



17110 Marcy Street, Suite 100 • Omaha, NE 68118 • (800) 397-9999 • fax: (402) 334-6300
www.financial-brokerage.com

Please complete the attached forms along with the documents noted below and return via secure email to licensing@fb-inc.com or fax to 402-334-6300. Forms may also be uploaded securely at: <https://financial-brokerage.com/secure-file-sharing-service/>

! Please be advised that a wet signature is required on the signature page.

- Copy of your insurance license
- Copy of your E&O certificate (if you carry it)
- Copy of a voided check for direct deposit
- Copy of proof of anti-money laundering training
- Copy of written explanation for any background issues (outlined on the Background Information page)
- Copy of CE training certificate (if required in your state)
- If applying as principal of a corporation, please provide a corporate license and voided check in addition to your individual license.
- Please be advised that some carriers charge resident and-or non-resident appointment fees.

Unlock the power of Indexed Universal Life
so you can transform your business.

Learn More >

Create a Recurring Revenue Stream
Unlimited Referral Bonus for 10 Years!

Learn More >

We need experienced agents to help us by
meeting with orphan clients that we believe
might need some advice.

Learn More >

Contract Application:

Agent Name: _____ SSN: _____ - -

Agency Name (if applicable): _____ Tax ID: _____ -

Personal Name or Principal: _____

Insurance License Number: _____ Birth Date
(mm/dd/yyyy): ____/____/____

NPN Number: _____

Male Female

Agent Home Address: _____

City, State, ZIP: _____ County: _____

Mailing Address: _____

City, State, ZIP: _____ County: _____

UPS Street Address: _____

City, State, ZIP: _____ County: _____

Phone Res: _____ Business: _____

Fax: _____ Mobile: _____

Email Address: _____

Previous Address in the last 10 years: _____

City, State, ZIP: _____ County: _____

Initials

Date

Background Information:

All Yes Answers Must Have an Explanation to be Processed

Is there any indebtedness to any insurance company? If yes, provide the name of the company, amount, and the repayment agreement: Yes No

Have you ever been convicted of a felony or misdemeanor other than a traffic offense? If yes, explain and provide the date(s) of each: Yes No

Have you had your driver's license revoked? If yes, explain and provide date(s): Yes No

Are you in the process of, or have you ever, filed for bankruptcy? If yes, explain and answer the following questions: Yes No

Have you ever filed bankruptcy, have been declared bankrupt or insolvent, or had your salary garnished? Yes No

Have you, or any business of which you were presently are a principal, been involved in a bankruptcy action, or compromised liabilities with creditors? Yes No

Have you ever filed a petition for bankruptcy or for protection from creditors? Yes No

Has any insurance or securities brokerage firm, with whom you have been associated, ever filed a bankruptcy petition or been declared bankrupt (either during your association or within 5 years after termination of such association)? Yes No

When was bankruptcy filed (mm/dd/yyyy)? _____/_____/_____

What was the amount of your bankruptcy? _____

Please select which you filed: Chapter 7 Chapter 11 Chapter 13

Please provide the date you filed for bankruptcy (mm/dd/yyyy): _____/_____/_____

Please provide the date your bankruptcy was paid off (if applicable) (mm/dd/yyyy): _____/_____/_____

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

Are you now subject of any complaint, investigation, or proceeding which could result in a yes answer to any of the preceding questions? Yes No

Initials

Date

Financial Brokerage INC.

800-397-9999

www.financial-brokerage.com

Have you ever been refused a bond or Errors and Omissions Insurance? If yes, please explain: Yes No

Have you ever had your insurance license suspended or revoked? If yes, please explain: Yes No

Have you ever had disciplinary action taken against you with any Department of Insurance? If yes, please explain: Yes No

Are you, or at this present time, or have you been within the past five years, involved in any civil litigation, judgments, liens, or foreclosures? If yes, please explain: Yes No

Have you ever been denied an appointment with any insurance company? If yes, please explain: Yes No

Have you ever had disciplinary action taken against you with any Department of Insurance? If yes, please explain: Yes No

Banking Information

Bank Routing Number (9 digits): _____

Account Number: _____

Branch Name or Location: _____

BE SURE TO ATTACH A VOIDED CHECK

Other Information

Requesting Commission Advancing? Yes No

List a Beneficiary: _____ Relationship: _____

Resident Driver's License State: _____ Driver's License Number: _____

Have you taken out an AML (Anti-Money Laundering) course within the past two years? Yes No

Date (mm/yyyy): ____/____/____ Course Name: _____

Where were you born? (City, State) _____

LONG TERM CARE PARTNERSHIP CERTIFICATION: PLEASE ATTACH CERTIFICATE OR CE UPDATE

I confirm that all information is true and correct, and I have given Financial Brokerage my permission to enter the information on my behalf.

Initials

Date

Letter of Explanation

Date of Action: ____/____/____

Action: _____

Reason: _____

Explanation:

Date of Action: ____/____/____

Action: _____

Reason: _____

Explanation:

Date of Action: ____/____/____

Action: _____

Reason: _____

Explanation:

USE ADDITIONAL PAPER IF NECESSARY

Licenses

AML Provider: Limra None Other

Expiration Date (mm/dd/yyyy): ____/____/____

If other, please provide certificate of completion

Are you a Registered Rep with FINRA? Yes No

If yes, Broker/Dealer Name: _____ CRD#: _____

Create a Recurring Revenue Stream!

Unlimited Referral Bonus for 10 Years!

Refer agents to Financial Brokerage and earn the following overrides on their 1st year paid/target premium for the next ten years.

Life Products	5%
Final Expense	2.50%
Single Premium Life	0.25%
Hybrid (Linked Benefits)	0.25%
Long-Term Care / DI / CI	5%
Short-Term Care	3%
Annuity - Indexed Products	0.25%
Annuity - Non-Indexed	0.10%
Medicare Supplement	1%

Agent Name: _____ Phone: _____ Relationship: _____

Agent Name: _____ Phone: _____ Relationship: _____

Agent Name: _____ Phone: _____ Relationship: _____

Agent Name: _____ Phone: _____ Relationship: _____

Agent Name: _____ Phone: _____ Relationship: _____

Replace this page with a copy of your E&O Insurance Certificate of Coverage

IMPORTANT:

E&O Certificate must list your full name as the insured.
Please use the following examples as reference:

CORRECT:

Name of Insurance Agency
Full Agent Name
Address Line 1
Address Line 2
City, State, ZIP

INCORRECT:

Name of Insurance Agency
Address Line 1
Address Line 2
City, State, ZIP

If an individual's name is not listed correctly, please provide a letter from the E&O Carrier listing agents covered under agency policy.



Signature

GENERAL AGENT: Pinnacle Financial Services

I, _____, hereby authorize Pinnacle Financial Services to affix or append a facsimile of my signature, as set forth below, to all required signature fields on all Insurance Carrier documents through the software or through any other means, including without limitation, by e-mail or orally. For which I have authorized Pinnacle Financial Services to submit all such forms and agreements on my behalf, for the purposes of being Contracted to sell products of Carriers through Pinnacle Financial Services. I hereby release, indemnify and hold harmless Pinnacle Financial Services 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.

I affirm that the information I have submitted through the interview process to Pinnacle Financial Services is correct to the best of my knowledge and acknowledge that I have read and reviewed the documents for which I am authorizing my signature to be affixed to. I acknowledge and agree to indemnify and hold harmless any third party 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 and acceptance on any form or agreement of a facsimile of my signature.

By signing this form, I acknowledge that all information is true and correct to the best of my knowledge.

Please read, sign, and fax back to 267-386-8135
Additionally, please sign in the center of the box below:

CONFIDENTIAL

Example:

A handwritten signature in black ink that reads "John Doe" is enclosed within a rectangular box.

Medicare Supplement Carriers

Check the box next to the carrier names that you would like to select.
For non-resident state requests, please write in State next to the carrier.

American National

Aetna

Bankers Fidelity

Central States Indemnity

Cigna

Liberty Bankers Life

Manhattan Life

Medico

Mutual of Omaha

Standard Life and Accident

Thrivent Financial

Transamerica

Please be advised that some carriers charge resident and/or non-resident appointment fees. If you are requesting non-resident appointment, please indicate which states in the block provided.

Initials

Date