



# THANK YOU

Thank you for giving Advisors Excel the opportunity to increase your annuity and life business!

# FILL OUT 3 SIMPLE FORMS

Fill out these 3 simple forms and fax them back with the following items:

Copy of your individual/agency insurance license

Copy of your current E&O

Copy of voided check for direct deposit

(NOTE: All voided checks must be accompanied by either the SSN or TIN of the entity to which all payments will be made. Please understand that all reportable taxes will assigned to this number. Also, some insurance carriers may not permit payment to an agency or DBA without a corresponding TIN.)

List of company officers on company letterhead (Agencies Only)

# HAVE QUESTIONS?

If you have any questions please call **Advisors Excel** at **(866) 363.9595**

| AGENT DATA SHEET  |                                     |                                  |  |
|---|-------------------------------------|----------------------------------|--|
| <b>Please Check One</b>   | <input type="checkbox"/> Individual | <input type="checkbox"/> Agency  | <input type="checkbox"/> Licensed Only |
| Full Name (as it appears on License): _____                                   |                                     |                                  |  |
| Date of Birth: _____  |                                     | Social Security Number: _____    |  |
| Married: <input type="checkbox"/> YES <input type="checkbox"/> NO             |                                     |                                  |  |
| Agency Name (if applicable): _____  |                                     |                                  |  |
| Tax ID (if applicable): _____   |                                     |                                  |  |
| Email Address: _____  |                                     |                                  |  |
| Securities Licensed: <input type="checkbox"/> YES <input type="checkbox"/> NO |                                     | Broker Dealer Affiliation: _____ |  |
| Residence License State: _____  |                                     |                                  |  |
| Non-Resident License State(s): _____  |                                     |                                  |  |
| List <b>ONLY</b> those states in which you wish to be contracted.             |                                     |                                  |  |
| *Anti-Money Laundering Training not required by most companies.               |                                     |                                  |  |
| Please identify from whom you received your training: _____                   |                                     |                                  |  |

| RESIDENCE INFORMATION                             |  |
|---|--|
| Residence Address (must be street address): _____ |  |
| Residence Phone: _____                            |  |
| Cell Phone: _____                                 |  |

| BUSINESS INFORMATION    |  |
|-------------------------|--|
| Business Address: _____ |  |
| Business Phone: _____   |  |
| Fax: _____              |  |

Please **INITIAL** by the carrier(s) with whom you would like to contract:

\*Carrier requires E&O    #Carrier Requires EFT

**Allianz**

- Annuity
- Life
- American Equity
- American National (web app only)

- Equitrust\*#
- Forethought\*
- Great American\*#
- Annuity Investors#
- Loyal American

- Lincoln National/Jefferson Pilot
- National Western Life - Annuity
- North American\*#
- Old Mutual (Fidelity & Guaranty)
- Phoenix\*

**Aviva**

- AmerUS\*
- Annexus Group/BPA\*#
- American Investors Life\*

- Guaranty\*
- ING – USA
- ING – Reliastar Life
- Legacy

- RBC
- Reliance Standard\*
- Sunlife\*

I give permission to Advisors Excel, LLC to complete the contracting requirements with only the companies I have initialed above. I understand I must send back the unique signature page for my contracting to be valid.

**X** \_\_\_\_\_

Signature of Agent

\_\_\_\_\_ Date

**Please complete and FAX to (785) 271-1448**

| AGENT DATA SHEET  |  |  |   |
|---|--|--|---|
| <b>Please Check One</b>   | <input type="checkbox"/> <b>Individual</b> | <input type="checkbox"/> <b>Agency</b> | <input type="checkbox"/> <b>Licensed Only</b> |
| Full Name (as it appears on License): _____                                   |  |  |   |
| Date of Birth: _____  |  | Social Security Number: _____          |   |
| Married: <input type="checkbox"/> YES <input type="checkbox"/> NO             |  |  |   |
| Agency Name (if applicable): _____  |  |  |   |
| Tax ID (if applicable): _____   |  |  |   |
| Email Address: _____  |  |  |   |
| Securities Licensed: <input type="checkbox"/> YES <input type="checkbox"/> NO |  | Broker Dealer Affiliation: _____       |   |
| Residence License State: _____  |  |  |   |
| Non-Resident License State(s): _____  |  |  |   |
| List <b>ONLY</b> those states in which you wish to be contracted.             |  |  |   |
| <b>*Anti-Money Laundering Training not required by most companies.</b>        |  |  |   |
| <b>Please identify from whom you received your training:</b> _____            |  |  |   |

| RESIDENCE INFORMATION                                      |  |
|--|--|
| Residence Address (must be street address): _____<br>_____ |  |
| Residence Phone: _____ Cell Phone: _____                   |  |

| BUSINESS INFORMATION             |  |
|----------------------------------|--|
| Business Address: _____<br>_____ |  |
| Business Phone: _____ Fax: _____ |  |

Please **INITIAL** by the carrier(s) with whom you would like to contract:

**\*Both Annuity and Life available**

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> AIG American General*             | <input type="checkbox"/> ING ReliaStar Life           | <input type="checkbox"/> National Life         | <input type="checkbox"/> Security Mutual         |
| <input type="checkbox"/> Allianz                           | <input type="checkbox"/> John Hancock                 | <input type="checkbox"/> National Western Life | <input type="checkbox"/> Sun Life                |
| <input type="checkbox"/> American National* (web app only) | <input type="checkbox"/> Lafayette Life *             | <input type="checkbox"/> Nationwide            | <input type="checkbox"/> Transamerica Occidental |
| <input type="checkbox"/> Assurity*                         | <input type="checkbox"/> Life of Southwest (web only) | <input type="checkbox"/> New York Life         | <input type="checkbox"/> Union Central           |
| <input type="checkbox"/> Aviva Life (formerly Indy Life)   | <input type="checkbox"/> Lincoln Benefit Life*        | <input type="checkbox"/> North American*       | <input type="checkbox"/> United Of Omaha*        |
| <input type="checkbox"/> AXA Equitable Life                | <input type="checkbox"/> Lincoln National             | <input type="checkbox"/> Old Mutual            | <input type="checkbox"/> West Coast Life         |
| <input type="checkbox"/> Banner Life                       | <input type="checkbox"/> MetLife                      | <input type="checkbox"/> Phoenix*              |  |
| <input type="checkbox"/> Columbus Life *                   | <input type="checkbox"/> Metropolitan Life            | <input type="checkbox"/> Prudential            |  |
| <input type="checkbox"/> Consec                            | <input type="checkbox"/> Minnesota Life               | <input type="checkbox"/> RBC                   |  |
| <input type="checkbox"/> Genworth Life                     | <input type="checkbox"/> Mutual of Omaha              | <input type="checkbox"/> Sagacor Life *        |  |
| <input type="checkbox"/> Hartford Life                     |   |  |  |

I give permission to Advisors Excel, LLC to complete the contracting requirements with only the companies I have initialed above. I understand I must send back the unique signature page for my contracting to be valid.

**X** \_\_\_\_\_  
Signature of Agent

\_\_\_\_\_  
Date

**Please complete and FAX to (785) 271-1448**

**BACKGROUND INFORMATION**Please check each question with either **YES** or **NO**. If **YES**, please provide a detailed explanation on a separate page.

|  |                              |                             |
|--|------------------------------|-----------------------------|
| Have you ever been charged, convicted, or plead no contest (nolo contendere) to any crime or are there criminal charges pending against you or a business with which you are connected?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Have you had or do you currently have any outstanding collection accounts, judgments, liens, or garnishments against you or a business of which you were or presently are a principal?   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Have you ever been a party to or have you personally violated any securities or commodities law or rule set by any securities or commodities regulatory body, organization, or employer in the commodities or insurance industry?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Do you owe money to any insurance company, agency, manager, or broker dealer, or have any business or personal debts that resulted in collections or charge-offs?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Have you or a firm in which you were a partner, officer, or director filed for protection from creditors, been declared bankrupt or insolvent, been party to a bankruptcy or receivership proceeding, compromised liabilities with creditors, or had a direct payment procedure initiated under the Securities Investor Protection Act?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Have you ever defaulted on a promissory note, or any other debt, including consumer or credit card debt?   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Have you ever been bonded?   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Are you currently bonded?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Has a bonding or surety company ever denied, refused, paid out on, canceled, revoked, or refused to continue a bond for you?   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Is there any reason you cannot secure a bond?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Has any insurance department, securities broker-dealer, government agency, or self-regulatory authority ever denied, suspended, revoked, censured, barred your license (as an insurance agent, attorney, accountant, or federal contractor) or registration, disciplined you with fines, entered an order against you, restricted your activities, canceled any contract or appointment with you or any other member, partner, officer, or controlling persons in your organization or is there any pending disciplinary action? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Have you ever had a claim filed against your Professional Liability or Errors and Omissions insurance coverage or has any E&O Carrier denied, paid claims on, or canceled your coverage?   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Have you had any complaints or deficiency claims filed against you by any insured/annuitant with any insurance company or state insurance department in the past 10 years?   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Have you ever used any other names or aliases on a license or other registration?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Are you now or have you ever been employed by, or associated with to any degree directly or indirectly, a bank, savings and loan, or other financial institution?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Are you now subject to any complaint, investigation, or proceeding which could result in a yes answer to any of the proceeding questions?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

**REQUIRED SIGNATURE**

By signing below, I agree to allow Advisors Excel to enter the information provided on this questionnaire as well as submitted licenses, E&O coverage, direct deposit information, and additional background information to begin the licensing process for the carriers selected. I understand that the purpose of this datasheet is to collect initial data and that Advisors Excel will contact me for additional information that may be required. I understand no contract will be completed until I sign a unique signature form generated from the Efficient Forms' Efficient Contracting Solution.

**X**\_\_\_\_\_  
Signature of Agent\_\_\_\_\_  
Date



Name: \_\_\_\_\_

General Agent: \_\_\_\_\_ Advisors Excel, LLC

I, \_\_\_\_\_, hereby authorize Advisors Excel, LLC to affix or append a facsimile of my signature, as set forth below, to all required signature fields on all Insurance Carrier documents which I have authorized Advisors Excel, LLC to submit on my behalf, for the purpose of being contracted to sell the products of such Carriers through Advisors Excel, LLC.

I affirm that the information I have submitted through the interview process to Advisors Excel, LLC is correct to the best of my knowledge and acknowledge that I have read and reviewed the documents for which I am authorizing my signature to be affixed to. I acknowledge and agree to indemnify and hold harmless any third party from and against my and all loss arising out of its reliance and acceptance of a facsimile of my signature.

**Please sign in the center of the box below.**

**Example:**

*John Doe*