THANK YOU

FILL OUT 3 SIMPLE FORMS

Fill out these 3 simple forms and fax them back with the following items:

- Copy of your individual/agency insurance license
- Copy of your current E&O
- Copy of voided check for direct deposit
  - (NOTE: All voided checks must be accompanied by either the SSN or TIN of the entity to which all payments will be made. Please understand that all reportable taxes will assigned to this number. Also, some insurance carriers may not permit payment to an agency or DBA without a corresponding TIN.)
- List of company officers on company letterhead (Agencies Only)

HAVE QUESTIONS?

If you have any questions please call . 800-451-2351

Annuity Questionnaire

AGENT INFORMATION			
Please Check One	☐ Individual	☐ Agency	☐ Licensed Only

Full Name (as it appears on License): ______________________________
Date of Birth: ______________ Social Security Number: ______________
Married: ☐ YES ☐ NO
Agency Name (if applicable): ______________________________
Tax ID (if applicable): ______________________________
Email Address: ______________________________
Securities Licensed: ☐ YES ☐ NO Broker Dealer Affiliation: ______________
Residence License State: ______________________________
Non-Resident License State(s): ______________________________
List ONLY those states in which you wish to be contracted. ______________________________
*Anti-Money Laundering Training --- is required by most companies (if not through LIMRA we need a copy of the certificate)
Please identify from which company you received your training: ______________________________
Please list the date in which you took the training: ______________________________

RESIDENCE INFORMATION

Residence Address (must be street address): ______________________________
____
____

Residence Phone: ______________ Cell Phone: ______________

BUSINESS INFORMATION

Business Address: ______________________________
____
____

Business Phone: ______________ Fax: ______________

OFFICE INFORMATION

Office Contact: ______________________________

Office Email: ______________________________

Office Phone: ______________ Fax: ______________

Please Check the box by the carrier(s) with whom you would like to contract: *Carrier requires E&O #Carrier Requires EFT

Aviva
- ☐ AmerUS*
- ☐ Annexus Group-BPA/BAA*#
- ☐ American Investors Life*
- ☐ Allianz Annuity
- ☐ Allianz Life
- ☐ American Equity
- ☐ American National (web app only)
- ☐ Equitrust*#
- ☐ Forethought
- ☐ Great American#
- ☐ Guaranty*
- ☐ ING - USA
- ☐ ING – Reliastar LIfe
- ☐ Legacy
- ☐ Lincoln National/Jefferson Pilot
- ☐ Life of Southwest
- ☐ National Western Life Annuity
- ☐ North American*#
- ☐ Old Mutual (Fidelity & Guaranty)
- ☐ One America/State Life
- ☐ Phoenix*
- ☐ Phoenix – Altisure*
- ☐ Phoenix - SPIA*
- ☐ Presidential Life Insurance
- ☐ Reliance Standard*
- ☐ Security Benefit*
- ☐ Sunlife
- ☐ Sagicor

Advisors Excel, LLC is committed to safeguarding the personal information you have entrusted to us. Personal information may include, but is not limited to, your name, date of birth, social security number, marital or family status, business associations, financial and background information, etc. The purpose of collecting this information is to complete the contracting requirements with only the companies that you have marked above.

By signing below, you acknowledge and agree to allow Advisors Excel to use the information provided on this questionnaire, as well as submitted licenses, E&O coverage and direct deposit information, to begin the contracting/licensing process with companies selected by you; that the information provided on this questionnaire is valid only for a period of 180 days from the date of your signature and that Advisors Excel may require you to submit a new questionnaire after that time; that you understand no contract will be completed until you sign a unique signature form generated from the Efficient Forms and/or Sure LC Contracting Solution.

X ______________________________ ______________
Signature of Agent Date

Please complete and FAX to 916-965-5418

ANNUITY

Background Information

BACKGROUND INFORMATION		
Please check each question with either YES or NO. If YES, please provide a detailed explanation on a separate page.		
1. Have you ever been charged, convicted, or plead no contest (nolo contendere) to any crime or are there criminal charges pending against you or a business with which you are connected?	☐ YES	☐ NO
2. Have you had or do you currently have any outstanding collection accounts, judgments, liens, or garnishments against you or a business of which you were or presently are a principal?	☐ YES	☐ NO
3. Have you ever been a party to or have you personally violated any securities or commodities law or rule set by any securities or commodities regulatory body, organization, or employer in the commodities or insurance industry?	☐ YES	☐ NO
4. Do you owe money to any insurance company, agency , manager, or broker dealer, or have any business or personal debts that resulted in collections or charge-offs?	☐ YES	☐ NO
5. Have you or a firm in which you were a partner, officer, or director filed for protection from creditors, been declared bankrupt or insolvent, been party to a bankruptcy or receivership proceeding, compromised liabilities with creditors, or had a direct payment procedure initiated under the Securities Investor Protection Act?	☐ YES	☐ NO
6. Have you ever defaulted on a promissory note, or any other debt, including consumer or credit card debt?	☐ YES	☐ NO
7. Have you ever been bonded?	☐ YES	☐ NO
8. Are you currently bonded?	☐ YES	☐ NO
9. Has a bonding or surety company ever denied, refused, paid out on, canceled, revoked, or refused to continue a bond for you?	☐ YES	☐ NO
10. Is there any reason you cannot secure a bond?	☐ YES	☐ NO
11. Has any insurance department, securities broker-dealer, government agency, or self-regulatory authority ever denied, suspended, revoked, censured, barred your license (as an insurance agent, attorney, accountant, or federal contractor) or registration, disciplined you with fines, entered an order against you, restricted your activities, canceled any contract or appointment with you or any other member, partner, officer, or controlling persons in your organization or is there any pending disciplinary action?	☐ YES	☐ NO
12. Have you ever had a claim filed against your Professional Liability or Errors and Omissions insurance coverage or has any E&O Carrier denied, paid claims on, or canceled your coverage?	☐ YES	☐ NO
13. Have you had any complaints or deficiency claims filed against you by any insured/annuitant with any insurance company or state insurance department in the past 10 years?	☐ YES	☐ NO
14. Have you ever used any other names or aliases on a license or other registration?	☐ YES	☐ NO
15. Are you now or have you ever been employed by, or associated with to any degree directly or indirectly, a bank, savings and loan, or other financial institution?	☐ YES	☐ NO
16. Are you now subject to any complaint, investigation, or proceeding which could result in a yes answer to any of the proceeding questions?	☐ YES	☐ NO

REQUIRED SIGNATURE

Advisors Excel, LLC is committed to safeguarding the personal information you have entrusted to us. Personal information may include, but is not limited to, your name, date of birth, social security number, marital or family status, business associations, financial and background information, etc. The purpose of collecting this information is to complete the contracting requirements with only the companies that you have marked above.

By signing below, you acknowledge and agree:

1) to allow Advisors Excel to use the information provided on this questionnaire, as well as submitted licenses, E&O coverage and direct deposit information, to begin the contracting/licensing process with companies selected by you;
2) that you understand the purpose of this questionnaire is to collect initial data and that Advisors Excel may contact you to obtain any additional information that may be required;
3) that the information provided on this questionnaire is valid only for a period of 180 days from the date of your signature and that Advisors Excel may require you to submit a new questionnaire after that time;
4) that you understand no contract will be completed until you sign a unique signature form generated from the Efficient Forms and/or Sure LC Contracting Solution.

X ______________________________ ______________

Signature of Agent Date

BACKGROUND INFORMATION – ADDITIONAL INFORMATION
Please provide detailed explanation below if needed for the coinciding question on the previous page
1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.
14.
15.
16.

Signature Authorization

Name: ____

General Agent: ______Advisors Excel, LLC________________

I, ____ , hereby authorize Advisors Excel, LLC to affix or append a facsimile of my signature, as set forth below, to all required signature fields on all Insurance Carrier documents which I have authorized Advisors Excel, LLC to submit on my behalf, for the purpose of being contracted to sell the products of such Carriers through Advisors Excel, LLC.

I affirm that the information I have submitted through the interview process to Advisors Excel, LLC is correct to the best of my knowledge and 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 my and all loss arising out of its reliance and acceptance of a facsimile of my signature.

Please sign in the center of the box below.

Example:

John Doe

REQUEST FOR TAXPAYER IDENTIFICATION NUMBER

STEP 1. Provide your complete name and Taxpayer Identification Number *(Check ONE box only.)*

☐ U.S. Tax Resident - Individual / Sole Proprietor (Form 1099 reportable)

Name ______________________________

If you are a sole proprietor, name of the owner of the business: ______________________________

Social Security # ___ ___ ___ - ___ ___ - ___ ___ ___ ___ **OR** Employer Identification # ___ ___ - ___ ___ ___ ___ ___ ___ ___

☐ U.S. Partnership or Trust (Form 1099 reportable)

Name (as on your tax return): ______________________________ Employer Identification # ___ ___ - ___ ___ ___ ___ ___ ___ ___

☐ U.S. Limited Liability Company (LLC)

LLC electing corporate status for U.S. tax purposes? ☐ *No* ☐ *Yes (If Yes, attach a copy of your IRS Form 8832, Entity Classification Election.)*

Single-member LLC - member name as on your tax return: ______________________________

LLC Name: ______________________________

Social Security # ___ ___ ___ - ___ ___ - ___ ___ ___ ___ **OR** Employer Identification # ___ ___ - ___ ___ ___ ___ ___ ___ ___

Multi-member LLC - LLC name as on your tax return: ______________________________

Employer Identification # ___ ___ - ___ ___ ___ ___ ___ ___ ___

☐ U.S. Corporation (exempt from Form 1099 reporting except for medical or legal services)

Name (as on your tax return) ______________________________ Employer Identification # ___ ___ - ___ ___ ___ ___ ___ ___ ___

☐ U.S. Tax-Exempt Organization or Federal, State, or Local Government Agency (exempt from Form 1099 reporting)

Name (as on your tax return) ______________________________ Employer Identification # ___ ___ - ___ ___ ___ ___ ___ ___ ___

STEP 2. Certification/Signature

(*Complete the following)* Under penalties of perjury my signature certifies that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me).
2. 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.
3. I am a U.S. citizen or other U.S. person (defined below).*

Certification Instructions: You must cross out item 2 above if you have been notified by 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, number 2 above 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.

Signature: ______________________________ Phone: (____) ______________________________

Print Name: ______________________________ Title: __________________ Date: ______________________________

Address: ______________________________ City: ______________________________ State: __________ ZIP: ________________

Instructions for U.S. Tax Persons

As a business, federal income tax law requires us to report certain payments we make to you if you are not exempted from this reporting responsibility. In order for us to properly meet the federal tax law requirements, we need certain information from you. Please complete the information requested above and return this form to the address shown below. If you do not provide us with your correct taxpayer identification number, you may be subject to a $50 penalty imposed by the Internal Revenue Service. In addition, you may be subject to 28% backup withholding on reportable payments we make to you.

If you have any questions, please call us at ______________________________ *(provide requester's telephone number).*

***Are you a U.S. person?** The IRS defines a U.S. person as:

- a U.S. citizen;
- an entity (company, corporation, trust, partnership, estate, etc.) created or organized in, or under the laws of, the United States; a state; or the District of Columbia
- a U.S. resident (someone who has a "green card" or has passed the IRS "substantial-presence test." For an explanation of the substantial-presence test, please see IRS Pub. 515 or 519, available at *www.irs.gov*.)

If your answer is NO, please do not complete this form and contact us at *(insert requester's phone number here)* ______________________. If your answer is YES, please complete the form. See page 2 for additional information.

FOR OFFICE USE ONLY

Please complete and return to:

____

____

____

Payee name ______________________________

Locator ID ______________________________

Instructions for Non-U.S. Persons

If you are a non-U.S. resident or a corporation, partnership or other entity formed outside the U.S. and you are receiving payments as beneficial owner, IRS procedures require you to submit one of the following forms for use in determining the correct course of tax withholding on and information reporting of payments made to you.

These forms are available at www.irs.gov.

- IRS Form 8233, *Exemption From Withholding on Compensation for Independent (and Certain Dependent) Personal Services of a Nonresident Alien Individual* **OR**
- IRS Form W-8 ECI, *Certificate of Foreign Person's Claim for Exemption from Withholding on Income Effectively Connected with the Conduct of a Trade or Business in the United States,* **OR**
- IRS Form W-8 BEN, *Certification of Foreign Status of Beneficial Owner for United states Tax Withholding.*

If you are not a beneficial owner, but instead acting in an agency capacity for a beneficial owner, you may be required to submit:

- IRS Form W-8IMY, *Certificate or Foreign Intermediary, Foreign Flow-Through Entity, or Certain U.S. Branches for United States Tax Withholding.*

If you need assistance in completing one of the above forms, please consult your U.S. tax advisor for the appropriate help in determining which of these forms should be submitted and in correct completion of the form. We require your provision of this information to assist us for tax purposes in correctly withholding and reporting payments we make to you for your services.

Specific Instructions

Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered on the form.

Sole proprietor. Enter your individual name as shown on your income tax return. You may also enter your business, trade, or "doing business as (DBA)" name.

Limited liability company (LLC). If you are a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Treasury regulations section 301.7701-3, enter the owner's name and the LLC's name on the form.

Other entities. Enter your business name as shown on required federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of $50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a $500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-owner LLC that is disregarded as an entity separate from its owner, enter your SSN (or EIN, if you have one). If the LLC is a corporation, partnership, etc., enter the entity's EIN.

Note. See the chart on page 4 of the instructions for the IRS Form W-9, available at *www.irs.gov,* for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at *www.socialsecurity.gov*. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at *www.irs.gov/businesses* and clicking on Employer ID Numbers under Related Topics. You can get Forms W-7 and SS-4 from the IRS by visiting *www.irs.gov* or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Writing "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester, or
2. You do not certify your TIN when required, or
3. The IRS tells the requester that you furnished an incorrect TIN, or
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions for the IRS Form W-9, available at *www.irs.gov* under "Exempt Payee" for more information.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA, or Archer MSA or HSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, and the District of Columbia to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 28% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.