

**PROSPECTIVE REPRESENTATIVE PROFILE**

Please print legibly or type- (to be completed by prospective representative soliciting appointment)

**I-PERSONAL INFORMATION**

Full Name \_\_\_\_\_ E-Mail \_\_\_\_\_  
*First Middle Last*

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  Male  Female Social Security # \_\_\_\_\_

Residence Address \_\_\_\_\_  
*Street City State County Zip*

Previous Address (if less than five years at the above listed address)

\_\_\_\_\_  
*Street City State County Zip*

Business Mailing Address \_\_\_\_\_  
*Street City State County Zip*

Business Phone ( ) \_\_\_\_\_ Fax Phone ( ) \_\_\_\_\_ Residence Phone ( ) \_\_\_\_\_

**II-BUSINESS/LICENSE/REGISTRATION INFORMATION**  
 (Attach copies of current licenses and FINRA U4 Status Report)

Current Broker Dealer Name: \_\_\_\_\_ TAX ID Number \_\_\_\_\_ - \_\_\_\_\_

Year you entered the business \_\_\_\_\_ Licensed to sell:  Health  Annuity  Variable Annuity  Other \_\_\_\_\_

FINRA Series Number \_\_\_\_\_ License Number \_\_\_\_\_

Resident License/Registration State \_\_\_\_\_ Other License/registration State(s) \_\_\_\_\_

Are there any questions on your form U-4 that are answered affirmatively?  YES  NO

If YES, please attach a copy of your U-4 and Disclosure Reporting Page(s) (DRP)

**III-PROSPECTIVE REPRESENTATIVE EMPLOYMENT HISTORY**

Include broker dealers you are contracted with, or have been contracted with during the last five years. If you have less than five years insurance experience, please include previous employment history.

From	To	Name of Company	Address (City & State)	Reason for leaving

#### IV – BACKGROUND INFORMATION

The following questions have been developed to assist the Company in selecting reputable, trustworthy Representatives to sell and promote our products. Please answer all questions. **If you answer yes to any of the questions, please attach a separate sheet with details.** The Company will use the information and our best efforts to make a fair, informed decision regarding the appropriateness of an appointment. (An affirmative answer to any of the following questions will NOT automatically cause this application to be denied).

- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| 1) Are you currently charged with or have you ever pled guilty or no contest to, or been convicted of, any crime (excluding minor traffic offenses)?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) Are you now or have you ever been the subject of any lawsuit, claim, investigation or proceeding alleging breach of trust or fiduciary duty, forgery, fraud, or any other act of dishonesty?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) Have you ever had your agent's license or registration suspended or revoked, or are you now or, have you ever been the subject of a professional license/registration or market conduct investigation, claim or proceeding?                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) Have you ever been involuntarily terminated or permitted to resign from employment or from an agent or representative appointment, with any insurance or other financial services company other than for lack of production?                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5) Has a bonding, surety or E&O provider denied an application or claim, made payment for you or terminated coverage?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6) Are you delinquent in any personal or business financial obligations, or does any insurance or financial services company hold a claim against you for commission debit balances?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7) Are there any outstanding judgments, liens or claims against you, including delinquent tax obligations, or have you or any business in which you were or are an owner, partner, officer or director, ever filed bankruptcy?<br>BANKRUPTCY DISCHARGE DATE _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 8) Have you ever done business under another name?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 9) At any time during the past 10 years have you, or any business, in which you were an owner, partner, officer, or director, been involved in any regulatory, civil or criminal matters not disclosed above?   | <input type="checkbox"/> | <input type="checkbox"/> |

#### V– To be signed by Prospective Representative soliciting appointment

I certify that the information contained herein is true and complete to the best of my knowledge and belief. I further understand that failure to provide true and complete information may result in the denial of this request for appointment and/or subsequent termination thereof. I agree to promptly notify the Company if any of the information on this application changes. I authorize the Company to conduct an investigation concerning my qualifications for appointment including my character, general reputation, credit worthiness, and personal traits and release any person and/or companies contacted from all liability with respect to the information given. I authorize the Company to investigate me now and at any time while I am contracted with the Company and to share any information obtained with: affiliated companies, up-line management and company management. I further understand that the Company may deny my request for appointment, and may subsequently rescind my appointment, at its sole discretion.

I acknowledge that I am familiar with the insurance and securities laws, and regulations of the jurisdictions to which I am applying for appointment.

I agree that a photocopy of this authorization and release shall be as valid and binding as an original.

I understand and agree that I am not authorized, and am expressly forbidden, to solicit business for the Company until my license and appointment have been secured.

Under Penalty of perjury, I certify that the Social Security Number shown on this form is my correct taxpayer identification number and I am not subject to backup withholding by the Internal Revenue Service.

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

**You may FAX this form along with the following information to 513-412-5144.  
Originals must follow by mail to: AILIC P.O. Box 5423, Cincinnati, OH 45201**

- Current License(s) – (Multiple states included)
- U-4 Status Report (With all applicable states included)
- State forms where applicable

**If required by your Broker/Dealer's offices, please submit your paperwork through your Broker/Dealer's offices.  
If you have any questions, please call our Variable Annuity Sales Desk at 800-438-3398 extension 11440.**