



## Thank you!

Thank you for contracting with one or more carriers through First Annuity & Ins Marketing , Inc and for giving us the opportunity to earn your life and annuity business.

## A Simplified Contracting Process!

Simply complete the following 3 documents and submit to our contracting department by fax (866-376-6033) or by email ([info@firstannuity.net](mailto:info@firstannuity.net)) along with following items:

- **Copy of your resident (and non-res where applicable) insurance license(s)**
- **Copy of your current E&O**
- **Copy of a voided check for EFT**

## Need Assistance?

If you have any questions or need help completing paperwork, please call our contracting department at (888) 758-7305.

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# FIRST ANNUITY & INSURANCE MARKETING

## Annuity

### AGENT DATA SHEET

**Please Check One**  Individual  Agency  Licensed Only (LOA)

Full Name (as it appears on license): \_\_\_\_\_

Business/Agency Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Social Security Number \_\_\_\_\_

Married:  Yes  No Spouse Name: \_\_\_\_\_

Tax ID (if applicable): \_\_\_\_\_

Email Address: \_\_\_\_\_

Securities Licensed:  Yes  No Broker Dealer Affiliation: \_\_\_\_\_

Resident License State: \_\_\_\_\_ License #: \_\_\_\_\_

Non-res License(s) Appt Requests: \_\_\_\_\_

### RESIDENCE INFORMATION

Resident Address: \_\_\_\_\_

Resident Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

### BUSINESS INFORMATION

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

Business Phone: (\_\_\_\_) \_\_\_\_\_ Business Fax: (\_\_\_\_) \_\_\_\_\_

**Please check all carriers you wish to be appointed with:**

- Allianz  American Equity  American National  Aviva  Guaranty Income  
 EquiTrust  Great American  ING  Legacy  Lincoln National  National Western  
 Midland  North American  Old Mutual  RBC  Reliance Standard  Phoenix

I give permission to First Annuity & Insurance Marketing, Inc to complete the contracting requirements with only the companies I have indicated above. I understand I must send back the unique signature page for my contracting to be valid.

**X** \_\_\_\_\_  
Signature of Agent

\_\_\_\_\_  
Date

### **BACKGROUND INFORMATION**

Please check each question with either a YES or NO. If YES, please provide a detailed explanation on a separate page

Have you ever been charged, convicted or plead no contest (nolo contendere) to any crime or are there criminal charges pending against you or a business with which you are connected?  Yes  No

Have you had or do you currently have any outstanding collection accounts, judgments, liens or garnishments against you or a business of which you were or presently are a principal?  Yes  No

Have you ever been a party to or have you personally violated any securities or commodities law or rule set by any securities or commodities regulatory body, organization or employer in the commodities or insurance industry?  
 Yes  No

Do you owe money to any insurance company, agency, manager, broker dealer or have any business or personal debts that resulted in collections or charge-offs?  Yes  No

Have you or a firm in which you were a partner, officer, or director filed for protection from creditors, been declared bankrupt or insolvent, been part to a bankruptcy or receivership proceeding, compromised liabilities with creditors, or had a direct payment procedure initiated under the Securities Investor Protection Act?  Yes  No

Have you ever defaulted on a promissory note, or any other debt, including consumer or credit card debt?  
 Yes  No

Have you ever been, or are you currently bonded?  Yes  No

Has a bonding or surety company ever denied, refused, paid out on, canceled, revoked, or refused to continue a bond for you?  Yes  No

Is there any reason you cannot secure a bond?  Yes  No

Has any insurance department, securities broker-dealer, government agency, or self-regulatory authority ever denied, suspended, revoked, censured, barred your license (as an insurance agent, attorney, accountant, or federal contractor) or registration, disciplined you with fines, entered an order against you, restricted your activities, canceled any contract or appointment with you or any other member, partner, officer, or controlling persons in your organization or is there any pending disciplinary action?  Yes  No

Have you ever had a claim filed against your Professional Liability or Errors and Omissions insurance coverage or has any E&O carrier denied, paid claims on, or canceled your coverage?  Yes  No

Have you had any complaints or deficiency claims filed against you by any insured/annuitant with any insurance company or state insurance department in the past 10 years?  Yes  No

Have you ever used any other names or aliases on a license or other registration?  Yes  No

Are you now or have you ever been employed by, or associated with to any degree directly or indirectly, a bank, savings and loan, or other financial institution?  Yes  No

Are you now subject to any complaint, investigation, or proceeding which could result in a yes answer to any of the preceding questions?  Yes  No

### **REQUIRED SIGNATURE**

By signing below, I agree to allow First Annuity & Insurance Mktg, Inc to enter the information provided on this questionnaire as well as submitted licenses, E&O coverage, direct deposit information, and additional background information to begin the licensing process for the carriers selected. I understand that the purpose of this datasheet is to collect initial data and that First Annuity will contact me for additional information that may be required.

X \_\_\_\_\_

Date \_\_\_\_\_



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

General Agent: First Annuity & Insurance Marketing, Inc

I, \_\_\_\_\_, hereby authorize First Annuity & Insurance Marketing, Inc. to affix or append a facsimile of my signature, as set forth below, to all required signature fields on all Insurance Carrier documents which I have authorized First Annuity & Insurance Marketing, Inc. to submit on my behalf, for the purpose of being contracted so sell the product of such Carriers through First Annuity & Insurance Marketing, Inc.

I affirm that the information I have submitted through the interview process to First Annuity & Insurance Marketing, Inc. is correct to the best of my knowledge and acknowledge that I have read and reviewed the documents for which I am authorizing my signature to be affixed to. I acknowledge and agree to indemnify and hold harmless any third party from and against my and all loss arising out of its reliance and acceptance of a facsimile of my signature.

**Please sign in the center of the box below:**

**Example:**

John Doe