

Producer/Agency Form



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- Producer**
- Agency**

- OM Financial Life Insurance Company**
- OM Financial Life Insurance Company of New York**

Instructions:

- Step 1.** Complete, Sign and Date this Form. If you are a corporate principal, complete a separate form for the corporation. Forward the form(s) to your appointing agency.
- Step 2.** Appointing General Agencies, please complete the bottom portion of the Form authorizing the hierarchy set up and compensation.
- Step 3.** Once contracted and you have been given access to SalesLink, you will be asked to sign additional Agreements via an electronic signature.

MGA Name: _____ MGA Number _____
MGA Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____

Producer/Agency Information

Producer/Agency Name: _____
Residence Address: _____
City: _____ State: _____ Zip: _____
Residence Phone: _____
Cell Phone: _____
Business Address: _____
City: _____ State: _____ Zip: _____
Business Phone: _____ Fax: _____
e-mail address: _____
Preferred method of contact: e-mail Phone Fax
Date of Birth: _____
Social Security Number: _____
Corporation TIN Number: _____
Gender: M F Agency
Language(s) spoken other than English: _____
Resident State License No.: _____

- 5. Have you ever been *alleged* to have engaged in any fraud?
 Yes No
- 6. Have you ever been *found* to have engaged in any fraud?
 Yes No
- 7. Have you ever been convicted of any crime?
 Yes No
- 8. Have you ever been barred, fined or disciplined by any insurance, securities or other regulator in any jurisdiction?
 Yes No
- 9. Have you ever had your license to offer or sell insurance products or securities suspended or revoked in any jurisdiction?
 Yes No
- 10. Do you hold a current Certificate of Continuing Education for California and/or Iowa? Yes (Please attach a copy) No
- 11. Have you taken the AML training course? Yes
 No (If not, you are required to complete the LIMRA AML training course and will be entered into the LIMRA database.)

Additional States in which you wish to be appointed and License Numbers for each:

Non- Resident State	License Number
_____	_____
Non- Resident State	License Number
_____	_____
Non- Resident State	License Number
_____	_____

- 1. Have you ever filed for bankruptcy? Yes No
- 2. Have you ever been the subject of any complaint related to the solicitation or sale of any insurance product(s), securities or any financial product or service, in any jurisdiction?
 Yes No
- 3. Have you ever been the subject of any investigation or proceeding by any insurance or securities regulator in any jurisdiction?
 Yes No
- 4. Have you ever been accused of or charged with any improper conduct related to the solicitation or sale of any insurance product(s), securities or any financial product or service?
 Yes No

If the Answer to any question from 1-9 above is yes, please attach an explanation. Additional information such as supporting documents may be required.

By signing below, I: (i) certify that all of the information provided on this form is true and correct and I acknowledge that my failure to provide truthful and accurate information is a valid basis for the immediate termination of my relationship with OM Financial Life Insurance Company and/or OM Financial Life Insurance Company of New York (the "Company" in reference to either or both, as applicable), for cause; (ii) authorize the Company to conduct an investigation of my background and to disclose the results of any such investigation to the Agency(ies) with which I am or become affiliated; and (iii) acknowledge that I have received, read, and will comply with the Company's Code of Ethical Conduct and Market Conduct Guide, and that I have received, read, and agree to be bound by the terms of the Company's Producer/Agency Agreement (each as amended from time-to-time). I understand that I can access all of these documents on SalesLink.

Signature of Producer or Principal of Agency: _____
Date: _____

To be completed by the Appointing Agency

Name of Agency: _____ AGA Code: _____
Approved compensation level/contract type(s): _____
Signature of Authorized Agent: _____ Date: _____
Contact Agency by: Fax e-mail