

Producer Information

INSURER

OM Financial Life Insurance Company

INSTRUCTIONS:

STEP 1: Complete, sign, and date this form below. Please note the term "you" or "your" refers to the entity or individual named below.

STEP 2: Send/Email this form to your Appointing General Agency.

MGA Name: _____

MGA Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

OM FINANCIAL LIFE INSURANCE COMPANY

PRODUCER INFORMATION (Please Print or Type)

This is a request for the appointment of:

1. Producer Name: _____

2. Residence Address: _____

City: _____ State: _____ Zip: _____

3. Residence Phone: () _____

4. Business Address: _____

City: _____ State: _____ Zip: _____

5. Business Phone: () _____

6. Business FAX: () _____

7. E-Mail Address: _____

8. Preferred Method of Contact: Phone Fax Email

9. Social Security #: _____

10. Date of Birth: _____

11. Gender: Male Female

12. (California licensed agents only.) Do you hold a current Certificate of Continuing Education?

Yes (Please attach a copy) No

13. Have you taken the AML training course? Yes No
(If not, you are required to complete LIMRA AML training course and you will be automatically entered into the LIMRA database.)

14. Languages spoken besides English

Spanish Other _____

I Request to be Appointed in:

_____ Resident State _____ License Number

_____ Non-resident State _____ License Number

_____ Non-resident State _____ License Number

_____ Non-resident State _____ License Number

_____ Non-resident State _____ License Number

BY SIGNING BELOW, I HEREBY AUTHORIZE OM FINANCIAL LIFE TO (A) CONDUCT A BACKGROUND INVESTIGATION IF REQUIRED BY STATE INSURANCE CODES OR IF OTHERWISE DEEMED APPROPRIATE OR DESIRABLE BY THE COMPANIES, AND (B) DISCLOSE THE RESULTS OF THE INVESTIGATION TO THE MASTER GENERAL PRODUCER, THE GENERAL PRODUCER AND/OR THE PRODUCER BY WHOM I WAS REFERRED TO THE COMPANIES FOR APPOINTMENT.

Signature: X _____

Date: _____

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE RECEIVED AND READ THE COMPANY'S MARKET CONDUCT GUIDE, AND AGREE THAT I SHALL COMPLY WITH AND BE BOUND BY ALL OF THE STANDARDS, TERMS, CONDITIONS AND REMEDIES CONTAINED THEREIN (INCLUDING THOSE WHICH MAY BE CONTAINED IN ANY ATTACHMENTS/ADDENDA THERETO), ALL OF WHICH ARE INCORPORATED HEREIN BY REFERENCE, AND AS MAY BE AMENDED FROM TIME TO TIME. I FURTHER AGREE THAT I SHALL COMPLY WITH ANY FUTURE STANDARDS, TERMS CONDITIONS AND REMEDIES COMMUNICATED TO ME BY THE COMPANY AS THEY RELATE TO MARKET CONDUCT, OR OTHERWISE.

Signature: X _____

Date: _____

TO BE COMPLETED BY APPOINTING GENERAL AGENT:

Fill in the approved compensation level/contract type(s): _____

AGA Authorization: X _____ Date: _____

Name of AGA: _____ AGA Code: _____

Contact AGA by: FAX: _____ E mail: _____