	No
1. Have you ever declared or been subject to personal bankruptcy proceedings, made a voluntary assignment into bankruptcy, or made a consumer proposal under legislation relating to bankruptcy or insolvency?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever been involved in a foreclosure or repossession?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever been a controlling shareholder or officer of a corporation which was declared bankrupt or made a voluntary assignment in bankruptcy, made a proposal under any legislation relating to bankruptcy or insolvency, or is currently not discharged? If 'Yes', provide the trustee's name and address, location of bankruptcy filing, assignment of bankruptcy or receiving order, statement of affairs, and an explanation as to the circumstances of the bankruptcy.	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever been charged with a felony or any crime?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever been refused a bond?	<input type="checkbox"/>	<input type="checkbox"/>
6. Has any partnership or corporation, of which you are or were at the time of such event a partner, officer, director or a controlling shareholder, ever pleaded guilty, nolo contendere (no contest) or been found guilty of an offense under any law of any province, territory, state, or country, or is any such partnership or corporation currently the subject of such an offense?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever had your license denied, revoked, suspended or had any disciplinary action taken against you by a regulatory body or financial services monitoring organization?	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you ever been under legal order to make monetary payments to another person or business entity, including spousal support?	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you ever had your wage garnished?	<input type="checkbox"/>	<input type="checkbox"/>
10. Are you currently indebted to any insurer or MGA or other financial services companies? If 'Yes', specify name of creditor, anticipated duration of debt, existing amount, when debt commenced, repayment schedule and conditions for repayment.	<input type="checkbox"/>	<input type="checkbox"/>
11. Have you ever pleaded guilty, nolo contendere (no contest) or been found guilty of an offense under any law of any statute or law of any other province, territory, state or country, for which you have not been pardoned, or are you currently the subject of any charges? Some examples of these offenses are fraud, theft, weapons charges, drug trafficking, physical assault, impaired driving, tax evasion and human rights violations. You are not required to disclose minor traffic infractions such as speeding or parking violations.	<input type="checkbox"/>	<input type="checkbox"/>
12. Have you ever been terminated or resigned, or had any contracts cancelled which you held with any financial services company because you were accused of violating insurance or investment related statutes, regulations, rules or industry standards of business conduct?	<input type="checkbox"/>	<input type="checkbox"/>
13. Are you currently, or is there any reason to believe that in the future, you will be under any legal restriction or impediment which would prevent you from lawfully carrying on the business of insurance producer or broker?	<input type="checkbox"/>	<input type="checkbox"/>



**7. ERRORS AND OMISSIONS COVERAGE**

- a.) Attach a copy of your E&O certificate.
- b.) Has any policy or application for E&O insurance on your behalf ever been declined, cancelled or renewal refused?

Yes  No      If 'Yes', please explain below:

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**8. ADDITIONAL INFORMATION FROM PREVIOUS SECTIONS**

(Please indicate the corresponding question numbers)

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**9. GENERAL INSTRUCTIONS CONCERNING TAXPAYER IDENTIFICATION NUMBER (TIN)**

Under current tax laws, you are required to give us your correct TIN (either a Social Security Number (SSN) or Employer Identification Number (EIN)).

The Internal Revenue Services (IRS) uses the TIN for identification purposes to help verify the accuracy of your tax return. You must provide your TIN whether or not you are required to file a tax return.

- **Individuals:** If you are an individual, you must provide the name shown on your social security card. However, if you have changed your last name (e.g. due to marriage) without informing the Social Security Administration, please enter your first name, the last name shown on your social security card and your new last name.
- **Sole Proprietors:** You (the owner) must provide your individual name as it appears on your social security card. You may also provide your "doing business as" name. You may use either your SSN or EIN. Show the name that appears on your social security card and the business name as it was used to apply for your EIN or Form SS-4. Please note that the use of an EIN may result in unnecessary IRS notices being sent to IAP by the IRS.
- **Corporation and Partnerships:** Provide us with the name and EIN of the partnership or corporation.

**10. RECRUITER AND MGA ONLY**

Primary mailing address for agent:

- Residence     Business     Corporate     MGA     Other (give details in Section 3)

**CONTRACT AND COMPENSATION DETAILS**

Who is the Agent the applicant/Agent will report to? Enter the agent number and name of the next person up the hierarchy.

Agent Code: \_\_\_\_\_ Name: \_\_\_\_\_

Requested applicant/Agent Commission Level: \_\_\_\_ (Example: "04")

MGA Name: \_\_\_\_\_ MGA Agency Code: \_\_\_\_\_

Comments / Special Instructions: \_\_\_\_\_



## FAIR CREDIT REPORTING ACT DISCLOSURE & AUTHORIZATION

### Disclosure of use of Consumer Reports

As part of the appointing and/or contracting process, Industrial Alliance Pacific Insurance and Financial Services Inc. ("IAP") requests consumer reports on prospective producers. From time to time after appointing and/or contracting, IAP reserves the right to request consumer reports on its producers in connection with their contracts or new appointments. Occasionally, IAP requests investigative consumer reports, which include personal interviews with sources such as your neighbors, friends, associates and/or former employers. Consumer reports and investigatory consumer reports may include information about any or all of the following: your character, general reputation, personal characteristics, mode of living, education, past employment, credit report, professional credentials or your driving and criminal record. 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, PO Box 27650, Scottsdale, AZ 85255. 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. Consumer reports and investigative consumer reports, as well as other information in your file, may be shared among IAP and its affiliates and parties recruiting and recommending your appointment unless you direct otherwise.

### CALIFORNIA RESIDENTS

#### Summary of the provisions of section 1786.22 of the California Investigative Consumer Reporting Agency Act

- a. An investigative consumer reporting agency shall supply files and Information required under Section 1786.10 during normal business hours and on reasonable notice.
- b. Files maintained on a consumer shall be made available for the consumer's visual inspection, as follows:
  1. In person, if he appears in person and furnished proper identification. A copy of his file shall also be available to the consumer for a fee not to exceed the actual costs of duplication services provided.
  2. By certified mail, if he makes a written request, with proper identification, for copies to be sent to a specified addressee. Investigative consumer reporting agencies complying with requests for certified mailings under this section shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the Investigative consumer reporting agencies.
  3. A summary of all information contained in files on a consumer and required to be provided by Section 1786.10 shall be provided by telephone, if the consumer has made a written request, with proper identification for telephone disclosure, and the toll charge, if any, for the telephone call if prepaid by or charged directly to the consumer.
- c. The term "proper identification" as used in subdivision (b) shall mean that information generally deemed sufficient to identify a person. Such information includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if the consumer is unable to reasonably identify himself with information described above, may an investigative consumer reporting agency require additional information concerning the consumer's employment and personal or family history in order to verify his identity.
- d. The investigative consumer reporting agency shall provide trained personnel to explain to the consumer any information furnished to him pursuant to Section 1786.10.
- e. The investigative consumer reporting agency shall provide a written explanation of any coded information contained in files maintained on a consumer. This written explanation shall be distributed whenever a file is provided to a consumer for visual inspection as required under Section 1786.22.
- f. The consumer shall be permitted to be accompanied by one other person of his choosing, who shall furnish reasonable identification. An investigative consumer reporting agency may require the consumer to furnish a written statement granting permission to the consumer reporting agency to discuss the consumer's file in such person's presence.

### AUTHORIZATION

I authorize IAP and its affiliates to request and obtain one or more consumer reports and/or investigative consumer reports about me for appointing and/or contracting purposes, and to share such information within IAP and its affiliates as well as with parties recruiting and recommending my appointment unless I direct you otherwise. In addition, I hereby authorize Industrial Alliance Pacific Insurance and Financial Services Inc. to report information about earnings and debit balances to any credit bureau or similar organization.

\_\_\_\_\_  
Signature of Individual -or- Principal of Corporation

\_\_\_\_\_  
Date



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### PERSONAL INFORMATION, DECLARATION, CONSENT AND AUTHORIZATION

I hereby declare that the information I have provided in this application form is complete and accurate in every respect, as of the date of signing. In making this application, I acknowledge and consent to the Company and submitting Master General Agent conducting routine inquiries during initial processing or subsequent administration of my contract which may provide applicable information concerning my credit rating, character, conviction records, general reputation, personal characteristics and lifestyles. This information may be obtained from or exchanged with one or more of the commercial reporting or criminal justice agencies offering this service as well as from any company or Managing General Agent I currently represent or have represented in the past. My signature shall be considered as good and sufficient authority for the applicable agency or institution to provide the requested records to the Company and that the said agency or institution is hereby released from any liability for providing same. Upon written request from the Applicant, additional information as to the nature and scope of the inquiry, if one is made, will be provided by the Company. I agree to notify and provide updated information to the Company within 5 business days, should there be any change in the information provided herein or in my ability to legally continue to sell life insurance. I understand the Company may decline my application with or without cause and that a false statement or material omission, including failure to provide updated information, may disqualify me from consideration for a contract to sell life insurance for the Company or result in the subsequent termination of my contract with the Company. In making this application I agree to conduct myself in accordance with the provisions of the Company's Standards for Ethical Market Conduct.

I acknowledge that I have received and read the Contract and documents outlined therein and agree to be bound by them. I also acknowledge that I have received all the necessary explanations regarding the Contract and documents.

\_\_\_\_\_  
Signature of Individual -or- Principal of Corporation

\_\_\_\_\_  
Date

### MANAGEMENT RECOMMENDATION & SIGNATURE

The undersigned recommend the applicant to IAP as a suitable person to represent the company. The undersigned also agree to supervise and assume responsibility for the applicant, if appointed by IAP, in accordance with the terms of his/her contract. In the event the applicant is applying to be a Solicitor Agent, the Recruiting Agent named below shall be solely responsible for payment of compensation due, if any, to the Solicitor Agent for the execution of his/her responsibilities under contract. In the event the Company is required to pay compensation to the Solicitor by law or otherwise, the Recruiting Agent agrees to indemnify the Company for all applicable amounts.

#### Signature of Recruiting Agent:

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

#### Signature of the Managing General Agent:

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



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**DIRECT DEPOSIT OF COMPENSATION**

Commissions will be paid weekly via EFT. Without EFT, commissions will be paid quarterly.

Name of financial institution: \_\_\_\_\_

Address of financial institution: \_\_\_\_\_

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

Branch Telephone: \_\_\_\_\_

Transit / ABA Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

**BANKING INFORMATION**

Attach a personal check marked "void" for direct deposit information purposes. It is your responsibility to ensure that the banking information is accurate. If your banking information changes, you must provide the Company with current information promptly to ensure compensation is not delayed. The direct deposit request will take effect the week following contract approval.

**It is understood that:**

- on exception, the Company reserves the right to pay your compensation by check;
- you are responsible for any changes to the banking information transmitted by this form;
- the direct deposit may automatically terminate if your contract terminates.
- If you bank with a credit union, please contact them and ask them to provide you with the correct nine digit Routing Transit Number.

**ATTACH VOIDED CHECK**



**ASSIGNMENT OF COMPENSATION (OPTIONAL)**

**1. DECLARATION**

For value received, the undersigned

Name: \_\_\_\_\_

(hereinafter called "Assignor") hereby assigns, transfers and sets over to

Name: \_\_\_\_\_

IAP Contract Number: \_\_\_\_ \_

Business Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

and its executors, administrators, successors or assigns (all hereinafter called "Assignee"), all of the compensation due Assignor in accordance with the terms and conditions of the Assignor's contract(s) with Industrial-Alliance Pacific Insurance and Financial Services, hereinafter called the "Company". Assignee must be a contracted agent with the company.

Until such time as a written release of this Assignment of Compensation is received from the Assignee and recorded by the Company, payment of compensation to the Assignee shall fully release the Company from all responsibility and liability as to such sums paid.

It is agreed and understood that the right to offset as stated in the Assignor's said contracts with the Company has not been waived or subordinated by the Company to any rights, claims or demands of any kind or nature whatsoever of the Assignee, and said right of offset has and shall continue to have priority over said rights, claims or demands of the Assignee.

In the event of any conflict between the terms and conditions of the Assignor's contracts with the Company and this Assignment of Compensation, the former shall govern.

**2. ASSIGNOR SIGNATURE**

Signature of Assignor: \_\_\_\_\_ Date Signed: 

Month	Day	Year					

Signature of Witness: \_\_\_\_\_ Date Signed: 

Month	Day	Year					

**3. ASSIGNEE ACCEPTANCE AND AGREEMENT**

The Assignee agrees with and accepts the terms and conditions of this Assignment of Compensation.

Signature of Assignee: \_\_\_\_\_ Date Signed: 

Month	Day	Year					

Signature of Witness: \_\_\_\_\_ Date Signed: 

Month	Day	Year					

**4. RECORDING OF ASSIGNMENT**

The Company hereby records the foregoing Assignment of Compensation, but does not assume any responsibility for the validity or sufficiency hereof, for any prior existing assignment, or for payments of compensation made erroneously by the Company to other than the Assignee or made by the Company prior to the recording of the above Assignment of Compensation.

Signature for the Company: \_\_\_\_\_ Date Signed: 

Month	Day	Year					

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