

**WSFGD Hierarchy Form**

WHOLESALER CODE: (OFFICE USE ONLY)
SPECIAL CODE: (OFFICE USE ONLY)

MAILING INSTRUCTIONS	
Return this form and required documents to: <b>W&amp;S Financial Group Distributors, Inc.</b> , 303 Broadway, Cincinnati, OH 45202-4203 Fax: (513) 362-2364      Email: cr_licensing@wslife.com	<b>For Assistance Call:</b> 800.804.4465

**Please tell us how your producer will sell the following product lines - complete all that apply.**

REQUIRED - Fixed Deferred and Immediate Annuities		Commission Level:
Note: We cannot facilitate Marketing Organizations overriding Broker Dealers for this product line	If you sell your <b>Fixed Deferred and Immediate Annuities</b> through a Marketing Organization.	Marketing Organization Agency or Broker-Dealer Name:

Assign commission to: NestEgg Builders Corp      NPN: 7966311

OPTIONAL - Fixed Indexed Annuities - Complete One Section Only		Commission Level:
	If you will sell your <b>Fixed Indexed Annuities</b> through your Marketing Organization and <b>NOT</b> through a broker Dealer.	Marketing Organization Agency Name:

Assign commission to: NestEgg Builders Corp      NPN: 7966311

Note: Broker Dealers under marketing organizations are available to top tier firms for indexed annuities only. Please confirm with your Marketing Organization that this option is available.	If you will sell your <b>Fixed Indexed Annuities</b> through your Broker-Dealer and a marketing organization.	Broker-Dealer Name:
		Marketing Organization Agency Name:

**SIGNATURE**

Name (Please print)	
Signature	Date

# Application for Contract

## Producer Information

Published

First Name		Middle Name		Last Name		Preferred Name (Alias)	
Social Security Number		National Producer Number		Date of Birth		Identified Sex (M/F)	
Designations				Email Address			
<b>Business Contact Information</b>							
Street Address		City		State	Zip Code	Business Phone Number	
<b>Residential/Personal Contact Information</b>							
Street Address		City		State	Zip Code	Residential Phone Number	
<b>Overnight Address (PO Box cannot be used for Overnight Delivery)</b>							
Street Address		City		State	Zip Code	Mobile Phone Number	

## Agency Information

Agency Name			Principle of Agency		
Agency Tax Identification Number		Agency National Producer Number		State of Domicile	
Agency Street Address		City	State	Zip Code	Agency Phone Number

## Background Questionnaire

**Yes**      **No**

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 1. Do you owe any money to another insurance company or governmental entity or have you ever discontinued selling for another insurance company when you were indebted to the company? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever been convicted of, plead guilty to or entered a plea of no contest to a misdemeanor, felony, or military offense?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever had charges filed against you by any state insurance department?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has any person ever filed a complaint with an insurance department, SEC, FINRA or other agency about your conduct as an agent?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Has your insurance license ever been suspended or revoked or have you ever been denied a license?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever had or been involved in any personal or business tax liens, suits, or judgements?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you filed for bankruptcy in the last 7 years?  | <input type="checkbox"/> | <input type="checkbox"/> |

# Application for Contract

## Certification and Authorization

I certify that the information furnished above is true and complete and that I have not concealed any information. I understand that 'the Company' will rely on this information in determining whether to offer a contract to me. I understand and agree that 'the Company' may revoke any contract issued to me if any statement herein is incorrect and/or incomplete. I agree that I will immediately notify 'the Company' in writing in the event that I become convicted of, or plead guilty to, or enter a plea of no contest to a felony or misdemeanor subsequent to the date hereof, provided that I have an in force agency contract with 'the Company'.

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, including those listed in this report, to furnish to 'the Company' and any affiliated companies any information which such employer or insurance company possesses regarding me, including, but not limited to, all business production reports, compensation, premiums written and my business methods or practices. I release any former employer and/or insurance company from any liability by complying with a request for information pursuant to this authorization.

I also authorize 'the Company' to obtain and conduct a commission related debit balance screening through Vector One's Debit-Check secured web portal to determine if another Debit-Check subscriber has posted that I have an outstanding commission related debit balance. I understand that 'the Company' may consider the results of the commission related debit balance screening in order to determine my eligibility to be contracted and appointed or determine my eligibility for advancement of commissions as an insurance producer. I understand that I may request a copy of these results from Vector One by written request to: Vector One, PO Box 12368, Scottsdale, AZ 85267-2368. I agree that, following the engagement of any employment, appointment, contract, tenure, or other relationship with 'the Company', it may continue to conduct periodic commission related debit balance screenings as determined in its sole discretion. I understand and acknowledge that 'the Company' may obtain commission related debit balance information through Debit-Check as state law allows. I understand that my information, including my name and social security number may be used for the purpose of obtaining and conducting a commission related debit balance screening. I further understand that in the event of termination or expiration of my employment, appointment, contract, tenure, or other relationship with 'the Company', whether voluntary or involuntary, if a commission related debit balance is owed to the Company, the Company may post my information to the Debit-Check service, which may be accessed by Debit-Check subscribers until such time the debit balance is satisfied or otherwise removed.

Federal Law requires that 'the Company' 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 'the Company'. You can obtain this report from 'the Company' by written request at, Licensing and Contracting, 400 Broadway, Cincinnati, OH 45202.

As part of 'the Company' routine agent 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 'the Company' 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, educational 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, as well as personal interviews with friends, neighbors and associates, about your character, general reputation, personal characteristics, mode of living, financial and professional status. I understand and agree that 'the Company' may share the above information and any information collected as part of its routine agent/agency appointment procedure with its subsidiaries and affiliated companies. I hereby release 'the Company', 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 Company' for this investigation.

Upon signing this document I attest that I have been given a copy of the Summary of Consumer Rights. This Producer Intake 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 'the Company' has the same legal force and effect as the original signed document and once received is the controlling record.

<input checked="" type="checkbox"/> Signature of Applicant	
<input checked="" type="checkbox"/> Print Name of Applicant	
<input checked="" type="checkbox"/> Date Signed	