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## CONTRACTING PACKET CHECKLIST

### FILL OUT & INCLUDE THE FOLLOWING FORMS:

- ☐ Completed Contracting Packet
- ☐ Copy of your individual/agency insurance license(s)
- ☐ Copy of your current E&O
- ☐ Proof of AML
- ☐ Proof of updated state CE Training

\*Our contracting system, SuranceBay, uses data from the National Insurance Producer Registry (NIPR) to process your contract request. We recommend that if any of your personal data, such as address or email, has changed within the past six months that you electronically update your information with NIPR at [www.nipr.com](http://www.nipr.com).

### RETURN TO:

**Email:** [contracting@goodlifeia.com](mailto:contracting@goodlifeia.com)

**Fax:** 610-628-2077 (Fax and Direct Phone)

**Mail:** Good Life Insurance Associates  
30Commerce Dr  
Wyomissing PA 19610

First Name

Middle

Last Name

Suffix

**Please Select 5 Carriers (Others will be completed as New Business is submitted)**  
**This applies ALL LIFE and ANNUITY carrier**

**Select Unlimited Medicare Carriers (Must be contracted prior to writing new business)**



FULLY UNDERWRITTEN LIFE	SIMPLIFIED LIFE	DISABILITY INCOME	MEDICARE SUPPLEMENTS	LONG TERM CARE	ANNUITIES
Accordia Life & Annuity	American Continenta	Cincinnati Life	Aetna	Genworth	American Equity
American General	Amicable Life	Mass Mutual	Bankers Fidelity	John Hancock	American General
American National	Baltimore Life	Met Life	Cigna	Mutual of Omaha	American National
Assurity	Foresters	Principal	Combined Insurance	Medico	Athene
AXA	Lafayette	The Standard	CSI		Athlantic Coast Life
Banner Life	Liberty Bankers		Gerber Life		Cincinnati Life
Mutual of Omaha	Loyal American		Manhattan Life		EquiTrust
Foresters	Medico		Medico		Fidelity & Guarantee
Gerber Life	Mutual of Omaha		Mutual of Omaha		Forethought
John Hancock	Royal Neighbors		New Era		Guggenheim
Lafayette	Sagacor		Sentinel Security Life		Great American
Lincoln Financial	Transamerica Life		Thrivent Financial		Integrity
Nationwide	United Home		Transamerica		Lincoln Financial
Met Life			United Healthcare		National Western
Minnesota Life	<i>(Doesn't count as one of the 5)</i>				North American
Cincinnati Life	<i>(Doesn't Count as one of the 5)</i>				One America
Mass Mutual	<i>(Doesn't Count as one of the 5)</i>				Protective Life
National Life		TO BE COMPLETED BY CONTRACTING DEPARTMENT			The Principal
North American					Royal Neighbors
One America					Sentinel Life
Pacific Life	<b>Advisor's Namer (FIRST)</b>	<b>MIDDLE</b>	<b>LAST</b>	<b>SUFFIX</b>	Sagacor
Protective Life					VOYA
The Principal	<b>Agency Upline</b>		<b>Level</b>		
Prudential					
Royal Neighbors					
Sagacor Life					
Transamerica Life					
VOYA					

Carriers and product offering is subject to change. For contracting questions and requests, please email [contracting@goodlifeia.com](mailto:contracting@goodlifeia.com)

# **Producer Set-Up Packet**

**USE HIGH RESOLUTION SCANNER OR HIGH QUALITY FAX**

Social Security #: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Email: \_\_\_\_\_ Resident Insurance: \_\_\_\_\_  
Lic. # & State \_\_\_\_\_

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

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

Title: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Driver's Lic. #: \_\_\_\_\_ DL State: \_\_\_\_\_

**Residential Address (No PO Boxes)**

Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**City/State Not Needed**

Line 1: \_\_\_\_\_ Line 2: \_\_\_\_\_ Zip code: \_\_\_\_\_

**Mailing Address (No PO Boxes)**

Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**City/State Not Needed**

Line 1: \_\_\_\_\_ Line 2: \_\_\_\_\_ Zip code: \_\_\_\_\_

**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: \_\_\_\_\_

**Company Type:** ☐ Corporation ☐ Partnership ☐ LLC ☐ LLP

**Corporate Address (No PO Boxes)**

Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**City/State Not Needed**

Line 1: \_\_\_\_\_ Line 2: \_\_\_\_\_ Zip code: \_\_\_\_\_

## **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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1A	Have you ever been convicted of or plead guilty or no contest to any Felony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1B	Have you ever been convicted of or plead guilty or no contest to any Misdemeanor?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1D	Have you ever been convicted of or plead guilty or no contest to a violation of state insurance department regulations or statutes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1E	Has any foreign government, court, regulatory agency, or exchange ever entered an order against you related to investments or fraud?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1F	Have you ever been charged with a Felony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1G	Have you ever been charged with a Misdemeanor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1H	Have you ever been on probation?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2A	Are you currently under investigation by any legal or regulatory authority?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2B	Have you been under investigation by any insurance company?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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).	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3	Have you ever been alleged to have engaged in any fraud?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4	Have you ever been found to have engaged in any fraud?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5A	Were you fired because you were accused of violating insurance or investment related statutes, regulations, rules or industry standards of conduct?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5B	Were you fired because you were accused of fraud or the wrongful taking of property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5C	Failure to supervise in connection with insurance or investment related statutes, regulations, rules or industry standards of conduct?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6	Have you ever had an appointment with any insurance company denied or terminated for cause?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8A	Has a bonding or surety company ever denied, paid on or revoked a bond for you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8B	Has any Errors & Omissions (E&O) carrier ever denied, paid claims on or cancelled your coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9	Have you ever had an insurance or securities license denied, suspended, cancelled or revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11	Has any state or federal regulatory agency revoked or suspended your license as an attorney, accountant, or federal contractor?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13	Have you had any interruptions in licensing?	<input type="checkbox"/> Yes <input type="checkbox"/> 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? Have you ever been the subject of a consumer initiated complaint?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14A	Has any regulatory body ever sanctioned, censured, penalized or otherwise disciplined you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14B	Has any state, federal, or self-regulatory agency filed a complaint against you, fined or sanctioned you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14C	Have you ever been the subject of a consumer initiated complaint?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15A	Have you personally filed a bankruptcy petition or declared bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15C	Is the bankruptcy pending?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16	Are there any unsatisfied judgments, garnishments or liens against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17	Are you connected in any way with a bank, savings & loan association, or other lending or financial institution?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18	Have you ever used any other names or aliases?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19	Do you have any unresolved matters pending with the Internal Revenue Service or other taxing authority?	<input type="checkbox"/> Yes <input type="checkbox"/> 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: \_\_\_\_\_

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

## **LETTER OF EXPLANATION**

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

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

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

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

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

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

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

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

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

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

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

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

**\*NOTE\* Use additional paper if necessary**

## **LICENSES**

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: \_\_\_\_\_

Special Note to Good Life Advisors: This form is not required to be filled out. All other agents must fill out this form and include a copy of a voided check.

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

Attach copy of the check here for checking account or  
deposit slip for saving account:

**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: \_\_\_\_\_

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**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: \_\_\_\_\_ Zip code: \_\_\_\_\_

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From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_ ***City/State Not Needed***Line 1: \_\_\_\_\_ Line 2: \_\_\_\_\_ Zip code: \_\_\_\_\_

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From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_ ***City/State Not Needed***Line 1: \_\_\_\_\_ Line 2: \_\_\_\_\_ Zip code: \_\_\_\_\_

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Special Note to Good Life Advisors: Good Life IA has your E&O certificate. It is not necessary to attach it with your submission. All other agents, please include a copy of your E&O certificate.

## 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 refer to the following examples.

CORRECT:

My Insurance Agency Inc.

**Joe Agent**

123 Main Ave

City, State, 12345

INCORRECT:

My Insurance Agency Inc.

123 Main Ave

City, State, 12345

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

## 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.



PRODUCERIDXXX

## LTC/Life & Annuity General Guidelines

*Good Life Insurance Associates requires that you abide by all the rules and regulations outlined by LPL Financial regarding insurance sales and fixed business per your contracting agreement. You also agree to follow the rules listed below when making proper investment and insurance selections for your clients.*

- 1 A client profile and risk tolerance questionnaire should accompany all new business applications  
*"The client's financial profile is the most important factor to consider in regards to regulatory considerations, policies, and documentation. To capture the complete financial profile, the client financial situation and client needs must be obtained accurately."* See attached LPL Best Practices for VA for more detail
- 2 We prohibit the use of any senior designations unless approved through the OSJ and LPL's Compliance.
- 3 A transaction where the client will incur more than 2% surrender charge or \$4,000 penalty will have to go through an additional approval process before released to carrier (Note: This rule will supercede the carriers guidelines)
- 4 All fixed annuities will have to stay within the FINRA 10-10 Rule, which states no product offered will have more than a 10 year surrender period with greater than 10% surrender charge in year one.
- 5 Per LPL's guidelines, you MUST obtain a delivery receipt for every insurance product sold and maintain a copy in the client file for 6 years after the account closes. If the company doesn't have a delivery receipt with the contract, then form GLIA-DR 1.16 (Attached) must be used.
- 6 We will only offer contracts that offer FULL cash value as a death benefit...no forced annuitization for the beneficiaries.
- 7 You manually complete the annuity suitability form GLIA-ASF 1.16 for ALL fixed annuity transactions (Attached)
- 8 Checks made payable to the carrier, should be sent to the carrier, not LPL.
- 9 If the existing contract will incur a surrender penalty and it's within three months of the contract anniversary, you provide detailed rationale outlining why the transaction must take place prior to the contract anniversary date (assumes a drop in CDSC percentage upon the anniversary).
- 10 Our promise is to offer you a large selection of fixed annuity, fixed life, long-term care and disability coverage, through competitive carries (investment grade only) which will allow you an unbiased product selection above and beyond what is offered directly through the LPL insurance platform. We will constantly conduct due diligence on both the carriers and products, adding and removing carriers if our minimum standards are not met. Any changes made to our product line-up will be brought to your attention via email 30 days prior to change.

I, \_\_\_\_\_, fully understand and agree to the terms listed above when conducting business through  
Good Life Insurance Associates on this \_\_\_\_\_ day of \_\_\_\_\_, 2016.

Advisor: \_\_\_\_\_ Principle: \_\_\_\_\_

