



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:
agency@tbc-mail.com

The Benefit Coordinators
v (918) 245-1400
f (206) 203-4580



CONTRACTING PACKET CHECKLIST

Include these items in your Contracting Packet

- Current E&O – less than 1 year old.
- Corporate insurance license – if commissions are paid to business entity.
- Personal voided check – if commissions are paid to advisor's name.
- Sign and date contract.
- Include a brief explanation to any disclosure questions with "Yes" responses.
- Include proof of state required continuing education credits - 4 hours Annuity CE.

Current Anti-Money Laundering Certificate (AML)

- Screen shot required - if AML obtained via LIMRA.
- Physical copy of certificate required - if AML obtained via any other service provider.

NOTE: AML must be less than 1 year old.

If commissions are paid to 3rd Party (including Broker Dealer)

3rd Party/Broker Dealer Name: _____

Voided check of 3rd Party/ Broker Dealer – OR – Bank Letter.

Instructions

Complete the Contracting Packet in its entirety. Include all applicable documents listed above.

Email completed and signed packet to dfs@dillardfinancial.com

Independent Contractor Information – Producer Set-Up Packet

Personal Information

*Full Name: _____
Last, First, Middle Initial - Complete your name as it appears on your Insurance License

*Residential Address: _____
(No PO Boxes) Street Address, Apartment/Unit #

City, State, Zip Code

*Have you lived at this address for the past five (5) years? ☐ Yes ☐ No

If no, provide previous address(es): _____

*Primary Phone #: _____ Alternate Phone #: _____

*Email: _____ Fax #: _____

*Social Security #: _____ *Birth Date: _____ Gender: _____

Driver's License: _____ Driver's License State: _____

Resident Insurance License Number and State: _____

Marital Status: _____ Maiden Name: _____

*Business Address: _____
Street Address, Apartment/Unit #

City, State, Zip Code

*Mailing Address: _____
Street Address, Apartment/Unit #

City, State, Zip Code

Spouse's Name: _____

Spouse's Employer: _____ Spouse's Work Phone: _____

***Required Field**

Emergency Contact Information

Full Name: _____
Last, First, Middle Initial

Address: _____
Street Address, Apartment/Unit #

City, State, Zip Code

Primary Phone: _____ Alternate Phone: _____

Relationship: _____

Companies Contracted With

***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? ☐ Yes ☐ No

a. Have you ever been convicted of or plead guilty or no contest to any Felony? ☐ Yes ☐ No

b. Have you ever been convicted of or plead guilty or no contest to any Misdemeanor? ☐ Yes ☐ 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? ☐ Yes ☐ No

d. Have you ever been convicted of or plead guilty or no contest to a violation of state insurance department regulation or statutes? ☐ Yes ☐ No

e. Has any foreign government, court, regulatory agency, or exchange ever entered an order against you related to investments or fraud. ☐ Yes ☐ No

f. Have you ever been charged with a Felony? ☐ Yes ☐ No

g. Have you ever been charged with a Misdemeanor? ☐ Yes ☐ No

h. Have you ever been on probation? ☐ Yes ☐ 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? ☐ Yes ☐ No

a. Are you currently under investigation by any legal or regulatory authority? ☐ Yes ☐ No

b. Have you been under investigation by any insurance company? ☐ Yes ☐ 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). ☐ Yes ☐ 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? ☐ Yes ☐ No

3. Have you ever been alleged to have engaged in any fraud? ☐ Yes ☐ No

4. Have you ever been found to have engaged in any fraud? ☐ Yes ☐ 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? ☐ Yes ☐ No

a. Were you fired because you were accused of violating insurance or investment related statutes, regulations, rules or industry standards of conduct? ☐ Yes ☐ No

b. Were you fired because you were accused of fraud or the wrongful taking of property? ☐ Yes ☐ No

c. Failure to supervise in connection with insurance or investment related statutes, regulations, rules or industry standards of conduct? ☐ Yes ☐ No

6. Have you ever had an appointment with any insurance company denied or terminated for cause? ☐ Yes ☐ 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? ☐ Yes ☐ 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? ☐ Yes ☐ 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? ☐ Yes ☐ 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? ☐ Yes ☐ No

9. Have you ever had an insurance or securities license denied, suspended, cancelled or revoked? ☐ Yes ☐ 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? ☐ Yes ☐ No

11. Has any state or federal regulatory agency revoked or suspended your license as an attorney, accountant, or federal contractor? ☐ Yes ☐ 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? ☐ Yes ☐ No

13. Have you ever had any interruptions in licensing? ☐ Yes ☐ 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? ☐ Yes ☐ No

a. Has any regulatory body ever sanctioned, censured, penalized or otherwise disciplined you? ☐ Yes ☐ No

b. Has any state, federal or self-regulatory agency filed a complaint against you, fined or sanctioned you? ☐ Yes ☐ No

c. Have you ever been the subject of a consumer-initiated complaint? ☐ Yes ☐ 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? ☐ Yes ☐ No

a. Have you personally filed a bankruptcy petition or declared bankruptcy? ☐ Yes ☐ 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? ☐ Yes ☐ No

c. Is the bankruptcy pending? ☐ Yes ☐ No

16. Have you ever had any unsatisfied judgments, garnishments, or liens against you? ☐ Yes ☐ No

17. Are you connected in any way with a bank, savings & loan association, or other lending or financial institution? ☐ Yes ☐ No

18. Have you ever used any other names or aliases? ☐ Yes ☐ No

19. Do you have any unresolved matters pending with the Internal Revenue Service or other taxing authority? ☐ Yes ☐ 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: _____

Training and 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 Broker/Dealer 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

Add a copy of your E&O Insurance Certificate of Coverage behind this page.

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 Avenue
City, State, 12345

Incorrect:

My Insurance Agency Inc.
123 Main Avenue
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.

We welcome you and look forward to you joining Team Dillard!