



A Member of The Security Benefit Group of Companies

One Security Benefit Place Topeka, Kansas 66636-0001 800-888-2461

Please Print Legibly or Type

ATTACH A COPY OF CURRENT INSURANCE AND NASD LICENSE(S)

As part of SBL's Appointment procedure, an investigation may be made whereby information is obtained through personal interviews with your neighbors, friends or others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics and mode of living. You have the right to make a written request within a reasonable period of time to receive additional information about the nature and scope of this investigation.

Mr. [] Ms. [] Mrs. [] Print name as it appears on license: First M Last (Fax #) Business Address (Street & Number) (City) (State) (Zip) (Phone) Resident Address: (Street & Number) (City) (State) (Zip) (Phone) Date of Birth: / / (Month) (Day) (Year) Tax ID No. or Social Security Number: NASD Registration: [] Yes [] No Name of Broker/Dealer or Agency: Representative No. assigned by Broker/Dealer or Agency: SBL Appointment(s) Needed: Resident State Non Resident State(s) Spouse Name: E-mail Address:

Primary Market: (Please check one) Employer: [] Education; [] Hospitals, Non-Profit (TSA); Qualified Plans (ie: 401(a) or (k), 403(b) ERISA); [] Government (457) Independent/Advisor: [] Financial Institution (Bank, Credit Union); [] IRA, Non-Qualified, Individual Investments Name of financial institution; [] Platform or [] Dedicated

Information to be PERSONALLY answered and signed by Applicant (a) Have you ever been convicted or arrested (other than minor traffic violations)? [] Yes [] No (If YES explain in detail.) (b) Have you ever had an insurance or securities license suspended or revoked? [] Yes [] No (If YES explain in detail.) If I am convicted of a felony, subsequent to the date of this application, I will notify SBL within 30 days of the conviction. (c) Have you ever been declared bankrupt: [] Yes [] No (If so, when:) Reason: If yes, what Type Discharge Date

I certify the above information is correct and complete. Date: Signature of Applicant: INVESTIGATIVE REPORT (For completion by Broker/Dealer or Agency) I hereby certify that to the best of my knowledge and belief the above information is correct and I further certify that I have investigated the applicant's business reputation, character and integrity and no unfavorable information was discovered or is known to me. Date: Signature of Broker/Dealer or Agency: