

LEGACY MARKETING GROUP®

2090 Marina Avenue, Petaluma, CA 94954-6714

Please mail form to: Licensing & Contracting Team • P.O. Box 100216, Rome, GA 30162-7216 • Telephone 800-300-0519 • Fax 800-813-6095

Producer/Wholesaler Application and Agreement

PART I — Applicant is An Individual Corporation LLC Partnership (Please attach copy of Partnership Agreement.)

I understand that I cannot solicit applications for the company(ies) until I am contracted with LMG and duly licensed and appointed with LMG's authorized companies in the states that require such licensing and appointment.

PART II — APPLICANT NAME AND ADDRESS INFORMATION Mr. Ms.

Last Name _____ First Name _____ Middle Initial _____ SSN _____ - _____ - _____

Business Name _____ TIN/EIN _____ DOB _____ / _____ / _____

(Please view general instructions concerning Taxpayer Identification Number (TIN) information on www.legacynet.com.)

Business (Principal) Address _____

STREET ADDRESS CITY STATE ZIP

Residential Address _____

STREET ADDRESS CITY STATE ZIP

Business Phone Number _____ - _____ - _____ Home Phone Number _____ - _____ - _____ Fax Number _____ - _____ - _____

Cell Phone Number _____ - _____ - _____ E-Mail Address _____

Beneficiary Name _____ Beneficiary Date of Birth _____ / _____ / _____ Beneficiary SSN _____ - _____ - _____

PART III — APPOINTMENTS

For states that require appointment prior to solicitation, which carrier do you want to be appointed with? _____

PART IV — BACKGROUND INFORMATION

Violent Crime Control and Law Enforcement Act of 1994: The Violent Crime Control and Law Enforcement Act of 1994 (the "1994 Crime Act") makes it a federal crime to: (1) knowingly make false material statements in financial reports submitted to insurance regulators; (2) embezzle or misappropriate monies or funds of an insurance company; (3) make material false entries in the records of an insurance company in an effort to deceive officials of the company or regulators regarding the financial condition of the company; or (4) obstruct an investigation by an insurance regulator. THE 1994 CRIME ACT ALSO MAKES IT A FEDERAL CRIME FOR INDIVIDUALS WHO HAVE BEEN CONVICTED OF A FELONY INVOLVING DISHONESTY, BREACH OF TRUST, OR ANY OF THE OFFENSES LISTED ABOVE TO WILLFULLY PARTICIPATE IN THE BUSINESS OF INSURANCE. Willfully participating in the business of insurance includes acting as an insurance agent. Penalties for violating the 1994 Crime Act include civil fines up to \$50,000 and imprisonment for up to 15 years.

Will you be in violation of the 1994 Crime Act if you act as an insurance agent? Yes No

The applicant must answer the following questions. If the applicant is an entity, such as a corporation or partnership, the questions apply to the entity and to each of its principals and officers.

If the answer to any questions is "Yes," a detailed explanation must be provided on a separate sheet, with supporting documentation attached:

1. Do you have any outstanding debt(s) with any insurance marketing or insurance company(ies) as a result of a commissions chargeback? Yes No

2. Have you ever filed for bankruptcy? Yes No

3. Have you ever been charged with, convicted of, or pled no contest to a felony or misdemeanor? Yes No

4. Do you currently have, or have you ever had, an insurance or securities license denied, suspended, or revoked or been the subject of an administrative or regulatory action by any state or federal regulatory agency? Yes No

5. Do you currently have a state, federal, or other taxing authority tax lien? Yes No

6. Have you ever been refused a bond or had a bond cancelled (other than for non-payment)? Yes No

7. Are you currently, or have you ever been, involved in any litigation and/or collection matters? (You may omit matters of family law.) Yes No

PART V — DECLARATION AND SIGNATURE

Under penalties of perjury, I certify that: (a) My Social Security Number or Taxpayer Identification Number shown on this form is correct (or I am waiting for a Taxpayer Identification Number to be issued to me), and (b) I am not subject to backup withholding because: (i) I am exempt from backup withholding, (ii) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (iii) the IRS has notified me that I am no longer subject to backup withholding.

I hereby certify that I have truthfully answered the questions above. The information is to the best of my knowledge an accurate Statement of Fact. I further understand that if any material information given in this application is found to be incorrect or incomplete, it will be grounds for termination at the sole discretion of LMG. This application is contingent upon LMG's completion of its investigation of my background, as contemplated herein, and upon LMG's approval. If this application is approved and accepted by LMG, I agree that by accepting commissions from LMG, I acknowledge my acceptance of all terms and conditions of the Agreement, as amended from time to time. My signature on this application represents my signature on the Agreement and is incorporated by reference. The Agreement becomes effective when accepted by LMG, as evidenced by the signature of an authorized LMG representative.

Print Applicant Name _____ Applicant Signature _____ Date _____

(IF CORPORATION, TITLE)

(OR APPLICANT'S AUTHORIZED REPRESENTATIVE, IF CORPORATION)

PART VI — SIGNATURE SECTION (IMMEDIATE UPLINE ONLY)

I have reviewed the contract, and to the best of my knowledge, the applicant has answered all questions accurately. Recommended Contract Level: _____

Print Upline Name **CapitalCare, Inc** Upline Signature _____ Upline Producer Number: _____

Release Authorization and Fair Credit Reporting Act Disclosure

This is to notify you that we may procure a consumer report on you as part of the process of considering your application. If information from the report is used in whole or in part in making an adverse decision, we will provide you with a copy of the consumer report and a description in writing of your rights under the Fair Credit Reporting Act before making the adverse decision.

Please be advised that we may also obtain an investigative consumer report, including information on your character, general reputation, personal characteristics, and mode of living. This information may be obtained by contacting your present and previous employers or references supplied by you. Please be advised that you have the right to request, in writing within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the information requested.

Additional information concerning the Fair Credit Reporting Act, 15 U.S.C. §1681 et seq., is available on the Federal Trade Commission's website at www.ftc.gov.

Release and Authorization

By signing below, I hereby authorize all entities having information about me, including present and former employers, criminal justice agencies, departments of motor vehicles, schools, and credit reporting agencies, to release such information to Legacy Marketing Group® or any of its affiliates or carriers. This release and authorization shall remain valid and in effect during the term of my contract. LMG reserves the right to obtain subsequent consumer reports and/or investigative consumer reports on an as-needed basis.

Applicant's Printed Name _____
(IF CORPORATION, TITLE)

Applicant's Signature _____
(OR APPLICANT'S AUTHORIZED REPRESENTATIVE, IF CORPORATION)

Date _____

AUTHORIZATION FOR AUTOMATIC DEPOSIT

Commission assignments must be removed prior to requesting the automatic deposit of your commissions. Requests to remove assignments must be made in writing.

Producer Number:		SSN/TIN #	
Producer Name (As contracted with Legacy Marketing Group)			
Address:			
City:		State:	Zip Code:
<p>I hereby authorize Legacy Marketing Group (Legacy) to initiate credit entries, and if necessary, initiate debit entries and/or adjustments for any credit entries made in error, to my account at the Financial Institution indicated below. If the account indicated below is owned/co-owned by an entity or individual with whom Legacy has no contractual relationship, I attest that I am the owner/co-owner or an authorized principal of the entity. I represent that I have the authority, or am appropriately authorized to grant Legacy the ability to make withdrawals or deposits to the account indicated below. I further agree to indemnify and hold harmless Legacy from any and all claims, liability, costs and expenses, including reasonable attorneys' fees, arising out of the reliance on the aforementioned representations and warranties.</p> <p>This authority is to take effect upon verification of the information provided with the Financial Institution and such authority is to remain in effect until such time as Legacy has received my written notification requesting the termination of such authority, this notification shall afford both Legacy and the Financial Institution a reasonable opportunity to act upon the removal request.</p>			
Financial Institution Name			
Address:			
City:		State:	Zip Code:
Financial Institution Routing # (ABA#)		Financial Institution Telephone Number:	
Branch:			
Account Type (select one only):	Account #:		
<input type="checkbox"/> Checking			
<input type="checkbox"/> Savings			

Please attach a copy of a voided check

Signature: _____ Date: _____

Print Name: _____

For Office Use Only	
Initials:	
Date:	

Mail or Fax completed form to: Legacy Marketing Group, Attn: Licensing and Contracting
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