

EverVest Inc.

6500 City West Pkwy
Suite # 101
Eden Prairie, MN 55344
Tel: 888-990-5501 Dir: 952-542-6300
Fax: 888-990-5123
Contracting@evervestinc.com
Evervestinc.com



Dear Valued Agent,

Thank you for taking the time to complete the following information. If you ever have any questions, please do not hesitate to contact us.

To complete your licensing request, please complete the following licensing questionnaire. The questionnaire information will be submitted through our online licensing system, SureLC which is a program that allows us to save your information in our system. Please be aware that some carriers require the agent to verify the completed paperwork that is generated through our SureLC system. In the event that you receive and email notification from SureLC, please review and acknowledge the completed paperwork. In the future, should you desire to be appointed with any additional carriers, EverVest Inc. will already have your information saved on file, allowing us to submit and complete your appointment in a timely manner.

Please allow 24 hrs. for contracting paperwork that is in good order to be submitted to the carrier or review. Licensing requests that are submitted in good order are in most cases approved by the carrier within 7 business days.

The following documents must be submitted to EverVest Inc. in their entirety;

- Agent Personal Information
- Licensing Questionnaire
 - Signature Page
 - Letter of Explanation for “Yes” responses
- Signature Authorization
- Electronic Funds Transfer
- Vector One Agreement
- Copy of a voided check
- W9
- Copy of E&O certificate
- Proof of AML Completion Certificate
- State annuity suitability training, if required
- Best Interest Standard training
- Jurisdictional & Venue Agreement

Before taking an application, please remember to complete you NAIC state specific annuity suitability training and any required carrier product specific training. The instructions for completing the training can be found on our website, EverVest.us

If the above requirements are not met within 30 days of the request, your appointment with be closed until paperwork is received in good order.

Submit these documents to;



EverVest, Inc.

E: contracting@evervestinc.com

O: 888-990-5501 | F: 888-990-5123

EverVest Inc.

6500 City West Pkwy

Suite # 101

Eden Prairie, MN 55344

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Fax: 888-990-5123

Evervestinc.com



Contracting Process

Required documents (obtained from your Marketer):

- Evervest Contracting Packet in its entirety
OR
- Completion of registration through SureLC with signed copies of the Jurisdictional Venue Agreement and the VectorOne Agreement

Please allow 24 hours for contracting paperwork that is in good order to be submitted to the carrier for review. The carrier usually approves licensing requests submitted in good order within seven business days.

Status checks are performed within the below timeframes and will be emailed from contracting@evervestinc.com.

Submission Verification and Initial Status – 3 business days

Subsequent status checks – 7 business days

New Business Process

Applications can be submitted via the following methods:

- Email – newbusiness@evervestinc.com
- Paper – 6500 City West Pkwy, Ste 101 Eden Prairie, MN 55344
- Firelight - <https://firelighteapp.com/EGAccess/?org=EVI>

Please allow 24 hours for applications to be reviewed and submitted to the carrier when in good order. Applications that are not in good order will receive an email with outstanding requirements from newbusiness@evervestinc.com.

Status checks are performed within the below timeframes and will be emailed from newbusiness@evervestinc.com.

Submission Verification and Initial Status – 3 business days

Subsequent status checks – 7 business days



AGENT HIERARCHY TRANSMITTAL

Agent Name: _____

Agent's Group Affiliation: _____

Agent's Broker Dealer: _____

Contact Agent Direct: (select one) Yes No

If No, please list point of Contact for Agent Status Correspondence;

Name: _____ Contact Info: _____

Name: _____ Contact Info: _____

Name: _____ Contact Info: _____

State/s Appointment Requested: _____

Carrier Requested	Product Type	Agent's Direct Report	Agent Currently Contracted
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Additional Notes Regarding Agent's Contract:



AGENT INFORMATION

Last Name: _____ MI: _____ First Name: _____ SSN: _____

Date of Birth: _____ Email: _____ Resident Insurance License#: _____ State: _____

Phone: _____ Mobile: _____ Fax: _____

Driver's License #: _____ State: _____ Title: _____ Marital Status: _____

Maiden name (if different than listed above): _____

Mailing Address (No PO boxes) _____ This is the address that policies and correspondences will be sent to. **Move in Date:** ____/____/____

Address: _____ city/ State: _____ Zip: _____

Residential (No PO Boxes)- If different from above **Move in Date:** ____/____/____

Address: _____ City/State: _____ Zip: _____

AML Provider: _____ **Date Completed:** ____/____/____

LIMRA: Password _____ NONE Other: _____
Please provide your password if completed through LIMRA, so that we can pull your training records.

Are you a Registered Rep with FINRA? Yes No
If Yes, Broker/Dealer Name: _____ CRD# _____

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: _____ Principal Name: _____ Principal Title: _____

Phone: _____ Fax: _____ Email: _____

Corp Address (No PO boxes): _____ city/ state: _____ Zip: _____



AGENT INFORMATION

Employment History: Please provide the past 5 years of employment

** Attach additional info if needed**

From: ____ / ____ / ____ To: ____ / ____ / ____

Company: _____

Position: _____

Location: _____

From: ____ / ____ / ____ To: ____ / ____ / ____

Company: _____

Position: _____

Location: _____

From: ____ / ____ / ____ To: ____ / ____ / ____

Company: _____

Position: _____

Location: _____

Address History: Please provide the past 5 years

** Attach additional info if needed**

From: ____ / ____ / ____ To: ____ / ____ / ____

Address (No PO boxes): _____ city/ state: _____ Zip: _____

From: ____ / ____ / ____ To: ____ / ____ / ____

Address (No PO boxes): _____ city/ state: _____ Zip: _____

From: ____ / ____ / ____ To: ____ / ____ / ____

Address (No PO boxes): _____ city/ state: _____ Zip: _____

LEGAL QUESTIONNAIRE FOR CONTRACTING & APPOINTMENTS

Please complete this questionnaire in its entirety

1. Have you ever been charged or convicted of or plead guilty to any Felony, Misdemeanor, federal/state insurance and/or securities or investments regulations or statutes?		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		Yes	No
e. insurance department regulation or statute?		Yes	No
f. Has any foreign government, court, regulatory agency, or exchange ever entered an order against you related to investments or fraud?		Yes	No
g. Have you ever been charged with a Felony?		Yes	No
h. Have you ever been charged with a Misdemeanor?		Yes	No
i. 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)		Yes	No
d. Have you ever been named as a defendant or co-defendant 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 reasons 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. Were you fired because of failure to supervise in connection with insurance or investment related statutes, regulation, rules, or industry standards of conduct?		Yes	No
6. Have you ever had an appointment with any insurance company and been 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 you, your surety company, or errors and omission 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 bond for you?	Yes	No
b. Has any Errors & Omissions (E&O) carrier ever denied, paid claims or cancelled your coverage?	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 or revoked/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 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?	Yes	No
a. Has any regulatory body ever sanctioned, censored, 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 of within 5yrs. After termination of such association?	Yes	No
c. Is the bankruptcy pending?	Yes	No
16. Are there 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 Internal Revenue Service or other taxing authority?	Yes	No

If you answered any questions **YES, provide an explanation that includes dates, actions, and descriptions. Use the letter of explanation below, attach additional paper if necessary.**

Signature: _____ **Date:** _____

** Attach Additional Pages if Needed**

Date of Action: ____/____/____

Action: _____

Reason: _____

Explanation:

Date of Action: ____/____/____

Action: _____

Reason: _____

Explanation:

Date of Action: ____/____/____

Action: _____

Reason: _____

Explanation:

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.

Account Owner Name (Required): _____

Transit #: _____

Account Number: _____

Financial Institution Name: _____

Branch Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Account Type: Checking Saving

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:

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.		
	2 Business name/disregarded entity name, if different from above		
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____		4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.)		Requester's name and address (optional)
	6 City, state, and ZIP code		
	7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									

or

Employer identification number									

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Part II Certification

- Under penalties of perjury, I certify that:
- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
 - I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
 - I am a U.S. citizen or other U.S. person (defined below); and
 - The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
- If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.*
- By signing the filled-out form, you:
- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
 - Certify that you are not subject to backup withholding, or
 - Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
 - Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

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.

- 1) Enter your username (the first 4 letters of your last name in lowercase, plus the last 6 digits of your social security number)
- 2) Enter your password in all lowercase
 - First time users: Your initial password is your last name
 - Returning users: Use the password you have already created

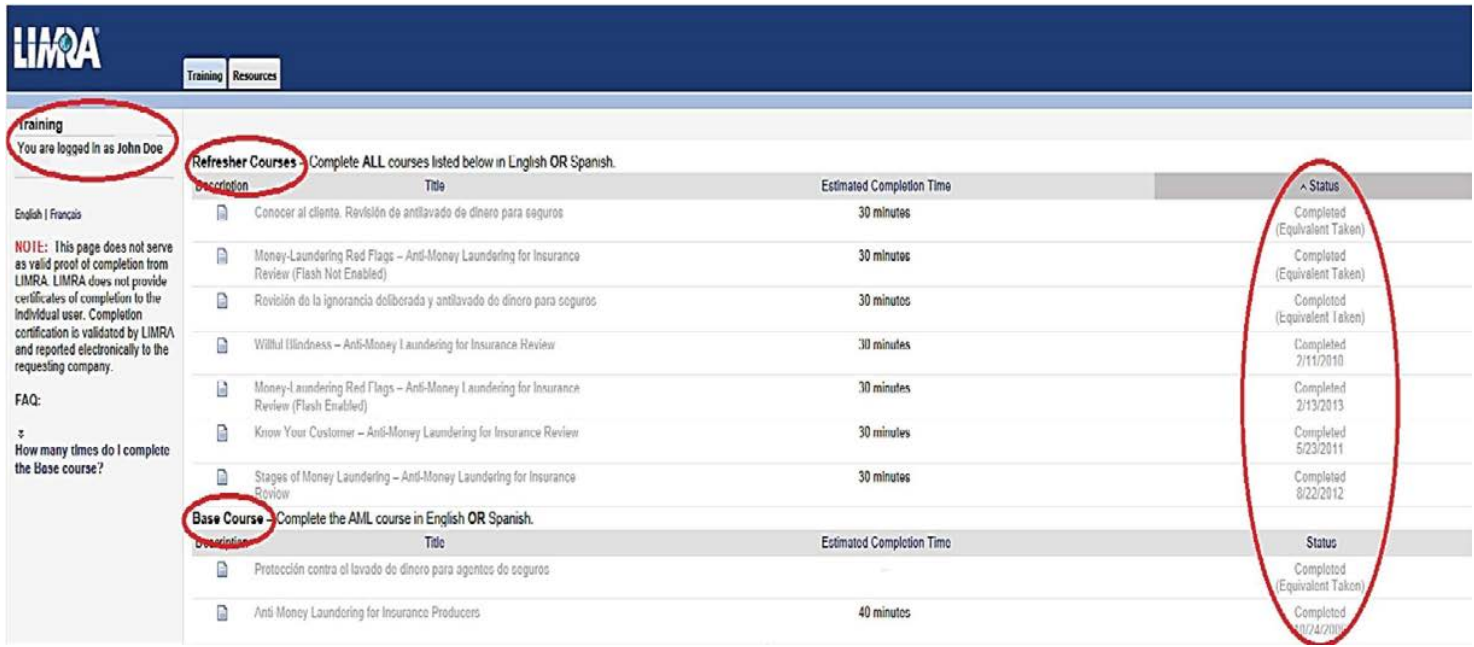
****NOTE** Use all lowercase when entering the letters in your Username & Password**

3) Click the “login” button & follow the instructions to change your password if you are a first time user.

Once logged in, the LIMRA courses will be listed in the middle of the screen. The status column will indicate if the course has or has not been completed.

For first time users the Base Course is required. The base course is good for 2 years. After 2 years’ agents are required to complete a refresher course. Refresher courses are good for 1 year. Select the course to complete.

Once the course is completed you will have to provide proof of completion. You can obtain the proof of completion by a screenshot of the home page. The screenshot must include the agents name on the left, the course list in the middle and the completion status to the left. If you are not able to complete the screenshot, please copy and paste the information into a word document including the same. Please refer to the below sample. *If you would like to complete 5 Star AML, lease email mhunt@afba.com and request the 5 Star AML link be sent to you



Description	Title	Estimated Completion Time	Status
Conocer al cliente. Revisión de antilavado de dinero para seguros		30 minutos	Completed (Equivalent Taken)
Money-Laundering Red Flags – Anti-Money Laundering for Insurance Review (Flash Not Enabled)		30 minutos	Completed (Equivalent Taken)
Revisión de la ignorancia dolida y antilavado de dinero para seguros.		30 minutos	Completed (Equivalent Taken)
Willful Blindness – Anti-Money Laundering for Insurance Review		30 minutos	Completed 2/11/2010
Money-Laundering Red Flags – Anti-Money Laundering for Insurance Review (Flash Enabled)		30 minutos	Completed 2/13/2013
Know Your Customer – Anti-Money Laundering for Insurance Review		30 minutos	Completed 5/23/2011
Stages of Money Laundering – Anti-Money Laundering for Insurance Review		30 minutos	Completed 8/22/2012

Description	Title	Estimated Completion Time	Status
Protección contra el lavado de dinero para agentes de seguros			Completed (Equivalent Taken)
Anti Money Laundering for Insurance Producers		40 minutos	Completed 10/24/2011

EverVest Inc.
JURISDICTIONAL and VENUE AGREEMENT
(Choice of Law-Minnesota)

This Jurisdictional Agreement shall be applicable to every insurance company and/or agent with whom the undersigned is contracted and wherein EverVest Inc. is the undersigned's up line. Should EverVest Inc. have to enforce the terms and conditions of any Annualization Agreement and/or become responsible to collect any Debit Balance of the undersigned for any reason whatsoever, the undersigned agrees that for purposes of said enforcement and/or collection jurisdiction shall be vested in and be governed by the laws of the State of Minnesota. Should enforcement and/or collection proceedings become necessary, venue of said proceedings shall be lodged in the County of Hennepin, Minnesota or elsewhere in the state of Minnesota as specified by EverVest Inc.

Should enforcement proceedings become necessary, EverVest Inc. shall be entitled to recover attorney(s) fees, court costs, collection fees/costs and costs of suit. If it becomes necessary to refer this matter to a collection agency, a minimum cost of 35% will be added to the principal owed to EverVest Inc.

The parties agree this Jurisdiction and Venue Agreement shall be governed by the laws of the State of Minnesota and this Agreement shall not be complete until accepted by EverVest Inc. in Eden Prairie, Minnesota. This Agreement shall be deemed executed in Eden Prairie, Minnesota, County of Hennepin.

I have read the foregoing and agree to be bound by the terms and conditions set forth herein.

X _____
Individually, and as the authorized representative Date
Of _____

Printed Name

AGREED, ACCEPTED, and APPROVED by EverVest Inc in Eden Prairie, Minnesota, County of Hennepin.

EverVest Inc. Date

Printed Name



Debit-Check Agent/Agency Authorization Form

Vector One Operations, LLC dba Vector One (collectively with its affiliates, "Vector One") manages the secured web portal interactive computer service provided by Debit-Check.com, LLC ("Debit-Check"). This Debit-Check Agent/Agency Authorization Form is by and among the undersigned ("you", "me", "I" or "my"), Vector One, and the Company (as defined below) and is used by Debit-Check subscribers who desire to be granted authorization from you for the submission and/or receipt of your personal information to the Debit-Check service as necessary to conduct a commission related debit balance screening. The undersigned company and its affiliates and authorized third parties (collectively, the "Company") is a Debit-Check subscriber. Accordingly, as part of the contracting and appointment process or determination of eligibility for advancement of commissions, the Company may conduct a commission related debit balance screening via Debit-Check in order to determine your eligibility and may continue to conduct periodic commission related debit balance screenings as determined in the Company's sole discretion following the engagement of any employment, appointment, contract, tenure, or other relationship with the Company.

Access to Debit-Check Information: You can obtain your commission related debit balance information by contacting the Vector One Agent Hotline at (800) 860-6546.

AGENT/AGENCY'S STATEMENT – READ CAREFULLY

The Company is hereby authorized to obtain and conduct a commission related debit balance screening through Vector One's Debit-Check secured web portal to determine if another Debit-Check subscriber has posted that I have an outstanding commission related debit balance. I understand that the Company may consider the results of the commission related debit balance screening in order to determine my eligibility to be contracted and appointed or determine my eligibility for advancement of commissions as an insurance producer and may continue to conduct periodic commission related debit balance screenings as determined in the Company's sole discretion following the engagement of any employment, appointment, contract, tenure, or other relationship with the Company. I understand and acknowledge that the Company may obtain commission related debit balance information through Debit-Check as state law allows. I understand that my information, including my name and social security number ("My Information") may be used for the purpose of obtaining and conducting a commission related debit balance screening. I further understand that in the event of termination or expiration of my employment, appointment, contract, tenure, or other relationship with the Company, whether voluntary or involuntary, if a commission related debit balance is owed to the Company, the Company may post My Information to the Debit-Check service which may be accessed by Debit-Check subscribers until such time the debit balance is satisfied or otherwise removed.

BY SIGNING BELOW, I HEREBY (PLEASE INITIAL ALL STATEMENTS):

(A) _____ Authorize the Company to use My Information for purposes of conducting a commission related debit balance screening, and periodic commission related debit balance screenings as determined in the Company's sole discretion following the engagement of any employment, appointment, contract, tenure, or other relationship with the Company, utilizing Debit-Check.

(B) _____ Authorize the Company to consider the results of the commission related debit balance screening in order to determine my eligibility to be contracted and appointed or determine my eligibility for advancement of commissions as an insurance producer.

(C) _____ Authorize and direct Vector One to receive and process My Information as necessary to intentionally disclose and furnish the results of my commission related debt verification screening, whether directly or indirectly, to the Company.

(D) _____ Authorize the Company to submit My Information to the Debit-Check service in the event of termination or expiration of my engagement with the Company, whether voluntary or involuntary, to the extent a commission related debit balance is owed to the Company.

(E) _____ Authorize and direct Vector One to receive and process My Information and intentionally disclose to any Debit-Check subscriber who submits an inquiry utilizing My Information the results of my commission related debit balance screening, which will contain My Information, to the extent a debit balance is owed.

Agent/Agency Printed Name: _____

Signature: _____

Date: _____

FOR COMPANY USE ONLY

AGREED AND ACKNOWLEDGED BY COMPANY:

Name of Company: _____

Signature: _____

Name and Title: _____