

800.732.1489 Fax: 317.259.4679

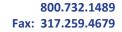
www.insourcemg.com

PLEASE READ THE FOLLOWING CAREFULLY:

We appreciate you licensing with one of our insurance carrier partners and look forward to working with you in the future. To make your licensing process go as smoothly as possible, please fill out the SuranceBay Questionnaire, Signature Card and send back to our office along with a copy of the following items:

_____AML Certificate (if Not completed with LIMRA) (Must have been completed in the last 2 years, Great

· ·	if Not completed with LIMRA) (Mus AML to be done annually) (Allian: Dugh LIMRA)	•	• •
E&O Certificate			
LTC Certificate (if	planning on selling LTC)		
4 Hour Annuity T	raining Certificate		
<u> </u>	eted documents to our office: En destions, please contact Ryan Re		. ,
Personal Info:			
Name (Last, First and N	Aiddle Initial):		
SS#:	DOB:	Email:	
Bus. Phone #:	Cell Phone #:	Fax#:	
Should commissions be	paid to a corporation: YES o	r NO Agency Name:	
Tax ID:	Principal Name_		Title
Residential Address:			
Business Address:			
Marital Status:	Spouses Name: _		
Driver's License #:	DL States	: Expiration	:





Are yo	ou currently registered with FINRA? Yes or No	
If yes,	who is your Broker/Dealer:	FINRA CRD#:
AML:	LIMRA? Yes or No If LIMRA completed on:	If other please fax certificate.
Honor	rs (CLU, ChFC, CFC, CFP, MDRT, FLMI, NQA, Other):_	
What	state(s) do you want to get appointed in:	
Please	elet us know if you want to get appointed for: Annuity	Life
What	carriers do you want to get appointed with:	
•	All carriers will require the agent to approve the paper carrier(s). An email with the link will be sent once inform Oxford has a separate link to complete their paperwork email from Oxford. Pacific Life (Annuity) – InSource will send the paper contracting.	nation has been inputted into the system will receive and
	answer these questions in detail. If you answer <u>yes</u> , please ac	dd an explanation along with the necessary
1.	Additional pages can be added if necessary. Have you ever been charged or convicted of or plead guilty to an securities or investments regulations and statues? Have you ever explain, include dates:	been on Probation? YES or NO If Yes, please
2.	Have you ever been or are you currently being investigated, have a ever been in lawsuit with insurance company? YES or NO If Yes,	
3.	Have you ever been alleged to have engaged in any fraud? YES o	r NO If Yes, please explain, include dates: _



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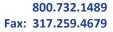
	fraud? YES or NO If Yes, please explain, include dates:
5.	Has any insurance or financial services company or broker-dealer terminated your contract or appointment or permitted you to resign for any reason other than lack of sales? YES or NO If Yes, please explain, include dates:
6.	Have you ever had an appointment with any insurance company terminated for cause or been denied an appointment? YES or NO If Yes, please explain, include dates:
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 or NO If Yes, please explain, include dates:
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? YES or NO If Yes, please explain, include dates:
9.	Have you ever had an insurance or securities license denied, suspended, cancelled or revoked? YES or NO If Yes, please explain, include dates:
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? YES or NO If Yes, please explain, include dates:
11.	Has any state or federal regulatory agency revoked or suspended your license as an attorney, accountant, or federal contractor? YES or NO If Yes, please explain, include dates:
12.	Has any state or federal regulatory agency found you to have made a false statement or mission or been dishonest, unfair, or unethical? YES or NO If Yes, please explain, include dates:
13.	Have you ever had any interruptions in licensing? YES or NO If Yes, please explain, include dates:



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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 statues? Have you ever been the subject of a consumer initiated complaint? YES or NO If Yes, please explain, include dates:
15.	Have you personally or any insurance or securities brokerage firm with whom you have been associated with filed a bankruptcy petition or declared bankruptcy? YES or NO If Yes, please explain, include dates:
16.	Have you ever had any unsatisfied judgments, garnishments or liens against you? YES or NO If Yes, please explain, include dates:
17.	Are you connected in any way with a bank, Savings & Loan Association, or other lending or financial institution? YES or NO If Yes, please explain, include dates:
18.	Have you ever used any other names or aliases? YES or NO If Yes, please explain, include dates:
19.	Do you have any unresolved matters pending with the Internal Revenue Service or other taxing authority? YES or NO If Yes, please explain, include dates:

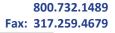




For Allianz and John Hancock please continue to the next two pages. Otherwise, please sign the last page.

If applying for appointment with Allianz, please answer these additional questions:

1.	Resident County:
2.	If you are NOT currently FINRA registered, have you ever been? YES or NO
3.	Are you currently an Investment Advisory Representative? YES or NO
4.	Have you or an officer of your company ever had any reportable events on your U-4 or U-5? YES or NO If Yes, please explain:
5.	Have you or an officer of your company ever been involved in any litigation or arbitration in which you and Allianz Life had any opposing claims? YES or NO If Yes, please explain:
6.	If you are an individual, are you an employee of Allianz Life or one of Allianz Life's subsidiaries? YES or NO If Yes, please explain:
7.	State and County of residence for the last 10 years:
8.	County of work for the last 10 years:
9.	Are any immediate family member currently contracted with Allianz Life? YES or NO
10.	Do you have any collections or charged off debt items? YES or NO If Yes, please explain:
11.	Have you had any foreclosures within the last three years? YES or NO If Yes, please explain:





If applying for appointment with John Hancock, please answer these additional questions:

1.	Please indicate whether or not your current employer can be contacted: Yes or No If Yes, please explain:
2.	Are you currently bonded? Yes or No If Yes, please explain:
3.	Have you ever defaulted on a promissory note? Yes or No If Yes, please explain:
4.	Have you ever defaulted on any other debt, including consumer or credit card debt? Yes or No If Yes, please explain:
5.	Within the past 10 years, have you ever had a complaint filed against you that resulted in cease and desist order? Yes or No If Yes, please explain:
6.	Within the past 10 years, have you ever had a complaint filed against you that resulted in consent order? Yes or No If Yes, please explain:
7.	Have you changed resident state more than 3 times in the past 10 years? Yes or No If Yes, please explain:
8.	Have you changed broker / dealers more than 3 times in the past 5 years? Yes or No If Yes, please explain:



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 SuranceBay, LLC and its gener	ral
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 are agreements on my behalf for the purpose of becoming authorized to sell Carrier Authorized Parties again any and all claims, demands, losses, damages, and cause 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	w, r") on, nd nst
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 agreement which the Authorized Parties have been authorized to affix my signature. I agree to indemnify and ho any third party harmless from and against any and all claims, demands, losses, damages, and causes 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.	nts old of
Please sign in the center of the box below.	

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