

CONFIDENTIAL PERSONAL INFORMATION FORM

Please type or print this form in black ink clearly and fully.

PO Box 80469, Lincoln, NE 68501-0469
Phone: 800-525-9287 Fax: 402-328-6118
Email Address for Licensing Questions: lblicdpt@allstate.com

For Home Office use only. BP# _____ EPC# _____

Step 1 Contract Type (please check only one)

Contract is for: Individual Corporation/Firm

Step 2 Individual Applicants Information

If applying for a Corporation/Firm contract, please answer the questions in step 2 on principal of the organization.

Social Security Number: [][][] - [][][] - [][][][][][] Gender: Male Female
Required

Name (as appears on Resident License): _____
First Middle Last

Date of Birth: _____ / _____ / _____ E-mail Address: _____

Business Phone: () _____ Fax: () _____ Home Phone: () _____

Business Name: _____

Business Address: _____
Street Suite Number City State Zip

Home Address: _____
Street Apt. Number City State Zip

Step 3 Corporate/Firm Applicant Information

Individual Applicants Do Not complete Step 3.

Tax ID Number: [][] - [][][][][][][][]
Required

Type of Agency/Firm: Corporation Partnership/Sole Prop.

Firm Name: _____ Firm Phone: () _____

Firm Address: _____
Street Suite Number City State Zip

Firm Fax #: () _____ Firm E-mail Address: _____

Step 4 License Data

Attach a current copy of your resident insurance license. License #: _____

Attach a current copy of any non-resident insurance license where you want to be appointed: _____

Step 5 E & O Insurance (please check only one)

- I currently maintain E&O coverage (individually or through an agency) meeting the standards established by LBL. Attached is a current copy of the E&O policies Declaration Page showing policy number, expiration date and a minimum limit of \$1 million per claim. (If covered by an agency, the declaration page is accompanied by an endorsement page naming me as an insured under the policy.)
- I am exempt from the E&O requirement because I am contracted directly under a bank with LBL.
- I am exempt from the E&O requirement because I am registered with a Broker/Dealer and am including my CRD# _____ or Broker/Dealer name _____.
- I have applied for E&O coverage with LBL's E&O provider and my application is pending.

Step 6 NASD Registration

Complete Step 6 only if requesting a variable appointment.

CRD #: _____

Broker Dealer: _____
(Print)

Wholesaler Name (if applicable): _____
(Print)

Step 7 Regulatory & Background Questions

Please answer the following questions on the individual agent or the principal of the corporation/agency applying for the contract.

- (1) Have you ever been charged with a felony? Yes No
- (2) Have you ever been charged with a misdemeanor including allegations of fraud, false statements or omissions, wrongful taking of property, bribery, perjury, forgery, counterfeiting, extortion or a conspiracy to commit any of these offenses? Yes No
- (3) Have you individually, or has a company you exercised control over, filed a bankruptcy petition or been the subject of an involuntary bankruptcy petition in the previous 2 years? Yes No
- (4) Has any regulatory body ever suspended or revoked any insurance, securities or other professional license? Yes No

If you answered "yes" to any of the above questions, attach explanations.

Step 8 Direct Deposit of Commissions

Having your commissions direct deposited is optional, however, it can speed up the receipt of your commissions by several days.

I wish to have my commissions Direct Deposited (for direct deposit of variable commissions, please contact your Broker Dealer)

Fax # for pre-deposit notification (optional): (_____) _____

***** ATTACH YOUR VOIDED CHECK / SAVINGS DEPOSIT SLIP *****

Bank institution name: _____

Bank institution address: _____

Type of Account: Checking Savings Account #: _____ Routing #: _____

By signing below,

I authorize and request Lincoln Benefit Life Company to direct the net amount of any payment to me for crediting in my account at the financial institution designated above. "Payment" means any compensation payable to me under the terms of my contract. This authorization is not an assignment of my rights to receive such payment and revokes all prior payment direction notifications applicable to any such payment. I understand that the financial institution designated above reserves the right to cancel this agreement by notice to me; however, the authorization will remain in full force and effect with Lincoln Benefit Life Company until Lincoln Benefit Life Company has received written notification from me of its termination in such time and in such manner as to afford Lincoln Benefit Life Company a reasonable opportunity to act upon it.

Step 9 Certification & Authorization

Certification - Under penalties of perjury, I certify 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), and (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.

Authorization for Release of Information - I hereby authorize any bank, credit bureau, financial institution, insurance company, agency, court of law, person, or organization that has any records or knowledge of my financial status, credit standing, or criminal history to give Lincoln Benefit Life or their representative any such information. It is our policy to develop background information on agents who wish to be appointed with our company using credit reports and criminal court records (involving convictions only). If as a result of the investigation, we are unable to appoint you, we will notify you. Subsequent credit reports and criminal court records reports may be requested from time to time in order to update our files.

I agree not to solicit business for Lincoln Benefit Life until my license is in my possession and when the company notifies me that I am qualified to write business for this company.

I certify that the information and answers to the questions on this processing form are true and correct to the best of my knowledge. Information found to be incorrect may result in termination.

We certify that the information you have entered here will be held in strict confidence.

PLEASE SIGN HERE: _____ **DATE:** _____

Before submitting to Home Office, include a contract signed by you and your recruiter, as well as the attached Fair Credit Reporting Act (FCRA) form.