

# 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.)

**X**

\_\_\_\_\_  
Agent's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
MGA's signature

\_\_\_\_\_  
Date

# **AnnuityMasters<sup>®</sup> / Life InsuranceMasters<sup>™</sup>**

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**

# 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, debts 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

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.)?  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:
 AGENT SIGNATURE	DATE

**MUST BE SIGNED BY AGENT**

REVISED 9/25/2003

**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 - <input type="checkbox"/> Qualifying <input type="checkbox"/> Life <input type="checkbox"/> Court of the Table <input type="checkbox"/> Top of the Table				
Primary Companies Represented	Date of Contract (From-To)	Prior 12 months		13 month Persistency
		Life Prem.	Annuity Prem.	

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?	<input type="checkbox"/>	<input type="checkbox"/>
b. A conspiracy to commit any of the above offenses?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have any unsatisfied judgements or liens against you, or any pending litigation in which you are a defendant?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you currently a party, or in the past ten years, have you been a party, to any lawsuit, arbitration, or civil litigation?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever been convicted of a felony or a misdemeanor other than a traffic offense?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
7. Has any person ever complained to an insurance department or other agency about your conduct as an agent?	<input type="checkbox"/>	<input type="checkbox"/>
8. Has any insurance or security company ever terminated any agency, agent, broker, or representative contract for other than low production?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
b. Fraud OR the wrongful taking of property?	<input type="checkbox"/>	<input type="checkbox"/>
c. Failure to supervise in connection with investment-related statutes, regulations, rules or industry standards of conduct?	<input type="checkbox"/>	<input type="checkbox"/>

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

  
 \_\_\_\_\_  
 Signature of Applicant

## 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): \_\_\_\_\_

(d) **Prior Contracts.** This contract shall supercede any and all prior contract(s) between you and us, however, any outstanding indebtedness shall survive.

(e) **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.

**Effective Date**

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.

**Solicitor**

\_\_\_\_\_ SSN# \_\_\_\_\_  
Print name

**X** \_\_\_\_\_  
Signed

\_\_\_\_\_  
Date Executed

**Managing Agent**

\_\_\_\_\_ SSN# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Print name

**X** \_\_\_\_\_  
Signed

\_\_\_\_\_  
Date Executed

**Home Office Approval**

This contract is approved and shall become effective as of \_\_\_\_\_, \_\_\_\_\_, 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

**CERTIFICATION FORM**

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

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\_\_\_\_\_ **Date**

\_\_\_\_\_ **Agent's Signature**

\_\_\_\_\_ **Agent's Number**