

THE
MILNER GROUP
Insurance for Generations

Dear Valued Agent,

We appreciate your consideration in allowing The Milner Group to address your annuity needs and we are excited to have the privilege of offering you our services.

In order to complete your licensing request, please complete the following licensing questionnaire. The questionnaire information will be submitted through our online licensing system, *SureLC*, which is a program that allows us to save your information in our system. In the future, should you desire to be appointed with any additional carriers, The Milner Group will already have your information saved on file, allowing us to submit and complete your appointment in a timely manner.

Once the questionnaire has been completed, you will also need to complete and sign the Signature Page, Disclosure Release, and EFT Authorization. Signing and submitting the Signature Page and Disclosure Release authorizes The Milner Group to submit your information through our online licensing program. Signing the EFT Authorization allows for carriers to direct deposit your commissions. Please submit the following documents to our office:

- 1) The Milner Group Licensing Questionnaire.
- 2) Signed Signature Page
- 3) Signed Disclosure Release Page
- 4) Signed EFT Authorization Page (be sure to affix copy of a voided check to this page).
- 5) A copy of your individual and/or corporation insurance license(s).
- 6) A copy of your E&O coverage.

These documents can be faxed to 678-252-1767 Attn: Janet Woodgeard or emailed to janet@milnergroup.com.

For questions regarding the completion of this packet, please contact Janet Woodgeard at 678-252-1766.

Social Security #: _____ Gender: Male Female Email: _____

Last Name: _____ First Name: _____ Middle: _____ Mr. Ms. Mrs. Dr.

Phone: _____ Fax: _____ Cell: _____ Single

Driver's Lic. #: _____ DL State: _____ Married Divorced Widow(er)

Residential Address (No PO Boxes)

Line 1: _____ Line 2: _____

Zip: _____ City: _____ State: _____ Start Date: _____

Doing Business As

***NOTE* If doing business as an Individual or Solicitor, Skip this section**

Individual Business Entity Officer/Principal Incorporated Entity Solicitor Institutional

Business Name: _____ EIN: _____ Website: _____

Your Title: _____ Phone: _____ Fax: _____

Principal Name: _____ Principal Title: _____ Email: _____

Corporate Address

Line 1: _____ Line 2: _____

Zip: _____ City: _____ State: _____ Start Date: _____

Mailing Address:

Line 1: _____ Line 2: _____

Zip: _____ City: _____ State: _____ Start Date: _____

Have you ever been charged or convicted of or plead guilty or no contest to any Felony, Misdemeanor, federal/state insurance and/or securities or investments regulations and statutes? Have you ever been on probation?	YES	NO
Have you ever been convicted of or plead guilty or no contest to any Felony?	YES	NO
Have you ever been convicted of or plead guilty or no contest to any Misdemeanor?	YES	NO
Have you ever been convicted of or plead guilty or no contest to a violation of federal or state securities or investment related regulation?	YES	NO
Have you ever been convicted of or plead guilty or no contest to a violation of state insurance department regulations or statutes?	YES	NO
Has any foreign government, court, regulatory agency, or exchange ever entered an order against you related to investments or fraud?	YES	NO
Have you ever been charged with any Felony?	YES	NO
Have you ever been charged with any Misdemeanor?	YES	NO
Have you ever been on probation?	YES	NO
Have you ever been or are you currently being investigated, have any pending indictments, lawsuits, or have you ever been in lawsuit with insurance company?	YES	NO
Are you currently under investigation by any legal or regulatory authority?	YES	NO
Have you been under investigation by any insurance company?	YES	NO
Have you ever been or are you currently involved in any pending indictments, lawsuits, civil judgments or other legal proceedings (civil or criminal)(you may omit family court)	YES	NO
Have you ever been named as a defendant or codefendant in a lawsuit, or have you ever sued or been sued by an insurance company?	YES	NO
Have you ever been alleged to have engaged in any fraud?	YES	NO
Have you ever been found to have engaged in any fraud?	YES	NO

Has any insurance or financial services company, or broker-dealer terminated your contract or appointment or permitted you to resign for reason other than lack of sales?	YES	NO
Were you terminated/resigned because you were accused of violating insurance or investment related statutes, regulations, rules or industry standards of conduct?	YES	NO
Were you terminated/resigned because you were accused of fraud or the wrongful taking of property?	YES	NO
Failure to supervise in connection with insurance or investment related statutes, regulations, rules or industry standards of conduct?	YES	NO
Have you ever had an appointment with any insurance company terminated for cause or been denied an appointment?	YES	NO
Does any insurer, insured, or other person claim any commission chargeback or other indebtedness from you as a result of any insurance transactions or business?	YES	NO
Has any lawsuit or claim ever been made against you, your surety company, or errors and omissions insurer arising out of your sales or practices, or, have you been refused surety bonding or E&O coverage?	YES	NO
Has a bonding or surety company ever denied, paid on or revoked a bond for you?	YES	NO
Has any Errors & Omissions (E&O) carrier ever denied, paid claims on or cancelled your coverage?	YES	NO
Have you ever had an insurance or securities license denied, suspended, cancelled or revoked?	YES	NO
Has any state or federal regulatory body found you to have been a cause of an investment OR insurance-related business having its authorization to do business denied, suspended, revoked, or restricted?	YES	NO
Has any state or federal regulatory agency revoked or suspended your license as an attorney, accountant, or federal contractor?	YES	NO
Has any state or federal regulatory agency found you to have made a false statement or omission or been dishonest, unfair, or unethical?	YES	NO
Have you ever had any interruptions in licensing?	YES	NO
Has any state, federal or self-regulatory agency filed a complaint against you, fined, sanctioned, censured, penalized or otherwise disciplined you for a violation of their regulations or state or federal statutes?	YES	NO

Has any regulatory body ever sanctioned, censured, penalized or otherwise disciplined you?	YES	NO
Has any state, federal or self-regulatory agency filed a complaint against you, fined or sanctioned you?	YES	NO
Have you ever been the subject of a consumer initiated complaint?	YES	NO
Have you personally or any insurance or securities brokerage firm with whom you have been associated filed a bankruptcy petition or declared bankruptcy?	YES	NO
In the past ten years, have you personally filed a bankruptcy petition or declared bankruptcy?	YES	NO
In the past ten years, has any insurance or securities brokerage firm with whom you have been associated filed a bankruptcy petition or been declared bankrupt either during your association or within five years after termination of such association?	YES	NO
Is the bankruptcy pending?	YES	NO
Are there any unsatisfied judgments, garnishments or liens against you?	YES	NO
Are you connected in any way with a bank, savings & loan association, or other lending or financial institution?	YES	NO
Have you ever used any other names or aliases?	YES	NO
Do you have any unresolved matters pending with the Internal Revenue Service or other taxing authority?	YES	NO

- Reminder – If you answer any questions YES, please provide on a separate page a full explanation. The more information you provide, the faster your contracting request will be processed.
 - Be specific with your account of the actions, the result, and description.
 - Provide the exact dates associated with each YES question. For example, 2006 is NOT acceptable. We need the day, the month, and the year.

Licenses

Are you currently a registered representative with FINRA? Yes No

If Yes, who is your Broker/Dealer? _____

If Yes, CRD #: _____ Completed Date: _____

Who have you completed your most recent Anti-Money Laundering Training (AML) with? LIMRA None Other

If other, Provider Name: _____ Date Last Completed: _____

Honors: CLU ChFC CFC CFP MDRT FLMI NQA Other: _____

****NOTE* Check with your agency to determine if you need to send a copy of your insurance license(s).***

Banking Information - For Direct Deposits

Routing #: _____ Acct. #: _____ Checking Savings

Bank Name: _____ Phone #: _____

Bank Address: _____

Zip Code: _____ City: _____ State: _____

History

Employment -- Please provide past 5 years of employment history: ***NOTE* Attach additional info if needed**

From: _____ To: _____

Company: _____ Position: _____

Location: _____

From: _____ To: _____

Company: _____ Position: _____

Location: _____

From: _____ To: _____

Company: _____ Position: _____

Location: _____

Address History -- Please provide past 5 years of residential address history: ***NOTE* Attach additional info if needed**

Address Line 1: _____ Line 2: _____

Zip Code: _____ City: _____ State: _____ Start Date: _____ End Date: _____

Address Line 1: _____ Line 2: _____

Zip Code: _____ City: _____ State: _____ Start Date: _____ End Date: _____

Errors & Omission Insurance

Carrier Name: _____

Policy #: _____ Certificate # (if applicable): _____

Case Limit: _____ Total Limit: _____

Started On: _____ Expires On: _____

****NOTE* Be sure to include a copy of your E&O Insurance Declaration page when you fax to your agency office***

Signature Authorization

PLEASE READ THIS AUTHORIZATION, SIGN IN THE BOX BELOW AND SUBMIT THIS FORM BY FOLLOWING THE INSTRUCTIONS PROVIDED ON THE COVER PAGE.

I, _____, hereby authorize SureanceBay, LLC and its general agency customers (the "Authorized Parties") to affix or append a copy of my signature, as set forth below, to any and all required signature fields on forms and agreements of any insurance carrier (a "Carrier") designated by me through the SureLC software or through any other means, including without limitation, by e-mail or orally. The Authorized Parties shall be permitted to complete and submit all such forms and agreements on my behalf for the purpose of becoming authorized to sell Carrier insurance products. I hereby release, indemnify and hold harmless the Authorized Parties against any and all claims, demands, losses, damages, and causes of action, including expenses, costs and reasonable attorneys' fees which they may sustain or incur as a result of carrying out the authority granted hereunder.

By my signature below, I certify that the information I have submitted to the Authorized Parties is correct to the best of my knowledge and acknowledge that I have read and reviewed the forms and agreements which the Authorized Parties have been authorized to affix my signature. I agree to indemnify and hold any third party harmless from and against any and all claims, demands, losses, damages, and causes of action, including expenses, costs and reasonable attorneys' fees which such third party may incur as a result of its reliance on any form or agreement bearing my signature pursuant to this authorization.

Please sign in the center of the box below.



PRODUCERIDXXX

ELECTRONIC FUND TRANSFERS (EFT)

Account Owner Name (Required): _____

Transit/ABA #: _____

Account #: _____

Financial Institution Name: _____

Branch Address: _____

City: _____ State: _____ Zip: _____

Account Type: Checking Saving Phone: _____

By signing below I hereby authorize the Company to initiate credit entries and, if necessary, adjustments for credit entries in error to the checking and/or savings account indicated on this form. This authority is to remain in full effect until the Company has received written notification from me of its termination. I understand that this authorization is subject to the terms of any agent or representative contract, commission agreement, or loan agreement that I may have now, or in the future, with the Company.

Signature: _____ Date: _____

Attach copy of the check here for checking account or deposit slip for saving account:

Credit Report Authorization Form

I hereby authorize Surancebay, LLC, and its customers, which may include insurance providers and general agencies, (collectively, the "Authorized Parties") to review and/or verify any information provided by me or any third party pertaining to me, and to obtain and/or review additional information from any source, including through a consumer report and/or investigative consumer report, whereby information is obtained through credit reporting agencies, previous employers, and regulatory, state and local law enforcement databases and others, for purposes of establishing my eligibility for appointment and retention as an agent or representative of the Authorized Parties.

I further agree that this authorization to obtain a consumer report and other information about me shall be ongoing for any other legitimate purpose consistent with this Authorization Form as determined by the Authorized Parties.

In the event the undersigned resides in a state with a legal requirement to provide a free copy of certain consumer reports, Surancebay, LLC will instruct the applicable consumer reporting agency to send a copy of any such reports obtained hereunder to the address provided below.

The undersigned further waives any right or claim which the undersigned would otherwise have under the Fair Credit Reporting Act in the absence of this continuing consent. A copy of this authorization is as valid as the original.

Acknowledged and agreed to this ____day of _____, 20____, by:

X _____
Signature

Name:

Address:

Social Security Number: _____

[Replace this page with a copy of your E&O Insurance Certificate of Coverage]