



# Beacon Financial

*Lighting the way to your success*

In order to complete your contracting request, please complete the following contracting questionnaire. We will then input this information into our contracting system, which will store your information and carrier contracting forms. In the future, as you wish to contract with a new carriers, Beacon Financial will already have your information saved on file, allowing us to complete and submit contracting paperwork on your behalf, increasing speed and efficiency. (Please keep in mind for any changes, to notify us immediately. Also submitting updated records: E&O, AML, Licenses, ect is crucial for the process to go smoothly.)

Once the questionnaire has been completed, you will also need to complete and sign the Signature Page, and EFT Authorization. Signing and submitting the signature page authorizes Beacon Financial to submit your information through our online licensing program. Signing the EFT Authorization allows for carriers to direct deposit your commissions.

## **Please submit the following documents to our office:**

- Agent / Agency Set-Up Packet
- E&O
- Anti-Money Laundering (If you completed AML through LIMRA you can do a print screen shot)
- License (Resident and/or Non-Resident)
- State Annuity Training (If your state Requires it)
- Legal Questions Form / Education, Employment & Address History
- Legal Documents (Letter of Explanation is required if you marked yes to any legal questions)
- EFT Form
- Voided Check
- Signature Form

**ABOVE DOCUMENTS ARE REQUIRED and FORMS MUST BE COMPLETED COMPLETELY (NO skipping!)**

These documents can be faxed or emailed to Sarah Nelson. If you have any questions, they should also be directed to her.

Contact information for Sarah Goggins  
757 W 700 S. Woods Cross, UT 84087  
Phone: 801-397-3030 / Fax: 866-647-5940  
Email: [sarah@beaconsuccess.com](mailto:sarah@beaconsuccess.com)  
Website: [www.beaconsuccess.com](http://www.beaconsuccess.com)



## New Agent/Agency Set-Up Packet

Doing Business As:  Individual  Business Entity  License Only Agent

<b>Full Name:</b>	<b>SSN:</b>	<b>Date of Birth:</b>
<b>Martial Status:</b>	<b>Driver's Lic #:</b>	<b>Gender: M or F</b>
<b>Email Address:</b>	<b>DL State:</b>	
<b>Residence Address:</b>	<b>Residence Phone:</b>	
	<b>Cell Phone:</b>	
<b>Business Name:</b>	<b>Tax ID:</b>	
<b>Business Address:</b>	<b>Business Phone:</b>	
	<b>Business Fax:</b>	
<b>Desired Mailing Address?</b>		

**Mark the Carriers you wish to be appointed with:** (Product Training instructions will be submitted via email once we receive your request to be appointed.)

<p style="text-align: center;"><b>Annuity</b></p> <input type="checkbox"/> Allianz (Life & Annuity) <input type="checkbox"/> American Equity <input type="checkbox"/> American National <input type="checkbox"/> Cincinnati Life <input type="checkbox"/> EquiTrust <input type="checkbox"/> Forethought <input type="checkbox"/> Great American <input type="checkbox"/> Guggenheim <input type="checkbox"/> ING <input type="checkbox"/> Jackson National <input type="checkbox"/> Life of the Southwest <input type="checkbox"/> Lincoln Benefit <input type="checkbox"/> Lincoln Financial <input type="checkbox"/> MTL <input type="checkbox"/> National Guardian Life <input type="checkbox"/> National Western <input type="checkbox"/> North American <input type="checkbox"/> Oxford Life <input type="checkbox"/> Phoenix <input type="checkbox"/> Reliance Standard <input type="checkbox"/> Sagicor <input type="checkbox"/> Security Benefit <input type="checkbox"/> Unity	<p style="text-align: center;"><b>Life</b></p> <input type="checkbox"/> American General <input type="checkbox"/> Americo <input type="checkbox"/> Assurity Life <input type="checkbox"/> Aviva (Life & Annuity) <input type="checkbox"/> Banner <input type="checkbox"/> Fidelity Life <input type="checkbox"/> Foresters <input type="checkbox"/> Forethought <input type="checkbox"/> Genworth (Life & Annuity) <input type="checkbox"/> Integrity Life <input type="checkbox"/> John Hancock <input type="checkbox"/> Lafayette Life <input type="checkbox"/> Life of the Southwest <input type="checkbox"/> Lincoln Benefit <input type="checkbox"/> Lincoln Financial <input type="checkbox"/> Mass Mutual <input type="checkbox"/> MetLife <input type="checkbox"/> Minnesota Life <input type="checkbox"/> Mutual of Omaha <input type="checkbox"/> North American <input type="checkbox"/> Presidential Life <input type="checkbox"/> Protective <input type="checkbox"/> Prudential Life <input type="checkbox"/> Reliastar (Life & Annuity) <input type="checkbox"/> Security Life of Denver <input type="checkbox"/> State Life <input type="checkbox"/> TransAmerica <input type="checkbox"/> United of Omaha	<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <p style="text-align: center;"><b>Are you ready to submit business?</b> List Carrier, Client Name, Client D.OB, State App Signed:</p> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <p style="text-align: center;"><b>Have you ever been appointed in the past with any carriers you selected? List Carriers:</b></p> </div> <div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center;"><b>Are you active with any Carriers? List Carriers:</b></p> </div> <p style="text-align: center; color: blue; font-weight: bold;"><i>Commission leve will be determined by your upline. Also please note if you are wishing to be LOA</i></p>
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*If there is a carrier not listed contact us*

**Referred By:**

*If you selected a carrier that you are currently active, please be advise there may be a release required to transfer.*

<b>LEGAL QUESTIONS:</b>		<b>Yes</b>	<b>No</b>
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 or statutes? Have you ever been on probation?	<input type="checkbox"/>	<input type="checkbox"/>
1A)	Have you ever been convicted of or plead guilty or no contest to any Felony?	<input type="checkbox"/>	<input type="checkbox"/>
1B)	Have you ever been convicted of or plead guilty or no contest to any Misdemeanor?	<input type="checkbox"/>	<input type="checkbox"/>
1C)	Have you ever been convicted of or plead guilty or no contest to a violation of federal state securities or investment related regulations?	<input type="checkbox"/>	<input type="checkbox"/>
1D)	Have you ever been convicted of or plead guilty or no contest to a violation of state insurance department regulations or statutes?	<input type="checkbox"/>	<input type="checkbox"/>
1E)	Has any foreign government, court, regulatory agency, or exchange ever entered an order against you related to investments or fraud?	<input type="checkbox"/>	<input type="checkbox"/>
1F)	Have you ever been charged with a Felony?	<input type="checkbox"/>	<input type="checkbox"/>
1G)	Have you ever been charged with a Misdemeanor?	<input type="checkbox"/>	<input type="checkbox"/>
1H)	Have you ever been on probation?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
2A)	Are you currently under investigation by any legal or regulatory authority?	<input type="checkbox"/>	<input type="checkbox"/>
2B)	Have you been under investigation by any insurance company?	<input type="checkbox"/>	<input type="checkbox"/>
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).	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
3)	Have you ever been alleged to have engaged in any fraud?	<input type="checkbox"/>	<input type="checkbox"/>
4)	Have you ever been found to have engaged in any fraud?	<input type="checkbox"/>	<input type="checkbox"/>
5)	Has any insurance or financial services company or broker-dealer terminated your contract or appointment or permitted you to resign for any reason other than lack of sales?	<input type="checkbox"/>	<input type="checkbox"/>
5A)	Were you fired because you were accused of violating insurance or investment related statutes, regulations, rules or industry standards of conduct?	<input type="checkbox"/>	<input type="checkbox"/>
5B)	Were you fired because you were accused of fraud or the wrongful taking of property?	<input type="checkbox"/>	<input type="checkbox"/>
5C)	Failure to supervise in connection with insurance or investment related statutes, regulations, rules or industry standards of conducts?	<input type="checkbox"/>	<input type="checkbox"/>
6)	Have you ever had an appointment with any insurance company denied or terminated for cause?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
8)	Has any lawsuit or claim ever been made against you, your surety company, or errors and omissions insu have you been refused surety bonding or E&O coverage?	<input type="checkbox"/>	<input type="checkbox"/>
8A)	Has a bonding or surety company ever denied, paid on or revoked a bond for you?	<input type="checkbox"/>	<input type="checkbox"/>
8B)	Has any Errors & Omissions (E&O) carrier ever denied, paid claims on or cancelled your coverage?	<input type="checkbox"/>	<input type="checkbox"/>
9)	Have you ever had an insurance or securities license denied, suspended, cancelled or revoked?	<input type="checkbox"/>	<input type="checkbox"/>
10)	Has any state or federal regulatory body found you to have been a cause of an investment - or insurance to do business denied, suspended, revoked, or restricted?	<input type="checkbox"/>	<input type="checkbox"/>
11)	Has any state or federal regulatory agency revoked or suspended your license as an attorney, accountant, or federal contractor?	<input type="checkbox"/>	<input type="checkbox"/>
12)	Has any state or federal regulatory agency found you to have made a false statement or omission or been dishonest, unfair, or unethical?	<input type="checkbox"/>	<input type="checkbox"/>
13)	Have you had any interruptions in licensing?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
14A)	Has any regulatory body ever sanctioned, censured, penalized or otherwise disciplined you?	<input type="checkbox"/>	<input type="checkbox"/>
14B)	Has any stated, federal, or self-regulatory agency filed a complaint against you, fined, or sanctioned you?	<input type="checkbox"/>	<input type="checkbox"/>
14C)	Have you ever been the subject of a consumer initiated complaint?	<input type="checkbox"/>	<input type="checkbox"/>
15)	Have you personally or any insurance or securities brokerage firm with whom you have been associated filed a bankruptcy petition or declared bankruptcy?	<input type="checkbox"/>	<input type="checkbox"/>
15A)	Have you personally filed a bankruptcy petition or declared bankruptcy?	<input type="checkbox"/>	<input type="checkbox"/>
16)	Are there any unsatisfied judgments, garnishments or liens against you?	<input type="checkbox"/>	<input type="checkbox"/>
17)	Are you connected in any way with a bank, savings & loan association, or other lending or financial institution?	<input type="checkbox"/>	<input type="checkbox"/>
18)	Have you ever used any other names or aliases?	<input type="checkbox"/>	<input type="checkbox"/>
19)	Do you have any unresolved matters pending with the Internal Revenue Service or other taxing authority?	<input type="checkbox"/>	<input type="checkbox"/>

**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: \_\_\_\_\_

**EDUCATION HISTORY**

◆ School Name: \_\_\_\_\_ Location: \_\_\_\_\_  
 Type of School: \_\_\_\_\_ Did you graduate: \_\_\_\_\_ Month/Year: \_\_\_\_\_

◆ School Name: \_\_\_\_\_ Location: \_\_\_\_\_  
 Type of School: \_\_\_\_\_ Did you graduate: \_\_\_\_\_ Month/Year: \_\_\_\_\_

◆ School Name: \_\_\_\_\_ Location: \_\_\_\_\_  
 Type of School: \_\_\_\_\_ Did you graduate: \_\_\_\_\_ Month/Year: \_\_\_\_\_

**EMPLOYMENT HISTORY**

◆ From: \_\_\_\_\_ To: \_\_\_\_\_  
 Company: \_\_\_\_\_ Position: \_\_\_\_\_  
 Location: \_\_\_\_\_

◆ From: \_\_\_\_\_ To: \_\_\_\_\_  
 Company: \_\_\_\_\_ Position: \_\_\_\_\_  
 Location: \_\_\_\_\_

◆ From: \_\_\_\_\_ To: \_\_\_\_\_  
 Company: \_\_\_\_\_ Position: \_\_\_\_\_  
 Location: \_\_\_\_\_

**ADDRESS HISTORY (Past 5yrs)**

◆ From: \_\_\_\_\_ To: \_\_\_\_\_  
 Address: \_\_\_\_\_ City / State / Zip Code: \_\_\_\_\_

◆ From: \_\_\_\_\_ To: \_\_\_\_\_  
 Address: \_\_\_\_\_ City / State / Zip Code: \_\_\_\_\_

◆ From: \_\_\_\_\_ To: \_\_\_\_\_  
 Address: \_\_\_\_\_ City / State / Zip Code: \_\_\_\_\_

**OTHER INFORMATION****Are you registered Rep with FINRA?**

If Yes, Broker / Dealer Name: \_\_\_\_\_ CRD #: \_\_\_\_\_  
 Address: \_\_\_\_\_

## ELECTRIC FUND TRANSFER (EFT)

Account Owner Name (Required): \_\_\_\_\_

Transit / ABA #: \_\_\_\_\_

Account #: \_\_\_\_\_

Financial Institution Name: \_\_\_\_\_

Branch Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Account:  Checking  Saving 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 I may have now, or in the future, with the Company.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please do not forget to attach a voided check!**

# 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 Beacon Financial, Inc 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 ECS and 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.

EXAMPLE:

*John Smith*