

CLARICA

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.

CLARICA

Contracting Guidelines

To set up Corporation and Principal:

- Producer Application for Contract filled out on the Principal. Also fill in the Corporation name and Tax ID number. Principal signs.
- Principal signs Assignment of Commissions Form
- Copy of Corp license, Copy of Principal license
- Copy of E&O

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

- Producer Application for Contract filled out on the Agent. Leave out the Corporation name and Tax ID number.
- Agent signs the Producer Application
- Agent signs Assignment of Commissions Form
- Copy of Agent License
- Copy of E&O

Commissions paid direct to agent:

- Producer Application for Contract filled out on the Agent. Agent signs.
- Copy of Agent license
- Copy of E&O



Producer Application for Contract to Clarica

To assess your qualifications for a contract, the Company will use the data you furnish on this form. You are not legally required to provide this data; however, if you fail to do so, the company may be unable to issue a contract. Misrepresentation on this application shall be cause for termination.

Agent Information: Please Type or Print

Name: _____ Preferred Name: _____ Are you an American Citizen? ☐ Yes ☐ No
If no, Green Card # _____

Date of Birth: ____/____/____ Social Security Number: ____ - ____ - ____ Email Address: annuity@cpsinsurance.com

Corporation Name (if applicable) _____ Federal ID Number: ____ - ____

Business Address: 9 CORPORATE PARK DR. #100 City: IRVINE State: CA Zip: 92606

Resident Address: _____ City: _____ State: _____ Zip: _____

UPS Address: _____ City: _____ State: _____ Zip: _____

Business Phone: (949)863-0700 Fax Number: (949) 863-9318 Resident Phone: (____) _____

Insurance Information

Years in Insurance Business: _____ Insurance Designations: _____ Member of: ☐ MDRT ☐ NQA ☐ NSAA

Are you NASD licensed? ☐ Yes ☐ No If yes, what series do you have? _____
Who is your Broker/Dealer? _____

Clarica requires Errors & Omissions Insurance. Do you presently have E&O Insurance? ☐ Yes ☐ No
If yes, please provide proof of coverage.

Please attach copies of license(s) for states in which you will solicit business. No appointments are issued until we receive a copy of license(s).

Background Information—Give details for any questions answered “yes.” If additional space is needed, attach separate sheet.

☐ Yes ☐ No Are you indebted to another insurance company for which you sell/sold insurance/annuities?
If yes, please indicate name of company, amount and cause of debt. _____

☐ Yes ☐ No Have you ever filed for bankruptcy? If yes, please indicate date filed and jurisdiction. _____
If an insurance company was discharged as a creditor, name the company and nature of debt discharged. _____

☐ Yes ☐ No Do you have a tax lien or garnishment against you? If yes, submit a copy of repayment agreement.
☐ Yes ☐ No Has your contract with any insurance company ever been suspended, revoked, or terminated for cause?
If yes, name the company, date and reason. _____

☐ Yes ☐ No Have you ever had a resident or non-resident state insurance license investigated, suspended, or revoked?
If yes, name the state, date, and reason. _____

☐ Yes ☐ No Besides traffic offenses, have you ever been convicted of a crime? If yes, name the charge upon which you were
convicted, date, and jurisdiction. _____

Federal law requires our company to disclose to you that an inquiry may be made by a commercial consumer reporting agency as to information concerning your character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report will be provided. I authorize Clarica to conduct such inquiry and investigation as it may require.

I authorize the persons or companies shown in my contract application to give to Clarica any information regarding my employment, production, persistency, together with any information they may have regarding me whether or not it is in their records. I hereby release said companies or persons from all liability for any damage whatsoever for issuing this information. A photocopy of this authorization is to be as valid as the original.

Authorization and Certifications of Statements

I hereby apply to Clarica to sell life and annuity products. If this application is accepted, I agree to conduct my solicitation for Clarica in accordance with the terms of the Clarica Contract, the terms of which are incorporated into this application by reference. I agree Clarica has no obligation to approve this application and release Clarica from all liability if they do not contract me. I agree to take all steps reasonably necessary to become and remain knowledgeable about all Clarica products I sell. **I agree not to solicit business or otherwise hold myself out as an agent for Clarica until my contract has been approved, received by me, and I am properly licensed and appointed.**

Upon becoming a contracted Clarica agent, I understand and agree:

- I will obtain prior written approval of the Company before I circulate advertising of any type on behalf of the Company or use the Company's name or logo.
- I am not authorized to create, change, or end any policy. I may not alter the terms or provisions of any policy issued by the Company. I may not approve or imply approval of claims.
- I will not rebate commissions received by me nor make any premium payments from my funds or from accounts under my control.
- I have no authority to enter into any legal proceedings in connection with any matter pertaining to the Company's business. In the event legal process or any notice affecting the Company's interests is served on me, I shall immediately forward such process or notice to the Company by U.S. Mail.
- I will maintain full and accurate records of the business transacted by me under this contract and will forward to the Company such records upon the Company's request. The Company has the right to examine those records at any time prior to and after termination of my contract and the Company may make copies of such records as it may deem necessary.
- I am authorized to collect only the first premium on new sales under this contract, subject to restrictions listed on the Company's Temporary Insurance Agreement or Conditional Receipt. Checks, money orders, or other forms of payment from policy owners and applicants should be made payable to the order of the Company and should not be commingled with my funds.
- I will repay the Company for any indebtedness arising from my marketing activities or transactions. Any indebtedness owed by me to the Company is a legal debt. The Company is hereby given a first lien upon any amounts due me, my estate, successors or assignee under this or any other agreement with the Company or its affiliates as security for payment of any indebtedness owed to the Company by me. My indebtedness may be offset by any sum due to me or thereafter becoming due from the Company for the satisfaction of the debt. The Company may pursue additional means as necessary to satisfy any outstanding indebtedness to the Company, and may assign its right to collect this debt.

I hereby certify that all information given to your company by me is true, and correct and without any consequential omissions of any kind.

Individual/Corporate Name (Type or Printed Name)

X
Signature

Date

Regional Manager (Type or Printed Name)

Signature

Date

CPS INSURANCE SERVICES

Independent Marketing Organization (Type or Printed Name)

Signature

Date

Clarica Approval:

By: _____ Title: _____ Date: _____

* USE ONLY IF ASSIGNING COMMISSIONS TO A CORPORATION *

Clarica Life Insurance Company—U.S.

700 South 7th Street
P.O. Box 2907
Fargo, ND 58108
1-800-283-5433



CLARICA™

ASSIGNMENT OF COMMISSIONS

For valuable consideration, I, _____, of _____ (hereafter Assignor), hereby assign, sell, transfer and set over unto _____ of _____, hereinafter called the Assignee, all of my commissions which include first year, renewal, and override commissions due or to become due on all insurance policies of any kind, present and future, issued by Clarica Life Insurance Company—U.S. (hereafter “the Company”) in connection with all my agency contracts entered into by me and the Company. This Assignment is subject to any and all previously executed financing agreements with the Company and is subject to the Company’s rights, if any, to all or part of those commissions at any time.

It is agreed that these payments will come directly from the Company to Assignee.

I shall indemnify and hold the Company harmless from any claims or actions I may have for any compensation paid or to be paid to me by the Assignee.

I agree to provide all documentation which the Company may require to act on my request. I understand that the Company makes to representations as to tax consequences of such an assignment and that the assignment may affect my eligibility to receive agent benefits.

In the event of the termination of my Contract with the Company, whether through death or otherwise, the Company retains the right to apply all commissions due to me to any debit balance then owing or subsequently generated by me until such indebtedness to the Company is liquidated, after which time payments to the above named Assignee will resume as herein agreed.

☐ Assignee to receive commission check, earnings statement and 1099. (1099 to be issued in the name of Assignee.)
Federal ID # of Assignee: _____

This Assignment is revocable by me at any time by providing written notice to the Company.

Dated at _____ this _____ day of _____, _____.

Witness

Assignor

Accepted by Clarica Life Insurance Company—U.S. this _____ day of _____, _____.

CLARICA LIFE INSURANCE COMPANY—U.S.

By _____

Title _____

Clarica Life Insurance Company—U.S.

700 South 7th Street
P.O. Box 2907
Fargo, ND 58108
800-999-6016



CLARICA™

Direct Deposit of Commissions

Simplify Your Life and Receive Your Hard-Earned Money . . . Fast

Take advantage of this opportunity to sign up for Electronic Funds Transfer (EFT) of your commission check and:

- Save yourself worry over waiting for a mailed check
- Save yourself time by eliminating a trip to the bank.
- Save yourself a Federal Express charge that you must pay when requesting next-day delivery of your checks.

SWITCH TO EFT ...

Automatic - Convenient - Fast - Dependable - Safe

Fill out the enclosed authorization form and return it to us to ensure prompt receipt of your commission funds.

The authorization form, which is provided below, gives Clarica and your financial institution authority to deposit your commissions to your account. Simply complete the form in order to take advantage of this service.

All you need to do is:

1. Mark the box before type of account to indicate whether your commissions will be deposited into your checking or savings account.
2. Fill in your name, bank name and location, and date.
3. **Attach a voided check for verification of all financial institution information.**

DIRECT DEPOSIT AUTHORIZATION — Please fill out and return to Agency.

I authorize you and the financial institution listed below to initiate electronic entries to my

☐ Checking Account

☐ Savings Account

each pay day. This authority will remain in effect until I have cancelled it in writing.

●
↑
STAPLE VOIDED
CHECK HERE

BANK

NAME (PLEASE PRINT)

CITY

STATE

SIGNATURE

DATE