

ONBOARDING AGENT

Full Name: _____

E-mail: _____ Resident State: _____ SureLC Link Sent: Yes No

Product Lines:

- Life Insurance
- Annuities
- Long Term Care
- Disability
- Final Expense
- Other:

Will a Transfer be Required: Yes No

Contracting as a Corp: Yes No

Annualization/Advance: Yes No

Will have Downlines: Yes No

CONTRACTING DETAILS

Agency Affiliation: _____

Direct Upline: _____

Compensation Level: Silver Gold Platinum Diamond Custom (*Agency Only)

Any Current Outstanding Chargebacks/Debts: Yes No

CARRIER LIST

- | | | | |
|-----------------------------------|--|--|--|
| <input type="checkbox"/> Ameritas | <input type="checkbox"/> Columbus Life | <input type="checkbox"/> Fidelity & Guaranty | <input type="checkbox"/> Mutual of Omaha |
| <input type="checkbox"/> Assurity | <input type="checkbox"/> Corebridge | <input type="checkbox"/> LSW/National Life Group | <input type="checkbox"/> Nationwide |
| <input type="checkbox"/> Athene | <input type="checkbox"/> Equitrust | <input type="checkbox"/> Midland Annuity | <input type="checkbox"/> North American |
| <input type="checkbox"/> Allianz | <input type="checkbox"/> Sentinel | <input type="checkbox"/> Pacific Life | <input type="checkbox"/> Transamerica |

Additional Onboarding Requests or Notes:

Date of Submission: _____

Agency Owner Signature: _____