# Commission Verification Form

*To ensure your commissions are paid correctly, please verify the appropriate box is marked below.*

☐ **Individual** – All commissions are paid direct to the agent's SSN.

☐ **Corporation** – All commissions are paid to the agency's TIN.

- The agent licensing the corporation must be the principal.
- Must have a corporation/agency license for all states except FL, IA, TN, and WI.
- The agent may need to provide Articles of Incorporation.

☐ **Lower Level Subagent** – MGA who is receiving override on commissions must be set up with the company prior to submitting subagent's contract. The MGA will determine the commission level of the subagent. Both the MGA and the subagent will receive separate commission checks. (MGA signature required.)

☐ **Licensed Only Subagent** – All subagent's commissions are paid to the MGA and the MGA pays the subagent their commissions. (MGA signature required.)

✘ ______________________________ ______________

Agent's signature Date

______________________________ ______________

MGA's signature Date

**Annuity**Masters® / **Life Insurance**Masters™

Divisions of Personalized Brokerage Services, LLC

# Contracting Checklist – Jefferson-Pilot Life Insurance Company

## STANDARD CONTRACTING REQUIREMENTS

Complete & sign PBS AGENT'S DECLARATION AND BACKGROUND AUTHORIZATION.
Complete & sign PROFESSIONAL PROFILE BJ-02296.
Complete & sign DISCLOSURE OF USE OF CONSUMER REPORTS BJ-02298.
Complete in duplicate & sign on page 1 & page 4, AGENT CONTRACT BJ-02300.
Complete & sign AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS BJ-02303.
Complete & sign W-9 FORM

PROVIDE COPY OF AGENT LICENSE

## CORPORATE CONTRACTING REQUIREMENTS

Complete & sign ALL REQUIRED DOCUMENTS LISTED ABOVE.
In addition: Complete & sign ASSIGNMENT BJ-02305.

PROVIDE COPIES OF AGENT & CORPORATE LICENSE

## LICENSE-ONLY CONTRACTING REQUIREMENTS

Complete & sign ALL REQUIRED DOCUMENTS LISTED ABOVE.
Instead of Agent Contract BJ-02303: Complete & sign in duplicate on page 1 & page 3, SOLICITOR CONTRACT BJ-02953
In addition: Complete & sign ASSIGNMENT BJ-02305.

PROVIDE COPY OF AGENT LICENSE

## State-Specific Requirements

For CA, Complete & sign page 3 of Notice to Prospective Agents... BJ-8265 (if you wish to read the entire document, call for a faxed copy)

AL, KY & RI: Resident & Non-residents include a copy of E&O insurance certificate.

Proper completion of the above documents will ensure speedy processing of your licensing and contracting. If you have any questions filling out these forms, please call us at:

Ann R Thomasson

**(800) 498-6108**

Please send completed contracts to:

**Personalized Brokerage Services, LLC**
**C/O Weston Insurance**
**2009 Tidewater Colony Dr. Ste# B1**
**Annapolis, MD 21401**

Or Fax completed contracts to: **(775) 587-9181**

REVISED 11/15/2004

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# Agent's Declaration and Background Authorization

**(All sections must be completed with contracting, including 9 & 10)**

Ann T.

| | |
|---|---|
| **1** | I hereby certify that my answers to the attached questions are true. |
| **2** | It is also understood that I, not Personalized Brokerage Services, LLC, will be responsible for, but not limited to, any and all commission charge-backs, bonus compensation, and agent mailer costs incurred. Should litigation be necessary to collect any debit balances, reasonable attorney fees and collection costs plus interest at the highest rate allowable by state law will also be awarded to the prevailing party. I understand that PBS can hold commissions over and above $20,000 per case until the free look period has expired and a delivery receipt has been signed by the policy owner and returned to PBS. This agreement shall be governed as to validity, interpretation, construction, effect and in all other respects by the laws of the state of Kansas and jurisdiction and venue shall be had in the courts of the state of Kansas. |
| **3** | I fully understand I am not authorized to represent myself or my agency as an employee or representative of Personalized Brokerage Services, LLC, nor do I hold Personalized Brokerage Services, LLC responsible for my actions. |
| **4** | I am fully aware and understand that as a licensed insurance agent it is my responsibility to completely understand the products and companies I represent and to properly solicit these products to consumers in accordance with insurance solicitation laws and consumer protection laws within the state(s) where I hold a resident and/or non-resident license. In my market conduct, I agree to follow the "golden rule" selling only those products that are suitable to my clients and their circumstances. |
| **5** | Advertising Compliance: Any form of advertising, be it to Agents or to the public, regardless of the medium (e.g. Print, radio, Internet, etc.), must be sent to the relevant insurance company home office for review and compliance. NO AD MAY BE RUN WITHOUT WRITTEN HOME OFFICE APPROVAL. Failure to follow this rule can result in loss of your appointment, fines, and loss of your insurance license. Ads, which are non-specific to a company, should still be sent to the relevant company for clearance/approval. Ad approval is a contractual requirement, as well as a legal requirement. All Agents contracted through Personalized Brokerage Services, LLC with any insurance company agree to comply all forms of advertisements. |
| **6** | You have permission to communicate with me by any means, including, but not limited to email and fax. |
| **7** | Under penalties of perjury, I certify that the social security number (or tax payer identification number) shown on my application form is my correct I.D. number. A photocopy or fax of this authorization shall be as valid and effective as the original. |
| **8** | I authorize any individual or company to give Personalized Brokerage Services, LLC, or its authorized representative, any and all information with reference to my character, credit, debits owed insurance companies, business reputation, employment history including information whether or not among their records, and I release said individual and/or company from any and all liability whatsoever which results, or might result, from the disclosure of such information. A photocopy or fax of this authorization shall be as effective as the original. |
| **9** | Do you have personal Errors & Omissions (E&O) liability coverage? Yes ☐ No ☐<br>I understand and acknowledge that I have no E&O Liability coverage from Personalized Brokerage Services LLC, and that I am responsible for my own liability and liability coverage. |
| **10** | Are you NASD licensed (e.g.: Series 7 or 6, etc.)?<br>☐ Yes, Series 6 ☐ Yes, Series 7 No ☐ |

| | |
|---|---|
| Printed Name: (Ms., Miss, Mrs., Mr.) | Social Security #: |
| Home Address: | |
| Broker-Dealer: | Date of Birth: |
| Office Phone: | Office Fax: |
| Home Phone: | E-mail Address: |
| ✗<br>AGENT SIGNATURE | DATE |

**MUST BE SIGNED BY AGENT**

REVISED 9/25/2003

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Ann T.

Confidential

JEFFERSON PILOT FINANCIAL

# PROFESSIONAL PROFILE

**A. Personal Information**

Full Name: ______________________ Nickname: ______________

Date of Birth: ______________ Social Security Number: ______________

Office Address: ______________________ County: ______________

Mailing Address (if different): ______________________

Office Phone: ______________ Fax: ______________ Email address: ______________

Residence Address: ______________________ Residence Phone ______________

Professional Designations: ☐ CLU ☐ ChFC ☐ CFP ☐ CFC ☐ RFP ☐ MSFS ☐ RIA ☐ LUTCF ☐ Other ______

Target Markets: ☐ Wealth Accumulation ☐ Wealth Preservation ☐ Business Planning ☐ Other ______

May we publish your name in Company publications? ☐ Yes ☐ No

If no, is recognition (awards, conference attainment) acceptable? ☐ Yes ☐ No

**B. Corporate Information (if applicant is a corporation, agency principal must complete the Professional Profile)**

Corporate Name: ______________ Tax ID: ______________ State of Incorporation: ______

**C. Licenses Held**

List states in which you wish to be appointed. ______________________

A current copy of each license must be attached. **Submit appropriate fees for non-resident appointments requested.**

Appointments Requested: ☐ Fixed Life ☐ Fixed Annuity ☐ Variable UL ☐ Variable Annuity

NASD License ☐ Yes ☐ No Broker/Dealer ______________________

CRD # ______________________ Prior 12 mos, GDC $ ______________

**D. Producer's Production & Persistency Record – Insurance Company Affiliations (Attach production verification)**

Current MDRT Status - ☐ Qualifying ☐ Life ☐ Court of the Table ☐ Top of the Table

| Primary Companies Represented | Date of Contract (From-To) | Prior 12 months Life Prem. | Annuity Prem. | 13 month Persistency |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

My projected annualized paid life and annuity premium during my first twelve months with Jefferson Pilot Financial will be at least:

Life Premium $______________ Annuity Premium $______________

**E. Please read and answer each question. Attach complete details in writing if the answer to any question is YES.**

| | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of or pleaded guilty or nolo contendere (no contest) to: | | |
| a. Fraud, embezzlement, forgery, false statements, counterfeiting, extortion, or any other act involving the misappropriation of funds? | ☐ | ☐ |
| b. A conspiracy to commit any of the above offenses? | ☐ | ☐ |
| 2. Are you now or have you ever been the subject of any complaint, investigation, or proceeding by any Insurance Department, the SEC, or any federal or state regulatory agency? | ☐ | ☐ |
| 3. Do you have any unsatisfied judgements or liens against you, or any pending litigation in which you are a defendant? | ☐ | ☐ |
| 4. Are you currently a party, or in the past ten years, have you been a party, to any lawsuit, arbitration, or civil litigation? | ☐ | ☐ |
| 5. Have you ever been convicted of a felony or a misdemeanor other than a traffic offense? | ☐ | ☐ |
| 6. Have you personally or have any businesses in which you had control or an ownership interest been (or currently are) the debtor in a bankruptcy, made a compromise with creditors, or had a direct payment procedure initiated under the Securities Investor Protection Act? | ☐ | ☐ |
| 7. Has any person ever complained to an insurance department or other agency about your conduct as an agent? | ☐ | ☐ |
| 8. Has any insurance or security company ever terminated any agency, agent, broker, or representative contract for other than low production? | ☐ | ☐ |
| 9. Have you ever voluntarily resigned, been discharged, or permitted to resign after allegations were made that accuse you of: | | |
| a. Violating investment-related statutes, regulations, rules or industry standards of conduct? | ☐ | ☐ |
| b. Fraud OR the wrongful taking of property? | ☐ | ☐ |
| c. Failure to supervise in connection with investment-related statutes, regulations, rules or industry standards of conduct? | ☐ | ☐ |

I certify that the foregoing answers are true and correct to the best of my knowledge and belief.

X ______________________

Signature of Applicant

BJ-02296

Personalized Brokerage Services, LLC☐
Annuity -2003572 ☐
Life - 2067450

JEFFERSON PILOT
FINANCIAL

## DISCLOSURE OF USE OF CONSUMER REPORTS

As part of its contracting process, Jefferson Pilot Financial group of companies (hereafter, " Jefferson Pilot") requests consumer reports on prospective agents. From time to time after contracting, Jefferson Pilot reserves the right to request consumer reports on its agents in connection with their contracts. Occasionally, Jefferson Pilot 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. If we request an investigative report, we are required by the Fair Credit Reporting Act to notify you within three days after the report is requested, and if you make a written request, we are obligated to disclose to you within five days the nature and scope of the investigation requested. Consumer reports and investigative consumer reports, as well as other information in your file, may be shared among Jefferson Pilot Financial group of companies unless you direct otherwise.

## AUTHORIZATION

I authorize Jefferson Pilot Financial group of companies to request and obtain one or more consumer reports and/or investigative consumer reports about me for contracting purposes, and to share such information within the Jefferson Pilot Financial group of companies. This authorization, in original or copy form, shall be valid for this purpose and any future reports or updates that may be requested in connection with my contract with Jefferson Pilot.

Date: ______________________________ Name (Print): ______________________________

X Name (Sign): ______________________________



Personalized Brokerage Services, LLC
Annuity -2003572
Life - 2067450

**(i) Service of Process.** You are not our authorized Agent or representative to accept service of legal process, and therefore, you should not accept service. If, however, any paper is served upon you, you shall fax or send by certified mail the same to our General Counsel at our Home Office by certified mail within 24 hours after receipt.

This contract shall take effect on the date shown below after the same has been signed by a Vice President of the Company and provided you have satisfied the licensing requirements of the state(s) where you propose to market our products.

**Governing Law**
This contract shall be governed by the laws of the State of North Carolina.

**Entire Contract**
The foregoing represents the entire contract between the parties and we shall not be bound by any other promise, contract, understanding or representation unless it is made by an instrument in writing, signed by a Vice President of the Company.

**Agent**

______________________________
Print name

X______________________________
Signed

______________________________
Date Executed

[check appropriate line and complete]

☐ Individual SSN# ____________________

☐ Partnership Tax ID# ____________________

☐ Corporate Tax ID# ____________________

**Home Office Approval**
This contract is approved and shall become effective as of ____________________, 20_____, but notwithstanding such effective date, if you are properly licensed and permitted by law in the state of operation, you are authorized to submit applications for insurance which shall be governed by the provisions of this contract.

**Jefferson Pilot Life Insurance Company**
**Jefferson Pilot Financial Insurance Company**

______________________________
By

______________________________
Title

______________________________
Date Executed

JEFFERSON PILOT
FINANCIAL

Ann T.

**ASSIGNMENT**

For value received, I, ______________________________, do hereby assign
(Name of Assignor)

unto ______________________________, ____________________, ______________ any and all
(Name and Address of Assignee) (Assignee Tax ID No.) (Assignee Agent No.)

first year and renewal commissions now due me or hereafter to become due me on any contract(s) I now hold with the Jefferson Pilot Financial Group of Companies and its affiliates (hereinafter called "Jefferson Pilot") and direct Jefferson Pilot to pay the Assignee such amounts as otherwise would be credited to my account in accordance with the terms and conditions of my contract(s) with Jefferson Pilot.

This assignment releases Jefferson Pilot of any liability to me for said amounts and payment hereafter shall be a full and complete discharge to Jefferson Pilot of the amount or amounts paid. I agree to indemnify and hold harmless Jefferson Pilot for any and all liability it may incur because of this assignment.

______________________________ **X** ______________________________
Date Signature of Assignor

______________________________ ______________________________
Witness Agent's Number

Jefferson Pilot assumes no responsibility for the validity or sufficiency of this assignment.

______________________________ ______________________________
Date By

______________________________
Title



Personalized Brokerage Services, LLC
Annuity -2003572
Life - 2067450

JEFFERSON PILOT FINANCIAL

## AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (CREDITS)

| | | |
|---|---|---|
| Company Name<br>Jefferson Pilot Financial Group of Companies and its Affiliates (hereinafter called "Jefferson Pilot") | | Company ID Number<br>000006305 |
| I hereby authorize Jefferson Pilot to initiate credit or debit correction entries to my checking/savings account indicated below and the financial institution named below, hereinafter called DEPOSITORY, to credit the same to such account. | | |
| Depository Name | | |
| City | State | Zip Code |
| Bank Transit/ABA Number (For Payroll Dept. Use Only) | Account Number | |
| This authority is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY a reasonable opportunity to act on it. | | |
| Employee Name | Department/Field Office | Employee Number |

X ______________________________ Signature

______________ Date

______________ Payroll Effective Date (For Payroll Dept. Use Only)

**IMPORTANT: Please attach a void check to this form.**



Personalized Brokerage Services, LLC
Annuity -2003572
Life - 2067450

Form **W-9**
(Rev. December 2000)
Department of the Treasury
Internal Revenue Service

# Request for Taxpayer Identification Number and Certification

**Give form to the requester. Do not send to the IRS.**

**Please print or type**

Name (See **Specific Instructions** on page 2.)

Business name, if different from above. (See **Specific Instructions** on page 2.)

Check appropriate box: ☐ Individual/Sole proprietor ☐ Corporation ☐ Partnership ☐ Other ►

Address (number, street, and apt. or suite no.)

Requester's name and address (optional)

City, state, and ZIP code

List account number(s) here (optional)

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). **However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 2.** For other entities, it is your employer identification number (EIN). If you do not have a number, see **How to get a TIN** on page 2.

**Note:** *If the account is in more than one name, see the chart on page 2 for guidelines on whose number to enter.*

**Social security number**

or

**Employer identification number**

## Part II For U.S. Payees Exempt From Backup Withholding (See the instructions on page 2.)

►

## Part III Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), **and**
2. I am not subject to backup withholding because: **(a)** I am exempt from backup withholding, or **(b)** I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or **(c)** the IRS has notified me that I am no longer subject to backup withholding, **and**
3. I am a U.S. person (including a U.S. resident alien).

**Certification instructions.** You must cross out item **2** above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item **2** does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 2.)

**Sign Here** **Signature of U.S. person ►** ✗ **Date ►**

## Purpose of Form

A person who is required to file an information return with the IRS must get your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

**Use Form W-9 only if you are a U.S. person** (including a resident alien), to give your correct TIN to the person requesting it (the requester) and, when applicable, to:

**1.** Certify the TIN you are giving is correct (or you are waiting for a number to be issued),

**2.** Certify you are not subject to backup withholding, or

**3.** Claim exemption from backup withholding if you are a U.S. exempt payee.

**If you are a foreign person, use the appropriate Form W-8.** See **Pub. 515,** Withholding of Tax on Nonresident Aliens and Foreign Corporations.

**Note:** *If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.*

**What is backup withholding?** Persons making certain payments to you must withhold and pay to the IRS 31% of such payments under certain conditions. This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

If you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return, payments you receive will not be subject to backup withholding. **Payments you receive will be subject to backup withholding if:**

**1.** You do not furnish your TIN to the requester, or

**2.** You do not certify your TIN when required (see the Part III instructions on page 2 for details), or

**3.** The IRS tells the requester that you furnished an incorrect TIN, or

**4.** The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

**5.** You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the Part II instructions and the separate **Instructions for the Requester of Form W-9.**

## Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of $50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a $500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of Federal law, the requester may be subject to civil and criminal penalties.

Ann T.

# CERTIFICATION FORM

I certify under penalty of perjury that I have read and understand the California Fair Claims Settlement Practices Regulations.

| | |
|---|---|
| Date | Agent's Signature |
| | Agent's Number |