



LIFE INSURANCE COMPANY

4343 N. Scottsdale Rd., Suite 300
Scottsdale, Arizona 85251
888-724-4267

Application for Appointment

INDIVIDUAL PRODUCER/AGENCY PRINCIPAL INFORMATION

Name: _____ CLU ChFC CFP CSA
 LUTCF Other _____

Email Address: _____ Website address: _____

Social Security Number: _____ Date of Birth: _____ Sex: _____

Mailing Address: _____ City _____ State _____ Zip _____

Residence Address: _____ City _____ State _____ Zip _____

Business Phone: () _____ Fax: () _____ Cell: () _____

Residence Phone: () _____

ADDRESS HISTORY (5 years, if necessary use separate page)

Street	City	State	Zip	# of Years

EMPLOYMENT HISTORY AND COMPANIES REPRESENTING (5 years, if necessary use separate page)

Company	City	State	Phone #	# of Years

AGENCY/CORPORATION INFORMATION (Complete this section if commissions are to be paid to agency/corporation)

Agency/Corp. Name (Attach a copy of Agency/Corporation License): _____

Tax Identification Number: _____ Individual/Sole Proprietor Partnership Corporation

Address: _____ City _____ State _____ Zip _____

Business Phone: () _____ Fax: () _____ Cell: () _____

Email Address: _____ Website Address: _____

LICENSE INFORMATION

Resident State: _____ Resident License Number: _____

Non-Resident Appointment States (Attach Non-Resident licenses and applicable appointment fees): _____

FLORIDA LICENSED PRODUCERS indicate what County(s) in Florida you will be soliciting business: _____





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BACKGROUND/PERSONAL HISTORY INFORMATION

IMPORTANT: Please read and answer the following questions. For each "Yes" answer, provide a detailed explanation on a separate sheet of paper. The answers provided will be verified with a consumer reporting agency. If any information requested below has not been disclosed, this could be sufficient reason to close this application for appointment.

1.	Have you ever been convicted of or plead guilty or no contest to any felony, misdemeanor or a violation of federal or state securities or investment related regulations? (Sagicor Life Insurance Company prohibits appointment of an agent convicted of any felony)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Are you currently under investigation by any legal or regulatory authority?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Do you now owe money to any life or health insurance company?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	In the past ten years have you or a firm in which you were a partner, officer or Director been declared bankrupt or been party to a bankruptcy or receivership proceeding, or have you had a salary garnished or had liens or judgments against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Has any insurance company or securities broker-dealer terminated your contract or permitted you to resign for reasons other than non-production?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Have you ever been the subject of a consumer-initiated complaint or proceeding by any self-regulatory body or any securities commodities or insurance regulatory body or organization or employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Have you ever had a claim filed against your professional liability or errors and omissions insurance coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Has any insurance department, government agency or self-regulatory authority ever denied, suspended, revoked, censured or barred your license or registration or disciplined you with fines or by restricting your activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Have you ever been appointed with Sagicor Life Insurance Company or one of its affiliates?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Are you related to any Sagicor Employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No

ANTI-MONEY LAUNDERING TRAINING

11. Have you had any anti-money laundering training in the last 24 months?
- Yes I certify that within the last 24 months I have taken an anti-money laundering training course from another insurance company or an approved third party.
 Date course taken: _____ **(DATE REQUIRED)**
- I acknowledge a refresher anti-money laundering course will be required every two years.***
- No I understand that my appointment will not be approved until I complete training and provide a completion date.
 (Note: Call Agent Licensing for training availability)

Note: If you carry E&O Insurance, please provide a copy of your current E&O Policy Declaration Page with your completed application.

I hereby certify that the statements contained in this Appointment Application are true and correct to the best of my knowledge and belief. I understand that any false statements on this Application may be considered as sufficient cause for rejection of this Application, or for termination if such false statement is discovered subsequently.

I understand and agree that:

- I can solicit business only in states where I am licensed and appointed with Sagicor Life Insurance Company.
- I will not solicit business in states that prohibit solicitation prior to my appointment.
- As a general rule, it is not acceptable to solicit applications anywhere other than the resident state of the applicant.
- I will abide by all current written rules and regulations set forth by the Company.

Producer's Signature X _____ Date _____



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Producer - Agency Profile

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PLEASE COMPLETE THIS VOLUNTARY SURVEY TO HELP US BETTER SERVE YOUR BUSINESS NEEDS!

1. How did you hear about Sagikor Life Insurance Company?
2. What was the primary reason you contracted with Sagikor Life?
3. How long have you been in the insurance/financial services industry?
4. What companies are you currently representing?
5. What are your favorite life and annuity companies? Why?
6. Please show the percent of business income you or your agency receive from:
 _____% Life _____% Mutual Funds _____% P & C
 _____% Annuities _____% Health _____% Other:
7. Which life products generate production for you? Please show the percentage.
 _____% Term _____% U.L. _____% Equity Indexed products
 _____% Whole Life _____% V.U.L. _____% Single Premium
8. Which annuity products generate production for you? Please show the percentage.
 _____% Fixed _____% Variable _____% Equity Index
9. Does any company provide you with annualized compensation? Yes No If so, what percentage? _____%
10. How do you prospect for clients?
 Seminars Client Dinner Direct Mail Referrals Company-provided leads
 Purchase leads
 Which companies assist you with prospecting and how?
11. Please indicate which agent or agency channel best describes you and your business:
 PPGA RGA Broker Dealer
 MGA IMO Other _____
 How many agents do you have contracted? _____
 Where are they geographically located?
12. What are your Professional Designations?
 CLU LUTCF CSA
 ChFC CFP Other _____
13. What can we do to help you build your business?