

NFI Solutions, Inc.
350 Burnsville Parkway
STE 360
Burnsville, MN 55337

Dir: 952-887-1239
Fax: 952-657-7568

NFI SOLUTIONS

NATIONAL FINANCIAL INS.

Contracting@NFIsolutions.com
www.NFIsolutions.com

Dear Valued Agent,

Thank you for taking the time to complete the following information. If you ever have any questions, please do not hesitate to contact us.

To complete your licensing request, please complete the following licensing questionnaire. The questionnaire information will be submitted through our online licensing system, SureLC, which is a program that allows us to save your information in our system. Please be aware that some carriers require the agent to verify the completed paperwork that is generated through our SureLC system. In the event that you receive an email notification from SureLC, please review and acknowledge the completed paperwork. In the future, should you desire to be appointed with any additional carriers, NFI Solutions will already have your information saved on file, allowing us to submit and complete your appointment in a timely manner.

Please allow 24 hrs. for contracting paperwork that is in good order to be submitted to the carrier or review. Licensing requests that are submitted in good order are in most cases approved by the carrier within 7 business days.

The following documents must be submitted to NFI Solutions in their entirety;

- Agent Personal Information
- Licensing Questionnaire
 - Signature Page
 - Letter of Explanation for "Yes" responses
- Signature Authorization
- Electronic Funds Transfer
- Copy of voided check
- 1099 e-consent form
- W9
- Copy of E&O certificate
- Proof of AML Completion Certificate
- State annuity suitability training, if required
- Jurisdictional & Venue Agreement

Before taking an application, please remember to complete your NAIC state specific annuity suitability training and any required carrier product specific training. The instructions for completing the training can be found on our website, NFIsolutions.com - or, please give our office a call for guidance.

If the above requirements are not met within 30 days of the request, your appointment will be closed until paperwork is received in good order.

Submit these documents to:

EMAIL: Contracting@NFIsolutions.com

PHONE: 952-887-1239 | FAX: 952-657-7568

Agent Name: _____

Agent’s Group Affiliation: _____

Agent’s Broker Dealer: _____

Contact Agent Direct: (select one) ☐ Yes ☐ No

If No, please list point of Contact for Agent Status Correspondence;

Name: _____ Contact Info: _____

Name: _____ Contact Info: _____

Name: _____ Contact Info: _____

State/s Appointment Requested: _____

Carrier Requested	Product Type	Agent’s Direct Report	Agent Currently Contracted
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Additional Notes Regarding Agent’s Contract:

Last Name: _____ MI: _____ First Name: _____ SSN: _____

Date of Birth: _____ Email: _____ Resident Insurance License#: _____ State: _____

Phone: _____ Mobile: _____ Fax: _____

Driver's License #: _____ State: _____ Title: _____ Marital Status: _____

Maiden name (if different than listed above): _____

Mailing Address (No PO boxes)

This is the address that policies and
correspondences will be sent to.

Move in Date: ____/____/____

Address: _____ city/ State: _____ Zip: _____

Residential (No PO Boxes)- If different from above

Move in Date: ____/____/____

Address: _____ City/State: _____ Zip: _____

AML Provider:

Date Completed: ____/____/____

☐ LIMRA: Password _____ ☐ NONE ☐ Other: _____

Please provide your password if completed through LIMRA, so that we can pull your training records.

Are you a Registered Rep with FINRA? ☐ Yes ☐ No

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

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: _____ Principal Name: _____ Principal Title: _____

Phone: _____ Fax: _____ Email: _____

Corp Address (No PO boxes): _____ city/ state: _____ Zip: _____

Employment History: Please provide the past 5 years of employment

**** Attach additional info if needed****

From: ____ / ____ / ____ To: ____ / ____ / ____

Company: _____

Position: _____

Location: _____

From: ____ / ____ / ____ To: ____ / ____ / ____

Company: _____

Position: _____

Location: _____

From: ____ / ____ / ____ To: ____ / ____ / ____

Company: _____

Position: _____

Location: _____

Address History: Please provide the past 5 years

**** Attach additional info if needed****

From: ____ / ____ / ____ To: ____ / ____ / ____

Address (No PO boxes): _____ city/ state: _____ Zip: _____

From: ____ / ____ / ____ To: ____ / ____ / ____

Address (No PO boxes): _____ city/ state: _____ Zip: _____

From: ____ / ____ / ____ To: ____ / ____ / ____

Address (No PO boxes): _____ city/ state: _____ Zip: _____

Please complete this questionnaire in its entirety

1. Have you ever been charged or convicted of or plead guilty to any Felony, Misdemeanor, federal/ state insurance and/or securities or investments regulations or statutes?	☐ Yes ☐ No
a. Have you ever been convicted of or plead guilty or no contest to any Felony?	☐ Yes ☐ No
b. Have you ever been convicted of or plead guilty or no contest to any Misdemeanor?	☐ Yes ☐ No
c. Have you ever been convicted of or plead guilty or no contest to a violation of federal or state securities or investment related regulations?	☐ Yes ☐ No
d. Have you ever been convicted of or plead guilty or no contest to a violation of state insurance department regulation or statute?	☐ Yes ☐ No
f. Has any foreign government, court, regulatory agency, or exchange ever entered an order against you related to investments or fraud?	☐ Yes ☐ No
g. Have you ever been charged with a Felony?	☐ Yes ☐ No
h. Have you ever been charged with a Misdemeanor?	☐ Yes ☐ No
i. Have you ever been on probation?	☐ Yes ☐ 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?	☐ Yes ☐ No
a. Are you currently under investigation by any legal or regulatory authority?	☐ Yes ☐ No
b. Have you been under investigation by any insurance company?	☐ Yes ☐ No
c. Have you ever been or are you currently involved in any pending indictments, lawsuits, civil judgments, or other legal proceedings (civil or criminal)	☐ Yes ☐ No
d. Have you ever been named as a defendant or co-defendant in a lawsuit, or have you ever sued or been sued by an insurance company?	☐ Yes ☐ No
3. Have you ever been alleged to have engaged in any fraud?	☐ Yes ☐ No
4. Have you ever been found to have engaged in any fraud?	☐ Yes ☐ No
5. Has any insurance or financial services company or broker dealer terminated your contract or appointment or permitted you to resign for reasons other than lack of sales?	☐ Yes ☐ No
a. Were you fired because you were accused of violating insurance or investment related statutes, regulations, rules or industry standards of conduct?	☐ Yes ☐ No
b. Were you fired because you were accused of fraud or the wrongful taking of property?	☐ Yes ☐ No
c. Were you fired because of failure to supervise in connection with insurance or investment related statutes, regulation, rules, or industry standards of conduct?	☐ Yes ☐ No
6. Have you ever had an appointment with any insurance company and been denied or terminated for cause?	☐ Yes ☐ 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?	☐ Yes ☐ No

8. Has any lawsuit or claim ever been made against you, your surety company, or errors and omission insurer arising out of your sales or practices, or, have you been refused surety bonding or E&O coverage?	☐ Yes ☐ No
a. Has a bonding or surety company ever denied, paid on or revoked bond for you?	☐ Yes ☐ No
b. Has any Errors & Omissions (E&O) carrier ever denied, paid claims or cancelled your coverage?	☐ Yes ☐ No
9. Have you ever had an insurance or securities license denied, suspended, cancelled, or revoked?	☐ Yes ☐ 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 or revoked/restricted?	☐ Yes ☐ No
11. Has any state or federal regulatory agency revoked or suspended your license as an attorney, accountant, or federal contractor?	☐ Yes ☐ 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?	☐ Yes ☐ No
13. Have you had any interruptions in licensing?	☐ Yes ☐ 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?	☐ Yes ☐ No
a. Has any regulatory body ever sanctioned, censored, penalized, or otherwise disciplined you?	☐ Yes ☐ No
b. Has any state, federal, or self-regulatory agency filed a complaint against you, fined or sanctioned you?	☐ Yes ☐ No
c. Have you ever been the subject of a consumer initiated complaint?	☐ Yes ☐ 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?	☐ Yes ☐ No
a. Have you personally filed a bankruptcy petition or declared bankruptcy?	☐ Yes ☐ No
b. 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 of within 5yrs. After termination of such association?	☐ Yes ☐ No
c. Is the bankruptcy pending?	☐ Yes ☐ No
16. Are there any unsatisfied judgments, garnishments, or liens against you?	☐ Yes ☐ No
17. Are you connected in any way with a bank, savings & loan association, or other lending or financial institution?	☐ Yes ☐ No
18. Have you ever used any other names or aliases?	☐ Yes ☐ No
19. Do you have any unresolved matters pending with Internal Revenue Service or other taxing authority?	☐ Yes ☐ No

If you answered any questions **YES**, provide an explanation that includes dates, actions, and descriptions.
Use the letter of explanation below, attach additional paper if necessary.

Signature: _____ Date: _____

**** Attach Additional Pages if Needed****

Date of Action: ____/____/____

Action: _____

Reason: _____

Explanation: _____

Date of Action: ____/____/____

Action: _____

Reason: _____

Explanation: _____

Date of Action: ____/____/____

Action: _____

Reason: _____

Explanation: _____

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.



Account Owner Name (Required): _____

Transit #: _____

Account Number: _____

Financial Institution Name: _____

Branch Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

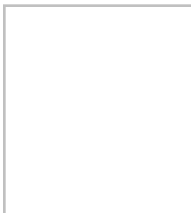
Account Type: ☐ Checking ☐ Saving ☐ Business ☐ Personal

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:





Consent to Electronic Delivery of Forms 1099-NEC – Nonemployee Compensation

Publication 1179 of the Internal Revenue Service requires a Payer to receive affirmative consent from recipients to deliver Forms 1099-NEC electronically. This correspondence will provide you with disclosures required under IRS requirements. If after reading the disclosures below you choose to have your 1099-NEC delivered electronically, please return this consent form.

Name of Recipient: _____

Consent to Electronic Delivery: Yes ☐ No ☐

IMPORTANT DISCLOSURE INFORMATION

1) If you do not consent to electronic delivery, you will receive a paper 1099-NEC in the mail, which will be delivered to the address that we currently have on file.

2) Your consent to electronic delivery will apply to all future 1099-NECs unless consent is withdrawn by you (see point 4 below).

3) If for any reason you would like a paper copy of your 1099-NEC after you have consented to electronic delivery, you may submit a request via e-mail (see #10 below) or send a written request to (see #11 below). Requesting a paper copy of your 1099-NEC will not be treated as a withdrawal of consent.

4) If you would like to withdraw your consent to electronic delivery, you may submit a notice via e-mail (see #10 below) or send a written request to (see #11 below). Your consent is considered withdrawn on the date the Payer receives your written request to withdraw consent. The Payer will confirm the withdrawal and its effective date in writing. A withdrawal of consent does not apply to a 1099-NEC that was e-mailed to you in accordance with IRS Requirements before the effective date of the withdrawal of consent.

5) The Payer will cease providing Forms 1099-NEC to you electronically if you provide a notice to withdraw consent, if you are no longer a Recipient or if regulations change to prohibit the form of delivery.

6) If you need to update your contact information that we have on file, e-mail the update to (see #10 below).

7) We will notify you if there are any changes to the contact information of the Payer.

8) You will need a computer, printer and Adobe Acrobat software to access, print and retain your 1099-NEC.

9) Your 1099-NEC may be required to be printed and attached to a federal, state or local income tax return.

10) Contact Email: _____

11) Contact Address: _____

Signature: _____

Date: _____

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

Print or type
See Specific Instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only **one** of the following seven boxes:

- ☐ Individual/sole proprietor or single-member LLC
- ☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____
- Note.** For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.
- ☐ Other (see instructions) ▶ _____
- ☐ C Corporation
- ☐ S Corporation
- ☐ Partnership
- ☐ Trust/estate

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)

Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. 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 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number

				-							
--	--	--	--	---	--	--	--	--	--	--	--

or

Employer identification number

				-							
--	--	--	--	---	--	--	--	--	--	--	--

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. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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 3.

**Sign
Here**

Signature of
U.S. person ▶

Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

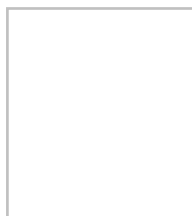
Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

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.

- 1) Enter your username (the first 4 letters of your last name in lowercase, plus the last 6 digits of your social security number)
- 2) Enter your password in all lowercase
 - First time users: Your initial password is your last name
 - Returning users: Use the password you have already created

****NOTE** Use all lowercase when entering the letters in your Username & Password**

3) Click the “login” button & follow the instructions to change your password if you are a first time user.

Once logged in, the LIMRA courses will be listed in the middle of the screen. The status column will indicate if the course has or has not been completed.

For first time users the Base Course is required. The base course is good for 2 years. After 2 years’ agents are required to complete a refresher course. Refresher courses are good for 1 year. Select the course to complete.

Once the course is completed you will have to provide proof of completion. You can obtain the proof of completion by a screenshot of the home page. The screenshot must include the agents name on the left, the course list in the middle and the completion status to the left. If you are not able to complete the screenshot, please copy and paste the information into a word document including the same. Please refer to the below sample. *If you would like to complete 5 Star AML, lease email mhunt@afba.com and request the 5 Star AML link be sent to you

LIMRA

Training Resources

Training
You are logged in as John Doe

English | Français

NOTE: This page does not serve as valid proof of completion from LIMRA. LIMRA does not provide certificates of completion to the individual user. Completion certification is validated by LIMRA and reported electronically to the requesting company.

FAQ:
How many times do I complete the Base course?

Refresher Courses – Complete ALL courses listed below in English OR Spanish.

Description	Title	Estimated Completion Time	Status
Conocer al cliente. Revisión de antilavado de dinero para seguros		30 minutos	Completed (Equivalent Taken)
Money-Laundering Red Flags – Anti-Money Laundering for Insurance Review (Flash Not Enabled)		30 minutos	Completed (Equivalent Taken)
Revisión de la ignorancia deliberada y antilavado de dinero para seguros		30 minutos	Completed (Equivalent Taken)
Willful Blindness – Anti-Money Laundering for Insurance Review		30 minutos	Completed 2/11/2010
Money-Laundering Red Flags – Anti-Money Laundering for Insurance Review (Flash Enabled)		30 minutos	Completed 2/13/2013
Know Your Customer – Anti-Money Laundering for Insurance Review		30 minutos	Completed 5/23/2011
Stages of Money Laundering – Anti-Money Laundering for Insurance Review		30 minutos	Completed 8/22/2012

Base Course – Complete the AML course in English OR Spanish.

Description	Title	Estimated Completion Time	Status
Protección contra el lavado de dinero para agentes de seguros			Completed (Equivalent Taken)
Anti Money Laundering for Insurance Producers		40 minutos	Completed 10/24/2009

NFI Solutions
JURISDICTIONAL and VENUE AGREEMENT
(Choice of Law-Minnesota)

This Jurisdictional Agreement shall be applicable to every insurance company and/or agent with whom the undersigned is contracted and wherein NFI Solutions is the undersigned's up line. Should NFI Solutions have to enforce the terms and conditions of any Annualization Agreement and/or become responsible to collect any Debit Balance of the undersigned for any reason whatsoever, the undersigned agrees that for purposes of said enforcement and/or collection jurisdiction shall be vested in and be governed by the laws of the State of Minnesota. Should enforcement and/or collection proceedings become necessary, venue of said proceedings shall be lodged in the County of Dakota, Minnesota or elsewhere as specified by NFI Solutions.

Should enforcement proceedings become necessary, NFI Solutions shall be entitled to recover attorney(s) fees, court costs, collection fees/costs and costs of suit. If it becomes necessary to refer this matter to a collection agency, a minimum cost of 35% will be added to the principal owed to NFI Solutions.

The parties agree this Jurisdiction and Venue Agreement shall be governed by the laws of the State of Minnesota and this Agreement shall not be complete until accepted by NFI Solutions in Burnsville, Minnesota. This Agreement shall be deemed executed in Burnsville Minnesota, County of Dakota.

I have read the foregoing and agree to be bound by the terms and conditions set forth herein.

X _____
Individually, and as the authorized representative _____ Date
Of _____

Printed Name _____

AGREED, ACCEPTED, and APPROVED by NFI Solutions in Burnsville, Minnesota, County of Dakota.

NFI Solutions _____ Date

Printed Name _____