



CONTRACTING DOCUMENT

Please complete the attached document with all requested information. Also, write the information clearly so that we may read it.

Once complete please return to:
contracts@apex-ig.com



CONTRACTING PACKET CHECKLIST

The following should be included in the Contracting Packet:

- ☐ Current E & O (less than 1 yr old)
- ☐ Corporate Insurance License - *if commissions are paid to business entity*
- ☐ Personal Voided Check - *if commissions are paid in advisor's name*
- ☐ Sign and date contract
- ☐ Include a brief explanation if answered "YES" to any disclosure questions
- ☐ Include proof of state required continuing education credits (*4 hrs Annuity CE*)

Current Anti-Money Laundering Certificate (AML):

- ☐ If AML was obtained through LIMRA - NEED SCREEN SHOT of certification
 - ☐ If AML was obtained by any other service provider - NEED COPY OF ACTUAL CERTIFICATE
- **AML must be less than 1 year old**

If commissions are paid to third party (including Broker Dealer):

Third Party/Broker Dealer Name: _____

- ☐ Voided Check of Third Party/Broker Dealer - OR - Bank Letter



megastar

A D V I S O R S

Thank you for requesting a carrier appointment through Megastar Advisors, LLC.

If this is your first time contracting with us, please complete this form and the producer set-up packet in its entirety. If you have completed the SureLC contracting packet in the past and would like an additional carrier appointment, simply complete and return this form. Please note: Your signature is required.

Carriers: Indicate the core carrier appointments you would like below.

Life	Annuity (Specify product lines)	Life	Annuity (Specify product lines)	Life	Annuity (Specify product lines)
<input type="checkbox"/>	Accordia Life and Annuity Company	<input type="checkbox"/>	Fidelity & Guaranty Life Insurance Company	<input type="checkbox"/>	Minnesota Life Insurance Company
<input type="checkbox"/>	Allianz Life Insurance Company of North America	<input type="checkbox"/>	Great American Life Insurance Company	<input type="checkbox"/>	<input type="checkbox"/> National Western Life Insurance Company
<input type="checkbox"/>	<input type="checkbox"/> Allianz Preferred SM Exclusive Sales Platform	<input type="checkbox"/>	Guaranty Income Life Insurance Company	<input type="checkbox"/>	<input type="checkbox"/> North American Company for Life and Health Insurance
<input type="checkbox"/>	<input type="checkbox"/> American Equity Investment Life Insurance Company	<input type="checkbox"/>	Guggenheim Life and Annuity Company	<input type="checkbox"/>	<input type="checkbox"/> Sagacor Life Insurance Company
<input type="checkbox"/>	<input type="checkbox"/> American General Life Company	<input type="checkbox"/>	Liberty Bankers Life Insurance Company	<input type="checkbox"/>	<input type="checkbox"/> The State Life Insurance Company @ A OneAmerica [®] Company
<input type="checkbox"/>	<input type="checkbox"/> Athene Annuity and Life Company	<input type="checkbox"/>	Lincoln Financial Group	<input type="checkbox"/>	<input type="checkbox"/> Other: ANICO _____
<input type="checkbox"/>	<input type="checkbox"/> EquiTrust Life Insurance Company (SILAC)	<input type="checkbox"/>	Lincoln Financial Group MoneyGuard Product	<input type="checkbox"/>	<input type="checkbox"/> Other: _____

Signature: _____ **Date:** _____

Agent Name: _____ **Agent SSN:** _____

Upline Name: _____ **Commission Level:** _____

Broker Dealer Name (if applicable): _____ **Agent CRD #:** _____

According to the agent's agreement with above Broker Dealer, compensation should be paid:

☐

Directly to the BD shown above

☐

Directly to the agent

Producer Set-Up Packet

Social Security #*: _____ Gender: _____ Date of Birth*: ____/____/____

Email*: _____ Resident Insurance (Lic. # & State): _____

Complete your name as it appears on your insurance license.

Last Name*: _____ First Name*: _____ MI: _____

Phone*: _____ Fax: _____ Cell: _____

Title: _____ Marital Status: _____ Maiden Name: _____

Driver's Lic. #: _____ DL State: _____

Address Information:

Residential Address (No PO Boxes)*

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

Business Address

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

Mailing Address (If different from Business Address)

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 contracting as a Business Entity:

EIN: _____ Business Name: _____ Website: _____

Your Title: _____ Phone: _____ Fax: _____

Principal Name: _____ Principal Title: _____ Email: _____

Company Type: ☐ Corporation ☐ Partnership ☐ LLC ☐ LLP

*Required field

Legal questions for contracting and appointment requests

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 or statutes? Have you ever been on probation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	A Have you ever been convicted of or plead guilty or no contest to any Felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	B Have you ever been convicted of or plead guilty or no contest to any Misdemeanor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	C Have you ever been convicted of or plead guilty or no contest to a violation of federal or state securities or investment related regulations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	D Have you ever been convicted of or plead guilty or no contest to a violation of state insurance department regulation or statutes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	E 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
	F Have you ever been charged with a Felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	G Have you ever been charged with a Misdemeanor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	H 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 indictment, lawsuits, or have you ever been in a lawsuit with an insurance company?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	A Are you currently under investigation by any legal or regulatory authority?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	B Have you been under investigation by any insurance company?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	C 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
	D 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 a reason other than lack of sales?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	A Were you fired 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
	B Were you fired because you were accused of fraud or the wrongful taking of property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	C 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 denied or terminated for cause?	<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
	A 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
	B 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
	A Has any regulatory body ever sanctioned, censured, penalized or otherwise disciplined you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	B 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
	C 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
	A Have you personally filed a bankruptcy petition or declared bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	B 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
	C 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: _____

Letter of Explanation

Use additional paper if necessary

Date of Action: ____/____/____ Legal Question: Number ____ Letter ____

Action: _____

Reason: _____

Explanation: _____

Date of Action: ____/____/____ Legal Question: Number ____ Letter ____

Action: _____

Reason: _____

Explanation: _____

Training & Licenses

AML Provider: ☐ LIMRA ☐ None ☐ Other Date Completed: ____/____/____
If Other, Provide Certificate of Completion

Are you actively securities licensed? ☐ Yes ☐ No ☐ Inactive
If Yes, Broker/Dealer Name: _____ CRD #: _____

Which security licenses do you hold? ☐ 6 ☐ 7 ☐ 24 ☐ 26 ☐ 63 ☐ 65 ☐ 66 ☐ N/A

How does your current B/D treat annuity production?
☐ Not allowed to sell fixed indexed annuities ☐ Supervised only
☐ Supervised, but run through the grid ☐ Treated as an outside business activity

Are you an IAR? ☐ Yes ☐ No
Do you own your own RIA? ☐ Yes ☐ No

Electronic Fund Transfers (EFT)

Account Owner Name (Required): _____

Transit / ABA #: _____

Account #: _____

Financial Institution Name: _____

Brand 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 savings account.

Employment History

Please provide past 5 years of employment history:

From: ____/____/____ To: ____/____/____

Company: _____ Position: _____

Location: _____

From: ____/____/____ To: ____/____/____

Company: _____ Position: _____

Location: _____

Address History

Please provide past 5 years of address history:

From: ____/____/____ To: ____/____/____

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

From: ____/____/____ To: ____/____/____

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

From: ____/____/____ To: ____/____/____

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

Business History

Total fixed annuity premium (annual): ☐ \$1 - \$999K ☐ \$1M - \$1.9M ☐ \$2M - \$4.9M ☐ \$5M+

Total life insurance premium (annual): ☐ \$1 - \$25K ☐ \$26K - \$99K ☐ \$100K - \$249K ☐ \$250K+

What types of business do you offer? (check all that apply)

☐ Fixed Annuities ☐ Life Insurance ☐ Variable Annuities ☐ Investment Advisory Business ☐ Securities

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 the individual name is not listed correctly please provide a letter from the
E&O Carrier listing agents covered under agency policy.

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 SuranceBay, 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.

A large, empty rectangular box with a thin black border, intended for the user to sign in the center.

PRODUCERIDXXX