



SureLC  
Universal Contracting

## Contracting & Appointment Instructions

In order to complete your contracting request, please complete the following contracting questionnaire. This information will be entered into SureLC, our universal contracting solution. This system will securely store your information for use with any future contracting. You will only be required to complete the following documents once- we are able to apply this information to most contracts requested through PIPAC LIFE.

The vast majority of our carriers participate in this system; if you do not see a particular carrier with whom you want to contract on the attached list, please contact PIPAC LIFE for the appropriate paperwork.

Please submit the following documents to PIPAC LIFE licensing:

- Producer Profile (Part I and Part II)
- Employment History Form and Questionnaire (and details to 'Yes' answers, if any)
- Signed Signature Page
- Signed Disclosure Release Page
- Completed EFT Authorization Page (be sure to attach a copy of a voided check to this page)
- A copy of your individual and/or corporation state insurance license(s)
- Proof of AML completion (If completed through LIMRA, no proof required. Simply note LIMRA)
- Special Notes and Requests Page (If applicable)

Please note:

- **Producer Information Updates:** It is up to the individual producer to provide updates to any changes to their information. If there have been changes to any information on the above forms, please let us know as soon as possible.
- **AML:** The AML (Anti-Money Laundering) refresher course must be completed on a yearly basis. This training can be done online at [http://nailba.limra.com/Nailba\\_default.html](http://nailba.limra.com/Nailba_default.html) or with a 3rd party vendor.
- **Annuities:** Each agent is required to complete product specific training modules through each insurance carrier prior to the date of an annuity application. Applications from agents who have not completed the training will be returned by the carriers, according to each state's requirements.

These documents can be E-Mailed or Faxed to our licensing department if you have any questions, please contact Jenny Cunningham at 319-268-7121 or email [jenny@pipac.com](mailto:jenny@pipac.com).

### Contact Information for PIPAC LIFE Brokerage:

Email: [jenny@pipaclife.com](mailto:jenny@pipaclife.com)

Fax: (319)859-3211

Phone: (319)268-7121

# Carriers Available Through SureLC

- Allianz
- American Equity
- American General
- American National
- Ameritas
- Assurity
- Athene
- AXA Equitable
- Banner
- Cincinnati Life
- Equitrust
- Forethought
- Fidelity & Guarantee/OM Financial
- Foresters
- Genworth
- Gerber
- Great American
- Guaranty Income Life
- Guggenheim
- ING Companies (Voya)
- John Hancock
- Liberty Life
- Life Secure
- Life of the Southwest
- Lincoln Financial
- MetLife
- Minnesota Life
- Mutual of Omaha
- Nationwide
- North American
- Principal
- Protective
- Prudential
- Reliance Standard
- Sagacor
- SBLI
- Sentinel Security Life
- State Life/One America
- The Standard
- Transamerica
- United of Omaha

# Carriers Product Training Reference

Below is a list of Insurance Carriers that require product specific training prior to soliciting business for states that have adopted the NAIC Suitability Model.

- Allianz
  - <https://www.allianzlife.com>
    - Agent will need an agent code in order to gain proper access to this training requirement
- American Equity
  - Active Agents: <http://american-equity.com>
  - Non Active Agents: <http://agent.american-equity.com/StateProductTraining.asp>
- American National
  - <https://apps.anicoweb.com/training>
    - Use codes:
      - For American National products: ANICOSUITABILITY
      - American National Insurance Company products – California Supplement: CAANICOSUITSUPP
      - For American National New York products: NYANICOSUITABILITY
- American General
  - <http://estation.americangeneral.com>
    - Must be contracted first (with active code) in order to properly complete the product training
- Assurity
  - <https://assurelink.assurity.com/Home/tabid/36/ctl/Login/Default.aspx?returnurl=%2fDefault.aspx>
    - Must be contracted first (with active code) in order to properly complete the product training
- Athene
  - <https://portal.atheneannuity.com/Content/ContentDisplay.aspx?ContentID=48>
  - Do not have to be contracted first
- Equitrust
  - <http://agents.equitrust.com/AnnuitiesHome/spanstylecolorA65139RequiredTraining/tabid/527/Default.aspx>
    - Must have an active agent code to complete the product training
- Genworth
  - [www.genworth.com/annuityproducttraining](http://www.genworth.com/annuityproducttraining)
- Great American
  - <https://naic.pinpointglobal.com/GAFRISuitability/Apps/Default.aspx>
- Guaranty Income Life
  - 4hr state specific training is required
- Guggenheim
  - <https://guggenheimlife.adobeconnect.com/producttraining/event/registration.html>

- ING USA/ReliaStar
  - Product Training for Fixed & Indexed Annuities (Slideshow/Video) – [www.brainshark.com/inges/pst](http://www.brainshark.com/inges/pst)
  - Alternate Method: [https://www.kfeducation.com/login/check-company?companyId=INGAnnuities&newUserActionType=createAccount&submit\\_createNew=Submit](https://www.kfeducation.com/login/check-company?companyId=INGAnnuities&newUserActionType=createAccount&submit_createNew=Submit)
- Liberty Life
  - 4 hour state specific training required
- Lincoln
  - <http://naic.pinpointglobal.com/LincolnFinancial/Apps/default.aspx>
- Life of the Southwest
  - <https://secure.reged.com/TrainingPlatform/>
    - Agent will need the code “NLGANN” to gain access to this carrier’s product specific training
- Minnesota Life
  - <https://advisors.securianretirementcenter.com>
    - Must have an active agent code to complete the product training
- North American
  - This carrier requires that product training be completed in all states. The carrier will only provide link to the training when the advisor is contracted
  - <http://nacolah.agentcertification.com>
  - Please request a contract with North American prior to writing ANY business with them.
  - CA Business includes both the “Online Certification” course and the “CA Annual Training” course
- One America/State Life
  - <https://naic.pinpointglobal.com/OneAmerica/apps/default.aspx>
    - Be aware that there is an LTC CE requirement for most states
- Old Mutual (Fidelity & Guarantee)
  - <https://training.fglife.com/>
- Principal
  - <http://naic.pinpointglobal.com/Principal/Apps?Default.aspx?ReturnUrl=%2fPrincipal%2fApps%2f>
- Protective
  - <https://learn.questce.com/naicsuitability>
- Reliance Standard
  - <http://rslisuccessce.com>
- Sagacor
  - Link available through emailed PDF
    - Do not have to be contracted first in order to properly complete the product training
- Sentinel
  - <http://naic.pinpointglobal.com/Sentinel/Apps/default.aspx>
- The Standard
  - <http://www3.standard.com/net/public/Professionals/Insurance/Annuities>
- United of Omaha/Mutual of Omaha
  - [https://www.mutualofomaha.com/sales\\_professionals/](https://www.mutualofomaha.com/sales_professionals/)

# Special Notes and Requests

Please address any special notes, requests or assignments in the field below. We will ensure that your contracts are processed according to the information entered below. Feel free to leave this page blank if it is not needed.

Such information would include:

- Assignment of Commissions (to whom?)
- Special Hierarchy Setups
- Special Considerations (Background/Credit items)
- Any other items that do not fit on the standard questionnaire

Social Security #: \_\_\_\_\_ Email: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Resident Insurance License #: \_\_\_\_\_ State: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_ Gender: \_\_\_\_\_

Driver's Lic. # / State: \_\_\_\_\_ Title: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Maiden Name: \_\_\_\_\_

**Residential Address (No PO Boxes)** Move In Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
*City/State Not Needed*

Line 1: \_\_\_\_\_ Line 2: \_\_\_\_\_ Zipcode: \_\_\_\_\_

**Mailing Address (No PO Boxes)** Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
*City/State Not Needed*

Line 1: \_\_\_\_\_ Line 2: \_\_\_\_\_ Zipcode: \_\_\_\_\_

AML Provider: \_\_LIMRA\_\_ \_\_NONE\_\_ \_\_OTHER\_\_ Date Completed: \_\_\_\_/\_\_\_\_/\_\_\_\_  
*If Other, Provide Certificate of Completion.*

Are you a Registered Rep with FINRA? \_\_Yes\_\_ \_\_No\_\_

*If Yes, Broker/Dealer Name:* \_\_\_\_\_ *CRD #:* \_\_\_\_\_

Please list any Honors you currently hold: \_\_\_\_\_

**Doing Business As:** \_\_Individual\_\_ \_\_Business\_\_ \_\_Entity\_\_ \_\_Solicitor/LOA\_\_

If DBA Solicitor/LOA, list who you are assigning commissions to: \_\_\_\_\_

**Complete the following only if DBA a Business Entity:**

EIN: \_\_\_\_\_ Business Name: \_\_\_\_\_ Website: \_\_\_\_\_

Your Title: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Principal Name: \_\_\_\_\_ Principal Title: \_\_\_\_\_ Email: \_\_\_\_\_

**Corporate Address (No PO Boxes)** Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
*City/State Not Needed*

Line 1: \_\_\_\_\_ Line 2: \_\_\_\_\_ Zipcode: \_\_\_\_\_

**History**

*\*NOTE\* Attach additional info if needed*

**Employment** -- Please provide past 5 years of employment history:

From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_

Company: \_\_\_\_\_ Position: \_\_\_\_\_

Location: \_\_\_\_\_

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From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_

Company: \_\_\_\_\_ Position: \_\_\_\_\_

Location: \_\_\_\_\_

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From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_

Company: \_\_\_\_\_ Position: \_\_\_\_\_

Location: \_\_\_\_\_

**Address History** -- Please provide past 5 years of address history:

*\*NOTE\* Attach additional info if needed*

From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_ **City/State Not Needed**

Line 1: \_\_\_\_\_ Line 2: \_\_\_\_\_ Zipcode: \_\_\_\_\_

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From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_ **City/State Not Needed**

Line 1: \_\_\_\_\_ Line 2: \_\_\_\_\_ Zipcode: \_\_\_\_\_

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From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_ **City/State Not Needed**

Line 1: \_\_\_\_\_ Line 2: \_\_\_\_\_ Zipcode: \_\_\_\_\_

## Legal Questions for Contracting and Appointment Requests

Please answer the following questions. If you answer YES to any question, be sure to provide a full, detailed explanation including specific dates.

Name: \_\_\_\_\_

1	Have you ever been charged or convicted of or plead guilty or no contest to any Felony, Misdemeanor, federal/state insurance and/or securities or investments regulations or statutes? Have you ever been on probation?	Yes	No
1A	Have you ever been convicted of or plead guilty or no contest to any Felony?	Yes	No
1B	Have you ever been convicted of or plead guilty or no contest to any Misdemeanor?	Yes	No
1C	Have you ever been convicted of or plead guilty or no contest to a violation of federal or state securities or investment related regulations?	Yes	No
1D	Have you ever been convicted of or plead guilty or no contest to a violation of state insurance department regulation or statute?	Yes	No
1E	Has any foreign government, court, regulatory agency, or exchange ever entered an order against you related to investments or fraud?	Yes	No
1F	Have you ever been charged with a Felony?	Yes	No
1G	Have you ever been charged with a Misdemeanor?	Yes	No
1H	Have you ever been on probation?	Yes	No
2	Have you ever been or are you currently being investigated, have any pending indictment, lawsuits, or have you ever been in a lawsuit with an insurance company?	Yes	No
2A	Are you currently under investigation by any legal or regulatory authority?	Yes	No
2B	Have you been under investigation by any insurance company?	Yes	No
2C	Have you ever been or are you currently involved in any pending indictments, lawsuits, civil judgments or other legal proceedings (civil or criminal)(you may omit family court).	Yes	No
2D	Have you ever been named as a defendant or codefendant in a lawsuit, or have you ever sued or been sued by an insurance company?	Yes	No
3	Have you ever been alleged to have engaged in any fraud?	Yes	No
4	Have you ever been found to have engaged in any fraud?	Yes	No
5	Has any insurance or financial services company or broker-dealer terminated your contract or appointment or permitted you to resign for reason other than lack of sales?	Yes	No
5A	Were you fired because you were accused of violating insurance or investment related statutes, regulations, rules or industry standards of conduct?	Yes	No
5B	Were you fired because you were accused of fraud or the wrongful taking of property?	Yes	No
5C	Failure to supervise in connection with insurance or investment related statutes, regulations, rules or industry standards of conduct?	Yes	No
6	Have you ever had an appointment with any insurance company denied or terminated for cause?	Yes	No
7	Does any insurer, insured, or other person claim any commission chargeback or other indebtedness from you as a result of any insurance transactions or business?	Yes	No



8	Has any lawsuit or claim ever been made against you, your surety company, or errors and omissions insurer arising out of your sales or practices, or, have you been refused surety bonding or E&O coverage?	Yes	No
8A	Has a bonding or surety company ever denied, paid on or revoked a bond for you?	Yes	No
8B	Has any Errors & Omissions (E&O) carrier ever denied, paid claims on or cancelled your coverage?	Yes	No
9	Have you ever had an insurance or securities license denied, suspended, cancelled or revoked?	Yes	No
10	Has any state or federal regulatory body found you to have been a cause of an investment – or insurance – related business having its authorization to do business denied, suspended, revoked, or restricted?	Yes	No
11	Has any state or federal regulatory agency revoked or suspended your license as an attorney, accountant, or federal contractor?	Yes	No
12	Has any state or federal regulatory agency found you to have made a false statement or omission or been dishonest, unfair, or unethical?	Yes	No
13	Have you had any interruptions in licensing?	Yes	No
14	Has any state, federal or self-regulatory agency filed a complaint against you, fined, sanctioned, censured, penalized or otherwise disciplined you for a violation of their regulations or state or federal statutes?	Yes	No
14A	Has any regulatory body ever sanctioned, censured, penalized or otherwise disciplined you?	Yes	No
14B	Has any state, federal, or self-regulatory agency filed a complaint against you, fined or sanctioned you?	Yes	No
14C	Have you ever been the subject of a consumer initiated complaint?	Yes	No
15	Have you personally or any insurance or securities brokerage firm with whom you have been associated filed a bankruptcy petition or declared bankruptcy?	Yes	No
15A	Have you personally filed a bankruptcy petition or declared bankruptcy?	Yes	No
15B	Has any insurance or securities brokerage firm with whom you have been associated filed a bankruptcy petition or been declared bankrupt either during your association or within five years after termination of such association?	Yes	No
15C	Is the bankruptcy pending?	Yes	No
16	Are there any unsatisfied judgments, garnishments or liens against you?	Yes	No
17	Are you connected in any way with a bank, savings & loan association, or other lending or financial institution?	Yes	No
18	Have you ever used any other names or aliases?	Yes	No
19	Do you have any unresolved matters pending with the Internal Revenue Service or other taxing authority?	Yes	No

If you answered any questions YES, provide an explanation that includes dates, actions, and descriptions. Attach additional paper if necessary.

I attest that the information I have provided is true to the best of my knowledge. I acknowledge that if any information changes, I will notify my agency office within 5 days of such change. Further, I understand that my agency may contact me when I need to answer carrier specific questions.

Signature:   X  

Date: \_\_\_\_\_

# LETTER OF EXPLANATION

Date of Action: \_\_\_/\_\_\_/\_\_\_

Action: \_\_\_\_\_

Reason: \_\_\_\_\_

Explanation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Action: \_\_\_/\_\_\_/\_\_\_

Action: \_\_\_\_\_

Reason: \_\_\_\_\_

Explanation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Action: \_\_\_/\_\_\_/\_\_\_

Action: \_\_\_\_\_

Reason: \_\_\_\_\_

Explanation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Action: \_\_\_/\_\_\_/\_\_\_

Action: \_\_\_\_\_

Reason: \_\_\_\_\_

Explanation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Signature Authorization

PLEASE READ THIS AUTHORIZATION, SIGN IN THE BOX BELOW AND SUBMIT THIS FORM BY FOLLOWING THE INSTRUCTIONS PROVIDED ON THE COVER PAGE.

I, \_\_\_\_\_, hereby authorize SuranceBay, LLC and its general agency customers (the "Authorized Parties") to affix or append a copy of my signature, as set forth below, to any and all required signature fields on forms and agreements of any insurance carrier (a "Carrier") designated by me through the SureLC software or through any other means, including without limitation, by e-mail or orally. The Authorized Parties shall be permitted to complete and submit all such forms and agreements on my behalf for the purpose of becoming authorized to sell Carrier insurance products. I hereby release, indemnify and hold harmless the Authorized Parties against any and all claims, demands, losses, damages, and causes of action, including expenses, costs and reasonable attorneys' fees which they may sustain or incur as a result of carrying out the authority granted hereunder.

By my signature below, I certify that the information I have submitted to the Authorized Parties is correct to the best of my knowledge and acknowledge that I have read and reviewed the forms and agreements which the Authorized Parties have been authorized to affix my signature. I agree to indemnify and hold any third party harmless from and against any and all claims, demands, losses, damages, and causes of action, including expenses, costs and reasonable attorneys' fees which such third party may incur as a result of its reliance on any form or agreement bearing my signature pursuant to this authorization.

Please sign in the center of the box below. Please use BLACK ink.

**ELECTRONIC FUND TRANSFERS (EFT)**

Account Owner Name (Required): \_\_\_\_\_

Transit/ABA #: \_\_\_\_\_

Account #: \_\_\_\_\_

Financial Institution Name: \_\_\_\_\_

Branch Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Account Type:  Checking  Saving Phone: \_\_\_\_\_

By signing below I hereby authorize the Company to initiate credit entries and, if necessary, adjustments for credit entries in error to the checking and/or savings account indicated on this form. This authority is to remain in full effect until the Company has received written notification from me of its termination. I understand that this authorization is subject to the terms of any agent or representative contract, commission agreement, or loan agreement that I may have now, or in the future, with the Company.

Signature: X \_\_\_\_\_ Date: \_\_\_\_\_

Attach a copy of the voided check for checking account or deposit slip for savings account:

## Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

<b>Print or type See Specific Instructions on page 2.</b>	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____  <input type="checkbox"/> Other (see instructions) ▶ _____	
	<input type="checkbox"/> Exempt payee	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code		
List account number(s) here (optional)		

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number									

### Part II 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, and
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 the 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, item 2 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. See the instructions on page 4.

<b>Sign Here</b>	Signature of U.S. person ▶ <b>X</b>	Date ▶
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### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

#### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.