

Legacy Marketing Group

Please mail form to: Licensing & Contracting Team
P.O. Box 100216, Rome, GA 30162-7216 • Phone (800) 300-0519 • Fax (800) 813-6095

Appointment Request Checklist

Producer Name: _____ SSN: _____

Corporate Name: _____ TIN: _____

Producer #: _____ Date of Birth: _____

Business attached: No Yes - list state and carrier: _____

Appointment requests **must be accompanied by a new business application**, except in the following states for which the carrier(s) does not currently* allow for solicitation prior to appointment if product is available:

American National Insurance Company: *Georgia, Nebraska, Pennsylvania, and South Dakota*

Investor Insurance Corporation: *Pennsylvania*

OM Financial Life Insurance Company: *District of Columbia, Louisiana, West Virginia, and Wyoming*

Washington National Insurance Company: *Georgia and Montana*

Transamerica Life Insurance Company: *Colorado, Georgia, New Mexico, Oregon, Pennsylvania, Rhode Island and Washington*

***NOTE:** *The non-solicitation prior states listed are current as of the form revision date and are subject to change without notice. Please refer to LegacyNet.com for the most current information.*

If requesting an appointment in a state that **does not allow solicitation prior to an appointment**, please select a carrier you wish to be appointed with:

Americom Life and Annuity Insurance Company in the state of: _____

American National Insurance Company in the state of: _____

Investors Insurance Corporation in the state of: _____

Washington National Insurance Company in the state of: _____

Transamerica Life Insurance Company in the state of: _____

The following items are required to process your appointment:

Non-resident appointment fee(s) as applicable for each non-resident appointment requested above – **Check made payable to LMG** (refer to www.LegacyNet.com for a current list of non-resident fees by state and carrier).

Current Resident and /or Non-resident license(s) as applicable to states requested above (Corporate and/or Individual).

Proof of current E&O insurance for appointment request in Alabama, Kentucky, Mississippi, and Rhode Island – Please note: Product is not available in Alabama for any carrier. Only resident state appointments will be processed in Alabama as needed in order to obtain a non-resident state appointment.

Virginia Administrative Letter (LMG1137F 0399) for appointment requests in Virginia.

An original appointment form completed and dated for non-resident appointment requests in Hawaii.

Home State Letter of Certification for appointment requests in South Carolina.

Please refer to www.LegacyNet.com for the most current carrier and product availability.

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Contracting Checklist

The following items are required to process your *Producer/Wholesaler Application and Agreement*:

- A signed Producer/Wholesaler Application and Agreement, including a signed and dated Release Authorization and Fair Credit Reporting Act Disclosure (11352L0904 R1004)
- Evidence of Errors & Omissions* (E&O) insurance
 - For all Wholesaler contract levels (RD, RVP, NVP, and EVP), E&O liability limits no less than \$1 million per occurrence and \$2 million per policy aggregate, or agent aggregate if insured as part of a group, are required.
 - For all Producer contract levels (GA, and MGA), E&O liability limits no less than \$1 million per occurrence and \$1 million per policy aggregate, or agent aggregate if insured as part of a group, are required.
- Proof of Production for contract levels MGA

The following items are required in addition if you wish to be contracted as a Corporation:

- Articles of Incorporation, Corporate Resolution, or Partnership Agreement

The following items are required in addition if you wish to be contracted as a Wholesaler (RD, RVP, NVP, and EVP):

- Proof of Production
- Business Plan and References

The following items are required to process your *License Only Application*:

- License Only Application including the Appointment Authorization and License Agreement (LMG1029F.1394)
- Release Authorization and Fair Credit Reporting Act Disclosure (12340L/1112)

*** Every Annuity Contract issued through Legacy Marketing Group must be covered by E&O insurance. If evidence of E&O insurance is not provided, or the minimum requirement as outlined above is not met, you will automatically be enrolled in the “Legacy Exclusive Program” at a non-refundable charge of \$160 per Annuity Contract issues.**

Release Authorization and Fair Credit Reporting Act Disclosure

This is to notify you that we may procure a consumer report on you as part of the process of considering your application. If information from the report is used in whole or in part in making an adverse decision, we will provide you with a copy of the consumer report and a description in writing of your rights under the Fair Credit Reporting Act before making the adverse decision.

Please be advised that we may also obtain an investigative consumer report, including information on your character, general reputation, personal characteristics, and mode of living. This information may be obtained by contacting your present and previous employers or references supplied by you. Please be advised that you have the right to request, in writing within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the information requested.

Additional information concerning the Fair Credit Reporting Act, 15 USE §1681 etc set., is available on the Federal Trade Commission's website at www.ftc.gov.

Release and Authorization

By signing below, I hereby authorize all entities having information about me, including present and former employers, criminal justice agencies, departments of motor vehicles, schools, and credit reporting agencies, to release such information to Legacy Marketing Group or any of its affiliates or carriers. This release and authorization shall remain valid and in effect during the term of my contract. LMG reserves the right to obtain subsequent consumer reports and/or investigative consumer reports on an as-needed basis.

Applicant's Printed Name _____
(IF CORPORATION, TITLE)

Applicant's Signature _____
(OR APPLICANT'S AUTHORIZED REPRESENTATIVE, IF CORPORATION)

Date _____

AUTHORIZATION FOR AUTOMATIC DEPOSIT

Commission assignments must be removed prior to requesting the automatic deposit of your commissions. Requests to remove assignments must be made in writing.

Producer Number:		SSN/TIN #	
Producer Name (As contracted with Legacy Marketing Group)			
Address:			
City:		State:	Zip Code:
<p>I hereby authorize Legacy Marketing Group (Legacy) to initiate credit entries, and if necessary, initiate debit entries and/or adjustments for any credit entries made in error, to my account at the Financial Institution indicated below. If the account indicated below is owned/co-owned by an entity or individual with whom Legacy has no contractual relationship, I attest that I am the owner/co-owner or an authorized principal of the entity. I represent that I have the authority, or am appropriately authorized to grant Legacy the ability to make withdrawals or deposits to the account indicated below. I further agree to indemnify and hold harmless Legacy from any and all claims, liability, costs and expenses, including reasonable attorneys' fees, arising out of the reliance on the aforementioned representations and warranties.</p> <p>This authority is to take effect upon verification of the information provided with the Financial Institution and such authority is to remain in effect until such time as Legacy has received my written notification requesting the termination of such authority, this notification shall afford both Legacy and the Financial Institution a reasonable opportunity to act upon the removal request.</p>			
Financial Institution Name			
Address:			
City:		State:	Zip Code:
Financial Institution Routing # (ABA#)		Financial Institution Telephone Number:	
Branch:			
Account Type (select one only):	Account #:		
<input type="checkbox"/> Checking			
<input type="checkbox"/> Savings			

Please attach a copy of a voided check

Signature: _____ Date: _____

Print Name: _____

For Office Use Only	
Initials:	
Date:	

**Mail or Fax completed form to: Licensing and Contracting
P. O. Box 100216, Rome, GA 30162-7216 • Telephone (800) 300-0519 • Fax (800) 813-6095**

Legacy Marketing Group

2090 Marina Avenue, Petaluma, CA 94954

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ASSIGNMENT OF COMMISSIONS

For good and valuable consideration, the receipt of which is hereby acknowledged, the undersigned Producer (Assignor) hereby authorizes and instructs Legacy Marketing Group (“the Company”) to remit directly to Payee (Assignee) at the address set forth below, effective as of the date indicated below, any and all commissions or other compensation payable to Producer (Assignor) pursuant to the Producer Agreement by and between Producer (Assignor) and the Company.

The Producer (Assignor) and Payee (Assignee), jointly and severally, will indemnify and hold harmless the Company and its officers, directors and employees from and against any and all costs and expenses incurred by the Company or such persons in connection with its or their actions pursuant to this instruction. This agreement will remain in effect until such time as the Company receives written request from the Producer (Assignor) to cancel.

Commissions may not be assigned if the Producer (Assignor) is currently paid via Electronic Transfer (EFT). The EFT agreement must be rescinded prior to this assignment being effective. A written request from the Producer (Assignor) to cease EFT transactions must accompany this form.

NOTE: Payee (Assignee) must maintain both an active contract with the company and an active license in the same state(s) as the Producer (Assignor) at all times in order to receive the assigned commissions.

Payee (Assignee) Information:

Contracted Name of Payee (Assignee)

Producer Number of Payee (Assignee)

Address 1

City, State, Zip

Telephone Number

Tax ID/Social Security Number

Payee (Assignee) Signature and Date

Producer’s (Assignor) Printed Name

Producer Number of Assignor

Producer’s (Assignor) Signature and Date

**Transamerica Life Insurance Company (TLIC) Appointment Application and Agreement
For Legacy Marketing Group Independently Contracted Producers/Wholesalers (collectively, Producers)**

Administrative Office – 25 Legacy Drive Northwest, Rome, GA 30165-1390 Telephone 800-300-0519 Fax 800-813-6095

Personal Information

Last Name First Name Middle Name Social Security Number Date of Birth (mm/dd/yyyy)

Company Name (if applicable)

Tax Identification Number

The Violent Crime Control and Law Enforcement Act of 1994

The Violent Crime Control and Law Enforcement Act of 1994 (the "1994 Crime Act") makes it a federal crime to: (1) knowingly make false material statements in financial reports submitted to insurance regulators; (2) embezzle or misappropriate monies or funds of an insurance company; (3) make material false entries in the records of an insurance company in an effort to deceive officials of the company or regulators regarding the financial condition of the company; or (4) obstruct an investigation by an insurance regulator. **THE 1994 CRIME ACT ALSO MAKES IT A FEDERAL CRIME FOR INDIVIDUALS WHO HAVE BEEN CONVICTED OF A FELONY INVOLVING DISHONESTY, BREACH OF TRUST, OR ANY OF THE OFFENSES LISTED ABOVE TO WILLFULLY PARTICIPATE IN THE BUSINESS OF INSURANCE.** Willfully participating in the business of insurance includes acting as an insurance agent. Penalties for violating the 1994 Crime Act include civil fines up to \$50,000 and imprisonment for up to 15 years.

Will you be in violation of the 1994 Crime Act if you act as an insurance agent? Yes No

Agreement

TLIC and Producer agree as follows:

- 1) Producer is hereby appointed as an agent of TLIC for the purpose of soliciting applications for TLIC insurance products through Legacy Marketing Group (Legacy). This Agreement does not grant exclusive rights in any territory or for any products.
- 2) Your relationship to TLIC shall be that of an independent contractor and nothing contained in this Agreement shall make you an employee of TLIC. Producer has no authority except that which is expressly set forth in this Agreement and Producer's agreement with Legacy. No authority shall be implied from the authority expressly granted.
 - a) Commission for TLIC products sold by you will be directed to Legacy. As long as TLIC pays to Legacy all the commissions due to Producer, any claims for commissions shall be directed to Legacy. Commissions and Chargebacks will be determined as set forth in your Producer Agreement with Legacy.
- 3) Producer agrees to be responsible:
 - a) for complying with all applicable federal, state, and local laws, including without limitation any law requiring that you protect the privacy of nonpublic information about an application, owner, annuitant, or beneficiary. If you receive any nonpublic information, you will use the information only in connection with your performance under this Appointment Agreement and as permitted by law. Furthermore, Producer shall maintain all needs based analysis/suitability determination documentation and provide that information to TLIC upon request.
 - b) for complying with all orders, rules and regulations as well any notices, bulletins or guidelines provided by TLIC or Legacy;
 - c) for developing and implementing policies, procedures and internal controls that are reasonably designed to comply with all customer identification program ("CIP") and anti-money laundering ("AML") laws and regulations applicable to it. Producer acknowledges that TLIC and Legacy will rely on Producer to have such AML and CIP procedures and controls in place, and to perform such functions.
 - d) for the prompt delivery of contracts sent to you, in accordance with TLIC's rules and instructions;
 - e) for obtaining, maintaining, and paying for the necessary licenses and appointments in the states in which you solicit or service insurance, whether resident or nonresident;
 - f) to unconditionally agree and accept all financial responsibility and indebtedness for his/her downline hierarchy. Further, Producer agrees to pay any costs, expenses, legal or collection fees associated with the collection of Producer's or his/her downline hierarchy debit balance or other legal action arising out of Producer's conduct.
- 4) TLIC authorizes Producer:
 - a) to solicit applications for contracts, and similar or related required documents and to forward these documents promptly to Legacy as its third party administrator on behalf of TLIC;
 - b) to receive the application and initial premium at the time of application, and immediately submit the whole amount received to Legacy on behalf of TLIC;
 - c) to deliver the contracts issued by TLIC to the Owner within 30 days of your receipt.
- 5) You may not bind TLIC or an affiliated company by any promise or agreement. You may not accept a promissory note for, or incur any obligation on behalf of, TLIC, nor waive any of TLIC's rights or requirements regarding insurance. Your authority under this Appointment Agreement does not permit you to do any of the following acts or to commit TLIC to perform any of the following acts:
 - a) to waive, modify or change any terms, rates, conditions or limitations of any contract;
 - b) approve evidence of insurability or bind or commit TLIC on any risk in any manner;
 - c) to collect or receive any premiums except initial premiums and/or additional first year premium collected when a contract is delivered;
 - d) to extend the time for any premium payment or reinstate any contract;
 - e) to adjust or settle any claim;
 - f) to solicit applications in any state without a valid insurance license and appointment in that state;
 - g) to enter into any legal proceedings pertaining to TLIC's business as a representative of TLIC;

- h) to replace, or induce, or attempt to induce, owners of TLIC contracts to terminate, reduce coverage or replace contracts of insurance issued by TLIC or otherwise disturb the relationship between TLIC and its contract owners;
 - i) to utilize, in the marketing efforts performed under this Agreement, any advertising material other than that furnished to you by TLIC or approved in writing by TLIC. Advertising material includes but is not limited to: (i) printed and published material, audiovisual material, or descriptive literature used in direct mail, newspapers, magazines, radio and television scripts, billboards and similar displays; (ii) descriptive literature and sales aids to all kinds including but not limited to circulars, leaflets, booklets, illustrations, computer proposals and form letters; (iii) all letterhead containing TLIC's name or logo.
 - j) to cash, endorse or negotiate any check, money order or draft made payable to TLIC;
 - k) offer to pay, allow or give, directly or indirectly, as an inducement to purchase insurance, or after insurance has been effected, any rebate or reduction of premium
 - l) to use the name or initials of TLIC, or any affiliate of TLIC, in whole or in part, in any business or trade name.
- 6) TLIC specifically reserves the right:
- a) to visit your office, examine your files and records and accompany you while you represent TLIC, all at reasonable times;
 - b) to require you to maintain errors and omissions insurance on yourself with an insurance company, in form and amount specified by TLIC or Legacy;
 - c) to cease doing business in any state and to discontinue or withdraw from sale any contract or special marketing concept in any state;
 - d) to modify, change, or amend any contract or premium or commission rate;
 - e) to determine maximum and minimum limitations on any contract;
 - f) to modify, change or amend the conditions or terms under which any contract may be offered;
 - g) to modify, change, amend/delete or add any Company procedure;
 - h) to reject applications or refund premiums submitted by you without specifying the cause; and
 - i) to direct Legacy to refund any premium and chargeback commissions.
- 7) While this agreement is in force and after its termination you may not convey or disclose to any person or entity any of TLIC's property, for any reason. TLIC's property includes, but is not limited to, all information or supplies provided by the Company to you regarding products; selling of products; applicants, owners, beneficiaries, insureds of any product; and training, recruiting and commission of agents. Upon termination of this Agreement, all TLIC property shall promptly be returned to TLIC or Legacy.
- 8) At any time either you or TLIC may terminate this contract and/or appointment without cause immediately in writing sent to the last known address of the other. This contract shall immediately terminate without cause upon your death or, if a business entity, upon your dissolution.
- 9) This Agreement may immediately terminate by providing written notice for any of the following reasons: (i) if you have failed to comply with the laws of any regulatory authority or any notice, bulletin or guideline; (ii) if your license is revoked, suspended, or refused renewal by any regulatory agency; (iii) if you used any advertising materials not authorized by TLIC; (iv) if you have wrongfully withheld any funds or other compensation owed or belonging to TLIC or its affiliates; (v) if you have knowingly misrepresented any product or service offered by or through TLIC; (vi) if you breach any provisions of this Agreement; (vii) if you defrauded or attempted to defraud TLIC; or (viii) if, in order to induce TLIC to enter into this Agreement, you knowingly furnish false information or failed to disclose unfavorable information of a material nature; or (ix) you are convicted of a crime that, according to the Violent Crime Control and Law Enforcement Act of 1994, makes it a crime for you to willfully participate in the business of insurance.
- 10) Producer agrees to indemnify and hold TLIC and Legacy harmless from any and all expenses, costs, fines, damages or causes of action incurred by TLIC and Legacy resulting from your negligent or unauthorized act(s), or those acts of your employees and/or sub-agents.
- 11) Producer acknowledges and agrees that nothing herein shall affect any provision of Producer's agreement with Legacy.
- 12) This Agreement shall be effective on the date it is accepted by TLIC or date the first premium is submitted. This Agreement terminates and replaces any prior agreement between the parties related to matters found herein.
- 13) Any failure by TLIC to enforce any part of this Agreement will not be deemed a waiver by TLIC of its right to enforce this Agreement according to its terms and applicable laws. This Agreement is governed by the laws of the State of Iowa.

BY SIGNING BELOW, YOU CERTIFY TO TLIC THE INFORMATION PROVIDED IN THE LEGACY PRODUCER/WHOLESALE APPLICATION AND AGREEMENT AND THIS AGREEMENT IS TRUE AND COMPLETE. YOU ACKNOWLEDGE YOU HAVE READ AND UNDERSTAND TLIC'S CODE OF PROFESSIONAL CONDUCT AND AGREE TO ABIDE BY ITS TERMS. YOU ALSO AGREE TO COOPERATE WITH TLIC UPON REQUEST SO IT MAY RETAIN ITS MEMBERSHIP IN THE INSURANCE MARKETPLACE STANDARDS ASSOCIATION (IMSA). YOU AGREE TO COMPLY WITH IMSA'S PRINCIPLES AND CODE OF ETHICAL MARKET CONDUCT. YOU ACKNOWLEDGE YOU HAVE READ AND UNDERSTAND THIS AGREEMENT AND AGREE TO BE BOUND BY ALL TERMS HEREIN.

Signature of Producer Applicant, if Producer Applicant is a natural person.

Signature of Producer Applicant's authorized representative, if Producer Applicant is a business entity.

Date Signed

Print Producer Applicant's name, if Producer Applicant is a natural person.

If Producer Applicant is a business entity, print full legal name of business entity.

LEGACY MARKETING GROUP®

2090 Marina Avenue, Petaluma, CA 94954-6714

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Producer/Wholesaler Application and Agreement

PART I — Applicant is An Individual Corporation LLC Partnership (Please attach copy of Partnership Agreement.)

I understand that I cannot solicit applications for the company(ies) until I am contracted with LMG and duly licensed and appointed with LMG's authorized companies in the states that require such licensing and appointment.

PART II — APPLICANT NAME AND ADDRESS INFORMATION Mr. Ms.

Last Name _____ First Name _____ Middle Initial _____ SSN _____-_____-_____

Business Name _____ TIN/EIN _____ DOB _____/_____/_____

(Please view general instructions concerning Taxpayer Identification Number (TIN) information on www.legacynet.com.)

Business (Principal) Address _____ STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

Residential Address _____ STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

Business Phone Number _____-_____-_____ Home Phone Number _____-_____-_____ Fax Number _____-_____-_____

Cell Phone Number _____-_____-_____ E-Mail Address _____

Beneficiary Name _____ Beneficiary Date of Birth _____/_____/_____ Beneficiary SSN _____-_____-_____

PART III — APPOINTMENTS

For states that require appointment prior to solicitation, which carrier do you want to be appointed with? _____

PART IV — BACKGROUND INFORMATION

Violent Crime Control and Law Enforcement Act of 1994: The Violent Crime Control and Law Enforcement Act of 1994 (the "1994 Crime Act") makes it a federal crime to: (1) knowingly make false material statements in financial reports submitted to insurance regulators; (2) embezzle or misappropriate monies or funds of an insurance company; (3) make material false entries in the records of an insurance company in an effort to deceive officials of the company or regulators regarding the financial condition of the company; or (4) obstruct an investigation by an insurance regulator. THE 1994 CRIME ACT ALSO MAKES IT A FEDERAL CRIME FOR INDIVIDUALS WHO HAVE BEEN CONVICTED OF A FELONY INVOLVING DISHONESTY, BREACH OF TRUST, OR ANY OF THE OFFENSES LISTED ABOVE TO WILLFULLY PARTICIPATE IN THE BUSINESS OF INSURANCE. Willfully participating in the business of insurance includes acting as an insurance agent. Penalties for violating the 1994 Crime Act include civil fines up to \$50,000 and imprisonment for up to 15 years.

Will you be in violation of the 1994 Crime Act if you act as an insurance agent? Yes No

The applicant must answer the following questions. If the applicant is an entity, such as a corporation or partnership, the questions apply to the entity and to each of its principals and officers.

If the answer to any questions is "Yes," a detailed explanation must be provided on a separate sheet, with supporting documentation attached:

1. Do you have any outstanding debt(s) with any insurance marketing or insurance company(ies) as a result of a commissions chargeback? Yes No
2. Have you ever filed for bankruptcy? Yes No
3. Have you ever been charged with, convicted of, or pled no contest to a felony or misdemeanor? Yes No
4. Do you currently have, or have you ever had, an insurance or securities license denied, suspended, or revoked or been the subject of an administrative or regulatory action by any state or federal regulatory agency? Yes No
5. Do you currently have a state, federal, or other taxing authority tax lien? Yes No
6. Have you ever been refused a bond or had a bond cancelled (other than for non-payment)? Yes No
7. Are you currently, or have you ever been, involved in any litigation and/or collection matters? (You may omit matters of family law.) Yes No

PART V — DECLARATION AND SIGNATURE

Under penalties of perjury, I certify that: (a) My Social Security Number or Taxpayer Identification Number shown on this form is correct (or I am waiting for a Taxpayer Identification Number to be issued to me), and (b) I am not subject to backup withholding because: (i) I am exempt from backup withholding, (ii) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (iii) the IRS has notified me that I am no longer subject to backup withholding.

I hereby certify that I have truthfully answered the questions above. The information is to the best of my knowledge an accurate Statement of Fact. I further understand that if any material information given in this application is found to be incorrect or incomplete, it will be grounds for termination at the sole discretion of LMG. This application is contingent upon LMG's completion of its investigation of my background, as contemplated herein, and upon LMG's approval. If this application is approved and accepted by LMG, I agree that by accepting commissions from LMG, I acknowledge my acceptance of all terms and conditions of the Agreement, as amended from time to time. My signature on this application represents my signature on the Agreement and is incorporated by reference. The Agreement becomes effective when accepted by LMG, as evidenced by the signature of an authorized LMG representative.

Print Applicant Name _____ Applicant Signature _____ Date _____
(IF CORPORATION, TITLE) (OR APPLICANT'S AUTHORIZED REPRESENTATIVE, IF CORPORATION)

PART VI — SIGNATURE SECTION (IMMEDIATE UPLINE ONLY)

I have reviewed the contract, and to the best of my knowledge, the applicant has answered all questions accurately. Recommended Contract Level: _____

Print Upline Name _____ Upline Signature _____ Upline Producer Number: _____

Release Authorization and Fair Credit Reporting Act Disclosure

This is to notify you that we may procure a consumer report on you as part of the process of considering your application. If information from the report is used in whole or in part in making an adverse decision, we will provide you with a copy of the consumer report and a description in writing of your rights under the Fair Credit Reporting Act before making the adverse decision.

Please be advised that we may also obtain an investigative consumer report, including information on your character, general reputation, personal characteristics, and mode of living. This information may be obtained by contacting your present and previous employers or references supplied by you. Please be advised that you have the right to request, in writing within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the information requested.

Additional information concerning the Fair Credit Reporting Act, 15 U.S.C. §1681 et seq., is available on the Federal Trade Commission's website at www.ftc.gov.

Release and Authorization

By signing below, I hereby authorize all entities having information about me, including present and former employers, criminal justice agencies, departments of motor vehicles, schools, and credit reporting agencies, to release such information to Legacy Marketing Group® or any of its affiliates or carriers. This release and authorization shall remain valid and in effect during the term of my contract. LMG reserves the right to obtain subsequent consumer reports and/or investigative consumer reports on an as-needed basis.

Applicant's Printed Name _____
(IF CORPORATION, TITLE)

Applicant's Signature _____
(OR APPLICANT'S AUTHORIZED REPRESENTATIVE, IF CORPORATION)

Date _____

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Financial Institution Application and Agreement

PART I

I understand that I cannot solicit applications for the company(ies) until I am contracted with LMG and duly licensed and appointed with LMG's authorized companies in the states that require such licensing and appointment.

PART II — APPLICANT INFORMATION

1. Financial Institution

Business Name _____ TIN/EIN _____

Business Address _____
STREET ADDRESS CITY STATE ZIP

Business Phone Number _____ Fax Number _____

Web Address/URL _____ E-Mail Address _____

2. Financial Institution Officer (*must be listed on a corporate insurance license and able to sign on company's behalf*)

Last Name _____ First Name _____ Middle Initial _____ SSN _____

Residential Address _____
STREET ADDRESS CITY STATE ZIP

Residential Phone Number _____ Cell Phone Number _____ E-Mail Address _____

PART III — APPOINTMENTS

For states that require appointment prior to solicitation, which carrier do you want to be appointed with? _____

PART IV — BACKGROUND INFORMATION

The applicant must answer the following questions. If the applicant is an entity, such as a corporation or partnership, the questions apply to the entity and to each of its principals and officers.

If the answer to any of the questions is "Yes," a detailed explanation must be provided on a separate sheet, with all relevant supporting documentation attached:

1. Do you have any outstanding debt(s) with any insurance marketing or insurance company(ies) as a result of a commissions chargeback? Yes No
2. Have you ever filed for bankruptcy? Yes No
3. Have you ever been charged with, convicted of, or pled no contest to a felony or misdemeanor? Yes No
4. Do you currently have, or have you ever had, an insurance or securities license denied, suspended, or revoked or been the subject of an administrative or regulatory action by any state or federal regulatory agency? Yes No
5. Do you currently have a state, federal, or other taxing authority tax lien? Yes No
6. Have you ever been refused a bond or had a bond cancelled (other than for non-payment)? Yes No
7. Are you currently, or have you ever been, involved in any litigation and/or collection matters? (You may omit matters of family law.) Yes No

PART V — COMMISSION OPTION SELECTION (To Be Completed by Financial Institution)

If Financial Institution fails to select any Commission Payment Option, it, by default, agrees to have LMG pay commissions directly to the Financial Institution's downline Registered Representatives/Producers.

_____ Financial Institution elects to have LMG pay commissions directly to its downline Registered Representatives/Producers and any override commissions directly to Financial Institution. If there are Registered Representatives affiliated with Financial Institution who are contracted Producers with LMG, complete Part VII. Registered Representatives who are not currently contracted with LMG must submit the LMG Producer Application/Agreement; OR

_____ Financial Institution elects to have LMG pay gross commissions directly to Financial Institution and Financial Institution will distribute commissions to Registered Representatives/Producers. By selecting this option, Financial Institution acknowledges and agrees to be solely liable for payment to Registered Representatives/Producers. Furthermore, Financial Institution shall indemnify and hold harmless LMG, its affiliates and Authorized Companies, from and against any and all liabilities arising out of payments of commissions or other amounts by LMG to the downline Registered Representatives/Producers to the extent LMG has made payments to the Financial Institution of amounts that it owes to the Registered Representatives/Producers.

LEGACY MARKETING GROUP®

Financial Institution Application and Agreement

PART VII — EXISTING LMG PRODUCERS

Please provide information for all Registered Representatives who are currently contracted with LMG.

NAME	SOCIAL SECURITY NUMBER
_____	____-____-____
_____	____-____-____
_____	____-____-____
_____	____-____-____
_____	____-____-____
_____	____-____-____
_____	____-____-____

PART VIII — FINANCIAL INSTITUTION CONTACT INFORMATION

FINANCIAL INSTITUTION DEPARTMENT	NAME	TELEPHONE	E-MAIL ADDRESS
Sales/Marketing	_____	_____	_____
Recruiting	_____	_____	_____
Commissions	_____	_____	_____
New Business/Operations	_____	_____	_____

PART IX — DECLARATION AND SIGNATURE

Under penalties of perjury, I certify that: (a) My Social Security Number or Taxpayer Identification Number shown on this form is correct (or I am waiting for a Taxpayer Identification Number to be issued to me), and (b) I am not subject to backup withholding because: (i) I am exempt from backup withholding, (ii) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (iii) the IRS has notified me that I am no longer subject to backup withholding.

I hereby certify that I have truthfully answered the questions above. The information is to the best of my knowledge an accurate Statement of Fact. I further understand that if any material information given in this application is found to be incorrect or incomplete, it will be grounds for termination at the sole discretion of LMG. This application is contingent upon LMG's completion of its investigation of my background, as contemplated herein, and upon LMG's approval. If this application is approved and accepted by LMG, I agree that by accepting commissions from LMG, I acknowledge my acceptance of all terms and conditions of the Agreement, as amended from time to time. My signature on this application represents my signature on the Agreement and is incorporated by reference. The Agreement becomes effective when accepted by LMG, as evidenced by the signature of an authorized LMG representative.

Financial Institution Officer _____ Applicant Signature _____ Date _____
(NAME, TITLE) (APPLICANT'S AUTHORIZED REPRESENTATIVE, IF CORPORATION)

Release Authorization and Fair Credit Reporting Act Disclosure

This is to notify you that we may procure a consumer report on you as part of the process of considering your application. If information from the report is used in whole or in part in making an adverse decision, we will provide you with a copy of the consumer report and a description in writing of your rights under the Fair Credit Reporting Act before making the adverse decision.

Please be advised that we may also obtain an investigative consumer report, including information on your character, general reputation, personal characteristics, and mode of living. This information may be obtained by contacting your present and previous employers or references supplied by you. Please be advised that you have the right to request, in writing within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the information requested.

Additional information concerning the Fair Credit Reporting Act, 15 U.S.C. §1681 et seq., is available on the Federal Trade Commission's website at www.ftc.gov.

Release and Authorization

By signing below, I hereby authorize all entities having information about me, including present and former employers, criminal justice agencies, departments of motor vehicles, schools, and credit reporting agencies, to release such information to Legacy Marketing Group® or any of its affiliates or carriers. This release and authorization shall remain valid and in effect during the term of my contract. LMG reserves the right to obtain subsequent consumer reports and/or investigative consumer reports on an as-needed basis.

Applicant's Printed Name _____
(IF CORPORATION, TITLE)

Applicant's Signature _____
(OR APPLICANT'S AUTHORIZED REPRESENTATIVE, IF CORPORATION)

Date _____

Legacy Marketing Group Request for Transfer Accepting Wholesaler Authorization

Producer Request

Please transfer my Legacy Marketing Group Contract from my current hierarchy to

Producer Name/Corporation _____ Producer Number _____

Producer Signature _____ Date Signed _____

Note: By signing this request I acknowledge:

1. I have read and understand the current Legacy Marketing Group Transfer Policy.
2. I understand and agree that I will be transferred at my current level.
3. I understand that Legacy views the conduct of Wholesalers who monetarily entice or induce Producers to transfer to a different hierarchy as unethical and agree that I have not been monetarily enticed or induced to request a transfer. If it is discovered that I have been monetarily enticed or induced to transfer, I understand that I, and the Wholesaler in question, am at risk of being fined up to \$25,000 or having my contract with Legacy Marketing Group terminated.

Accepting Wholesaler Authorization

I authorize the acceptance of _____ into my hierarchy.

Upline Wholesaler Name/Corporation _____

Upline Wholesaler Producer Number _____

Upline Wholesaler Signature _____ Date Signed _____

Note: By signing this authorization I acknowledge:

1. I have read and understand the current Legacy Marketing Group Transfer Policy.
2. I understand and agree that the above Producer is being transferred into my hierarchy at his/her current level.
3. I understand that Legacy views the conduct of Wholesalers who monetarily entice or induce Producers to transfer to a different hierarchy as unethical and agree that the above Producer was not monetarily enticed or induced by me to transfer. If it is discovered that I monetarily enticed or induced the Producer to transfer, I understand that I, and the Producer in question, am at risk of being fined up to \$25,000 or having my contract with Legacy Marketing Group terminated.

Mail, or Fax this form to:

Legacy Marketing Group
Licensing & Contracting Team
P.O. Box 100216
Rome, GA 30162-7216
Telephone: 800-300-0519 ext. 4085
FAX: 800-813-6095

Legacy Marketing Group Request for Transfer Releasing Wholesaler Authorization

Producer Request

Please transfer my Legacy Marketing Group Contract from my current hierarchy to

Producer Name/Corporation _____ Producer Number _____

Producer Signature _____ Date Signed _____

Note: By signing this request I acknowledge:

1. I have read and understand the current Legacy Marketing Group Transfer Policy.
 2. I understand and agree that I will be transferred at my current level.
 3. I understand that Legacy views the conduct of Wholesalers who monetarily entice or induce Producers to transfer to a different hierarchy as unethical and agree that I have not been monetarily enticed or induced to request a transfer. If it is discovered that I have been monetarily enticed or induced to transfer, I understand that I, and the Wholesaler in question, am at risk of being fined up to \$25,000 or having my contract with Legacy terminated.
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Releasing Wholesaler Authorization

I authorize the release of _____ from my hierarchy.

Upline Wholesaler Name/Corporation _____

Upline Wholesaler Producer Number _____

Upline Wholesaler Signature _____ Date Signed _____

Mail, or Fax this form to:

Legacy Marketing Group
Licensing & Contracting Team
P.O. Box 100216
Rome, GA 30162-7216
Telephone: 800-300-0519 ext. 4085
FAX: 800-813-6095