

**Advisor Information Form**

Life Appointment -

MAILING INSTRUCTIONS			
Return completed form to: Enterprise Licensing Department, 303 Broadway, Suite 1100, Cincinnati, OH 45202-4203 Fax: 513.362.2364 Email: licensing@wsfinancialgroup.com			For Assistance Call: 800.285.2858
<input type="checkbox"/> The Western and Southern Life Insurance Company	<input type="checkbox"/> Integrity Life Insurance Company	<input checked="" type="checkbox"/> National Integrity Life Insurance Company	
<input type="checkbox"/> Western-Southern Life Assurance Company	<input type="checkbox"/> Touchstone Variable Annuities (Service Only)		
<input checked="" type="checkbox"/> APPOINTMENT REQUEST <input type="checkbox"/> FIRST TIME LICENSING <input type="checkbox"/> INFORMATION UPDATE			
ADVISOR INFORMATION			
Advisor Name		Other Names Known By (i.e., maiden)	
Financial Institution Name JP Advisors Corp		Program Name	
Branch Address 2424 Route 52, Suite 2		City Hopewell Junction	State NY
Zip Code 12533		Phone Number (Required)	Fax Number
Home Address		Email (Required)	
Phone Number (Required)	County of Residence	NAIC/National Producer Number	
Date of Birth	Place of Birth	Social Security Number	
STATE REQUESTS			
Check boxes for states where you wish to obtain an appointment:			
<input type="checkbox"/> AL	<input type="checkbox"/> AK	<input type="checkbox"/> AR	<input type="checkbox"/> AZ
<input type="checkbox"/> CA	<input type="checkbox"/> CO	<input type="checkbox"/> CT	<input type="checkbox"/> DE
<input type="checkbox"/> DC	<input type="checkbox"/> FL	<input type="checkbox"/> GA	<input type="checkbox"/> HI
<input type="checkbox"/> ID	<input type="checkbox"/> IL	<input type="checkbox"/> IN	<input type="checkbox"/> IA
<input type="checkbox"/> KS	<input type="checkbox"/> KY	<input type="checkbox"/> LA	<input type="checkbox"/> ME
<input type="checkbox"/> MD	<input type="checkbox"/> MA	<input type="checkbox"/> MI	<input type="checkbox"/> MN
<input type="checkbox"/> MS	<input type="checkbox"/> MO	<input type="checkbox"/> MT	<input type="checkbox"/> NE
<input type="checkbox"/> NV	<input type="checkbox"/> NH	<input type="checkbox"/> NJ	<input type="checkbox"/> NM
<input checked="" type="checkbox"/> NY	<input type="checkbox"/> NC	<input type="checkbox"/> ND	<input type="checkbox"/> OH
<input type="checkbox"/> OK	<input type="checkbox"/> OR	<input type="checkbox"/> PA	<input type="checkbox"/> RI
<input type="checkbox"/> SC	<input type="checkbox"/> SD	<input type="checkbox"/> TN	<input type="checkbox"/> TX
<input type="checkbox"/> UT	<input type="checkbox"/> VT	<input type="checkbox"/> VA	<input type="checkbox"/> WA
<input type="checkbox"/> WV	<input type="checkbox"/> WI	<input type="checkbox"/> WY	
Attach a copy of your life license. Are you FINRA registered? <input type="checkbox"/> Yes <input type="checkbox"/> No Attach a CRD report.			
Check the box that best describes your current position:			
<input type="checkbox"/> Bank Platform Rep	<input type="checkbox"/> IPS	<input type="checkbox"/> Western & Southern Financial Group Employee	
<input type="checkbox"/> Bank Dedicated Rep	<input type="checkbox"/> Field Clerical	<input type="checkbox"/> Customer Service/Call Center	
<input type="checkbox"/> CRC	<input type="checkbox"/> Corporate Officer/Non-Producer		

## CERTIFICATION AND ATTESTATION

I certify that the information furnished above is true and complete and that I have not concealed any information. I understand that WSFGDI will rely on this information in determining whether to appoint me. I understand and agree that WSFGDI may terminate my appointment(s) if any statement herein is found to be incorrect and/or incomplete. **I certify that I have never been convicted of a felony involving dishonesty or breach of trust and I agree that I will immediately notify WSFGDI in writing in the event that I become convicted of, or plead guilty to, or enter a plea of no contest to such felony subsequent to the date hereof.**

I, the undersigned Applicant, hereby further authorize and request each of my former employers and each of the insurance companies with which I have ever been affiliated to furnish to WSFGDI and any affiliated companies any information which such employer or insurance company possesses regarding me. I release any former employer and/or insurance company from any liability by complying with a request for information pursuant to this authorization.

Federal Law requires that WSFGDI inform you that an investigative consumer report may be prepared on you, which may include information concerning character, general reputation, personal characteristics and mode of living. You have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of the investigation conducted by WSFGDI. You can obtain this report by submitting a written request to the W&S Financial Group Distributors, Inc., Enterprise Licensing Department, 303 Broadway, Cincinnati, OH 45202 or [licensing@wsfinancialgroup.com](mailto:licensing@wsfinancialgroup.com) or **checking this box** . As part of WSFGDI's routine advisor appointment procedure, an investigative consumer report, criminal records check, state insurance reports, and other reports and checks may be obtained about you. By signing this document, you authorize WSFGDI to perform a background investigation including, but not limited to, credit reports, Social Security number verification, criminal records checks, state insurance reports, public court records checks, driving records checks, verification of employment positions held, and any other public records. This information may be obtained, in part, through a consumer reporting agency, state insurance departments, state insurance and national insurance licensing databases, Vector One, and FINRA. I understand and agree that WSFGDI may share the above information and any information collected as part of its routine advisor/agency appointment procedure with its subsidiaries and affiliated companies. I hereby release The WSFGDI and the Western and Southern Financial Group, its officers, directors, employees, agents, subsidiaries, parent companies, affiliates, successors and assignees from any and all claims and liability whatsoever arising from the collection, use, and/or aforementioned sharing of the information requested pursuant to this authorization. I specifically waive any notice from any present or former employer or insurance company who may provide information based on this authorization request and release from any liability any former employer, insurance company, person or entity that provided information to the WSFGDI for this investigation. Upon signing this document I attest that I have been given a copy of the Summary of Consumer Rights.

This WSFGDI Appointment Form, including without limitation the Certification, Authorizations and releases, in faxed, photocopied or electronic form will be as valid as the original. A faxed or electronically transmitted signed document to WSFGDI has the same legal force and effect as the original signed document and once received is the controlling record.

Name (Please print)

Signature

X

Date