



## CONTRACT INFORMATION SHEET

Agent Name: \_\_\_\_\_  
(As on license) First Name Middle Initial Last Name

\_\_\_\_\_  
(If corporate contract, give corporate name and your title)

BGA Name: \_\_\_\_\_ BGA Agent #: \_\_\_\_\_

Branch Code: \_\_\_\_\_ Agent Contract Level: \_\_\_\_\_ Next Level Agent #: \_\_\_\_\_

### **Requirements for contract and appointment:**

- |                          |  |
|--------------------------|--|
| <input type="checkbox"/> | <b>1) Contract Information Sheet</b>                                       |
| <input type="checkbox"/> | <b>2) Background Questionnaire</b>   |
| <input type="checkbox"/> | <b>3) Signed W7964 signature page</b>                                      |
| <input type="checkbox"/> | <b>4) Errors &amp; Omissions</b> (copy of policy's face page)              |
| <input type="checkbox"/> | <b>5) Current licenses</b>   |
| <input type="checkbox"/> | <b>6) Commission Direct Deposit</b> (authorization/voided check)           |
| <input type="checkbox"/> | <b>7) W9 Tax ID form</b>   |
| <input type="checkbox"/> | <b>8) Solicitor Agreement or Assignment of Commissions – If applicable</b> |

### **Home Office Use Only**

Investigative Reports: Equifax \_\_\_\_\_ B.I.G. \_\_\_\_\_

West Coast Life Agent Numbers: \_\_\_\_\_

Contract Effective Date: \_\_\_\_\_

Agent Code: \_\_\_\_\_ Contract mailed on: \_\_\_\_\_

LIFECOMM: \_\_\_\_\_ Appt processed/Confirmed: State - \_\_\_\_\_ Date - \_\_\_\_\_  
State - \_\_\_\_\_ Date - \_\_\_\_\_

**Please check one:**    ☐ Individual    ☐ Partnership ☐ Corporation    ☐ Sole Proprietor

**BACKGROUND QUESTIONNAIRE**

Name \_\_\_\_\_ Corporate Name \_\_\_\_\_  
☐ Writing Agent    ☐ Company Officer    ☐ Both    (If applicable) \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Company Tax I.D. Number \_\_\_\_\_  
Residence Address \_\_\_\_\_ Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Residence Telephone (     ) \_\_\_\_\_ Business Telephone (     ) \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Spouse Name \_\_\_\_\_ Fax Number (     ) \_\_\_\_\_  
Email Address \_\_\_\_\_

**LICENSES/DESIGNATIONS**

**STATES WHICH YOU PLAN TO SOLICIT: (Submit a copy of a current license for each state indicated below)**

Resident License #: \_\_\_\_\_ State: \_\_\_\_\_

List all states in which you plan to solicit: \_\_\_\_\_

Circle appropriate designations/industry awards: CLU, ChFC, CFC, MDRT, NQA, Other: \_\_\_\_\_

**BUSINESS/PERSONAL EXPERIENCE**

Yes	No	
_____	_____	Have you ever, or do you currently represent West Coast Life Insurance Company?
_____	_____	Has any insurance company or securities broker-dealer ever terminated your contract other than for lack of production?
_____	_____	Do you have E & O coverage?
_____	_____	Have you ever had a claim filed against your E & O insurance coverage?
_____	_____	Have you ever been bankrupt or insolvent, either personally or in business?
_____	_____	Have you ever had any liens or judgments, either personally or in business?
_____	_____	Have you ever been investigated by any state insurance department or government agency?
_____	_____	Have you ever had an insurance license denied or revoked by a state or province?
_____	_____	Has a bonding company denied, paid out on, or revoked a bond for you?
_____	_____	Have you ever been convicted or plead guilty or no contest to a crime other than a misdemeanor?
_____	_____	Have you ever been on probation?
_____	_____	Are you now the subject of any complaint, investigation or proceeding that could result in a "Yes" answer to any of the above questions?

If any answer is "yes" to above questions, please provide complete explanation on separate paper and attach.

I certify that all statements are correct to the best of my knowledge. I understand that in compliance with the Federal Fair Credit Reporting Act (15 USC Section 1681, et sequellae), an investigative consumer report may be requested from a reporting agency to secure and provide information concerning my character, general characteristics, mode of living, and the accuracy of the statements made in this application. Subsequent investigative reports may be requested to update your file as needed. Upon written request, additional information as to the nature and scope of the report, if one is requested, will be provided.

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

West Coast Life Insurance Company has caused this Agreement to be signed and the Agent acknowledges his or her voluntary consent by signing below.

This Agreement, when executed, will become effective on \_\_\_\_\_, 20\_\_.

In witness whereof, the parties have executed this Agreement this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Agent Signature

\_\_\_\_\_  
Mark S. Rush, Senior Vice President Marketing  
WEST COAST LIFE INSURANCE COMPANY

Supplements to this Contract include:

- |                   |                   |
|-------------------|-------------------|
| 1) Form No. _____ | 3) Form No. _____ |
| 2) Form No. _____ | 4) Form No. _____ |



## COMMISSION DIRECT DEPOSIT

*With West Coast Life's Commission Direct Deposit, your commission earnings will be deposited directly into your checking account.*

Please complete this form and mail or fax it along with your **VOID CHECK** to the following address:

Margit Larot  
West Coast Life Insurance Company  
Commission Service Department  
PO Box 193892  
San Francisco, CA 94119-3892

**OR**

Fax: (205) 268-1601

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### Commission Direct Deposit Authorization

I authorize West Coast Life Insurance Company to initiate entries to my (our) account listed below.

\_\_\_\_\_  
Financial Institution Name

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

\_\_\_\_\_  
Your Signature

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

\_\_\_\_\_  
Date

This authority will remain in effect until West Coast Life Insurance Company has received written notification from me that I wish to discontinue participation in the Commission Direct Deposit program.

**DON'T FORGET TO ATTACH A VOID CHECK. YOUR REQUEST CANNOT BE PROCESSED WITHOUT IT.**



## ONLINE COMMISSION REQUEST FORM

*You may view your West Coast Life commission statements online!*

Please complete this form and mail or fax it to the following address:

Margit Larot  
West Coast Life Insurance Company  
Commission Service Department  
PO Box 193892  
San Francisco, CA 94119-3892

**OR**

Fax: (205) 268-1601

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Your user id and password will be sent to the email provided below. (Fields with \* are required).

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\*SSN or Tax ID: \_\_\_\_\_

\*Agent #: \_\_\_\_\_ \*BGA (if not a BGA): \_\_\_\_\_

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

\*Principal Agent Name: \_\_\_\_\_

\*Street Address: \_\_\_\_\_

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

\*Email: \_\_\_\_\_

\*Phone#: \_\_\_\_\_ \*Fax#: \_\_\_\_\_

Office Contact Person: \_\_\_\_\_

## Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶ .....	<input type="checkbox"/> Exempt from backup withholding
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
List account number(s) here (optional)		

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. 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 3. 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 3.

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number								
			+			+		
or								
Employer identification number								
			+					

### Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. 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 4.)

Sign Here	Signature of U.S. person ▶	Date ▶
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### Purpose of Form

A person who is required to file an information return with the IRS, must obtain 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.

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

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

In 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**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.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,



## SOLICITORS INFORMATION SHEET

Agent Name: \_\_\_\_\_  
(As on license) First Name Middle Initial Last Name

Solicitor For: \_\_\_\_\_  
Agency Name

BGA Name: \_\_\_\_\_ BGA Agent #: \_\_\_\_\_

Branch Code: \_\_\_\_\_

### **Requirements for appointment:**

- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | <b>1) Solicitors Information Sheet</b>                        |
| <input type="checkbox"/> | <b>2) Background Questionnaire</b>                            |
| <input type="checkbox"/> | <b>3) Signed W7966 Solicitors Agreement</b>                   |
| <input type="checkbox"/> | <b>4) Errors &amp; Omissions</b> (copy of policy's face page) |
| <input type="checkbox"/> | <b>5) Current license</b>                                     |

### **Home Office Use Only**

Investigative Reports: Equifax \_\_\_\_\_ B.I.G. \_\_\_\_\_

West Coast Life Agent Numbers: \_\_\_\_\_

Contract Effective Date: \_\_\_\_\_

Agent Code: \_\_\_\_\_ Agreement mailed on: \_\_\_\_\_

LIFECOMM: \_\_\_\_\_ Appt processed/Confirmed: State - \_\_\_\_\_ Date - \_\_\_\_\_  
State - \_\_\_\_\_ Date - \_\_\_\_\_

**West Coast Life Insurance Company**  
**SOLICITOR'S APPOINTMENT REQUEST & AGREEMENT OF CONDITIONS**

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West Coast Life Insurance Company, (herein referred to as Company) is hereby requested to make application to the Department of Insurance of the State of \_\_\_\_\_ for the issuance of a life insurance agent's license and/or appointment authorizing \_\_\_\_\_ (herein referred to as Agent) to solicit applications on behalf of the Company.

I hereby agree that your consent to the issuance of such license and/or appointment is subject to, and I hereby agree to be bound by, each and all of the following conditions:

I shall be an Agent # \_\_\_\_\_ assigned to the jurisdiction of \_\_\_\_\_  
(Agent or Agency)

The Company has no obligation to me for commissions, expense allowances or any form of compensation whatsoever in connection with the services performed and expenses incurred by me in the solicitation of applications for insurance issued by the Company. It is expressly understood that I am under direct contract with my General Agent who has personally agreed to compensate me for such services.

Earnings on commissions will be reported to the IRS for the Agency who signed the Independent Agent's Agreement on which commissions are being paid.

I have no employment contract with the Company, and I am not, and I shall refrain from holding myself out as an employee, partner, joint venturer, or associate of the Company.

I shall comply with the rules, regulations and rate books of the Company, the laws of the states I am licensed in, and the regulations of the Department of Insurance relating to my activities in the solicitation of insurance.

I shall not alter, modify, waive or change any of the terms, rates or conditions of any advertisements, receipts, policies or contracts of the Company in any respect.

I shall promptly remit to the Company any and all monies or securities received by me on behalf of the Company as full or partial payment of first year or renewal premiums, or any other item whatsoever.

I shall not obligate the Company nor incur expense on its behalf in any manner whatsoever.

The Company may without liability to me whatsoever, upon request of my General Agent, or upon its own initiative, cancel my appointment at any time.

The foregoing applicant is hereby recommended for appointment as an Agent assigned to my agency, subject to the terms of my Independent Agent's Agreement with the Company and this request.

\_\_\_\_\_  
Agency Principal Signature

This Agreement, when executed, will become effective on \_\_\_\_\_, \_\_\_\_\_

The parties have executed this Agreement this \_\_\_\_\_ day \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Agent Signature

\_\_\_\_\_  
Mark S. Rush, Senior Vice President Marketing  
WEST COAST LIFE INSURANCE COMPANY