

ZURICH 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.

ZURICH LIFE

Contracting Guidelines

To set up Corporation and Principal:

- Producer Appointment Application
 - Section 1 – check Individual and Corporation
 - Section 2 – Fill in Principal info; fill in Corp name and Tax ID
 - Section 6 – Principal signs
- W9 for Corporation and W9 for Principal
- Principal signs the Consent to Request Consumer Info. Form
- Commission Authorization Form
 - A: Comp payable to Corp – Yes; Fill in Corp name and Tax ID
 - B: Principal's name
 - Principal signs at the bottom
- Copy of Corp license, copy of Principal license

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

- Producer Appointment Application
 - Section 1 – check Individual
 - Section 2 - Fill in Agent info, leave Corp info blank
 - Section 6 – Agent signs
- W9 on the Agent
- Agent signs the Consent to Request Consumer Info. Form
- Commission Authorization Form
 - A: Comp payable to Corp – Yes: Fill in Corp name and Tax ID
 - B: Agent's name
 - Agent signs at the bottom
- Copy of Agents license

Commissions paid direct to agent:

- Producer Appointment App: Appointment for Individual
- Agent signs Producer Appt App
- Agent signs Consent to Request Consumer Report
- W9 for the Agent
- Commissions Authorization form; Comp payable to Corp – No.
 - Section B: Agent's name
 - Agent signs at the bottom
- Copy of Agent's license

Producer Appointment Application

Please check all that apply:

- ☐ Federal Kemper Life Assurance Company
☐ Fidelity Life Association, A Mutual Legal Reserve Company
☐ Kemper Investors Life Insurance Company
☐ Zurich Life Insurance Company of America
☐ Investor Brokerage Services, Inc.
☐ Investor Brokerage Services Insurance Agency, Inc.
☐ Zurich Life Insurance Company of New York



1600 McConnor Parkway, Schaumburg, IL 60196-6801
Fax: (847) 874-0639

PLEASE ANSWER ALL APPLICABLE SECTIONS COMPLETELY.

Section 1: Appointment Information

Appointment for: ☐ Individual ☐ Corporation ☐ Partnership ☐ Sole Proprietorship
Type of appointment requested: ☐ Life ☐ Variable Annuity ☐ Variable Life
State(s) to be appointed in: _____ (Attach copies of licenses)
Type of license currently held (provide copies) ☐ Life ☐ Life A/H ☐ Variable Life ☐ Variable Annuity
If requesting registration with IBS, or a Variable appointment, please attach your NASD Registration Status Report and Form U4.
Note: General Agent and Broker Dealer must be contracted before a representative is appointed. Corporations must hold a valid license in all states, where applicable, in which agents/representatives will solicit business.

Section 2: Producer Information

Producer		Producer Number Assigned by General Agent/Broker Dealer	
<u>9 Corporate Park Dr. #100</u>	<u>Irvine</u>	<u>CA</u>	<u>92606</u>
Business Street Address	City	State	Zip
<u>Resident Street Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
<u>949-863-0700</u>	<u>949-863-9318</u>	<u>annuity@cpsinsurance.com</u>	
Phone Number	Fax Number	E-Mail Address	
<u>Social Security Number (Tax I.D. Number)</u>	<u>Place of Birth</u>	<u>Date of Birth</u>	

What is your primary business activity (check only one)

☐ Life Insurance Agent/Broker ☐ Financial Planner ☐ Registered Rep ☐ Property/Casualty Agent
☐ Qualified Plans (TSA, 401K, etc) ☐ Health Insurance Agent ☐ Other _____

Are you NASD registered? ☐ Yes ☐ No What series? _____

If yes, who is your Broker Dealer? _____

CRD Number: _____

Section 3: General Agent/Broker Dealer Information

<u>CPS INSURANCE SERVICES</u>			
Name			
<u>9 Corporate Park Dr. #100</u>	<u>Irvine</u>	<u>CA</u>	<u>92606</u>
Business Street Address	City	State	Zip
<u>4RKF</u>	<u>949-863-0700</u>	<u>949-863-9318</u>	<u>annuity@cpsinsurance.com</u>
General Agent Number	Phone Number	Fax Number	E-Mail Address

Section 4: Background Information

Please attach details for any question answered yes.

- a) Are you currently covered by Errors and Omission Insurance? ☐ Yes ☐ No
Insurer _____ Coverage Amount \$ _____
Have you ever made a claim? If yes, attach separate sheet with details ☐ Yes ☐ No
- b) Has your license ever been suspended, revoked or terminated? ☐ Yes ☐ No
- c) Have you ever been accused or been involved in any hearing or litigation alleging any violations of securities laws, fraud, industry standards of conduct or insurance regulations? ☐ Yes ☐ No
- d) Have you ever been convicted or plead guilty to any misdemeanor or felony charges or have charges currently pending against you or a business with which you are connected? ☐ Yes ☐ No
- e) Have you ever filed for bankruptcy, been declared bankrupt or insolvent, had your salary garnished or had liens against you? ☐ Yes ☐ No
- f) Have you ever had a bond denied, paid out or revoked? ☐ Yes ☐ No
- g) Have you ever been the subject of any complaint or proceeding by any securities, commodities, insurance regulatory body or organization? ☐ Yes ☐ No

Section 5: Employment History (Complete only if applying for appointment in Florida, Mississippi, Alabama, Georgia, Ohio or Pennsylvania.) History must cover past 5 years. Attach separate sheet if necessary.

From	To	Company Name	Position		
Contact Person		Street Address	City	State	Zip
From	To	Company Name	Position		
Contact Person		Street Address	City	State	Zip
From	To	Company Name	Position		
Contact Person		Street Address	City	State	Zip
From	To	Company Name	Position		
Contact Person		Street Address	City	State	Zip

Section 6: Code of Conduct Agreement

I have read Zurich Life's Ethics Guide found on the www.zurichlifeus.com Information for Representatives page, and certify that I understand, and will comply with, the company's policies, procedures, and code of ethical market conduct.

By signing below I acknowledge that I will make recommendations and present products consistent with the insurable needs and financial objectives of my clients; I will provide honest and accurate disclosure of information so that my clients can make an informed buying decision; I will establish and maintain the trust of my clients by treating them with respect and by delivering them quality service; I will maintain the privacy of my clients by protecting their confidential information; I will refrain from disparaging competitors and agents; I will make every attempt to further my education and will maintain awareness of industry laws and company procedures; I will communicate any client concerns or complaints to the company in a timely manner and will notify the company of any violation of the ethical conduct code; and I will maintain a current license and valid appointment in all states in which I solicit the sale of Zurich Life products to customers.

Statements made herein are representations upon which Zurich Life may rely when considering my request for appointment. This information is complete and accurate to the best of my knowledge and belief. I understand and agree that, if appointed, any material misrepresentation of facts herein provided may be the basis for termination.

X

Signature

Date

Federal Kemper Life Assurance Company
Fidelity Life Association, A Mutual Legal Reserve Company
Kemper Investors Life Insurance Company
Zurich Life Insurance Company of America
Investor Brokerage Services, Inc.
Investor Brokerage Services Insurance Agency, Inc.
Zurich Kemper Insurance Company of New York



**CONSENT TO REQUEST CONSUMER REPORT
AND/OR INVESTIGATIVE CONSUMER INFORMATION**

I understand that Zurich Life may utilize the services of a consumer reporting agency as part of the procedure for processing my application for employment and/or application for appointment as a General Agent/Agent/Broker (circle one).

I understand a consumer reporting agency may conduct an investigation and prepare a consumer report (which may include a financial credit check, criminal background check, state licensing/disciplinary check, employment/contract check and other information bearing on your credit and financial history) and/or an investigative consumer report which will include, among other things, information as to my credit background, character, general reputation, personal characteristics, mode of living, whichever are applicable. I understand such information may be obtained through person interviews with my neighbors, friends and associates, acquaintances or other persons who may have knowledge regarding such information.

I further understand that upon written request, subjects of an investigative consumer report have the right to: 1) receive a summary of their rights under The Fair Credit Reporting Act; and 2) receive a disclosure of the nature of scope of the investigation conducted.

I hereby consent to this investigation and authorize Zurich Life or its representatives to procure a report on my background as stated above from a consumer reporting agency or any other source providing such information.

I agree the Zurich Life has the right to release any information revealed by this investigation to any State requiring it.

Print Name: _____

Soc. Sec. #: _____ Date of Birth: _____

Driver's License #: _____

Current Resident Address: _____

X

Applicant's Signature

_____ Date

Request for Taxpayer Identification Number and Certification

Give form to the
requester. Do not
send to the IRS.

Please print or type

Name (See **Specific Instructions** on page 2.)

Business name, if different from above. (See **Specific Instructions** on page 2.)

Check appropriate box: ☐ Individual/Sole proprietor ☐ Corporation ☐ Partnership ☐ Other ▶

Address (number, street, and apt. or suite no.)

Requester's name and address (optional)

City, state, and ZIP code

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). **However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 2.** For other entities, it is your employer identification number (EIN). If you do not have a number, see **How to get a TIN** on page 2.

Note: If the account is in more than one name, see the chart on page 2 for guidelines on whose number to enter.

Social security number

or

Employer identification number

List account number(s) here (optional)

Part II For U.S. Payees Exempt From Backup Withholding (See the instructions on page 2.)

Part III Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me) **and**
- I am not subject to backup withholding because: **(a)** I am exempt from backup withholding, or **(b)** I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, **(c)** the IRS has notified me that I am no longer subject to backup withholding **and**
- I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, **but** you must provide your correct TIN. (See the instructions on page 2.)

Sign
Here

Signature of
U.S. person ▶

Date ▶

Purpose of Form

A person who is required to file an information return with the IRS must get your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to give your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee.

If you are a foreign person, use the appropriate Form W-8. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Corporations.

Note: If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

What is backup withholding? Persons making certain payments to you must withhold and pay to the IRS 31% of such payments under certain conditions. This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

If you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return, payments you receive will not be subject to backup withholding. **Payments you receive will be subject to backup withholding if:**

- You do not furnish your TIN to the requester, or
- You do not certify your TIN when required (see the Part III instructions on page 2 for details), or
- The IRS tells the requester that you furnished an incorrect TIN, or
- The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the Part II instructions and the separate **Instructions for the Requester of Form W-9.**

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of Federal law, the requester may be subject to civil and criminal penalties.

Commission Authorization



APPLIES ONLY TO AGENTS APPOINTED WITH FEDERAL KEMPER LIFE ASSURANCE COMPANY, FIDELITY LIFE ASSOCIATION, A MUTUAL LEGAL RESERVE COMPANY AND KEMPER INVESTORS LIFE INSURANCE COMPANY

- A) Commission payable to an agency/corp? ☐ Yes ☐ No
(If yes, complete below. If no, complete Section B).

Agency/Corporation Name _____

Tax ID # _____ (attach a copy of Agency/Corporate License)

Name of Agent listed on Corporate License _____

- B) Agent's Name (print) _____

Agent's Commission Schedule WA56 _____

Agent's Commission for Zurich Classic Product 82 % of Gross

- C) Please complete if an Agency/Manager is to receive a direct override commission on business written by the Agent.

Agency/Manager Name _____ Commission Schedule _____

Agency/Manager Tax ID# or SSNO or Code Number (if assigned) _____

I authorize Federal Kemper Life Assurance Company, Fidelity Life Association, A Mutual Legal Reserve Company or Kemper Investors Life Insurance Company to pay the above agent(s)/Broker(s) Commissions, according to the schedule indicated. I have personal knowledge of the above agent(s) to whom these commissions are to be paid. To the best of my knowledge and belief, the agent is trustworthy, and of good character, integrity and good business standing.

A handwritten signature in black ink, appearing to be 'R. Ashby', written over a horizontal line.

General Agent Signature

4RKF

General Agent Number

Date

X

Agent's Signature

Date

Return to Zurich Life Licensing Department – Zurich Life, 1600 McConnor Parkway, Schaumburg, IL 60196-6801
Phone: (847) 874-4000, Ext. 2132 Fax: (847) 874-0639

Federal Kemper Life Assurance Company
Fidelity Life Association, A Mutual Legal Reserve Company
Kemper Investors Life Insurance Company
Zurich Life Insurance Company of America
1600 McConnor Parkway, Schaumburg, Illinois 60196-6801



**Zurich Life
Commission
Direct Deposit Request**

In order to initiate the direct deposit of commission earned during the period of your appointment with Zurich Life, the following information must be completed.

PLEASE PRINT

Agent/Agency Name

Date

Business Phone

Fax #

Email Address

SSN/TIN

This account is a (check one)

☐ Checking Account

☐ Savings Account

Please staple a voided or cancelled check from your banking institution to the **Bottom** portion of this form. **Deposit slips will only be accepted if you wish to begin direct deposit to a savings account.**

To assist in sending a confirmation that your direct deposit request has been processed, please provide your business address information.

Name

Street/PO Box

City, Zip

Note: Please do not assume that your commission will be deposited into your account because you have direct deposit. Always check your commission statement to determine the amount deposited into your account. Allow at least 3 business days for direct deposit to be processed into your account.

Questions regarding this information can be directed to the Commission Dept. (847) 874-6900.

Agent Signature