

BROKERS PERSONAL HISTORY

Federal and state laws prohibit discrimination in employment because of race, color, creed, ancestry, age, sex, marital status, national origin, or disability. No question on this application form is intended to secure information to be used for such discrimination.

Please print or type.

PERSONAL

Name (Last, First, Middle)	Social Security Number
Present Street Address	How Long?
Home Phone	
City, State, Zip Code	
Business Phone	
Previous Street Address (If Less than Two Years)	How Long?
Email Address	
City, State, Zip Code	
Today's Date	

WORK EXPERIENCE

Name, address and phone number of employer. (Begin with your present or most recent job.)	Month and Year	Annual Income	Supervisor	Job Title and Duties	Reason for Leaving
	From	Beginning			
	To	Ending			
	From	Beginning			
	To	Ending			
	From	Beginning			
	To	Ending			
	From	Beginning			
	To	Ending			

List professional designations, licenses, and certificates you hold. _____

What types of financial products have you had direct experience with?

- Whole Life
 Term Insurance
 Universal Life
 Variable Life
 Disability Insurance
 Long Term Care Insurance
 Medical Insurance
 Fixed Annuities
 Variable Annuities
 Mutual Funds
 Stocks
 Bonds
 Options
 IRA Accounts
 401(k) Accounts
 403(b) Accounts
 Pensions

Please describe your primary market _____

EDUCATION

Name and Location of School	Length of Time Attended	Did you Graduate?	Degree Earned/ Expected	Course of Study
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		

OVERALL FINANCIAL STATUS

A. Assets

Savings, Cash & Checking Accounts \$ _____

Real Estate \$ _____

Investments & Cash Value of Insurance \$ _____

Other (specify) _____ \$ _____

Total Assets \$ _____

B. Liabilities

Notes Payable, Including Mortgage \$ _____

Other Loans \$ _____

Credit Cards \$ _____

Other (specify) _____ \$ _____

Total Liabilities \$ _____

Net worth (assets minus liabilities) \$ _____

1. Have you declared bankruptcy within the last 10 years? Yes/No
2. Have you ever been convicted of a felony or misdemeanor? Yes/No If yes, please describe _____

3. Are there currently any complaints pending against you by any regulatory agency? Yes/No If yes, please describe _____

FINANCIAL PRODUCTS PRODUCTION HISTORY

Please list the approximate first year commissions you received from your personal production.

	This year 20____	Last Year 20____
Life		
Health		
Securities		
Total		

Please list the approximate first year commissions paid to brokers in your heirarchy.

	This Year 20____	Last Year 20____
Life		
Health		
Securities		
Total		

How many active agents do you have under contract?

Please describe the types of products and services you would like to obtain through Assurity Life or T & M Financial, Inc.

How much first year commission do you anticipate you will generate through Assurity Life or T & M Financial, Inc. over the next 12 months? \$ _____

REFERENCES

Give the names and addresses of two individuals (not relatives) who know you well and to whom this company may refer.

Name	Address	Phone Number	Occupation

I authorize T & M Financial to run a credit report on me.

_____ Date

_____ Your signature