



MARKETING GROUP, INC.

PFG Marketing Group uses the SureLC system which is a “One-time” contracting process. Once you have completed this package, for any future appointment requests all you need to do is to let us know the company you want. No more paperwork.

Please indicate below which companies and product lines you wish to be contracted for and complete all remaining pages with signatures and required documentation.

<input type="checkbox"/>	AIG American General Life:	<input type="checkbox"/>	Annuity	<input type="checkbox"/>	Life
<input type="checkbox"/>	Americo Financial Life and Annuity Ins. Co. – Legacy Proprietary Annuity Products				
<input type="checkbox"/>	Americo Financial Life and Annuity Ins. Co. – Reliable Living Plan Long Term Care Ins.				
<input type="checkbox"/>	Ameritas Life Ins. Corp. – Legacy Proprietary Annuity Products				
<input type="checkbox"/>	Athene Annuity & Life Company				
<input type="checkbox"/>	Fidelity & Guaranty Life:	<input type="checkbox"/>	Annuity	<input type="checkbox"/>	Life
<input type="checkbox"/>	Lincoln Financial Group:	<input type="checkbox"/>	Annuity	<input type="checkbox"/>	Life
<input type="checkbox"/>	North American Company:	<input type="checkbox"/>	Annuity	<input type="checkbox"/>	Life
<input type="checkbox"/>	Sagicor Life Ins. Company:	<input type="checkbox"/>	Annuity	<input type="checkbox"/>	Life
<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	Annuity	<input type="checkbox"/>	Life
<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	Annuity	<input type="checkbox"/>	Life
<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	Annuity	<input type="checkbox"/>	Life

List Non-Resident States where you are licensed: _____
(Some Carriers may charge a non-resident appointment fee)

Instructions For ALL requests:

1. Complete the producer set-up package either on paper or online using the link into the SureLC system.
2. Provide detailed explanations and documentation for any “Yes” answers to the background questions.
3. For EFT commissions, provide a copy of a VOIDED check **or** a letter on your bank’s letterhead listing the name of the account holder, routing and account numbers SIGNED BY AN OFFICER OF THE BANK.
4. Proof of current Anti-Money Laundering Training (AML):
 - a. If done through LIMRA you can provide the **name and date** of the last AML course taken (a print screen of the AML courses taken will suffice as long as the dates are showing)
 - b. If not done through LIMRA provide a certificate of AML completion from the provider
5. Current Errors and Omissions certificate – Must list INDIVIDUAL producer’s name, not a company. If you do not have a certificate with your individual name on it, your E&O provider can send you one.
6. Certificate of NAIC Continuing Education (CE) **initial and renewal** as required by your state allowing you to sell the product line(s) you are applying for. Most states initially require 4 hrs Annuity & 8 hours LTCI.

For Corporate contracting requests:

1. Copies of Articles of Incorporation or Articles of Organization. The principal who is being contracted to represent the corporation must be listed in the documents. If not, please provide amendments or corporate minutes showing proof the principal has the authority to act on behalf of the corporation.



PFG Licensing & Contracting Disclosure

PFG Marketing Group, Inc. is committed to safeguarding the personal information you have entrusted to us. Personal information may include, but is not limited to, your name, date of birth, social security number, marital or family status, business associations, financial and background information, etc. The purpose of collecting this information is to complete the contracting requirements with only the companies that you have requested.

By signing below, you acknowledge and agree to allow PFG Marketing Group, Inc. to use the information provided on this questionnaire, as well as E&O coverage and direct deposit information, to begin the contracting/licensing process with companies selected by you; that the information provided on this questionnaire is valid only for a period of 180 days from the date of your signature and that PFG Marketing Group, Inc. may require you to submit a new questionnaire after that time; that you understand no contract will be completed until you sign this Disclosure and in the Box of the Signature Authorization Form.

X _____
Signature of Agent

Date

For questions please contact PFG Marketing Group, Inc. at: **800-944-1831**

How to submit your contracting package:

Mail to: PFG Marketing Group Inc.
17235 N. 75th Avenue, Suite G-150
Glendale, AZ 85308

Email: Contracting@pfg-inc.com

Fax: (855) 407-2211

Producer Set-Up Packet (USE HIGH RESOLUTION SCANNER OR HIGH QUALITY FAX)

Social Security #: _____ Gender: _____ Date of Birth: ____/____/____

Email: _____ Resident Ins. License & State: _____

Last Name: _____ First Name: _____ MI: _____

Phone: _____ Fax: _____ Cell: _____

Title: _____ Marital Status: _____ Maiden Name: _____

Driver's Lic. #: _____ DL State: _____

Residential Address (No PO Boxes)

Start Date: ____/____/____

Street: _____ City: _____ State: ____ Zip: _____

Mailing Address (No PO Boxes)

Start Date: ____/____/____

Street: _____ City: _____ State: ____ Zip: _____

Your Beneficiary

Full Name: _____ D.O.B: ____/____/____ Social Sec. # _____

Street: _____ City: _____ State: ____ Zip: _____

Doing Business As: Individual Business Entity Solicitor/LOA

If DBA Solicitor/LOA, list who you are assigning commissions to: _____

Complete the following only if DBA a Business Entity:

EIN: _____ Business Name: _____ Website: _____

Your Title: _____ Phone: _____ Fax: _____

Principal Name: _____ Principal Title: _____ Email: _____

Company Type: Corporation Partnership LLC LLP

Corporate Address (No PO Boxes)

Start Date: ____/____/____

Street: _____ City: _____ State: ____ Zip: _____

Legal Questions for Contracting and Appointment Requests

Please answer the following questions. If you answer YES to any question, be sure to provide a full, detailed explanation including specific dates.

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1A	Have you ever been convicted of or plead guilty or no contest to any Felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1B	Have you ever been convicted of or plead guilty or no contest to any Misdemeanor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1C	Have you ever been convicted of or plead guilty or no contest to a violation of federal or state securities or investment related regulations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1D	Have you ever been convicted of or plead guilty or no contest to a violation of state insurance department regulation or statutes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1E	Has any foreign government, court, regulatory agency, or exchange ever entered an order against you related to investments or fraud?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1F	Have you ever been charged with a Felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1G	Have you ever been charged with a Misdemeanor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1H	Have you ever been on probation?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2A	Are you currently under investigation by any legal or regulatory authority?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2B	Have you been under investigation by any insurance company?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2C	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).	<input type="checkbox"/> Yes <input type="checkbox"/> No
2D	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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Have you ever been alleged to have engaged in any fraud?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	Have you ever been found to have engaged in any fraud?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5A	Were you fired because you were accused of violating insurance or investment related statutes, regulations, rules or industry standards of conduct?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5B	Were you fired because you were accused of fraud or the wrongful taking of property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5C	Failure to supervise in connection with insurance or investment related statutes, regulations, rules or industry standards of conduct?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Have you ever had an appointment with any insurance company denied or terminated for cause?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No

8	Has any lawsuit or claim ever been made against you, 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8A	Has a bonding or surety company ever denied, paid on or revoked a bond for you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8B	Has any Errors & Omissions (E&O) carrier ever denied, paid claims on or cancelled your coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9	Have you ever had an insurance or securities license denied, suspended, cancelled or revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11	Has any state or federal regulatory agency revoked or suspended your license as an attorney, accountant, or federal contractor?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13	Have you had any interruptions in licensing?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14A	Has any regulatory body ever sanctioned, censured, penalized or otherwise disciplined you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14B	Has any state, federal, or self-regulatory agency filed a complaint against you, fined or sanctioned you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14C	Have you ever been the subject of a consumer initiated complaint?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15A	Have you personally filed a bankruptcy petition or declared bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15B	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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15C	Is the bankruptcy pending?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16	Are there any unsatisfied judgments, garnishments or liens against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17	Are you connected in any way with a bank, savings & loan association, or other lending or financial institution?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18	Have you ever used any other names or aliases?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19	Do you have any unresolved matters pending with the Internal Revenue Service or other taxing authority?	<input type="checkbox"/> Yes <input type="checkbox"/> 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

Date of Action: ____/____/____

Action: _____

Reason: _____

Explanation: _____

Date of Action: ____/____/____

Action: _____

Reason: _____

Explanation: _____

Date of Action: ____/____/____

Action: _____

Reason: _____

Explanation: _____

***NOTE* Use additional paper if necessary**

LICENSES

AML Provider: LIMRA NONE OTHER* Date Completed: ____/____/____

**Provide Completion Certificate.* Name of last AML course taken:

Are you a Registered Rep with FINRA? Yes No

If Yes, Broker/Dealer Name: _____ CRD #: _____

Please list any Honors you currently hold: _____

ELECTRONIC FUND TRANSFERS (EFT)

Account Owner Name (Required): _____

Transit / ABA #: _____ Account #: _____

Financial Institution Name: _____

Branch Address: _____

City: _____ State: _____ Zip: _____

Account Type: Checking Saving Phone: _____

By signing below I hereby authorize the Company to initiate credit entries and, if necessary, adjustments for credit entries in error to the checking and/or savings account indicated on this form. This authority is to remain in full effect until the Company has received written notification from me of its termination. I understand that this authorization is subject to the terms of any agent or representative contract, commission agreement, or loan agreement that I may have now, or in the future, with the Company.

Signature: _____ **Date:** _____

Attach copy of the check here for checking account or deposit slip for saving account:

History

****NOTE* Attach additional sheet if needed***

Employment -- Please provide past 5 years of employment history:

From: ___/___/___ To: ___/___/___

Company: _____ Position: _____

Location: _____

From: ___/___/___ To: ___/___/___

Company: _____ Position: _____

Location: _____

From: ___/___/___ To: ___/___/___

Company: _____ Position: _____

Location: _____

Address History -- Please provide past 5 years of address history:

****NOTE* Attach additional sheet if needed***

From: ___/___/___ To: ___/___/___

Street: _____ City: _____ State: ___ Zip: _____

From: ___/___/___ To: ___/___/___

Street: _____ City: _____ State: ___ Zip: _____

From: ___/___/___ To: ___/___/___

Street: _____ City: _____ State: ___ Zip: _____

Signature Authorization

PLEASE READ THIS AUTHORIZATION, SIGN IN THE BOX BELOW AND SUBMIT THIS FORM BY FOLLOWING THE INSTRUCTIONS PROVIDED ON THE COVER PAGE.

I, _____, hereby authorize SureanceBay, LLC and its general agency customers (the "Authorized Parties") to affix or append a copy of my signature, as set forth below, to any and all required signature fields on forms and agreements of any insurance carrier (a "Carrier") designated by me through the SureLC software or through any other means, including without limitation, by e-mail or orally. The Authorized Parties shall be permitted to complete and submit all such forms and agreements on my behalf for the purpose of becoming authorized to sell Carrier insurance products. I hereby release, indemnify and hold harmless the Authorized Parties against any and all claims, demands, losses, damages, and causes of action, including expenses, costs and reasonable attorneys' fees which they may sustain or incur as a result of carrying out the authority granted hereunder.

By my signature below, I certify that the information I have submitted to the Authorized Parties is correct to the best of my knowledge and acknowledge that I have read and reviewed the forms and agreements which the Authorized Parties have been authorized to affix my signature. I agree to indemnify and hold any third party harmless from and against any and all claims, demands, losses, damages, and causes of action, including expenses, costs and reasonable attorneys' fees which such third party may incur as a result of its reliance on any form or agreement bearing my signature pursuant to this authorization.

Please sign in the center of the box below. Please use BLACK ink.



PRODUCERIDXXX