

## Contracting & Appointment Instructions

In order to complete your contracting request, please complete the following contracting questionnaire. This information will be entered into SureLC, our online contracting solution. This system will securely store your information for use with any future contracting. You will only be required to complete the following documents once- we are able to apply this information to all contracts requested through CPS.

The vast majority of our carriers participate in this system; if you do not see a particular carrier with whom you want to contract on the attached list, please contact CPS Licensing for the appropriate paperwork.

Please submit the following documents to CPS Licensing:

- CPS Producer Profile (Part I and Part II)
- Employment History Form and Questionnaire (and details to 'Yes' answers, if any).
- Signed Signature Page
- Signed Disclosure Release Page
- Completed EFT Authorization Page (be sure to attach a copy of a voided check to this page).
- A copy of your individual and/or corporation state insurance license(s).
- A copy of your E&O coverage.
- Proof of AML completion (If completed through LIMRA, no proof required. Simply note LIMRA)
- Special Notes and Requests Page (If applicable)

Please note:

- **Producer Information Updates:** It is up to the individual producer to provide updates to any changes to their information. If there have been changes to any information on the above forms, please let us know as soon as possible.
- **AML:** The AML (Anti-Money Laundering) refresher course must be completed on a yearly basis. This training can be done online at [http://nailba.limra.com/Nailba\\_default.html](http://nailba.limra.com/Nailba_default.html) or with a 3<sup>rd</sup> party vendor.
- **Annuities and LTC:** Be sure that any state mandated continuing education is current. Many states require follow up C.E. every 2 years. Applications from agents with non-current C.E. will be rejected and returned to the carriers as mandated by the Department of Insurance in that state.
- **Annuities:** According to NAIC Model Regulation 276, each agent is required to complete product specific training modules through each insurance carrier prior to the date of an annuity application. Applications from agents who have not completed the training will be rejected and returned by the carriers, according to each state's requirements. Please check the contracting page on the CPS Website for latest information on Annuity Suitability Requirements (<http://www.cpsinsurance.com/tools/cps-contracting.html>).

These documents can be E-Mailed (Securely) or Faxed to our licensing team. If you have any questions, they should be directed to [licensing@cpsinsurance.com](mailto:licensing@cpsinsurance.com).

**Contact Information for CPS Licensing team:**



Midwest Life Brokerage  
Kristopher T. Smith  
(630) 428-7640 Phone  
E:Mail: [Kris@mwlb.com](mailto:Kris@mwlb.com)

## Carriers Available Through SureLC

- Allianz
- American Equity
- American General
- American National
- Americo
- Assurity
- Aviva
- AXA Equitable
- Banner/William Penn
- Equitrust
- Fidelity & Guarantee
- Foresters
- Genworth
- Great American
- Hartford
- Illinois Mutual
- ING Companies
- Integrity
- John Hancock
- Lafayette
- Liberty Life
- Lincoln Benefit
- Lincoln Financial
- MedAmerica
- MetLife
- Minnesota Life
- Mutual of Omaha
- Nationwide
- New York Life
- North American
- One America/State Life
- Penn Mutual
- Presidential Life
- Principal
- Protective
- Prudential
- Reliance Standard
- SBLI
- The Standard
- Sun Life
- Transamerica
- United Home Life
- United of Omaha
- Western Reserve Life



Midwest Life Brokerage

Kristopher T. Smith

(630) 428-7640 Phone

E:Mail: [Kris@mwlb.com](mailto:Kris@mwlb.com)

Social Security #: \_\_\_\_\_ Email: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Resident Insurance License #: \_\_\_\_\_ State: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_ Gender: \_\_\_\_\_

Driver's Lic. # / State: \_\_\_\_\_ Title: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Maiden Name: \_\_\_\_\_

**Residential Address (No PO Boxes)** Move In Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*City/State Not Needed*

Line 1: \_\_\_\_\_ Line 2: \_\_\_\_\_ Zipcode: \_\_\_\_\_

**Mailing Address (No PO Boxes)** Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*City/State Not Needed*

Line 1: \_\_\_\_\_ Line 2: \_\_\_\_\_ Zipcode: \_\_\_\_\_

AML Provider:  LIMRA  NONE  OTHER Date Completed: \_\_\_\_/\_\_\_\_/\_\_\_\_

*If Other, Provide Certificate of Completion.*

Are you a Registered Rep with FINRA?  Yes  No

*If Yes, Broker/Dealer Name:* \_\_\_\_\_ *CRD #:* \_\_\_\_\_

Please list any Honors you currently hold: \_\_\_\_\_

**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: \_\_\_\_\_

**Corporate Address (No PO Boxes)** Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*City/State Not Needed*

Line 1: \_\_\_\_\_ Line 2: \_\_\_\_\_ Zipcode: \_\_\_\_\_

**History**

**\*NOTE\* Attach additional info 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 info if needed**

From: \_\_\_ / \_\_\_ / \_\_\_ To: \_\_\_ / \_\_\_ / \_\_\_ *City/State Not Needed*

Line 1: \_\_\_\_\_ Line 2: \_\_\_\_\_ Zipcode: \_\_\_\_\_

---

From: \_\_\_ / \_\_\_ / \_\_\_ To: \_\_\_ / \_\_\_ / \_\_\_ *City/State Not Needed*

Line 1: \_\_\_\_\_ Line 2: \_\_\_\_\_ Zipcode: \_\_\_\_\_

---

From: \_\_\_ / \_\_\_ / \_\_\_ To: \_\_\_ / \_\_\_ / \_\_\_ *City/State Not Needed*

Line 1: \_\_\_\_\_ Line 2: \_\_\_\_\_ Zipcode: \_\_\_\_\_

---

## 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 statute?   | <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 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?             | <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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

---

Date of Action: \_\_\_/\_\_\_/\_\_\_

Action: \_\_\_\_\_

Reason: \_\_\_\_\_

Explanation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Midwest Life Brokerage

Kristopher T. Smith

(630) 428-7640 Phone

E:Mail: [Kris@mwlb.com](mailto:Kris@mwlb.com)

### 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



Midwest Life Brokerage

Kristopher T. Smith

(630) 428-7640 Phone

E:Mail: [Kris@mwlb.com](mailto:Kris@mwlb.com)

### 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:



Midwest Life Brokerage

Kristopher T. Smith

(630) 428-7640 Phone

E:Mail: [Kris@mwlb.com](mailto:Kris@mwlb.com)

## Replace this page with a copy of your E&O Insurance Certificate of Coverage

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 Ave

City, State, 12345

INCORRECT:

My Insurance Agency Inc.

123 Main Ave

City, State, 12345

If individual name is not listed correctly please provide a letter from the E&O  
Carrier listing agents covered under agency policy.



## Special Notes and Requests

Please address any special notes, requests or assignments in the field below. We will ensure that your contracts are processed according to the information entered below. Feel free to leave this page blank if it is not needed.

Such information would include:

- Assignment of Commissions (to whom?)
- Special Hierarchy Setups
- Special Considerations (Background/Credit items)
- Any other items that do not fit on the standard questionnaire



## Carriers with Mandatory Product Annuity Suitability Requirements

All annuity carriers require that advisors complete product training prior to the sale of any annuity product in states that have adopted NAIC regulations. Please see the CPS Insurance Services website for the latest list of states that this applies to.

### IMPORTANT:

There are 5 insurance carriers that require advisors to complete Product Specific Training prior to soliciting business in **all states**. You must complete the training courses prior to the date on any application submitted to that carrier.

- American Equity
  - o Producers with active code: [www.american-equity.com](http://www.american-equity.com)
  - o Non-appointed producers: <https://agent.american-equity.com/stateproducttraining.asp>.
- Old Mutual (F&G)
  - o <https://training.fglife.com/>
- ING USA
  - o [https://www.kfeducation.com/login/check-company?companyId=INGAnnuities&newUserActionType=createAccount&submit\\_createNew=Submit](https://www.kfeducation.com/login/check-company?companyId=INGAnnuities&newUserActionType=createAccount&submit_createNew=Submit)
- Lafayette Life
  - o [https://customer.llic.com/Login/Login.aspx?SCID=UWK9H06WJ\\_BE47BJ..CU\\_QTS](https://customer.llic.com/Login/Login.aspx?SCID=UWK9H06WJ_BE47BJ..CU_QTS)
- North American
  - o This carrier requires that product training be completed in all states. The carrier will only provide link to the training when the advisor is contracted.
  - o Please request a contract with North American prior to writing ANY business with them.