



*Relentless Support  
for Financial Professionals*

**Please include with completed contracting paperwork:**

- Copies of current state licenses for ALL states where you wish to be appointed.
- Copy of current Error & Omissions (E&O) Certificate.
- Copy of a Voided Check
- Certificates Anti-Money Laundering training (if not LIMRA).
- Details of any responses to background questions requiring further explanation.  
(For example bankruptcy, tax liens, litigation etc.)

**Please submit contracting package to:**

**PFG MARKETING GROUP, INC.**

**By Fax to: (602) 944-8856**

**By E-mail to: [pfginfo@pfg-inc.com](mailto:pfginfo@pfg-inc.com) (or directly to your Marketer)**

**By mail to: 2440 W. Mission Lane, Suite 11  
Phoenix, AZ 85021**

*(Do NOT send directly to the Insurance Company as PFG needs to provide additional information for carrier processing. Without this, your contracting package will likely be returned to you.)*

# LEGACY MARKETING GROUP®

2090 Marina Avenue, Petaluma, CA 94954-6714

Please mail form to: Licensing & Contracting Team • P.O. Box 81728, Lincoln, NE 68501 • Telephone 800-300-0519 • Fax 800-813-6095

## Producer/Wholesaler Application and Agreement

**PART I** — Applicant is  An Individual  Corporation  LLC  Partnership (Please attach copy of Partnership Agreement.)

I understand that I cannot solicit applications for the company(ies) until I am contracted with LMG and duly licensed and appointed with LMG's authorized companies in the states that require such licensing and appointment.

**PART II — APPLICANT NAME AND ADDRESS INFORMATION**  Mr.  Ms.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ SSN \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Business Name \_\_\_\_\_ TIN/EIN \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ DOB \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

(Please view general instructions concerning Taxpayer Identification Number (TIN) information on [www.legacynet.com](http://www.legacynet.com).)

Business (Principal) Address \_\_\_\_\_

Residential Address \_\_\_\_\_

Business Phone Number \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ Home Phone Number \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ Fax Number \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Cell Phone Number \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ E-Mail Address \_\_\_\_\_

Beneficiary Name \_\_\_\_\_ Beneficiary Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Beneficiary SSN \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

### PART III — APPOINTMENTS

For states that require appointment prior to solicitation, which carrier do you want to be appointed with? \_\_\_\_\_

### PART IV — BACKGROUND INFORMATION

**Violent Crime Control and Law Enforcement Act of 1994:** The Violent Crime Control and Law Enforcement Act of 1994 (the "1994 Crime Act") makes it a federal crime to: (1) knowingly make false material statements in financial reports submitted to insurance regulators; (2) embezzle or misappropriate monies or funds of an insurance company; (3) make material false entries in the records of an insurance company in an effort to deceive officials of the company or regulators regarding the financial condition of the company; or (4) obstruct an investigation by an insurance regulator. THE 1994 CRIME ACT ALSO MAKES IT A FEDERAL CRIME FOR INDIVIDUALS WHO HAVE BEEN CONVICTED OF A FELONY INVOLVING DISHONESTY, BREACH OF TRUST, OR ANY OF THE OFFENSES LISTED ABOVE TO WILLFULLY PARTICIPATE IN THE BUSINESS OF INSURANCE. Willfully participating in the business of insurance includes acting as an insurance agent. Penalties for violating the 1994 Crime Act include civil fines up to \$50,000 and imprisonment for up to 15 years.

Will you be in violation of the 1994 Crime Act if you act as an insurance agent?  Yes  No

The applicant must answer the following questions. If the applicant is an entity, such as a corporation or partnership, the questions apply to the entity and to each of its principals and officers.

**If the answer to any questions is "Yes," a detailed explanation must be provided on a separate sheet, with supporting documentation attached:**

1. Do you have any outstanding debt(s) with any insurance marketing or insurance company(ies) as a result of a commissions chargeback?  Yes  No
2. Have you ever filed for bankruptcy?  Yes  No
3. Have you ever been charged with, convicted of, or pled no contest to a felony or misdemeanor?  Yes  No
4. Do you currently have, or have you ever had, an insurance or securities license denied, suspended, or revoked or been the subject of an administrative or regulatory action by any state or federal regulatory agency?  Yes  No
5. Do you currently have a state, federal, or other taxing authority tax lien?  Yes  No
6. Have you ever been refused a bond or had a bond cancelled (other than for non-payment)?  Yes  No
7. Are you currently, or have you ever been, involved in any litigation and/or collection matters? (You may omit matters of family law.)  Yes  No

### PART V — DECLARATION AND SIGNATURE

Under penalties of perjury, I certify that: (a) My Social Security Number or Taxpayer Identification Number shown on this form is correct (or I am waiting for a Taxpayer Identification Number to be issued to me), and (b) I am not subject to backup withholding because: (i) I am exempt from backup withholding, (ii) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (iii) the IRS has notified me that I am no longer subject to backup withholding.

I hereby certify that I have truthfully answered the questions above. The information is to the best of my knowledge an accurate Statement of Fact. I further understand that if any material information given in this application is found to be incorrect or incomplete, it will be grounds for termination at the sole discretion of LMG. This application is contingent upon LMG's completion of its investigation of my background, as contemplated herein, and upon LMG's approval. If this application is approved and accepted by LMG, I agree that by accepting commissions from LMG, I acknowledge my acceptance of all terms and conditions of the Agreement, as amended from time to time. My signature on this application represents my signature on the Agreement and is incorporated by reference. The Agreement becomes effective when accepted by LMG, as evidenced by the signature of an authorized LMG representative.

Print Applicant Name \_\_\_\_\_ Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_  
(IF CORPORATION, TITLE) (OR APPLICANT'S AUTHORIZED REPRESENTATIVE, IF CORPORATION)

### PART VI — SIGNATURE SECTION (IMMEDIATE UPLINE ONLY)

I have reviewed the contract, and to the best of my knowledge, the applicant has answered all questions accurately. Recommended Contract Level: \_\_\_\_\_

Print Upline Name \_\_\_\_\_ Upline Signature \_\_\_\_\_ Upline Producer Number: \_\_\_\_\_

# Release Authorization and Fair Credit Reporting Act Disclosure

This is to notify you that we may procure a consumer report on you as part of the process of considering your application. If information from the report is used in whole or in part in making an adverse decision, we will provide you with a copy of the consumer report and a description in writing of your rights under the Fair Credit Reporting Act before making the adverse decision.

Please be advised that we may also obtain an investigative consumer report, including information on your character, general reputation, personal characteristics, and mode of living. This information may be obtained by contacting your present and previous employers or references supplied by you. Please be advised that you have the right to request, in writing within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the information requested.

Additional information concerning the Fair Credit Reporting Act, 15 U.S.C. §1681 et seq., is available on the Federal Trade Commission's website at [www.ftc.gov](http://www.ftc.gov).

## Release and Authorization

By signing below, I hereby authorize all entities having information about me, including present and former employers, criminal justice agencies, departments of motor vehicles, schools, and credit reporting agencies, to release such information to Legacy Marketing Group® or any of its affiliates or carriers. This release and authorization shall remain valid and in effect during the term of my contract. LMG reserves the right to obtain subsequent consumer reports and/or investigative consumer reports on an as-needed basis.

Applicant's Printed Name \_\_\_\_\_  
(IF CORPORATION, TITLE)

Applicant's Signature \_\_\_\_\_  
(OR APPLICANT'S AUTHORIZED REPRESENTATIVE, IF CORPORATION)

Date \_\_\_\_\_

**AUTHORIZATION FOR AUTOMATIC DEPOSIT**

		Producer Number
Company Name/Agency Name/Producer Name		Federal Tax or Employer Identification Number
Company Address		
City	State	Zip
<b>I HEREBY AUTHORIZE TO INITIATE CREDIT ENTRIES (AND TO INITIATE, IF NECESSARY, DEBIT ENTRIES AND ADJUSTMENTS FOR ANY CREDIT ENTRIES MADE IN ERROR) TO MY ACCOUNT AT THE FINANCIAL INSTITUTION INDICATED BELOW.</b>		
Financial Institution Name		Financial Institution Routing # (ABA #)
Financial Institution Address		Financial Institution Telephone Number
City	State	Zip
Branch		
Account Type:	Account #:	Authorization Effective Date:
<input type="checkbox"/> Checking		
<input type="checkbox"/> Savings		Authorization Expiration Date: (if desired)

**THIS AUTHORITY IS TO REMAIN IN FULL FORCE AND EFFECT UNTIL THE COMPANY HAS RECEIVED WRITTEN NOTIFICATION FROM ME OF THE TERMINATION OF SUCH AUTHORITY, WHICH NOTIFICATION SHALL AFFORD THE COMPANY AND A REASONABLE OPPORTUNITY TO ACT ON THEREON.**

**Please attach a copy of a voided check.**

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

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

For Office Use Only	
Initials:	
Date:	