



Simplified Appointment Process

PRODUCER DATA SHEET

Please Select One	Individual	Agency	
Full Name			
Social Security Number			
Business / Agency Name			
Tax Identification Number			
Date of Birth			
Email Address			
License State			
License Number			
Securities Licensed	Yes	No	
Broker / Dealer Affiliation			CRD#
Non-Resident States			
Married	Yes	No	
Full Name of Spouse			
AML Course Provider			AML Completion Date

NOTE: Please include a current copy of your Errors and Omissions Coverage

Home Address
(Include City, State and Zip Code)

Home Phone

Mobile Phone

Business Address

Business Phone
(Include City, State and Zip Code)

Business Fax

I understand my signature below authorizes 1st American Pension Services, Inc. to complete the contracting requirements of companies with which I agree to be appointed. I also understand I must submit the unique signature page for my contracting to be valid.

Signature of Producer

Date

BACKGROUND INFORMATION

Please check each question either YES or NO. If you select YES on any question, please provide a detailed explanation via email to licensing@1staps.com

NOTE: It is VERY IMPORTANT to answer these questions accurately. Answering YES to any question does not mean your appointment will be denied. However, answering inaccurately to a question that reveals inconsistent information in a background check could be cause for immediate denial.

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- | | | |
|---|-----|----|
| 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 are presently a principal? | Yes | No |
| 3. Have you ever been a party to or have you personally violated any insurance law or rule set by any regulatory body, organization or employer in the insurance industry? | Yes | No |
| 4. Do you owe money to any insurance company agency, manager, broker dealer or have any business or personal debts that resulted in collections, charge-backs or charge-offs? | Yes | No |
| 5. Have you, or a firm in which you were a partner, officer or director, filed from protection from creditors, been declared bankrupt or insolvent, or have been a party to a bankruptcy or receivership proceeding? | 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 or are you currently bonded? | Yes | No |
| 8. Has a bonding or surety company ever denied, refused, paid out on, cancelled, revoked, or refused to continue a bond for you? | Yes | No |
| 9. Is there any reason you cannot secure a bond? | Yes | No |
| 10. Has any insurance department, government agency, securities broker dealer or self-regulatory authority ever denied, suspended, revoked, cesured, 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, cancelled 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 |
| 11. Have you ever had a claim filed against your Professional Liability or Errors and Omissions insurance coverage or has any Errors and Omissions carrier denied, paid claims on, or cancelled your coverage? | Yes | No |
| 12. 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 |
| 13. Have you ever used any other names or aliases on a license or other registration? | Yes | No |
| 14. 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 |
| 15. Are you now subject to any complaint, investigation, or proceeding which could result in a YES answer to any of the preceding questions? | Yes | No |
| 16. Are you currently subject to backup withholding by the Internal Revenue Service (IRS)? | Yes | No |

REQUIRED SIGNATURE

I understand that my signature below authorizes 1st American Pensions Services, Inc. to enter the information provided on this questionnaire as well as submitted licenses, Errors and Omissions Coverage, direct deposit information, and additional background information, including any detailed explanations, to begin the licensing process for the carriers with which I have agreed to be appointed. I understand that the purpose of this Background Information Form is to collect information and that 1st American Pension Services, Inc. will contact me for additional information that may be required.

Signature of Producer

Date



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UNIQUE SIGNATURE SHEET

Full Name

IMO

1st American Pension Services, Inc.

I, _____, hereby authorize 1st American Pension Services, Inc. to affix or append a facsimile of my signature, as set forth below, to all required signature fields on all Insurance Carrier documents, including an electronic signature where applicable, which I have authorized 1st American Pension Services, Inc. to submit on my behalf, for the purpose of being contracted to solicit applications for the products of such Carriers through 1st American Pension Services, Inc.

I affirm that the information I have submitted to 1st American Pension Services, Inc. is correct to the best of my knowledge. I acknowledge that I have read and reviewed the documents for which I am authorizing my signature to be affixed. I also 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.

PLEASE SIGN IN THE CENTER OF THE BOX BELOW

Example:

John Doe





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DIRECT DEPOSIT REQUEST SHEET

I request that 1st American Pension Services, Inc. pay all commissions due via Direct Deposit to the following bank account.

ABA / Routing Number

Account Number

Name on Account

Please Attach a Voided Check

Signature of Producer

Date