

# Oxford Life

## Selling Agreement

1. Complete all pages in this package
2. **Sign** spaces marked with "X"
3. Include copy of **Fixed Annuity License**
4. Include copy of **Errors & Omissions** Coverage
5. Include proof of current **AML** training
6. Include NAIC 4 Hour Training (if applicable)
7. For assistance call **(800) 746-8397**.

**Submit by Email or Fax**

**EMAIL** to [contracting@ronrawlings.com](mailto:contracting@ronrawlings.com)

**OR**

**FAX** to **(972) 788-0634**



**(800) 746-8397**  
[www.ronrawlings.com](http://www.ronrawlings.com)

*A leading distributor of Multi-Year Guarantee & Fixed Indexed Annuities*

**STEP 1 - General Information**



First Name: \_\_\_\_\_ Place of Birth Country: \_\_\_\_\_  
Middle Name: \_\_\_\_\_ Place of Birth State: \_\_\_\_\_  
Last Name: \_\_\_\_\_ Place of Birth City: \_\_\_\_\_  
Gender: \_\_\_\_\_ Beneficiary: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Bene Relationship: \_\_\_\_\_  
SSN#: \_\_\_\_\_ Drivers License #: \_\_\_\_\_

**Commissions Payable To:**

Me Personally: \_\_\_\_\_  
\*Firm Name: \_\_\_\_\_ \*Fed Tax ID: \_\_\_\_\_  
\*(Complete only if commissions are payable to a firm)  
\*\*Another Agent: \_\_\_\_\_ \*\*SSN#: \_\_\_\_\_  
\*\* (Complete only if commissions are payable to another agent)

Business Address: \_\_\_\_\_ Business City: \_\_\_\_\_  
Business State: \_\_\_\_\_ Business Zip: \_\_\_\_\_  
Residence Address: \_\_\_\_\_ Residence City: \_\_\_\_\_  
Residence State: \_\_\_\_\_ Residence Zip: \_\_\_\_\_  
Business County: \_\_\_\_\_ Residence County: \_\_\_\_\_

How long at present residence address: \_\_\_\_\_  
(Years and Months)

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Residence Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email Address: \_\_\_\_\_

What is the name of the BD or Bank you are contracting thru? \_\_\_\_\_

**STEP 2 - Background Information (If answered yes, please provide details)**

Do you have any outstanding debts with marketing companies or insurance companies?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

Details:

Dallas Financial Wholesalers  
EZ Online Contracting Questionnaire

<p>Have you or an entity in which you held ownership ever filed bankruptcy?</p> <p style="text-align: right;">Yes: _____ No: _____</p> <p>Details:</p>
<p>Have you ever been convicted of or plead guilty or no contest to, or are you currently charged with (a) felony; or (b) any crime involving insurance, investments, fraud, dishonesty, false statements, omissions, wrongful taking of property, perjury, forgery; or (c) violation of any Federal or State law?</p> <p style="text-align: right;">Yes: _____ No: _____</p> <p>Details:</p>
<p>Do you currently have or have you ever had an insurance or securities license denied, suspended, revoked or been the subject of an administrative or regulatory action by any state or federal regulatory agency?</p> <p style="text-align: right;">Yes: _____ No: _____</p> <p>Details:</p>
<p>Do you currently have a state, federal or other taxing authority tax lien?</p> <p style="text-align: right;">Yes: _____ No: _____</p> <p>Details:</p>
<p>Have you ever been refused a bond or had a bond cancelled for other than non-payment?</p> <p style="text-align: right;">Yes: _____ No: _____</p> <p>Details:</p>
<p>Are you currently or have you ever been involved in any litigation and/or collection matters? (You may omit matters of family law)</p> <p style="text-align: right;">Yes: _____ No: _____</p> <p>Details:</p>
<p>Have you ever held a license under another name?</p> <p style="text-align: right;">Yes: _____ No: _____</p> <p>Details:</p>
<p>Do you currently have Errors &amp; Omissions (E&amp;O) coverage?</p> <p style="text-align: right;">Yes: _____ No: _____</p> <p>E&amp;O Coverage Carrier: _____</p> <p>Policy #: _____ Exp. Date: _____</p>

**STEP 3 - AML Acknowledgement**

I have completed Anti-Money Laundering (AML) training subject to the requirement of the USA PATRIOT Act.

Yes: \_\_\_\_\_ No: \_\_\_\_\_

AML Training Provider:

Training Date:

If AML training has not been completed I agree to complete AML training immediately

Yes: \_\_\_\_\_ No: \_\_\_\_\_

Check which licenses you currently hold.

Life & Annuity: \_\_\_\_\_

Health Insurance: \_\_\_\_\_

Securities: \_\_\_\_\_

Property & Casualty: \_\_\_\_\_

**STEP 4 - Index Annuity Acknowledgements**

I acknowledge some insurance companies require that I complete their own online training for index annuities. DFW will notify me if specific company training is required.

Yes: \_\_\_\_\_ No: \_\_\_\_\_

I acknowledge that index annuities are not registered securities and do not directly participate in any stock or equity investment

Yes: \_\_\_\_\_ No: \_\_\_\_\_

I acknowledge that interest credited to an index annuity is linked to a market index, but annuity performance may not match the market index. Although there are minimum interest guarantees, actual interest credited may be zero in some cases

Yes: \_\_\_\_\_ No: \_\_\_\_\_

I acknowledge the final decision regarding premium allocation between fixed and index strategies is the annuity owner's decision. I will not act as a registered investment advisor; unless I am certified as a Registered Investment Advisor.

Yes: \_\_\_\_\_ No: \_\_\_\_\_

I acknowledge that no prediction or guarantee of future performance may be made at any time. Past performance is not an indication of future performance.

Yes: \_\_\_\_\_ No: \_\_\_\_\_

I acknowledge index annuities are intended for retirement funding or other long term accumulation needs and have penalties for early withdrawal.

Yes: \_\_\_\_\_ No: \_\_\_\_\_

I acknowledge that a disclosure statement, buyer's guide and suitability statement must be provided to all annuity applicants.

Yes: \_\_\_\_\_ No: \_\_\_\_\_

I acknowledge that indexing is a method for calculating interest and may include concepts such as participation rate, cap, spread, averaging and point to point. I acknowledge that I have been trained by DFW on these concepts and will thoroughly explain these concepts to all customers who purchase index annuities from me.

Yes: \_\_\_\_\_ No: \_\_\_\_\_

**STEP 5 - Taxpayer Acknowledgements**

The numbers shown on this form are correct Tax Identification Numbers

Yes: \_\_\_\_\_ No: \_\_\_\_\_

I am not subject to backup withholding either because (a) I am exempt from backup withholding; (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report income, interest or dividends; or (c) the IRS has notified me that I am no longer subject to backup withholding.

Yes: \_\_\_\_\_ No: \_\_\_\_\_

I am a United States citizen.

Yes: \_\_\_\_\_ No: \_\_\_\_\_

**STEP 6 - Commission Chargeback Acknowledgements.**

In the event any annuity has a partial or total withdrawal that causes a reversal of commissions, I agree to repay these commissions immediately.

Yes: \_\_\_\_\_ No: \_\_\_\_\_

I acknowledge that commissions may be reversed due to death. I will refer to the commission schedule of each insurance company for chargeback information.

Yes: \_\_\_\_\_ No: \_\_\_\_\_

I acknowledge that no representation made by anyone will amend, alter or change information in the insurance company commission schedule(s). I am responsible for reading and understanding the insurance company commission schedule(s).

Yes: \_\_\_\_\_ No: \_\_\_\_\_

I acknowledge that termination of my agreement with Dallas Financial Wholesalers or an insurance company will not terminate my responsibility to repay commission chargebacks.

Yes: \_\_\_\_\_ No: \_\_\_\_\_

I acknowledge that all disputes will be settled in the districts courts of Collin County Texas.

Yes: \_\_\_\_\_ No: \_\_\_\_\_

**STEP 7 - Authorization For Automatic Direct Deposit (ACH Credits)**

I hereby authorize the insurance companies represented to initiate automatic entries, and the financial institution named below to receive the same to such account. I acknowledge that completion of ACH transactions to my account must comply with the provisions of U.S. law.

This authority is to remain in full force and effect until Dallas Financial Wholesalers has received written notification from me of its termination, allowing Dallas Financial Wholesalers to act on it.

Bank Name: \_\_\_\_\_ Bank Routing Number: \_\_\_\_\_

Bank Address: \_\_\_\_\_ Bank Account Number: \_\_\_\_\_

Bank City: \_\_\_\_\_ Account Type: **Checking** \_\_\_\_\_

Bank State: \_\_\_\_\_ **Savings** \_\_\_\_\_

Bank Zip: \_\_\_\_\_

Bank Phone: \_\_\_\_\_

**STEP 8 - General Acknowledgements**

I hereby certify that my answers to the questions contained in this Agreement are true and correct. I acknowledge that the company has informed me of its practice to conduct routine investigative reports on me and my agents for licensing purposes at any time DFW deems necessary to conduct background investigations. I expressly authorize DFW to conduct these investigations and authorize all persons and entities to provide DFW all requested DFW information. I hereby release from liability all persons and entities which supply said information to DFW and agree to hold DFW harmless from any liability for conducting this investigation. I also authorize DFW to distribute any financial, business, legal, tax or work performance history regarding me that it receives from their parties, from any affiliated companies or which is generated by DFW or from any affiliated companies data source that is not part of the investigative report, to all affiliated companies or to third parties including but not limited to agents or agencies that assume my debit balance responsibilities. I further certify that I have reviewed this Agreement and further understand that if any information provided in said Agreement is found to be incorrect or incomplete, it will be grounds for rejecting this Agreement or for termination of said Agreement at the sole discretion of DFW.

**Yes:** \_\_\_\_\_ **No:** \_\_\_\_\_

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

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