



# GENERAL AGENT *Contracting List*



Dear Agent/Agency,

To become contracted to sell Stonebridge, please return the following documents to Insurance Advisors Direct:

- Producer Appointment
  - Background & Information
  - E&O (not required)
  - Direct Deposit/EFT
  - Authorization for Release
  - Agreement (Section 1 **OR** 2)
  - Agreement for Commission Annualization (Advance)
  - Producer Conditional Agreement
- W9
- License, Void check

Please send your contracting paperwork to:

Email: [htalley@iadinsures.com](mailto:htalley@iadinsures.com)

Fax: (248)946-4645 Attn: Licensing

Mail: Insurance Advisors Direct | 39555 Orchard Hill Place, Ste 203 | Novi, MI 48375

If you have any questions, please call IAD at (248)946-4640 x105 and ask for Heather Talley.

Thank you for your interest in Stonebridge, we look forward to working with you.



**Insurance Advisors Direct**  
Agency, LLC



39555 ORCHARD HILL PLACE ,SUITE 203. NOVI, MI 48375  
800.381.0977 | [WWW.INSURANCEADVISORSDIRECT.COM](http://WWW.INSURANCEADVISORSDIRECT.COM)



### **Producer Appointment Checklist**

#### **Individual Producers**

##### ***For completion:***

- Important Information – Complete if submitting new business
- Producer Appointment Application
- Producer Agreement (Fixed Products) – Complete Section 1 on Page 11
- Producer Agreement for Commission Annualization (Optional)

##### ***Documents to be read and retained by agent for future reference:***

- Anti-Money Laundering Training for New Agents
- Fair Credit Reporting Act Disclosure
- A Summary of Your Rights Under the Fair Credit Reporting Act
- 1994 Crime Act Notice
- Code of Professional Conduct

#### **Business Entity**

##### ***For completion:***

- Important Information – Complete if submitting new business
- Producer Appointment Application – Complete Business Entity, Business Entity Information, and Direct Deposit sections
- Producer Agreement (Fixed Products) – Complete Sections 2a and 2b on Page 11
- Producer Agreement for Commission Annualization (Optional)
- ❖ If a principal of the entity will personally solicit business, please refer to the License ONLY Agents section below and complete the documents listed.

#### **License ONLY Agents**

##### ***For completion:***

- Important Information – Complete if submitting new business
- Producer Appointment Application
- Producer's Conditional Agreement

##### ***Documents to be read and retained by agent for future reference:***

- Anti-Money Laundering Training for New Agents
- Fair Credit Reporting Act Disclosure
- A Summary of Your Rights Under the Fair Credit Reporting Act
- 1994 Crime Act Notice
- Code of Professional Conduct

#### **To Be Completed by Recruiter:**

Agent or Entity name: \_\_\_\_\_

Select how commissions are to be paid:

As earned: \_\_\_\_\_

Annualization/Placed Advance: Check one option  25%  50%  75% (please include form)

Commission Schedule Rank: \_\_\_\_\_

Recruiter's name: Jason McClellan

Marketing office: \_\_\_\_\_

Agent Reports To: Jason McClellan

Policy Pending # \_\_\_\_\_  No New Business at this Time

Contracting Contact: \_\_\_\_\_

**PLEASE SUBMIT CHECKLIST AND ALL OTHER PAPERWORK VIA FAX: 1-319-355-2498 OR EMAIL: [afpcrcontractadmin@aegonusa.com](mailto:afpcrcontractadmin@aegonusa.com)**



## Important Information

### New Business Applications

To help expedite new business applications submitted simultaneously with agent appointment paperwork, please include the following information and return with your appointment paperwork:

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

Client Name \_\_\_\_\_

Date new business application was signed \_\_\_\_\_

State in which the application was signed \_\_\_\_\_

State in which the client resides \_\_\_\_\_

Type of business written \_\_\_\_\_

### Pre-Appointment States

The following states require an appointment at the time of solicitation:

- Alabama
- Georgia (Non-Resident Only)
- Kansas
- Kentucky
- Louisiana
- Missouri
- Montana
- Ohio
- Pennsylvania
- Puerto Rico
- Texas
- Vermont
- Washington
- Wisconsin

If business will be written in any of the above states, please ensure an appointment is already in place.

*This list is subject to change without notice if state regulations change.*

<b>PRODUCER APPOINTMENT APPLICATION</b>
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I am requesting an appointment and agreement with the below company(ies) (each individually referred to as "the Company").

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Monumental Life Insurance Company  | <input type="checkbox"/> Transamerica Financial Life Insurance Company |
| <input type="checkbox"/> Stonebridge Casualty Life Insurance Company   | <input type="checkbox"/> Transamerica Life Insurance Company           |
| <input checked="" type="checkbox"/> Stonebridge Life Insurance Company | <input type="checkbox"/> Western Reserve Life Assurance Co. of Ohio    |

PERSONAL DATA			
FIRST:	MIDDLE:	LAST:	SUFFIX:
SOCIAL SECURITY NUMBER:		DATE OF BIRTH:	GENDER:
PRIMARY TELEPHONE:	SECONDARY TELEPHONE:	FAX #:	
FINRA REGISTERED?	IF YES, BROKER-DEALER NAME:		
E-MAIL ADDRESS:			
HOME ADDRESS (Mandatory for background investigative report requirements.)			
STREET:			APT#:
CITY:	STATE:	ZIP:	COUNTRY:
BUSINESS ENTITY NAME IF APPLICABLE:			
BUSINESS ADDRESS (if different than Home Address)			
STREET:		STE#:	P.O. BOX:
CITY:	STATE:	ZIP:	COUNTRY:
APPOINTMENT INFORMATION			
NON-RESIDENT APPOINTMENTS DESIRED:			
FLORIDA COUNTIES DESIRED:			

BACKGROUND INFORMATION	Yes	No
<p>A. Have you been convicted of, or pled guilty or nolo contendere ("no contest") to a felony or misdemeanor involving: insurance, investments or a related business, fraud, false statements or omissions, wrongful taking of property, or bribery, forgery, counterfeiting or extortion, or breach of trust?</p> <p>If "yes", provide explanation below and attach supporting court documentation.</p>		
<p>B. Have you ever been convicted of, or pled guilty or nolo contendere ("no contest") to any other felony or misdemeanor?</p> <p>If "yes", provide explanation below (including date, county, and state in which the felony or misdemeanor occurred) and attach supporting court documentation.</p>		
<p>C. Has any State Insurance Department or other State or Federal Regulatory Agency ever denied, suspended or revoked your license or registration?</p> <p>If "yes", provide explanation below and attach supporting documentation.</p>		
<p>D. Have you personally or a firm that you exercised management control over, or owned 10% or more of the securities of, failed in business, made a compromise with creditors, filed a bankruptcy petition or been declared bankrupt?</p> <p>If "yes", provide explanation below and attach supporting documentation, for example, a copy of original filing, discharge, and Schedule F.</p>		
<p>E. Do you have any outstanding or unsatisfied collections, judgments and/or liens, including tax liens, totaling \$50,000 or more?</p> <p>If "yes", provide explanation below and attach supporting documentation, for example, a copy of IRS repayment schedule, etc.</p>		
<p>F. Has any State Insurance Department, any other State or Federal Regulatory Agency, or the SEC, FINRA or any other Self Regulatory Organization ever entered an order against you relative to a violation of insurance or investment-related regulations or statutes?</p> <p>If "yes", provide explanation below and attach supporting documentation.</p>		
<p>G. Do you currently have an outstanding debit balance with any other insurance carrier(s), insurance agency, or broker-dealer?</p> <p>If "yes", provide explanation below.</p>		

**BUSINESS ENTITY INFORMATION**

**If applicant is a corporation, partnership, or LLC and fixed product commissions or compensation are to be disbursed to the entity, please complete the following:**

LEGAL NAME OF ENTITY

TIN FOR ENTITY

**ERRORS AND OMISSIONS**

Are you covered by an Errors and Omissions policy? If so, attach E & O certification.

**DIRECT DEPOSIT**

NAME OF BANK:

DEPOSITORY NAME:

ROUTING NUMBER:

ACCOUNT NUMBER:

BANK PHONE NUMBER:

ACCOUNT TYPE:

**RECRUITER INFORMATION (If known)**

FIRST NAME:

Jason

LAST NAME:

McClellan

EMAIL ADDRESS:

jmcclellan@iadinsures.com

**ADDITIONAL INFORMATION**

### CERTIFICATION

- I certify that the information contained in this application is true and complete to the best of my knowledge and belief.
- I have received the "Fair Credit Reporting Act Disclosure and Authorization of Consumer Report/Investigative Consumer Report" and "A Summary of Your Rights Under the Fair Credit Reporting Act".
- If I have been notified by the IRS that I have previously given an incorrect taxpayer identification number, my signature below constitutes my certification under penalties of perjury to the following: (1) the taxpayer identification number on this form is my correct taxpayer identification number; and (2) I am not subject to backup withholding; and (3) I am a U.S. person (including a U.S. resident alien). I acknowledge that the IRS does not require my consent to any provision of this form other than the certification required to avoid backup withholding.
- I acknowledge receipt of the 1994 Crime Act Notice, and I certify that I am not in violation of the provisions of the 1994 Crime Act described in that notice.
- I have received and will comply with the Company's Code of Professional Conduct for producers and employees.
- I agree to update any changes to the responses provided in this application to Questions (A) through (G) under the Background Information section within 5 days of such change.

### ACKNOWLEDGEMENT

If I am appointed with more than one Company, I acknowledge and agree that the Producer Agreement or other agreement evidencing such appointment is to be construed as constituting separate and distinct agreements between me and each Company with which I am appointed. The rights, obligations, and responsibilities between me and one Company are separate and distinct from the rights, obligations, and responsibilities between me and any other Company with whom I may be appointed. No Company will have responsibility or liability for the acts or omissions of any other Company with whom I may be appointed.

### AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize any employer, insurance company, managing agent, educational institution, financial institution, consumer reporting agency, criminal justice agency, insurance department or individual having any information relating to my activities to release such information to the Company, or any affiliated company, or any consumer reporting agency acting for and on behalf of the Company or for and on behalf of any other affiliated company. This information may include, but is not limited to, employment and job performance history, academic records, credit records, disciplinary, arrest and conviction records, and personal history, including information as to character, general reputation and mode of living.

Signature – (Full Name)

(Printed Name)

(Date)

I acknowledge that I have read the Anti-Money Laundering Training for Agents materials provided and I agree to report any suspicious activity to my manager or directly to the Company.

\_\_\_\_\_  
Signature-(Full Name)

\_\_\_\_\_  
(Printed Name)

**11.2 CHANGES**

You agree to inform us of any changes in your legal structure, and of any changes in your officers or partners. You also agree to inform us of any transfer of your stock or partnership interests.

**11.3 STATUS**

We may, from time to time, require you to provide us with evidence of your continued existence and good standing.

**By signing below, you certify that: you are not in violation of the Violent Crime Control and Law Enforcement Act of 1994 (the "1994 Crime Act") if the Company enters into this Agreement with you and that you will immediately advise the Company of any situation that would cause you to be in violation of the 1994 Crime Act. You have read and understand the Company's Code of Professional Conduct and agree to abide by its terms. You agree to foster high standards of ethical behavior and to adhere to the Company's policies and procedures concerning the sale of our insurance products. You acknowledge that you have read and understand this Agreement, and agree to be bound by its terms.**

**COMPLETE SECTION 1 OR 2 OF THE FOLLOWING:**

**1. INDIVIDUAL PRODUCER**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Note:** If completing section 2, the Guaranty portion must be completed in order to process the agreement.

**2a. NON-INDIVIDUAL PRODUCER**  
(Corporation, Agency, etc.)

\_\_\_\_\_  
Name of Entity

\_\_\_\_\_  
Printed Name of Authorized Officer

\_\_\_\_\_  
Signature of Authorized Officer

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**2b. GUARANTY**

The undersigned hereby unconditionally guarantees the full and timely payment of any and all indebtedness of the Non-Individual Producer to the Company(ies).

\_\_\_\_\_  
Printed Name of Individual

\_\_\_\_\_  
Signature of Individual

\_\_\_\_\_  
Date





## Producer Agreement for Commission Annualization

(Please Type or Print in Ink)

\_\_\_\_\_  
Producer ID

\_\_\_\_\_  
Producer TIN

\_\_\_\_\_  
Office ID Code

\_\_\_\_\_  
Name (Complete legal entity name)

By my signature below, I am requesting that Monumental Life Insurance Company, Stonebridge Life Insurance Company, Transamerica Financial Life Insurance Company, Transamerica Life Insurance Company and/or Western Reserve Life Assurance Co. of Ohio (each individually referred to as "the Company") make payments to me under a commission annualization program (the "Annualization Program"). This document (the "agreement") sets forth my duties and obligations with respect to the Annualization Program. Under the Annualization Program, the Company may pay commission to me based on the projected first year annual premiums for policies sold by the Company through applications solicited by me even though actual premium received by the Company may be less than a full annual premium. I understand that commission paid to me on premium not actually received by the Company constitutes an advance payment against commissions which are anticipated to be earned by me if and when the remainder of the first year annual premium is received by the Company.

In addition to the terms and conditions of the Producer Agreement, I understand and agree that:

1. Only policies placed in force after the date this agreement is approved by the Company will be eligible for annualization payments. Notification of approval will be provided in writing once the agreement is approved by the Company.
2. I hereby authorize the Company to obtain a consumer credit report and conduct an investigation concerning my character, credit, reputation and personal traits and I release those contacted and the Company from any liability with respect to the content of the information provided and any resulting action by the Company. I authorize the Company to share the information received with its affiliated companies and I authorize the Company to obtain updated or further credit reports if it so chooses at any time that this agreement is in effect or, after its termination, if any amount advanced to me hereunder remains unpaid. I understand that I may not be permitted to participate in the Annualization Program if I am delinquent in my obligations to creditors, or if I am subject to any unpaid or unsatisfied judgment, liens, or similar matters.
3. Termination of this agreement does not of itself terminate my Producer Agreement (Fixed Products) with the Company. However, termination of my Producer Agreement (Fixed Products) with the Company terminates this agreement and notice is not specifically required.
4. The Company may choose to exercise its right to terminate this agreement at its discretion.
5. I agree that in the event the full annual premium is not received by the Company within 12 months of the issuance of the policy or in sufficient time to prevent lapse of the policy, whichever is sooner, the Company shall have the right to charge my commission account for the amount of commission paid to me on premium not received by the Company.
6. I agree that amounts charged to my commission account pursuant to the foregoing may be deducted from amounts owed to me at such time or thereafter by the Company.
7. I understand that the Company in its sole and absolute discretion may determine the amounts to be advanced to me under the Annualization Program agreement and may modify or terminate the Annualization Program agreement at any time. Without limiting the generality of the foregoing, I acknowledge and agree that the Company may, in its sole discretion and from time to time, modify the persistency and/or production requirements set forth herein and the percentage amounts to be advanced and the limit on total advances set forth herein. In the event of termination of the Annualization Program, any amounts advanced thereunder which have not been earned will be immediately due and payable by me. If payment in full is demanded, I agree to pay interest on the unpaid balance of the advanced amount due at the rate of the lesser of 7% per annum or the maximum rate of interest allowed by law. The Company will advance up to 75% of first year commission due on individual insurance contracts issued by the Company. The remaining commission due will be paid on an as earned basis.
8. The maximum amount of advanced commission is limited to \$1500 for any one policy and the maximum advance balance cannot exceed \$35,000 for any 12 month period.

\_\_\_\_\_  
Applicant's Signature  
and title if Applicant is an entity

\_\_\_\_\_  
Date

Monumental Life Insurance Company

Stonebridge Life Insurance Company



Pete Adkins  
Vice President



Christopher Lintecum  
Assistant Vice President

Transamerica Financial Life Insurance Company  
Transamerica Life Insurance Company  
Western Reserve Life Assurance Co. of Ohio



Diane Rogers  
Vice President

**ACKNOWLEDGEMENT**

I acknowledge that I have read, understood, and accept the provisions of this Agreement. Except as expressly supplemented by this Agreement, all other terms and conditions contained in the Agreement remain in full force and effect.

\_\_\_\_\_  
NAME (Please Print)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
AGENT NUMBER

\_\_\_\_\_  
DATE