NFI SOLUTIONS

Agent Appointment & Contracting Form

Dear Valued Agent,

Thank you for taking the time to complete the following information. If you ever have any questions, please do not hesitate to contact us. To complete your licensing request, please complete this questionnaire — the information will be submitted through our online licensing system, SureLC.

Please allow 24 hrs. for contracting paperwork that is in good order to be submitted to the carrier for review. Licensing requests that are submitted in good order are in most cases approved by the carrier within 7 business days.

The following documents must be submitted to NFI Solutions in their entirety:

- Agent Personal Information
- Licensing Questionnaire *
  - Signature Page *
  - Letter of Explanation for "Yes" responses *
- Signature Authorization *
- Electronic Funds Transfer
- Copy of voided check
- 1099 e-consent form
- W9
- Copy of E&O certificate
- Proof of AML Completion Certificate
- State annuity suitability training, if required
- Jurisdictional & Venue Agreement

Before taking an application, please remember to complete your NAIC state specific annuity suitability training and any required carrier product specific training. Instructions for completing the training can be found on our website, NFIsolutions.com.

If the above requirements are not met within 30 days of the request, your appointment will be closed until paperwork is received in good order.

* Items marked with an asterisk are handled through NFI Solutions' separate background/licensing process and are not reproduced in this packet — contact Contracting@NFIsolutions.com if you have not received them.

Submit these documents to: Contracting@NFIsolutions.com | O: 952-887-1239 | F: 952-657-7568

Agent Hierarchy Transmittal

Agent Name

Agent's Group Affiliation

Agent's Broker Dealer

Contact Agent Direct: (select one)

Yes No

If No, please list point of Contact for Agent Status Correspondence:

Name 1

Contact Info 1

Name 2

Contact Info 2

Name 3

Contact Info 3

State/s Appointment Requested

Carrier Requested	Product Type	Agent's Direct Report	Agent Currently Contracted

Additional Notes Regarding Agent's Contract

Agent Information

Last Name | MI | First Name | SSN

Date of Birth | Email | Resident Insurance License# | State

Phone | Mobile | Fax

Driver's License # | State | Title | Marital Status

Maiden name (if different than listed above)

Mailing Address (No PO boxes) *This is the address that policies and correspondences will be sent to.*

Move-In Date

Address

City/State | Zip

Residential (No PO Boxes) — If different from above

Move-In Date

Address

City/State | Zip

Date Completed (AML)

AML Provider:

☐ LIMRA — Password: ☐ NONE ☐ Other:

Please provide your password if completed through LIMRA, so that we can pull your training records.

Are you a Registered Rep with FINRA?

○ Yes ○ No

If Yes, Broker/Dealer Name | CRD#

Doing Business As:

○ Individual ○ Business Entity ○ Solicitor/LOA

If DBA Solicitor/LOA, list who you are assigning commissions to

Complete the following only if DBA a Business Entity:

EIN | Business Name | Website

Your Title | Principal Name | Principal Title

Phone | Fax | Email

Corp Address (No PO boxes) | City/State | Zip

Employment & Address History

Employment History: Please provide the past 5 years of employment

*** Attach additional info if needed ****

From (Date) | To (Date) | Company | Position

Location

From (Date) | To (Date) | Company | Position

Location

From (Date) | To (Date) | Company | Position

Location

Address History: Please provide the past 5 years

*** Attach additional info if needed ****

From (Date) | To (Date) | Address (No PO boxes)

City/State | Zip

From (Date) | To (Date) | Address (No PO boxes)

City/State | Zip

From (Date) | To (Date) | Address (No PO boxes)

City/State | Zip

Electronic Fund Transfers (EFT)

Account Owner Name (Required)

Transit #

Account Number

Financial Institution Name

Branch Address

City

State

Zip

Phone

Account Type:

☐ Checking ☐ Saving ☐ Business ☐ Personal

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.

Download and open this packet in Adobe Acrobat Reader. Use Fill & Sign to add your signature with a mouse, stylus or touchscreen, then save the completed file.

Signature

Date

Attach a copy of the check here for a checking account, or deposit slip for a savings account.

Consent to Electronic Delivery of Forms 1099-NEC — Nonemployee Compensation

Publication 1179 of the Internal Revenue Service requires a Payer to receive affirmative consent from recipients to deliver Forms 1099-NEC electronically. This correspondence will provide you with disclosures required under IRS requirements. If after reading the disclosures below you choose to have your 1099-NEC delivered electronically, please return this consent form.

Name of Recipient

Consent to Electronic Delivery:

- ◯ Yes
- ◯ No

Important Disclosure Information

1) If you do not consent to electronic delivery, you will receive a paper 1099-NEC in the mail, which will be delivered to the address that we currently have on file.

2) Your consent to electronic delivery will apply to all future 1099-NECs unless consent is withdrawn by you (see point 4 below).

3) If for any reason you would like a paper copy of your 1099-NEC after you have consented to electronic delivery, you may submit a request via e-mail (see #10 below) or send a written request to (see #11 below). Requesting a paper copy of your 1099-NEC will not be treated as a withdrawal of consent.

4) If you would like to withdraw your consent to electronic delivery, you may submit a notice via e-mail (see #10 below) or send a written request to (see #11 below). Your consent is considered withdrawn on the date the Payer receives your written request to withdraw consent. The Payer will confirm the withdrawal and its effective date in writing. A withdrawal of consent does not apply to a 1099-NEC that was e-mailed to you in accordance with IRS Requirements before the effective date of the withdrawal of consent.

5) The Payer will cease providing Forms 1099-NEC to you electronically if you provide a notice to withdraw consent, if you are no longer a Recipient or if regulations change to prohibit the form of delivery.

6) If you need to update your contact information that we have on file, e-mail the update to (see #10 below).

7) We will notify you if there are any changes to the contact information of the Payer.

8) You will need a computer, printer and Adobe Acrobat software to access, print and retain your 1099-NEC.

9) Your 1099-NEC may be required to be printed and attached to a federal, state or local income tax return.

10) Contact Email

11) Contact Address

Signature

Date

Form **W-9**
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Go to *www.irs.gov/FormW9* for instructions and the latest information.

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

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See ***Specific Instructions*** on page 3.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

2 Business name/disregarded entity name, if different from above.

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . .

Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

☐ Other (see instructions)

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . ☐

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any)

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)

(Applies to accounts maintained outside the United States.)

5 Address (number, street, and apt. or suite no.). See instructions.

Requester's name and address (optional)

6 City, state, and ZIP code

7 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 generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* 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. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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 for Part II, later.

Sign Here	**Signature of U.S. person**	**Date**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9*.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

Jurisdictional and Venue Agreement (Choice of Law — Minnesota)

This Jurisdictional Agreement shall be applicable to every insurance company and/or agent with whom the undersigned is contracted and wherein NFI Solutions is the undersigned's up line. Should NFI Solutions have to enforce the terms and conditions of any Annualization Agreement and/or become responsible to collect any Debit Balance of the undersigned for any reason whatsoever, the undersigned agrees that for purposes of said enforcement and/or collection jurisdiction shall be vested in and be governed by the laws of the State of Minnesota. Should enforcement and/or collection proceedings become necessary, venue of said proceedings shall be lodged in the County of Dakota, Minnesota or elsewhere as specified by NFI Solutions.

Should enforcement proceedings become necessary, NFI Solutions shall be entitled to recover attorney(s) fees, court costs, collection fees/costs and costs of suit. If it becomes necessary to refer this matter to a collection agency, a minimum cost of 35% will be added to the principal owed to NFI Solutions.

The parties agree this Jurisdiction and Venue Agreement shall be governed by the laws of the State of Minnesota and this Agreement shall not be complete until accepted by NFI Solutions in Burnsville, Minnesota. This Agreement shall be deemed executed in Burnsville Minnesota, County of Dakota.

I have read the foregoing and agree to be bound by the terms and conditions set forth herein.

Signature (Individually, and as the authorized representative)

Date

Printed Name

This Agreement will be signed and dated by NFI Solutions upon acceptance in Burnsville, Minnesota, County of Dakota — no action needed from the agent below this point.

Submitting this form:

Save this completed PDF, then attach it to an email — along with your E&O certificate, proof of AML completion, a voided check, and proof of state annuity suitability training (if required) — and send it to Contracting@NFIsolutions.com. The Licensing Questionnaire, Signature Page, Letter of Explanation, and Signature Authorization are handled separately through NFI Solutions' licensing process.