



# Investors Marketing Services Contracting Form

Thank you for choosing Investors Marketing Services as your fixed annuity and insurance provider. Investors Marketing Services will assist and coach you through every step of the sales process beginning with our quick and easy contracting. Your association with us makes you eligible to receive our exclusive award winning sales tools like the SELL! kit.

## To get started, please fax the following to Investors Marketing Services at (978) 774-4249:

- The completed questionnaire.
- Your insurance license (resident and non-resident states).
- Your E&O certificate.
- A voided check for direct deposit.
- Proof of Anti-Money laundering training.

### Producer & Agency Information:

Producer		Agency			
First:	Middle:	Last:	Professional Designation:		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Marital Status:	Gender:	Years as an Agent:	Preferred Mailing Address:		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Home Phone:	Work Phone:	Cell Phone:			
<input type="text"/>	<input type="text"/>	<input type="text"/>			
Email Address:	Fax Number:	Date of Birth:			
<input type="text"/>	<input type="text"/>	<input type="text"/>			
Would you like to receive the IMS monthly newsletter?	Yes	No	Would you like to receive the IMS weekly email updates?	Yes	No
Home Address:	City:	State:	Zip:	Year From:	Year To:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Previous Home Address:	City:	State:	Zip:	Year From:	Year To:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Previous Home Address:	City:	State:	Zip:	Year From:	Year To:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Business Name:	<input type="text"/>				
Business Address:	City:	State:	Zip:	Year From:	Year To:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Previous Business Name:	<input type="text"/>				
Previous Business Address:	City:	State:	Zip:	Year From:	Year To:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Previous Business Name:	<input type="text"/>				
Previous Business Address:	City:	State:	Zip:	Year From:	Year To:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



# Contracting Form

## Producer & Agency Information: (CONTINUED)

Would you like to receive a copy of your credit report in the mail?    No    Yes

Are you a citizen of the United States?    No    Yes    SSN#: \_\_\_\_\_

Tax ID#: \_\_\_\_\_    Drivers License Number: \_\_\_\_\_

High school and college attended with year graduated. \_\_\_\_\_

Name of nearest relative not living with you: \_\_\_\_\_    Are you currently FINRA (formerly NASD) registered?    No    Yes

Name of Broker/Dealer: \_\_\_\_\_    CRD Number: \_\_\_\_\_

Do you have Errors & Omissions Coverage?    No    Yes; If yes, please attach a copy of your certificate.

Would you like your commissions paid by automatic deposit?    No    Yes; If yes, please attach a copy of a voided check for processing.

Commissions will be paid to:    Individual    Corporation    Broker/Dealer    Corp. or B/D Name: \_\_\_\_\_

Beneficiary to receive commissions payable after death: \_\_\_\_\_    Relationship: \_\_\_\_\_

Have you completed the Anti-Money Laundering Course?    No    Yes; If yes:    Limra    Other: \_\_\_\_\_

## References: (INCLUDE THREE)

1) Reference Name: \_\_\_\_\_    Relationship: \_\_\_\_\_    Phone: \_\_\_\_\_

Address: \_\_\_\_\_    City: \_\_\_\_\_    State: \_\_\_\_\_    Zip: \_\_\_\_\_    Years Known: \_\_\_\_\_

2) Reference Name: \_\_\_\_\_    Relationship: \_\_\_\_\_    Phone: \_\_\_\_\_

Address: \_\_\_\_\_    City: \_\_\_\_\_    State: \_\_\_\_\_    Zip: \_\_\_\_\_    Years Known: \_\_\_\_\_

3) Reference Name: \_\_\_\_\_    Relationship: \_\_\_\_\_    Phone: \_\_\_\_\_

Address: \_\_\_\_\_    City: \_\_\_\_\_    State: \_\_\_\_\_    Zip: \_\_\_\_\_    Years Known: \_\_\_\_\_

## Carrier Selection: (LIMIT 6)

- |                      |                      |                        |
|----------------------|----------------------|------------------------|
| AGLA                 | ING                  | Midland National       |
| AIG/American General | Integrity            | Old Mutual (OMFN)      |
| Allianz Life         | John Hancock         | RBC                    |
| American National    | Lincoln National     | Reliance Standard Life |
| EquiTrust            | Lincoln Benefit Life | Sunlife Financial      |
| Forethought Life     | LSW                  | United of Omaha        |
| Great American       | Met Life             | West Coast Life        |

If you have previously been appointed with any of your selected carriers, please list:

\_\_\_\_\_



Background Information:

- 1. Are any family members currently appointed with any of the carriers you are applying for?
2. Have you ever had your license to offer or sell insurance products or securities refused/ revoked/ barred/ suspended/ currently restricted or under investigation in any jurisdiction?
3. Has any insurance or financial services employer, or broker-dealer terminated your contract, permitted you to resign, disciplined or restricted your activities for reason other than lack of production?
4. Have you ever been accused or charged with any improper conduct related to the solicitation or sale of any insurance product(s), securities or any financial product or service?
5. Have you ever been alleged to, or found to have engaged in fraud?
6. Have you ever had a claim made against you, your company, errors & omissions, or have you ever been refused a surety bond?
7. Have you ever been convicted (includes a guilty verdict, withdrawn plea, probation, any dismissed charges, suspended sentences or fines. You may exclude traffic citations and juvenile offenses) or plead guilty or no contest to:
a) A crime, including felony, misdemeanor or military offense?
b) A violation of federal or state securities or investment related regulation?
8. Have you ever been the subject of a penalty, inquiry or action by a regulatory agency?
9. 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 ever had a salary garnished, had liens or judgments against you, defaulted on a promissory note or any other debt including credit card or child support related subpoena or warrant?
10. Are you indebted to any insurance company/agency/manager (including debit balance) or have any business of personal debits that resulted in collections or charge-offs?
11. Are you currently under investigation by any legal or regulatory authority?
12. Do you have any pending issues that may result in a 'yes' answer to any of the above questions?
13. Have you ever been bonded?
a) Are you currently bonded
b) Is there any reason you should NOT be bonded?
c) Has a bonding or surety company ever denied, refused, paid out on, canceled, revoked, or refused to continue a bond for you?
14. Are you or have you ever been employed by or associated with, directly or indirectly; a bank, savings and loan or other financial institution?
15. Have you ever used another name or alias and/or used one on a license or registration?
16. Have you ever held contracts with the carriers you are applying for?
17. Are you currently under a non-compete agreement?
18. Do you engage in any administrative, investment advisory, legal, accounting, custodial, or trustee services?

If you answered "Yes" to any of the above questions, please give a detailed explanation on a separate page.

I agree that the information provided is correct and give Investors Marketing Services permission to use this information to create an online contracting account.

Signature \_\_\_\_\_ Date \_\_\_\_\_



## Authorization:

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Name:

**General Agent:** Investors Marketing Services

I, , hereby authorize Investors Marketing Services to affix or append a facsimile of my signature, as set forth below, to all required signature fields on all Insurance Carrier documents for which I have authorized Investors Marketing Services to submit on my behalf, for the purposes of being contracted to sell products of carriers through Investors Marketing Services. I understand that I will receive access to this account to change and/or verify the information. Fully executed contracts are available upon request by contacting the individual insurance companies.

I affirm that the information I have submitted through the interview process to Investors Marketing Services is correct to the best of my knowledge and will update all information should it change in the future. I acknowledge that I have read and reviewed the documents for which I am authorizing my signature to be affixed to. I acknowledge and agree to indemnify and hold harmless any third party from and against any and all loss arising out of its reliance and acceptance of a facsimile of my signature.

## Signature:

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### IMPORTANT INSTRUCTIONS:

Please clearly sign your signature as dark as possible with blue or black ink. Sign as large as possible within the constraints of the four small "dots" shown in the large box below.

**Read, Sign and Fax completed form to: (978) 774-4249**

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**Sample:**

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John Smith