

## **I M P O R T A N T :**

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 Nicole Samson at 949-863-0700 ext. 123.

Thank you.

# GE CAPITAL ASSURANCE Contracting Guidelines

## To set up Corporation and Principal:

- Fill out all forms on Principal (PIF, Disclosure of Intent, Agent Agreement)
- On the Principal's Producer Information Form: list the Corp name in the Business Name field
  - o Distributor Identification: INDIVIDUAL
  - o Commission Payment Info: entity to be Paid: AGENCY
- Fill out another set of all forms on Corp, principle must sign with title next to name.
  - On the Corp's Producer Information Form: do not mention any of the principal's info such as name, dob or SSN.
    - o Distributor Identification: AGENCY
    - o Commission Payment Info: entity to be Paid: AGENCY
  - Copy of Corp's License; Copy of Principal's license
  - E&O only required for KS & KY

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

- Agent signs all forms (PIF, Disclosure of Intent, Agent Agreement)
- On the Producer Information Form
  - o Distributor Identification: INDIVIDUAL
  - o Commission Payment Info: entity to be Paid: AGENCY
  - o Hierarchy: Agency Name: NAME OF CORP
- Disclosure of Intent
- Agent Agreement
- Copy of Agent's License
- E&O only required for KS & KY

## Commissions paid direct to agent:

- Producer Information Form
- Disclosure of Intent
- Agent Agreement
- Copy of Agent's License
- E&O only required for KS & KY

## GE Capital Assurance Company

# Producer Information Form

(Please fill out form completely and return to  
General Electric Capital Assurance Company)

Name: \_\_\_\_\_

SSN/TIN: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Business Name: \_\_\_\_\_ TIN: \_\_\_\_\_

Business Address: 9 Corporate Park Dr. #100

City: Irvine State: CA Zip: 92606

Phone: (949) 863-0700 Fax: (949) 863-9318

E-mail Address: annuity@cpsinsurance.com Website Address: \_\_\_\_\_

(Note: One of the above addresses must be a street address.)

Which is your preferred mailing address? ☐ Home ☒ Business

Distributor Identification: ☐ Individual ☐ MGA/BGA/GA ☐ Agency ☐ Corporation

Commission Payment Information: Entity to be Paid: ☐ Individual ☐ Agency Is Agency Incorporated? ☐ Yes ☐ No

**We require two Agent Agreements and two Producer Information Forms: one for the individual, and one for the Agency, as well as copies of licenses of both, if commission are payable to an agency rather than an individual.**

Resident license state: \_\_\_\_\_ Resident state license no. and line of business: \_\_\_\_\_

Additional state licenses: (include license number and line of business) \_\_\_\_\_

Resident address(es) for last seven (7) years: (attach additional sheets if necessary)

Address	City	State	Zip
_____	_____	_____	_____
_____	_____	_____	_____

Employment history last seven (7) years: (attach additional sheets if necessary)

Employer	Address	Dates employed
_____	_____	_____
_____	_____	_____

Active appointments with other insurance companies: (attach additional sheets if necessary)

Company name	Contact name	Contact phone number
_____	_____	_____
_____	_____	_____

Errors and Omissions Insurance: (if required)

Amount	Policy number	Carrier	Policy expiration date
_____	_____	_____	_____
_____	_____	_____	_____

Have you used any other names, or aliases, in the last 7 years? Yes ☐ No ☐

If "yes," please list any/all such names:

**Hierarchy:** Brokerage General Agency (BGA) Name & Number: CPS Insurance Services 00756

General Agent Name (if applicable) \_\_\_\_\_

Agency Name \_\_\_\_\_

OVER

Please set the agent up at the A04000 level

## Business Practices

**If you answer "Yes" to any questions below, please provide details to the corresponding question on the attached Business Practices – Details.**

- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| 1. Have you ever had an insurance or securities license denied, suspended, cancelled or revoked? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has any regulatory body ever sanctioned, censured, penalized or otherwise disciplined you? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has any state or federal regulatory agency filed a complaint against? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has a bonding or surety company denied, ever paid out on, or revoked a bond for you? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Has any E&O carrier ever denied, paid claims, or canceled your coverage? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you personally ever filed a bankruptcy petition or been declared bankrupt? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Has any insurance or securities brokerage firm with whom you have been associated ever filed a bankruptcy petition or been declared bankrupt either during your association or within 5 years after termination of such association? ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Are there any unsatisfied judgments, garnishments or liens against you? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Are you in debt to any insurance company? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Have you ever been convicted of or pled guilty to any felony or misdemeanor other than a minor traffic offense? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Are you currently a party to any litigation or the subject of any investigations? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Are you connected in any way with a bank, savings and loan association, or other lending or financial institution? .....  | <input type="checkbox"/> | <input type="checkbox"/> |

**Reminder: All advertisements referring to GE Capital Assurance Company or its products must be approved in writing by GE Capital Assurance Company prior to use.**

I acknowledge and agree that this **Producer Information Form** does not constitute a contract. I acknowledge the Company's continuing legitimate business need for additional financial and personal background information and hereby consent to the Company obtaining such information from time to time as it deems necessary through independent investigation and/or through a consumer report obtained from a consumer reporting agency. I further consent to the disclosure of this **Producer Information Form** and background information to government or regulatory agencies.

I authorize the employers and insurance company listed herein and in any background reports pertaining to me, to release any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same. Finally, I acknowledge and agree that my appointment will, in part, be based upon this Producer Information Form and background information, and that any representation made herein which is found to be inaccurate or incomplete shall be grounds for termination of my appointment.

I hereby certify under penalty of perjury that the information herein is accurate and complete.

I have read, understood, and agree to comply with the **Producer and Employee Guide to Ethical Conduct** and the **Commitment to Ethics in the Marketplace**.

SIGNATURE

DATE \_\_\_\_\_



**GE Financial**

### **Disclosure of Intent to Obtain Consumer Reports**

This is to advise you that GE Financial Assurance Holdings, Inc. and its affiliates may obtain one or more consumer reports with respect to establishing your eligibility for employment, appointment, promotion, reassignment, and/or retention as an employee, agent and/or representative of GE Financial Assurance Holdings, Inc., or one or more of its affiliates.

If requested, the report will be obtained from the investigative consumer-reporting agency named below:

Business Information Group, Inc.  
P.O. Box 130  
Southampton, PA 18966  
(800) 260-1680

The report may contain information regarding your character, general reputation, personal characteristics and mode of living. The nature and scope of the report is: financial and credit history, criminal records search, licensing and disciplinary action history, and employment history verification.

### **Authorization to Obtain Consumer Reports**

The undersigned hereby authorizes GE Financial Assurance Holdings, Inc. and its affiliates to procure one or more consumer reports and to share the information obtained therefrom with each other with respect to establishing your eligibility for employment, appointment, promotion, reassignment, and/or retention as an employee, agent, and/or representative of GE Financial Assurance Holdings, Inc. or one or more of its affiliates.

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

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

Print Name: \_\_\_\_\_

**Affiliated Companies:** American Mayflower Life Insurance Company of New York, Capital Brokerage Corporation (dba GE Capital Brokerage Corporation in IN, MN, NM and TX), Federal Home Life Insurance Company, First Colony Life Insurance Company, GE Capital Life Assurance Company of New York, GE Group Life Assurance Company, GE Investment Distributors, Inc., GE Life and Annuity Assurance Company, GE Private Asset Management, Inc., General Electric Capital Assurance Company, Professional Insurance Company (dba PIC Life Insurance Company in CA), Terra Financial Companies, LTD., Union Fidelity Life Insurance Company



# Agent Agreement

General Electric Capital Assurance Company  
A GE Financial Assurance Company  
Sales and Marketing  
700 Main Street • Lynchburg, VA 24504

Name of Agent:

Address of Agent:

9 Corporate Park Dr. #100

Irvine, CA 92606

This is an Agreement, made by and between General Electric Capital Assurance Company ("Company") and you, *(the above named Agent)*, executed and effective as of the date shown in Section VIII of this Agreement. It defines your relationship with the Company as an agent. Both you and the Company promise to comply with the terms of this Agreement and any amendments to this Agreement, and the terms of your Sales Compensation Plan(s).

## SECTION I – DEFINITIONS

1. When used in this Agreement, the terms listed below have the following special meanings:

- (a) **"Affiliate"** means any company, person or corporation controlled by or under common control with the Company at any time while this Agreement is in effect.
- (b) **"Agent"** means the party contracting with the Company under this Agreement. "You" or "your" refers to the Agent.
- (c) **"Assigned Territory"** means the territory designated from time to time by the Company where you are authorized to sell or solicit applications for Products.
- (d) **"Products"** means insurance policies/certificates, and riders or endorsements thereto offered by the Company which are identified on Schedule A or on your Sales Compensation Plan(s).
- (e) **"Records and Materials"** means all records, files, manuals, forms, materials, supplies, stationery, literature, seminar materials, computer software, diskettes, licenses, papers and books that the Company or an Affiliate furnishes or leases to you for use, in connection with your performance under this Agreement or with the Products.
- (f) **"Sales Compensation Plan(s)"** means the document(s) attached hereto and made a part hereof as amended and published from time to time by the Company which describe(s), among other matters:
  - [i] the payment of commissions or other compensation;
  - [ii] the imposition of penalties and chargebacks;
  - [iii] production requirements; and
  - [iv] any special compensation rules published by the Company on special class extra premiums, waived or commuted premiums, advance premiums, premium refunds, conversions, replacements, reinstatements or other special situations defined by the Company.

## SECTION II – AUTHORITY

1. You are hereby appointed as the Company's agent and authorized:

- (a) To solicit applications for Products in your Assigned Territory. You have no exclusive solicitation rights within your Assigned Territory. The Company makes no commitment that all policies offered by the Company will be deemed authorized Products hereunder, and reserves the right to appoint other agents in this territory, or to withdraw therefrom; and
- (b) To collect initial premium payments for Products you solicit, but only through checks payable to the Company. All premiums you collect shall be held by you in a fiduciary capacity, and remitted immediately to the Company's designated office.

2. In accepting this appointment and authority, you agree:

- (a) Not to solicit applications for Products unless all licenses or registrations and Company appointments required by law or by the Company are in force and effect;
- (b) To fully explain the terms of any Product, make no untrue statements, and state all relevant facts with respect thereto;

**SECTION IX – EFFECTIVE DATE**

This Agreement shall take effect as of \_\_\_\_\_.

In witness whereof you and the Company have entered into this Agreement through duly authorized representatives at the places and on the dates set forth below.

Executed on behalf of the Agent:

By: \_\_\_\_\_  
Name (Print or Type)

Signature: X \_\_\_\_\_

Title: \_\_\_\_\_  
(If Applicable)

Signed at: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Executed on behalf of General Electric  
Capital Assurance Company:

By: \_\_\_\_\_  
Name (Print or Type)

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

Title: \_\_\_\_\_  
(If Applicable)

Signed at: \_\_\_\_\_

Date Signed: \_\_\_\_\_

CPS Insurance Services 00756  
Brokerage General Agent Name or Number

\_\_\_\_\_  
General Agent Name or Number

## Business Practices – Details

(If you answered "Yes" to any questions above, please provide details to the corresponding questions only.)

1. Have you ever had an insurance or securities license denied, suspended, cancelled or revoked?

If Yes:

Month/ Year \_\_\_\_/\_\_\_\_

Action taken & reason along with your account of the situation \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Has any regulatory body ever sanctioned, censured, penalized or otherwise disciplined you?

If Yes:

Month/ Year \_\_\_\_/\_\_\_\_

The nature of the activity resulting in the fine or disciplinary action & your account of the situation \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The amount of the fine &/or specific disciplinary action taken \_\_\_\_\_

3. Has any state or federal regulatory agency filed a complaint against you within the last 7 years?

If Yes:

Month/ Year \_\_\_\_/\_\_\_\_

The nature of the complaint & your account of the situation \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The disposition of the complaint (i.e., fine or disciplinary action, etc.) \_\_\_\_\_

4. Has a bonding or surety company denied, ever paid out on, or revoked a bond for you?

If Yes:

Month/ Year \_\_\_\_/\_\_\_\_

The reason for denial, revocation or payment and your account of the situation \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The amount of the payment \_\_\_\_\_



5. Has any E&O carrier ever denied, paid claims, or cancelled your coverage?

If Yes:

Month/ Year _____/_____/_____
The nature of the circumstances resulting in the claim including your account of the situation _____
_____
_____
The disposition of the claim _____
The amount claimed _____
The amount paid by the E&O carrier, if any _____

6. Have you personally ever filed a bankruptcy petition or been declared bankrupt?

For Chapters 7, 11, & 12:

If Yes:

The date of discharge* _____/_____/_____
The reason for filing (i.e., medical bills, divorce, credit cards debt, etc.)* _____
_____
The dollar amount discharged _____
The dollar amount of any outstanding obligations not discharged in bankruptcy, (i.e. taxes) _____
Explanation of obligation _____
Payment schedule (amount & frequency) _____
Current balance _____
Average annual income for the last two years _____
*If the bankruptcy was discharged over 7 years ago, only these two questions will be required.

For Chapter 13:

If Yes:

The date of filing _____/_____/_____
The date of discharge* _____/_____/_____
The reason for filing _____
_____
*If payments are still being made, we will need
Amount and frequency of the payments _____
Projected completion date _____
Current balance _____
Average annual income for the last 2 years _____

7. Has any insurance or securities brokerage firm with whom you have been associated ever filed a bankruptcy petition or been declared bankrupt either during your association or within 5 years after termination of such association?

If Yes:

Approximate date of filing \_\_\_\_/\_\_\_\_/\_\_\_\_

Your position with company \_\_\_\_\_

If officer or directly involved with circumstances leading to filing, provide the reason & specific involvement

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8. Are there any unsatisfied judgements, garnishments or liens against you?

Judgements:

If Yes:

Month/ Year \_\_\_\_/\_\_\_\_

The reason the judgement was obtained & your specific involvement \_\_\_\_\_

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Payment schedule (amount & frequency) \_\_\_\_\_

The original amount of the judgement \_\_\_\_\_

The outstanding amount of the judgement \_\_\_\_\_

Liens or Garnishments:

If Yes:

Month/ Year \_\_\_\_/\_\_\_\_

The reason for the lien or garnishment & your specific involvement \_\_\_\_\_

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The original amount of the lien or garnishment & the current balance \_\_\_\_\_

Is there a payment schedule in place (if so, amount & frequency of payments) \_\_\_\_\_

Average annual income for the past two years \_\_\_\_\_

Projected completion date \_\_\_\_/\_\_\_\_/\_\_\_\_

9. Are you in debt to any insurance company?

If Yes:

Month/ Year \_\_\_\_/\_\_\_\_

Name of the company \_\_\_\_\_

The reason for the debt & and your account of the situation \_\_\_\_\_

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The original amount of the debt & the current balance \_\_\_\_\_

Is there a payment schedule in place (if so, amount & frequency of payments) \_\_\_\_\_

Average annual income for the past two years \_\_\_\_\_

Projected completion date \_\_\_\_/\_\_\_\_/\_\_\_\_

10. Have you ever been convicted of or pled guilty to any felony or misdemeanor other than a minor traffic offense?

If Yes:

Month/ Year _____/_____
Circumstances surrounding the conviction & your account of the situation _____
_____
_____
Type of conviction (misdemeanor or felony) _____
Final disposition (fine, probation, jail, etc.) _____
Have all requirements been satisfied? _____

11. Are you currently a party to any litigation or the subject of any investigations?

Litigations:

If Yes:

Month & Year litigation began _____/_____
Circumstances surrounding the litigation, including your account of the situation _____
_____
_____
How are you directly involved in the litigation? _____
_____
The amount of damages claimed _____
Current status of the litigation _____

Investigations:

If Yes:

Month & Year investigation began _____/_____
Circumstances surrounding the investigation, including your account of the situation _____
_____
_____
The current status of the investigation _____

12. Are you connected in any way with a bank, savings and loan association, or other lending or financial institution?

If Yes:

Name of institution _____
Type of affiliation with institution _____

# CPS PRODUCER PROFILE

Please complete this form, and return it to us.  
We must have a completed and signed version of this form on file.

Producer Name \_\_\_\_\_

Company/Corporation Name \_\_\_\_\_

Fax Number \_\_\_\_\_ Email Address \_\_\_\_\_

Business Address \_\_\_\_\_

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

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

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

Mail to (check one): ☐ Home ☐ Business

Preferred method of receiving correspondence (check one):

☐ email ☐ fax ☐ mail

Business Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Social Security # \_\_\_\_\_ Tax ID # \_\_\_\_\_

Insurance License Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Designations: CLU CPCU ChFC RHU CFP LUTC CIC (circle applicable)

Do you carry E&O insurance? ☐ No ☐ Yes, name of carrier \_\_\_\_\_

Are you securities licensed? ☐ No ☐ Yes (circle applicable) 6 7 22 24 26 63

If NASD registered, what is the name of your broker dealer? \_\_\_\_\_

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\*\*\*\*\* Important, please read and sign other side \*\*\*\*\*

CPS INSURANCE SERVICES / CA LIC.# 0571612  
9 CORPORATE PARK DRIVE, SUITE 100, IRVINE, CA 92606  
PHONE 949-863-0700 / PHONE 800-326-5433 / FAX 949-863-9318 / FAX 800-436-8255  
LICENSING DEPARTMENT FAX 949-225-7157

IT IS AGREED by and between CPS Insurance Services (hereinafter referred to as MGA), and the producer whose name appears on page 1 (hereinafter referred to as Producer) that in consideration of MGA's continued goodwill and patronage:

- A. MGA agrees that commission payment, if any, made by MGA to Producer shall be vested in Producer to the same extent that commissions on the same transaction are vested in MGA by applicable insurance company, with the exception of group insurance which may be subject to a Broker of Record direction.
- B. In the event that any commission, premium, or fee paid or credited to Producer must be referenced or returned by MGA to the insurer, MGA is authorized, but not obligated, to make payment on Producer's behalf and will be reimbursed for this payment in full by Producer within thirty (30) days of the date of such payment. If such payment is not made by Producer, then MGA is authorized to debit any commissions which may be due Producer until such obligation has been fulfilled. Producer will also reimburse MGA for any and all costs and expenses (including reasonable attorney's fees) incurred by MGA in collection of any such sums from Producer.
- C. Producer agrees to hold MGA harmless and indemnify MGA against any and all liability, loss, damages, judgements, costs or expenses of any nature, type or kind (including reasonable attorney's fees) incurred by MGA or imposed upon MGA as a result of any allegedly wrongful or tortious act or omission on part of the Producer.
- D. The Agent/Company consents to the transmission of information, whether personal, commercial or of an advertising nature, by way of the fax number or email address set forth herein, or other fax numbers or email addresses of the agent/company.

In the event of litigation to determine the respective rights, duties and/or obligations of the parties under this agreement, the prevailing party shall be entitled to reasonable attorney's fees.

\_\_\_\_\_  
Producer

\_\_\_\_\_  
Date

We appreciate your business.

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CPS INSURANCE SERVICES / CA LIC.# 0571612  
9 CORPORATE PARK DRIVE, SUITE 100, IRVINE, CA 92606  
PHONE 949-863-0700 / PHONE 800-326-5433 / FAX 949-863-9318 / FAX 800-436-8255  
LICENSING DEPARTMENT FAX 949-225-7157