

# Producer Appointment Application

The Dearborn Agency, Inc.

- Fidelity Life Insurance Company
- Genworth Life Insurance Company
- West Coast Life Insurance Company

4421 Elm St. Downers Grove, Illinois 60515  
800/614-1269 Fax# 877/210-5837

PLEASE ANSWER ALL APPLICABLE SECTIONS COMPLETELY.

## Section 1: Appointment Information

Appointment for:  Individual  Corporation  Partnership  Sole Proprietorship  
Type of appointment requested:  Life  Variable Annuity  Variable Life  
State(s) to be appointed in: \_\_\_\_\_ (Attach copies of licenses)  
Type of license currently held (provide copies)  Life  Life A/H  Variable Life  Variable Annuity

## Section 2: Producer Information

Producer \_\_\_\_\_  
Business Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Resident Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_ E-Mail Address \_\_\_\_\_  
Social Security Number (Tax I.D. Number) \_\_\_\_\_ Place of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_  
What is your primary business activity (check only one)  
 Life Insurance Agent/Broker  Financial Planner  Registered Rep  Property/Casualty Agent  
 Qualified Plans (TSA, 401K, etc)  Health Insurance Agent  Other \_\_\_\_\_

## Section 3: Agency Information

Name \_\_\_\_\_ Tax I.D. Number \_\_\_\_\_  
Business Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_ E-Mail Address \_\_\_\_\_

## Section 4: Background Information

- a) Are you currently covered by Errors and Omission Insurance?  Yes  No  
Insurer \_\_\_\_\_ Coverage Amount \$ \_\_\_\_\_  
Have you ever made a claim? If yes, attach separate sheet with details  Yes  No
- b) Has your license ever been suspended, revoked or terminated?  Yes  No
- c) Have you ever been accused or been involved in any hearing or litigation alleging any violations of securities laws, fraud, industry standards of conduct or insurance regulations?  Yes  No
- d) Have you ever been convicted or plead guilty to any misdemeanor or felony charges or have charges currently pending against you or a business with which you are connected?  Yes  No
- e) Have you ever filed for bankruptcy, been declared bankrupt or insolvent, had your salary garnished or had liens against you?  Yes  No
- f) Have you ever had a bond denied, paid out or revoked?  Yes  No
- g) Have you ever been the subject of any complaint or proceeding by any securities, commodities, insurance regulatory body or organization?  Yes  No

**Section 5: Employment History** (Complete only if applying for appointment in Florida, Mississippi, Alabama, Georgia, Ohio, Pennsylvania.) History must cover past 5 years. Attach separate sheet if necessary.

From	To	Company Name	Position		
Contact Person	Street Address		City	State	Zip
From	To	Company Name	Position		
Contact Person	Street Address		City	State	Zip
From	To	Company Name	Position		
Contact Person	Street Address		City	State	Zip
From	To	Company Name	Position		
Contact Person	Street Address		City	State	Zip

**Section 6: Code of Conduct Agreement**

By signing below I acknowledge that I will make recommendations and present products consistent with the insurable needs and financial objectives of my clients; I will provide honest and accurate disclosure of information so that my clients can make an informed buying decision; I will establish and maintain the trust of my clients by treating them with respect and by delivering them quality service; I will maintain the privacy of my clients by protecting their confidential information; I will refrain from disparaging competitors and agents; I will make every attempt to further my education and will maintain awareness of industry laws and company procedures; I will communicate any client concerns or complaints to the company in a timely manner and will notify the company of any violation of the ethical conduct code; and I will maintain a current license and valid appointment in all states in which I solicit the sale of the Company products to customers.

Statements made herein are representations upon which the Company may rely when considering my request for appointment. This information is complete and accurate to the best of my knowledge and belief. I understand and agree that, if appointed, any material misrepresentation of facts herein provided may be the basis for termination.

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

**Section 7: Consent to Request Consumer Report and/or Investigative Consumer Information**

I understand that the Company may utilize the services of a consumer reporting agency as part of the procedure for processing my application for employment and/or application for appointment as a General Agent/Agent/Broker (circle one). I understand a consumer reporting agency may conduct an investigation and prepare a consumer report (which may include a financial credit check, criminal background check, state licensing/disciplinary check, employment/contract check and other information bearing on your credit and financial history) and/or an investigative consumer report which will include, among other things, information as to my credit background, character, general reputation, personal characteristics, mode of living, whichever are applicable. I understand such information may be obtained through person interviews with my neighbors, friends and associates, acquaintances or other persons who may have knowledge regarding such information.

I further understand that upon written request, subjects of an investigative consumer report have the right to: 1) receive a summary of their rights under The Fair Credit Reporting Act; and 2) receive a disclosure of the nature of scope of the investigation conducted.

I hereby consent to this investigation and authorize the Company or its representatives to procure a report on my background as stated above from a consumer reporting agency or any other source providing such information.

I agree the Company has the right to release any information revealed by this investigation to any State requiring it.

Driver's License #: \_\_\_\_\_

# Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not send to the IRS.

**Name**

**Business name, if different from above**

Check appropriate box:  Individual/Sole proprietor  Corporation  Partnership  Other  Exempt from backup withholding

**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. 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 2. 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 2.

Social security number

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or

Employer identification number

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Note: If the account is in more than one name, see the chart on page 2 for guidelines on whose number to enter.

## Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. person (including a U.S. resident alien).

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 2.)

**Sign Here** Signature of U.S. person **Date**

### Purpose of Form

A person who is required to file an information return with the IRS must get 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 give your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee.

If you are a foreign person, use the appropriate Form W-8. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities.

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.

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 30% of such payments after December 31, 2001 (29% after December 31, 2003). This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

- You do not furnish your TIN to the requester, or
- You do not certify your TIN when required (see the Part II instructions on page 2 for details), or
- The IRS tells the requester that you furnished an incorrect TIN, or
- The IRS tells you that you are subject to backup withholding because you did not report

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions on page 2 and the separate Instructions for the Requester of Form W-9.

### Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of Federal law, the requester may be subject to civil and criminal penalties.