

EZ Online Contract Hard Copy

1. Complete & Sign **all pages** in this package
2. Include copy of **Life Insurance License**
3. Include copy of **Errors & Omissions** Coverage
4. Include proof of current **AML** training
5. Include **NAIC 4 Hour Training** if applicable
6. Please call **(800) 746-8397** with questions or assistance

Submit by Email or Fax

EMAIL to contracting@ronrawlings.com

OR

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



(800) 746-8397
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: _____

Are you contracting thru an RVP, IMO, or DFW? _____

RVP or IMO Name: _____

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

Have you or an entity in which you held ownership ever filed bankruptcy?	
Yes: _____ No: _____	
Details:	
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?	
Yes: _____ No: _____	
Details:	
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?	
Yes: _____ No: _____	
Details:	
Do you currently have a state, federal or other taxing authority tax lien?	
Yes: _____ No: _____	
Details:	
Have you ever been refused a bond or had a bond cancelled for other than non-payment?	
Yes: _____ No: _____	
Details:	
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: _____	
Details:	
Have you ever held a license under another name?	
Yes: _____ No: _____	
Details:	
Do you currently have Errors & Omissions (E&O) coverage?	
Yes: _____ No: _____	
E&O Coverage Carrier: _____	
Policy #: _____	Exp. Date: _____

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: _____

Signature Page

Must be completed & returned

EZ Online Agent Contracting

1. Initial beside companies selected for contracting

INITIAL to select companies. Do not use check marks.

	Revol One		Clear Spring Life		Oceanview
	Heartland National		EquiTrust		Oxford Life
	Ohio State Life		Family Benefit / Trinity		Pacific Guardian
	American Life & Security		Farmers Life		Sagicor
	Aspida		Liberty Bankers		SILAC
	Axonic		Nassau		Western United Life

Do you have New Business to submit? YES NO Which ins company? _____

2. Sign & initial inside boxes (Do not touch border)

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Signature

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Initials

3. Authorization to contract

I _____ hereby authorize Dallas Financial Wholesalers (DFW) to affix or append a facsimile of my signature, as set forth above, to all required signature fields on all insurance carrier and independent marketing organization (IMO) documents for which I have authorized DFW to submit on my behalf, for the purposes of being contracted to sell products of the carriers and IMOs through DFW. I affirm the information I have submitted through the interview process to DFW is correct to the best of my knowledge and acknowledge that I have read and reviewed the documents for which I am authorizing my signature to be affixed. I acknowledge and agree to indemnify and hold harmless any third party from and against any and all loss arising out of its reliance and acceptance of a facsimile of my signature.

Date

Name of Agent

X _____
Signature of Agent

4. FAX or EMAIL your Signature Page, License, E&O, Proof of AML, Best Interest & VOID Check Today!



Return by FAX or EMAIL

FAX (972) 788-0634

EMAIL contracting@ronrawlings.com