



GLOBAL PRODUCER SET UP PACKET

In order to onboard with Wentworth Financial Partners for your fixed insurance and annuity business, please complete the Global Producer Set Up Packet

The completed packet can be returned via fax at (855) 662-3393 or secure email at wfphelp@wentworthfp.com.

Please be sure to include all the following items:

- Global Producer Set Up packet
- Letters of explanation for any legal questions answered “yes”
- Anti-Money Laundering training certificate
- Copy of voided check (*commissions are paid direct from the carrier*)
- State specific NAIC certificates

Please reach out with any questions
(855) 757-5433 | wfphelp@wentworthfp.com

Producer Set-Up Packet

Social Security #: _____ Gender: _____ Date of Birth: _____

Email: _____

Resident Insurance (Lic. # & State): _____

Phone Number: _____ Fax Number: _____

Cell Phone: _____

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: _____

Line 1: _____ City/State: _____ Zip code: _____

Mailing Address (No PO Boxes) Start Date: _____

Line 1: _____ City/State: _____ Zip code: _____

Doing Business As:

Individual Individ. Assigning Commission To Corp Business Entity Solicitor/LOA

If DBA Solicitor/LOA, list who you are assigning commissions to: _____

Complete the following only if DBA a Business Entity / Individual Assigning Commission to Corporation:

EIN: _____ Business Name: _____

Website: _____ Phone: _____ Fax: _____

Your Title: _____ Principal Name: _____

Principal Title: _____ Email: _____

Company Type:

C Corp; S Corp; Trust; LLC; LLS; LLP; Partnership; Sole Proprietorship

Corporate Address (No PO Boxes) Start Date: _____

Line 1: _____ City/State: _____ Zip code: _____

Legal Questions for Contracting & 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: _____ Date: _____

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 and statutes? Have you ever been on probation? YES NO

1a Have you ever been convicted of or plead guilty or no contest to any Felony? YES NO

1b Have you ever been convicted of or plead guilty or no contest to any Misdemeanor? YES 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 regulation? YES NO

1d Have you ever been convicted of or plead guilty or no contest to a violation of state insurance department regulation or statute? YES NO

1e Has any foreign government court, regulatory agency, or exchange ever entered an order against you related to Investments or Fraud? YES NO

1f Have you ever been charged with any Felony? YES NO

1g Have you ever been charged with any Misdemeanor? YES NO

1h Have you ever been on probation? YES NO

2 Have you ever been or are you currently being investigated, have any pending indictments, lawsuits, or have you ever been in a lawsuit with an insurance company? YES NO

2a Are you currently under investigation by any legal or regulatory authority? YES NO

2b Have you been under investigation by any insurance company? YES 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)? YES 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? YES NO

3 Have you ever been alleged to have engaged in any fraud? YES NO

Legal Questions for Contracting & 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.

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 reason other than lack of sales? YES NO

5a Were you terminated/resigned because you were accused of violating insurance or investment related statutes, regulations, rules or industry standards of conduct? YES NO

5b Were you terminated/resigned because you were accused of fraud or the wrongful taking of property? YES NO

5c Failure to supervise in connection with insurance or investment-related statutes, regulations, rules or industry standards of conduct? YES NO

6 Have you ever had an appointment with any insurance company terminated for cause or been denied an appointment? 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 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? YES NO

8a Has a bonding or surety company ever denied, paid on or revoked a bond for you? Or, have you ever had a claim filed against your surety company? YES NO

8b Has any Errors & Omissions (E&O) carrier ever denied, paid claims on or cancelled your coverage? Or, have you ever had a claim filed against your E&O carrier? 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, revoked, or 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

Legal Questions for Contracting & 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.

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 ever 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? Have you ever been the subject of a consumer-initiated complaint? YES NO

14a Has any regulatory body ever sanctioned, censured, penalized or otherwise disciplined you? YES NO

14b Has any state, federal or self-regulatory agency filed a complaint against you, fined or sanctioned you? YES NO

14c 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

15a Have you personally filed a bankruptcy petition or declared bankruptcy? YES 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? YES NO

15c Is the bankruptcy pending? YES NO

16 Have you ever had any judgements, 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 the Internal Revenue Service or other taxing authority? YES 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:

Licenses

AML Provider: LIMRA OTHER

Date Completed (must be within the last two years): _____

If other, attach Certificate of Completion.

If you need to update or complete AML training, please go to: www.limra.com

Are you a Registered Rep with FINRA? Yes No

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

Please list any Honors you currently hold: _____

Employment History

***NOTE* Attach Additional Info If Needed**

Please provide past 7 years of employment history:

From: _____ **To:** _____

Company: _____ **Position:** _____

Location: _____

From: _____ **To:** _____

Company: _____ **Position:** _____

Location: _____

From: _____ **To:** _____

Company: _____ **Position:** _____

Location: _____

Address History

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

Please provide past 7 years of address history:

From: _____ **To:** _____

Line 1: _____ **City/State:** _____ **Zip:** _____

From: _____ **To:** _____

Line 1: _____ **City/State:** _____ **Zip:** _____

From: _____ **To:** _____

Line 1: _____ **City/State:** _____ **Zip:** _____

From: _____ **To:** _____

Line 1: _____ **City/State:** _____ **Zip:** _____

From: _____ **To:** _____

Line 1: _____ **City/State:** _____ **Zip:** _____

From: _____ **To:** _____

Line 1: _____ **City/State:** _____ **Zip:** _____

From: _____ **To:** _____

Line 1: _____ **City/State:** _____ **Zip:** _____

Electronic Fund Transfers (EFT)

Not required for LOA/Solicitor

Account Owner Name (Required): _____

Transit/ABA#: _____ Financial Institution Name: _____

Bank Account #: _____

Account Type: Checking Savings

Branch Address: _____

City/State: _____ Zip: _____

Branch 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:

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!



LIFE

APPOINTMENT REQUESTS

Please select any carriers that you will require an appointment with for fixed life products.

- | | |
|---|--|
| <input type="checkbox"/> Allianz | <input type="checkbox"/> Mutual of Omaha/United of Omaha |
| <input type="checkbox"/> American General | <input type="checkbox"/> National Guardian |
| <input type="checkbox"/> American National | <input type="checkbox"/> National Life Group |
| <input type="checkbox"/> Americo | <input type="checkbox"/> National Western Life Insurance Company |
| <input type="checkbox"/> Assurity Life | <input type="checkbox"/> Nationwide |
| <input type="checkbox"/> Banner | <input type="checkbox"/> New York Life |
| <input type="checkbox"/> Brighthouse | <input type="checkbox"/> North American Company |
| <input type="checkbox"/> Cincinnati Life | <input type="checkbox"/> One America |
| <input type="checkbox"/> Equitable Life & Casualty Insurance Co | <input type="checkbox"/> Pacific Life |
| <input type="checkbox"/> EquiTrust Financial Services | <input type="checkbox"/> Principal Life |
| <input type="checkbox"/> Foresters | <input type="checkbox"/> Protective Life |
| <input type="checkbox"/> Gerber Life Insurance Company | <input type="checkbox"/> Royal Neighbors of America |
| <input type="checkbox"/> Global Atlantic Group | <input type="checkbox"/> Sagicor |
| <input type="checkbox"/> John Hancock | <input type="checkbox"/> Savings Bank Life Insurance (SBLI) |
| <input type="checkbox"/> Lafayette Life | <input type="checkbox"/> Security Mutual Life |
| <input type="checkbox"/> Lincoln Financial Group | <input type="checkbox"/> Symetra Life |
| <input type="checkbox"/> Lloyds of London | <input type="checkbox"/> Transamerica Life |
| <input type="checkbox"/> Minnesota Life | <input type="checkbox"/> Zurich Global |

ANNUITY APPOINTMENT REQUESTS

Please select any carriers that you will require an appointment with for fixed annuity products.

- | | |
|---|--|
| <input type="checkbox"/> AIG | <input type="checkbox"/> Legacy |
| <input type="checkbox"/> Allianz | <input type="checkbox"/> Liberty Bankers Life |
| <input type="checkbox"/> American Equity Investment Life Co | <input type="checkbox"/> LSW |
| <input type="checkbox"/> American National | <input type="checkbox"/> National Life Group |
| <input type="checkbox"/> Americo | <input type="checkbox"/> National Western Life Insurance Company |
| <input type="checkbox"/> Assurity Life | <input type="checkbox"/> North American Company |
| <input type="checkbox"/> Athene | <input type="checkbox"/> One America |
| <input type="checkbox"/> Atlantic Coast Life | <input type="checkbox"/> Oxford Life Insurance Company |
| <input type="checkbox"/> Banker's Life Insurance Company | <input type="checkbox"/> Pacific Life |
| <input type="checkbox"/> EquiTrust Financial Services | <input type="checkbox"/> Phoenix |
| <input type="checkbox"/> Fidelity & Guaranty Life | <input type="checkbox"/> Reliance Standard Life Insurance Co |
| <input type="checkbox"/> Fidelity Security Life Insurance Company | <input type="checkbox"/> Royal Neighbors of America |
| <input type="checkbox"/> Foresters | <input type="checkbox"/> Sagikor |
| <input type="checkbox"/> Global Atlantic Group | <input type="checkbox"/> Sentinel Security Life |
| <input type="checkbox"/> Great American | <input type="checkbox"/> The Baltimore Life Companies |
| <input type="checkbox"/> Guaranty Life Insurance Company | <input type="checkbox"/> The Standard |
| <input type="checkbox"/> Guggenheim | <input type="checkbox"/> Voya Financial |
| <input type="checkbox"/> Integrity Life Insurance Company | <input type="checkbox"/> W&S Financial Group Distributors |