

## CANADA LIFE

### IMPORTANT:

Before sending your contracting back to CPS, please review all pages to make sure they have been completed in their entirety.

Please return your forms as well as a copy of your license and E&O proof to:

CPS Insurance Services  
ATTN: FIXED ANNUITY DEPARTMENT  
9 Corporate Park Dr. #100  
Irvine, CA 92606

If you have any questions, please contact Cheri Daigle at 949-863-0700 ext. 123.

Thank you.

# CANADA LIFE

## Contracting Guidelines

### To set up Corporation and Principal:

- Producer Appointment Form
  - Mark the box COMMISSIONS PAID TO CORPORATION
  - Section 1: fill out on Corp
  - Section 2: fill out on Principal
- Violent Crime Control/ Fair Credit Reporting Act
- Producer's Agreement
- Principal signs all forms with the title after the name
- Copy of Corp license, Copy of Principal license
- Copy of E&O

### Other agent's commissions to be assigned to the Corporation:

- Producer Appointment Form
  - Mark the box COMMISSIONS PAID TO CORPORATION
  - Section 1: fill out on Corp (only need to fill in Corp Name)
  - Section 2: fill out on Agent
- Violent Crime Control / Fair Credit Reporting Act
- Producer's Agreement
- Copy of Agent License
- Copy of E&O

### Commissions paid direct to agent:

- Producer Appointment Form
  - Mark the box COMMISSIONS PAID TO INDIVIDUAL
  - Section 1: leave blank
  - Section 2: fill out on Agent
- Violent Crime Control / Fair Credit Reporting Act
- Producer's Agreement
- Copy of Agent license
- Copy of E&O



Canada Life™

HO Use Only  
MN:

GA Agt #  
BD Agt #  
P. Agt. #:

Eff Date:

CANADA LIFE  
6201 POWERS FERRY RD N W  
ATLANTA, GA 30339  
800-333-2542/770-953-1959

## PRODUCER INFORMATION SHEET

Please check any/all companies you are seeking appointment:

- ☐ The Canada Life Assurance Company (Traditional Products)  
☐ Canada Life Insurance Company of New York (Traditional & Variable Products in NY state)

The Contracting & Licensing paperwork will be processed with the following requirements:

- ☐ Current copy of State Insurance license in which you are seeking appointment  
☐ Current Evidence of E&O Insurance  
(note: Evidence of E&O renewal and State license renewal required on an annual basis)  
☐ Completed and signed Producer Information Sheet  
☐ Contract signed by Agent and General Agent (if applicable)

\* Note: If these requirements are not provided up front, we will need to hold/return your application, causing delays in your appointment."

Commission are to be paid to : Corporation (complete Section I & II)  
Individual (complete Section II only)

### SECTION I

#### CORPORATE INFORMATION:

Corporate Name: \_\_\_\_\_ Tax Id # \_\_\_\_\_

Business Address: 9 Corporate Park Dr. #100 Irvine, CA 92606

PO Box Address: \_\_\_\_\_

Address where commissions should be mailed: Business ☒ PO Box ☐

Business Phone (include area code) 949-863-0700 Fax 949-863-9318

E-Mail/Internet Address: annuity@cpsinsurance.com

### SECTION II

#### INDIVIDUAL INFORMATION (if with a corporation, Principal's info)

Agent Name: \_\_\_\_\_ SS# \_\_\_\_\_

Designations: ☐ CLU ☐ CHFC ☐ CFP Others: \_\_\_\_\_

List all Insurance related organizations in which you are currently involved? (example: Underwriters Association) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Business Phone: 949-863-0700 Fax: 949-863-9318

Business Address: 9 Corporate Park Dr. #100 Irvine, CA 92606

PO Box Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

Which address should commission statements and checks be sent? Business ☒ Home ☐ PO Box ☐

**A. List states in which you are requesting appointment. Attach copy of each license. If you are requesting variable appointment enclose copy of CRD Report, dated within the past (2) years.**

Name as it appears on current license	State

**For the states of Georgia and Massachusetts, an original signed appointment form must be received  
If you do not have this form, please contact our office.**

**(TRADITIONAL L&H APPOINTMENT ONLY)**

**B. Please answer all of the following questions, then sign and date the form.**

1. Has anyone ever obtained a judgment against you, or is there currently pending any type of civil action against you individually or any entity in which you are or were a principal, officer, director, partner, or owner based upon allegations of fraud, misappropriation or conversion or which, in any way, involved the subject of insurance? YES ☐ NO ☐
2. Has any company ever refused to bond you or has a bonding company ever paid out or revoked a bond for you?  
YES ☐ NO ☐
3. Have you ever been refused an insurance, securities or other license by a public authority of any jurisdiction; or has your application for a license ever been declined, or denied, or has any license or your eligibility to hold any license ever been declined, denied, suspended revoked, placed on probation or administration fine or penalty levied? YES ☐ NO ☐
4. Have you ever had any agency contract terminated by an insurance company or managing general agent for any alleged cause?  
YES ☐ NO ☐
5. Are you presently indebted to any insurer or managing general agent? YES ☐ NO ☐
6. Have you ever had a debt placed for collection, had a judgment entered against you in connection with a debt, or had a creditor write off a debt as uncollectible? YES ☐ NO ☐
7. Have you filed for bankruptcy, either personally or in business, within the past ten years? YES ☐ NO ☐
8. Have you ever been convicted of, found guilty of or pleaded no contest to a felony? YES ☐ NO ☐
9. Have you ever been convicted of, found guilty of, or pleaded no contest to a crime punishable by imprisonment of one (1) year or more under the law of any state, territory or country, whether or not a judgment or conviction has been entered? YES ☐ NO ☐
10. Have you ever been arrested, or are there currently pending against you any criminal charges in any state or federal court anywhere in the United States or its possessions or any other country? YES ☐ NO ☐
11. Have you ever participated in a pre-trial investigation or pre-trial diversion program? YES ☐ NO ☐
12. Have you ever been convicted of, found guilty of, or pleaded no contest to a crime involving moral turpitude, theft, fraud, or any crime involving dishonesty? YES ☐ NO ☐
13. Have you ever had a complaint filed against you by a state insurance department or any regulatory body? YES ☐ NO ☐
14. Do you have any outstanding judgements or liens? YES ☐ NO ☐
15. Are you now the subject of any complaint, investigation, or proceeding that could result in a YES answer to questions 1 to 14?  
YES ☐ NO ☐

**For each of the above questions if the answer is YES, please include a specific explanation with relevant dates and documentation, including certified copies of all court documents, pertaining to the question.**

## **Violent Crime Control and Law Enforcement Act of 1994**

Submission of this form indicates certification by the Registered Representative and the Selling Broker\Dealer that pursuant to U. S. C. 1033. (The Violent Crime Control and Law enforcement act of 1994) The Registered Representative has never been convicted of any criminal felony involving dishonesty, fraud, or a breach of trust, nor been convicted of any offense under Section 1033.

I understand the terms and provisions of 18 U.S.C. 1033, which pertains to crimes by or affecting persons engaged in the business of insurance whose activities affect interstate commerce. I understand that this legislation prohibits anyone convicted of any criminal felony involving dishonesty or a breach of trust, or who has been convicted of any offense under Section 1033, from engaging in the business or insurance or participating in such business. I further understand that it would be a federal crime for an insurance company to willfully hire or retain any individual who has been so convicted.

I swear that I have never been convicted of any offense under Section 1033, nor have I ever been convicted of any criminal felony involving dishonesty, fraud or a breach of trust. I further swear that in the event I am convicted of any such offense at any time during my employment with Canada Life, I will immediately report this conviction to the Human Resources Department. I understand that I may be permitted to continue my employment with the written consent of an authorized insurance regulatory official.

Print Full Name \_\_\_\_\_

Signature  \_\_\_\_\_ Date \_\_\_\_\_

**Fair Credit Reporting Act**

I understand that in compliance with Public Law 91-508 (Fair Credit Reporting Act), a request may be made of a reporting agency to secure and provide information concerning my character, personal characteristics, mode of living, and the accuracy of the statements made in this application. Upon my written request, additional information as to the nature and scope of the report, if one is required, will be provided.

I certify that all statements are true and correct to the best of my knowledge. I authorize The Canada Life Assurance Company to investigate any and all statements made in this application, including the ability to conduct a criminal background check.

**Print Full Name** \_\_\_\_\_

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



THE CANADA LIFE ASSURANCE COMPANY  
6201 POWERS FERRY ROAD, NW  
ATLANTA, GA 30339  
800-333-2542

### PRODUCER'S AGREEMENT

This agreement is made and entered into by and between The Canada Life Assurance Company, the Canada Life Insurance Company of America (the company) and \_\_\_\_\_ (the Producer).

In Witness whereof, the parties hereto have set their hands:

X	_____	_____
Producer's Signature		(Print) Producer Name & Title
_____		CPS Insurance Services # 28021
General Agent's Signature		(Print) GA Name & Agency Mnemonic

By the Company: \_\_\_\_\_

Manager, Contracts Administration

Dated at Atlanta, Georgia this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

(This agreement is effective on the date signed by the Company)

**TO: All Representatives**

**FROM: Contract Administration, Atlanta Home Office**

**SUBJECT: Electronic Fund Transfer of Commissions**

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We encourage all of our representatives to have their commissions directly deposited by electronic funds transfer (EFT) to their checking accounts. This method is quicker, easier and more secure than mailing a check.

First, only those using the EFT method receive their initial commission on a new policy **2-3 business days** following the case paying through our system. No more waiting until the end of the two-week period for the commissions on a new case.

Depending on your banks capability regarding EFT, the remainder of your commission earnings will likely be available to you two business days following closing date. A copy of our current Commission Disbursement Schedule and Closing Dates is on the back of this letter for your reference.

For your records, commission detail statements will be mailed every other Tuesday, according to the schedule on the back of this letter.

If you want to take advantage of faster, easier commission payments please complete and return the attached form along with a voided check to Contract Administration at your earliest convenience.

Please call us with any questions at (800) 333-2542 x 4540 or discuss this with your Regional Director of Agencies.

EFT





## U.S. Division

### COMMISSION DIRECT DEPOSIT AUTHORIZATION

To: The Canada Life Assurance Company  
Canada Life Insurance Company of New York  
Canada Life Insurance Company of America  
(the "Companies")

And To: The Depository Named Below  
(the "Depository")

Agent Name \_\_\_\_\_ Agent Number \_\_\_\_\_

Internet Address \_\_\_\_\_

#### BANKING DETAILS

Name of Depository \_\_\_\_\_

Address of Depository Street and Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name as Shown on the Account Statement \_\_\_\_\_

Bank Number as Shown on Check (first 9 digits) \_\_\_\_\_

Account Number \_\_\_\_\_

#### CONFIRMATION THAT THE ABOVE BANKING DETAILS ARE ACCURATE (SELECT ONE)

- ☐ This is a Checking Account
- ☐ My Credit Union direct deposit Banking Details may vary from the attached VOIDED check. I have confirmed accuracy of these details with the Depository.
- ☐ I have confirmed accuracy of the Banking Details with the Depository.

#### AUTHORIZATION

I wish to have my commissions pay deposited to the bank account named above (the "Account") and I hereby authorize any of the above named companies to initiate credits to the Account. Each credit initiated will discharge the Companies from any obligation therefore. I authorize the Depository to credit the Account for amounts initiated by any of the Companies. I understand that this authorization will be in effect until the Companies and the Depository have received written notice from me that I no longer desire this service, or that I wish to change the Depository, branch, account number or mailing address, and they have had reasonable time to act on my notice.

Agent's Signature \_\_\_\_\_ Date: \_\_\_\_\_