

WESTERN MARKETING ASSOCIATES CORP.  
108 NORTH 2nd STREET  
P.O. BOX 385  
MISSOURI VALLEY, IA 51555  
#010-89791

# LEGACY MARKETING GROUP

## Producer/Wholesaler Application and Agreement

2090 Marina Avenue, Petaluma, CA 94954-6714 • Telephone: 800-395-1053 • Fax: 707-765-5841  
25 Legacy Drive Northwest, Rome, GA 30165-1390 • Telephone: 800-300-0519 • Fax: 706-368-5992

**PART I — Applicant is**  An Individual  Corporation (Please attach copy of Articles of Incorporation.)  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 \_\_\_\_\_ STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

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

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 of the questions is "Yes," a detailed explanation must be provided on separate sheet, with all relevant 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 GA

Print Upline Name Mark E. Finken Upline Signature Mark E. Finken Upline Producer Number 21963

### FOR LEGACY MARKETING GROUP USE ONLY

By \_\_\_\_\_ Title \_\_\_\_\_ Effective Date \_\_\_\_\_

Producer Number \_\_\_\_\_ Contract Level \_\_\_\_\_

# 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 USE §1681 etc set., 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 \_\_\_\_\_

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# Equity Index Annuity Training Acknowledgement


*Please complete the information below and then sign and fax this acknowledgement to Legacy Marketing Group at 800-395-0045. This form must be signed and returned to Legacy prior to submission of any Equity Index Annuity applications.*

I have completed the EIA PowerPoint training presentation on the Legacy Marketing Group website, [www.legacynet.com](http://www.legacynet.com).

I certify that I understand the EIA products and the appropriate way to represent these products to my clients to ensure that they receive the most suitable product to meet their short- and long-term financial needs. I also understand that the product features, such as premium bonus option, liquidity, Caps, annuitization durations, and surrender charges vary among the three EIA product versions: No Bonus, Extra 4, and Extra 8.

\_\_\_\_\_  
Producer No. \_\_\_\_\_

\_\_\_\_\_  
Producer Name \_\_\_\_\_

\_\_\_\_\_  
Signature  \_\_\_\_\_

\_\_\_\_\_  
Date \_\_\_\_\_